“SHEDDING THEIR BLOOD AS THE SEED OF FAITH”
THE ZAMBESI MISSION JESUITS AND AMBIVALENCE ABOUT MODERNITY

by

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submitted in accordance with the requirements
for the degree of

DOCTOR OF THEOLOGY

in the subject

MISSIOLOGY

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: PROF J N J KRITZINGER

DECEMBER 2018
TO THE MEMORY OF WILLEM ADRIAAN SAAYMAN

(1942-2015)

Christian, missionary of the Dutch Reformed Church to Ovamboland, academic, anti-Apartheid activist
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Exact wording of the title of the thesis as appearing on the copies submitted for examination:

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THE ZAMBESI MISSION JESUITS AND AMBIVALENCE ABOUT MODERNITY

I declare that the above thesis is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Richard Karl Bischoff                              14.12.2018
                                                                 Date
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACRONYMS</td>
<td>VIII</td>
</tr>
<tr>
<td>SUMMARY</td>
<td>IX</td>
</tr>
<tr>
<td>KEY WORDS</td>
<td>X</td>
</tr>
<tr>
<td>FOREWORD</td>
<td>XI</td>
</tr>
<tr>
<td>TIMELINE: THE EARLY YEARS OF THE ZAMBESI MISSION</td>
<td>XV</td>
</tr>
<tr>
<td>1 INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>1.1 QUESTIONS, EXPLANATIONS, AND PSEUDO-EXPLANATIONS</td>
<td>14</td>
</tr>
<tr>
<td>1.2 MODERNITY IN ZIMBABWE: SOME PERSPECTIVES ON A FAILED PROJECT</td>
<td>16</td>
</tr>
<tr>
<td>1.3 METHODOLOGICAL CONSIDERATIONS</td>
<td>24</td>
</tr>
<tr>
<td>1.3.1 The theoretical frame: Social Constructionism</td>
<td>27</td>
</tr>
<tr>
<td>1.3.2 Research paradigm</td>
<td>41</td>
</tr>
<tr>
<td>1.3.3 Research design</td>
<td>46</td>
</tr>
<tr>
<td>1.4 THE STUDY’S COURSE OF DEVELOPMENT</td>
<td>47</td>
</tr>
<tr>
<td>2 CHRISTIAN THEOLOGY AND THE DEVELOPMENT OF SECULAR MODERNITY: A REVIEW</td>
<td>52</td>
</tr>
<tr>
<td>2.1 THE ORIGIN AND DEVELOPMENT OF SECULAR MODERNITY IN CHARLES TAYLOR’S NARRATIVE, AND SOME POINTS OF CRITIQUE</td>
<td>52</td>
</tr>
<tr>
<td>2.1.1 The narrative</td>
<td>52</td>
</tr>
<tr>
<td>2.1.2 Two points of criticism</td>
<td>68</td>
</tr>
<tr>
<td>2.2 THE SCRIPTURAL ROOTS OF SECULAR MODERNITY</td>
<td>74</td>
</tr>
<tr>
<td>2.2.1 The Israelite <em>Eidgenossenschaft</em>: proto-democratic, forward-looking, proactive, and changing over time in its moral outlook</td>
<td>76</td>
</tr>
<tr>
<td>2.2.1.1 <em>Excursus on Magic</em></td>
<td>98</td>
</tr>
<tr>
<td>2.2.2 Conclusion: Israelite religion and the development of secular modernity</td>
<td>101</td>
</tr>
<tr>
<td>2.3 ANTHROPOLOGICAL AND PHILOSOPHICAL KEY ASSUMPTIONS OF SECULAR MODERNITY</td>
<td>107</td>
</tr>
<tr>
<td>2.4 CONCLUSION</td>
<td>126</td>
</tr>
<tr>
<td>3 MISSION THROUGHOUT THE AGES AND SOCIO-CULTURAL ENVIRONMENTS</td>
<td>131</td>
</tr>
<tr>
<td>3.1 ANTIQUITY AND THE MIDDLE AGES</td>
<td>131</td>
</tr>
<tr>
<td>Section</td>
<td>Title</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>3.2</td>
<td>THE AGE OF EXPLORATION AND THE BEGINNINGS OF MODERNITY</td>
</tr>
<tr>
<td>3.2.1</td>
<td>One or more than one humanity? The issues of monogenesis, polygenesis, and slavery</td>
</tr>
<tr>
<td>3.2.2</td>
<td>The ultimate goal of mission, as against the practical implications of Christianisation</td>
</tr>
<tr>
<td>4</td>
<td>THE CATHOLIC CHURCH AND SCIENCE</td>
</tr>
<tr>
<td>4.1</td>
<td>THE GALILEO CASE</td>
</tr>
<tr>
<td>4.2</td>
<td>THE CATHOLIC CHURCH AND MEDICINE</td>
</tr>
<tr>
<td>4.2.1</td>
<td>The perception of medicine as contaminated: by paganism, by Judaism, by magic</td>
</tr>
<tr>
<td>4.2.2</td>
<td>Mental images, overlapping: the priest, the physician, the Lord Jesus, and the Church</td>
</tr>
<tr>
<td>4.2.3</td>
<td>Changing roles: of Christianity within the Empire, of healing in Christianity, of God vis-à-vis nature</td>
</tr>
<tr>
<td>4.2.4</td>
<td>A changing world, and change towards self-set goals as attainable: human hubris versus the readiness to submit to a higher will</td>
</tr>
<tr>
<td>5</td>
<td>SOME REMARKS ON THE HISTORY OF NAU MEDICINE, WITH A FOCUS ON THE 19TH CENTURY</td>
</tr>
<tr>
<td>5.1</td>
<td>THE STATE OF MEDICINE, AS A SCIENCE AND AS THE ART OF HEALING</td>
</tr>
<tr>
<td>5.2</td>
<td>LAY PERCEPTIONS</td>
</tr>
<tr>
<td>5.3</td>
<td>TROPICAL MEDICINE AND MEDICINE IN THE TROPICS</td>
</tr>
<tr>
<td>5.4</td>
<td>CONCLUDING REMARKS</td>
</tr>
<tr>
<td>6</td>
<td>CHRISTIAN MISSIONARIES AND MEDICINE</td>
</tr>
<tr>
<td>6.1</td>
<td>WHICH KIND OF MEDICINE, FOR WHICH PURPOSE?</td>
</tr>
<tr>
<td>6.2</td>
<td>RELIGIOUS DENOMINATIONS' UTILISATION OF NAU MEDICINE – BOTH PRE-MODERN AND MODERN</td>
</tr>
<tr>
<td>6.3</td>
<td>MODERN NAU MEDICINE IN MISSION CONTEXTS</td>
</tr>
<tr>
<td>6.4</td>
<td>CARDINAL LAVIGERIE, MEDICAL MISSION, AND HOW TO ATTRACT THE HEATHEN TO THE FAITH</td>
</tr>
<tr>
<td>7</td>
<td>MEDICINE IN THE ZAMBESI MISSION</td>
</tr>
<tr>
<td>7.1</td>
<td>SETTING THE SCENE</td>
</tr>
<tr>
<td>7.2</td>
<td>MEDICINE IN THE ZAMBESI MISSION, PHASE I: FROM ITS INCEPTION TO THE TEMPORARY CLOSURE OF EMPANDENI MISSION IN 1888</td>
</tr>
</tbody>
</table>
ACRONYMS

AIC  African Independent Church
BSAC  British South Africa Company
CMC  Christian Medical Commission
CMM  Congregation of Mariannhill Missionaries
FMDM  Franciscan Missionaries of the Divine Motherhood
GDP  Gross Domestic Product
IMF  International Monetary Fund
KJV  King James Version
LMS  London Missionary Society
MSC  Missionnaires du Sacré-Cœur
NIV  New International Version
NAW  North Atlantic World (comprising places like Australia and New Zealand): that part of the globe whose mainstream culture is rooted in the Europe of Latin, later of Catholic and Protestant Christianity
OFM  Order of Friars Minor
OMI  Oblates of Mary Immaculate
OSB  Ordo Sancti Benedicti
SMA  Societas Missionum ad Afros
SND  Sisters of Notre Dame de Namur
sSA  subSaharan Africa
SVD  Societas Verbi Divini
UDI  Unilateral Declaration of Independence
UMCA  Universities’ Mission to Central Africa
WCC  World Council of Churches
WHO  World Health Organisation
WMMS  Wesleyan Methodist Missionary Society
WW II  Second World War
ZANU(PF)  Zimbabwe African National Union – Patriotic Front
ZINATHA  Zimbabwe National Traditional Healers Association
ZM  Zambesi Mission
ZMR  Zambesi Mission Record
SUMMARY

The study addresses from a sociocultural-historical, in particular a missiological and medical perspective the question if Catholic hospitals in Matabeleland, affected by the dramatic down-turn of Zimbabwe’s economy since 2000, did whatever they could to continue offering quality services to their patients.

It starts with a portrayal of the emergence of secular modernity in the North-Atlantic World, as regards its view of the world as solely governed by natural laws, and of people as capable of taking destiny into their own hands, unperturbed by spiritual forces. The question is explored how the Christian Occident could end up there, following its development through the Middle Ages, and its expansion by missionary activity, by preaching the Word, but also by military force.

Next, the achievements of pre-1900 Western medicine are examined, to identify if/how missionaries in Africa could have benefited. The study describes how professional medicine did not become part of the early Zambesi Mission, not because of its curative shortcomings, but for spiritual reasons, insofar as the Jesuits did not follow the European trend to let worldly well-being take the place of eternal salvation. Vis-à-vis their other-than-modern view of life, suffering, and (self-)sacrifice, the promises of medicine appeared just trivial.

Submissiveness to authority, both ecclesiastical and worldly, is identified as the core principle that informed the Jesuits’ educational approach towards Africans in all their efforts at conversions. The missionaries thereby colluded with colonialist thinking, in not attempting to make their pupils grow into self-confident, independent thinkers in their own right. In this educational tradition, grafted onto a pre-modern local culture, the study finds the reason why Zimbabwean medical staff, as managers of their clinics or hospitals, have shown little readiness to proactively prioritise the intrinsic needs of their institutions and push for corrective measures, prepared even to challenge their superiors when encountering aberrations in the health system, locally as well as higher up.

The study asks if the Church could have opted for a different educational approach, considering the prevailing socio-economic and cultural framework conditions; finally,
which options present-day Zimbabweans have to choose from, regarding their country's future development.

**KEY WORDS**
Medical mission, Matabeleland, Rhodesia, Zimbabwe, Zambesi Mission, Society of Jesus, African education, Colonialism, Secular Modernity, History of medicine
FOREWORD

[T]he best way of achieving lasting success is by more fully understanding failure.

Petroski (2012:360)

Looking back at the work which has now come to an end, and somewhat disenchanted with how little I have to say myself, how much I have merely represented the ideas of others, I console myself with Goethe’s remark (1850a:263) to Eckermann on 12 May 1825, that

[p]eople are always talking about originality; but what do they mean? As soon as we are born, the world begins to work upon us, and this goes on to the end. And, after all, what can we call our own except energy, strength, and will. If I could give an account of all that I owe to .. predecessors and contemporaries, there would be but a small balance in my favour.

This is Goethe speaking of himself, so I guess I may relax about how little my own contribution is, to what appears on the following pages.

At the time when I began to look systematically at the questions addressed in this thesis, I worked for the Archdiocese of Bulawayo as their Director of Diocesan Health Services. Subsequent to the collapse of the Zimbabwean economy in the new millennium, the quality of services at government hospitals had declined dramatically, and senior diocesan health personnel struggled – or did they? – to prevent a similar development in mission hospitals and clinics. It might have seemed that the challenge was merely externally created (e.g., erosion of salaries in a hyper-inflationary environment; effectively no more grants-in-aid to keep services going due to gross economic mismanagement at national level; severe drug shortages), but in my view and experience over the years, there was a major contribution towards problem creation from within mission hospitals and clinics.¹ It appeared as if well-educated staff at rural

¹ I speak anecdotally here, in the next paragraphs and also on occasion in my introduction, presenting snippets of personal experience: not as a vital link in the chain of my thesis’ argumentation, but in trying to lay open the roots of my motivation to engage with the study topic. Having said this I must add, though, that there is ample evidence in the literature which tallies with my experience from more than two
medical facilities could split their lives in two, expecting high quality services for themselves in case of need (e.g., at private medical facilities in town), while obstructing – even if only through inaction – rather than furthering the provision of such services to others, at their place of work.

Could one therefore say that only as consumers, the said staff sought what will be called here, for ease of distinction, “European standard”/high quality services? That as service providers, the same staff preferred much lower “African standards,” because it would be they who would otherwise have to perform at the higher level? I had experienced myself, and had seen expatriate doctors on contract with the Archdiocese experience, resentment against the imposition of what is called here a “European standard” of service provision: punctuality; a ‘work first, tea later’-approach; consumer-orientation; efficiency and accountability in financial management; above all, adherence to professional standards of diagnosis and therapy as taught at medical and nursing schools. The Catholic Archbishop of Johannesburg refers to the same issue when he states that “we Africans could learn from a Protestant work ethic.” (Thlagale 2011)

 decades of medical work in the region, mostly in Matabeleland, as regards internally created obstacles to quality performance in subSaharan Africa, although much of it does not focus specifically on (mission) hospitals (cf. Goldberg 2008; Mbeki 2009; Kaulem 2011; on mission hospitals in particular, cf. Hardegger 1987, with an abundance of related diary entries: 20 June 1961; 8 January 1962, and 24 December 1966, on the removal of nuns from the hospital staff without prior joint planning with the doctor in charge; 30 August, 18 September and 5 October 1966, 27 January 1967, 10 September 1969, and 15 March 1970, on staff performance as a problem even more profound than the ever-present shortage of funds; 23 May 1969, on non-collaboration between the mission station and its on-site hospital; cf. also Decker 1964:66).

In the background lurks the question, here, which standards to use in which context: there being no such thing as universally applicable standards, people must decide for themselves and for their own setting what it is that they want. But – this is the issue raised – do they do so as a social body, and put measures in place to uphold in practice whatever decision they have jointly reached? Or is it left to individuals to decide what suits them best at any given moment?

To exemplify what I mean, I shall present a case vignette from a Bulawayo tertiary(!) government health facility (October 2018 records in my files): on referral to hospital a 14-year-old boy with acute testicular pain is correctly given a tentative diagnosis of testicular torsion (rotation of the testicle whereby its blood supply is cut off); he is sent for ultrasound confirmation of the diagnosis with a remark: “urgent” (correctly so: the diagnosis mandates an emergency operation within hours, to re-establish blood supply); this confirmation comes after hours of waiting (radiographer attending a meeting, not called out). Eventually, with the diagnosis confirmed, the boy is booked for an operation five days later, to remove the by now dead testicle.
Knowing that Europe has over centuries gone through a development from feudal to modern structures, and from a pre-modern to a modern work ethic, one may try to describe the transition from pre-colonial Matabele- and Mashonaland, to colonial (Southern) Rhodesia, to contemporary post-colonial Zimbabwe, as regards the emergence and maintenance of such modern structures, by looking at just one particular facet, namely, Western medicine: its introduction into a world that had and still has its own, traditional medical system, and the role of missions and colonialism in this context. On which (mis-)understanding of Independence would I be told by a Zimbabwean nursing student, when challenging him for not having attended to a patient as ordered, that “We are now an independent country!”? So much seems obvious: the reply was not a glaring non sequitur in the student’s mind.

It was the personal exposure to such problems and questions, and to ad hoc explanatory efforts, which motivated me to look deeper into the history of medical mission services in Matabeleland, trying to understand why Church medical facilities where not governed by an ethos and praxis which differed from that of state-run institutions, when clearly they were privileged in that they could exploit, e.g., their links to overseas Church-related donors in a way government hospitals could not. Looking for guidance I got in touch with Professors Willem Saayman of Unisa, and Piet Meiring of Pretoria University, whose input and support eventually went far beyond fostering an academic interest: both participated in efforts of the Archdiocese of Bulawayo’s Directorate of Diocesan Health Services, to intervene and make our diocesan hospitals perform such that they would become identifiable as Christian providers of high-quality health care, positively distinguishing themselves through their daily work from the health care offered at government medical facilities. Willem is the one to whom I remain most indebted but who, sadly, due to his untimely death could not offer his guidance until this study’s completion. To his memory it is dedicated.

Though starting off from very practical medical concerns, I ended up plumbing their background in mission as well as medical history, and by factoring in some of the history of colonialism and decolonisation in southern Africa from a power-political, ideological,

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4 For some reflections on the intricacies of an integrative (practical-clinical) approach towards the two medical systems, which refuses to understand the development of medicine as simply progressing from pre-scientific (‘superstitious’) to scientific disease concepts, cf. Bischoff & Reitmaier (2001).

theological, as well as economic perspective, this has in the end become an interdisciplinary piece of work; all the more am I grateful to the Department of Christian Spirituality, Church History and Missiology within the College of Human Sciences at Unisa for offering me an academic home during the last eight years.

There are many individuals and institutions whom I want to thank, and as so much of my work has been facilitated by archives, libraries and librarians, I should like to start with them: the Fathers in charge of the Archive of the Jesuit Zimbabwe-Mozambique Province in Harare: now Fr Brian Enright, previously Frs Joachim Petrausch and Anthony Bex, who died last year in his 94th year of life, as well as their then Provincial who granted me access to the Archives, Fr Stephen Buckland; the staff of the Bavarian State Library; the staff of the National Archives in Bulawayo and Harare; Mrs Elsabé Nel at the Unisa Library in Pretoria; the Archdiocesan Archive and Library in Bulawayo; the Library of the Franciscan Friars Minor in the South African Province of Our Lady Queen of Peace, first at Santa Sophia in Pretoria, later at the St Francis House of Studies in Rietvalleirand; the FMDM Regional Archive in Bulawayo; the Library of the Missionsärztliches Institut Würzburg and of the Deutsches Institut für Ärztliche Mission in Tübingen. Special thanks go to Elsabé Nel, for never despairing over my cries for help.

Of non-librarians, I should like to mention first of all my supervisors: once again, Prof Saayman; next, Prof JNJ Kritzinger who took over from him, and my co-supervisor, Prof J Hugo; family, friends and colleagues with whom I discussed facets of my topic, over the years: my wife Gertrud Vera and children, Marcel and Esther, all of them medical doctors with first-hand experience of life in Zimbabwe; the Archbishop emeritus of Bulawayo, Fr Pius Ncube, his successor as Apostolic Administrator, the late Fr Martin Schupp CMM, and his successor, the current Archbishop of Bulawayo, Fr Alex Kaliyanil SVD; Fr Anselm Prior OFM, Fr Charles Rensburg OMI, the late Dr J Davis of St Luke’s Hospital, Lupane; my former colleague at the Directorate of Diocesan Health Services in Bulawayo, Ms Felicity Sibindi; colleagues, at Refugio München from 2012 to 2016, as well as at my present place of work, King George VI Children’s Rehabilitation Centre, notably David Katandika. All of them have, in one way or another, shaped my understanding of matters discussed in this thesis, although the conclusions which I have drawn, including their shortcomings, obviously remain my own.
TIMELINE: THE EARLY YEARS OF THE ZAMBESI MISSION

1876 Bishop Ricards, Vicar-Apostolic of the Eastern Vicariate of the Cape Colony, submits a proposal for a Zambesi Mission to Fr Weld, Assistant for English Affairs to the Jesuit Superior General.

1877 Fr Depelchin, a Belgian, previously the Superior of the Jesuit Mission in Calcutta, is appointed Superior of the ZM.

1879 April: departure of the first band of 11 ZM Jesuits from Grahamstown.
July: arrival at King Khama’s residence, Shoshong.
August: arrival at Tati mining settlement, south-west of Bulawayo, and establishment of a residence.
September: a ZM delegation reaches King Lobengula’s residence in Bulawayo.
November: the ZM Jesuits are granted the King’s permission to settle, at least temporarily, at Bulawayo.

1880 January: Fr Fuchs dies of ‘fever.’
May: 7 more Jesuits join the ZM; Fr Law embarks on his expedition to the Abagasa which ends with his death in November.
June: establishment of a residence at Pandamatenga, south of the Victoria Falls.
August: Frs Depelchin and Terörde establish a Mission Station among the Batonga, beyond the Zambesi, followed by Fr Terörde’s death in September.

1881 September: Fr Depelchin’s seemingly successful reconnaissance excursion to the Barotse, north of the Upper Zambesi.

1882 March: 6 more Jesuits join the ZM.
Unsuccessful second attempts to establish Mission Stations among the Batonga and Barotse.

1883 Fr Depelchin is relieved of his superiorship; Fr Weld takes charge of the ZM.
1885 The out-station at Pandamatenga is abandoned, and so is Tati. Fr Prestage is finally granted land at Empandeni, as well as King Lobengula's permission to teach there, including the teaching of religion.

1886 May: Fr Weld informs Fr Prestage of his plan not to start a mission at Empandeni; Fr Prestage pleads with him to be allowed to stay.

1887 June/July: a site is chosen for the Empandeni Mission Station, which is approved by the King; the ZM mission moves from Bulawayo to Empandeni and is manned by Frs Prestage, Hartmann and Booms.

1889 November: withdrawal from Empandeni which is left under a caretaker.

1890 Frs Hartmann and Prestage, and a group of Dominican nuns, accompany the settler column to Mashonaland and Fort Salisbury.

1892 Foundation of Chishawasha Mission Station, north of Salisbury.

1893/94 AmaNdebele-BSAC-war; King Lobengula flees and dies.

1895 Empandeni is re-opened.

1886/87 First Umvukelo/Chimurenga crushed.

1898 First issue of the Zambesi Mission Record

Vol. I No. 1 to 14 May 1898 to October 1901
Vol. II No. 15 to 30 January 1902 to October 1905
Vol. III No. 31 to 46 January 1906 to October 1909
Vol. IV No. 47 to 62 January 1910 to October 1913
Vol. V No. 63 to 78 January 1914 to October 1917
Vol. VI No. 79 to 94 January 1918 to October 1921
Vol. VII No. 95 to 110 January 1922 to October 1925
Vol. VIII No. 111 to 126 January 1926 to October 1929
Vol. IX No. 127 to 146 January 1930 to October 1934

1929/30 Handover of Matabeleland into the responsibility of the CMM.
CHAPTER 1: INTRODUCTION

As Fox says (2009:279), “[t]ales of a separation of Heaven and Earth are widespread in many cultures.” The Judaeo-Christian one lets God begin His creation with several acts of separation, of light from darkness, of the waters above from the waters below, of water from land. The land would have remained muddy for a long time after being partitioned off from the sea, but ideal-typically, it is taken as dry: unequivocal distinctions serve the purpose of bringing out differences, of enhancing clarity of understanding by going beyond the notorious murkiness of the empirical world. Much of the following should be understood along such lines.

When I began working on this thesis, my initial question was quite concrete and praxis-oriented: why is our performance as mission hospitals poorer than I believe it need be? (cf. pXiff, above) On my way towards an answer, questions of a more theoretical nature came into view which my thesis addresses, I hope, such that a logically consistent argumentation develops – allowing, in the end, to return to the initial problem in a meaningful, non-

ad hoc

fashion. As this is about mission hospitals, one direction of inquiry had to be, which role the Jesuit missionaries in Matabeleland had allocated to Western medicine, in the context of their late 19th and early 20th century conversion efforts. Behind this mission-historical question another, more conceptual one emerged, about the Catholic Magisterium’s understanding throughout the ages, of the right relationship between orthodox Catholic belief and medicine. Then, in the 19th century, medicine emerged as an outstandingly significant part of secular modernity; framing its place in this way makes yet another question come up almost by itself: why should modern medicine be a more contentious field of human activity for Catholic missionaries than, say, modern architecture or chemistry? All these questions, interesting as they are, deal with historical or conceptual issues, i.e., there is no obvious link to the actual practice of medicine in mission hospitals today. They take on present-day relevance, though, once we ask how successful the early Jesuits were in imparting their understanding of the relationship between Catholicism and secular modernity to local minds; more broadly speaking, in which way the pre-conversion local worldview was changed, or remained unaltered, or was even strengthened through their teaching. Further, if, and if so, how the early Jesuits’ own worldview still resonates
with their converts' descendants who currently work as nurses, doctors or administrators in Matabeleland mission institutions.

To address this bunch of questions, the views and convictions of two groups of people had to be considered: of the missionaries who came from Western Europe and North America, who are the focus of this study, and of those who became the addressees of their words, the beneficiaries (or, depending on perspective, the victims) of their deeds. As for those who came, I shall follow Charles Taylor (2007:passim) and speak of the North Atlantic World as their geographic place of origin; however, NAW will also be used as an adjective to identify the worldview dominant there – modern, secular, 'scientific'1 – and for the specific kind of Christianity which developed in this part of the world, in a most intricate relationship of mutual fertilisation and rejection with what would become, secular modernity. As for the missionaries' addressees, I may call them the AmaNdebele (tacitly including a number of ethnic minorities living in the area under consideration), or, depending on context, 'heathen', 'kaffirs', 'natives' or 'negroes': I do not subscribe to the retroactive cleansing of history in the name of political correctness;2 those were the terms employed at the time, so if paraphrasing the colonial or missionary actors of the day, their way to express (and see!) matters will be used.

Irrespective of their denomination, the NAW missionaries’ first and foremost intention was to bring Christianity to Africa;3 further, for all of them, there was but one right kind of Christianity – their own – which included such, as we would say today, spiritually irrelevant

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1 I use inverted commas here, because I quote a commonly held conviction which needs to be exposed for what it is – an ideological tenet: the NAW indeed uses science to an extent unknown in any other cultural setting either present or past, but this does not make its worldview itself, ‘scientific.’

2 As does, e.g., Zvobgo (1986a,b; 1996) in calling “Zimbabwe” or “Colonial Zimbabwe” what in the early 1890s was referred to as Matabeleland or Mashonaland, respectively, later as Southern Rhodesia.

3 Christianity in the sense of a creed, baptism, and personal moral standards; that evangelisation should necessarily include making a “contribution to the improvement of the conditions of life of persons in countries in which the phenomena of poverty, malnutrition especially of children, illnesses, lack of health services and education are more acute,” as Benedict XVI (2011a) says in his message for World Mission Sunday, is a perspective adopted much more recently; cf. Müller (1995:25ff).
facets of their culture of origin as a certain type of clothing,⁴ and secondary virtues like punctuality, cleanliness, and industriousness.⁵ Not, though, the critical, all-questioning way of thinking which they saw as the destructively-corroding, fateful detrimental aberration of secular modernity away from true Christianity (in, e.g., humanistic liberalism, socialism, Marxism, or psychoanalysis).⁶ In spite of their efforts to distance themselves, however, the missionaries' kind of Christianity was irretrievably contaminated, so to speak, with an NAW-outlook on the world,⁷ to start with in the modernist ways in which they rejected modernity. Taylor, e.g. (ibid.:445), points out how, by organising lay people for fund-raising … [or in] various forms of lay apostolates, … [t]he Catholic church was unavoidably in the business of mobilizing, … recruiting people into membership organizations with some definite purpose. But this means new forms of collective action, created by the participants themselves; and this has no proper place in the ancient régime model [of hierarchical society and the attendant form of Catholicity; RB].⁸

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⁴ "The Trappists [in Natal; RB] thought that there was no more powerful obstacle to the spiritual progress of a people than this living in the state of nudity" (Schimlek 1953:75); cf. Sigerist (1962:27): "In Africa pants have become no less a symbol of Christianity than the cross."


⁶ To this juxtaposition, it would seem, an overwhelming majority of missionaries would have subscribed, in whose understanding the 'good' Christian was simple-minded, unanalytical, and believing unquestioningly, as portrayed in the first chapters of Groethuysen (1968); cf. Clark (2003:40). An outstanding exception is Bishop Colenso, who not by coincidence got ostracised for his readiness to enter into critical Bible exegesis with his translator into IsiZulu, Ngidi (cf. pp535ff, below).

⁷ As Gibbon (1984:115) has said more than two centuries ago, in "modern times, a latent and even involuntary scepticism adheres to the most pious dispositions. Their admission of supernatural truths is much less an active consent than a cold and passive acquiescence. Accustomed long since to observe and to respect the invariable order of Nature, our reason, or at least our imagination, is not sufficiently prepared to sustain the visible action of the Deity;" cf. Wilson (1992:203ff).

Embracing modernity, most missionaries would eventually make NAW medicine a major tool of theirs.\(^9\) on the one hand, no doubt, simply to help alleviate sickness and misery, but on the other, also, to win the heathen over to Christianity by demonstrating to them the benefits to be had from the Whites (formal education being another). Speaking of Catholic missionaries in particular, they could not pursue this path without an element of bad faith: after all, the achievements of NAW medicine were at least in part fruits of the ‘un-Christian,’ hubristic side of secular modernity with its notorious lack of humility before the Creator and His providence.\(^10\) Still they were used, when certainly no effort was made to acknowledge, much less to create an awareness among those to be converted, of doubts and even explicit criticism targeting a conservative, appeasing Christianity of old (cf. Hastings 1971) – doubts which were an integral component of the same secular modernity that had brought forth modern medicine.\(^11\) The element of bad faith becomes particularly tangible in those instances where the locals were simply tricked (if benevolently so), e.g., by injections of sterile water, replacing their own magic which was to be eradicated, with a supposedly innocent surrogate.\(^12\) Desperate to save the heathen’s souls, it appears that the missionaries tried to succeed by hook or by crook (and at least \textit{in articulo mortis} almost

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\(^9\) Cf. Schimlek (1950 & 1953); Jennings (2008); Mohr (2009).

\(^10\) In case this should sound exaggerated it is worth considering the position the Catholic Church still takes today with regard to reproductive medicine even in its simplest form, condoms; or the position of, so far as I can see, almost all Christian churches with regard to euthanasia, where (all other problems apart) the idea of sinfulness through interfering with God’s creation is behind efforts to keep the range of what may rightfully be done, below the threshold of what is technically possible. The suspicion of a link between medicine and unbelief – \textit{ubi tres physici, ibi duo athei} – goes back a long way, although few were as principled as “St. Bernhard of Clairvaux (1090-1153) [who] asserted that ‘to consult physicians and take medicines befits not religion and is contrary to purity.’” (Porter 1999:110; cf. p170fn25, below)

\(^11\) It was left to later generations of missionaries and theologians (the likes of David Bosch, Allan Boesak, Gustavo Gutiérrez, Hélder Câmara, or Óscar Romero; cf. Bosch 1980:207 & passim) to take up in their teaching and practice the criticism levelled against the Christian faith as opium for the suffering, and re-interpret the Gospel as a call to arms against hunger and disease, but also against the underlying political structures.

\(^12\) Cf. Davis-Ziegler (2004:116). With regard to the tricking of others, it seems appropriate not to forget the fundamental ethical difference between situations where this can be considered, after thorough soul-searching, to have been undertaken solely for the benefit of the one(s) to be tricked, or if, after all, the one playing the trick can be found to have sought a benefit for him- or herself as well, e.g., that of portraying themselves or their culture or religion as particularly powerful.
irrespective of the motivation of the ‘convert’\textsuperscript{13}). NAW modernity was the convenient backdrop against which to expose African backwardness in ever so many respects, technology, including medical technology, among them; the missionaries capitalised on NAW humanity’s knowledge and control of nature although back home, the worldview behind the drive towards technical mastery was under rightful suspicion of leading the way to sinful hubris and the eventual wholesale rejection of religion.\textsuperscript{14} The use of secular means towards religious ends was thus fraught with ambivalence right from the start.

Willem Saayman (2010) has pointed out to me that, contemplating the predicament of the missionaries, we should remind ourselves

of the old saying that ‘we see further than our predecessors because we are standing on their shoulders.’ One might thus be hesitant to say that those

\textsuperscript{13} Gale (1959:258) describes how Father Stam, in an area “where sleeping sickness was raging … was determined that children should not die unbaptised, and he started his journey … in the guise of a doctor! He entered every single hut that he came upon saying that he must see all who were sick. Whenever sick children, up to about six years old were brought to him he would insist that they were dirty and have warm water prepared. ‘While they were away getting it, he would pull out a little bottle of baptismal water, and the Church militant would be increased by one’.” (last sentence quoted from an original manuscript of Fr Grimshaw) Cf. Balling (2002:161); Tiernan (2008:30, 103 & passim); Brain (1975:62); and the Zambesi Mission Record (II,18:128). From 1898 onwards, the ZMR was the mouthpiece of the Jesuit missionaries sent to the vast stretch of Central African territory north of the Tropic of Capricorn and the Limpopo, and south of the Belgian Congo (see map, p357, below).

\textsuperscript{14} This fear is still with us: cf. the stance taken by Paul VI on secularisation versus secularism. He approves of the efforts of the former, to discover the laws that govern the universe “with the inner conviction that the Creator has placed these laws there;” but bemoans that the modern world is “forever immersed” in more than that – secularism/atheistic humanism with “a concept of the world according to which the latter is self-explanatory, without any need for recourse to God, who thus becomes superfluous.” (1975:\$55) This is said after barely restrained praise of popular piety whose openness towards “superstition” is not even denied (ibid.:\$ 48). In all this, unease with the modern world is tangible, and nostalgia of a time when all piety was pre-modern. This might even be, one may speculate, a motive behind the official Catholic Church’s interest in ‘African’ Christianity: still not truly at peace with modernity, she would see African spirituality as a counter-model to the dominant mindset in the NAW over which she has lost control; biblical thinking having run its course, much of the NAW remains today without genuine belief in the personal God of old who can (and does!) interfere at any time in daily life, and here ‘the’ Africans could teach the modern world.
missionaries ‘tricked’ their hearers – even if one gives it a benevolent slant. Because certainly, most missionaries would have been very sincere in their vocation and their desire to ‘win souls for the Lamb,’ but also genuinely moved by the misery and sickness they experienced around them, therefore wanted to use everything at their disposal to help people.

However, there need not be a contradiction between benevolence and trickery. Speaking from personal experience, I remember diagnosing tuberculous meningitis in a Ndebele child; for once, I was sure that of the competing medical systems locally available, NAW medicine was unrivalled in what it had to offer. Under 1st-world-standard drug treatment, though, the child did not recover fast enough for the relatives to agree with me (as they might have, had they seen an improvement), so they decided that they had made a mistake (“we’re in the wrong place here, our child has been bewitched and we should go and see a traditional healer”). Their conclusion was to ask for discharge, to consult a healer of their choice. I tried my best to convince them that they were about to make a fateful mistake with no chance of success, but they took their child out of hospital and there was nothing I could do. If there had been a way of tricking them into staying, I guess I would have done so. As I see it, thus, being genuinely moved by others’ suffering, does not per se rule out trickery. Perhaps even on the contrary: if I didn’t care, I’d confront the parents with my facts (Tuberculosis etc.), then I’d say, do as you see fit, your decision is none of my business. But if one does care, whether about physical health or eternal life, one is tempted to try to figure out how to get others to do what one believes they must do (stay in hospital, agree to be baptised).

St Paul had already healed the lame when he denied being Hermes in Acts 14. What if he had been given access to the lame only on condition of a trick – would he have used one, thinking that he only did so to somebody else’s benefit, not for his personal gain? So when Saayman says that the missionaries thought they should use “everything at their disposal,” trickery indeed seems an option not to be discarded lightly. Why, however, should the issue even be worth our time and contemplation? Precisely not, as I see it, to revel in cheap criticism of missionary tactics from a secular perspective, but rather to point

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out that the de-mystifying thrust of Judaism and Christianity (Gideon’s ‘experiment’;\(^{16}\) St Paul’s “[w]e also are men of like passions with you”\(^{17}\)) that came to such ample fruition in modern Europe, was not, in any case not prominently, on the missionary agenda in Africa. NAW secularism had made European Christianity, thus also the missionaries, apprehensive; the developmental trajectory within Christian belief along which the way had been paved towards secular unbelief appeared in an exclusively negative light. St Paul’s kind of enlightening self-disclosure had proven to be a dangerous line to pursue. Perhaps it was better to keep the heathen, for their own good, at a rather naïve level of Christianity? After all, “[s]ome European language and culture was good, but too much of it, the Leipzig Mission Director von Schwarz confessed, might ‘easily have disastrous consequences’.” (Conrad 2008:75; my transl.)\(^{18}\)

Most missionaries might not have consciously contemplated any of this, nor would their intellectual background prompt them to reflect on the colonial as well as their own missionary enterprise in the context of a displacement of pre-modernity by modernity. They would, in Saayman’s words (2010), “have thought in terms of a clash between ‘civilisation’ and ‘heathendom,’ between light and darkness. And, of course, within their context, the choice was clear: they had to choose light over darkness.” Which means, then, would they have perceived as justified, to make the heathen embrace the light? A case in point is the influenza epidemic of 1918. As a later missionary chronicler, Schimlek (1950:28f; my italics), writes of influenza victims in Natal,

people died by their hundreds of thousands; ... [they] were stunned and terror-stricken ... [and their] medicine-men were powerless ... When the epidemic had spent its force the people who were still alive stood there disillusioned and

\(^{16}\) Judges 6:36-40.

\(^{17}\) Acts 14:15; cf. Sölle (1968:86; my transl.) who posits that the “movement of desacralisation, of rendering profane the Holy, is an inbuilt quality of the Christian religion, so much so that the question has been asked if this religion be religion at all.”

\(^{18}\) Mugambi (1997:80) spells out how this attitude affected Bible reading: “Most African Christians have been nurtured on a literalist approach to the Bible. The approach came with the modern missionary movement, which, in general, was against the biblical criticism that came with the European Enlightenment and liberalism.”
disheartened. In the mission of Mariannhill they had seen Priests, Brothers and Sisters attending to the sick, the dying and the dead ... Not a single European member of the missionary staff succumbed to this new disease. This looked like a miracle to some – and to many others like an indication of stronger medicine in the hands of the white men.

In Schimlek’s view (ibid.:29), an opportunity had offered itself, “a precedent of unconquerable and limitless resourcefulness.” Even before the epidemic the missionaries had discussed “the terrific power of the isangoma or witchdoctor who still holds the people in the firm grip of his terror” (ibid.:15): letting Christianity take deeper roots would need freeing the locals from the superstitions “at the bottom of almost all problems of Bantu life, even among our Bantu Christians” (ibid.), by combating “the obscure practice of the witchdoctor, establish a solid foundation for the Kingdom of God on earth and assure our converts of a fair share of earthly happiness that was promised to them in their baptism.” (ibid.:17) The opportunity now at hand had to be seized, it seemed, even if the missionaries were aware that the impact of the epidemic had been no less devastating in Christianised Europe.19

Listening to Schimlek, a question springs to mind which will be addressed in depth, later: why did it take until after the end of WW II, for the first medical doctors to be deployed to Matabeleland as part of the Catholic missionary project? Why so late, when even many missionaries died of infectious diseases shortly after their arrival?20 Why did health care

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19 They chose, thus, not to say something along the lines of, “listen, we want you to convert, but don't do so for the wrong reasons: Christians have died of this flu in their thousands, so being baptised did not protect them” (i.e., “you may not conceptualise our baptism as a magical protective device, such as your traditional healers keep promising to you but cannot deliver”). It must be said, though, that the chronicler also speaks of “pills offered” and of the missionaries “saving many lives,” possibly indicating an ill-founded belief on his part that indeed Western medicine had something to offer, refuted as this was by the fatalities in Europe. I should like to add, at this point, that I do not subscribe to his general dismissal of traditional medicine as useless or worse; however, its effectiveness as well as its limitations, and a comparison with NAW medicine as regards their relative merits, are not a topic of this thesis, although related reflections will come up repeatedly in quotations from my sources (cf. pp257, 268fn108 & 292f, below).

needs seem so glaringly obvious at some later stage, but had not been felt as acutely before, nor been understood as a clarion call for action? And finally, why has NAW medicine, as I believe, not even now, many decades after its introduction, genuinely taken root in the soil of Matabeleland?

Irrespective of what the missionaries thought, taught and did, one cannot ignore that on the side of the heathen-to-be-converted, then, as with lay African Christians and African Christian theologians today, there also was or still is a current of refusal, although for reasons quite different from those of the missionaries, to embrace wholeheartedly the way of thinking and being-in-the-world of NAW modernity, its medicine included. In the early days of the missionary encounter, this refusal was open, unequivocal and unashamed. It applied to the ways of the Europeans as such, included all forms of Christianity and did not in any way focus on modernity (of which, as such, it would initially not even have been aware). Its logic was simple and straightforward: we have our own way of life and religion, and do not need yours.21 This is the mindset David Carnegie (1894:67) experienced in the early days of contact:

Halloo, white man, … what are you seeking in our country? Who gave you permission to come here? Give us a present or we will take your hat. You are nobody. Don’t you know we are the young soldiers of the king? Don’t you see our spears and shields? We will thrash you if you don’t give us a tusa [a present; RB].22

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21 The ZMR (VII,100:207) is quite aware that even after the invasion of the BSAC, the locals remained “out-and-out pagans and savages, and … had not the slightest wish to be converted;” cf. ZMR VIII (123:375f). Sr Josephine Bullen SND later comments (in Tiernan 2008:136) that “the ingratitude of natives” is discussed in the ZM at Empandeni: “Poor natives, we know we are giving them better things but they do not realise that and have not sense [sic] to be grateful for what they do not desire or want.” Cf. Achebe (1987:passim), and Brain (1975:63). Paul VI also seems to be quite aware of this when in Evangelii Nuntiandi (1975:§79), he concedes to those to be evangelised “their tempo and pace; no one has the right to force them excessively” – some sort of force, it seems, being needed even from a 1975 perspective; why else confine its rejection to excessive forms?

22 On the powerful impression the AmaNdebele warriors made on him, and on their deference to their king, cf. Selous (1970:53 & 29f). Even after King Lobengula had granted Empandeni to the ZM Jesuits, as a place where to teach Christianity, late in the 1880s, the locals were not overawed by what they heard: “told that before receiving baptism they must renounce” their rites as practised “at the Feast of the First Fruits,” their
Since those days of proudly displayed contempt for the European intruder, much has changed. Today, the religion brought by the same Europeans can, nominally at least, boast of a mass following which continues to grow, so much so that the question has been asked when Christianity will have become an African religion.\(^{23}\) Avowed atheists as well as self-declared exclusive followers of the religion of their forefathers are a rarity, in general but also among the African critics of the NAW, of colonialism and neo-colonialism.\(^{24}\) The said refusal has now become more specific: not Christianity as such is rejected, but adherence to a particular kind of it, the one which, much as it might try, cannot deny its close ties with the NAW and modernity. In practice, this rejection comes in different forms: as a clandestine syncretic mixing of pre-Christian African traditions with mainline church Christianity, as conversion from mainline to indigenous churches,\(^{25}\) and as the theological claim that African Christianity is closer to the ‘true’ meaning of the Gospel than its NAW readings, by virtue of the latter, but not the former having been corrupted by modernity. In Edward Blyden’s definition, e.g., Western Christianity is “Christianity as taught at Nazareth, in Jerusalem and on the Mount of Beatitudes, *modified to suit the European mind or idiosyncrasies*” (quoted in Bediako 1995:11; my italics); in Bediako’s paraphrase (1995:12), Blyden “believed that Africa needed Christianity, but a Christianity without the European distortions of it: ‘The Bible without note or comment’.”\(^{26}\)

However, resistance of Africans against the imposition of NAW modernity is not confined to the theological domain. What can be said about it, in first tentative approximation, is this:

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answer was clear: “‘Then we shall come here no more,’ they said, ‘and the King will send you away or have you put to death.’” (ZMR II,23:356)

\(^{23}\) Already in 1970 it was mooted that “African Christians might well tip the balance and transform Christianity permanently into a primarily non-Western religion.” (Barrett, D. 1970. AD 2000: 350 million Christians in Africa. *International Review of Mission* 59(233), 39-54, quoted in Bediako 1995:viii; cf. ibid.:167, where the same argument of high growth rates is repeated, this time with a view to the number and weight of African bishops in the Anglican Communion).

\(^{24}\) South and East Asian religions remain confined to the immigrants from these lands, and Islam, still, more or less, to Africa north of the equator and its Indian Ocean coastline.


\(^{26}\) This I understand as claiming that the historical development of Christianity, from the controversies surrounding the compilation of the canon right down to the Reformation and beyond, does not figure as a genuine expression of its inner dynamic, but as external to the ‘true’ biblical message.
however pervasive it may be, it does not encompass the rejection of the *material fruits* of secular modernity – from air travel to anaesthesia, from cell phones to BMWs – all of which are in high demand indeed, as consumer goods or services; it is about the productive way of life that brings them forth. Kabou (1991:95; my italics, my transl.) speaks of a kind of materialistic opportunism which utterly despises the intellectual endeavours underlying the *production* of commodities, though these are taken as a matter of course. One makes use of cars, running water, electricity, the telephone, that is, of ‘these little trivialities of the West which imperceptibly we have come to love,’ without bothering to appropriate their implicit conceptual mechanisms.27

It means stating the obvious that the eagerness of East and Southeast Asian nations to copy the NAW way of doing things, so as to compete with the developed world of capitalism and beat it with its own weapons, is not a feature of subSaharan Africa. But obvious as the fact as such may be, it calls for an explanation other than the racist one given, first by racist-colonialist and more recently by Apartheid ideology, or the defensive one peddled *ad nauseam* by African leaders who put all the blame on the legacy of the slave trade, on (neo-)colonialism and the unfair terms of trade – thus progressing from justified rejection of genetic and racist myths masquerading as science, to the wholesale denial of self-contradictory forces *internal* to subSaharan Africa and its cultures as determinants of its under-development.28

The question may be asked, how an investigation into the missionary history of Matabeleland should contribute towards a better understanding of such issues. My answer is that Max Weber has shown how much can be learnt about people’s attitudes in secular

27 At the level of food and clothes, of mission medical and educational services, Hardegger describes this attitude in her Lesotho diary (cf. 1987:233 [17 October 1966], 420 [26 October 1969], 440f [25 January 1970] & passim).

28 Under-development is defined here as a country’s lack of success in the transition from any kind of pre-modernity to active, competitive membership in the global community of modern capitalist economies. It is beyond the scope of this study to discuss if this transition is a desirable one (for some thoughts in this direction, cf. pp576ff); suffice it to say here that it is the one which developed nations as well as African politicians have declared to be their goal.
life, by looking at their canon of (religious) values. When Bellah (1957:178; my italics) addresses this issue – why do people act as they can be observed acting? – he uses the term “central value system … to designate the most generalized orientations towards human action, especially in defining role expectations, which are found in a society,” and follows Weber in assigning a pivotal role to religion in its formation:

Every central value system seems to imply or require certain concomitant religious beliefs or actions. That is, there must be some metaphysical grounding, some view of the world, which makes that value system meaningful in the largest context, and thus motivates people to adhere to it. (ibid.:179)

When trying to understand why so many Africans, rather than being agents, as producers and competitors within the modern world, prefer to remain only the consumers of its products – a statement which obviously does not apply to workers like those in the mines of South Africa who are forced to live up to NAW work standards –, I believe that little can be learnt from reflections on air travel, biomedicine, or wireless communication as such, and a daily life in which all of these are such useful assets. Only the most dogged of traditionalists will simply take the position that airplanes, operating theatres and cell phones should be shunned because they are ‘un-African’ – not fruits of the African soil. This is not to say, though, that those who do enjoy these consumer goods, likely without even giving it much thought, cannot concurrently cling to a (more or less) traditional outlook on life – an ideological affiliation which they may stand by or, depending on the setting, may prefer rather not to own up to. After all, as Reinhard says (1976:590; my transl.), “[t]echnology and practical accomplishments of a foreign culture are accepted quicker, the conceptual core of a culture changes more slowly, due to indirect effects different from what was intended, or not at all.”

In this situation, of enjoying modernity as consumers, but otherwise preferring not to submit to its demands (how to think, work, and live), lived religion – traditional, Christian, or an amalgamation of both – and theological reflection offer the advantage of constituting a field of belief and pensive inquiry without everyday immediate, practical-instrumental relevance and applicability. It is therefore all well and good, e.g., for an African priest to denounce
Europe’s “obsession with efficiency,” and insist that “Christ had no watch” (cf. p615, below), but would this be to the credit of a town planner or an economist, today? (cf. p580fn168, below) What motivates a rejection such as this, of efficiency? Is the rehabilitation of traditional values, in and beyond the religious sphere, meant to gloss over the African non-engagement with modernity as a productive form of life? Turner’s claim (1971/72:65) comes to mind that “[t]he phrase ‘an African Theology’ has about it .. the quality of a slogan of vindication.” It is the dubious strength of theological arguments, e.g., in favour of indigenisation, that they do not, or at any rate not directly, translate into potholes, no hot water in the shower, and no full English breakfast on the table; by contrast, when business indigenisation is demanded, with a possible impact on production and thus secondarily also on lifestyle, the implication always is that ‘we can run them just as well as they can,’ i.e., NAW standards of management and performance are supposedly not up for discussion (I am yet to hear demands for business indigenisation, combined with the declared intent to abolish such standards). A traditionalist mindset that is not made explicit with a view to practically relevant areas of life, much as it may be there and determine behaviour, can thus openly be given voice, supposedly without risk to said lifestyle, in reflections about which kind of religion to adhere to, with how traditional or modern an outlook on life.

The main focus of this thesis, however, remains the stance towards NAW modernity, and in particular towards modern medicine, not of Africans themselves in the first place, but of the missionaries who came to bring about change in their would-be converts in some ways, while attempting to keep them unchanged in others. Which kind of religious and, more generally, intellectual nourishment did they consider wholesome and appropriate for those under their tutelage, which kind and level of medical engagement was deemed compatible with these considerations, and how did the missionaries’ view of modernity play a role in this? Summarising the results of my study I should say that the Jesuits embraced and rejected modernity at the same time, and for reasons to be explored, medicine as practised by professionals fell for a long time onto the rejected side – not in all Catholic missions to Africa, during the time period under study, but certainly in the Zambesi Mission. The ZM Jesuits’ ambivalence about modernity is, as I shall try to show, a particularly conspicuous example of a more general attitude displayed by EuroAmericans in Africa, with grave consequences for which Africa alone gets the blame today.
1.1 QUESTIONS, EXPLANATIONS, AND PSEUDO-EXPLANATIONS

Controversies over the term *modernity* itself, as well as over its qualification, *secular*, demanded conceptual clarification as a precondition to addressing the above questions in a meaningful way: is there only one or are there many modernities, and in which sense is the term used in the investigation at hand? To this end of clarification, the thesis takes as its starting point Charles Taylor’s magisterial study, *A Secular Age* (2007).\(^\text{29}\) Twice in his introduction, Africa comes up as one of those places around the globe where secular modernity has not taken root, once in a general context (ibid.:1) which highlights the global-historical exceptionality of the NAW worldview and its way of doing things, characterised by Achebe (1973:624) as “technical achievement without spiritual growth,” once (2007:11f) when relating an example from West Africa where the spiritual remains a lived reality such as in the secularised NAW it no longer is.\(^\text{30}\) For myself, living and working in one corner of subSaharan Africa, Taylor’s juxtaposition of the NAW and Africa (as just one non-NAW part of the world among others) was reason enough to read on; the usual ‘explanations’ of the African predicament – of its lagging behind not just the NAW, but also behind those who successfully emulate it: Singapore and China, Thailand, Turkey, and Malaysia, to name a few – had left me dissatisfied because these explanations did not tally with my own experience, both private and professional. Trying as I did at that time, around 2010, to keep a couple of Catholic hospitals and clinics functional in an environment abounding with obstacles and dysfunctionality, it seemed highly desirable to at least understand why our setting should be as it was; at the same time, I could not help but feel that the commonly

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\(^\text{29}\) Taylor’s work seemed an appropriate point of departure for an investigation into the Catholic (medical) mission enterprise in Matabeleland – not because he is an avowed Catholic, but because, other than most of the literature studied over the years, on ‘development’ outside the NAW as well as on its obstacles, and on ‘medical development’ in particular, his study is full of profound insights: although, or maybe because he does not directly address such practical issues as the functioning of supposedly modern hospitals in a largely non-modern cultural context, his penetrating analysis of the *Ideengeschichte* of modernity opens up new perspectives where others, who tackle developmental issues in a more immediate way, remain at the unenlightening surface of matters.

peddled explanations, be they called IMF or ZANU(PF), global capitalism/neo-colonialism or kleptocratic/undemocratic local elites, barely scratched the surface of our problems.

To find meaningful answers, that much I was sure of, one had to look beyond the obvious cover-ups masquerading as explanations, like the so-called ‘unilateral economic sanctions’ adduced by the ZANU(PF) administration to ‘explain’ the economic melt-down in the first decade of the new millennium; but even critics who seemed prepared to dig deeper, one of whom I’ll quote here at some length, might not be ready to dig deep enough: “Maybe the problems can even be traced back into pre-independence days,” writes Petina Gappah (2008:14; my transl.); she sees the ordinary Zimbabwean engulfed by hyperinflation, shortages of food, electricity, water, medical supplies, textbooks and teachers, as well as by broken sewage pipes and potholes, and asks, how on earth our country could end up here?31 As underlying causes she contemplates (ibid.; my transl.) the adoption of

Mao’s brutal methods of centralised control and repression of dissenters …, the struggle for liberation along tribal lines …, [the] one-party state … inspired by friends of the struggle like Nicolas Ceausescu …, [or] the Great Leader Kim Il-Sung [showing by example; RB] .. that nothing can be wrong with personality cults;

and she continues (ibid.; my transl.):

The painful truth could be that Zimbabwe … simply followed the path taken by the continent as such. It went down a well-worn path which took its origin from the lie that the take-over of power from the colonial masters was the same as granting people life in a democracy.

With the 2008 election results about to be announced at the time of her writing, she optimistically concludes (ibid.; my transl.) that “we have now a second chance.”

As I see it, the question to be asked here is, if even this critique could be a case of wishful thinking, of yet another way of avoiding to identify deeper causes for Zimbabwe, or, more

31 For details on the collapse of medical services, cf. Physicians for Human Rights (2009); Todd et al. (2010).
narrowly, its health sector not living up to the hopes entertained at independence. In other words: granted that the liberation movements had indeed inherited the “jewel of Africa,” what kept them from actually making available to the majority of the population its gemstone qualities, rather than squandering them?

Had Taylor’s description and analysis of the genesis of secular modernity in Europe something to offer here? Could taking up the invitation he extends in the foreword of his study (2007.ix), of “developing, applying, modifying, and transposing” his core argument to other socio-cultural contexts, such as Matabeleland, shed any new light on these questions?

1.2 MODERNITY IN ZIMBABWE: SOME PERSPECTIVES ON A FAILED PROJECT

When Doris Lessing in her said article looks back at Zimbabwe at Independence, she speaks of a (natural and economic) paradise rather than of a jewel, and the garden instead of precious stone metaphor gives her the opportunity to add (2003) that even a “paradise has to have a superstructure, an infrastructure, and by now it is going, going – almost gone.” But how could it happen? Merely because of the erosion of constitutionally enshrined democracy, as a result of its implementation by a national leadership with politically-historically explicable leanings towards Mao, Ceausescu, and Kim Il-Sung? Would genuine support for the liberation movements by NAW democracies, in the 1970s, have changed the course of history in our part of the world via an impact on the post-Independence political superstructure? Or must we take Lessing’s term infrastructure in the literal sense of the word, as an underlying structure, but with a meaning much broader than sewage systems, railways and roads? Put differently: could Zimbabwe as an individual nation have escaped from the subcontinental predicament described in UNICEF’s 2016 State of the World’s Children report, according to which, “if current trends continue, in 2030 … [a]ll but five of the 30 countries with the highest under-five mortality rates will be in sub-

32 “‘You have the jewel of Africa in your hands,’ said President Samora Machel of Mozambique and President Julius Nyerere of Tanzania to Robert Mugabe, at the moment of independence, in 1980. ‘Now look after it.’” (Lessing 2003)
Saharan Africa” (ibid.:24), of worldwide “[m]ore than 60 million primary school-aged children [who] will be out of school … [m]ore than half will be from sub-Saharan Africa” (ibid.:vii), and “9 out of 10 of the world’s children living in extreme poverty will live in sub-Saharan Africa”? (ibid:70)

Starting from the oft-asserted premise that structure at the level of the objective relations of production, to use Marx’ term, did not change overnight, at Independence, one remains with the fact that indeed an abrupt, momentous change took place only in the echelons of political power, with the replacement of the representatives of the UDI system by those of the previous guerrilla forces – an exchange of people: although objective structures remained largely untouched to begin with, people, thus subjective structures, changed at an instant. With this latter term, subjective structures, I refer to the conceptual innovation which Pierre Bourdieu (1986) introduced into economic discourse, his diversification of the term capital beyond the one form which is ordinarily taken account of, economic capital, by adding to it “cultural capital … and .. social capital, made up of social obligations (‘connections’).” In all these forms,

Capital is accumulated labor … It is a vis insita, a force inscribed in objective or subjective structures, but it is also a lex insita, the principle underlying the immanent regularities of the social world. It is what makes the games of society – not least, the economic game – something other than simple games of chance offering at every moment the possibility of a miracle. … And the structure of the distribution of the different types and subtypes of capital at a given moment in time represents the immanent structure of the social world, i.e., the set of constraints, inscribed in the very reality of that world, which govern its functioning. (ibid.)

Of particular interest, in the context of Zimbabwe at Independence, is cultural capital: not as objects (books, monuments, etc.), but “in the embodied state, i.e., in the form of long-lasting dispositions of the mind and body.” (ibid.) Bourdieu specifies (ibid.) that this

accumulation of cultural capital in the embodied state, i.e., in the form of what is called culture, cultivation, Bildung, presupposes a process of embodiment,
incorporation, which, insofar as it implies a labor of inculcation and assimilation, costs time … This embodied capital, external wealth converted into an integral part of the person, into a habitus, cannot be transmitted instantaneously (unlike money, property rights, or even titles of nobility) by gift or bequest, purchase or exchange.33

Neither, one may add, can such a transfer be enacted *ad hoc* at the moment of exchange of an entire political elite, if and to the extent that there is a need for it. Should this be the case, we would speak of cultural capital that has to be acquired, not just by an individual person, but by a whole group of people. Hage, in his analysis of national belonging in Australia (1998:54), asks which “cultural possessions and dispositions (what Bourdieu calls ‘habitus’ – one’s historically acquired structure of the personality)” immigrants bring along with them to Australia, and, once they have arrived, how they acquire the “important elements of the dominant national [cultural; RB] capital”? (ibid.) He specifies, in this context (ibid.:65), that “the national capital one needs to accumulate in order to maximise homely belonging to the nation is not the same as what one needs to accumulate in order to maximise governmental belonging.” This is to say, more national cultural capital is required to become eligible for governing, than is needed just to belong, which implies that belonging itself is not a discrete category: more or less cultural capital as a prerequisite of different degrees of belonging can be accumulated by one person. What Hage demonstrates for Australia, was the common experience of black Rhodesians: they belonged, but did not belong as much as white Rhodesians did; particularly, whatever national cultural capital they had accumulated, it would hardly ever be enough to reach the threshold of governmental belonging. This changed from 1978 onwards, when all of a sudden simply being white was no longer *the* most indispensable component of governmental belonging, as plain, blatant racism had demanded. But what of the, so to speak, metaphorical whiteness of having acquired, through formal and even more so through informal training, the subjective structures – the habitus – required to keep going,

33 Looking at religious formation, the Zambesi Mission Record keeps coming back to the problem that formal-academic education cum conversion as such do not suffice to create a habitus: “It is but of little use to make Christians, if you are unable to steady them in the Faith … If our work is to be lasting, our system should provide for Christian morals gradually finding its way into their very being. This cannot be attained by instructing the native for a few months and then having to send him practically adrift amidst his old demoralizing surroundings.” (ZMR III,46:612f; my italics)
as the UDI government had done up to 1980, not the system (which then was ousted at the political level), but all the technical support systems behind Gappah’s above list of needs: of food, electricity, water, medical supplies, etc.? (This is to not even mention the host of structural changes needed so as to make benefit the previously disfranchised majority of the population on the basis of these systems’ continued functioning.)

One man who pointedly focuses on Bourdieu’s “subjective structures … [and] the immanent regularities of the social world” in Africa, Bourdieuan before Bourdieu, is Albert Schweitzer (1949:184):

How ridiculous it seems to me to read that Africa is being opened up to civilisation because a railway has been built to this place, a motor-car has got through to that, and an air service is being established between two other localities. That does not mean any real gain. ‘How far are the natives becoming efficient men?’ That is the one thing that matters, and efficient men they can become only through religious and moral teaching combined with manual work. All other things have meaning only when this foundation has been well and truly laid.

34 Machel’s and Nyerere’s choice of metaphor – “the jewel of Africa” – might be taken to be a revealing one, in that there is pretty little that has to be done to keep a jewel shining, in spite of their exhortation to look after it. Lessing’s use of the paradise metaphor, in this respect, shows a more acute awareness of the cultural capital needed: the knowledge and experience of a competent gardener, in combination with an appropriate attitude towards work.

35 I quote Schweitzer in spite of the criticism levelled against him, much of it ad hominem. Achebe (1977:787f) accuses him of a moderate brand of racism for building his Lambaréné hospital “with standards of hygiene reminiscent of medical practice in the days before the germ theory of disease came into being.” Likewise, the New York Times, in its otherwise rather sympathetic obituary (Albert Schweitzer, 90, Dies at His Hospital: 1965), says of Lambaréné that “[v]isitors who equated cleanliness, tidiness and medicine were horrified by the station, for every patient was encouraged to bring one or two members of his family to cook for him in the ditches beside the wards. Babies, even in the leper enclave, dropped toys into the dust of the unpaved streets and then popped them into their mouths. Noisome animals wandered in and out, including Schweitzer’s pet parrot.” From a professional perspective, none of this is as unsettling as it appears to the New York Times, and, the parrot excluded, could also be found in Catholic mission hospitals and clinics in Matabeleland. – Never having been to Lambaréné, I cannot comment from first-hand experience as Cameron does after his 1953 visit. His account mentions journalists and TV teams for whom “the Schweitzer hospital was no place of light and healing but a squalid slum, from which the Doctor excluded all the advantages he
Clearly, this just sounds like a naïve affirmation of colonialism and Christian mission as an educational, civilising enterprise; but with Zimbabwe falling to pieces – not a jewel any more in anybody’s account – the question may be asked if there isn’t a kernel of truth in Schweitzer’s statement, and if so, how it could be separated from its paternalistic and missionary context. Ugandan President Museveni tries to do something along such lines when interviewed by Richburg, who asks him (2009:177) why “Asia has managed to prosper while Africans seem forever mired in poverty. What happened?” In Richburg’s account (ibid.), this is what followed:

Museveni considered my question for a long time. ... ‘Discipline,’ he said at last. ‘The discipline of the Asians compared to the Africans. ... I tend to find more discipline among the Ugandan Asians than among the Africans. I am not yet ready to explain this. People who come from an area with a big population, where people was forever being offered simply because he did not personally understand them.” (2006:175) Cameron initially withheld the publication of his carefully considered if critical assessment, in view of the complexity of matters – eventually stating that “while the original achievements of Schweitzer were considerable and his sacrifices notable, yet his accomplishments were negligible; his mission an illusion; his hospital in the Equatorial forest medically valueless, or even dangerous.” (ibid.:174f) Even this critique, however, valid as in all probability it is from a public health point of view, does not do justice to Schweitzer’s medical work, nor to his intentions. Regarding the work, it ignores how individual patients benefited from treatment for, e.g., malaria, tropical ulcers or incarcerated hernias: Schweitzer’s book abounds with examples. As for his intentions, confronted as he was with a shortage of funds and in charge of keeping services going, he had to decide what must, and what could not be done. The beneficiaries of his services were unable to pay for what they got (Schweitzer 1949:65, 106, 125), so he raised whatever money he could through begging, lecturing, and concerts (cf. ibid.:50, 68, 127f, 133), and ended up indebted nonetheless (cf. ibid.:105, 133). At the hospital, he tried to prevent the spread of infections by sanitary means and isolation, treated with whatever drugs he had, yet remained critical of the standards achieved: “aseptic precautions were, naturally, far from perfect” in his own view (ibid.:42). Considering why Schweitzer the theologian-turned-medical-doctor felt obliged to do this kind of work in Africa – “Anything we give them is not benevolence but atonement ... [for] our guilt” (ibid.:125) – he might be forgiven for his lack of a public health perspective; Achebe, in any case, seems to have chosen the wrong indicator with his caustic remark about standards of hygiene at Lambaréné – if indeed he hoped thereby to expose Schweitzer’s supposed racism.

36 For remarks of Schweitzer’s which are highly critical of colonialism, cf. ibid.:81ff & passim.
are very many and therefore competing for natural resources, may tend to be more disciplined than people who take life for granted.\textsuperscript{37}

Here is a contemporary speaker whose gist of argument is similar to Schweitzer’s but who is in no way suspect of colonialist leanings. As I see it, both Schweitzer and Museveni make a valid point in so far as they refer to a lack of cultural capital in form of “efficiency” or “discipline,” i.e., to a lack of secondary virtues from the arsenal of the Protestant work ethic. But, following Taylor’s train of thought as I shall paraphrase him below, I believe that their explanations still fall short of fully grasping what is at stake.

At the outset of this thesis, my own rather motley proposition is that within the perimeter of the traditional material production and reproduction of their lives, pre-colonial AmaNdebele, as other local peoples, had at their disposal all the skills and attitudes (the cultural capital) necessary to master their lives, e.g., they were as efficient and disciplined as their own system demanded. As a result, they made a living, maybe more or less but in any case sufficiently successfully. A century later, however, UDI left behind a system comprised of many sub-systems, with NAW health care one of them, whose logic of functioning had

\textsuperscript{37} Museveni’s thoughtfulness as an African leader, some 40 years after Uganda had gained its political independence, and an Afro-American journalist’s readiness to put it in writing, stand in remarkable contrast to, e.g, the critique of Ndanbaningi Sithole (1962), co-founder of ZANU(PF) in 1963, of Schweitzer’s self-portrayal as the elder, and of the African as his younger brother. Sithole’s resentment at being treated as a minor is not difficult to understand; indeed there is only a thin line separating Schweitzer’s paternalism from racism, and it is easy to grasp from a psychological perspective why Sithole would reject the former no less than the latter. However, shorn of its paternalist/racist connotations, one may understand Schweitzer as referring, in his elder brother image, to a very specific and utterly non-racial kind of superiority: the socio-historically explicable economic and technical prowess of the NAW, inclusive of the subjective structures which sustain it, not unlike Museveni’s reference to an empowering character trait in Asians supposedly resulting from specific living conditions. If (and only if) NAW criteria are the agreed-upon yardstick, as it seems for Schweitzer they were, then in a comparison of nations only the Japanese were the NAW’s match at his as well as at Sithole’s time – Japan already by then not a younger brother any more –, joined today by the Chinese and a number of other non-European peoples and cultures, none of them African except for, maybe, South Africa (whose often quoted rainbow status comprises a quasi-European stripe as one of its cultural colours); but to this side of the coin, Sithole never alludes, not even in passing. Cf. ZMR V,76:457ff ("The Duty of the Strong"), for a reflection on “the native .. as yet .. in statu pupillari” (ibid.:458), and the perceived implications for his ‘older brother.’
evolved in a centuries-long process through which the NAW and its citizens became what they are today: *modern* in a sense which will have to be defined on the following pages. This modernity however, so much can be said of it in advance, is fundamentally different from the ways of traditional societies anywhere – a statement which covers the world of the AmaNdebele as much as European societies of earlier times.

From the perspective of this modernity, present day Zimbabwe is functioning neither in its entirety as a nation, nor in its sub-systems; it is not sufficiently successful at performing in what is no longer merely the NAW-specific way, but has become the globally dominant one. This has been identified as a deficit by critics from within and without, and as for the internal causes, much blame has been personalised and put on the political top brass. However, one may possibly say of Zimbabwe what Diner has said of the Arab world\(^3\) (quoted in Bammé 2011:30; my transl.), that what is missing there are “the secondary framework conditions and the self-perpetuating habitual inculcations, the generalisation and expansion of style of thinking and collective of thinkers, thus what makes possible development as a continuous process.” Likewise in our society: the ‘Mugabe approach’ towards problem solving, as I shall call it here for lack of a better term, was unfortunately not confined to an individual or his entourage in the uppermost ranks of the political hierarchy; rather, it pervades society and has a massive impact on the commonwealth. Given the opportunity, decision makers’ ways of handling problems, whatever their place in the social hierarchy, may be described as a mixture of the repression of those who publicly dare to ask painful questions – shooting the messenger; wishful thinking combined with practical inaction as regards the internal needs of ex-colonial systems like the health care services, that is, neglect of the material and managerial input required for their continued functioning;\(^4\) keeping up of appearances for as long as at all possible; and finally, blaming others when something has undeniably gone wrong, when promised or anticipated or

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\(^4\) For the managerial side, an article in the Economist (*The hollow state*:2015/16) provides a fitting example from South Africa, where a “grandee of African politics” is quoted as having challenged President Zuma: “[Y]ou don’t deploy [party; RB] cadres to play in the national football team, so why do you deploy them to Eskom [the Electricity Supply Commission; RB]?” – adding with resignation: “He just won’t listen.”
hoped-for success stories did not materialise.\textsuperscript{40} Surely, we cannot trace all of this back to a simple lack of efficiency and discipline, and we cannot just call it the Mao, Ceausescu, and Kim legacy, either – but who or what else is to blame?\textsuperscript{41}

However pressing such questions are, though, the focus of this study is first on something much narrower: to investigate one of the earliest instances of systematic exposure of the people of Matabeleland to newcomers from the NAW, i.e., the ZM Jesuits. These men brought with them, alongside their Catholic religion, their culture of origin of which they were proud in some ways, and which they rejected in others. In this field of tension I look at the place and role of NAW medicine in particular: what of it did the Jesuits want to

\textsuperscript{40} In parentheses I should mention here that the wrath of the ancestors (more generally speaking, the influence of spiritual forces impinging on us and on the world in which we live) is not invoked as a prominent explanation of problems at the political and economic level, or when the focus is on the malfunction of ex-colonial systems as in Gappah’s list above. This is different once the forces of nature come into play: the insufficient Bulawayo municipal water supply may well be conceived of in the context of poor rainfall which could be due, so the reasoning goes, to the ancestors’ not being happy; cf. Matimba (1992) quoting the pro-Vice Chancellor of the University of Zimbabwe arguing in such a direction. To opt for this explanation implies somebody’s readiness to ignore the meteorological data which show no change in average precipitations between 1892 and 2010 (cf. Mazvimavi 2010). It also implies a readiness to ignore the rules of arithmetic which do not allow meeting the water needs of ever more people when available total dam-held quantities remain the same, as even Zimbabwe’s government-controlled press acknowledges on occasion: “The last supply dam for the city of Bulawayo was constructed in 1975 and 37 years later nothing has been done to enhance its water sources. In 1975 the population was estimated to be 263 000 residents but since then the city has continued to grow. With new settlements that have come up over the years the population is estimated to be over 1,5 million but still drawing from the same water sources that were meant to supply around 260 000 people.” (Marizani 2012:5)

\textsuperscript{41} As regards the repressive aspect of the dominant local problem-solving strategy, it is worth noticing as an aside that in a study of Zimbabwean children’s outlook on life (Save the Children UK:2000), it turned out that even though as children they felt ill at ease with the autocratic ways of their parents, they valued obedience without ifs or buts highly once picturing themselves as the would-be givers of orders. Speaking of themselves as children, they emphasised the need “to be cared for” (ibid.:2), to be helped and liked, and for their parents not “to beat them for no reason” (ibid.:4); when it came to figuring themselves as the parent of a future child, “to look after him or her, more than I’m being looked after” (ibid.:5) did receive mention, but was eclipsed by another theme: “When I am a parent, I want my rules to be followed” (ibid.:3); “I will give my child many rules” (ibid.:4); “[m]y family is not supposed to disobey my rules” (ibid.:8); “[i]f I were a father [my rules would be; RB]: when I’m talking to you, you have to listen; when I send you somewhere, you have to run.” (ibid.:5)
transplant to Matabeleland; what did they want to keep away from the locals? To the exploration of such contradictory intentions this study is devoted, with a view to the consequences for today’s health care provision. In some measure, the general issues just contemplated will also be addressed as part of the discussion of my findings.

1.3 METHODOLOGICAL CONSIDERATIONS

In contemplating the role of medicine in the 19th century Catholic missionary enterprise in Matabeleland, one obviously deals with a medico-*historical* question. What could the NAW medicine of the day factually offer? And on the side of the missionaries, how much had they become aware of this and, as the medical laymen that they were, what of it were they able to implement to their own and others’ health benefit? Awareness has to build on information but, as the example of the medical risks of cigarette smoking shows, the availability of information as such, even if broadly advertised, does not imply that subjectively it will be taken on board and become the determinant of actual behaviour. Therefore, an at least equally important focus had to be on the *perception* of medicine, i.e., on its place in the Catholic religious and ideological imagery of the time. It might thereby become possible to understand why the Catholics embarked much later than a number of Protestant denominations on the road towards a modern medical mission.

In the course of my studies, the first insight was an unexpected one – unexpected, at any rate, for a practitioner of medicine with an only superficial knowledge of its developmental history: it was not that the Catholics had been (too) late in making NAW medicine a part of their civilising mission, but that some Protestants had been too rash in putting their trust in its promises. With hindsight and judging from a therapeutic angle, the Catholics were more than justified (even if the basis of their decision-making was an utterly non-medical and ‘unscientific’ one) to be cautious about investing scarce resources in a field which still held little promise in the 19th century, offering only piecemeal, standalone solutions. However, even as the range of these solutions gradually widened, one gets the impression that well into the 20th century most Catholic missionaries remained less than eager to make decisive use of them. Here, the Church’s relation to medicine, in itself, although providing some
indication why her missionaries might continue to be apprehensive, seemed not to suffice as a proper explanation; therefore, her relation at the time, not just to professionally practised medicine, but to the world and human life in general, and specifically, the relationship of missionary orders and individual missionaries to their own lives moved into the centre of my attention. But in spite of this shift of focus, medical-missiological-historical the related questions still were. It would therefore appear justified and even mandatory to outline my methodological approach in such a historical investigation.

As an analytical psychotherapist, I have worked extensively within the theoretical frame created by a narrative approach to psychology and psychotherapy. This is to say that to me, history has for a long time meant the personal history of the individuals who came to seek my help. As most of them had been victims of human rights abuses in one form or another, this meant entering into life stories told as histories of traumatising events like abuse, rape, or torture inflicted for political ends. Significantly, in a counter-reaction against earlier, widespread denial, a major transformation of the public and professional perception of such victimhood took place during my years of training and work. What had been shameful and was to be hidden away, increasingly became acceptable to stand by, almost a feature to be proud of: a secular society found its way back, almost, towards the sanctification of victimhood. This implied another turning back of the clock: while Freud, eventually, had declared the stories of his female clients not to be tales of real incest, but mere wish-fulfilling fantasies, the stories of today’s victims or would-be victims – a distinction often only difficult to make on the basis of just one story told – may only be called into doubt at the risk of being labelled insensitive, cruel, re-traumatising, or worse.

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43 Incidents of this denial were (and to an extent still are), the denial of ‘ordinary’ sexual violence against women as a societal feature outside of any intentionally-political context, or against children and youths in institutions; in the early post-WW II decades, of the quasi-industrial extermination of the Jewish as well as Sinti and Roma populations of Europe and the uncanny combination of its routinely-administrative execution – Hannah Arendt’s banality of evil – with the steely determination of its Nazi enactors; more recently, of the psychological suffering of US Vietnam War veterans.

44 Cf. the subtitle of Diekmann & Schoeps (2002; my transl.): “On yearning to be a victim.”
What gets lost in the moralising critique of such reflections on truth or fantasy (or outright lies?), is an insight into the profound complexities of the autobiographical construction of identity and personal past. Goethe was well aware of these when he wrote his own, significantly entitled *Poetry and Truth* [*Dichtung und Wahrheit*]. In a letter to Zelter on this matter he says, concerning the

title of my life’s confidences – *Truth and Poetry* – which is certainly somewhat paradoxical, I adopted it because of my experience that the public always entertains some doubt as to the truthfulness of such biographical efforts. To meet this, I acknowledged having written a kind of fiction, driven to it to some extent unnecessarily, by a certain spirit of contradiction. For it was my most earnest endeavor, as far as possible, to represent and express the genuine, fundamental truth which – inasmuch as I could be aware of it – had prevailed throughout my life. But if such a thing is not possible in later years without the co-operation of memory and one’s imagination so that in one way or other we never fail to exercise the poetic gift, then it is clear that we shall present and bring into relief the results, and the past as it seems to us now rather than the individual events as they happened then. For does not the most ordinary chronicle necessarily embody something of the spirit of the time in which it was written? Will not the fourteenth century hand down the report on a comet more ominously than the nineteenth? In fact, in the same town you may hear one version of a striking event in the morning, and another in the evening.

Goethe thus openly speaks of his past-as-told as a construction, not in the sense of an invention out of the blue, of incidents which actually did not happen, but in the sense of his retrospective creation of meaning in what had happened in his life – which obviously includes, as a first step, the process of selecting those facts which he considered

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45 Letter to Zelter, 15 February 1830. Original in Riemer (1834:393ff); this translation taken from Biermann (1951:405f). There is good evidence that this was a well thought out, by no means hastily cobbled-together judgement of Goethe’s: in his draft of a letter to King Ludwig I of Bavaria, of 11 January 1830, the part of the letter to Zelter quoted here appears verbatim, indicating that he saw no reason to introduce any changes when copying it one month later (cf. [http://www.zeno.org/Literatur/M/Goethe,+Johann+Wolfgang/Briefe/1830](http://www.zeno.org/Literatur/M/Goethe,+Johann+Wolfgang/Briefe/1830), accessed 5 October 2016); cf. Koselleck (1984:282 & passim).
meaningful enough to be worth re-telling. Quite to my surprise, when reading what some historians had to say about their profession and how its historical narratives at the supra-individual level came into being, there was a remarkable similarity in their approach, to Goethe’s.\footnote{An example that struck me, because of the proximity between history on the grand scale and at the personal level, is the Shoah, its perception and the meaning given to it. As Traverso (2000:passim) writes, one of the most fascinating aspects of the history of extermination camps like Auschwitz and Treblinka with their millions of victims is, retrospectively, how long it took after the end of WW II for these dead to be identified in their grotesque uniqueness, as distinct from the vastly higher total number of war dead.} As von Wright (2004:135) says with regard to historiography, “[w]ith every new act of interpretation the facts at hand are colligated under a new concept. The facts, as it were, take on a ‘quality’ which they did not possess before,” which is to say that the historiographer’s “efforts to understand and explain the more recent past … attribute to the more ancient past a role or significance which it did not possess until more recent events had occurred.” (ibid.:155)

In the context of this study, there is but casual reference made to work with individuals in Matabeleland. However, the broader foundational assumptions informing therapies that put their emphasis on narratives, may be applied not only to individuals with psychological problems, but also to humans in general, including groups and societies (the Zambesi Mission Jesuits one among them); I shall therefore start my methodological considerations from this end.

1.3.1 The theoretical frame: Social Constructionism

The individual self may be conceived of as a narrative which is created in dialogue with others,\footnote{Cf. Bakhtin’s “concept of dialogism and … [his] conception of personhood where we author ourselves in dialogue with others and subject to the reinterpretations they give us.” (Bakhurst 1995:76)} and is kept alive in a never-ending recursive monologue:

We are forever telling stories about ourselves. In telling these self-stories to others we may … be said to be performing straightforward narrative actions. In saying that we also tell them to ourselves, however, we are enclosing one story within another.
This is the story that there is a self to tell something to, a someone else serving as audience who is oneself or one’s self. When the stories we tell others about ourselves concern these other selves of ours, when we say, for example, ‘I am not master of myself,’ we are again enclosing one story within another. On this view, the self is a telling. ... Additionally, we are forever telling stories about others. (Schafer 1980/81:35; cf. Sampson 1985)

Furthermore, not only may the self and others be viewed as constructs by way of stories, but the lifeworld in which the said self finds itself may be understood to come into existence – as regards the form in which it is perceived – in like manner. A basic assumption on which this study builds is thus that the world as we see it, and the self of every individual (as well as larger social bodies: families, groups, classes, and entire societies), can usefully be described as the result of that creative mental activity which takes shape in narratives.48

With this assumption, narrative therapies arise on the basis of social constructionism.49 Their development is thus intricately related to a major reorientation in 20th century philosophy, described by Howard (1991:187), and following Rorty (1980) and Watzlawick (1984), as a shift from objectivism to constructivism [which] involves a growing awareness that any so-called reality is – in the most immediate and concrete sense – the construction of those who believe they have discovered and investigated it.

This implies, as Howard says (ibid.), that “epistemology in the latter half of the 20th century has been marked by a shift from notions of truth to notions of significance (or meaning).”50


50 Constructivist thinkers have driven this point home again, but in not so conscious a way we were familiar with it all along, as Midgley (2003:23) reminds us: “[I]dealism, though it is not now much mentioned, still functions as a shadowy background to many sceptical ‘postmodern’ doctrines such as extreme constructivism.” Cf. also Simmel’s remark from the beginning of the 20th century (1995:44; my transl.), that
However, different from popular contemporary ideology which Simpson (2003:17), following Eagleton (2003), has described as an ardent “belief in self-fashioning, a ‘dogmatic American voluntarism’ for which the world is ‘perpetually open’,” the activity of “constructing” self and world will in the context of this study be taken to be multiply determined, thus introducing, as further assumptions, basic tenets of Marxist theory, of Systemic and Cognitive Therapy, and of Wittgenstein’s philosophy of language.

The first is summed up in Marx and Engels’ early statement (2000:Part I, First Premises of Materialist Method) that human beings,

[b]y producing their means of subsistence .. are indirectly producing their actual material life. … [This] must not be considered simply as being the production of the physical existence of the individuals. Rather it is a definite form of activity of these individuals, a definite form of expressing their life, a definite mode of life on their part. As individuals express their life, so they are. What they are, therefore, coincides with their production, both with what they produce and with how they produce. The nature of individuals thus depends on the material conditions determining their production.

Here, the claim is made that with any attempt to understand how a given historically grown group of people think, one must look at the productive foundation of their lives, whether they reproduce themselves, e.g., as slash-and-burn subsistence farmers, as pastoralists, or as members of a capitalist-industrial society. From a different perspective, but not in contradiction to this, Systemic Therapy – another theoretical background of mine as a psychotherapist – draws heavily on the assumptions of General Systems Theory (Bertalanffy 1949-51, 1950; Weiss 1969), holding that the social context in which people live, from families to institutions, represents a set of inter-related systems that will determine in multiple ways both psychic health and psychological problems.51 In Systemic

“purposes and fundamental preconditions determine which ‘world’ will be created by the mind, and the real world is only one of many possible ones.”

51 John Berger’s novel, From A to X, asks us (2008:190f) to “consider human lives, their every-minute, every-day lives! Their lives depend upon an agreed regularity to which each contributes … It explains the arrival of
Therapy, the feed-back loop of cybernetics has replaced the linear chain of cause and effect of classical physics as the most prominent explanatory paradigm; in a later development, it has incorporated much of the constructionist views mentioned above, regarding how individuals as well as their contextual social systems come into being. Cognitive Therapy, finally, is specifically concerned with identifying the idiosyncratic concepts or mental schemata that set the frame within which people reason and feel, and which determine their views of self, other, and world, past, present, and future. The therapeutic intention is to make change possible through the shedding of dysfunctional schemata: as they have been constructed, so they can be deconstructed.

Whether explicitly acknowledged or not, the said narrative, systemic, and cognitive therapeutic modalities have evolved against the backdrop of the linguistic turn in 20th century philosophy and especially the thinking of Ludwig Wittgenstein. In Wittgenstein’s analysis, people construct sentences within the confines of particular language games when expressing what they assume, perceive, think, believe, are convinced of, hold to be the truth. The statement, ‘This is true,’ is a comment about any such sentence within one such language game, not a comment about the world ‘as such.’ Rorty (1989:5, my italics; cf. 1986:passim, 1991:5 & passim) puts it thus: “The world is out there, but descriptions of the world are not. Only descriptions of the world can be true or false. The world on its own – unaided by the describing activities of human beings – cannot.”

the fruit in the market each day, the lights in the street at night, the letters slipped under the front door, the matches in a match box all pointing in the same direction ..., smiles exchanged between strangers. The regularity has a beat, very distant, often inaudible ... – [but] it’s .. a reminder that you belong to a shared story.”

53 For an exemplary account by a secular Jew, of the rootedness of his way of thinking – initially unbeknown to himself – in the so-to-speak formal modus operandi of the Talmud, see Flusser (1995:141f; my transl.) who marvels about “my own technique of thinking .. – my own way of reasoning about whatever subject. And not only my own technique ..., but also that of Marx and Freud and Husserl, ... as it expresses itself since Job and beyond Kafka. The shock that I feel ... is the following: that all this, Marx, Freud, Husserl, Job, Kafka, is inscribed in a cultural programme, ... of which one need not be aware to be programmed by it.”
54 Beck, AT (1970); Markus & Nurius (1986); Clark, Beck & Alford (1999).
Ideas, concepts, narratives, thus ultimately: words, are our indispensable means when we try to make sense of the world around us, and of ourselves in it. No statement about what is or is not the case is possible without constructing sentences, that is, we have to make moves according to the rules and inside the perimeter of one or the other language (one or the other language game). Further: in all language games, the ability to justify one statement by another more basic one, the effort to dig deeper so as to lay bare, in Cartesian fashion, the indubitable foundations of what has been stated, comes to an end somewhere – not because no more questions could be asked, but because no more answers can be given. “If I have exhausted the justifications I have reached bedrock, and my spade is turned. Then I am inclined to say: ‘This is simply what I do.’” (Wittgenstein 1953:85) Hulme (in Jones 1968:194) very neatly expresses the same idea: “Every man has inside himself a kind of rock on which he builds. … [Logical reasoning; RB] is quite impotent to deal with those first premises. It [i.e., reasoning] is a kind of building art; it tells you how to construct a house on a given piece of ground, but it will not choose the ground where you build.”

57 It is because of this distinction between the premises and the building erected on them, that the constructivist epistemic position does not open the door to limitless arbitrariness, as some postmodernist intellectuals choose to misunderstand when they declare the NAW natural sciences to be just one ethnoscience among others. Unfortunately, and unnecessarily, Indian philosopher of science Meera Nanda, while rebutting this latter claim and arguing (1998:289) in favour of “Joseph Needham’s old-fashioned ‘modern universal science’,” accepts their interpretation of constructivism as the only possible one, when neither Rorty nor even Feyerabend’s Anything Goes need to be read in this way. Within the frame Hulme creates (as do Wittgenstein and Rorty, among others) with his distinction between non-justifiable premises and what is built upon them, hard-nosed reasoning kicks in once it is about constructing the house, as he calls it – but not before, when the building site is at issue. E.g., once success in mastering the outside world is simply taken to be the premise, as it is in the NAW – undisputedly, maybe not even consciously noticed –, it is actually quite easy to argue the case of airplanes against witches’ brooms. A return to representationalism, the way Nanda opts to go, is not needed to this end. The specificity of NAW science among the ethno-sciences, its ‘universality,’ results from the simple fact that all societies the world over, to some degree, must be success-oriented so as to survive: nowhere is maize planted at the beginning of the dry season (unless there is some kind of artificial irrigation); i.e., all societies have opened the door in some measure, to that premise which the NAW has made the only one that counts, and through that crack in the door, NAW reasoning can and does force its way inside, particularly so as it is also invited to come in, by those who like Nanda are within and want to see more worldly success coming about in their own societies. (Cf. the distinctions made by Nanda’s fellow-Indian Bankimchandra Chattopadhyay, quoted below, pp598f).
At that moment when every effort has been made to give yet another justification in response to yet another question, Wittgenstein insists (1958:24), we finally “find that here we strike rock bottom, that is we have come down to conventions.” These are not just agreed-upon conventions of thinking and speaking, but conventions of human praxis. ‘This is simply what I do’ does not only mean, therefore, ‘this is the point where we, the participants of this language game, do not query any further,’ but also ‘this is how we act, behave, live.’ These conventions are the foundation that any language game rests upon: “Our talk gets its meaning from the rest of our proceedings.” (Wittgenstein 1969: no. 229) Wittgenstein’s term for this foundation is ‘form of life.’ That it has, more than anything else, practical connotations, is abundantly clear throughout his Philosophical Investigations; in Ursache und Wirkung [Cause and Effect; my transl.] (1976:403), Wittgenstein quotes the word of Goethe’s Faust, “im Anfang war die Tat” [in the beginning was the act; my transl.], and elsewhere (1980a:108e), he suggests that understanding people with a cultural background different from the observer’s will come about as the result of lived praxis: “One is inclined to say: ‘Just live among us for a while and then you’ll come to understand’” – that is, acting within the frame set by a different culture will teach an observer to appreciate its reasoning which runs counter to her or his brought-along intuitions (which, after all, are a reflection of their form of life). Evans-Pritchard (1976:126) gives the lively example of how praxis taught him to accept a reasoning that flew in the face of his British intuitions: he learnt to reach decisions, when living among the Azande of Southern Sudan, by observing the outcome of administering poison to fowls, and taking the oracular verdicts as seriously as they take them. I always kept a supply of poison for the use of my household and neighbours and we regulated our affairs in accordance with the oracles’ decisions. I may remark that I found this as satisfactory a way of running my home and affairs as any other I know of.

58 “I did not get my picture of the world by satisfying myself of its correctness; nor do I have it because I am satisfied of its correctness. No: it is the inherited background against which I distinguish between true and false. The propositions describing this world-picture might be part of a kind of mythology. And their role is like that of rules of a game; and the game can be learned purely practically, without learning any explicit rules.” (Wittgenstein 1969: no. 94f)

59 “[T]he term ‘language-game’ is meant to bring into prominence the fact that the speaking of language is part of an activity, or of a form of life.” (Wittgenstein 1953:11e; cf. 4f, 7e, 82e, 126e, 146e)
We have thus finally come round full circle, in Wittgensteinian philosophy, to Marx and Engels’ above statement about the material foundations of life; though starting off from very different premises, they declare that what we do, and how we do it, our way/form of life, represents the ultimate foundation of our thinking as expressed in our narratives. The challenge Wittgenstein poses is to contemplate that in the last resort, self- and world-defining narratives are nowhere the outcome of a rational discourse, contrary to what NAW popular ideology likes to believe of the NAW’s own foundational narratives, political, scientific, and otherwise.

Building on these considerations, the theoretical frame used in this study is a social constructionist one, with its core subject the narratives created by the early Catholic missionaries to Matabeleland, complemented by a glance at those of their local target population, insofar as these have been recorded. How did the missionaries see themselves and their mission, how did they conceive of their own theology at a time of ascendancy of secular modernity, and of the biomedicine which they did or did not introduce? This is what the body of this study is about, leading on to some reflections on the impact of the missionary enterprise itself, as well as of secular modernity, on Matabeleland and its people (and by extension on the possibility of this being an exemplary case for subSaharan Africa).

Social constructionism seems a fitting choice as a theoretical frame for this topic, precisely because it conceptualises the reality of who we are and of the world in which we live, as created by ourselves. After all, it is the intention behind this study to create a better understanding why Church-owned health facilities in Matabeleland fail in many ways to deliver services as defined in their Vision and Mission Statements, so as to open up avenues towards an improved performance. The usefulness of conceptualising the missionaries then, and Mission Hospital staff today (as the population of Matabeleland as a whole), as the creators of themselves and of the world they inhabit, lies in keeping open the option of self-generated change – that is, once the status quo has been identified as in need of change. It is for this very reason that a number of psychotherapeutic modalities, like Narrative, Systemic, and Cognitive Therapy, have drawn extensively on Social Constructionism as a foundational theory: by adopting its premises, these therapies put
themselves in a position where they can highlight that change is possible; life situations which are experienced as unwanted by the people who inhabit them, cease to be seen as inescapable, indeed they open up once perceived as narratives which can be scrutinised for the seeds of alternative descriptions contained in them.

The ‘form of life’ that both Marx/Engels and Wittgenstein speak of, it must be emphasised at least in parentheses, does not come in, through the back door as it were, as an external criterion for the truthfulness of the constructions/narratives in question. Rather, in the forum of available discourses it appears as yet another narrative – one on the constraining determinants of what may sensibly (at a certain place and time) be constructed as identity, self, world. It is thus not a clandestine way of yielding to that common sense after all, which insists that the world out there provides us with independent criteria to decide on truth. Following Rorty (1989:6), this study does not allow for exceptions to the premise that in speaking of true and false we make sentences, that is, we make moves according to the rules and within the confines of one or the other of an infinite number of language games, knowing that “[t]he world does not speak. Only we do.” Marx’ reference to the form of life, to the relations of production, is also made within a language game in the Wittgensteinian sense of the word, however, it is one which creates healthy limitations for the kind of voluntarism displayed by, e.g., the likes of George Bush and Dick Cheney, who seemed to believe that, having the clout, they could order a world to their liking to be narrated into being (“Mission accomplished”) – in other words, could declare by presidential decree their private pet narrative to be the publicly dominant one. Gray (2012), e.g., quotes one of Bush’s aides who posits that “[w]e’re an empire now, and when we act, we create our own reality,” while mocking at the same time “what we call the reality-based community.” (cf. Hacking 1997:183 on Richard Nixon’s lingua-ism)\(^{60}\)

\(^{60}\) Etzemüller (2007:67; my transl.) stresses that it would be a mistake to equal constructionism with the arbitrariness of that which is constructed: far from “‘everything [being] relative’, .. social structures reliably draw the line between that which is granted approval, and that which dies away.” Form of life and the associated language games represent a supra-individual frame within which the relevant social “collective awards to any thing its ‘being’ and decides if an observation or description is ‘right’ …: truth ‘is not relative’ or even ‘subjective’ in the popular sense of the word.” (ibid.:41; my transl., my italics)
With the Bushs and Cheneys and Nixons of this world we have moved, from the narratives of private individuals, to those of public figures, i.e., we have entered the realm of political history, which brings me back to the issue raised above, of how historians conceptualise what they do when writing historical accounts of whatever their topic may be. As I have mentioned, surprisingly for me, some historians see their probing of the past and the resulting historical narratives as, *mutatis mutandis*, not so dissimilar from the exploratory work of a client with his or her psychotherapist, the latter operating along the lines of a social constructionist epistemology: the two together trying to understand an individual past – as told in the client’s initial narrative (to then co-create a new and more meaningful one, different in some respects from the previous one and for the client hopefully easier to inhabit).

To constructionist historians, gone are the days when Ranke (1824:vi; my transl.) could set out with the intention to simply tell it “as it actually has been.” In fact, the history of doubts around the idea of simply reporting what has happened, and if this could meaningfully be done at all, is long. Goethe, in his conversations with Eckermann (1850b:386f; March 30, 1831), says of his autobiography that “the particular facts that are related serve only to confirm a general reflection – a higher truth. … A fact of our lives is valuable, not so far as it is true, but so far as it is significant.” (cf. pp26f, above) And what constitutes a fact, in the first place? Friedell (2007), using as an example the life of Baron von Stein, points out that a historian writing about him has to decide what to consider relevant and what not, such that the omission of a fact does not imply its non-facticity, but its irrelevance in a given context. This is where constructionism comes in, in that the facts which supposedly count have to be ‘made,’ not in the sense of making them up, but in the sense of rendering them identifiable and worthy to be taken note of, i.e., *relevant*, as something specific out of the totality of the world that surrounds us, something which through this mental operation has become distinguishable as an ‘it’ from the entire rest. Schmidt (1997:21; my transl.), in an article on history and historiography from a constructionist perspective, insists that “[b]ecause there is no observing without distinguishing, everything which counts for an observer as reality, is reality by virtue of … his distinctions. Precisely this is the meaning of the proposition that knowledge is a construction.” It will depend on psychological, social, and cultural factors “which distinctions observers select and combine, and in which way”
(ibid.), but there is no way of observing other than by creating such distinctions: between that which is worth to be taken note of, and the rest which is not. In a similar vein, based on findings in cognitive neurobiology and a constructionist epistemology, Etzemüller (2007:29; my transl.) argues that

the [observing/reasoning; RB] system downright annihilates the complexity of reality – the totality of all possible conditions – by radically selecting impulses from the environment. Based on a few impulses it then constructs the complexity of its environment to the extent that it is relevant for its operations.\(^{61}\)

In this light, the etymology of the word, *fact*, is revealing: its Latin root points, just as its German equivalent, *Tatsache*, towards the actively creative role of the human mind in bringing into existence what conventionally is taken to be the observer-*independent* opposite of a world of mere ideas or dreams. Speaking of the facts of history in particular, Friedell states (2007:13; my transl.) that “each epoch has a specific image, peculiar only to itself, of all pasts which are accessible to its consciousness;” therefore, also (ibid.:12; my transl.), that

Ranke’s plan that he would simply say ‘as it actually has been’ seemed very modest, but was in truth very audacious and he has not succeeded with it either. His importance lay in something quite different: that he was a great thinker who did not discover new ‘facts’, but new interrelationships.

When these interrelationships are established in historiography, in the sense of their being constructed, the resulting narrative creates meaning where there was none before – Lessing’s *Historiography as giving meaning to the meaningless* (1921; my transl.); as he puts it (ibid.:6ff; my transl.),

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\(^{61}\) Elsewhere (ibid.:31; my transl.) he paraphrases Luhmann as stating that the “act of distinguishing is an operation in which *something*, on which the attention focusses (actuality), is discerned from something else, which thereby becomes a remainder (potentiality); the operation of distinguishing the former is at the same time one of designation.” Conversely, this is to say that the “non-perceived cannot be discerned nor designated, because otherwise it would be something perceived.” (ibid.:32; my transl.)
[b]y no means .. does a hidden sense, a causal nexus, a development in time per se become apparent through history; rather, history is historiography, i.e., the creation of this sense, the establishing of this causal nexus, the invention of this development. Historiography does not find a pre-existing sense of the world, she creates it. … Thus all history is based on a logificatio post festum, whatever may happen on earth.

On such grounds, Etzemüller, a historian himself, can go as far as claiming in his above-quoted programmatic article (2007:27; my transl.), that “not just a few historians profess, as a matter of course, their belonging to the camp of the ‘constructionists’” – and for the reasons given, their decision appears fully warranted. Which is why the present study follows their epistemological choice, and listens to a host of stories through the ages, starting with those about the Covenant which brought the Hebrew nation into being; those of the emergence and growth of Christianity, in antiquity and through the Middle Ages; those of the role of care for the sick and infirm through 2000 years of Christian history; those about the development of NAW medicine in the modern era; those about (modern) medical mission, from around the second third of the 19th century; in particular, those of the Zambesi Missionaries, in their letters and in their own journal, the ZMR; and, with all the foregoing as historical background, those of development: of (mission) medical services in Matabeleland, not with a view towards their ‘truth,’ but towards their perceived meaningfulness.

It was on purpose that in the previous paragraph, stories was used in the plural: individuals, and even more so social bodies like congregations, families or nations (through individuals), author more than just one story in the process of their self-creation. Meaningful as each one of these may appear to its author, in their multiplicity lies the possibility, if not likelihood, of inconsistencies, be these acknowledged or unacknowledged, one contradicting or at least being incompatible with another. The question arises, then, how easily these inconsistencies can be lived with, bearing in mind that the subject under consideration is not a piece of art like a novel (with plots and sub-plots that may be contradictory, and sit peacefully side by side nonetheless, between the book’s front and back cover), but real people: then the Zambesi Missionaries and the AmaNdebele, today
the people and staff of hospitals in Matabeleland, as private individuals, as patients, as professionals, as Christians, and as citizens of Zimbabwe.

Isaiah Berlin (2013:90) has made the issue of such inconsistencies the topic of intensive investigation, and considers it to be Machiavelli’s great achievement to have exposed as untenable

one of the foundations of the central Western philosophical tradition, the belief in the ultimate compatibility of all genuine values. … [T]he question that his writings have dramatised … is this: what reason have we for supposing that justice and mercy, humility and virtù, happiness and knowledge, glory and liberty, magnificence and sanctity, will always coincide, or indeed be compatible at all?

Berlin sees value-clashes occurring not only between cultures, between groups within the same culture, and between individuals; to his mind, values may also clash “within the breast of a single individual; and it does not follow that, if they do, some must be true and others false.” (1992:12)

The issue of human complexity, of personal or societal identity as composed of logically incompatible but factually coexisting narratives (beliefs, values, convictions), may be addressed from different angles, employing different metaphors; Berlin’s favourite is taken from Kant: “Out of the crooked timber of humanity no straight thing was ever made.”

Wittgenstein (1953:86) employs another image in his description of the complexity of natural languages:

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62 As an empirical psychological issue, the idea was familiar to European belles lettres; Laurence Sterne (1946:146) very explicitly addresses the “[i]nconsistent soul that man is! – languishing under wounds, which he has the power to heal! – his whole life a contradiction to his knowledge! … Are not the necessary causes of misery in this life enow [sic], but he must add voluntary ones to his stock of sorrow; – struggle against evils which cannot be avoided, and submit to others, which a tenth part of the trouble they create him would remove from his heart for ever?” However, in observing this, the problem is not taken, as Berlin does, from the level of psychological fact to that of an inevitable, substantive condition of all human reasoning. Cf. also p249fn77, below.

[A]sk yourself whether our language is complete; – whether it was so before the symbolism of chemistry and the notation of the infinitesimal calculus were incorporated in it; for these are, so to speak, suburbs of our language … Our language can be seen as an ancient city: a maze of little streets and squares, of old and new houses, and of houses with additions from various periods; and this surrounded by a multitude of new boroughs with straight regular streets and uniform houses.

Clearly, the maze of twisty narrow streets, and the additions to houses from various periods, not always in matching architectural styles, point towards the same crookedness that Berlin, following Kant, speaks of. Whenever dealing with what has grown organically over time, rather than having been planned and built according to a masterplan as those new boroughs of Wittgenstein’s, incompatibility of styles, values, narratives, will represent the rule, not an exception.64

As it appears, the image of natural languages as cities which have organically grown, may usefully be employed in this study. Not only is each natural language as such made up out of an unmistakable agglomeration of more or less (in-)compatible language games, but so is the personal language spoken (thus also the world of thought entertained) by any given native speaker: she or he has many language games in common with virtually everybody in their society, some only with their friends, some with colleagues, some with family; in numerous others, they are not at home, although these are genuine parts of the natural language they speak. Berlin sees our lives governed by multiple sets of rules, some of which are partially or even totally incompatible with each other, and insists that there is no way of choosing between them ‘on rational grounds’ (the intended meaning being: ‘from a neutral vantage point’). Wittgenstein’s metaphor adds to this a bodily sensation of movement: we switch between sets of rules/language games in a manner similar to making our way from one part of a city to another. My thesis aims to throw some light on how such

of timber as crooked as that from which man is made nothing entirely straight can be built,” referring also to Ecclesiastes 7,13.

64 For a case example from Africa where the issue of living with incommensurable values is explicitly addressed, cf. Fernandez (1972:30ff).
movements are made, by local medical professionals working at mission hospitals in Matabeleland; how health-related and performance-related narratives intertwine or clash, based as they are on tradition and/or modernity, local traditional religion and/or Christianity, Christianity as taught by the early missionaries, and/or in a modern NAW version, and/or within the frame of African/Black theologies. The foundation for health care in what was to become independent Zimbabwe was laid to a considerable extent by missionaries, mission doctors and nurses, and it seems not unlikely that frictions or clashes between the narratives which inform local present-day professional performance, go back to the early years of the encounter between the newcomers from the NAW and their African charges.

The compatibility of narratives will thus not be used in this study as an absolute criterion, where incompatibility is tantamount to wrongfulness. Rather, very practically speaking, the question that will be asked when looking at the narratives of missionaries and converts, African politicians, intellectuals, and theologians, is this: which degree of incompatibility of the narratives that govern different aspects of their personal, professional, and societal lives is still (or is not any more) compatible with each one of them individually and all of them together, as a society, leading goal-oriented lives in this world, and be reasonably successful in doing so? As just stated (pp37ff, above), inconsistencies of thinking, stemming from incompatible narratives harboured concurrently within the cranium of what in the end is one real person, must somehow be made to coexist peacefully as it were, to a point where this person can get on with her or his life: move towards the achievement of (some of) their goals, deriving from one or the other narrative which figures high up on their personal list of aims and priorities. Once this is not possible any more for individuals because they are paralysed by the contradictions inside their head, we are approaching the field of psychopathology. The lives of individuals, and by extension of entire societies, may thus be scrutinised from the perspective of how much the actors manage to achieve according to the standards and values defined in their own narratives – from mastering personal life, to professional life (e.g., in the health sector), to the life of the nation on the global stage; that is, how much of the aspirational material in their narratives finds its way from this plane to that of its realisation in objective, material life.
1.3.2 Research paradigm

Etzemüller (2007:49f, fn51; my transl.) has pointed towards a high degree of indeterminacy in Foucault’s writings when it comes to the specific rules to be followed in making discourse analyses in the master’s spirit. It is “apparently left largely to the intellectual creativity of an observer,” he says (ibid.:50; my transl.), to decide on practical methodological issues. As this appeared rather too arbitrary, a literature search was done in an effort to identify the methodological approach best suited to the topic and questions to be dealt with in this study.

Malinowski (1911, quoted in Paluch 1981:280) has rightly remarked that “every precise description of facts requires precise concepts, and these can be taken only from a theory” – that is, all empirical data are interpreted (are even taken notice of) against a theoretical background that antedates them.65 Such theoretical foundations have been put forward above, and starting out from there it may be said, to begin with, that the scientific study of any topic consists, either in generating new empirical data, or in generating (new) explanatory hypotheses for data which are already available (thereby developing, adding to or modifying what Malinowski calls “theory”). In this latter case, quantitative methods, if at all, must play a lesser role: to be able to count, precise definitions of x (the item to be counted) are mandatory; only then will a research strategy fit which tries to establish how much x there is ‘out there.’ New explanatory hypotheses/interpretations have to be sought, however, once it is felt that there are only less than satisfactory answers to the question, ‘What is it actually that we are dealing with?’ As Berg (2009:3) has said,

\[ \textit{quantity} \] is elementally an amount of something. Quality refers to the what, how, when, and where of a thing – its essence and ambience. Qualitative research, thus, refers to the meanings, concepts, definitions, characteristics, metaphors, symbols, and descriptions of things.

Mainly, issues of the latter kind are addressed in this thesis: what really was it that the ZM Jesuits brought to Matabeleland? – the hope being that on the basis of this question

65 Cf. Lewontin (1997)
answered, it may become easier to address questions with practical relevance today, e.g., about the performance of local Christians as medical professionals in Matabeleland, their self-understanding, attitudes and behaviour. As I see it we are, in Rorty’s words (1991: 13fn26), in a situation where “you are not sure about the relevance of what you have previously taken to be [the] evidence.” So as to better understand our current predicament, the thesis puts side by side a plurality of narratives from ancient Israel, the NAW, and subSaharan Africa, with a wide range of views on faith, on health and the role of medicine, as well as on people’s place and role in their different lifeworlds. In so doing, through recounting, analysing, and interpreting these narratives, yet another one will hopefully emerge, of the inner logic as well as the contradictions within and between these stories.

At the outset, bearing this goal in mind, Babbie’s comparative and historical research (2007:319) seemed be an appropriate overall methodological approach – in his definition a usually qualitative method, one in which the main resources for observation and analysis are historical records. The method’s name includes the word comparative because social scientists – in contrast to historians who may simply describe a particular set of events – seek to discover common patterns that recur in different times and places.

Berg (2009:297), with a broader definition of historiography, allocates the same subject matter to “historical research [which] attempts to systematically recapture the complex nuances, the people, meanings, events, and even ideas of the past that have influenced and shaped the present.” He takes up meanings and ideas as a specific topic, once again, under the heading of content analysis, and defines it (ibid.:338) as “a careful, detailed, systematic examination and interpretation of a particular body of material in an effort to identify patterns, themes, biases, and meanings.”

In Babbie’s above description, the focus of comparative and historical research seems to lie on the investigation of abstract patterns and their development; Berg, by contrast, goes right from the start beyond mere ideography when he speaks, not just of ideas, but also of meanings and people, thereby indicating that ideas may be and need to be studied as and
how they become a lived reality. This issue of a ‘lived reality’ is pursued further in the context of content analysis, when Berg mentions phenomenology (ibid.:339) as an interpretative approach to the analysis of qualitative data which attempts “to uncover or capture the telos (essence) of an account. This approach provides a means for discovering the practical understandings of meanings and actions.”

Creswell (2007:59), building on the philosophy of Husserl, dwells on phenomenology in more detail and distinguishes two versions, *psychological* and *hermeneutical*, with his definition of the latter aptly and concisely covering what is aimed for in this study, namely, research “oriented towards lived experience (phenomenology) and interpreting the ‘texts’ of life (hermeneutics).” Quoting from van Manen (1990), Creswell explains (ibid.; my italics):

> Researchers first turn to a phenomenon, an ‘abiding concern’ [van Manen] … which seriously interests them (e.g., reading, running, driving, mothering). In the process, they reflect on essential themes, what constitutes the nature of this lived experience. They write a description of the phenomenon, maintaining a strong relation to the topic of inquiry and balancing the parts of the writing to the whole. Phenomenology is not only a description, but it is also seen as an interpretive process in which the researcher makes an interpretation (i.e., the researcher ‘mediates’ between different meanings … [van Manen]) of the meaning of the lived experiences.

Creswell thus puts much emphasis on the *lived experience* of holding ideas or convictions; Babbie’s summary presentation (though not his series of examples) of comparative and historical research appears rather anaemic in this respect. This is no longer the case under his heading *ethnomethodology* (2007:294), where he also introduces “the philosophical

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66 Although not explicitly saying so, Babbie in fact endorses this broader definition of historical research as also concerned with the impact of ideas on the lifeworld. This is evident from his acknowledgement of the work of Max Weber (1904/5), as well as of Bellah’s (1957) attempt to replicate Weber’s analysis of the relationship between religious ideas and economic development, in his study of the emergence of Japanese capitalism.

67 Quite close to the topic of this thesis, Creswell (ibid.:60) actually uses “professionalism” as another example of a suitable study topic for a phenomenological approach.
tradition of phenomenology,” subsuming it, remarkably, under social constructionism; as he points out (ibid.:294f), Alfred Schütz,

who introduced phenomenology, argued that reality was socially constructed rather than being ‘out there’ for us to observe. People describe their world not ‘as it is’ but ‘as they make sense of it.’ Thus, phenomenologists would argue that Whyte’s street-corner men were describing their gang life as it made sense to them. Their reports, however, would not tell us how and why it made sense to them. For this reason, … phenomenologists see a need to ‘make sense’ out of the informants' perceptions of the world.

Berg mentions phenomenology only briefly in his introduction to content analysis, putting it in the context of what is “chiefly a coding operation and data interpreting process” (2009:339); in his account, however, historiography itself is very much about the lived experience of holding certain convictions. Taking the theoretical input of all three authors together, the methodological approach of this study could therefore be described as a historiography of ideas, concepts and meanings, informed by hermeneutical phenomenology in its attempt to read the texts of life – texts covering a timespan of some 3000 years, from ancient Israel to the 19th century NAW as well as Matabeleland –, to bring to life what it felt or feels like to hold certain ideas and convictions, e.g., on health, on being a believer, or on being a professional, as a 19th century Catholic missionary, or as a Ndebele Christian in Matabeleland today.68 This should bring about, so it is hoped, a better understanding of the interpretations of human misery within the frame of the early ZM Jesuits theological thinking on the one side, and of NAW modernity on the other: its spiritual meaning or otherwise, and its significance as a fact of life; interpretations of disease as natural or supernatural; interpretations of life, self and world. In their formation,

68 It follows that I do not agree with Silverman’s (2006:7) over-simplifying qualification of “philosophical positions such as phenomenology or hermeneutics” as “obscure” and nothing but that. On the other hand, it indeed seems appropriate to stick to plain definitions of terms: of hermeneutics, as well as of phenomenology as “the study of the lived experiences of persons, [taking; RB] the view that these experiences are conscious ones” (Creswell 2007:58), rather than emulating Moustakas’ example who, as Creswell (ibid.:59) mentions approvingly, “devotes over one hundred pages to the philosophical assumptions before he turns to the methods” of this form of inquiry.
the African pupils of the 19th and early 20th century ZM Jesuits were exposed to the ideas and convictions of their teachers concerning these matters, which would have impacted upon their own worldview in intended and unintended ways, shaping their response to the challenges of the colonial as of the post-colonial world, thus also towards the national predicaments described by Gappah.

Throughout its pages, this study aims to live up to the personal standard set by Gadamer, as described by Seel (1995:8; my transl.): he “abstains from giving his utterances a final definitive, hermetic, tightened-up nature. He does not lecture, dissect, show how good he is; he entertains his readers and listeners with their views, to which he understands to add the colour of his own.” Gadamer thus translated into lived academic practice his own definition of hermeneutics (quoted ibid.; my transl.) as “the insight that we never find the words which say something definitive, but which always leave open what one still will have to say … There is always room for new elements. One can ‘have an idea,’ and each idea in this sense is an opening.” The narrative to be presented in this thesis is intended to achieve exactly this: to enter into a virtual conversation with previous actors in, observers of, and commentators on a problem-laden situation – that of subSaharan Africa in the concrete social and historical reality of one circumscribed geographic area, Matabeleland, in the field of health, disease, and medicine. As Rorty (1997; my transl.) puts it, all one can try is to offer a “more convincing narrative,” in this case, an interpretation which succeeds in making sense of more of what is known from experience and observation than previous narratives have done.

In view of a good number of primary and a host of secondary sources which offer observational data and/or differing interpretations thereof, the task at hand is mainly a comparative, evaluative and interpretative one: What to make of these observations and of the explanations that have been put forward? How to justify discarding them in toto (as can easily be done, e.g., in the case of racism), or in good part (as can equally easily be done in the case of externalising finger-pointing)? How to incorporate existing interpretations, to a larger or lesser degree, into the one to be offered here?
1.3.3 Research design

As Berg (2009:296) says, historiography begins with “discovering, from records and accounts, what happened during some past period;” this is what part of this thesis called for: historical fact-finding. It had to be established, empirically, when and how the missionaries started to introduce NAW medicine in Matabeleland, and to which declared ends. Primary sources had to be studied at the Archives of the Archdiocese of Bulawayo and the Society of Jesus, Zimbabwe-Mozambique Province, the Dominican and FMDM Sisters, and the National Archives of Zimbabwe (all in Bulawayo or Harare); difficult-to-access secondary sources also at the libraries of the Missionsärztliches Institut Würzburg, and the Deutsches Institut für Ärztliche Mission in Tübingen. Up to this point, the methodological approach was empirical historical research of primary and secondary sources.

But historiography, Berg says in continuation of the above quote (ibid.:296f),

is not simply fact centered; rather, historiography seeks to offer theoretical explanations for various historical events. … [It] extends beyond a mere collection of incidents, facts, dates, or figures. It is the study of the relationships among issues that have influenced the past, continue to influence the present, and will certainly affect the future.

This is the approach used throughout the main body of the thesis. For example, existing narratives are studied and interpreted, regarding the medical-historical topic of 19th century diagnostic and therapeutic progress, first at an academic level, next in applied medical practice, and finally with a gradual impact on general public as well as official Catholic opinion, as regards the God-given unavoidability of certain diseases and suffering. Likewise, from a phenomenological perspective, comparative analyses will be presented of ideas, beliefs and attitudes as recorded in the literature, on the role and obligations of missionaries and medical professionals, on ethical standards of care and their foundation in religious belief, as well as on the political independence of former colonies against the background of the imperatives of global modernity.
Although quite some of the texts used (e.g., on modernity, or on ways of converting the heathen to Christianity) have been written, *not* with Matabeleland on the respective author's mind, this region of subSaharan Africa remains the focal point of reference in all my reflections. The question in the background was, throughout this thesis, what light could be thrown on the medical work in Archdiocesan health institutions, regarding facts as well as options and opportunities to be pursued, by way of a ruthless assessment of the status quo.

### 1.4 THE STUDY’S COURSE OF DEVELOPMENT

My point of departure, in Chapter 2, is Charles Taylor’s description of how secular modernity evolved in the NAW. As for its oldest root, its emergence is traced right back to the Israelite Covenant with the Lord as described and analysed by Max Weber. His central argument goes like this: secularisation, and the socially egalitarian and politically democratic tendencies of modernity, are the legitimate off-spring of one of several trajectories within the broad conceptual world which is put before us in the Scriptures — acknowledging that to all of these tendencies strong (or even stronger) counter-tendencies can also be found. This implies that a *partisan* reading reveals itself in any claim that *this* (or *that*) tenet represents the ‘true’ meaning of the Bible, rather than just one among several, linked to one or the other of its writers, but by no means to all of them. Chapter 2 ends with Taylor’s portrayal of what it means to be a genuine citizen of the NAW, today, from the perspectives of sociology and social psychology.

Chapter 3 follows the history of mission from antiquity through the middle ages to early modernity. The process of the Church’s establishing herself within the Roman Empire and her subsequent missionary activity are shown to have taken place, from the 4th century onwards, in a context of utilising pre-Christian power structures to introduce Christianity from above, as well as brute military force. Soon after Constantine, and all too often ever since, Catholic mission was thus wed to coercion. It did recognise, on the other hand, *all* humans as the legitimate addressees of its conversion efforts: in the earliest days the Gentiles, at the dawn of modernity the Amerindians, and through the millennia Africans
were, in non-tribalistic, non-ethnocentric fashion, taken to be fully human. Against this backdrop, the issue of slavery is discussed: in antiquity accepted, even among Christians, as a matter of course and potentially everybody’s fate, followed by a period of racialisation in which black and slave became increasingly synonymous terms, before its eventual and gradual disappearance. The question if one Christian may or may not enslave another created frictions between those who went to the Americas and Africa to save souls, and those whose intention was military subjugation for the purpose of economic exploitation, which often entailed the enslavement of local populations. Maybe not so paradoxically, those who wanted to subjugate had the keenest sense of the egalitarian strand of Holy Scripture with its potential repercussions on real life, i.e., the threat looming behind baptism, while those who only wanted to convert to the True Faith, claimed that spiritual equality could coexist with factual inequality and even slavery, adapting to their needs the position St Paul had taken a millennium and a half earlier.

Chapter 4 looks, first, at the stance of the Catholic Church vis-à-vis science in general, using the Galileo case as a paradigmatic example. As for the stance of scientists vis-à-vis the Faith, I contend that most of them, right up to the 19th century, perceived their inquiry into the workings of nature as an effort to understand the natural order as put in place by God Himself,69 and compatible with their own reading of Scripture, though not necessarily the Church’s. In this light her case against Galileo is presented as a controversy, not about the laws of nature, but about the privilege to interpret Scripture. Moving from the sciences in general to medicine, a number of reasons are identified for quite obvious apprehensions on the Church’s side: that clerics could forget about their spiritual calling and study medicine for the love of money; that engaging in medicine necessitated too much reading of books authored by pagans, Muslims, and Jews; that seeking a physical cure might indicate wrong priorities on the seeker’s side; that the price of getting cured could be too high in that it might imply close interaction with non-Christians, especially Jews, putting trust in their possibly sinful and magical practices – that therefore those who sought bodily health ran the risk to jettison their soul’s eternal salvation. The complex relationship is explored, between the images of the priest and the doctor, the healing role of the Lord Jesus and of His Church. Finally, I trace the response of the Magisterium to an emerging

69 At the time in question, there was no Herself-alternative option as yet.
new understanding of the relationship between God, humanity, and the Church, in which nature and society were increasingly seen as independent of God’s, and by extension also of the Magisterium’s will, triggering a vehement defensive reaction of the latter, with profound implications for the faithful, thus also for the Jesuits and their understanding of mission, inclusive of the idea of a medical mission.

Chapter 5 tracks the development of NAW (internal) medicine as a science and as a practice of healing, highlighting how, right to the end of the 19th century and even beyond, its practical relevance for people’s physical health remained marginal in fact, though not in public perception. Specifically, tropical medicine is assessed, regarding what it had to offer. It is concluded that the belief of medical missionaries in the power of their culture’s medicine was mainly the result of an unwarranted extrapolation: from the power of the NAW in other areas of life, to medicine. Truly hubristic, in this respect, the power to exert control over parts of the natural world was used to make claims which, in medicine, went well beyond what was factually justifiable. Chapter 6 explores which kind of supposedly modern NAW medicine was used by missionaries of different Protestant denominations from the earliest 19th century; also, which other kind of medicine Catholic missionaries had engaged in throughout the ages, and how the latter inched towards employing the modern medicine which Protestants had begun to embrace so much earlier, as a part of their mission efforts; the chapter ends with a look at the approach taken by Cardinal Lavigerie.

Chapter 7 homes in on the Zambezi Mission, in particular on the role the Jesuits assigned to medicine, for themselves and for their converts-to-be, and how this role did and did not change over the time period covered in this study, from the inception of the ZM to the year 1930, when the Jesuits handed over their missions in Matabeleland to the CMM, concentrating their own efforts on Mashonaland. Starting from the insight that there was no major change in the attitude within the ZM towards medicine from 1880 until almost 1930, Chapter 8 asks how this could have been so.70 To this end, the intellectual climate within the Church after the French revolution is explored and described, beginning with a Balzacian novel and moving on to some early 19th century Catholic theological and

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70 As will be detailed, the Jesuits’ practice of health-seeking behaviour, in particular as regards malaria, did change during this time span.
philosophical literature. This chapter addresses the crucial question which place in the scheme of things ZM Jesuit reasoning assigned to threats to well-being, physical health, and even life. I posit that in daily practice, the missionaries dealt with these threats as seemed reasonable according to lay medical understanding, but outside the range of quotidian banality, simply did not view health threats from a medical perspective. How, then, was the existence of such threats accommodated? Here, I contend that the Jesuits’ other-than-modern approach towards life and suffering (in particular, the voluntary suffering for others) occupied a central place in their understanding of the world and of their own earthly existence, and that in this wider, spiritual frame, medicine and its promises did not and could not play a decisive role.

Chapter 9, the discussion of my findings, merges the narratives from the preceding chapters, weaving their separately presented strands into one, as I hope coherent fabric, in which the Archdiocese of Bulawayo and its hospitals, our region, Matabeleland, and by extension Zimbabwe are the overarching points of reference; at times I venture to extrapolate from there to the state of sub-Saharan Africa at large. The general cultural trend in the NAW towards the valuation of earthly well-being, including bodily health, such that it has gradually replaced eternal salvation as the ultimate goal to strive for, was reason enough for the Jesuits, so I claim, to keep modern medicine away from their mission field.71 At the same time, they stood firmly on the side of ultramontane submissiveness to authority (offering it to the Magisterium, demanding it of lay believers), opposing modernity in this field as well, as too liberal and free-thinking. This had far-reaching consequences for the education of the indigenous population (of which the Jesuits were strong advocates): it was geared towards enabling them to fulfil the tasks assigned to them, and as time progressed at ever higher levels of professional competence, but never towards letting them become independent thinkers in their own right.

I discuss the implications of this view of education as mere knowledge acquisition, accompanied by an ultraconservative religious understanding of character formation, for the creation at all levels of society, of competent indigenous systems managers. After all,

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71 A different outlook on medicine only came about at a later stage, as a result of a changed perception within Catholic theology, of all worldly matters.
they would have to be the ones, after de-colonisation, to keep systems like the health service functioning and extend them to the previously neglected majority of the population. By not furthering the growth of such professionals, I posit, the Church has done her bit in making possible the detrimental developments of post-Independence years in Zimbabwe as referred to throughout this thesis, its health sector included.

I end with some reflections on whether more could have been achieved, had the Church’s educational intentions aimed in a different direction. But were the ZM Jesuits at liberty to opt for another kind of education, considering the socio-economic and cultural framework conditions of their time and place? With their factually chosen approach, though, what happened to the local population’s “central value system,” as Bellah calls it? (cf. p12, above) To which extent did it change or remain intact, more or less irrespective of people’s consciously declared religious or political affiliation? Indubitably, there was enmity right from the start, to colonialism which had come to subjugate, thus to its agents who in the locals’ eyes represented the modern NAW. But which kind of Christianity did many of the colonised eventually adopt, nonetheless, and which kind has met with their resistance? Did the ZM Jesuits, and others like them, succeed in fostering among their converts that opposition to the spirit of modernity of which they were self-confessed representatives? My closing thoughts are also about the choices that present-day educated Zimbabweans are confronted with, as regards their country’s future development, including that of its health care system: I ask how far their decisions, actions or inaction, whether consciously embarked upon or not, are informed by pre-modern ideas and concerns that hark back to the worldview and self-understanding of their forebears.72

72 In this context, the contribution of contemporary African Christian Theologies would also deserve thorough attention: one might ask, for example, in which way they define themselves as African in explicit contradistinction to theological developments with an NAW origin; or, how different African theologies take up the tradition of opposition to (neo-)colonialism, and amalgamate it with opposition to modernity – rejecting NAW theologies by way of declaring them to be modernity-instigated deviations from the true meaning of the Scriptures. But, fascinating as these questions are, their in-depth discussion goes beyond the scope of this thesis, whose fundament of primary sources consists of pre-1930 documents that portray the theology and worldview of the ZM Jesuits and their time, as of their spiritual ancestors: I do not offer an analysis of current theological efforts at coming to terms with the subSaharan African situation and its predicaments, nor do I in this respect try to develop a constructive theological or missiological argument of my own.
CHAPTER 2: CHRISTIAN THEOLOGY AND THE DEVELOPMENT OF SECULAR MODERNITY: A REVIEW

2.1 THE ORIGIN AND DEVELOPMENT OF SECULAR MODERNITY IN CHARLES TAYLOR’S NARRATIVE, AND SOME POINTS OF CRITIQUE

2.1.1 The narrative

Leaving the present for the time being, and also Zimbabwe and its problems, I should like to turn to Charles Taylor’s work about the process of secularisation which began sometime in the European Middle Ages, and played a vital role in the emergence of the modern Western world, the NAW as we know it today, where the systems and sub-systems which currently crumble in Zimbabwe, and have been called ‘ex-colonial’ above, are kept going, by and large, by the joint endeavours of many. In the history of ideas, which are the roots of the modern NAW? What does it mean to be genuinely one of its citizens, in so far as one’s frame of mind is concerned? Answering these questions should help to understand which mindset, which outlook on the world, on their work and their managerial tasks Zimbabweans would need, e.g. in the health sector, to be able to run it competently and successfully. Looking at Taylor’s work is thus meant to create a theoretical backdrop against which to assess our local situation.

Taylor’s focus is on the core features of the emergence of secular modernity, acknowledging though as an empirical fact, in his foreword to Martin’s On Secularization (2005:IX), “different dynamics of ‘secularization’, where the original theories assumed a single one.” In a parallel train of thought, Eisenstadt speaks of “multiple modernities” in his 2000 eponymous article, and defines this multiplicity as one of “cultural programs" (2000:2; my italics), at play even within the Western world and differentiating, e.g., between the trajectories followed in ‘old’ Europe and in the New World beyond the North Atlantic. In this perspective, of how cultures differ in their particular way of becoming and being modern, the issue is not addressed, though, of the underlying objective, material commonality, namely, the capitalist mode of production incarnate in the Toyotas, Samsungs, Boeings, and Shells of this world, as producers of goods, competitors in the global market place, and
mutually attractive investment sites. It is the consistent, unchallenged, worldwide dominance of this mode of production which makes authors like Bauman or Giddens, who have explored major cultural changes in the NAW heartlands of modernity over the last decades, reject the term post-modernity, and opt for “liquid” (Bauman 2000) or “late” (Giddens 2004) modernity instead.¹

On the face of it, Taylor’s book is not at all about Africa; however, in describing how secular modernity came about in the NAW, he must say much about its own predecessor pre-modern world, and what it meant and felt like to be one of its citizens.² Both directly and

¹ Cf. Taylor (2002), and Cooper (2005) who devotes an entire chapter of his Colonialism in Question to different researchers’ understanding of the term modernity. Analytically most useful, to my mind, are models in a Marxist tradition, like Giddens’ or Piot’s, the latter speaking of modernity as “those everyday forms of culture, politics, and economy associated with the rise of industrial capitalism in Europe of the sixteenth, seventeenth, and eighteenth centuries.” (Piot, C. 1999. Remotely Global: Village Modernity in West Africa. Chicago: University of Chicago Press, quoted in Cooper (ibid.:124)) – An author who has all but completely lost sight of this objective economic stratum, as the soil in which all modernities must root so as to earn the epithet, be their cultural context US-American, Taiwanese, or Finnish, is Walter Mignolo. He openly states that “[e]very time I say ‘capitalism’ I mean it in the sense of Max Weber: ‘The spirit of capitalism’.” (Mignolo [S.a.]:40n4) However, capitalism as an economic reality cannot be reduced to its spirit (which, incidentally, Weber never does), nor is modernity just a “narrative” (ibid.:43), from which any given culture can pick and choose, to add to its other-than-modern frame (or, to put it differently: pick and choose any culture can, but at the price of remaining other-than-modern if it opts against what has above been called the material commonality of all modernities). Aptly, Comaroff has remarked (1991:17) that “[b]lack South Africans and others like them do not inhabit some polyvalent, post-modern text,” but a world of very real “material resources” which are or are not at their disposal. Thus, if called a narrative, modernity is a narrative from which the said material foundation cannot be omitted, and which will support, only within limits, stories of different hues (the secondary virtues of the workforce required under capitalism being justifiable, e.g., on Confucian as much as on Calvinist terms); however, none of these narratives may ignore, let alone run counter to, the practical requirements of capitalist production, without their ceasing to be essentially modern ones. Mignolo’s readiness to disregard the realities of production and reproduction, as well as of millennia of cultural history, becomes apparent when he speaks of “ubuntu and … its rough equivalents in South America and China” (when interviewed by Lee, 2013), lumping together post-axial China and pre-axial tribal societies from two continents, for no other fact but their being equally non-European (on Karl Jaspers’ concept of an axial divide in history, cf. fn15, below).

² I mainly draw on these retrospective parts of Taylor’s work, not on his subsequent reasoning regarding the current state of Christian belief in the NAW.
indirectly, he thereby offers much food for thought when it comes to trying to understand how Zimbabweans – many of whom inhabit modern and pre-modern lifeworlds concurrently – reason and feel about life, work, faith, politics, necessary change or the absence thereof: in a word, about the human condition in our country.

Taylor’s main thesis is straightforward: he criticises “subtraction stories” (2007:22) which posit a development towards contemporary modernity in which religion *qua* superstition was simply replaced, bit by bit, with scientific knowledge as it accumulated and rendered religion superfluous: according to him, this description does not grasp the essence of the process that took place in Europe over the last six or so centuries: modern man is not, he insists (ibid.:22; my italics), mediaeval man minus all sorts of superstitions including Christianity itself, belief in magic, witches on broomsticks, etc.:

Against this kind of story, I will steadily be arguing that Western modernity, including its secularity, is *the fruit of new inventions, newly constructed self-understandings and related practices*, and can’t be explained in terms of perennial features of human life.

Taylor’s point of departure is an account of two common ways of understanding secularisation, both of which, in his view, do grasp some aspect of the entire process, but crucially miss out on others; these conceptualisations claim that,

- “whereas the political organization of all pre-modern societies was in some way connected to, based on, guaranteed by some faith in, or adherence to God, or some notion of ultimate reality, the modern Western state is free from this connection” (ibid.:1); or, that
- “secularity consists in the falling off of religious belief and practice, in people turning away from God, and no longer going to Church.” (ibid.:2)

To these understandings, Taylor adds a third:
The shift to secularity ... consists, among other things, of a move from a society where belief in God is unchallenged and indeed, unproblematic, to one in which it is understood to be one option among others, and frequently not the easiest to embrace. (ibid.:3)

Starting from this general idea, he intends to trace (ibid.) the change “which takes us from a society in which it was virtually impossible not to believe in God, to one in which faith, even for the staunchest believer, is one human possibility among others.” How could this change have come about? Taylor knows that to answer the question, his inquiry must focus on the societal “conditions of belief” (ibid.:4), and specifically “on the different kinds of lived experience involved in understanding your life in one way or the other, or what it’s like to live as a believer or an unbeliever.” (ibid.:5; my italics) To this end, he addresses the objective social, political, and economic differences between societies in which it is difficult to even contemplate the possibility of unbelief, on the one hand, and others where unbelief is a perfectly reasonable, at times maybe even the preferable option. Importantly, however, he also looks into what it feels like to live in those different settings. Even when assuming the viewpoints – thoughts about and understandings of God, self, and world – of genuine believers, but separated from each other by a couple of centuries, Taylor insists, we do not merely deal with different theologies qua theories of what true belief consists in; rather, we must realise that lived “belief in God isn’t quite the same thing in 1500 and 2000.” (ibid.:13)

Why so? Because

all beliefs are held within a context or framework of the taken-for-granted, which usually remains tacit, and may even be as yet unacknowledged by the agent, because never formulated. This is what philosophers, influenced by Wittgenstein, Heidegger or Polanyi, have called the ‘background’. (ibid.)

This background, Taylor suggests (ibid.:16), is made up to a major extent of the “conception(s) of what human flourishing is: what constitutes a fulfilled life? what makes life

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really worth living?” *Fulfilled* in his emphatic sense relates to “that place (activity or condition), [in which] life is fuller, richer, deeper, more worth while [sic], more admirable, more what it should be.” (ibid.:5) Looking, then, at the lived experience of people in pre-modern and modern Europe, Taylor suggests (ibid.:16) that one may ask if “the highest, the best life involve[s] our seeking, or acknowledging, or serving a good which is beyond, in the sense of independent of human flourishing?” His answer is a clear ‘yes’ for the Judaeo-Christian tradition of belief: although “God is seen as willing human flourishing, .. devotion to God is not seen as contingent on this.” (ibid.:17; cf., as an outstanding example, the story of Job) By contrast, “the coming of modern secularity … has been coterminous with the rise of a society in which for the first time in history a purely self-sufficient humanism came to be a widely available option.” (ibid.:18) This new humanism does not sense the need any more of taking recourse to God’s word as its foundation; it has become a liveable option for many, however, only against the background of a host of changes which have fundamentally reshaped the entire everyday lifeworld of Europe, altering it beyond recognition, from a mediaeval perspective.

The emphasis here is on the fact that views previously held only by individuals or small minorities of intellectuals (Taylor mentions, e.g., Epicurus and his followers), are now shared by masses of quite ordinary people; without much thinking, without appearing or feeling special in any way, they may subscribe to “a humanism accepting no final goals beyond human flourishing, nor an allegiance to anything else beyond this flourishing. Of no previous society was this true.” (ibid.) Hence Taylor’s

one-line description of the difference between earlier [European; RB] times and the secular age: a secular age is one in which the eclipse of all goals beyond human flourishing becomes conceivable; or better, [where] it falls within the range of an imaginable life for masses of people. (ibid.:19f)

Taylor’s introductory chapter comes to a close with a simple question (ibid.:21): “How did all this happen?” Previously, after all, the existence of God as well as the dependence on

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4 Cf. Bultmann’s definition, according to which “religion is the yearning of man beyond the world … In religion, man is alone with God, permeated by the forces of a higher, true world.” (1988:27; my transl.)
Him, of both the social and the natural worlds, had seemed so utterly self-evident that their denial was not even within the range of thinkable options – not for ordinary men, anyway.\(^5\) Without God’s supporting hand, human society could not possibly sustain itself, i.e., a “kingdom could only be conceived as grounded in something higher than mere human action in secular time.” (ibid.:25) As for the natural world, what else could it be other than God’s creation? This, however, not understood in the one-off fashion imagined later, where only “its order and design bespeaks creation” (ibid.), but understood as a living relationship, as an on-going process where “great events in this natural order, storms, droughts, floods, plagues, as well as years of exceptional fertility and flourishing, were [all] seen as acts of God.” (ibid.) Taylor concurs with Durkheim that today, we can only conceive of the social world as an arena supposedly not (or at least not entirely) law-governed, in the sense that through genuinely creative (human) action a big difference can be made by an exceptional effort of will, or charismatic appeal, or superlative judgment irreducible to rules or formulae. … But it was in exactly this way that our ancestors saw the significant natural events of their world: the cures or their failure, the bumper harvest or famine, plagues or storms, rescue at sea or foundering. These were not instances of exceptionless laws, but actions; sometimes of evil agents, sometimes of saints, and sometimes of God. The term ‘act of God’ had its real meaning then. (ibid.:40f)\(^6\)

\(^5\) Nor was the social-versus-natural border as clearly marked, then, as it is today: “Andrea da Bergamo cannot imagine that the Prince of Benevent’s lack of loyalty towards the Emperor could go unpunished, so he takes the natural disasters of 871 and 872 for tokens of divine wrath, manifestation of His disapproval and castigation, all in one: ‘[S]trange things happened before men’s eyes … On Easter Sunday it looked as if it had rained sand onto trees, shrubs and grass.’ Shortly after, hoar frost in plains and valleys had frozen the shoots of vines and the still delicate foliage of the trees in the forests.” (Fumagalli 1988:13; my transl.)

\(^6\) Durkheim has pointed out why the natural versus supernatural dichotomy of later times had no place in such a world: “In order to say that certain things are supernatural, it is necessary to have the sentiment that a natural order of things exists, that is to say, that the phenomena of the universe are bound together by necessary relations, called laws. When this principle has once been admitted, all that is contrary to these laws must necessarily appear to be outside of nature, and consequently, of reason; for what is natural in this sense of the word, is also rational, these necessary relations only expressing the manner in which things are logically related. But this idea of universal determinism is of recent origin; even the greatest thinkers of classical antiquity never succeeded in becoming fully conscious of it. It is a conquest of the positive sciences;
Here, says Taylor (ibid.:15), the great invention of the West was that of an immanent order in Nature, whose working could be systematically understood and explained on its own terms, leaving open the question whether this whole order had a deeper significance, and whether, if it did, we should infer a transcendent Creator beyond it.7

it is the postulate upon which they repose and which they have proved by their progress. Now as long as this [idea; RB] was lacking or insufficiently established, the most marvellous events contained nothing which did not appear perfectly conceivable. So long as men did not know the immutability and the inflexibility of the order of things, and so long as they saw there the work of contingent wills, they found it natural that either these wills or others could modify them arbitrarily. That is why the miraculous interventions which the ancients attributed to their gods were not to their eyes miracles in the modern acceptation of the term.” (Durkheim 1915:26f) As Taylor after him, Durkheim tries to ease our understanding by making reference to the social world of human action: “We can understand this mentality the better since it has not yet completely disappeared from our midst. If the principle of determinism is solidly established to-day in the physical and natural sciences, it is only a century ago that it was first introduced into the social sciences, and its authority there is still contested … [which is why; RB] veritable miracles are believed to be possible there. It is admitted, for example, that a legislator can create an institution out of nothing by a mere injunction of its [sc. his] will, or transform one social system into another, just as the believers in so many religions have held that the divine will created the world out of nothing, or can arbitrarily transmute one thing into another. As far as social facts are concerned, we still have the mentality of primitives.” (ibid.:27)

This last passage is quoted, not for the contestable methodological aspirations Durkheim expresses, of the social sciences eventually managing to emulate the natural sciences, but for his striking description of how voluntaristic preconceptions can be extrapolated from the social realm, and imputed to the natural. Cf. Kaiser (1997:53ff, 112, 175ff & passim) who traces the first conceptualisation of “the dichotomy between the natural and the supernatural” (ibid.:53), as reflected in the potentia Dei ordinata versus His potentia absoluta, back to eleventh or twelfth century scholasticism. Kaiser quotes William of Conches (ibid.:57), who in the first half of the twelfth century “believed in nature as self-ordering and self-perpetuating. The work of nature was autonomously ‘to bring forth like things from like’, and any act of God subsequent to the first moment of creation (e.g., the virgin birth) was ‘contrary to the accustomed order of nature’.”

7 Regarding the regularity in what we call nature today, without the supposition of natural laws, McKenzie (1976:200) explains that in ancient Israel this was perceived as “a result of that attitude of Yahweh which is translated ‘fidelity’; it is the achievement of one powerful personal will which is free both of weakness and caprice.” His cautionary remark is that there was “no word for nature either in Akkadian or in the Old Testament.” (1976:204) – On the pre-modern history of the concept of laws of nature, cf. Lehoux (2012: passim), and Kaiser, according to whom (1997:398), in the Middle Ages, the investigation of creation through the natural sciences is considered possible because of “confidence in the rationality of nature and confidence
Max Weber’s “disenchantment” is the process in which this “great invention” becomes a social reality.\(^8\) Taylor, on his part and first of all, tries to convey what it felt like to live in an enchanted world, such as it was before this process had run its course. He conjures up (ibid.:11) the “lived experience” of a world as depicted by Hieronymus Bosch with its nightmare scenarios of possession, of evil spirits, of captivation in monstrous animal forms; we can imagine that these were not ‘theories’ in any sense in the lived experience of many people in that age. They were objects of real fear, of such compelling fear, that it wasn’t possible to entertain seriously the idea that they might be unreal. You or people you knew had experienced them. And perhaps no one in your milieu ever got round even to suggesting their unreality.\(^9\)

For pre-modern European Christians, then, who lived in this world pervaded by evil spirits and demonic forces, there was only God as “the ultimate guarantee that good would triumph or at least hold the plentiful forces of darkness at bay.” (Taylor 2007:26)

Then, the world was peopled by all sorts of spiritual forces; today, by contrast, in the power of the human intellect – convictions ... based on the creationist ideas of the divine law in the universe and the divine image in humanity.” Elsewhere (ibid.:19) he calls it a “fundamental idea in the creationist tradition .. that the ... operation [of the universe; RB] can be understood due to the fact that human reason is in some way a reflection or image of that same lawfulness or reason that governs the world. In the hexaemeral tradition of commentary on Genesis 1, ... [d]uring the first 'six days’ all depended directly on God's immediate activity. As of the seventh (sabbath) day, however, God rested and nature could operate in accordance with the laws already established.” Already in the twelfth century, Kaiser says (ibid.:50), Thierry of Chartres “developed the idea of relative autonomy to the point where natural processes became almost mechanical in the modern sense.”


\(^9\) “The reality of spiritual things was accepted and men lived in fear of supernatural intervention in everyday life, and regulated their conduct by a variety of nostrums and superstitions, prayers, charms, intercessions, masses, and pilgrimages, to manipulate the supernatural in ways propitious to the supplicant and his community.” (Wilson 1992:209)
the only locus of thoughts, feelings, spiritual élan is what we call minds; the only minds in the cosmos are those of humans (grosso modo, with apologies to possible Martians or extra-terrestrials); and minds are bounded, so that these thoughts, feelings, etc., are situated ‘within’ them. (ibid.:30)

It is a decidedly secular-modern view that the “material sufficient condition for thoughts of all kinds is within the cranium” (ibid.:32) and nowhere else. This rigid assumption – that where there is no (human) brain qua physical organ, there can be no higher mental/spiritual activity – had previously simply not been made; so, as a matter of course, ordinary people – and even to a large degree .. élites – 500 years ago ... lived in a world of spirits, both good and bad. The bad ones include[d] Satan, of course, but beside him, the world was full of a host of demons, threatening from all sides: demons and spirits of the forest, and wilderness, but also those which can threaten us in our everyday lives. Spirit agents were also numerous on the good side. Not just God, but also his saints, to whom one prayed, and whose shrines one visited in certain cases, in hopes of a cure, or in thanks for a cure already prayed for and granted, or for rescue from extreme danger. (ibid.)

As Taylor explains, all these spirits were imagined very much in the mould of human agents, as regards their volitional capacity. With no clear line drawn between the material and the immaterial/spiritual, they might appear at times as this, at times as that, take on

\[\text{\textsuperscript{10}}\] Cf., from a sub-Saharan African perspective, John Taylor’s discussion (1963:43ff) of “spatial concepts of inside and outside” – European reasoning having, he asserts “almost [?] identified the mind with the brain and imprisoned the self within the walls of the skull.” (ibid.:44)

\[\text{\textsuperscript{11}}\] This is the stance upheld by the ZMR (IX,144:477): speaking of good spirits, it says in 1934 that “the Christian belief in the existence of pure intelligences, whom we call angels, is not usually taken with anything like the seriousness which the fact of their existence warrants.” Outside the domain of religion proper, however, Fielding, in his Tom Jones of 1749, already cautions (1966:362) against “elves and fairies, and other such mummery,” and strongly advocates restraint in using the supernatural in an explanatory mode: “The only supernatural agents which can in any manner be allowed to us moderns are ghosts; but of these I would advise an author to be extremely sparing,” he says (ibid.), and maintains that man “is the highest subject (unless on very extraordinary occasions indeed) which presents itself to the pen of our historian” (ibid.:363).
human or animal shapes or be a mixture of both, or be invisible altogether, but all the while harbour thoughts and intentions, and act accordingly. The mere idea of such spirits as agents, be they quasi- or superhuman, does not overstretch a modern imagination, as scores of sci-fi and horror movies attest. However, Taylor adds (ibid.:32),

seeing things this way understates the strangeness of the enchanted world. Thus … [in the] cult of the saints, we can see how the forces here were not all agents, subjectivities, who could decide to confer a favour. But power also resided in things. For the curative action of saints was often linked to centres where their relics resided; either some piece of their body (supposedly), or some object which had been connected with them in life, like (in the case of Christ), pieces of the true cross.

In a modern perspective, this is to say, thoughts solely encompass “the perceptions we have, … beliefs or propositions which we hold or entertain about the world and ourselves … [as well as] our responses, the significance, importance, meaning, we find in things;” (ibid.:31) to which, from the perspective of the pre-modern world, two crucial additions have to be made:

- first, as said above and not so difficult to imagine (as an idea entertained by our forebears), that there are agents other than humans, in untold multitude: spirits of various kinds, good and bad, who think, believe, desire, etc.; with whom we can try to communicate and who can intervene in our lives; and
- secondly, that to objects, things, we not only give meaning, but that they also have meaning, thus power, in and of themselves and independent of our attributions.

According to Taylor (ibid.:32f), this latter idea implies that

in the enchanted world, the line between personal agency and impersonal force was not at all clearly drawn. We see this .. in the case of relics. The cures effected by them, or the curse laid on people who stole them or otherwise mishandled them, were seen both as emanating from them, as loci of power, and also as coming from the good will, or anger, of the saint they belonged to. Indeed, we can say that in this
world, there is a whole gamut of forces, ranging from (to take the evil side for a moment) ... Satan himself ... down to minor demons ... which are almost indistinguishable from the loci they inhabit, and ending in magic potions which bring sickness or death.

As stated above, the people who lived in this world sorely needed God and his saints, for protection against these evil forces. Objects were at play both on the good, protective, and on the threatening side; they were charged, Taylor says (ibid.:35), with what we usually call ‘magic’ powers. Blessed objects ... are full of God-power, and can ... heal diseases, and fight off disasters. Sources of evil power correspondingly wreak malevolent ends, make us sick, weaken our cattle, blight our crops, and the like.

In speaking of these spiritual forces and charged objects, we refer to the external world as perceived by mediaeval Europeans – but what was their self-perception: how did they experience themselves? In Taylor’s account, asking the question in this way – presuming a clear distinction between humans and their world – is misleading, in that the impact of the above forces upon people was facilitated by a “porous” border between the two. Men were affected not like a billiard ball which is impacted upon by another, where at the moment of impact the borders of both balls remain firmly intact, but by being entered, by being penetrated by outside forces. Taylor explicates (ibid.:35):

Once meanings are not exclusively in the mind, once we can fall under the spell, enter the zone of power of exogenous meaning, then we think of this meaning as including us, or perhaps penetrating us. We are in as it were a kind of space defined by this influence. The meaning can no longer be placed simply within; but nor can it be located exclusively without. Rather it is in a kind of interspace which straddles

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12 Mediaeval Christians would cling to their belief like the Israelite of whom Wendel says that “the worshipper of Yahweh need not fear evil spirits of the night nor disease-causing demons. The awareness of Yahweh’s unfathomably superior power is passed on like a boon.” (Wendel 1934:103; my transl.)
what for us is a clear boundary. Or the boundary is … porous. This porousness is most clearly in evidence in the fear of possession.¹³

By contrast, the modern human condition is characterised by the most definitive distinction between within (wherefrom thoughts, feelings, meanings, etc., emanate), and without, the (in modern terminology) world of inanimate objects.¹⁴ Taylor’s A Secular Age thus describes a development of which the disenchantment of the extra-human world is only one part, the other being the concurrent creation of a subjective awareness, a clarification and cementing of the border between inside and outside, between the subject and the world of objects, a border which heretofore had remained fuzzy and diffuse.¹⁵

¹³ “Man is not master of himself; demons can possess him; Satan can instil evil thoughts in him; but so can God guide his thinking and will.” (Bultmann 1988:12; my transl.)

¹⁴ Cf. Bultmann (1988:18; my transl.) who speaks of “the self-image of [modern; RB] man, according to which he comprehends himself as a self-contained inner unit, not open to the access of supranatural forces.” Putting the human psyche and architecture in relation, Le Goff (2005:101f) identifies the separation of inside and outside as work-in-progress already in mediaeval times: “The importance attributed to town walls led to the particular attention devoted to town gates. People, beasts, and goods all had to pass through them, and this set up a dialectic between inside and outside that was fundamental for a medieval Christian, and that profoundly marked the whole of Europe. What was internal territorially, socially, and spiritually was valued more highly than what was external. 'Internalization' became a European tradition, a European value.”

¹⁵ As Taylor (ibid.:59) does not tire to emphasise, his inquiry is about the lived experience of ordinary people, about their “common, ‘naïve’ experience, something not yet a candidate for belief or disbelief because it is just obviously there” – and the mediaeval common experience was one of fuzzy borders of the self, an experience unenlightened by a clear philosophical distinction between subject and object which as such, however, antedates the Middle Ages by almost two millennia: in what Jaspers (2010:2) identifies as the axial age, “man becomes conscious of Being as a whole, of himself and his limitations. … Consciousness became once more conscious of itself, thinking became its own object.” At that time, he says, man “proved capable of contrasting himself inwardly with the entire universe.” (ibid.:3) However, as Jaspers himself cautions, “[w]hat the individual achieves is by no means passed on to all. The gap between the peaks of human potentiality and the crowd became exceptionally great at that time.” (ibid.:4) Of relevance to the topic of this thesis, a gap also opens up between the cultures that do and those that do not participate in the axial revolution of thinking. – The later discussion and critique of Jaspers’ idea has emphasised, inter alia, “the fact that the newly developed thoughts managed nowhere, in the centuries to follow, to establish themselves seamlessly and completely as the dominant model of world interpretation.” (Dittmer [S.a.]:200; my transl.) The poor mediaeval distinction between subject and object is a case in point. Cf. Bellah (2005:89) who states that the axial “breakthroughs were not only preceded by breakdowns, they were followed by breakdowns,” while insisting
The self, in Taylor’s terminology, changes from “porous” to “bounded.” A graphic illustration of porousness is given in an etching by Melchior Küsel, of 1670 (see below). It shows an old hag, of repugnant physique and enormous size, fanning the embers of discord with her

![Etching by Melchior Küsel, 1670](image)

Melchior Küsel (1626 – c.1683)
Etching, 1670, 23.3 x 22.5 cm, Ashmolean Museum, Oxford

that, anyway, pre-axial ways of thinking and being never stopped to play a vital role; cf. Jaspers (2010:3 & 54).

16 Reproduced from Petherbridge (2013:27).
bellows, up there in the sky, and, lo and behold, the gods in heaven argue among themselves, men on earth fence and brawl, women wrestle fiercely, even dogs get agitated, lock jaws or race each other. In her interpretation, Petherbridge (2013:27) quotes from Ben Johnson’s “Twelfth Night masque, 1646,” where Discord, with a capital D, is “‘a malicious Fury’ who ... ‘by the invocation of malignant spirits ... put[s] most of the world into discord’.” Petherbridge’s caption for the etching reads Allegory of Discord (as does the Ashmolean Museum’s, though with a question mark added (Palmer 2013)), but Küsel himself, some three and a half centuries earlier (1671:75; my transl.), knows nothing of an allegory and bluntly asks,

Who does not know this fiend? The baneful bride of hell whose habit is to create so much ill upon this earth ... Her fruit is: quarrel, strife, war, to scuffle, brawl, strike; murder, injustice, to persecute, excruciate, harrow ... Yes, her apple of discord can incite clashes even in a banquet of the gods.

For a modern conscience, the chain of cause and effect that Küsel sees is surreal: selves in their boundedness, be they human or divine, cannot be incited, moved from outside like puppets on a string, to break into furious emotions. Discord and the emotions that go with it cannot be imputed, directly as it were, from without: they must arise from within, even if triggered by external events.

In the time-span between Küsel and today, Taylor says (2007:27), there emerged “a new sense of the self and its place in the cosmos: not open and porous and vulnerable to a world of spirits and powers, but what I want to call ‘buffered’.” But how did we get there? Taylor concedes (ibid.) that it “took more than disenchantment to produce the buffered self; it was also necessary to have confidence in our own powers of moral ordering” – thereby pointing towards the pivotal role of a more positive outlook on humanity’s capabilities, as one major characteristic distinguishing European modernity from Greek and Roman antiquity:

Epicureanism ... could teach us to achieve ataraxia by overcoming our illusions about the Gods. But this wasn’t what was needed for a humanism which could
flourish in the modern context. For this was becoming one in which the power to create moral order in one’s life had a rather different shape. It had to include the active capacity to shape and fashion our world, natural and social. (ibid.)

With this idea of a human capacity to actively shape the world, as something factually existing, we jump ahead of time though, and describe a state of mind (of the self) which – buffered already and not afraid any more of falling under external influence – is positively convinced of its own strength; and once again the question arises: How did we get there?

Taylor openly admits that, ultimately, he does not know. However, he does point towards a development within Latin Christendom (ibid.:70) which might count for a possible candidate for an explanation:

[A]long with .. [a] new devotion to the crucified Christ ... [and a] new concern with death, ... there were a number of attempts, emanating from different sources, to develop a more intense, inward, devotional life. The tradition of German mystics, beginning with Meister Eckhart, is perhaps the best known in this field, but it was far from alone. More widespread and influential, in the fourteenth century, was the devotio moderna of the Brethren of the Common Life, whose most famous figure was Thomas à Kempis, the author of The Imitation of Christ. This devotion put more emphasis on private prayer, on introspection; even encouraging the keeping of a journal.

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17 The popular religion of the Middle Ages all along had been “mainly a devotion of deeds; one fasted, took part in collective rituals and prayers, attended Mass, etc. But in the later Middle Ages, there was a strong move towards more inner devotion, that is, where the focus was self-consciously on God and his goodness.” (Taylor 2007:258) Pointing to the increasing role of Mary as the mother of God, with her son dead on the cross or in her lap (the crucifixus and the pietà), Le Goff (2005:75ff) speaks of the feminisation and the dolorisation of Christianity in the twelfth century; likewise, of the humanity of Jesus, with “the image of Christ [stripped] of its triumphal aspect” (ibid.:79), preparing the ground for a “Christian humanism … also founded on a development of introspection.” (ibid.:80)
We have here a movement not instigated from above and at times even condemned by the hierarchy,\(^\text{18}\) where people “were seeking a more personal religious life, wanted a new kind of prayer.” (ibid.) But the Church as an institution, far from being indifferent or hostile to all of these developments, was active on her own part as well. Antedating and running in parallel to initiatives from outside the hierarchy, there was a “series of measures undertaken by the mediaeval church to raise the standards of religious practice and piety” (ibid.:85), starting “as far back as the Hildebrandine reforms of the eleventh century” (ibid.:786n92): targeting at first the clergy and the monastic orders, but eventually spilling over into something much broader, fuelled by unease about a two-tier system in which these higher spiritual standards for clergy and monks would not apply in some way to the laity as well. Taylor (ibid.:85) calls this

the ‘rage for order’ of Latin Christendom, whereby the dissatisfaction grew with the hierarchical equilibrium between religious leaders and people, hierarchy and laity, which has been the rule rather than the exception among civilizations dominated by ‘higher’ religions.\(^\text{19}\)

Put differently, Taylor identifies (ibid.:86) a European trend in which, “[a]gain and again, semi-refractory masses were forced to shape up to a new régime”,\(^\text{20}\) as can be seen in the humourless determination to castigate sin and disorder … [in] the attempts by controlling élites to abolish carnivalesque and ludic practices on the grounds that they sew [sic] disorder, mix pagan and Christian elements, and are a breeding ground of vice. (ibid.:87)

Going beyond Taylor – who, as has been said before, confines himself to stating a trend in Latin Christendom whilst insisting that what “keeps this vector going is a question which is


\(^{19}\) Chazan (2006:106ff, 241, 248f & passim) observes the same phenomenon and calls it western Christendom’s newly-found “aggressiveness,” directed both inwards, against perceived heterodoxy, and outwards against other creeds, Islam and Judaism, with proselytising efforts by argument as well as by force; cf. Fonnesberg-Schmidt (2007:40 & 119ff).

hard to answer” (ibid.:786n92) – I should like to put forward two points of criticism at this juncture, followed by an attempt to build on Taylor’s train of thought, thereby laying the groundwork for my later account of the Jesuits’ missionary activities in Matabeleland.

2.1.2 Two points of criticism

To start with my critical remarks: Max Weber (1952:5) emphasises the outstanding significance, for the cultural development of Western Europe, of the order of “Roman law and of the Roman Catholic church resting on the Roman concept of office”;21 Bammé (2011:25; my transl.) paraphrases Rémi Brague as even positing “the mainspring of the inner dynamic of Europe to be ‘Roman’, and ‘Roman Catholicism’ to have played a central role in this.”22 To identify a “rage for order” specifically in Latin Christendom, as Taylor does, may thus be a valid observation. However, Rome itself had been orderly and hierarchical. Taylor thus confounds matters by simply equating (2007:86) an anti-hierarchical theological impulse – identified as “uniformizing” and “homogenizing” – with the creation of order, when, per se, a rigidly stratified society is no less orderly than a more egalitarian one (some might even consider the former more orderly than the latter23).

In this matter, a value judgement inevitably has to be made first, about what to consider an orderly system, properly so defined: one with a uniform set of spiritual (in secular terms:

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21 Max Weber is quoted in English from published translations as indicated; equivalent page numbers of the German original text are occasionally given in square brackets.
22 Bammé also refers to Jaspers’ view that towards the creation of the Catholic Church, the Roman tradition contributed “organisational energy and its wisdom in the mastery of reality” (Jaspers 2010:58); cf. Dawson’s reference (1938:163) to “the Latin sense of order and its practical ideal of social duty.”
23 Cf. Shakespeare’s Troilus and Cressida (1997a:I,3, lines 101ff), where Ulysses bemoans the loss of order among the Greek ranks: “O when Degree is shaked,/Which is the ladder to all high designs,/The enterprize is sick!” Cf. also Christian apologists’ defence of slavery which, though “brought into the world by sin, ‘right reason’ showed ... was a proper part of the worldly orders of subjection and authority. ... If a servant were allowed to question his fate, he would undermine the very foundation of social order” (Davis 1966: 200).
moral) standards which are valid for all, or one with separate sets of standards for separate groups, or strata, or classes, within the same society. Only once such a choice has been made, can the degree of intrinsic orderliness of a given society or religious body be assessed; prior to this choice, there is no way to do so. Thus, from within the lived experience of a hierarchically stratified society, enveloped in and permeated by its preferences, the orderliness of an egalitarian society (characterised by a Taylorian quest for uniformity or homogeneity) could never be appreciated as 'higher': to this view, on the contrary, egalitarianism is disorder, in and of itself.24 Aiming at a new order according to new and more egalitarian criteria then is, in a word, tantamount to thinking and acting disruptively – disorderly – if viewed from the perspective of an established, hierarchical set of norms.25 The complexity of this situation is not adequately represented in Taylor's lopsided attribution to the Latin church, of only a “rage for order.” From a number of other Christian perspectives, Egyptian, Ethiopian, Greek, Russian (and contemporary African, for that matter), it might seem more appropriate to attribute a rage for innovation to the Latin church, to create an order of a new kind, thereby to satisfy its egalitarian leanings (regarding the biblical roots of this preference, cf. pp76ff, below).

I do follow Taylor, however, in his account (ibid.:243) of the sequence of historical events, with

[at first, ... religious reforms; they attempted to raise the whole body of the clergy, and later even the mass of the laity, to the higher standard of devotion and pious life which was largely defined by the best of monastic and clerical practice. The goal set by the Fourth Lateran Council in 1215, to impose a régime of once-yearly confession, absolution and communion on all lay people was an instance of this raising of the standards universally demanded.

24 Mutatis mutandis, the argument obviously also works in reverse. – To Apartheid, this reasoning does not apply: different from St Paul, who took the institution of slavery as part of a current worldly order whose end was imminent, and as spiritually not relevant, Apartheid was from its inception a rear-guard battle against egalitarian, non-racist modernity, fought in bad faith and with modern means. Part of post-Independence politics in Zimbabwe and beyond, by ‘black’ governments, falls under the same verdict.

25 Viaene (2001:51) quotes de Beaufort, one of the masterminds of the Belgian 19th century Catholic revival, as positing the “impossibility of all civilisation outside of a hierarchical society.”
The elite working on this project would have been, first and foremost, the leadership of the Church, Pope Gregory VII being an outstanding early protagonist. By opting for higher religious standards for all, however, and by thus challenging the legitimacy of a double standard for the elite and the masses, albeit confined to proper Christian devotion and conduct, the Church was setting a precedent and an example for the subsequent handling of class relations in a more general sense.

II

All elites of advanced civilisations share the problem and task of controlling ‘their’ masses, of maintaining order as a pre-requisite of organised exploitation. Of the different means to this end, one is to maintain a rigid hierarchy by keeping these masses ‘in their place’: ignorant, illiterate, credulous, coarse; in a word, different from the elite. Historically, this is the path generally chosen (e.g., in ancient Egypt, Assyria, Persia, or China). Ethiopia, Constantinople, and Moscow testify to the fact that Christian elites may go the same way, but as the Latin church and Western Europe demonstrate, there is a Christian alternative: the levelling, proto-democratic tradition of the equality of all believers before the Lord can

26 This is where Museveni’s above allusion to discipline fits in; cf. Hyden’s repeated reminder (1982:25, 47 & 199) that historically, the organised exploitation of the African peasantry was (and in part still is) impeded by an abundance of sparsely inhabited land, creating the opportunity for people to ‘opt out,’ away from more organised forms of exploitation, by simply moving on. Hyden posits (ibid.:9) that “Africa is the only continent where the peasants have not yet been captured by other social classes” – that peasants there have “the unique prerogative of choosing to withdraw. They have a true exit option.” (ibid.:32) His Tanzanian data, to explain the non-development of more technically advanced civilisations in southern Africa, to my mind, would seem relevant for Zimbabwe as well. (According to the ZMR (II,27:481), a 1905 (1904?) census put the entire non-white population of Southern Rhodesia at 593,000 inhabitants.) Interestingly, when it is about parents’ reluctance to send their children for boarding, the ZM Jesuits of the time complain that they “cannot bring any pressure to bear on the parents … They are quite independent, and if threats were held out would simply pack up their goods and cross over to the great native reserve which adjoins our property.” (ZMR II,24:379; cf. V,75:420, VII,97:74 and VI,91:353ff, on the independence of locals as a result of good agricultural yields and cattle breeding).

27 Which is not tantamount to the elite letting them be! To use the historical example of ancient Egypt (of which more later): the corvée system is a system of oppression, and the rebellion of the Israelites went against an order of the highest degree; the oppressors just did not aspire, ever, towards making the masses internalise their rule, so as to make their external oppression (by degrees) redundant.
be seized upon, to start with in the above mentioned drive towards the elevation of the masses to higher standards of Christian belief and religious performance. If initially purely religiously motivated, this opens up a historically unusual pathway towards mass subjugation in non-religious areas of societal life as well: making the masses first conform to, then *internalise*, core aspects of the elite standards of conduct.\(^2^8\) As Taylor says (2007:244),

> [a]round 1500, this [initially entirely spiritually motivated; RB] drive begins to take a slightly different direction. It begins to take up a more ambitious goal, to change the habits and life-practices, not only religious but civil, of whole populations; to instil orderly, sober, disciplined, productive ways of living in everyone. … This was not a simple take-over, a deviation imposed on the drive to religious reform; because religious reformers themselves concurred that the undeniable fruit of Godliness would be ordered, disciplined lives. They also sought to civilize, for good theological reasons. And yet, over the longue durée, there was arguably a deviation here.

The mediaeval and early-modern *worldly* elites thus could (and did) latch on to an initially entirely spiritually oriented project, a religious movement, as an ordering means towards what were their utterly non-spiritual, exploitative ends, and Taylor (ibid.:102) says almost as much:

> Lots of élites in history have had a sense of the superiority of their way of life, and have been content to build it on the control and/or exploitation of lower orders whom they never dream[t] of seeing as potential participants in this way of life. … [W]hat is remarkable is how [in Europe; RB] … attempts are undertaken to make over the

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\(^2^8\) Taylor (2007:106f; my italics) quotes the Puritan, Baxter, as saying in his 1659 *Holy Commonwealth* that the magistrate must “force all men ‘to learn the word of God and to walk orderly and quietly … till they are brought to a *voluntary*, personal profession of Christianity’;” beyond the religious domain, Taylor adds (ibid.: 111), this same idea implied that “[s]ociety was to be disciplined, but with the aim of inducing self-discipline.” He thus sees (2005:X) a history of “Christian ‘incursions’, attempted remakings of the world to conform to the Gospel” and believes “that one should see the secular modern West as the product of one such large-scale ‘incursion’, that of Latin Christendom.”
lower orders. They are precisely not left as they are, but badgered, bullied, pushed, preached at, drilled and organized to abandon their lax and disordered folkways.29

Here is the place for my second point of criticism: I find irritating the indeterminate “and/or” in the above quotation, in which (or so I feel) Taylor displays a lack of readiness to identify a clear logic of purpose and means behind all elite efforts to impose structure and order on ‘their’ masses, in the way Marx and Engels did in their *Communist Manifesto* of 1848. Their opening chapter (2010:14) begins:

The history of all hitherto existing society is the history of class struggles. Freeman and slave, patrician and plebeian, lord and serf, guild-master and journeyman, in a word, oppressor and oppressed, stood in constant opposition to one another, carried on an uninterrupted, now hidden, now open fight, a fight that each time ended, either in a revolutionary reconstitution of society at large, or in the common ruin of the contending classes.

And they continue (ibid.:15f), with a focus on the very transition whose analysis is at the heart of Taylor’s study, that the

bourgeoisie, wherever it has got the upper hand, has put an end to all feudal, patriarchal, idyllic relations. It has pitilessly torn asunder the motley feudal ties that bound man to his ‘natural superiors’, and … has set up that single, unconscionable freedom – Free Trade. In one word, for exploitation, veiled by religious and political illusions, it has substituted naked, shameless, direct, brutal exploitation.

29 This motif, to “make over the lower orders,” will remain alive throughout the centuries to come. E.g., beyond spiritual rebirth, 19th century “‘evangelical’ modes of revival … [were] meant to yield fruit in an ordered life. … The danger was of sinking into forms of behaviour that were idle, irresponsible, undisciplined and wasteful. And behind these lay the lure of traditional modes of recreation and conviviality which could immure you in these dysfunctional forms – in the first place, drink and the tavern.” (Taylor, 2007:450f) The project, of instilling “habits of regularity and industry” (ZMR II,15:25) is also espoused by the ZM Jesuits: “The great achievement of civilisation, of making the labourer work from morning till night through the long years of an unrelieved lifetime, is a yoke which has not yet bound down the neck of the primitive savage and which will require some generations before it ceases to gall.” (ibid.:24)
A functioning order is needed to this end; but this is not where the story ends, as Marx and Engels (2010:16) readily acknowledge: “The bourgeoisie … has been the first to show what man’s activity can bring about. It has accomplished wonders far surpassing Egyptian pyramids, Roman aqueducts, and Gothic cathedrals.”

Taylor confines his story of the transition to modernity, to a gradual change towards more civility; in his account (2007:101), “[y]oung nobles .. capable of outbursts of mayhem” stand right next to vagabonds and peasant uprisings as examples of mediaeval unruliness. What gets lost, is the fact that the old, feudal order was deliberately disrupted from above, “pitelessly torn asunder” in the words of the Communist Manifesto, creating the “brigands …, vagabonds …, city riots and peasant uprisings” invoked by Taylor (ibid.), which then had to be brought under control. In this volatile political situation, it was no longer just for spiritual/moral reasons that combating and controlling unruliness from below became crucially important, as could be expressed in, e.g., carnivals, feasts of misrule, etc.

Abstaining from value judgements, i.e., presenting the elite’s actions in a purely technocratic-instrumentalist manner (“people had to be disciplined because their disorder threatened the élite” (Taylor 2007:102)), is one thing; pussyfooting around the facts, i.e., the major socio-economic causes of popular unrest in the transition to modernity (“a rise in population, coupled with more difficult economic conditions [sic!] in the sixteenth century” (ibid.)) is quite another. Indeed, “the number of indigent increased; and their mobility did as well, as they gravitated to larger cities in search of the aid and sustenance they could no longer find at home.” (ibid.) The political and economic reasons why this was so, yet another major instance of that making over of mediaeval society which Taylor so admirably portrays on the religious and cultural plane, remain conspicuously absent in his story, when what would have to be said about the brute facts of expropriation and exploitation, could not consist in niceties about those elites which wanted the masses to bear their lot with

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30 And, much as pushing for the internalisation of societal values and rules can be an appropriate means, so can hierarchically defined religion, as McLeod observes: “[F]ear of the working-class and a rediscovery of the social benefits of religion contributed to a ‘return to the Church’ by the bourgeoisie, most notably in France.” (1992:62)

more civility. In Taylor’s story, economics only comes in again at the level of governments’ concern with increased productivity as leading to higher tax returns, thus creating the funds needed for bigger military spending, thus enhancing political might.\footnote{As an aside, Taylor (2007:111) mentions at this point that the military leadership also benefited from the general development towards more (self-)discipline which made for more “obedient and effective soldiers.”} Regrettably, an important opportunity is missed, to highlight exactly how multilayered-revolutionary the changes were which constitute Taylor’s topic.

For the sub-Saharan African context of my thesis, the strength of Taylor’s work is therefore in the main limited to depicting in great detail the creation of a new kind of \textit{people} in the NAW, \textit{modern individuals}; he fails to identify with the same clarity the equally new form of economic exploitation that was forced upon the masses of Europe against their desperate resistance, creating \textit{new people in a new world}, in ways that were never attempted to be replicated later, in colonial settings. I shall come back to this point in my discussion, but will next return to Taylor’s question why the development towards secular modernity got under way in Europe in the first place, with a suggestion to look for an answer from a different angle.

\section*{2.2 THE SCRIPTURAL ROOTS OF SECULAR MODERNITY}

I take up Taylor’s train of thought at the point where he ponders all the changes which, ever since the eleventh century, go in one way or another in the direction of reform, only to acknowledge that it is difficult to say what actually fuelled this drive. In his view, in any case, “it is hard to argue that it follows inescapably from Christian faith that the Godly have a duty to take over” (2007:105), re-order society, and make sure that “all the faithful live up to the demands of the Gospel” (ibid.:104); after all, he reminds us, “[o]thers have held that the believing Christian ought to opt out, or live on alms, or adopt a quietist stance, or espouse anarchism.” (ibid.:106) I doubt, however, that much can be gained from a mere juxtaposition of views in the manner of “others have held” – the implication being that almost irrespective of a conviction’s specific content, its proponents may hold, \textit{in good faith}, that this particular stance of theirs is biblically founded.
One may safely presume that as a standard of how things ought to be, the conservative representatives of the Church hierarchy throughout the ages would no less than reformers have subscribed to the general idea that all Christians should “live up to the demands of the Gospel.” But would these demands be the same

- for clergy and laity?
- the educated and the uneducated?
- men and women?

With a negative response to these questions we remain safely within the conservative mainstream of the mediaeval world of ideas – with theological as well as practical consequences, e.g., for the respondent’s political stance. Affirmative responses find us on the side of a perceived need for change and reform – and thus, again, have theological as well as eminently practical-political implications. Further: if change is the goal, how is it to be brought about and implemented? With or without external enforcement? Aiming for or not considering the possibility of an internalising make-over of the faithful?

A wide range of possible answers opens up, here, leading to very concrete theologico-political scenarios, such as

- a Christian version of hierarchical subjugation, of the lower strata of society under a set of rules specifically tailored for them – i.e., the main current of Catholicism ever since Constantine and throughout the Middle Ages
- subjugation without hierarchical differentiation, that is, the external imposition of the same law for everybody (enforcing nominal conformity, more or less irrespective of the believers’ non-enforced, inner convictions), common in Protestant settings and prevalent in post-mediaeval Catholicism right into modernity, wherever the Church felt (or still feels) strong enough to impose herself
- and finally, the trajectory which Taylor mostly writes about, which aims at the habilitation – the empowerment in today’s terminology – of believers, at inner change, at internal motivation; this is the option, though, which will also create an opening towards the emancipation of believers, first from the Catholic Church, then
from all church-mediated religion, then from religion as such, and ultimately from God Himself.

I am certainly no more than Taylor in a position to say why in Latin Christendom, in parallel with the indisputably prevalent hierarchical and imposing approach towards securing orthodoxy, a proto-democratic internalising version of faith – same rules for all, upheld to an ever increasing extent from within, i.e., by the individual believer him- or herself – played such an important role, and from so early on. That it did, is one of the facts Taylor is writing about. If, however, his question is rephrased and one no longer asks why this did happen, but what the Scriptural preconditions were that it could happen, the situation changes: in this respect, there is an abundance of material, in the writings of Max Weber and others on ancient Israel and its faith. I shall therefore next quote extensively from Weber’s Ancient Judaism (1952), and come back to Taylor’s text thereafter.33

2.2.1 The Israelite Eidgenossenschaft: proto-democratic, forward-looking, proactive, and changing over time in its moral outlook

To describe the early Israelite polity, Weber uses the same term Eidgenossenschaft as is usually applied to the Swiss – a confederacy of equals, bound by oath:

Above all, Israel itself as a political community was conceived as an oath-bound confederation. An Israelite … addressed .. [another; RB] as ‘brother’ (achim) even as the Swiss speaker on official occasions must address his Swiss compatriots as ‘Eidgenossen.’ (1952:75)

33 Max Weber is used here as the principal source of information on ancient Israel; the choice seemed natural insofar as he is not just one of the founding fathers of sociology as a scientific discipline, but also an eminent social historian of the Israelite religion who approaches his topic with a clear view towards its relevance for the emergence of secular modernity in the Christian occident. He is the first who “explicitly and comprehensively interprets the development of the modern European-Western society as a ‘process of secularisation’” – and who, by championing the idea of the disenchantment of the world, exerted a massive influence on theological reasoning in the 20th century. (Marramao 1999:57; my transl.; cf. 52, 61)
In the course of its socio-historical development, this self-governing confederacy gradually transforms, almost beyond recognition, and ends up as a monarchy: as Weber says (ibid.:100), “Solomon … sought to establish a rigidly-organized political structure out of the loose confederacy of peasants, herdsmen sibs, and small mountain cities.” From the perspective of sociology, this transitional process need not concern us here. Suffice it to say that Weber records the change over time, in the interaction between free peasants, small livestock herders, small urban centres, and Bedouins at the fringe; the growing power of town-dwelling, land-owning patricians at the expense of peasants and herders; usury and the development of debt slavery, where a debtor who is short of other assets sells himself or family members into slavery, as a last form of debt repayment; accumulation of wealth in towns, and thereby the emergence of a class of people who see feudal dependence, corvée, slavery and exploitation not any more from below. That is, their perspective is no longer that of the Israelites suffering from subjugation in Egypt; nor that of the later confederacy of the poor but free, living alongside the Caananite feudal city states. Their perspective is one from above, and they remain brothers of their fellow tribesmen only by name, when de facto they have become their overlords. However, not this development itself is of interest here, but its reflection as it were, in Israelite thinking, thus in Old Testament ethical, political, and theological reasoning as it forms the background to and foundation of, first the New Testament, then all Christian theology.

34 Here and in the following, I shall not constantly come back to the issue if, what the Bible says factually happened in history (e.g., was there a people of Israel living in bondage in Egypt; was Moses a historical figure and if so, what, of what is ascribed to him, did he actually say and do?) The line taken here is summed up in John Ford’s movie, The man who shot Liberty Valance: “If legend becomes fact, print the legend,” says the newspaper editor, knowing full well that credit thereby will go to the wrong man. In our context this is to say that, once a narrative is taken to reflect what has happened, the question if it did happen no longer matters in terms of the consequences, first in the minds, then also in the actions of those who take the legend for a fact (which maybe after all it was). In this vein, McKenzie has paraphrased von Rad as positing that “theology is a study of the beliefs of people, not of their history; and the theological interpretation of their history is independent of the ‘facts’ of their history” (McKenzie 1976:22); i.e., “[w]hat people think happened is theologically as important as what did happen.” (ibid.:33) In Wendel’s phrasing: “Events are told as they should have occurred when viewed from the sacral perspective of the narrator.” (1934:176; my transl.)

35 “The ancient class distinction between the urban patrician as creditor and the peasant outside the city as debtor thus, also, occurred in the Israelite cities.” (Weber 1952:21)
Coming back to the *Eidgenossenschaft*: the oath binds all who swear it in a covenant (*berith*) which, in the case of Israel, is not just one between the tribesmen themselves, but in the first place one with their God; this is how Weber (1952:78) characterises

the ancient, pre-exilic and, in these cases, law-producing *berith* of the people of Israel as a whole. In clear contrast to the *berith*-contracts among individuals ..., they were not contracts and fraternizations among partners placed under the protection of God as a witness and avenger of perjury ... [but] were confederate covenants with God Himself. Hence, in avenging the violation of the covenant He insisted on His own violated treaty rights and not only on the claims of the contract observing party placed under His protection. This important conception profoundly influenced the development of Israelite religiosity.\(^{36}\)

In contradistinction to neighbouring peoples, Weber sees the uniqueness of Israel's relation to its God in this contractual relation where God himself is one of the partners of the *berith*. However, as Otto has remarked, the Israelite version is preceded by an Assyrian myth in which the god of their empire, Assur, enters into a covenant with the Assyrian king. Acknowledging that the Israelites were not the first to come up with the idea (even if in their thinking, the motif took on a significance unknown anywhere else in the region and beyond), Otto slightly shifts emphasis (2006:40; my transl.):

In the Moses-narrative ..., by contrast, Yahweh enters into a covenant not with the king, but with the entire people – and therein lies the specifically Judaic adaptation of this new-Assyrian motif ... [A]t this point, a key motif of new-Assyrian legitimation of the ruler was ... 'democratised'.\(^{37}\)

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36 Wendel puts it thus: "It is the initiative of the god to enter into a covenant. He wants to associate himself. ... Nevertheless, underlying this covenant is an awareness of the mutuality of obligation: I your God – you My people!" (1934:54; my transl.)

37 Cf. McKenzie (1976:77; my italics): "No other ancient religion conceived the relation of deity and worshipers in positive terms founded upon a collective act of the people which could be located in space and dated in time."
As Weber never speaks of any other covenant but that between Yahweh and the entire people, his interpretation can accommodate Otto’s qualification without any disruption of its inner logic, even if credit of primary authorship for the idea of a God-and-man mutual contractual relation must go to the Assyrians. What then, according to Weber, was the Israelite confederacy? It was, he says (1952:81), “a war confederation under and with Yahwe as the war god of the union, guaranteeing its social order and creator of the material prosperity of the confederates, especially of the requisite rain.”

I should like to look separately at the three facets under which Yahweh appears in this statement, and describe the Eidgenossenschaft in more detail, in this context:

- Yahweh is a war god;
- He is the guarantor of Israel’s social order;
- Prosperity, and especially rain, are His gifts.

Starting with the last point, its relevance lies in what Weber calls Diesseitsorientierung – Israel’s orientation towards immanence. What does this tell us about the Israelites? Following Weber (1952:119), they expected of their God

that they would have numerous descendants, so that the people should become numerous as the sand of the seashore, and that they should triumph over all enemies, enjoy rain, rich harvests, and secure possessions, finally that the name of the legendary ancestors and that of the blessed people itself should be a blessing.

With regard to the Israelites’ memory of their bondage in Egypt, their metaphor for the socio-political setting before the Exodus is the iron-smelting furnace (Deut 4:20; Jer 11:4

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38 “With the exception of the quite limited lands irrigated from springs, the entire fate of the year depends upon the amount and distribution of rainfall,” says Weber (1952:9) of Canaan, with obvious similarity to Matabeleland and comparable implications for the local mindset.
Yahweh’s attractiveness right at the beginning of their relationship is therefore easy to understand:

We were Pharaoh’s bondmen in Egypt; and the LORD brought us out of Egypt with a mighty hand … And he brought us out from thence, that he might bring us in, to give us the land which he sware unto our fathers. (Deut 6:21-23)

Weber’s verdict (1952:126) is clear: “The god offered salvation from Egyptian bondage, not from a senseless world out of joint. He promised not transcendent values but dominion over Canaan which one was out to conquer and a good life.”

So which concrete forms would the Israelites' lordship over Canaan take once they had taken possession of it? The second point mentioned above becomes important here, namely, that Yahweh is the guarantor of the social order of the Israelite polity. Of this social order, prior to looking at it in terms of its specific content at any given time, it is important to appreciate that as an idea, it rests on conceptual preconditions regarding history:

- In the understanding of the Israelites, the future is open towards **real change**, because history is linear, not cyclical;41

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39 Whenever NIV and KJV translations differ to the point where meaning becomes affected, due to changes of English language usage or the results of linguistic and historical Biblical research since 1611, I shall quote from the NIV; only where this is not the case shall I let my personal preference for the language of the KJV, *much* as for Luther’s German translation, prevail.

40 This is what the Lord wants the Israelites to say to their sons when they ask why they should keep His laws; cf. Deut 5:15.

41 See, however, Marramao (1999:93ff & passim) for critical reflections on the concept of time in pagan antiquity, Judaism, and Christianity, qualifying a blunt opposition of cyclical versus linear notions, and insisting (ibid.:102f; my transl.) on the “impossibility to keep paradigmatically separate from each other, the experiences of time epitomised in the metaphors of the straight line and the circle.” Saayman (2013) emphasises how the Israelites also continued to think in terms of cycles: they “did have a clearer eschatological expectation of something new, yet they also maintained a cyclical concept around some important figures and events: is Jesus of Nazareth the reincarnation of Elijah? Will Jesus re-establish the kingdom of David after his resurrection?” On the other hand, Dawson (1938:146) insists that “[i]t is not that the Greeks were ignorant of the concept of progress.” It is just that ‘progress’ never becomes the dominant
Yahweh being faithful to His people, the Israelites may be and in fact are optimistic about the future.

In McKenzie’s words (1976:280), “[t]he future orientation of much of the Old Testament and Judaism is a manifest and really unparalleled fact.” The light in which this future is seen is determined, he specifies (ibid.:203), by

[the anthropocentrism of biblical creation [which] is an important component of Old Testament optimism; because man is the chief of the works of Yahweh, man can be assured of Yahweh’s concern for him, even though that concern may manifest itself in judgment.]

Over time, optimism does become tempered by this latter idea of judgement, and when the prophets ponder the future of God’s people around the time of the destruction of the temple and the Babylonian exile, grave doubts have accumulated; for Amos even a no-future-scenario becomes imaginable. This notwithstanding, McKenzie (ibid.:282) maintains that “[i]n the texts which we judge early there is an unspoiled optimism and a naïve faith in the saving will of Yahweh for Israel.”

Factually, as recorded in Scripture, the history of Israel unfolds as a series of covenants between Yahweh and His Chosen People: both sides commit themselves by holy oath, and time and again, the Israelites as a people provoke the Lord’s wrath by breaking their oath, followed by His curse, followed by His forgiveness.

Yahweh’s acts were believed to be purposeful, indeed, .. the record of history showed no other purpose apart from the purpose of Yahweh. This leads to the linear idea to guide their thinking, the core ‘metaphor they live by’ (cf. p120fn111, below): “Even Aristotle,” says Dawson (1938:143), saw “the universe as a manifestation of perfect and unchanging Being. All progress is but a part of the process of generation and corruption;” ultimately, therefore, even “change must necessarily be cyclic.” (ibid.)

Cf. Buber (1932:57ff); Leeuwen (1964:48).

Cf. Raphael (1968:54): “[T]he Bible is inimical to Tragedy, .. because it is optimistic and trusts that evil is always a necessary means to greater good.”
view of history as contrasted with the cyclical … [which] is associated with the Aristotelian view that the world is eternal and that it never changes from its present condition. … In biblical thought, history is … unique and irreversible. (McKenzie 1976:141)\(^4\)

History is thus open towards change, has a direction and a goal;\(^5\) as Weber says (1952:4), the world was conceived as neither eternal nor unchangeable, but rather as having been created. Its present structures were a product of man’s activities, above all those of the Jews, and of God’s reaction to them. Hence the world was an historical product designed to give way again to the truly God-ordained order. The whole attitude toward life of ancient Jewry was determined by this conception of a future God-guided political and social revolution.\(^6\)

So what about the factual social order, within the time span covered by the biblical writers of somewhat below a millennium and a half, and with their accounts written often long after

\(^4\) Cf., though, the qualifications just made in fn41, above; Dawson (1938:153f) agrees with McKenzie that the God of Israel had a purpose in history, and that “[t]hus all history was moving to a great consummation … Consequently, to the Jews, history possessed a unique and absolute value such as no other people of antiquity had conceived. The eternal law which the Greeks saw embodied in the ordered movement of the heavens was manifested to the Jews in the vicissitudes of human history.”

\(^5\) In modern thinking which stands in this tradition, ‘immutable’ is synonymous with ‘a-historical’.

\(^6\) “Yahwe protects the customs and mores. … In agreement with his original nature, however, and unlike Varuna and similar deities, he was not the guardian of the confederate law and mores in the sense of sanctifying an already existing immutable order of law or a ‘righteousness’ measurable in terms of fixed norms. On the contrary, this positive law for Israel was created through berith with him. It had not always been in existence and it was possible that by new revelation and new berith with God it could be changed again. … The law was no eternal Tao or Dharma but a positive divine enactment.” (Weber 1952:131f) Cf. Dawson’s assertion (1938:151) that in Israel, “divine law … was never conceived as an impersonal cosmic order, such as we find in Greek or Chinese thought. It was always regarded as the Word and ordinance of a personal deity, Jahweh, the God of Israel.” Cf. also Kaiser (1997:62): “God was the creator of all things, even of the matter of which all things consist. The corollary of this belief was that things can be changed. Things do not have to continue as they now are because their existence depends on a God who created them beginning with nothing, who can therefore transform them as he will.”
the (more or less historical, more or less fictional) described events? Without doubt it changed in major ways, as alluded to above. Towards the end of the Genesis narrative (Gen 35:23-26) we hear of the twelve sons of Jacob whose descendants would form the twelve tribes of Israel (Gen 49:28), and starting with Exodus, we hear of the order under which they are forced, but to which they do not want to submit, the Egyptian corvée system. Later, the Lord Yahweh will not tire to remind His people that it was He who set them free from this order of oppression, the act of liberation becoming part of His very being\textsuperscript{47}: “I [am] the LORD thy God, which have brought thee out of the land of Egypt, out of the house of bondage.” (Ex 20:2) As this house of bondage, Egypt remains a point of reference, e.g., for the prophets (Jer 11:3-5, 34:13-17, Mic 6:4-8), whenever the justness of Israel’s own social order comes into focus, whenever socio-historical developments call for approbation or rejection.

In the founding myth – in the version handed down to us, written centuries after the event, drawing on several independent strands of memory,\textsuperscript{48} and projecting back into the past the story of ‘how it must have been’ (cf. p77fn34, above) – we see Yahweh guide His Chosen People away from the system which the Israelites would not bear; in Weber’s words (1952:8):

> The Egyptian corvée state, developing out of the necessity for water regulation and the construction works of the kings, appeared to the inhabitants of Palestine as a profoundly alien way of life. They detested Egypt as a ‘house of bondage’ and ‘iron furnace.’

In Canaan, where they carve out a niche for themselves, the ideal of an \textit{Eidgenossenschaft} of the free as a social reality can only be inferred from the description of the Israelites’ military organisation, because written evidence of the organisation of daily life for the mass of the peasant population is missing:

\textsuperscript{47} As of Israel itself: “[I]n a number of passages the wonder of the exodus is defined as the event which brings Israel as the people of Yahweh into being.” (McKenzie 1976:150)

The free peasants of ancient Israel stand in the deep shadow of mute sources which give us almost nothing beyond the fact of their existence and original power position. This, to be sure, is quite obvious in the Song of Deborah which praises the victorious struggle of the Israelite peasants under Deborah and Barak … against the Canaanite city league … The life conditions of the peasants, however, are left obscure. (Weber 1952:23)

In “the Deborah war, the peasants on foot and their princes taking to the field on white asses, formed the core of the army fighting against the chariot drawn knights of the city kings.” (ibid.:82) But as Israel entrenches itself in Canaan, urbanisation and adoption of the advanced military technique of the enemy bring about major changes; as Weber puts it (ibid.:27),

once the kernel of the army of the Israelite confederacy in the battle against the Canaanite chariot-fighting city patriciate, the free peasant with the increasing urbanization of the great Israelite sibs and the change-over to the chariot fighting technique was increasingly reduced to a plebeian within his own people.

This socio-economic and military-technical development goes hand in hand with changes on the political-administrative side: the concentration of power in the hands of what, in the end, will be kings not all that different from the Pharaohs, the Canaanite and Mesopotamian potentates whom the Israelites so detested in the time of their egalitarian beginnings. It is true,

In the time of great military success … [the] kingship had enormous prestige. The king received through anointing the ‘spirit’ of Yahwe. As yet he had no sort of permanently effective priestly power competing beside him … and had disposition over priestly positions and sanctuaries almost as freely as some Mesopotamian ‘great kings.’ This tradition considered the king a ‘Messiah,’ the ‘anointed’ (ha-mashiach) of Yahwe. (ibid.:114f)

49 “The Song of Deborah indicates that the ancient Israelite confederacy was, indeed, largely [*in stärkstem Maße*] a peasant organization.” (Weber 1952:24 [[S.a.]b:902])
However, 2 Samuel 7 indicates a clear awareness of how the monarchy deviated from time-honoured practice – in this case with David’s highly symbolic plan to erect a temple as the Lord’s dwelling place instead of His tent. At the same time, 2 Samuel 7 produces the justification for these deviations in the Lord’s words to Nathan. In what became, over time, the monarchist tradition, the “covenant union of Yahweh with the house of David was effectively symbolized by the union of the temple with the palace.” (McKenzie 1976:55) For this new national self-understanding, the *Eidgenossenschaft* was a thing of the past: “When David united the kingdoms of Judah and Israel under a single ruler, he transferred to the throne the covenant relationship of Yahweh with Israel.” (McKenzie 1976:260)50 This notwithstanding, though, as the shift in the balance of power made itself felt, away from the nominally still free peasants and small livestock herders of the rural areas, resentment grew on the side of those who lost out in the process:

The standing army, the royal bodyguards and mercenary troops gained in importance at the expense of the old peasant summons. ... This led to the demilitarization of the peasant strata already mentioned. The results of urbanization compared to those of the old confederacy are somewhat like the hegemony of the ‘*Grossmächtigen Herren von Bern*’ [the almighty masters of Berne] to the original peasant league of the Swiss cantons. In Israel this was essentially sharpened, however, through the additional domination of the corvée kingship. One knew full well that the ancient confederacy and its army had had a different social appearance. The new taxes and kingly corvées occasioned bitter feelings. (Weber 1952:100f)51

The driving force behind the sentiment which informs the last sentence above, in Weber’s analysis, is *resentment*: of the economic and social decline experienced by the peasantry. “The later tradition hallowed Samuel ... as a representative of the ancient right. At the same time it put into his mouth the substantive description of the hated king’s new right.”

50 Cf., in this light, Otto’s remarks (p78, above) on the fundamental difference between the Assyrian and the earlier Israelite understanding of the God-man covenant.

51 In 1 Kings 12, “the principal objection against the monarchy is the institution of forced labor, the very kind of slavery from which Yahweh had liberated the ancestors of Israel in Egypt.” (McKenzie 1976:92)
The story presented there is that *the people of Israel* insist on having a king – a demand which, as Yahweh tells them (1 Sam 10:19), is tantamount to rejecting Him.\(^{52}\) And, if they are to have it their way, their sons will be forced to serve in the king's army of knights, they themselves will be expropriated, and made to pay tithes. (1 Sam 8: 11-19) The prophecy which is put into Samuel's mouth could not be blunter, Weber says: “The free Israelites will be .. ‘servants’ – that is to say subjects instead of members of the confederacy.” (ibid.:113) McKenzie (1976:153) concurs and goes at this point so far as to assume that it must have been a belief of most Israelites [as opposed to Judahites; RB] that the saving act of Yahweh freed them from the secular tyranny of Solomon and his son. Surely some must have likened this event to a new exodus from the house of bondage; for forced labor, which the Israelites called slavery in Egypt, was imposed by Solomon.

Not so surprisingly, then, when Weber describes the utterances of the prophets regarding the monarchy (1952:110f), he speaks of their mostly undesired and extremely sharp criticism.\(^{53}\) … In tradition one yardstick is basic to this criticism: the time-honored 'law' of the ancient Israelite confederacy, as the critics understood it. To them the source of all evil was the transformation of the state … into an Egyptian 'house of bondage' in connection with chariot combat and world politics. … Popular opinion confirmed these attitudes. The Israelite peasant knew that he had once fought for freedom from servitude against the knights.

At this point I want to take a step back from Weber's socio-historical account and return, for one moment, to the question raised above, namely, what the Scriptural backdrop was, for

\(^{52}\) “In several passages the institution of human kingship is called an infringement on the kingship of Yahweh (Judg 8:23; 1 Sam 8:7, 12:12).” (McKenzie 1976:86)

\(^{53}\) “For Amos and Jeremiah the judgement of Yahweh fell with the same totality upon the cult as upon the monarchy and the nation.” (McKenzie 1976:62f)
developments which got under way in the Middle Ages, and which would clear the road eventually taken by the Reformation, Enlightenment, and Humanism. Even if one were to question Weber’s sociological evidence, even taking into consideration that he himself calls the Scriptural account of the early egalitarian days “a subsequently idealized and biased construction of Israel’s confederate past” (ibid.:111) – the fact remains that this is a major strand of biblical lore. Remarkably, Weber does not see this ideal confined to the “hallowing of the ancient social right, above all, of the social debt rights of the Yahwe confederation” (ibid.:112), but expressly makes it the record of a live democratic tradition which the monarchy was not able to eradicate.

Lev 26:13, to give one example, is not just about liberation from the foreign oppressor, Egypt, “that ye should not be their bondmen;” it lies in the very logic of the liberating act that the people should not thereafter fall under yet another kind of oppression: “I have broken the bands of your yoke, and made you go upright.” (ibid.; my italics) As McKenzie points out (1976:247), “the early Israelites rejected kingship, and with it they rejected any kind of public authority whatever. … Nor could there be an aristocracy; no Israelite was better than another, whether because of birth or wealth.” The entire structure was tribal, McKenzie explains, and claims (ibid.:248), somewhat too apodictically it seems, that the “Israelites … alone produced a society in which no man was above another.” Such an egalitarian organisation of social life, however, describes the Bedouin tribal structure of pre-Islamic times as well; according to Weber (1952:11),

the sib head, the sheik, was the one, normally permanent, authority beside … the head of the family … Communities form out of a number of sibs … Thus emerges the ‘tribe’ … It has a permanent leader only when a man … has gained such distinction that by virtue of his charisma he is recognized as a sayid. As hereditary charisma, his prestige can, then, be transferred to the respective sheik of his sib, especially in the case of a wealthy sib. However, the sayid is only primus inter pares. … Like the sheik, however, he lacks all power of coercion.54

54 Cf. Weber’s source, Wellhausen [S.a.]; see also Sigrist (1997). Looking beyond the regional setting, and contradicting McKenzie from a wider perspective, Bellah (2005:70) speaks of the “establishment of the early
An interpretation of the evidence somewhat less extreme than McKenzie’s would be, that Israelite history offers the unique scenario where the written word came into use, and was already preserved as a record, at a time when – considering the mode of production – its society had not reached the point where it could independently have developed writing (which was brought in, first from Mesopotamia, then from Phoenicia). 55 Where writing is *invented*, the organisation of agriculture and trade, and the emergence of larger settlements, have already gone hand in hand with a stratification of society into classes, i.e., into oppressors and the oppressed. 56 Early Israel had not reached this stage, socio-economically, or was still in a period of transition, but had gained access to writing, nonetheless. This unique combination made for an opportunity not realised elsewhere: the keeping of records of earlier, egalitarian, quasi-democratic structures, those of an *Eidgenossenschaft* which, by itself, could not have developed writing, thus could not have recorded its own history. 57

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55 “The Old Hebrew and Aramaic scripts evolved from the Phoenician *Mutterschrift*. … [A] consensus has developed that the Old Hebrew script became an independent national script during the ninth century B.C.E.” (Rollston 2006:59)

56 According to Lévi-Strauss (2011:299), the “only phenomenon with which writing has always been concomitant is the creation of cities and empires, that is the integration of large numbers of individuals into a political system, and their grading into castes or classes. Such, at any rate, is the typical pattern of development to be observed from Egypt to China, at the time when writing first emerged: it seems to have favoured the exploitation of human beings rather than their enlightenment. … My hypothesis, if correct, would oblige us to recognize the fact that the primary function of written communication is to facilitate slavery.” On a similar note, Mithen (2017:12) points out that it took half a millennium of usage in keeping records of “crops, yields and taxes,” for the first poetry and stories to appear on Mesopotamian clay tablets.

57 The fact of a preserved record from one place, it has to be said against McKenzie, is not proof of that recorded fact’s existence *there but nowhere else*. However, another side of writing-as-record-keeping comes into play here; as Hountondji (1996:103f) emphasises, “[o]ral tradition is dominated by the fear of forgetting, of *lapses of memory*, since memory is here left to its own resources, bereft of external or material support.” Not only is forgetting inevitable without record keeping (as simple forgetting, or as the continuous process of re-writing the past from the perspective of the present); also, “[i]n these conditions the mind is too preoccupied with preserving knowledge to find freedom to criticize it. … By guaranteeing a permanent record, archives make actual memory superfluous and give full rein to the boldness of the mind.” Hountondji’s focus is not on the prophets of Israel, but it is difficult to avoid thinking of their intellectual radicalism and how it was
In the case of Israel, this recorded memory of democratic traditions has come down to us, in spite of scribal efforts to elide, re-write or water down by entering contextual changes into earlier documents; and what could not be erased from Scripture, could not be suppressed consistently in the political controversies of the time, either, as Weber says:

According to the occasional observation of Amos (2:11f) it appears that the royal bureaucracy deliberately fought the troublesome democratic crusaders, the Nazarites and free Nibiim.\(^{58}\) According to analogies from other places this interpretation is highly probable, the more so when it is realized that in times of strong administration prophecy is silent. However, in times of decreasing power and external threat, the old democratic memories soon came to life. (1952:112)

In such times, the opportunity was seized to judge the present from the perspective of an idealised past, and not only as regards the peasants’ own disfranchisement, but also as regards their leadership now, and in an imagined future:

The legitimate, hereditarily-charismatic ‘prince’ of old was viewed as a kind of man who rode an ass. Therefore, the messianic prince of the future should come once again on this riding animal of pre-Solomon times.\(^{59}\) A ‘King,’ on the other hand, is viewed as a man who has war horses and chariots in the manner of the Pharaoh. From his castles, he holds sway over the city and the dependent region by means of ... his bodyguard ... The king imposes forced labor, and increases, therewith, the proceeds of his own land holdings. ... The old Israelite tradition saw ‘tyranny’ in such personal military rule of an individual. (Weber 1952:18f)

made possible by their having access to a recorded history (however much the result of creative imagination) against whose backdrop to denounce the present.

\(^{58}\) Of both, the Nazirites, “[o]riginally ... ascetically trained warrior ecstatics,” as of the nebiim as prophetic ecstatics, Weber (1952:94f) says that they played a prominent role in “the National wars, actually religious wars, above all, in the wars of liberation against the uncircumcised Philistines. Ecstatic prophecy ... appeared in all genuine wars of liberation – of which the first was the Deborah war.” (ibid.:97)

\(^{59}\) “All Israelite heroes of the so-called time of the Judges are members of rural sibs, who ride asses, the riding animal of the mountain, not horses. ... David’s army commander, Joab, still does not know what to do with the booty horses and has their fetlocks paralysed.” (Weber 1952:54f)
Juxtaposed to this stands the “hallowing of the brotherliness ["der brüderlichen Gleichheit"] and plain manner of the confederates during the desert period.” (ibid.:114 [[S.a.]b:977]) Undeniably, however, this view must battle to remain heard, and in practical-political terms, the ruling oligarchy manages to hold its ground. After no less than before the Babylonian exile, oligarchy and monarchy are maligned, as is the entire upper class,

the ‘great men,’ against whom pre-Exile prophets had turned. The psalmists raised frightful wails against the rich and cried out for revenge. The rich were characteristically called the ‘fat people,’ quite corresponding to the popolo grasso of medieval Italian terminology. (ibid.:31)

But in spite of all the rhetoric, the split into oppressors and oppressed remains, and the Eidgenossenschaft does not once again become a socio-political reality. McKenzie, whose obvious intention it is (cf. 1976:256) to create a better awareness of “the ‘anti-monarchic strain’ … found in 1 Samuel 8 and 1 Samuel 10:17-27 … [as in] the law of the king in Deuteronomy 17:14-20,” must nevertheless acknowledge (ibid.:257) that “it is the pro-monarchic strain which dominates most of the Old Testament view of the monarchy.” The pro-monarchic strain as theology, he says very clearly (ibid.:266), represents an

effort to incorporate into Yahwism that political structure which in its origins Yahwism rejected. As a theory it was successful; as a program it meant nothing. The kings at whose festivals .. psalms [in their praise; RB] were sung were effectively Canaanite kings.

The “ultimate response to the monarchic theology of Jerusalem,” McKenzie claims (ibid.), “is found in the prophets Micah, Isaiah, Jeremiah, and Ezekiel, and to the monarchy of Samaria in the prophets Amos and Hosea.” But no matter how harsh the critique of the prophets, one may never forget Weber’s qualification that their motivation to speak out is: to make known to the people the word of the Lord. They may even risk their lives when they call to account the high and mighty, but they are not

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60 Cf. Jer 26:20-23.
champions of democratic social ideals. But the political situation, the existence of strong socio-political opposition to the corvée exacting kingship … provided the sounding board for their primarily religiously determined message and also influenced the content of their conceptual universe. This however was mediated by those strata of intellectuals who were devoted to the old traditions of pre-Solomon times. (Weber 1952:278)

The prophetic message is thus always spiritual: mend your ways, put your faith in the Lord, return to and keep His laws; beyond this, the prophets remain children of their time in that they see the people in need of worldly leaders who in their turn also are – or, as their critique goes, should be but are not – under the Lord and His law. Still, “no prophet,” says Weber (ibid.:278), “pronounced any sort of religious ‘natural law,’ even less a right to revolution or self-help of the masses suppressed by the mighty.” This notwithstanding, the ideal of the “brotherliness and plain manner of the confederates” stays alive; it inspires one Old Testament tradition of thinking and is there in ever so many wordings to be taken note of, by him “that hath ears to hear” (Mk 4:9). It is a tradition which believers can and do come back to throughout the ages, within the frame of orthodoxy (e.g., St Francis of Assisi) as outside of it (e.g., the Waldensians; cf also p135fn13, below, on the Priscillianists) – sociologically speaking, though, only from the onset of modernity with a pervasive and heretofore unimaginable impact on the entire fabric of society. As Martin puts it (2005:143),

[j]ust as the themes of sacred monarchy and divine legitimation are selected from the original repertoire for magnification in the more … hierarchical kinds of society, so the themes of individuality, voluntarism, pluralism, lay participation and inward ‘faith’ are selected as appropriate accelerators of incipient social differentiation.”

The spiritual tools have thus always been there just waiting to be made use of, in political no less than in religious contexts; in post-mediaeval Europe, they helped to ease the way, first towards a growing appreciation, then to the factual implementation of those more egalitarian forms of life which have characterised the modern NAW ever since the French Revolution, on the political plane.
Coming back again, finally, to the list of Yahweh’s attributes given above (p.79), the one not discussed so far is that He is a war god. “In his wrath, God devours the enemies [of the Israelites; RB] with fire or he lets them be devoured by the earth. … With the prophets, still, the frightfulness of his wrath and his warlike might is the preeminent trait.” (Weber 1952:127f) Understandably, He retains this trait because after all, such is the world of the Israelites and of their prophets, thus also His own: He “lived, ruled, spoke, acted in a pitiless world of war.” (ibid.:312) Of interest in the longer run, though, is not so much the material content of His actions – warfare – but the fact of His acting as such:

Yahwe had been the god of a political association, namely, the old confederacy and retained this role … This made him preserve one indelible characteristic throughout the [later; RB] adopted cosmic and historical universalism, namely, he was a god of action, not of eternal order. (ibid.:311)

Cosmic and historical universalism did become defining features of the Lord Yahweh in due course; but initially prominent were His jealousy of other gods (as of human hubris), His unbridled ire at transgressions of His law, and His violent temper befitting a god of war and also “a god of frightful natural catastrophies, not of the eternal order of nature.” (Weber 1952:129) In the early days, His essence was “an acute demonic-superhuman power of varying, most frequently frightful, character.” (ibid.:128) His gift of life-giving rain, on the other hand and from early on, added to this image “traits of a benign god of nature and the heavens” (ibid.:129), thereby paving the way towards the “sublimation and rationalization of the image of god into that of a wise governor of the universe.” (ibid.) Did Yahweh thus become a god of an eternal order, after all? With regard to nature, as understood in a modern context, this will be discussed in more detail, later. But one thing is undeniable: in

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61 Wendel underscores that “the nature of Yahweh in these first and early days is eruptive, formidable and unique, not, however, constant and even … as would befit a god of agriculture. Therefore history is His realm, not tilled nature.” (1934:79; my transl.) The god’s indifference towards agriculture rests on sound socio-economic grounds: “Cultivation of land and farm labour, thus in particular sowing and harvesting, were but little known to Israel, in its own former doing. … The story of Qain and Abel hints at Yahweh being properly related only to pastoral life.” (1934:89; my transl.)

62 In Christian Europe, as has been mentioned before (cf. pp57ff, above), the laws of nature gradually become an eternal order in their own right; in a transitional stage of the entire secularisation process, God is
the *socio-political realm*, ever since King David calls himself (or is called) “his anointed” (2 Sam 22:51), His contribution towards the sanctification of a worldly order of oppression and exploitation cannot be denied – the Eternal lets His resplendence be borrowed by the political powers-that-be, to declare *themselves* ‘eternal.’ But in spite of this, so long as there is genuine faith in the Lord, so long there is also a belief in His saving acts on behalf of the downtrodden: the self-portrayal of oppressive social orders as eternal, however much this is tried from on high, is never allowed to stand uncontested. Jumping ahead in history for a moment, one may say with Debray (2004:254f) that the notion of *action towards a (socio-political) goal*, in the end – when the death of God has been declared – even survives the original actor Himself:

The salvation *in* history of the Christian is not the salvation *through* history of the militant, but our late religions of temporal salvation were the tails of the comet of our mother-religion. What will our revolutionary militancy turn out to have been, when the verdict is in, if not Judaeo-Christian hope less *contemptus mundi*? … The socialist and the Christian each had a *destiny* to accomplish, in opposition to the *fate* which is the lot of every Eternal Return.63

Debray makes a valid point, but fails to mention a vital dimension, that of humility versus hubris: the faithful Israelite will put his hope, first and foremost, in God’s saving acts, not in his own actions (obvious, e.g., in Gideon’s reduction of the number of his warriors at Yahweh’s order, “lest Israel vaunt themselves against me, saying, Mine own hand hath

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63 Cf. Buber (1932:61; my transl.): “This modern socialism is a diminishment, narrowing, finitisisation of the messianic ideal, even if carried and nurtured by the same force, the idea of a future.” In the same vein, Paz (1990:127) states that “[m]odern thought secularized Christian time and from among the temporal triad – past, present, future – it crowned the latter the ruling power of our lives and of history. The future has reigned the West since the eighteenth century.”
saved me.” (Judg 7:2; cf. Deut 8:17f)) Without doubt, the threat of man putting trust in himself is there right from the beginning, ever since he has been created in God’s own image (Gen 1:26-27) and has eaten from the tree of knowledge – and the Lord Himself acknowledges as much: “Behold, the man is become as one of us, to know good and evil.” (Gen 3:22) But so long as self-confidence has not taken the place of humility before the Lord, Judaeo-Christian hope less contemptus mundi on its own (the latter, incidentally, not a feature of Israel’s worldview) does not suffice for man to dare and re-make the world, all by himself.

Moving on from the attributes of the Lord and their evolution over time, however, it was not only He who changed, e.g., from war god to benevolent ruler of the universe; so did His people and its self-perception, as Weber (1952:241 [[S.a.]:1081]) says, in the context of a novel understanding of ethics: “The sources show that in Ancient Israel originally as elsewhere the mores were the ultimate yardsticks of ‘ethics’” [“die Sitte der letzte Maßstab des Sittlichen”]. With the passage of time, though, the maxim of ‘do as has always been done,’ became gradually (if only partially) eroded; the teaching of the prophets “eliminated the predominance of ritual in favor of ethics.” (ibid.):255) The discrepancy named here between the ritual and the ethical, overlaps with that between doing what is right according to customary rules, and doing what is right according to the doer’s conviction – hence Weber’s term Gesinnungsethik, i.e., an ethics of conviction.

Both ritual and custom may be followed mechanically as it were, adhering to the letter of what is prescribed without genuinely meaning it. For this distinction to be made explicit, however, it must first have become an option to feel the possibility of such a discrepancy: up until then, proper performance of the ritual and adherence to custom are the ultimate yardstick in evaluating the ethicality of any given behaviour. Moving on from there, the

64 Wendel (1934:384; my transl.) speaks of the “primordial will of man for emancipation.”

65 Weber (ibid.:247 [[S.a.]:1086]) speaks of an “ethically absolutist relation [“der gesinnungsethischen Beziehung”] to the God through humility, obedience, trusting devotion.” This character of the relation to God notwithstanding, Buber (1932:50; my transl.) maintains that in daily life, evidence of the genuineness of Israel’s faith lies in what is done: “[F]rom time immemorial, not faith but the deed stood at the centre of Jewish religiosity. … In all the books of the [Jewish; RB] Bible fairly little is said about faith, and all the more about action.”
prophets clearly did reach the point where they distinguished (ritual/customary) *correctness* from moral *integrity*; once this distinction had been made, it became difficult to define “ritual holiness” in such a way “that moral integrity was not required for the cultic encounter.” (McKenzie 1976:59) As McKenzie says, the resulting “conclusion from the prophetic criticism is that cult did not have a sacramental *ex opere operato* validity as a means of approaching Yahweh.” (ibid.:63)66 Nor would there be an exclusive channel of communication any longer, between cultic leaders appointed to that role, and the Lord: tying in with the idea of a more personalised ethics, Joel (2:28-29) lets the Lord say: “I will pour out my spirit upon all flesh; and your sons and your daughters shall prophesy … And also upon the servants and upon the handmaids in those days will I pour out my spirit” – inviting McKenzie’s question (1976:294): “In such a charismatic society, where is there room for the charismatic leader?”

Yet another core ethical issue where a major shift takes place over time, related to that of an ethics of conviction, falls under the heading of the joint liability of all for the sins of any member of the tribe. There will be a future, Jeremiah (31:29-31) prophesies, when the Israelites

shall say no more, The fathers have eaten a sour grape, and the children’s teeth are set on edge. But every one shall die for his own iniquity: every man that eateth the sour grape, his teeth shall be set on edge. Behold, the days come, saith the LORD, that I will make a new covenant.

This stands in obvious contradistinction to received wisdom which, as Weber observes, takes it for granted that upon the transgressions of fellow tribesmen and especially the leaders, punishment must ensue “not only personally for the rulers, but the people as a whole which out of the *berith* solidarity is jointly responsible for the sins of the kings and the great.” (1952:303) Jeremiah is not the only one who doubts the ethical soundness of a law that lets the just suffer together with the unjust, for their sins; alongside him, and “[l]ike the school of the Deuteronomists before him, Ezekiel, too, resolutely made a clean break with

66 Cf. Wendel (1934:117; my transl.): “Time and again it was the task of the prophets to transfer the place of sanctification from the world of things into the heart of man.”
the old idea of joint liability” (ibid.:367), indicating a shift in Israel’s ethical sentiment and understanding. Extended family and tribe as frames of reference are transcended in these moves towards a more personalised ethics of the individual, breaking them up – so far as ethical responsibility is concerned – into their constituent members.

In the opposite direction as well, towards the wider horizon of mankind, the tribe is no longer the one and ultimate frame of reference, although “nothing in early Israel suggests that [its] tribalism could be the seed of a view of humanity as one great kinship group.” (McKenzie 1976:253) This is not to say that an earlier tribalistic narrowness of perspective just melts away. On the contrary, this view remains very much alive, even after the Babylonian exile, as McKenzie attests (1976:296): in Third Isaiah and Zechariah, the “national hope, .. if it follows its own inner logic, is essentially ethnic.” To this thinking, the experience of the destruction of the temple and the total collapse of the monarchy – and with them, of the entire nation – is not sufficient reason to submit the narrowly exclusivist concept of who and what the people and nation of Israel are, to a no-holds-barred evaluation: it sees the post-exilic future of Israel as a re-enactment of its past, unfazed by what Jeremiah and Second Isaiah have to say about customarily organised Israelite worship and politics, and the inner reasons that led to their eventual breakdown. The view of the unreformed nationalists does not, on the other hand, stand uncontested; alongside it grows the idea of the incorporation of the nations outside Israel into God’s plan: beginning with Nebuchadnezzar as His tool against Judah (Jer 37 & ff), progressing through Cyrus as His anointed (Isa 45:1), and ending with a theology for which even the submission of the nations under His law becomes thinkable:

And many people shall go and say, Come ye, and let us go up to the mountain of the LORD, to the house of the God of Jacob; and he will teach us of his ways, and we will walk in his paths; for out of Zion shall go forth the law, and the word of the LORD from Jerusalem. (Isa 2:3)

67 McKenzie (1976:243): “Ezekiel insists that each individual case is solved exclusively on the merits of the individual.”
Equally radically in Second Isaiah, the Lord’s “Servant is to do for the world what Moses did for Israel” (McKenzie 1976:309); he is supposed to be “a light for the Gentiles; To open the blind eyes, to bring out the prisoners from the prison, [and] them that sit in darkness out of the prison house.” (Isa 42:6-7)

We can see, thus, cosmic and historical universalism develop on the side of Yahweh Himself; complemented by a levelling of the respective positions of Israel and all other nations in their relation to the Lord, in Israel’s (self-)assessment – the law of the universal Lord is in Second Isaiah on the way towards becoming universally accessible. As Israel’s distinguishing features remain, its long history of covenants with Him, and its task of making available covenant and light to other peoples: “In those days [it shall come to pass], that ten men shall take hold out of all languages of the nations, even shall take hold of the skirt of him that is a Jew, saying, We will go with you: for we have heard [that] God [is] with you.” (Zech 8:23) The project is far from being accomplished within the Old Testament, but the prospect is there: eventually, “the LORD shall be known to Egypt, and the Egyptians shall know the LORD in that day” (Isa 19:21), challenging the soundness of a tribalist-nationalist ethics of exclusion. Unquestionably, in summary, the ethics of Yahweh Himself, as well as of His people, underwent substantial changes over time, already within the Old Testament (to be complemented by further developments in the New). In this light, it would appear almost naïve to try and find guidance, in subSaharan Africa today, by going back to the Scriptures with Blyden’s idea in mind of a “Bible without note or comment.” (cf. p10, above)
2.2.1.1 *Excursus on Magic*

Only as an aside should I like to highlight, at this juncture, the link between the refutation of an *ex opere operato* validity of rituals, and the *devaluation* – not just the rejection as illicit albeit working – of magical practices. This aspect of Weber’s portrayal of ancient Israelite thought is the last to be mentioned here, at least in brief. Weber (2003:221f, n19) posits that

> [t]he peculiar position of the old Hebrew ethic, as compared with the closely related ethics of Egypt and Babylon, and its development after the time of the prophets, rested … entirely on this fundamental fact, the rejection of sacramental magic as a road to salvation.\(^{68}\)

Magic comes in different forms, Weber explains (1958:336) when speaking of magic in Asia, “either in the gross form of compulsive magic or in the refined form of persuading a functional god or demon through gifts.” The similarities are glaringly obvious, between the gifts here mentioned, and offerings to Yahweh, between forcing Asian gods by way of magic, and attempts at forcing the Lord.\(^{69}\) The criticism of such practices, however, is explicit and sharp. As for offerings, those made by supplicants “treading .. upon the poor” and “afflict[ing] the just” (Amos 5:11-12) are utterly rejected by the prophet who lets the Lord say: “Though ye offer me burnt offerings and your meat offerings, I will not accept [them]. … Take thou away from me the noise of thy songs; for I will not hear the melody of

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\(^{68}\) Cf. his characterisation of Israelite ethics as “a highly rational religious ethic of social conduct; it was free of magic and all forms of irrational quest for salvation; it was inwardly worlds apart from the paths of salvation offered by Asiatic religions.” [“weltenfern stehend allen Heilsweyen der asiatischen Erlössungsreligionen”] (Weber 1952:4 [[S.a.]:884]); cf. Deut 18:10-12.

\(^{69}\) Halliday (1925:231ff) emphasises the absence of humility on the side of the magician: religion, he says, approaches God “with a humble spirit and a contrite heart. … [R]itual forms … are not held to be *per se* effective … The magician is less humbly minded. For him the ceremonial has itself an efficacy … Exact knowledge of course, is necessary, and blunders indeed are highly dangerous … From the belief in the efficacy inherent in magical rites and formulae in themselves, it follows that the magician, who is master of them, is master also of the power which is attached to them. … In magic the … purpose is not to realise the will of God but the will of the magician.”
thy viols." (Amos 5:22-23) In sharp contrast stands His command, “But let justice roll on like a river, righteousness like a never-failing stream!” (Amos 5:24(NIV)) – clear evidence that Amos sees the Lord Almighty as neither bribable by presents, nor as letting His hand be forced by a ritual’s correct performance: that His’ is not an *ex opere operato* logic.70 Likewise Jeremiah’s Yahweh: “To what purpose cometh there to me incense from Sheba, and the sweet cane from a far country? your burnt offerings [are] not acceptable, nor your sacrifices sweet unto me.” (6:20; cf. 7:21-23)71 This is not to say that Weber does not identify “tendencies to develop magical coercion of God even among Yahwists at all times ... [as in] the ubiquitously diffused belief in the magical power of God's name, and were one to call him by it correctly he would obey.” (1952:221) But, he continues,

> [l]ater the attempt to compel the majestic god by means of calling his name was considered a grave offense which he was bound to avenge. ... The prohibition of the Decalogue against taking his name in vain goes back to unknown times and refers undoubtedly to the attempt magically to compel God. (ibid.:221f)

In the end, magic does remain a part of Israel’s *culture*, as evidenced by the continued need for its harsh reprobation in, e.g., 2 Kgs 17:17f & 21:6; Ezek 13:18-20; Mal 3:5, as of divination, often in the same breath (cf. 2 Kgs 17:17; Jer 27:9).72 However, magic is

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70 Wendel (1934:112; my transl.) quotes von Rad’s statement “that ‘a sanctity naturally-inherent in the crop as a firstfruit is rejected’ and the meaning of the offering is now anchored ‘in the heart of the pious’.”

71 Cf. Hos 6:6; Isa 1:13f; Jer 7:22f. Wendel (1934:104f; my transl.) therefore concludes that prophecy “goes way beyond the Law, and ultimately aims at confining the relevance of the entire official cult, as a concretisation alien to Yahweh, as a compromise with the mentality of the people or else with the readiness to adjust to foreign customs.” Buber (1932:42; my transl., my italics) concurs: “To be sure, the prophets spoke of the inanity of all ceremonies, but not to make religious life easier, but to aggravate it, to make it true and whole, to proclaim the sanctity of the *deed*,” cf. also Shorter’s remark (1972:41) that “[t]ime and again, through the prophets, the attention of the Israelites was diverted away from temple worship and ceremonial prescriptions towards the task of building a truly human community.”

72 Magic as a means to an end must remain a part of *any* culture so long as a natural order of things has not been identified (cf. Durkheim, pp57f, fn6, above), i.e., so long as it is not possible to distinguish which of man’s wishes can, and which cannot be satisfied by natural means. Understood thus, magic represents the man-made equivalent of miracles enacted from above, with neither of the two constituting a rupture in an (as yet not registered) natural order. Cf. Mic 5:10ff, where the Lord names horses, chariots, strongholds,
pushed to the margins of Israelite religion as a result, Weber says (1952:219), of “the systematic opposition of the Torah teachers.” Though there were all sorts of magicians in Israel, leading Yahwistic circles, particularly the Levites, were not magicians, but men of knowledge.” It is the task of the Levites to impart this knowledge to the children of Israel as the sons and daughters of the covenant, that is, to all of them; so by implication it is not, cannot be, an esoteric knowledge based on occult science as is the case with magic, with its secret spells, formulae, ingredients of concoctions, special times and places; “nor [is it] merely ritualistic knowledge, but, indeed, publicly taught ethics and charity.” (ibid.:220) In his way of contrasting magic and knowledge, Weber defines the latter as that which is, or at least can be, publicly, openly known: specifically, the knowledge of God’s law. The readiness to submit to this law, to God’s will, and to share with every Israelite all knowledge regarding it, befits the believer; those craving for magic powers want to keep their secrets to themselves, to use them to force His hand towards their own ends.

73 Cf. Deut. 18:10-12: “There shall not be found among you [any one] … that uses divination, … or an enchanter, or a witch, Or a charmer, or a consulter with familiar spirits, or a wizard, or a necromancer. For all that do these things [are] an abomination unto the LORD;” cf. Lev 19:31 & 20:6 & 27; 2 Chron 33:6, and Leeuwen (1964:51).

74 Systematic opposition to magic, obviously, is only needed where it is a force to be reckoned with. Thus McKenzie (1976:64) seems to oversimplify matters when he asserts: “Mesopotamian religion cannot always be distinguished from magic, which is really anti-religion; Israelite religion was liberated from this type of superstition. What the Mesopotamians expected from the rituals of divination and incantation the Israelites expected from Yahweh or did not expect at all.” There are good reasons to contest this straightforward opposition of magic and religion, also, to question if the Israelites were always as clear about keeping their distance from sacramental magic as is claimed here. Why else the diatribes of the prophets?
2.2.2 Conclusion: Israelite religion and the development of secular modernity

After this forced march through Weber’s and McKenzie’s account of ancient Israel’s socio-political development, and its corresponding rich world of ethical, political and theological thought, I am in a position to return to the question posed above: what were Scriptural characteristics facilitating the developments described by Taylor, paving the way towards secular modernity? The answer arising from the above narrative is that in several of its strands, the Old Testament sets the scene for these developments, such as in its

- *Diesseitsorientierung* (“the idea was quite remote that withdrawal from the world be prerequisite to religious salvation” (Weber 1952:401) – a worldview with obvious implications for all developments towards secularity;
- growing emphasis on an ethics of conviction, at the expense of the role and importance of ritual and custom: denegation of an *ex opere operato* dimension of ritual,\(^\text{75}\) as of a blind adherence to tradition – the (new) ethics of conviction promoting an internalisation of values (in this, the development of theological reasoning in Judaism parallels that towards the Reformation within Catholicism);
- rejection of magic and the endorsement of the role of knowledge as defined above – with ‘democratic’ implications in the rejection of knowledge as a secret of the few, i.e., on principle, its accessibility to all; with later implications as regards a rational-instrumental approach towards problem solving, on the basis of natural laws *and* the believers’ readiness to submit: not anymore to God’s will, at some stage, but to the laws which govern His creation, or later still, to the laws of Nature or simply nature.\(^\text{76}\)
- emphasis on God’s faithfulness and benevolent action as well as on the directional historicity of the social and political order (God’s acts make history, geared towards

\(^\text{75}\) “If the technique is effective of itself in overcoming a hostile force, then the action is magical.” (Kee 1986:4)\n\(^\text{76}\) Thus Bacon’s “No force avails to break the chain of natural causation. Nature cannot be conquered but by obeying her.” (Bacon, F. 11653. *Thoughts and Conclusions on the Interpretation of Nature* [Cogitata et Visa], quoted in Farrington 1964:93) Meyer-Abich (1992/93:17; my transl.) identifies as “[t]he original contribution of science towards the intellectual development of mankind .. the recognition of what is not within our power … Science is originally about that which cannot be willed” – the obvious template for this relationship between human will and the (natural) law above it, being that between the will or wishes of the faithful Israelite, and the will of his God.
humanity’s salvation; what as a result will be is not what always has been, justifying an optimistic focus on the future\textsuperscript{77}) – preparing the ground for what Taylor calls an exclusive humanism which can kick in once man’s confidence in his own ability to act has grown strong enough.\textsuperscript{78}

The biblical narrative as presented here takes off from the egalitarian beginnings of the *Eidgenossenschaft* as a proto-democratic polity, first in probable historical fact, later, most importantly, as a precious, kept-alive (quasi-)memory in the peasantry’s fight against disfranchisement. The battle against the monarchy is lost in historical reality, but defeat never conceded at the level of right or wrong, with enduring resistance cast in the language of Israelite theology, in which form it has come down to us. As a result, the Scriptures contain an abundance of material which just waited to be taken up, to inspire the struggles of the pre-modern era, theological as well as practical-political, which eventually bring about the modern world: starting with developments within mediaeval Catholicism, as Taylor shows, followed by the Reformation and by a host of subsequent intellectual and political movements. Why all of this happens only within the Latin brand of Christendom still remains an unanswered question; but how the ground is prepared in the Old Testament,

\textsuperscript{77} As Freeman emphasises (2009:317), “[t]he classical historians did not assume that history was moving in any particular direction but rather that it was the interplay of different forces.” This contrasts, as Dawson states (1938:156), with the “Jewish affirmation of the significance and value of history [which] found a yet wider development in Christianity … The irreconcilability of Christianity with the dominant theory of cosmic cycles is obvious, and was stated uncompromisingly by the early Fathers.”

\textsuperscript{78} As this happens, a different humankind actually comes into being, one which will allow secularisation to take hold. Taylor insists that modern NAW citizens with their attendant modern selves represent something genuinely novel which has been created out of the human ‘material’ provided by evolution and preceding history, making them different from what it meant to be human before, e.g., in the European Middle Ages – but also, I should like to add, different from the humankind(s) living beyond the borders of the NAW. Terms used when characterising the modern self, on the side of academic psychology, are, e.g., inner locus of control, or self-efficacy (cf. Bandura 1977); on the side of poetry, antedating psychological concept formation, a line from a WE Henley poem of 1875 comes to mind, “I am the master of my fate:/I am the captain of my soul.” The poem’s appeal to the modern imagination is reflected in its being quoted in a host of movies, as well as by many public figures, Franklin D. Roosevelt, Aung San Suu Kyi and Nelson Mandela among them. Hoekendijk (1967:47 & passim) finds the modern self symbolised in Goethe’s and Shelley’s *Prometheus*, its impending demise (possibly seen as rather more imminent than is warranted by sociological fact) in Camus’ *Sisyphus*. 
how the scene is set for minds to open up in the multi-layered process which eventually brings about secular modernity, Weber succeeds to show with admirable intellectual acuity. Specifically, he points towards the crucial role in the development, first of Christianity, in the longer run of the Christian occident as the parent structure of the NAW, of St Paul and his position vis-à-vis the Jewish canon; Weber stresses (1952:4) that it was one of the most significant intellectual achievements of the Pauline mission .. that it preserved and transferred this sacred book of the Jews to Christianity as one of its own sacred books. Yet in so doing it eliminated all those aspects of the ethic enjoined by the Old Testament which ritually characterize the special position of Jewry as a pariah people. These aspects were not binding upon Christianity because they had been suspended by the Christian redeemer.

Inasmuch as the contributors to the New Testament take up the topoï which I have listed above – and which, I want to repeat, do not represent the Old Testament, indeed just are significant strands of reasoning within it – they liberate them from their previously ethnic-tribalistic Israelite confinement and thus make available, beyond Judaism, the Scriptural

79 That the practical-technical achievements of modernity are also rooted in genuinely Christian soil escapes notice so long as the era of inventive modernity is seen as following after, or replacing, a preceding, truly Christian but static era of the Middle Ages. As Le Goff (2005) shows, however, this view does not do justice to the actual course of events. From the introduction of church bells in the seventh century which have divided time into regular intervals ever since (cf. ibid.:25), to mechanical clocks in the thirteenth (cf. ibid.:152); from the “plough equipped with an asymmetrical ploughshare and … the shoulder harness, which increases a draft animal’s capacity so dramatically” (ibid.:50), to the switch from bi- to triennial crop rotation in the eleventh and twelfth; from the development of towns and universities, the construction of bridges and waterways in the thirteenth, to the increase of the capacity of sea-going ships, “the diffusion of the stern-post rudder, the lateen sail, the compass, and cartography” (ibid.:113); from paper mills, spectacles and textbooks on agricultural knowledge in the thirteenth (cf. ibid.:206), to printing in the fifteenth; not to forget “the invention of purgatory in the late twelfth century [which] made it possible … to appropriate some of God’s power over the dead, by instituting a system for delivering souls from purgatory by means of the intercessory prayers that human beings offered up to God” (ibid.:152): the Middle Ages abound with innovations which prepare the ground for early modernity. As Principe says (2009:105), “the impressive developments of the period called the Scientific Revolution depended in large part on positive contributions and foundations dating from the High Middle Ages;” cf. Kaiser (1997:117) on the “great technological progress” of the thirteenth and fourteenth century.
precursors of that motley bunch of processes which together make up Taylor’s topic: the trend towards secularisation. Just as of the Old, so of the New Testament, there are the more customary, ‘monarchist’ readings: undeniably, at the latest since Constantine, that line of thought has been prominent which portrays Jesus in the tradition of the Davidic monarchy and offers obvious argumentative opportunities for the justification or defence of feudal or monarchist authority structures. However, there is an abundance of references to the *Eidgenossenschaft* as well, waiting to be put to argumentative use, and it becomes a matter of standpoints, thus of theological or political *interests* preceding the argument, which of them will be taken up. McKenzie candidly admits (1976:256) that remarks as critical as his own about “the theme of messianic kingship have not been made by very many Old Testament interpreters.” He, however, *does* make them, and based on them calls into question (ibid.:255) the conviction of many of Jesus’ contemporaries and many early Christians [who] thought of him as the Davidic Messiah. It is significant that Jesus himself never certainly claimed this title. In the one passage in which he is said to accept the title of king (Jn 18:33-37), Jesus defines his kingship in a purely religious and nonpolitical sense; the claim is made in a context in which Jesus is reduced to utter helplessness.\(^{80}\)

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\(^{80}\) Thus, while Egan’s point (2009:9) is valid that “[t]hroughout Christian history, .. [only] religious minorities did indeed promote more egalitarian – what we might today call democratic – values and practices,” this should not be made out to be the necessary outcome of taking to heart the *Scriptures*, as he does (ibid.): “The political motif in the Bible is one of kingship. God is king; Jesus is Lord. … Every Christological title given to Jesus … has non-democratic connotations.” By portraying the situation thus, Egan has involuntarily, and going against the gist of his article, bought into the ideology of Church officialdom which equates its own message with the message of Scripture itself, ignoring Scriptural diversity and inner contradictoriness, which forces us to choose where we want to stand with our interpretation. This is the task Troeltsch (1966a:94; my transl.) leaves us with when, in following Harnack, he speaks of the “historically effective church or the new Christ-religion” which has grown, *inter alia*, out of Scripture, as a “[c]omplexio oppositorum. In it we find the oldest, old and new, rejection and recognition of the state, contempt of science and self-identification with it, opposition to culture and affirmation of culture, the most cerebral idealism and the most massive sacramentalism, radical individualism and most highly organised communitarianism, ethical rigor and an ethics-transcending awareness of grace, mysticism and enlightenment, authority and freedom, confraternity in faith and institute of salvation, equality and inequality, revolution and most conservative preservation, future redemption and salvation already fulfilled, new love and new hate, belief in God and the Devil,
For the Old in conjunction with the New Testament and the subsequent teaching of the Church, the point can be made with regard to any of the above issues that, over the extended time-span of altogether three millennia since Yahweh and Israel entered into their first covenant, no particular position, no specific facet of McKenzie’s “God-talk” (ibid.: passim) has not at some time been more or less side-lined by opposing views, only to sideline them in their turn, in the discourse among ‘professionals’ – prophets, priests, theologians – and also among ordinary believers. To give two examples:

- Starting from a prominent role early on, sacramental magic as a means of forcing God’s hand reaches an absolute low in some of the utterances of the prophets on His behalf (Jer 6:20: “your burnt offerings [are] not acceptable, nor your sacrifices sweet unto me”); as Weber puts it, sacramental magic makes a conditional come back – notwithstanding qualifications made – in the Magisterium’s *ex opere operato* construct; and is rejected in varying severity among Protestant denominations: “The rationalization of the world, the elimination of magic as a means to salvation, the Catholics had not carried nearly so far as the Puritans (and before them the Jews) had done. [“Die Entzauberung der Welt … war in der katholischen Frömmigkeit nicht zu den Konsequenzen durchgeführt wie in der puritanischen (und vor ihr nur in der jüdischen) Religiosität.”81] To the Catholic the absolution of his Church was a sublimest spiritual freedom and most variegated superstition, pessimism and optimism, scepticism and certitude.” I note as an aside that in this maze of dichotomies, self-declared African Christian Churches and Theologies must consciously position themselves no less than Egan should, as regards egalitarian versus autocratic biblical traditions. This is also true of the relationship, examined from biblical perspectives, between African tradition and NAW modernity, when questions of profound theological import come up (e.g., about pious submission to God’s will versus outright hubris, or else attempts to influence Him by magic; or about an ethics of conviction versus adherence to time-honoured custom and consuetudinary ritual). When grappling with such opposites, I believe that hope is placed in vain into avoiding interpretative commitment by going back to a “Bible without note or comment” (cf. p10, above). But as stated before (p51fn72), an in-depth discussion of African Churches and Theologies, as regards how they shape their followers’ stance on secular matters, is not at the centre of this study, though this is one direction in which it is pointing.

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81 Cf. Wallis and Bruce (1992:14f) citing “the Weber-Berger thesis .. that Catholicism marked an interruption, even reversal, of the process of rationalization which was reinstated on course by the Reformation.”
compensation for his own imperfection. The priest was a magician who performed the miracle of transubstantiation.” (2003:117 [[S.a.]a:105])

- In its valuation of worldly monarchy Scripture begins at a low. Moses is only the mediator for a covenant between the Lord and His people, whilst first the pharaoh and then the Canaanite city states provoke “deep Israelite revulsion against the monarchy” (McKenzie 1976:249); the high of the Davidic era is followed by the low of Jeremiah’s pre-exilic exposure of the monarchy’s abysmal failure. The post-exilic spectrum extends from Jeremiah’s and Second Isaiah’s anticipation of an Israel without monarchy, to Isaiah’s highly poetic monarchist imagery with doubtful practical-political implications (9:6-7; 11:1-9); from Jesus’ rejection of worldly kingship (Jn 18:36) to the alignment of the Church, from Constantine onwards, with worldly powers, and even aspirations of popes to wield worldly (kingly) power themselves, with attempted theological justification. Only with secular modernity firmly established, we witness in the 20th century attempts by the hierarchy to align the Church with parliamentary democracy, whilst still vacillating (though leaning towards the side of condemnation) about her handling of theological movements like liberation theology which challenge the by now established status quo of formal equality cum factual socio-economic inequality.

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82 Generally speaking, however, as Wilson (1992:208) affirms, “Christianity was itself an agency of secularization, as was Judaism in its contention with the immanentist magical practice of the indigenous populations of the territory in which the Jews took up occupation. In suppressing the multiform local manifestations of supernaturalism, in disciplining procedures for the invocation of divine power, ... the great religions were incipient agencies of secularity.” On “Christian magic”, cf. Meaney (1992:20); Paxton (1992:94f); Zier (1992:passim). For a critique of the perception of the Eucharist as a magical rite, cf. Kee (1986:112f) who, however, does not address the issue of transubstantiation as such. Also addressing the issue of the mysticism surrounding the Eucharist, cf. Barth’s dictum (1946:37; my transl.) that “one has to judge cautiously where ... Protestant truth and Catholic fallacy, where the New Testament and the mystery religion of antiquity obviously once again stand so close to each other.”

83 “The words concerning the re-establishment of the temple and the monarchy are in obvious contradiction to Jeremiah’s announcement of the fall of both these institutions and should not be attributed to him.” (McKenzie 1976:289)

84 It is an interesting meeting point of a conservative Church establishment on the one side with an atheist critic of organised Christianity on the other, when the latter highlights that “[t]he religious groups newly concerned with social justice can rely only selectively on scripture.” (Wilson 1992:202)
In like manner, the ups and downs in the course of history can be charted, of the idea of the *Eidgenossenschaft*, of *Diesseitsorientierung*, and of the detribalisiation and deritualisation of ethics towards an ethics of conviction. In the end, of all these trajectories, the ones which eventually prevailed ‘in the (Western) world’ – the world of political history as well as the world of thought emancipated from theology – are the ones which furthered rather than subverted the development of modern secularity. As Wallis and Bruce say (1992:14), “Judaean-Christianity … sowed the seeds of its own destruction,” and the factual existence of the secular NAW testifies to this. The Catholic Church has been motivated by these factual developments, which have challenged the necessity of her existence as an institution (no less than Jeremiah challenged the necessity of temple and monarchy for the future of Israel), to highlight in theological discourse, and in ecclesio-political practice to cling to, *other* Scriptural trajectories, namely, those in support of the necessity of cult and ritual, of institution and hierarchical authority, i.e., to all that is hostile to their dissolution.

2.3 ANTHROPOLOGICAL AND PHILOSOPHICAL KEY ASSUMPTIONS OF SECULAR MODERNITY

From this detour into the *geistgeschichtlich*-theological backdrop of secularisation in the Bible, I return now to Taylor’s account of one of its multiple facets already mentioned, the emergence of a ‘new’ human being with a self both buffered and strong. How could this new self come into being? The relevance of this question for Matabeleland medical mission facilities, as has been said before, lies in their characteristic of being transplants to

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85 Martin (2005:164), e.g., speaks of the “religious repertoire that harbours a potential for … the internalization of norms or conscience … [whose] origins … lie in the Hebrew Scriptures with the idea of an inner law written on the heart and the amplification of that in the Pauline circumcision of the heart as carried forward by monasticism and the Reformation.”

86 Taylor quotes two popes: first (2007:413) Pius VI who, in 1791, ‘condemned ‘cette licence de penser, de dire, d’écrire et même de faire imprimer impunément, en matière de religion, tout ce que peut suggérer l’imagination la plus déréglée, … cette liberté de penser et d’agir que l’Assemblée nationale accorde à l’homme en société comme un droit imprescriptible de la nature.’” Half a century later, he adds (ibid.:414), Pius IX condemned “among other outrageous propositions that ‘Le Pontife Romain peut et doit se réconcilier et transiger avec le progrès, le libéralisme et la civilisation moderne.’”
sub-Saharan Africa from NAW modernity, a far-away locus both physically and metaphorically: as this is what these institutions are, running them competently demands matching ‘transplanted’ capabilities on the side of their staff, not just in a technical sense (asepsis in the theatre), but just as importantly at the organisational-managerial level.

As Taylor explains, the disenchantment of the world on its own will not do as a sufficient explanation for the emergence of said new selves, because such a world could still be inhabited by their weak, porous equivalents: while these would be less exposed to the untold multitudes of bad spiritual forces of earlier times (whose numbers would have decreased in the course of disenchantment), they would at the same time be under even heavier threat from the one evil force remaining, Satan, who would now unite within himself all the evilness heretofore dispersed between him and his henchmen. In this situation, it cannot suffice to simply state, as a fact, a growing sense of a protective boundary between the subject and the world of objects, as has been done above (cf. pp63ff). How would this feeling come about?

Here comes in the development, setting in centuries before the Reformation, then forcefully accelerated by it, towards a more personal relation of the believers to their Lord, and towards a more inward devotional life (hence introspection as the proper measure when attempting to assure oneself of the genuineness of one’s faith) – developments which necessarily enhanced the position of the individual believer’s self. It falls into this context that an “important facet of Franciscan spirituality was its intense focus on the person of Jesus Christ. This devotion, as Louis Dupré argues, ends up opening ‘a new perspective on the unique particularity of the person’” in general. (Taylor 2007:94)87 It is in this sense

87 The particularity of the person, in its turn, receives attention within a wider movement which, more generally speaking, gives “a new status to the particular, as something more than a mere instantiation of the universal. Perfect knowledge will mean now grasping the ‘individual form’, the haecceitas, in Scotus’ language.” (Taylor ibid.; my italics) Concurrently, the nominalist idea gains currency that an essence of things, determined at creation and henceforth defining what is their perfect natural state, “is an unacceptable attempt to limit God’s sovereignty. God must always remain free to determine what is good. The good is whatever God wills; not God must will whatever is (determined by nature as) good. This was the most powerful motive to reject the ‘realism’ of essences for Occam and his followers.” (ibid:97) What appears, at first glance, as an entirely inner-theological issue, an anaemic piece of scholasticism without relevance to
that Taylor is justified to place the Reformation within an earlier and much wider context of reform by which the ground was prepared for Luther to be, as Taylor calls it (ibid.:75), truly “on to something which could move masses of people” when he spoke of salvation by faith alone: those who could take up his message had moved far enough along the road towards disenchantment of the world as well as towards feeling strengthened within themselves, to be ready to jettison the ‘white magic’ offered by the Catholic Church (sacraments, indulgences, relics, etc.) as protective measures against the black magic of Satan and his minions. To begin with, Taylor says (2007:88), disenchantment means that “the demons get concentrated, even as the positive energy of God is concentrating out of its dispersal in charged objects and church magic. There is one enemy [left; RB], THE devil, Satan;”88 there has to be thus, as disenchantment progresses, a concurrent, growing feeling of strength on the side of the very selves whom Satan wants to devour, for them to be able to welcome the offer of sola fide as an adequate replacement for what is lost in giving up on the protective white magic of the Catholic Church. Earlier, genuinely mediaeval selves – less buffered because weaker inside – would have felt overwhelmed, and quite unable to live up to the onslaught of utter, by now undispersed evil.

In summary, the story Taylor tells is one of two developments complementing each other: on the one side, the disenchantment of the world which rids it of a plethora of spiritual forces and charged objects, leaving in the end only God and Satan, and thereby reducing the number of potential intruders into sufficiently porous selves; on the other side, the growth of the self from weak to strong, thus from porous to buffered – clearer delimited and endowed with an inner strength which mediaeval man simply did not have. So when sola fide was eventually proclaimed, it could appear as a liveable project to many. A gradual strengthening of the self had been brought about, for religious purposes, which would

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88 “[T]he short-term effects of disenchantment ... seemed to make God's active grace even more necessary.” (Taylor 2007:248)
eventually turn against religion itself. Describing this same process, Hunt (2007:30) speaks of the “constant evolution of notions of interiority and depth of psyche from the Christian soul to the Protestant conscience to eighteenth-century notions of sensibility [which] filled the self with a new content.” In her reading (ibid.:48), the appearance of a new type of literature, the epistolary novel, helped to promote the emergence of what would become a modern “selfhood depend[ing] on qualities of ‘interiority’ (having an inner core).” The novel as a literary form, Hunt suggests (ibid.:45), offers space to its author, e.g., Rousseau in his *Julie*, to dwell at length on the protagonist’s “inner emotions,” thereby creating a unique opportunity for an avid readership:89 “to empathize with someone who is not yourself and can never be directly accessible to you (unlike, say, members of your family) and yet who is in some imaginative way also yourself.” (ibid.:55)90 Getting carried away by a novel’s narrative, immersing oneself into its text, could become an act of self-assurance in the literal meaning of the word, almost like gazing into a mirror if one were not quite sure of one’s physical existence; in the interplay between the reader and the self of the imaginary other, the protagonist, lay the opportunity to partake of the selfhood of somebody else and thereby to assure oneself of one’s own, finding one’s own emotions — or, more generally speaking, the possibility of harbouring emotions — verified by the mirror-image offered in the text.91

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89 This and similar novels’ phenomenal success indicates that their authors had their finger firmly on the pulse of the times: their books answered to a real need of their audience.

90 This experience of “imaginative identification” (ibid.:65) would give momentum, Hunt demonstrates, to movements for the abolition of judicial torture, and the emergence and spread of a human rights discourse. Triggered by a play in the local tongue, about the death of St Tarsicius as a martyr, the ZMR (IX,144:482) sees the same psychological process at work in the Chishawasha audience’s sorrow supposedly caused by this noble boy’s sad tale, arguing that because “Mashonas are somewhat wanting in compassion and fellow-feeling, there can be nothing better than such plays as these to build up in them these very Christ-like virtues.”

91 Rousseau’s contemporary, Fielding, explicitly makes it his educational task (1966:62) to put across to his readership “those deep observations” of human emotions which someone sufficiently perceptive can discern within a character, but which “very few readers can be supposed capable of making themselves;” he thinks it “proper to lend them my assistance,” taking for a given, at his time of writing, that “nothing but the inspiration with which we writers are gifted, can possibly enable any one to make the discovery.” (cf. ibid.:63 and also 757ff, where a viewer’s emotional response to *Hamlet* being performed on stage is described in great detail,
There can be little doubt, then, about a long-lasting, profound and pervasive process of interiorisation and strengthening of the self in the NAW, starting within Christian religion, later transcending it. Regarding its eventual turn against religion, Taylor repeatedly refers to what he calls the irony in the described attempts to make over Latin Christianity: first, because these were not only undertaken by unorthodox believers who potentially or even factually were in conflict with the Church hierarchy, but by (parts of) this very hierarchy itself; secondly and in particular because, of all things, it was through the very efforts at making believers believe more fervently and re-shape their entire lives in accordance with the teaching of the Scriptures (as understood by those promoting this transformation) that we were propelled, in the end, into a world which is either expressly unbelieving, or has relegated religious belief to the niche existence of yet another personal whim, on a par with football enthusiasm or environmental activism.

But does this suffice to call secular modernity un-Christian without further qualification – considering the many trajectories along which there is continuity from an earlier, explicitly Christian era to one which may have jettisoned the label, but has retained, qua putting into practice, core precepts of Christianity? This is what Nietzsche (2001:§357) alludes to when he speaks of that

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92 Cf. ibid.:145, 244 ("a terrible irony"), 258, 542.

93 On retaining Christianity without the Church, see, e.g., Kolakowski (1987). More recently, Sr Laurie Brink O.P. (2007) speaks of a “dynamic option for Religious Life, which I am calling, Sojourning, [and which] ... involves moving beyond the Church, even beyond Jesus. A sojourning congregation is no longer ecclesiastical. It has grown beyond the bounds of institutional religion. Its search for the Holy may have begun rooted in Jesus as the Christ, but deep reflection, study and prayer have opened it up to the spirit of the Holy in all of creation. Religious titles, institutional limitations, ecclesiastical authorities no longer fit this congregation, which in most respects is Post-Christian.” On retaining Christianity without God, see, e.g., Sölle (1968). To quote one of Sölle’s key sentences: “The dissolution of metaphysical faith is its secular realisation.” (ibid.:92; my transl.) A comparable Jewish tradition contemplates this possibility by putting it into the Lord’s mouth: “Would that they would abandon me, but keep my Torah.” (in Neusner 1989:14; his Lamentations Rabbah is the translation of a rabbinic commentary on the Book of Lamentations which probably dates back to the fifth century CE. Rabbi Robert Ash of Beit Emanuel Progressive Synagogue in Johannesburg has directed me towards this source; I also owe him the above contextualising information). –
most fateful act of two thousand years of discipline for truth that in the end forbids itself the lie of faith in God … One can see what it was that actually triumphed over the Christian god: Christian morality itself, the concept of truthfulness that was taken ever more rigorously.94

In another context, that of the post-mediaeval re-adaptation of ancient Greek philosophy, Taylor emphasises (2007:247; my italics) that “modern humanisms innovated in relation to the ancients, drawing on the forms of the Christian faith they emerged from: active re-ordering; instrumental rationality; universalism; benevolence.”95 He could have quoted, as Wendel does, Heim’s remark (1931:6; my transl.) on the origin of modern secularism as having “arisen in its current form in the shadow of the Bible, in the sphere of influence of the biblical view of the relation between God, man, and world.”96 The modern humanism which arises from a Christian matrix is thus not that of the ancients, simply re-discovered, in spite of Parsons’ justified insistence (1968:426) on “the basic continuity of the evolutionary trend … [from] the Israelitic and Greek cultural backgrounds of Christianity” right through to modernity. As Taylor emphasises (ibid.:288), “the modern slide to Deism, and later atheism, integrated a great deal of the original package of changes effected by the [Church; RB] Fathers in the [classic; RB] philosophy they inherited.” Quite understandably, therefore, what stands out as most remarkable in Wendel’s perception (1934:18; my transl.) is not the irony of this entire development (though noticed), but its

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94 Though an unbeliever himself, Nietzsche knows what he is talking about: as far back as the High Middle Ages, the commitment towards truthfulness had reached the point in Meister Eckhart – a believer beyond doubt, if one later accused of heresy – where he could say (and in so doing, create a yardstick for others as well as for himself): “Why dost thou prate of God? Whatever thou sayest of Him is untrue.” (quoted in Huxley 1946:145)

95 I shall not omit that he continues, “[b]ut of course, their aim was also to reject the Christian aspiration to transcend flourishing.”

96 As Troeltsch (1966b:294; my transl.) puts it, the “Christian element is humanised and, if one may dare to form the word, ‘immanentised’ in the Enlightenment.”
progression along a specific trajectory: "Oddly, thus, it is precisely the purest ethical monotheism where it strives to become the religion of the people which, as such, is a certain foundation for secularisation." 97

Secular modernity thus does not emerge from Christianity just to leave it behind: there is ample reason to insist on a substantial inner continuity implicit in the idea of ‘progression along a developmental trajectory.’ 98 Paz is right in highlighting (1990:107) that, e.g., the NAW’s

conquest, domination, and conversion of nature has theological roots, although those who today are undertaking it are areligious men of science and even atheists. Contemporary society has ceased to be Christian, but its passions are those of

97 Ancient Israel is Wendel’s first case in point (1934:300; my transl.): “[T]he absolute ‘ethicalisation’ of a religion as indeed pursued by the Jewish teachers of the Law … represents the foundation for its depletion. … [I]n Judaism, the lex detracted from the ‘auctor legis’.” The very same logic he finds at work in the field of tension between an austere Protestantism en route towards secularisation, and a conservative, ‘bells and smells’ Catholic Church: “[P]opular piety loves the cultic part in high religion [Hochreligion], because the cult in its concretising of the divine meets the people’s need for a material experience of the holy. Pure high religion, and especially prophetic-ethical monotheism, rejects this kind of bonding typical of primitive religion … [B]ecause of its mixed character, the Catholicism of the Middle Ages was able to create a popular culture so pervasively sanctified. The network covering all walks of life made use, also, of the threads of this primitive bonding. Catholicism today, particularly where it exists in pure form, is therefore much better protected than Protestantism against secularism.” (ibid.:18f; my transl.)

98 Cf., on the side of personal morals, Shewring’s remark (1948:9) that “Christians cannot forbid non-Christians to judge their lapses by Christian standards; non-Christians should bear in mind that the standards are Christian.” The question may be asked, here, what sense it makes, if indeed the standards of ‘non-Christians’ are Christian, to call them non-Christians? In the same vein, Martin (2005:75) holds that “ideas like liberty, equality and fraternity are secular translations of biblical texts, such as our oneness (irrespective of all adventitious characteristics) in Christ, the unity of humanity ‘under God’, and the way in which every human being is a king and a priest ‘unto God’. … Remove the references to Christ and to God and you arrive at comprehensive mottoes of republican principle and virtue” – which is why a “Western atheist is still a Christian atheist, and the modes of ‘secular’ society such as attitudes to the outsider and the victim or the solitary witness tried and tested or the vulnerable innocent child under threat of political violence are recognizable mutations of Christian themes.” (ibid.:174) In this light, Eliot can conclude (1954:122) that “[a]n individual European may not believe that the Christian Faith is true, and yet what he says, and makes, and does, will all spring out of his heritage of Christian culture and depend upon that culture for its meaning.”
Christianity. Despite the fact that our science and our technology are not religious, they have a Christian stamp: they are inspired by the pious frenzy of the crusaders and conquistadors, directed today not toward the conquest of souls but of the cosmos.99

My train of thought, here, is not intended to obscure its reverse, though, namely, in the language of Hegelian and Marxist dialectics, the negation of historical continuity: for the process of secularisation to be taken account of in its entirety, what needs to be reflected upon and acknowledged is its inner contradictoriness, with continuity and discontinuity coinciding. So, having put together, above, a string of arguments why NAW secular modernity indeed is the genuine off-spring of mediaeval-occidental Christianity, this is the

99 In this he follows Troeltsch (1966c:331f; my transl.) who called it “utterly wrong, in particular, to try to explain .. [the modern world of thought; RB] out of a consistent and intrinsic opposition against Christianity, which dominated the older world, as friend and foe often do. The adherents of Christianity must learn to see .. [modern thinking; RB] as having emerged to a large extent from exactly that Christianity … Not atheism or pantheism stand at the origin of the modern world …, but primarily an enthusiastic, devout theism and the amalgam created by the Church herself, of ideas from Christianity and the philosophy of antiquity.” Here, Troeltsch might better have spoken of ideas, not “from Christianity,” but from Judaism inclusive of the Jesus-movement, which eventually (amalgamated with parts of the philosophy of antiquity) became the Church-created form of Christianity. The core of Troeltsch’s argument (ibid.:334) remains valid, though, that “the modern world … is not in opposition to or an aberration from the culture of the Church, but is her successor and heir.” Knox, e.g. (1993:2), traces one conceptual root of secularism back to the division of the cosmos into two realms, supernatural and natural, in that “the widespread tendency of our current Western secular culture to regard God as an optional extra to its life has developed from an earlier step by which devout men, in an effort to exalt God, came to see the world as an optional extra for God.” He points, in particular (ibid.:73), to the role of St Augustine in putting the created world “outside the life of God – creation ad extra. … [T]he life of God and the life of man …, and a fortiori the rest of creation, were [following St Augustine; RB] not integrated into one order of being, for he considered that any direct participation of the created in the uncreated was impossible.” On the practical side, Gibbon (1984:93) interlinks Christian religion, European history right up to his time, and superior mastery of the world: “Nor was the influence of Christianity confined to the period or to the limits of the Roman Empire. … [T]hirteen or fourteen centuries [later; RB], that religion is still professed by the nations of Europe, the most distinguished portion of human kind in arts and learning as well as in arms.”
proper place to focus on that other side of modernity which, in a specific way, breaks with Judaeo-Christian tradition.\footnote{That Christianity does not ‘dissolve’ into liberal humanism is beyond the scope of this study; see, however, Martin (2005:89, 127 & 171ff).}

Wendel (1934:21; my transl.) defines secularisation as “the attempted self-liberation of man from the divine sphere of influence … It is thus the replacement of trust in God by self-confidence.” The closeness to Kant’s definition of Enlightenment is tangible:

Enlightenment is man’s emergence from his self-imposed nonage. Nonage is the inability to use one’s own understanding without another’s guidance. This nonage is self-imposed if its cause lies not in lack of understanding but in indecision and lack of courage to use one’s own mind without another’s guidance. *Dare to know!* (*Sapere aude.*) ‘Have the courage to use your own understanding,’ is therefore the motto of the enlightenment. (Kant [S.a.]) [*Aufklärung ist der Ausgang des Menschen aus seiner selbst verschuldeten Unmündigkeit. Unmündigkeit ist das Unvermögen, sich seines Verstandes ohne Leitung eines anderen zu bedienen. Selbstverschuldet ist diese Unmündigkeit, wenn die Ursache derselben nicht am Mangel des Verstandes, sondern der Entschließung und des Muthes liegt, sich seiner ohne Leitung eines andern zu bedienen. *Sapere aude!* Habe Muth dich deines *eigenen* Verstandes zu bedienen!* ist also der Wahlspruch der Aufklärung. (Kant 1968:35)]\footnote{One senses this frame of mind already behind Descartes’ words in a letter to Vatier, “I make so bold as to say that never has faith been so strongly supported by human reasons, as it can be if my principles are followed.” (quoted in Buckley 1987:77) Before long, however, man is going to use his power of reasoning in ways that will undermine faith: Descartes’ boldness prevails over the purpose for which he employed it. – Against the notion of modernity as the merely secularised version of Christianity, Blumenberg (1988) is among those who insist (as does Karl Barth, if with a different valuation) on the genuine novelty of this boldness: the insurrection of European humanity against an absolutist Christian God marks, in his view, a true epochal threshold ["Epochenschwelle"]; Blumenberg is highly critical of the entire secularisation concept, right from the first chapter headline of his *Die Legitimität der Neuzeit* which reads: Secularisation: Critique of a Category of Historical Wrong ["Kritik einer Kategorie geschichtlichen Unrechts"]. Arguing against Löwith, he rejects as ill-founded the “usual” deduction, as he calls it, of the modern idea of progress from the eschatological orientation of the Bible towards the future (cf. ibid.:67 & passim, esp. chapters 1 & 2). For a counter-critique of these and other objections of Blumenberg’s, cf. Pannenberg (1988).}
Wendel’s verdict in response (1934:21; my transl.) is unequivocal: “Pious valuation must designate this spiritual stance as hubris, because man puts himself in the place of God.” The Scriptural evidence to support his claim is overwhelming (cf. ibid.:24ff); expressions he lists as hubristic-sinful, with regard to man’s relation to his god, are, amongst others: not to trust in the Lord (Zeph 3:2); not to fear the Lord (Hos 10:3); to reject God (1 Sam 10:19); to be rebellious (Zeph 3:1 (NIV)). Man’s matching, self-referential frame of mind is trust in himself (Ps 49:13(NIV)) and pride of his countenance (Ps 10:4); hubristic are men whose own strength is their god (Hab 1:11 (NIV)), who follow the stubbornness of their hearts (Jer 23:17 (NIV)). With reference to Jer 17:5, Wendel emphasises (1934:26; my transl.) that it is significant to realise that the same term ga’awâ, which in man designates hubris, in the case of God stands for the grandeur to which he is entitled. … It is clear, here, that Old Testament reasoning rightly senses that self-assured man, exhilarated about his competence, arrogates to himself what belongs to God alone.102

However, even here there is continuity (in sinfulness, if one may call it that); a threat of this kind was looming right from the beginning: human desire to gain wisdom is piqued by the promise that “ye shall be as gods” (Gen 3:5) – and later the Lord Himself admits that the serpent in a way did not lie: “nothing they plan to do will be impossible for them.” (Gen 11:6 (NIV)) Today we stand, as it were, at the endpoint of a development which was set in motion millennia ago, and has been described by McLeod (1992:61) as

the progress of agricultural and medical technology, reducing dependence on magic, which, especially in rural communities, was sometimes closely bound up with religion: this process is neatly summed up by the Dutch saying that ‘Artificial fertilizers make atheists’.103

102 Cf. 2 Chr 26:15f; Deut 8:17.
103 In an 1842 letter to JJ Freeman, Livingstone expresses the same idea with regard to traditional African belief and the irrigation of the soil, through which people “might by a little industry render themselves independent of those impostors called ‘rain makers.’” (quoted in Nkomazana 1998:50) In Balzac’s Village Rector (1896:257f), the feeling of independence from a higher power is described as something already achieved in European 19th century medicine: Roubaud, “one of those thoroughly well-trained young physicians whom the École de Médecine in Paris sends forth to the profession … had been in Montégnac
But is the truth this simple? In the Gen 11 narrative, admittedly, it is only through God’s active intervention that the plans which men have made come to nothing; later on however, e.g., in the Book of Job, or in Ecclesiastes, this simplistic image of man’s foundering because of a god who is plainly jealous of human achievement, is replaced by a profounder insight into the human condition (or it is, at least, much more appropriately expressed). Job (21:23-26) thus paraphrases the *vanitas vanitatvm, omnia vanitas* of Ecclesiastes:

> One dieth in his full strength, being wholly at ease and quiet. His breasts are full of milk, and his bones are moistened with marrow. And another dieth in the bitterness of his soul, and never eateth with pleasure. They shall lie down alike in the dust, and the worms shall cover them.

Paradoxically, it appears as if the “disposition of the Israelite, his being geared towards the deed” (Wendel 1934:32; my transl.),\(^\text{104}\) had helped to create the life experience and frame of mind wherefrom eventually the acknowledgement could spring that “[t]hat [which is] crooked cannot be made straight: and that which is wanting cannot be numbered.” (Eccl 1:15) In Job, a tension builds up and is held (thus was also subjectively tolerated by the author), between two poles: one, that man’s own doing will make no difference: “Man [that is] born of a woman [is] of few days, and full of trouble. He cometh forth like a flower, and is cut down; he fleeth also as a shadow, and continueth not” (Job 14:1-2); and the other, that the difference does matter, between doing right and doing wrong: “Behold, the fear of the Lord, that [is] wisdom; and to depart from evil [is] understanding.” (Job 28:28) In this, a pinnacle of Israelite belief is reached: resting on Gesinnungsethik, Weberian avan la lettre as in the radical strand of prophetic sayings which is (also) taken up in the New Testament, and which is as good as devoid of ritualistic encumbrances.\(^\text{105}\) Against this backdrop, Wendel (1934:116; my transl.) refers to

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\(^{104}\) Cf. Buber (1932, pp94fn65 & 99fn71, above).

\(^{105}\) Buber (1932:52f; my transl.) goes as far as claiming this proto-Christianity for Judaism: “Original Christianity … has much more to do with Judaism than with what today is called Christianity. … Only in
[a] prophetic line in the Book of Micah [which] gives a simple definition for being pious: it is – apart from doing right, and love – humility before God. This indeed is the most appropriate expression for the high form of religion, the rejection of all hubris as lying at the root of secularisation.\textsuperscript{106}

This much is obvious, though: there is only a need to reject hubris when the temptation is there, the lure to trust in oneself. When speaking of the high religion of Israel, Wendel refers to what is not just a canon of traditional beliefs and practices, adhered to simply because everybody is a believer and acts accordingly. Rather, this high religion is embraced as “personal and conscious self-bonding” ["eigene und bewusste Selbst-Bindung"] (1934:124; my transl.); and paradoxically, for this very reason it becomes the breeding ground of secularisation: “Ethical is the bond which one can accept or reject. Only ethical high religion, according to which one can live if one so ‘wills,’ offers voluntariness a field of activity – and secularisation a point of attack.” (ibid.; my transl.)\textsuperscript{107} The drive which Taylor describes, of making over simple, more or less unthinking believers into believers out of voluntary and conscious conviction, necessarily implies this risk: of opening up an avenue, at the end of which people can also decide, consciously, not to believe.\textsuperscript{108} The syncretic occidental Christianity has faith, as it is known to occidental man, become the principal thing … Original Christianity teaches what the prophets taught: the unconditionality of the deed” ["die Unbedingtheit der Tat"]. From a Catholic perspective, Dawson (1938:155) concurs: "It was to this prophetic and apocalyptic tradition, as distinct from the legal ritualism which formed the other element in the Jewish heritage that the new religious movement … made its appeal;” Dawson’s early Christianity follows the prophets in their “emphasis laid upon the moral and spiritual character of Jahweh’s rule. He has no pleasure in the external observances of the national cult. He hates and despises the sacrifices of the oppressors of the poor.” (ibid.:152) Bultmann is quoted in a thoughtful Catholic account of his teaching as holding the same view: “His (Jesus’) teaching is not new because of its thought content; for in its content it is nothing else than pure Judaism, pure prophetism.” (Bultmann (1966:265), quoted in Bourke (1957:123). Cf. also Vermes (1981 & 2003); for a critical look at Vermes, see Shortt (2003).

\textsuperscript{106} Micah 6:8.

\textsuperscript{107} Cf. Taylor (2007:143).

\textsuperscript{108} While this process is by necessity gradual as a societal and cultural phenomenon, this is not so at the individual level, where belief may become increasingly more gesinnungsethisch until it eventually flips over into unbelief at the point where God is no longer needed as a justifying as well as potentially punishing authority.
development of Israelite, as later of mediaeval Latin Christian theological reasoning, relentlessly pushes towards this point.

The complex network of objective and subjective conditions for the unbelieving option to become more than just thinkable, i.e., liveable, has been presented above. Secularisation as it factually takes place in the NAW, however, is in a certain way a return to the simplistic logic of Gen 11, just that it is no longer the Lord who fears, but NAW man who now believes of mankind, if not across the board then at least in his own society of origin, that “nothing they plan to do will be impossible for them:” what was in the air right from the beginning is unleashed, “that future-oriented dynamic which eventually projected the ‘vertical’ relation – the one bringing salvation – between the two dimensions, transcendence and immanence, into a ‘horizontal’ one: the time of history.” (Marramao 1999:13; my transl.)¹⁰⁹ Up until modernity actually put this into practice, the Creator knew better than man himself what His creation was really capable of. In this one respect, the Judaeo-Christian tradition has indeed been jettisoned by NAW modernity: what was hubristic-sinful has become a virtue, has become the pride of a mankind that has left its infancy behind, has grown up and come into its own – NAW mankind, that is, which has chosen Kant’s motto above as its guiding star.¹¹⁰

To sum up, some of the issues contemplated throughout the previous pages have been, the ridding of the world of spiritual forces; the invention of a natural-law-governed universe; the conversion of the porous self into a bounded or buffered one; and man’s growing

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¹⁰⁹ Cf. Paz (1990:107), on vertical becoming horizontal, and on history as an “action opening out into the future, a colonization of what is to come.” As a result, he can state (ibid.:121) that “Christianity in its decline transferred the traditional mission of all religions to revolutionary parties: today it is they, not grace or the sacraments, who are the agents of transmutation.” It is this development, enveloping atheists, agnostics and present-day Christians alike, which makes Wallis and Bruce (1992:20) speak of “the attenuation of supernaturalism …, amounting in some liberal denominations to a virtual evacuation of the supernatural from religion.” Or, as Marramao (1999:92; my transl.) has put it, “progress takes the place of providence and, as the absolute subject of history, man the place of God.”

¹¹⁰ If this mankind still remembers God at all, it is certainly no longer as in Ps 20:7: “Some [trust] in chariots, and some in horses: but we will remember the name of the LORD our God;” much closer to modern sensibilities is the unbelieving kind of belief of Israel as decried in Zeph 1:12: “The LORD will not do good, neither will he do evil.”
confidence in his ability to stand on his own, to think and act for himself. Considering the totality of these developments, it should be clear by now that Taylor makes a valid point when he challenges the subtraction theory of secularisation, with its underlying idea of a quintessentially ‘human’ way of being, acting and living in the world, a ‘human’ way which supposedly comes to light once rational thinking has peeled away all the layers of erroneous beliefs, superstitions, and misconceptions by which an unenlightened, pre-modern mindset tries to make sense of the world and of humanity’s place in it. (That is, once the religious systems that have dominated human thinking through the ages have been dumped on the rubbish heap of history where they are believed to belong.) The intricate and multilayered-complex process by which the modern NAW citizen, as his entire world, have not just come into being, but have been created, with mankind the product of its own doing, its own artefact like other cultural creations from objects to operas to rituals both sacred and secular, has been described from different perspectives, and in much

111 Building on this latter point, Taylor (2007:127; my italics) speaks of “the modern notion of agency as constructing orders, rather than conforming to those already in ‘nature’.” This notion covers a vast field: when Shakespeare’s Cassius says (1997b: I, 2, lines 140ff), “Men at sometime were masters of their fates./The fault, dear Brutus, is not in our stars,/But in ourselves, that we are underlings,” he speaks about social hierarchies and challenges their givenness by nature – a sensible view, from a modern perspective. But when Mark Twain is credited, rightly or wrongly, with having remarked that “while everybody talked about the weather, nobody seemed to do anything about it” (quoted in Platt 1989: no.1982), one can sense that something is about to go seriously wrong: here, the being-in-control metaphor has taken over modern thinking to the point where it is becoming absurd (cf. Rorty’s dictum (1980:12) that it “is pictures rather than propositions, metaphors rather than statements, which determine most of our philosophical convictions;” cf. also Fernandez’ “organizing metaphors” (1972:14), Lakoff and Johnson’s Metaphors we live by (2003), and, e.g., two recent advertising campaigns in Germany: “Du bestimmst, wann Sommer ist!” [“You decide when it is summer!”], such the promise of a beer brewing company (2013); and sipping a Margarita will beam you to Mexico, or rather, Mexico to you: “Wo du bist, ist Acapulco” [“Where you are, there is Acapulco”] (2013)) In the wider context of a discussion about the possibility of free will, but almost as if in response to such antics, Fischer (2007:67) remarks that “total control is a total fantasy – metaphysical megalomania, if anything is.” Cf. Schweitzer’s experience and the attendant imagery (1949:109): “Whether we will or no, all of us here live under the influence of the daily repeated experience that nature is everything and man is nothing. This brings into our general view of life … something which makes us conscious of the feverishness and vanity of the life of Europe; it seems almost something abnormal that over a portion of the earth’s surface nature should be nothing and man everything” (notably, even in this committed Christian’s language, nature has taken the place once held by the will of God).
Bammé being the least known of the above, I shall try to offer the most cursory glimpse into his massive tome, with just one intention in mind: to further substantiate Taylor's rejection of the subtraction theory of modernity. Bammé has compiled an impressive amount of material, with information gleaned from studies of Mediterranean and especially Greek Antiquity, from psychological investigations of the developing human mind, particularly Piagetian, and from anthropological field reports. His general conclusion is this: even in its formal way of functioning, with the inclusion of formal logic and mathematics, does the human mind (the potential of all humans to think as a result of pre-historic evolution) take its concrete shape in culture-specific forms: people from different cultures obviously believe different things (in the sense of what they believe), but they also differ in how they think, with the most profound implications. Choosing his material evidence from the cultural highlights of Old World antiquity, Greece, Egypt, and Mesopotamia, positively serves a purpose (one not expressly stated by Bammé, but keenly felt from the perspective of a reader in sSA), namely: when pointing out, e.g., the 'primitive' aspects of these cultures' mathematics, the specific modi operandi of human minds in equally specific cultural settings are described, while the issue of the inferiority of the respective thinkers as human beings never even comes up (as it does in Apartheid, no matter behind which ideological or religious smokescreen).\footnote{112 The gist of Bammé's thinking is doubtlessly non-ethnocentric, much less racist; however, his unqualified use of 'primitive' as a descriptive term for languages and cultures runs the risk, certainly from an sSA perspective, to be misunderstood. However, more detrimental than lending itself to misinterpretation is, to my mind, the over-encompassing nature of such an ascription. E.g., in language: Homeric Greek may be called primitive as regards its explanatory power, because logical relations of causality appear only implicitly on the written page, with Greek causal prepositions and conjunctions developing only later, out of spatial-temporal relations (cf. Snell 1993:194f, 211f, 285f & passim). How does one weigh this against Homer's greatness, his not being "sickled over by the pale cast of thought," as Snell quotes Hamlet (ibid.:288), and how should we then be entitled to call Homeric language, as such, primitive? The same applies to contemporary non-European languages with many intricate and subtle differentiations as regards components of their speakers' lifeworld, but a dearth of terms for inner, mental or emotional states (once again Homeric Greek is a historical-European case in point; cf. Snell 1993:18ff, 28f, 36ff, 70ff). All of which goes to say that in comparing cultures, 'primitive' does not seem an apt descriptive term unless a narrowly defined criterion is}
Bammé focuses so much on civilisations that are held in the highest esteem in lettered NAW circles, one of them, ancient Greece – highlight of intellectual world history, epitome of artistic excellence, in its unique way never to be reached again –, undisputedly one of the wellsprings of modern European civilisation: Homer in literature; Plato in philosophy; the Athenian *polis* for modern democracy.

When putting side by side such, to the European gaze, pinnacles of cultural development on the one hand, and tribal cultures on the other, as Bammé does, their shared pre-modernity (their being ‘primitive’ in defined respects) can emerge as the *tertium comparationis*, no matter how uniquely their own their ways of thinking otherwise may be. The dividing line between cultures (the slash in the us/them dichotomy) thus comes to fall no longer between ‘high’ or advanced cultures (e.g., ancient China, India, Egypt, the modern NAW) on one side, and supposedly ‘primitive’ ones on the other (e.g., the tribal cultures of New Guinea, Australia, sSA). Rather, the slash now separates the NAW, as secular-modern, from *all other cultures*: notwithstanding their diversity in ever so many other respects, their being non-modern-NAW is identified as their commonality. Within this frame of reference, Bammé’s provides a wealth of evidence for his claim that different cultures, both across time and space, are exactly this: simply different, i.e., each of them unique in their own way; not in that they could not share forms and contents of thinking, but in the sense that one cannot by way of subtraction take away from non-NAW cultures their specifics, and thereby end up with NAW thinking.

What follows is my effort to compress some 200 pages of exemplifying case stories into a handful of catch-phrases; Bammé refers to

- the reasoning of the Homerian heroes in the Iliad, so alien to a modern self-understanding: their inability to reflect on the complexity of a situation, to take note of ambiguity or contradictoriness, to switch between different perspectives, to put given (speed of locomotion: riding a donkey more primitive than a horse-drawn chariot, chariot more primitive than a jet-plane; *but*, with humility as criterion: horse-drawn chariot expressing less humility than riding a donkey – on a donkey Jesus enters Jerusalem!).
themselves in somebody else’s shoes, and contemplate in advance the implications of their actions (2011:179);

- the absence, in the Iliad, of a concept of (and words for) the kind of mentality that makes us speak of will, consciousness, subjectivity, autonomy, decision – tantamount to the absence of a self in the modern sense of the word; allowing for the role of divine inspiration not in a metaphorical sense, but quite literally as *Einflüsterungen* [whisperings], genuinely *heard* voices giving instructions which play the role that personal decision-making has for us (ibid.:181ff; 202): “[t]he divine voice pre-empts the stress of decision-making even before it has built up to an appreciable level.” (ibid.:185; my transl.);

- the Iliad allowing us to take “a look back at those times without subjectivity” (ibid.:188; my transl.); later, and already much more modern, the Polyphemus episode of the Odyssey marks the dawn of a new world in which an individual agent, Ulysses, has begun to reason with himself (thus establishing an inner-psychic forum), contemplates options, and eventually decides what to do;

- a pre-Newtonian world (this and the following examples no more related to ancient Greece) in which, e.g., warm and cold, or light and heavy, are more likely to be “polar opposites rather than points on a scalar continuum” (ibid.:302; my transl.) – rather like ferocity and meekness;

- languages without specific words for dimensional notions like weight, area, volume, and length; Bammé refers to CR Hallpike’s conjecture that such abstract terms do not simply denote the self-evident qualities of things which man becomes aware of in purposeless contemplation, but, rather, emerge as dimensions to be employed in human reasoning, in the process of those *practical operations* for whose successful performance they are required;\(^{113}\)

\(^{113}\) Bammé emphasises the role ancient Greece has played in the development of the foundations of scientific thinking; in this he follows Sohn-Rethel and RW Müller, conjecturing (2011:354f; my transl., my italics) that the “specific notions employed by exact reasoning in the natural sciences did not develop where they find preferential application: not in the world of production, but in the world of exchange; not where men have entered into a relationship with their physical environment, but in their social world. The abstractions made in the act of exchange find no counterpart in the objects of exchange as they present themselves to the senses. What happens is the equating of physically utterly different commodities in an exchange equation. The commodities as such are not equal; [it is only] the exchange [which] equates one with the other. … [T]he
languages without taxonomic categories, i.e., languages which divide the world into “realms …; as in ‘things of the forest’, ‘things of the village’, ‘things of the sea’ etc.” (ibid.:308; my transl.), making for a worldview in which “rainwater, water from the well and from the river, or sunlight, glow of fire, shade, and mirror images .. will not be treated as interrelated entities” (ibid.:333; my transl.).

I conclude Bammé’s list of examples by paraphrasing him on the development of mathematics, as the supposedly culture-free intellectual discipline par excellence. On the historical side, he points to the fact that counting, even at a high level of sophistication, arises out of practical necessities and may remain a practical matter; neither Mesopotamia nor Egypt progressed towards mathematics as a science:

Mathematical methods arise from practical needs: surveying, the building of pyramids, temples, granaries, irrigation systems, accounts of wages, material, dues. Governmental scribes described the methods as practical guidelines by means of concrete examples … without justification or proof. (ibid.:108; my transl.)

The Greeks are the first to see the need for and develop a system of proofs, thereby founding scientific mathematics. But they get stuck, e.g., with a numbering system that uses the first nine letters of the alphabet for numbers 1 to 9, the next nine letters for 10 to 90, the next nine for 100 to 900. Zeno’s paradox of Achilles and the tortoise manifestly shows how Greek thinking ran up against formal barriers in mathematical language which prevented the progress of its reasoning (cf. ibid.:576).\footnote{Dawson points to another barrier, stemming from a cyclical rather than linear concept of time (see pp80f, fn41 & 82fn44, above) with implications as to the possibility of progress or (non-cyclic) change (1938:147; cf. ibid., pp143 & 146): “For a Greek to admit the reality of change was to deny the rationality of the universe. Sooner than take this step, he was prepared, with Parmenides, to deny the evidence of his senses, and to reject all change and becoming – even movement itself – as mere illusion.”} Such barriers must also arise

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Greek culture of the sixth century BCE begins to make use of money as much as of logic, of equivalents as much as of categories. Identity and contradiction, number and quantity, space and time are taken [only] from then on as the general categories of a rational perception of the world." Cf. the “mercantile simile” (Heynick 2002:53) employed by Heraclitus: “All things are an exchange for Fire, and Fire for all things, even as wares for gold and gold for wares.”
whenever numbers carry specific meanings. Bammé quotes the example of a people for whom certain numbers carry magical properties, 2 standing for woman (the split female external genital?), 3 for man (penis plus testicles?), 5 for fertility (2+3?); 6 holds an ominous meaning for women (3+3 = male homosexuality?), and 9 stands for pregnancy (the gestation period; cf. ibid.: 309f; cf. also Pythagorean number mysticism).

The message from all the above is straightforward: the thinking of people from different cultures differs in content and form, in its results and processes. This may sound like a truism, but the wide currency of the subtraction theory of secular modernity is proof to the contrary: the need for Taylor to argue so strenuously against the contention that the NAW way of reasoning was ‘always there,’ at all places and times, merely hidden under all sorts of distortions, arises from a prejudice which is as misleading as it is widespread: that the thinking of all people is au fond the same, that everywhere there is the same kernel under a huddle of husks which, per chance, have been peeled off only in one place, so far: the NAW.¹¹⁵

The figure of thought behind the subtraction theory (not explicitly targeted by Taylor), is the secularised version of the one which Marx (1999: chapter 2, part 1, 7th observation), in his critique of bourgeois economists, ascribes to the theologians who, like the former do in comparative economics, “establish two kinds of religion. Every religion which is not theirs is an invention of men, while their own is an emanation from God.” Secularised and applied to cultures, this reads: whilst all other culturally-defined faces of humanity are disfigured

¹¹⁵ Recently, this misconception has resurfaced in political economy, in Fukuyama’s construct (1992) of the end of history. Against the backdrop of the West’s triumphant victory in the Cold War, he has, in Derrida’s words (1994:85), the “audacity to neo-evangelize in the name of the ideal of a liberal democracy that has finally realized itself as the ideal of human history.” In Fukuyama’s view, an inter-systemic process of subtraction has taken place, where other contenders to political and economic world domination have fallen by the wayside and liberal democracy cum market capitalism have prevailed and will continue to do so ad infinitum, because the kind of people who keep this system alive, represent what and how people are meant to be (no longer by God, or by Nature, but by humanity’s very own nature). However, the subtraction theory has as little to offer here as elsewhere: cf. Dahrendorf’s scathing remark (2005:37) on “Fukuyama, who had his fifteen minutes of fame when he published a rather crude article entitled ‘The End of History?’ in the summer of 1989.”
through all sorts of ill-conceived, culture-specific accretions, shaving these off will expose
the true face of mankind in all its natural beauty, “as it has always been” (Taylor 2007:253)
– and by sheer coincidence the said subtraction process brings to light a ‘natural’ face
which happens to be the very one which prevails in the NAW.

2.4 CONCLUSION

As outlined above, there is ample evidence to show that the subtraction theory has little
explanatory power in any of the contexts mentioned, and certainly not as regards the
process of European secularisation: the modern NAW citizen is not the human that God/
Nature/nature has meant him or her to be, emerging from behind the distortions imposed
by pre-modern (in this case: mediaeval European) culture. Oddly, in our age when nobody
self-respecting wants to be found ethnocentric, when everybody strives to be seen as
accommodating of other cultures as ‘equal,’ the subtraction theory of secularity still enjoys
wide currency, even as it makes the utterly NAW-centric point that within every human
there lies, hidden under the distortions created by his or her specific other-than-NAW
culture, a ‘truly human’ human\textsuperscript{116} – a modern NAW citizen!\textsuperscript{117}

When applied to Europe, the implication of this theory is that only in the course of the last
few centuries, the unadulterated human has come into his/her own as s/he crawled out
from under all the Middle Age, unenlightened Christian disfigurations.\textsuperscript{118} In our context,

\textsuperscript{116} In Taylor’s words, “the perennial human” (ibid.:258); Saayman (2012) comments: “In our sub-discipline,
Intercultural Communication for Mission, we draw students’ attention to the anomaly in the so-called ‘kernel
and husk’ metaphor: that the stupid, superstitious, spiritist, animist husks/misconceptions can be stripped
away through our ‘superior’ analytical reasoning, to leave eventually the ‘kernel’ of reality [i.e., reality as
defined in the NAW; RB]. We often use the onion as a metaphor to illustrate the futility of this exercise: you
strip away layer after layer, bringing tears to your eyes, only to be left in the end with ... nothing – because
there is no kernel.”

\textsuperscript{117} For a summary of Taylor’s critique, see 2007:253ff.

\textsuperscript{118} Hiding behind the term ‘unadulterated’ there lurks of course, if unacknowledged, a realist worldview: that it
must be possible to define what a pre-cultural human material, by God’s intention or by the blind laws of
Nature/nature, is truly meant to be.
thinking in terms of the subtraction theory, unrelated to sub-Saharan Africa as it is to begin with, has profound implications for Zimbabwe, for Matabeleland, and for medical mission facilities there: it is brought to bear on contemporary Africa when liberals from the NAW take locals to be ‘just like us,’ thereby making every effort to distinguish themselves from all kinds of explicitly (Apartheid) or implicitly racist ideologies which see a deep natural and principally insurmountable rift separating the ‘races’ from each other.\textsuperscript{119} However, in doing so racist bio-myths are not cast aside because they ignore modes and relations of production, and traditions: language, religion, history, in a word, culture, as an explanation of different worldviews, attitudes, and behaviours. Rather, racism is simply brushed aside by the ‘just like us’ argument – behind which, however, benevolent as it may seem, NAW ethnocentrism is hiding.\textsuperscript{120} The modern NAW, i.e., modern secularism, was criticised above for the grotesque caricature it presents of its own historical predecessor’s, the Middle Ages’ worldview: as nothing but a disfiguring straightjacket which had to be torn off, to liberate from its mediaeval prison the true human being, the modern citizen of the NAW, who had been waiting all the while to be freed from the shackles of time-honoured superstitions and misconceptions. NAW liberals must be criticised for applying the very same logic to Africa today, when they assume, as Africa’s shortcoming, that Africans have not as yet undergone their local equivalent of that subtraction process.\textsuperscript{121}

\textsuperscript{119}I put the term in inverted commas because, in common understanding, it is believed to be part of a natural sciences discourse, when in fact from the perspectives of biology or human genetics, it is meaningless; Kidd (2006:7) quite bluntly calls “[t]he world of racial classification … a realm not of objective science, but of cultural subjectivity and creativity, for ‘race’ involves the arbitrary imposition of discontinuities on the continuous physical variation of the world’s peoples.” (cf. Kidd’s Prologue: Race in the Eye of the Beholder, ibid.:1ff) Hoekendijk (1967:123) concurs: “The concept of race is a social myth.” Cf. ZMR IX,144:478f, on a ZM Jesuit scathing review of the ‘race’ concept; for more on the missionaries’ position as regards the vexed issue of the oneness of mankind or otherwise, in the face of cultural and especially religious diversity, see the following chapter (cf. also Abulafia 2008).

\textsuperscript{120}As one of Gordimer’s white protagonists says (1988:207) to her black husband, “that’s what I was told, when I was being taught not to be prejudiced: underneath, they are all just like us. Nobody said we are just like you.”

\textsuperscript{121}Investing in education as a means to overcome underdevelopment seems to be as self-evidently meaningful today as the efforts at conversion were to the early missionaries: rid African children’s minds of ‘traditional non-sense,’ and they will turn out, not just capable of meeting formal NAW education criteria, but will in fact reason ‘like us’, act ‘like us’, thus be ‘like us’ (work hard, develop the economy, etc.).
With this view, modern day liberals walk in the footsteps of the missionaries of a century and more ago, whose moral universe was populated by those who had heard the Good News, whose salvation therefore was possible though not guaranteed, and on the other hand by heathen who, without being born anew in baptism, were destined for certain eternal hellfire. The time was not right for anyone Catholic, to easily harbour the idea of other (non-Christian) peoples’ different but to-be-respected beliefs and convictions. Thus, in their praxis vis-à-vis their African flock-to-be, the missionaries applied their own version of the subtraction theory: by taking away the heathen’s erroneous beliefs, superstitions, and misconceptions – all of these nothing but man-made concoctions of misguided minds – one would remain with mere humans who would then be ready to embrace the revealed truths of Christianity. When taken up by missionaries who were, at the same time, modern-day Europeans, there was an obvious inner contradiction in this position, in that in Europe, church-linked Christianity was at least suspected, if by then it had not already fallen under the outright verdict of being one of the very superstitions that supposedly had to be cleared away, for the unadulterated human to emerge.  

As for the Fathers and Brothers who would be sent to Africa as missionaries, they grew up and were educated in an intellectual climate in which Catholic theology focussed on the salvation of souls through the sacraments, defensive against if not explicitly hostile towards “le progrès, le libéralisme et la civilisation moderne” (cf. p107fn86, above), while all along the NAW was becoming ever more estranged from Christian theologies, Catholic or otherwise, i.e., becoming ever more secularised, whether the Church approved of it or not. The Church’s response was to shut herself off from these developments, and it is well worth remembering Hastings’ cautionary remark (1971:7) that

both the missionary societies and the young churches [overseas; RB] largely took their shape at the most rigid, the most neo-scholastic, the most ultramontane, the

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122 Late in the 19th century, a distinction was still made, though, between what was considered good for the colonising heartlands, what for the rest of the world, the as yet to be colonised periphery; it is neatly summed up in the bon mot ascribed to the anticlericalist, Gambetta: “L’Anticléricalisme n’est pas un article d’exportation.” As one of the ZM pioneers, Fr Sykes, remarks appreciatively on his departure from the mission field (ZMR VI,88:271), “[t]he evil traditions of an old civilization, such as theological passions, are not always transplanted to this new soil.”
most centralised half-century in the history of catholicism [sic] – that is to say 1870-1920 … The young churches and the missionary societies responsible for them took on the character of that age to a very special degree.\textsuperscript{123}

How this affected Catholic missions in general, the ZM as one specific instance, and in particular its medical mission work, will have to be discussed on the following pages.

What, however, may be said in the interim about links between the issues discussed above and the topic of the present study, the history of the relationship between Catholic mission and NAW medicine in the Matabeleland part of what became, first Rhodesia, then Zimbabwe? Principally this: that the missionaries had to define what their calling was, then do their work accordingly, in the described field of tensions which had developed over the course of several centuries. They had to position themselves

- as regards mutually contradictory positions within Scripture, originating in the Old Testament and with repercussions in the New, on matters of crucial significance for man’s understanding of world, society, and self, some of them prefiguring modern concepts;
- as regards tensions, from the High Middle Ages onwards, between the Church hierarchy and movements outside that hierarchy (condoned, or disapproved of, or actively combatted by the latter) which ultimately promoted, if mostly unintentionally, the cause of secularisation.

This is to say, they had to position themselves in controversies within theology, but with implications for ‘the world;’ seen from the other end, i.e., from a ‘worldly’ perspective, they were called upon to take a stand regarding socio-economic, political and scientific

\textsuperscript{123} Cf. Fleckenstein & Schmiedl (2005:18), and Kieran (1969:344) who sees the “Roman Catholic Church, having passed through the traumatic experience of the French Revolution, .. in a more conservative frame of mind than ever.” Troeltsch (1966d:647; my transl.), over-estimating the inability of 19th century Catholicism to reform, even claims that, when the “opposition between the churches and the modern world became ever more prominent … Catholicism centralised itself … completely and through the proclamation of the dogma of infallibility hardened finally into the unreformable continuation of the Middle Ages.”
developments with profound repercussions on religious convictions as well as on theological reasoning.

If the story presented above captures pertinent aspects of its subject matter, then it should be possible to use it in a fruitful way as a backdrop, when looking at the Catholic mission enterprise in Matabeleland, how it took off and progressed. Where did the missionaries place themselves in the said field of tensions? And how did this positioning impact on the use of NAW medicine, or the avoidance thereof? Before addressing these questions, however, I shall look at the missiological tradition in which the ZM Jesuits stood, and to which they were about to add another chapter.
CHAPTER 3: MISSION THROUGHOUT THE AGES AND SOCIO-CULTURAL ENVIRONMENTS

3.1 ANTIQUITY AND THE MIDDLE AGES

The Christianisation of pagan Europe came to an end in the battle of Žalgiris and the conversion of the Žemaitėjė region of Lithuania (the 1413 so-called “Baptism of Samogitia”\(^1\)), the Reconquista as a centuries-long sequence of military campaigns against a shrinking Muslim-reigned Iberia, with the treaty of Granada in 1491/2; as an internal process of forced conversion or expulsion of Jews and Muslims, the Reconquista continued throughout the 16\(^{\text{th}}\) century. Counting in the crusades, the Middle Ages thus abound with politico-military efforts undertaken with a missionary justification, within the orbit of the ancient world and at its fringes.

The early days of what eventually would become Christianity had been characterised by intense controversy: to whom the Gospel should be preached, who should be baptised in the name of the Lord – Jews only, or also Gentiles? In the last chapter of the Gospel of Matthew, the Risen instructs His disciples to “teach all nations” (28:19);\(^2\) earlier, however, Jesus is quoted as saying: “Go not into the way of the Gentiles, and into [any] city of the Samaritans enter ye not: But go rather to the lost sheep of the house of Israel.” (Mt 10:5-6)\(^3\)

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\(^1\) Cf. the Radio Vatican announcement (2013) of that baptism’s six hundredth anniversary.

\(^2\) “Of this the earliest community knew nothing, as Gal 2,7f. clearly shows,” says Bultmann (1967:313; my transl.) Not in Matthew’s version of the post-crucifixion events, but in Mark’s earlier one, the Great Commission is considered part of an early 2\(^{\text{nd}}\) century addition to the original text. The footnote to Mark 16:9-20 in the Catholic New American Bible translation (2011; my italics) reads: “This passage ... has traditionally been accepted as a canonical part of the gospel and was defined as such by the Council of Trent. Early citations of it by the Fathers indicate that it was composed by the second century ... by someone other than Mark. It is a general resume of the material concerning the appearances of the risen Jesus, reflecting ... traditions found in Lk 24 and Jn 20.” Cf. Brown’s remark (1997:148fn58) that Trent indeed declared Mark 16:9ff canonical, but that “there is no obligation for Roman Catholics to believe that it was written by Mark;” cf. also Bultmann (1967:308ff, esp. 309fn1), and The New Oxford Annotated Bible (1977:1238, note referring to Mk 16:ff).

\(^3\) Hoekendijk (1967:18): “Jesus dies without having given the explicit order to carry the promises of the gospel beyond the limits of Israel. Only after the resurrection ... is the way to the heathen made free.”
The beginnings of what would in due course be recognised as a new religion, as recorded in the Acts of the Apostles, reflect this ambivalence: after the stoning of Stephen, the ensuing persecution of the apostles in Jerusalem and their scattering, Acts notes, first, that “Samaria had received the word of God” through Philip (8:14); then, the conversion of Cornelius, a God-fearing man but not a Jew. This latter episode, on Peter’s side, begins with his vision which challenges the traditional Jewish distinction of clean and unclean food: “Do not call anything impure that God has made clean” (Acts 10:15 (NIV)); thus prepared, Peter is ready to acknowledge that “in every nation he that feareth him, and worketh righteousness, is accepted with him.” (10:35) The community of believers in Jerusalem, however, cannot easily accommodate this; they criticise Peter, “[s]aying, Thou wentest in to men uncircumcised, and didst eat with them.” (11:3) His disciples had never experienced Jesus other than as a practising Jew; fittingly, the Gospel of Matthew, though probably written around the same time as Acts in the latter half of the 1st century, has him pronounce: “Think not that I am come to destroy the law, or the prophets: I am not come to destroy, but to fulfil.” (Mt 5:17)

But Peter stands his ground. In his vision, he was not just told to eat food impure according to Jewish custom; he could even hear the logic behind the imaginary scene spelt out to him: not to “call anything impure that God has made clean.” When they are told this, his critics relent: “Then hath God also to the Gentiles granted repentance unto life.” (Acts 11:18) The incident turns programmatic in Paul and Barnabas’ argument with the orthodox Jews of Pisidian Antioch:

It was necessary that the word of God should first have been spoken to you: but seeing ye put it from you ..., lo, we turn to the Gentiles. For so hath the Lord commanded us, [saying], I have set thee to be a light of the Gentiles, that thou shouldest be for salvation unto the ends of the earth. (Acts 13:46f)

The controversy is brought to a close with the letter of the Jerusalem apostles and elders to their “brethren which are of the Gentiles in Antioch and Syria and Cilicia” (Acts 15:23), in which they uphold the rule to abstain but from a very few impure food items like “meats offered to idols” (Acts 15:29), and from fornication; otherwise, they distance themselves
from “certain which ... troubled you with words, subverting your souls, saying, [Ye must] be circumcised, and keep the law: to whom we gave no [such] commandment.” (Acts 15:24) Thus, in the controversy about submission to Mosaic law, including the need for circumcision prior to being baptised in the name of the Lord, the inclusivist position prevails in the end.4

For a good while, though, as perceived from the outside, the emerging new religion remains a Jewish sect, unsurprisingly so in view of Christians worshipping in synagogues and referring, mostly, to the same sacred scriptures.5 A letter by Pliny the Younger to Emperor Trajan (c. 111 CE) is the first uncontested independent reference to some religious sect as Christians.6 The next two centuries see growing numbers of believers known by this name and identifying themselves as such: there was, thus, missionary activity – the peaceful preaching of the Word – even in the face of intermittent periods of obstruction by the Roman authorities, often locally confined or targeting individuals perceived as particularly obnoxious in the authorities’ eyes, and only at times amounting to full-scale persecution.7 It was Licinius and Constantine’s edict of Milan in 313, which eventually granted to the followers of all gods – now including the Christians, who as the only creed are specifically named – “full authority to observe that religion which each

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5 “In the mid-sixth century, John of Ephesus, the leading Miaphysite church historian and hagiographer, reports a monk visiting a mountainous village east of the Euphrates and asking the people he meets: ‘Are you Christians or Jews?’ As this vignette shows, it was sometimes difficult to distinguish a Christian from a Jew in the late ancient Near East. ... This was probably also the case all around the Mediterranean: there was usually no clear-cut or visible differentiation between the two estranged communities” (Stroumsa 2007:151; cf. Marcus (2006); Mitchell (2006); Lieu (2006); Sandwell (2011), and Freeman (2009:132ff)).

6 This is to discount, because they write in the decade after Pliny’s letter, the testimony of Suetonius on the persecution of Christians in the era of the Emperors Claudius and Nero (41-54 and 54-68, respectively), and of Tacitus on the scapegoat role ascribed to them in the 68 great fire of Rome (cf. Ritter 1977:6f on Tacitus, and ibid.:14ff on Pliny and Trajan). If one accepts the core of Flavius Josephus’ account in the so-called Testimonium Flavianum as authentic, the first independent reference to “the tribe of Christians” would shift to the close of the 1st century; cf. Flavius Josephus (2009: book 18, chapter 3,3), and Dunn (2003:141).

7 “[F]or the first two centuries after Jesus’ death, persecutions occurred only on a small scale, spasmodically, and locally” (Hopkins 2000:109). Barnes (1971:161) concurs; according to him, Christians “could never feel permanently safe. ... Actual persecution, however, was local, sporadic, almost random.”
preferred; whence any Divinity whatsoever in the seat of the heavens may be propitious and kindly disposed to us and all who are placed under our rule.”

A mere century later, in 423, Emperors Honorius and Theodosius, though themselves using religious pretexts in 415 to “order that all places which the error of the ancients assigned to sacred purposes shall be confiscated to our crown domain,” already saw the need to remind Christians who are such in fact, or who are called such, not to venture to lay hands on Jews or pagans who live quietly and do nothing turbulent or unlawful, thus misusing the influence of (the Christian) religion; and if Christians use violence toward those who are protected, or seize their property, they shall, if convicted not alone restore what they took, but double that amount.

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8 Edict of Milan, in University of Pennsylvania ([S.a.]:29). Heretofore it had been the crime of the Christians, specifically, not that they worshipped their particular god to the exclusion of all others – this the Jews did as well – but that as Gentiles they “had abandoned the cults revered by their ancestors and thus risked the displeasure of their traditional gods” (Goodman 2007:392). Barnes (1968:50) speaks of a “strong feeling that only ancestral Gods ought to be worshipped, and in the traditional way.” This the Jews did; they were following a tradition, odd in the Romans’ eyes, but time-honoured nonetheless, according to which they “had never believed it right to make offerings to any god other than their own.” (Goodman ibid.) Consequently, their “religion could not exist in the Graeco-Roman world without certain privileges, and the first and most important condition was for the Jews not to be obliged to take part in the cult of the gods” (Tcherikover 1959:305). According to Josephus (ibid.: book 16, chapter 6, 2), Emperor Augustus had indeed granted them such privileges: because their nation had been “found grateful to the Roman people,” they were to be at liberty to make use of their own customs, according to the law of their forefathers.” Inversely put, as Sarton does (1959:249), they “were persecuted, if at all, not because of their own religion but because of their failure to accomplish the religious part of their national duties.” Gotter (2011:138f) underscores this empire-building rather than religious gist of Roman administrative reasoning, with its core motive of curbing all centripetal tendencies, by pointing towards Trajan’s refusal to allow the formation of even as non-religious and presumably politically innocent a local body as a guild of firemen in Nicomedia.

9 Decreed first at Ravenna, August 30, 415, and reiterated in the Codex Justinianus of 529 (quoted in Blume [S.a.]: book I, title XI, 1.11.5).

10 Decreed first at Constantinople, June 8, 423 (quoted in Blume [S.a.]: book I, title XI, 1.11.6), and reiterated in the Codex Justinianus; however, a mere century after first issuing this protection order for non-Christians, the shift towards an enforcement of Christianity becomes codified as well, in the same Codex Justinianus: “Since some have been found who, imbued with the error of the impious and wicked pagans, do things which move the indulgent God to just wrath, … and knowing that they, having abandoned the adoration of the true and only God, have, in their insane error, offered sacrifices to statues and performed worship replete with
The Emperors knew what they were talking about: while the transition was still under way by the end of which Christianity had in true fact become the state religion of the Empire, its adherents had already begun to turn violent against other creeds: against Jews (e.g., in the destruction of the synagogue of Callinicum, 388\(^{11}\)), pagans (e.g., in the destruction of the Serapeion of Alexandria, 391\(^{12}\)), and even against their own (e.g., in having Priscillian sentenced to death by the Emperor, c.386, on accusations of sorcery\(^{13}\)). As a model, the early kind of missionary activity, with growth independent of support by the earthly powers that be, or even in the face of their antagonism, did not prevail in the longer run, although it had been successful enough, in that it had made the Christian community grow to a point where Constantine became convinced of the new religion’s usefulness as a means in his attempts to reorganise the Empire.

For him and his successors, in their increasingly harsh legislation against pagan worship, but also against (what would become) heterodox Christian positions – Constantine against the Donatists and Arians, Theodosius and Justinian against the Arians – the unity of the iniquity, and that even those who had been already found worthy of sacred baptism, have committed these sins, we subjected [sic] them, in a spirit of kindness, to the punishment adequate to the crime of which they shall be convicted. And by the present law we give notice to all that, if in the future it shall appear that those who have become Christians and have at any time been considered worthy of the holy and saving baptism, still adhere to pagan error, they shall be punished by death.” (in Blume [S.a.]:1.11.10)


\(^{13}\) Cf. Gibbon (1985:305ff), and Burrus (1995:12), who emphasises how their self-declared orthodox adversaries “portrayed the Priscillianist Christians as anarchic or rebellious, members of a subversive and immoral secret society who not only disdained the authority of public office but also ignored the fundamental hierarchy of genders.” And if the supposedly heretical *equalitarian* leanings of the Priscillianists (regarding all believers, and slaves and women in particular) would not suffice, they had to be “augmented with accusations of sorcery and sexual immorality.” (ibid.:2) These allegations, Burrus suggests (ibid.:5), “point to larger anthropological, ecclesiological, and cosmological debates centering around fundamental questions about the nature of the Christian community and the relation of that community to the surrounding world.” Cf. above, pp84ff & passim, on the tensions between the quasi-democratic traditions of the Israelites, and the Davidic monarchy.
Empire would take precedence in determining their decision-making. The outcome of inner-
theological controversies, in the longer run, was an increasingly narrowly defined God of
Christianity as the only true one – triune, Father and Son consubstantial, Son truly divine
and simultaneously truly human, His two natures not intermingling – with the (in the end)
orthodox ‘winners’ on the religious side happily making use of the coercive power of the
Emperors, to prevail. As Freeman bluntly puts it (2009:259), the “result of the Council of
Constantinople [should better be called; RB] … Theodosius’ laws.”\(^{14}\) What Hanson
(1983:50) calls the reduction of “the meanings of the word ‘God’ from a very large selection
of alternatives to one only,” by today’s standards a purely theological definitional issue to
be battled out between the cognoscenti in their doctrinal ivory tower, was thus not at all
esoteric in its own time, but indeed also a matter of hard-nosed power politics.\(^{15}\)

Dogmatic-theological development appears here within the context of a political agenda:
according to Freeman (2009:252), the cause of “upholding the hierarchical structure of the
empire” clashed with a particular strand of tradition, that of “Jesus of the gospels [who] was
a rebel against the empire,” that is, against socio-political business as usual: e.g., when He
blessed the poor, the hungry and weeping (Lk 6:20-21), and in His threats against the rich:
“[W]oe unto you that are rich! for ye have received your consolation. Woe unto you that are
full! for ye shall hunger” (Lk 6:24-25); in the words of James:

> Go to now, [ye] rich men, weep and howl for your miseries that shall come upon
> [you]. Your riches are corrupted, and your garments are moth-eaten. Your gold and
> silver is cankered; and the rust of them shall be a witness against you, and shall eat
> your flesh as it were fire. ... Behold, the hire of the labourers who have reaped down

\(^{14}\) Theodosius thereby remained in the tradition of Constantine, who according to Gotter (2011:148; my
transl.) had reckoned, “when investing in Christianity, that with the new privileged cult the Roman monarchy
could effectively be reorganised,” on the role of anti-pagan and anti-heretical imperial legislation from
Constantine’s sons through to Theodosius, cf. Gotter (ibid.:151).

\(^{15}\) Cf. Schott (2008:175) on Eusebius finding a supposedly “providential” relationship between monarchic
empire and monotheistic theology.” Hanson (cf. 1983:41) disagrees on this point, though his argument does
not convince me as internally consistent; cf. also the role ascribed to the ruler by Aponius in the fifth century,
as “vicegerent of God on earth, head of the Christian people.” (quoted in Brown 1994:1)
your fields, which is of you kept back by fraud, crieth: and the cries of them which have reaped are entered into the ears of the Lord of sabaoth. (5:1-4)<sup>16</sup>

With the Second Coming receding in history, and the Church being assigned and eagerly adopting a place of ever-increasing power-political relevance within the Roman Empire, the idea of the imminent advent of the kingdom in which the meek would inherit the earth, had to be replaced by constructs that were compatible with upholding law and order in society;<sup>17</sup> according to Freeman (2009:253), by elevating the Son – the erstwhile rebel – to a status of equal majesty with the Father, “the theological formula [was found; RB] which most fully met the needs of the empire for an ideology of good order under the auspices of God.”<sup>18</sup>

Many Germanic tribes, however, leaned towards Arianism; against this, a strategy of enforcing Catholic orthodoxy from above was successfully employed, by concentrating on the conversion of their leaders to the true faith, as happened with Chlodowig, King of the Franks (c.466-c.511). Once king and aristocracy had been admitted into the Church of Rome, subjects were bound to and did follow, if by fits and starts, and passing through

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<sup>16</sup> Of the many sides of the person and message of Jesus in Young’s account (2006:23) – the charismatic healer/magician, “the Jewish ‘holy man’ the rabbi, the Pharisee, the Galilean peasant, the Cynic philosopher, the social revolutionary, the sage, the seer, the prophet of the end-time, the true Messiah” – the revolutionary and the apocalyptic prophet who come to the fore in these last quotes are, obviously, least palatable to those in charge of maintaining a status quo characterised by gross social inequality.

<sup>17</sup> Starting from the premise that “[m]ilitary might cannot successfully maintain empire without a rhetoric of imperial ideology that makes differences between rulers and those they rule seem natural” (Schott 2008:4), Schott mines the writings of Eusebius for what he calls the “early fourth century .. symbiotics of empire and Christian mission” (ibid.:175), “vivid parallel constructions” creating a “connection between Christ’s victory and the Pax Romana.” (ibid.:160)

<sup>18</sup> I do not intend, here, to reduce the complex doctrinal issue of the trinity, with four centuries of intense debate among theologians from Tertullian, Origen, Irenaeus, Cyprian, Athanasius, Basil, to Gregory of Nazianzus and Gregory of Nyssa, to the one aspect of the eventually prevailing theological formula’s power-political usefulness. Rather than following how it eventually came to prevail as a result of inner-theological debate, my point is that there were non-theological reasons to favour it, and that Theodosius’ taking sides (an example followed by secular rulers throughout the following centuries until today) was not rejected as worldly interference, by theologians across the board, but was happily made use of by the faction he favoured.
lengthy periods of syncretism. Christianisation by using worldly powers as an entry point to achieve conversions *en masse*, was subsequently pursued throughout Europe (e.g., in Hungary, between the baptism of Gyula II of Transylvania in 950 and the death of King Stephen in 1038), at times in combination with brute force (e.g., in Charlemagne’s campaigns against the Saxons), the last European instance being the already mentioned subjugation of the remainder of pagan Lithuania and the “Baptism of Samogitia.”

19 “Mission did not begin at the village squares ... but in the palaces. The Germanic system of sacral kingship implied that the tribal chieftains were kings, high priests and trading barons in one, which is why one had to target them” (Padberg 1998:181; my transl.); cf. Fletcher (1999:236 & passim). Even so, the king would have to convince his nobility and subjects that changing allegiance from the old gods to a new one was the right step to take, not theologically but in terms of the new god’s superior power and readiness to give support. In the Venerable Bede’s account of 627, King Edwin of Northumbria’s promise of conversion to Christianity is followed by victory in battle; however, the King thereafter still deliberates with his nobles, and only consensually, “if they as well were of his opinion in this matter, all would in the fountain of life be consecrated to Christ.” (quoted in Padberg 1998:240; cf. 52f, 74f)

20 Garrison (1994:133) quotes the Paderborn Epic’s blunt assertion, “Quod mens laeva vetat suadendo animusque sinister, Hoc saltim cupiant implere timore coacti” ... “What the contrary mind and perverse soul refuse to do with persuasion, Let them leap to accomplish when compelled by fear;” Padberg (1998:95; my transl.) quotes from the Carolingian *Capitulatio de partibus Saxoniae* that, “[i]f anyone among the Saxon people hides himself unbaptised, and scorns to come to baptism, and wants to stand apart and remain a pagan, he shall be put to death.” Cf. University of Pennsylvania (1900:2ff). However, as Padberg says (1998:248; my transl.), one must also acknowledge Alcuin’s 796 criticism of forced conversion, advising that “faith is a matter of voluntariness, not of coercion,” in the tradition of the early (powerless) itinerant monks who spread the Gospel.

21 For its coercive antecedents, cf. Fonnesberg-Schmidt (2007:32, 48, 76f, 80, 93); for the employment of the same and similar techniques outside Europe, cf. Daus (1983:63ff) and Wicki (1955) on the Portuguese in South and East Asia. Fonnesberg-Schmidt (2007:24) aptly characterises the situation by noting that “[w]hile the theologians maintained that conversion should be voluntary, there was a widespread pragmatic acceptance of conversion obtained through political pressure or military coercion.”
3.2 THE AGE OF EXPLORATION AND THE BEGINNINGS OF MODERNITY

The following centuries created missionary challenges of their own. New horizons were opened up by Bartolomeu Dias, Vasco da Gama, and Christopher Columbus, along the African coastline, around the Cape of Good Hope, and across the Atlantic, building on earlier efforts like the Castilian conquest of the Canary islands throughout the 15th century; the discovery of Madeira (1419) and of the Azores (c.1431) in the lifetime of Henry the Navigator (1394-1460); and the exploration of the African west coast as far as the Cape Verde islands (1458). In 1482, a European crew first reached the mouth of the Congo, and in 1488 the Cape of Good Hope. Exploration in the interest of finding trade routes, and later colonialism, opened heretofore unknown or inaccessible lands to missionary fervour, to live up to the imperative of Mk 16:15, “Go ye into all the world, and preach the gospel to every creature.”

This is the light in which Henry the Navigator appears to the Holy See: as a

most active and courageous defender and intrepid champion of the faith in Him, [who] has aspired from his early youth with his utmost might to cause the most glorious name of the said Creator to be published, extolled, and revered throughout the whole world, even in the most remote and undiscovered places, and also to bring into the bosom of his faith the perfidious enemies of him and of the life-giving Cross by which we have been redeemed, namely the Saracens and all other infidels whatsoever ... [A]fter many wars ... [the infante; RB] has peopled with orthodox Christians certain solitary islands in the ocean sea, and has caused churches and other pious places to be there founded and built, in which divine service is celebrated. Also by the laudable endeavor and industry of the said infante, very many inhabitants or dwellers in divers [sic] islands situated in the said sea, coming to the knowledge of the true God, have received holy baptism, to the praise and glory of God, the salvation of the souls of many, the propagation also of the orthodox faith, and the increase of divine worship.22

22 Nicholas V, in Romanus Pontifex (1455); Pope Calixtus III pursues the same line in Inter Caetera (1456).
The aspiration of Christianity, ever since the controversies of the early years, to reach out to all citizens of the Roman Empire and to the known world beyond – Persia, Ethiopia, Armenia, India – had found expression in the new religion’s eventual name: *Catholic*; following St Cyril, the *Catholic Encyclopedia* (1908) says the Church is called Catholic because it is throughout the world, from one end of the earth to the other.’ … St. Optatus (c.370) and St. Augustine (c.400) … particularly insisted upon the note of Catholicity, and they pointed out that both the Old and the New Testament represented the Church as spread over all the earth. … [For] Vincent of Lérins (c.434) … Catholicity is ‘That which has been believed everywhere, always, and by all.’ ‘This’, he adds, ‘is what is truly and properly Catholic’.

But with the Portuguese and Spanish discoveries, unanticipated horizons had come into view, and heretofore unknown peoples. Was the exhortation applicable with regard to them as well, to go “into all the world, and preach the gospel to every creature”? If “every” meant every *human* creature, that still left open the question as to who qualified for the epithet: The Guanches of the Canaries? The locals of mainland Africa? The Amerindians? While the Bible had known the ‘Ethiopian,’ the native inhabitant of the New World “presented Europe with a radically new problem,” says Davis (1966:168), in that “he did not conform to the traditional antitheses of Christian and infidel, freeman and slave, and man and beast.”

### 3.2.1 One or more than one humanity? The issues of monogenesis, polygenesis, and slavery

Missionary work must take place in the real world – a complex and puzzling place indeed. Which of the many possible perspectives is one to take? On the Hebrew versus Gentiles issue, a decision had been reached by confirming not just their joint humanity (uncontested within the Roman Empire), but their equal acceptability into the new faith. By the time the question had to be answered which route to pursue in Southern Africa, much had happened in the intervening centuries. In the Canaries, the Caribbean, and on the American mainland, scores of peoples had been encountered whose status was not clear
from the start. Facing natives who, through no failing of their own, had never been exposed to the Good News, what were the religious implications? And with natives whose descent was unclear – children of Adam, or of a separate creation? – what did the possibility of polygenesis mean, with regard to their enslavement as well as their conversion? The missionary history of the Canaries as well as of the Americas, as places of *de novo* interaction between European Christians and local heathen populations, thus offers a background narrative against which to contemplate the situation at the Cape and later in the Zambesi Mission.

During his time in office (1243-1254), Innocent IV had already developed “the legal basis for a theory of papal relations with infidel societies, stating that the responsibility of a pope for the souls of all men meant that he could send missionaries even against the wishes of the local rulers.” (Fonnesberg-Schmidt 2007:240) Behind this position, however, clear-cut as it seems, controversial issues abound, at the levels of theory as well as of theory’s relation to practical necessity. In Innocent’s time, the question raised above had not as yet posed itself: if what would be called the ‘New World’ was peopled by humans who had sprung from Adam’s loins, or otherwise. Once the question was asked, though, and then more so on the Protestant side of Christendom, a stand had to be taken on the issue of monogenesis, or rather, on what would be the implications of polygenesis.23 In Catholic reasoning, the Amerindian natives’ descent from Adam and Eve, *in the literal sense*, was never in doubt right into the 20th century;24 nor ever, following from this, their being tainted,

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24 The position was defended vigorously until quite recently. In his *Humani Generis* (1950:$§$36), Pius XII concedes that serious “research and discussions ... [may] take place with regard to the doctrine of evolution;” but in the following paragraph, he firmly insists that “[w]hen .. there is question of another conjectural opinion, namely polygenism, the children of the Church by no means enjoy such liberty. For the faithful cannot embrace that opinion which maintains that either after Adam there existed on this earth true men who did not take their origin through natural generation from him as from the first parent of all, or that Adam represents a certain number of first parents. Now it is in no way apparent how such an opinion can be reconciled with that which the sources of revealed truth and the documents of the Teaching Authority of the Church propose with regard to original sin, which proceeds from a sin actually committed by an individual Adam and which, through generation, is passed on to all and is in everyone as his own.” Only of late, even some kind of polygenesis is no longer anathema, with Paul VI contemplating the possibility that “[e]volution brought about not a single couple but many men, who constituted the primitive human population.” (Masi 1969:5)
one and all, by original sin, which thus ironically became a token of their humanity. In 1537, Pope Paul III decrees in his bull *Sublimis Deus*, that the

enemy of the human race, who opposes all good deeds in order to bring men to destruction ..., invented a means never before heard of, by which he might hinder the preaching of God’s word of Salvation to the people: he inspired his satellites who, to please him, have not hesitated to publish abroad that the Indians of the West and the South, and other people of whom We have recent knowledge should be treated as dumb brutes created for our service, pretending that they are incapable of receiving the Catholic Faith. We, who ... exercise on earth the power of our Lord and seek with all our might to bring those sheep of His flock who are outside into the fold committed to our charge, consider, however, that the Indians are truly men and that they are ... capable of understanding the Catholic Faith.25

What were the practical implications? Paul III actually states (ibid.) that said Indians “are not only capable of understanding the Catholic Faith but, according to our information, they desire exceedingly to receive it,” thereby elegantly avoiding the theological problems related to the employment of force as a means of conversion, as used in the history of Catholic mission from Saxony, in the more distant past, to Lithuania, to Muslim Iberia, in the then recent past and right up to the time of Paul’s writing. Since all men were created in God’s likeness, and as children of Adam possessed a soul tainted by original sin; since all had been redeemed by Christ and enjoyed the same divine calling and destiny, their basic equality before God had to be recognised. Paul III goes even further and demands (ibid.),

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25 As for the Amerindians being “truly men,” Paul III is obviously still striving to *substantiate* his point – the joint humanity of all people all over the globe, as the children of Adam and Eve; this their *humanity* has four centuries later become a matter of course and the foundation for the argument of his successor Paul VI (1965:§29; my italics) in favour of *equality*, not as a matter of principle (upheld already by, e.g., Gregory I in the 6th, and St Thomas Aquinas in the 13th), but as a political goal – an idea unheard of in the day of Paul III, and for a long while after: “Since all men possess a rational soul and are created in God’s likeness, since they have the same nature and origin, have been redeemed by Christ and enjoy the same divine calling and destiny, the basic equality of all *must receive increasingly greater recognition*.” The same document (ibid.: §27) mentions slavery, bluntly and unambiguously, together with “arbitrary imprisonment, deportation, .. prostitution, the selling of women and children ... [as] infamies indeed.”
notwithstanding whatever may have been or may be said to the contrary, [that] the said Indians and all other people who may later be discovered by Christians, are by no means to be deprived of their liberty or the possession of their property, even though they be outside the faith of Jesus Christ; and that they may and should, freely and legitimately, enjoy their liberty and the possession of their property; nor should they be in any way enslaved; should the contrary happen, it shall be null and have no effect.26

For those engaged in worldly politics and economics, this was a dangerous stance to take – so understandably, the Spanish crown strove to and de facto succeeded in having the bull rescinded,27 even if Charles V had been toying with such ideas himself, which in the first place had invited the pope to do the same, as Maxwell (1975:58 & 68f) explains.

26 Already a century earlier, Eugene IV had spoken strongly against the enslavement of the natives of the Canary Islands, in his bull Sicut Dudum (1435:§§1&2): “[S]ome Christians (we speak of this with sorrow), … have approached said islands by ship, and with armed forces taken captive and even carried off to lands overseas very many persons of both sexes, taking advantage of their simplicity … They have deprived the natives of the[ir] property, or turned it to their own use, and have subjected some of the inhabitants of said islands to perpetual slavery, sold them to other persons, and committed other various illicit and evil deeds against them.” The same pope, though, gave his theological endorsement to the Portuguese endeavours of exploration and mercantile exploitation in his 1442 bull Illius Qui, and even on slavery, in Sicut Dudum, he prevaricated. Panzer (1996) quotes Eugene correctly as ordering to “restore to their pristine liberty all and each person of either sex who were once residents of said Canary Islands … who have been made subject to slavery (servituri subicere). These people are to be totally and perpetually free.” In his concluding remark, though (ibid.:§4; my italics), the Pope confines his sentence of excommunication, for the future, to those who “attempt to capture, sell, or subject to slavery, baptized residents of the Canary Islands, or those who are freely seeking Baptism,” thereby casting doubt upon his earlier protection from slavery, of all islanders. This qualifying statement Panzer leaves unmentioned and uncommented although he must be aware of it, appending as he does, to another version of his defence of the papacy, the full text of the encyclical.

27 In Stogre’s view, it was not the bull Sublimis Deus as such which was revoked: neither the bull’s insistence on the human nature of the Amerindians, as the prerequisite for their evangelisability, nor on their property rights of goods as well as of themselves (cf. Stogre 1992:82ff, 115n133 & 116n139). What was annulled in 1538 in Non Indecens Videtur, Stogre says, was but the prerogative of the Holy See to subject to canonical penalties those who acted counter to its teaching in Sublimis Deus. These penalties Paul III had spelt out in his 1537 Pastorale Officium, thereby involving “the pope immediately in adjudicating the affairs of the Indies.” (Stogre ibid.91) Davis concurs (1966:170fn9; my italics): “Because of a jurisdictional dispute with the Spanish crown, … the penalties” which Paul III had pronounced, were revoked. As Stogre remarks in conclusion,
Closer to home, when he was not talking about far-away places beyond his factual control, Paul III could be quite pragmatic himself. Having reaffirmed in 1535 the right of slaves to flee to the Capitol, there to claim their freedom, he let a request by the civil authorities, in response to a shortage of slave manpower, convince him of the need to decide otherwise: he declared “the lawfulness of slave-trading and slave-holding, including the holding of Christian slaves, in Rome.” (Maxwell 1975:75) He also “authorised the purchase and possession of Muslim slaves in the Papal States in 1548, ‘for the public good’.” (Clarence-Smith [S.a.]:10) The Church thus did prevaricate, not on the common descent of all humans, thus on their shared humanity, but on the issue of slavery. And this is not difficult to understand: as Godinho (1983:151ff) describes in great detail, the trade in and utilisation of slaves, procured initially from Greece, Sardinia, the Balkans, Turkey and the lands around the Black Sea, played a major role in the economy of the Western

however (ibid.:116n139), the complete omission of Sublimis Deus from “major collections of papal documents” seems to point beyond such purely legalistic concerns: conspicuously, Denzinger’s Enchiridion symbolorum definitionum et declaracionum de rebus fidei et morum (1999) never even mentions what Stogre (ibid.91) calls “the best known and most cited” papal pronouncement of the era on the humanity and inalienable rights of non-Christian, non-European peoples.

28 Cf. Maxwell (1975:74f); Davis (1966:56).

29 Maxwell (ibid.:75; my italics) quotes Paul’s Motu Proprio of 1548 (Confirmatio Statutorum populi Romani super restitutione servorum in Urbe): "[H]aving regard to the fact that the effect of a multitude of slaves is that inherited estates are enriched, agricultural property is better looked after and cities are extended, … [we decree] that each and every person of either sex, whether Roman or non-Roman, whether secular or clerical, and no matter of what dignity, status, degree, order or condition they be, may freely and lawfully buy and sell publicly any slaves whatsoever of either sex, and make contracts about them as is accustomed to be done in other places, and publicly hold them as slaves and make use of their work, and compel them to do the work assigned to them. And with Apostolic authority, … we enact and decree in perpetuity that slaves who flee to the Capitol and appeal for their liberty shall in no wise be freed from the bondage of their servitude, but … shall be returned in slavery to their owners, … irrespective of whether they were made Christians after enslavement, or whether they were born in slavery even from Christian slave parents." Less than 20 years later, the privilege of the Roman magistrates “to emancipate baptized slaves who fled to the Capitol and appealed for their liberty” (Maxwell 1975.:76) was restored by Pope Pius V.

30 Cf. Maxwell (ibid.).

31 Hence the term, slave, from Slav, “used in this .. sense because of the many Slavs sold into slavery” (Online Etymology Dictionary:[S.a.]); the equation of ‘slave’ and ‘black’ is thus of rather recent origin (cf. p146, below).
Mediterranean, from Venice to Genoa to Palermo to the Baleares to Barcelona and across the Iberian peninsula. Depopulation caused by the Black Death, later also emigration, exacerbated the demand for manpower fired by economic expansion, which was met by the slave trade. Nonetheless, over the centuries, there is a clear trend from the acceptance of slavery as a necessary evil to its rejection, although contradictory statements are still issued by the papacy, and even by the same pope during his time in office, in the early modern era.

Least contentious, perhaps, was the “common Catholic teaching concerning the moral legitimacy … of enslavement by capture in just warfare” (Maxwell 1975:72), as well as the right to enslave the enemies of Christ. In his bull *Dum Diversas*, Pope Nicholas V (1452) directly addresses the King of Portugal whose intention it is, in the Pope’s understanding, “to subjugate the enemies of Christ, namely the Saracens, and bring [them] back, with powerful arm, to the faith of Christ;” to this end, Nicholas grants the king full and free power, through the Apostolic authority by this edict, to invade, conquer, fight, subjugate the Saracens and pagans, and other infidels and other enemies of Christ, … [wherever] their Kingdoms, Duchies, Royal Palaces, Principalities and other dominions [may be], … and to lead their persons in perpetual servitude.

But if slavery *per se* was not incompatible with the teachings of Holy Scripture, was it so with regard to baptised Christians, or heathen ready to be baptised? As Clarence-Smith

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32 “We find slaves all over the Hispanic east, in excess of 4375 in Catalonia alone, at the beginning of the 14th century.” (Godinho 1983:152; my transl.) Towards the end of that century, Daus (1983:24) puts the slave population of Barcelona at around 10 percent of its inhabitants.  
33 Cf. Godinho and also Daus (ibid.:32 & 93) on the nascent trade in and utilisation of black slaves over the following centuries.  
34 Likewise, three years later, in *Romanus Pontifex*: “We ... had formerly by other letters of ours granted among other things free and ample faculty to the aforesaid King Alfonso – to invade, search out, capture, vanquish, and subdue all Saracens and pagans whatsoever, and other enemies of Christ wheresoever placed, ... and to reduce their persons to perpetual slavery, ... which, since the salvation of souls, increase of the faith, and overthrow of its enemies may be procured thereby, we regard as a work wherein the glory of God, and faith in Him, and His commonwealth, the Universal Church, are concerned.” (Nicholas V, 1455)
says ([S.a.]:10), “[b]aptism might entail freedom in Europe, albeit not as a right, and rarely had the same effect overseas.” An enlightening case is described by Guyatt (2007:19; my italics), of a group of 72 Englishmen who were “suspected Royalist insurgents after the failed Salisbury Uprising of 1655,” as such deported to Barbados, and enslaved there. Following their escape back to London, they petitioned Parliament in 1659 to have them set free, on grounds of their being “Christian rather than white.” This was a time, then, when white skin still provided little protection against getting enslaved; being Christian to some extent might, but less so becoming Christian after enslavement (cf. fn29, above).35

The inhuman treatment by Christians, though, of the very pagans whose conversion to Christianity was to be attempted, continued to be criticised, not only by the likes of Bartolomé de Las Casas, but also by the Holy See. Pope Eugene IV has already been alluded to (cf. fn26, above): his Sicut Dudum (1435:§1) condemned the enslavement of the Canary Islanders and demanded their unconditional release, reasoning that they, so far “imitating the natural law alone, and not having known previously any sect of apostates or heretics, have a short time since been led into the Orthodox Catholic Faith with the aid of God’s mercy.” He continues (ibid.:§2):

Some of these people were already baptized; others were even at times tricked and deceived by the promise of Baptism, having been made a promise of safety that was not kept.” Due to enslavement and “various illicit and evil deeds against them, … very many of those remaining on said islands, and condemning such slavery, have remained involved in their former errors, having drawn back their intention to receive Baptism, thus offending the majesty of God, putting their souls in danger, and causing no little harm to the Christian religion.36

Likewise, now with the natives of the New World in mind, Paul III, in the said Pastorale Officium, his 1537 letter to the Cardinal Archbishop of Toledo, bemoaned the fact that “the Indians were being alienated from Christianity by the injustices and injuries which they suffered at the hands of their Christian conquerors.” (Maxwell 1975:71) 200 years later,

36 Cf. his Creator Omnium (1434), arguing in the same direction.
Maxwell reports (ibid.:73), Pope Benedict XIV addresses his *Immensa Pastorum* of 1741 to the bishops of Brazil because he still has reason to be concerned with the spiritual welfare of the Indians. He condemns the unjust enslavement of Indians, both non-Christian and Christian, as well as their inhuman maltreatment by Portuguese Christians which turns the Indians away from the Faith and hardens them in the greatest hatred of it.

Though not rigorously enforced, there is thus a centuries-long history of objection, by a succession of popes, to the enslavement and/or maltreatment of the natives of the New World. As regards the enslavement of and transatlantic trade in Africans, however, it took until the nineteenth century for the Church to speak out in like manner. Only in 1839, in his *In Supremo Apostolatus*, Pope Gregory XVI condemned the current practice of the Negro slave trade as unchristian and morally unlawful ... [He] solemnly forbids any of the faithful in future unjustly to molest or despoil or enslave Indians, Negroes, or suchlike people, or contrary to the laws of justice and humanity to engage in the Negro slave trade in which, no matter how they were enslaved, the Negroes are treated as mere animals and put to carry out the most arduous labours. It is clear that the Pope is condemning unjust enslavement and unjust slave-trading. There is no contradiction of the common Catholic teaching concerning just enslavement and just slave-trading. (Maxwell 1975:73f)

Up to this point, and ever since the days of Henry the Navigator and later Columbus, whatever anti-slavery arguments had been put forward in papal bulls, “these decrees seem only to have been applied to the trafficking of native populations in the Americas” (Berry 2007:107) and before in the Canaries, not, however, to the residents of mainland Africa, nor to the trans-Atlantic slave trade. The native American appeared to enjoy the innocence and felicity of an era before the fall of man ... [so if] slavery was commensurate with sinful society ..., how could one
legitimately enslave these children of paradise whose external lives seemed to be the spontaneous expression of man's pristine nature? (Davis 1966:167)\(^{37}\)

This logic was definitively not applied to (West) Africans: it was known, says Davis (ibid.:181f) that they originated from highly organized societies .. [which] were able to deal on nearly equal terms with the early Portuguese traders, who respected both the wealth and power of their kings. There was little reason to associate the African with a primitive or uncorrupted nature. He was known from the Bible and from the writers of antiquity, and he often bore the influence of Moslem culture. It was sometimes said that he had once been exposed to the true faith, but had either rejected or forgotten it. He was, in any event, too advanced in culture to be styled as an innocent savage.\(^{38}\)

This view, Davis adds (ibid.:170), was quite in line with the traditional inclination to associate the Africans with Moors, and thus with a menacing infidelity. Even when Negroes had not been tainted by Islam, they were of the old world, the world of antiquity and of the Bible, which at least had been exposed for many centuries to the word of God.

A justification for the enslavement of Africans was thus ready to hand. But were they not truly human, still? And was the Church therefore not obliged to teach them even if they were slaves? These were not just rhetorical questions in the 15\(^{th}\) century, and on these the Church took an unambiguous stand, answering them in the affirmative. As a result, both

\(^{37}\) There was concurrently, however, a contradicting perspective which saw the American native's "idleness and gluttony ... To a people who valued the disciplines necessary for wealth and power, he appeared as a contemptible travesty of human nature." (Davis 1966:168)

\(^{38}\) Even Las Casas' "moral vision rested on an assumed dualism between Europe [and by extension, Africa; RB] and America, between civilization and innocent nature," says Davis (1966:173); "admiration and sympathy for the noble savage did not extend to the Negro." (ibid.:175) For the history of the ambivalence in NAW ideas on Africa and the Africans, as deserving revulsion for their depravity, or praise for their virtues, cf. George (1958).
“Spanish and Portuguese legal codes stipulated that entrants into their colonies be certified as Christian” (Berry 2007:107), one consequence being the practice of branding those who had been baptised with a cross.\(^{39}\) Slaveholders, nevertheless, felt ill at ease with the conversion of their human property, as this inevitably raised the question if it was permissible to keep enslaved a fellow Christian merely on account of his racial belonging?

Since the earliest days of Christianity, slavery as such had not been an issue in the eyes of the Church: neither had slave owners been under an obligation of manumission following their own conversion to Christianity, nor was the conversion of a slave supposed to have implications with regard to his status as the property of somebody else. St Paul’s “[w]ere you a slave when you were called? Don’t let it trouble you” (1 Cor 7:21 (NIV)) may be interpreted as having been said in anticipation of the Lord’s imminent return; however, as this expectation receded into the distance, he could now also be understood in a very practical-political sense, in the context of upholding the socio-economic status quo, implying that the conversion of slaves was a spiritual matter and nothing but that:

> [M]any Guineamen and other negroes, taken by force … [or by] lawful contract of purchase, have been … converted to the Catholic faith, and it is hoped, by the help of divine mercy, that if such progress be continued with them, either those peoples will be converted to the faith or at least the souls of many of them will be gained for Christ. (Romanus Pontifex 1455)

Nonetheless, in the slaveholders’ eyes it seemed advisable to refrain from converting slaves – just to be on the safe side. Speaking of master-slave relations, though in Protestant North America, Bynum (2007:323) asserts that

\(^{39}\) Cf. Hepburn (2007); Berry (2007:108) remarks that “Protestantism with its emphasis on the necessity of personal faith for Christian salvation denigrated Catholic baptism of slaves as a perfunctory ritual devoid of substance.” He also mentions, though (ibid.), that the “Portuguese created an official position of catechist for slaves (catequizador dos negros/dos escravos) who were [sic] responsible for providing religious instruction to those awaiting transport.” Cf. Daus (1983:62ff) on the Church’s insistence in the Portuguese colonies in the East, that this task of converting the natives be taken seriously.
[c]onversion and baptism were associated with a freedom only to be afforded to whites and an equality that would undermine the master-slave power structure. There was a growing fear that conversion would encourage a sense of equality between the slave and his or her master.\textsuperscript{40}

Therefore, because the idea of equality was to be avoided at all cost, it made sense not to contemplate conversion, in the first place. Here the Church stood firm, on paper at least: Negroes were humans, no less than the Amerindians, so the missionary command spoke of them as well.\textsuperscript{41} Only for practical reasons, Pius IX instructed his clergy, much later and with a view to Southern Africa, to "[a]ttend first to the wants of 'the children of the household of the faith.' When the wants of this portion of your flock have been provided for, then turn your attention to the native population."\textsuperscript{42} Any mitigation of the imperative to save all souls, any postponement of the baptism of accessible heathen, was thus justifiable only because of practical impediments like a shortage of priests. But once the situation could be ameliorated, missionary work would be the order of the day: Ricards booklet, as later the Zambesi Mission Record, ever since its first publication in 1898, record the pressure and responsibility these Catholics felt upon themselves, not least because they could not but notice on-going Protestant proselytising activities. What, then, was their missionary work all about?

\textsuperscript{40} Hoekendijk, discussing \emph{Church and Race} in South Africa (1967:123ff), agrees that "Baptism was the critical limit. When that border line had been crossed, it became difficult to maintain distinctions any longer." (ibid.:129)

\textsuperscript{41} Cf. Hausberger (2004:85).

\textsuperscript{42} Quoted in Ricards ([S.a.]:8; cf. Brown (1960:160f, 194ff & passim). Brain (1975:128) quotes Bishop Allard OMI, of the Vicariate Apostolic of Natal (letter to Hoendervangers, 29 July, 1856): "As to colour, the Catholic church does not pay attention to it. Jesus Christ died for all men without distinction."
3.2.2 The ultimate goal of mission, as against the practical implications of Christianisation

Trying to alleviate the anxieties of New World slaveholders, missionaries had promoted the idea “that conversion would make slaves more obedient to their masters” (Bynum 2007:324) – an idea re-iterated by Catholic missionaries in Southern Africa, over and over again, in the much later controversies about the impact of their conversion efforts on (free) heathen Africans. As Davis demonstrates (1966:200), the North Atlantic Puritan credo behind converting slaves to Christianity was that all souls were of equal worth, therefore deserving of the offer of salvation, but that “in this life Christian liberty extended only to the spirit; ... ‘right reason’ showed that the institution [of slavery; RB] was a proper part of the worldly orders of subjection and authority” – and Catholics concurred on both counts.43 Addressing the white beneficiaries of black servitude, trying to pique their self-interest and certainly uttered in good faith, the argument was that “dedicated missionaries went out to the colonies ... [to do] their best to transform the sullen slave into a cheerfully compliant Onesimus.” (Davis 1966:216)44

Slaveholders’ worries were not at all unjustified, though, about the tantalising promises implicit in the Good News.45 Ultimately, indeed, all Christian mission is, and must be, about the salvation of souls; Jesus’ question in Matthew 16:26 leaves little room to manoeuvre:

43 In the 19th century, Southern African zeitgeist continued to see the ‘proper place’ of the native African in due subordination to his white master, but increasingly not any more (if against Boer resistance) as his slave.

44 Cf. Decker (1879:283; my transl.): “The propagation of the Gospel by the missions is the only efficacious and durable means of civilising savage peoples.”

45 It was only once the Catholic Church and with her the ZM Jesuits had accepted, at long last, that there was no going back to a world before the Reformation, or 1789, that their way of arguing changed: indeed, they now declared, the Gospel message was revolutionary – but would not the ruling colonial class fare better with the Catholic version of the equality of all men, than with a Communist one? An editorial in the ZMR (VIII, 114:93ff) now openly admits to the implications of “a brotherhood that knows nothing of race or colour. Such teaching is bound to be revolutionary; it cannot be otherwise. Wherever we go, if we are true to our message, we are bound to turn the world upside down.” (ibid.:94) And however much this may primarily be understood in spiritual terms, the worldly repercussions are now spelt out. “[T]he black man is here for much the same reason as the white. If he has an equal right to live, he has an equal right to a decent living which includes a fair chance of making the most of what is in him.” (ZMR IX,144:485)
“For what is a man profited, if he shall gain the whole world, and lose his own soul?” But even if this is so, His message extends beyond the purely spiritual. The Gospels are full of examples where He attends to ordinary people’s worldly needs, values their concerns, takes them seriously at a this-worldly level. Jesus’ encounter at the Nain town gate comes to mind (Lk 7:12-15 (NIV); my italics), where

a dead person was being carried out – the only son of his mother, and she was a widow. … When the Lord saw her, his heart went out to her and he said: ‘Don’t cry.’ Then he went up and touched the bier they were carrying him on, and the bearers stood still. He said, ‘Young man, I say to you, get up!’ The dead man sat up and began to talk, and Jesus gave him back to his mother.

Conspicuously, the scene remains utterly confined to inner-worldly concerns: an only son, now dead, a widow. These pieces of information are deemed sufficient to explain why Jesus’ heart would go out to the grieving mother, why restoring her son to her, if within one’s power, would be the right thing to do, for anybody. This, and only this, is what He does. Neither of the aspects come into play that are mentioned, e.g., in the rising of Lazarus, not “the people which stand by ..., that they may believe that thou hast sent me” (Jn 11:42); not the ultimate irrelevance of physical death, such that “he that believeth in me, though he were dead, yet shall he live: And whosoever liveth and believeth in me shall never die.” (Jn 11:25f) Thus, for a modern reader, the message of Luke 7 is simple: if you have got the option, then it is good to do good – that is, it is good in itself. A World Council of Churches document (1997:57) can therefore say that

[f]or Christians, beneficence is a basic duty, but Christian ethics goes beyond the moral rule of beneficence … Because it comes within the command to ‘love your neighbour as yourself’ (Matt. 22:39; Mark 12:31; Luke 10:25-28), beneficence, wherever possible, includes benevolence … Jesus taught as a characteristic feature of the values of the kingdom of God not only doing what is required by law but doing more out of love.
The solution in Luke 7 is an inner-worldly one: the Son of Man is shown in His compassion with people’s earthly worries, and He is ready to help. Luke 10:30ff, the story of the Samaritan helping the half-dead victim of a robbery, exhorts us to follow this lead: “Go, and do thou likewise.” On this, the WCC document (ibid.:38) comments: “In the face of .. pain and suffering, the first solution that suggests itself is a cure: stopping suffering, putting an end to pain, recovering the energy, ‘coming back to life’.”

The statement above: that ultimately all Christian mission must be about the saving of souls, true as it remains even today, thus need not, stronger, may not be understood to mean souls exclusively – or so a modern NAW theology would argue, thereby gravitating back towards a holistic understanding of body and soul as held by the prophets of the Old Testament and Jesus Himself, prior to the Hellenistic inculturation of the church. Much work has been and is being done by and in the Church which deliberately addresses, as its immediate goal, worldly matters – e.g., improving health, alleviating poverty – with spiritual concerns coming in only in an indirect way. In foregrounding this, however, the Church of today conforms to modern sensibilities according to which it cannot suffice, cannot be right to attend to the soul, and ignore the suffering of the flesh: HIV, childhood malnutrition, disability or death from preventable infections. The adoption of this kind of reasoning, by

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46 Cf. Benedict XVI (2006): “This boundless and almost incomprehensible love of God for the human being reveals the degree to which the human person deserves to be loved in himself, independently of any other consideration – intelligence, beauty, health, youth, integrity, and so forth. In short, human life is always a good, for it ‘is a manifestation of God in the world, a sign of his presence, a trace of his glory’ (Evangelium vitae, n.34).”

47 In spite of such similarities, though, a modern holistic approach to human life is not simply a rerun of the old Israelite view which expected as God’s blessing a this-worldly life in a land of milk and honey (the idea not having gained currency, then, of an afterlife in which the righteous would be rewarded and the wicked find their just desert). Cf. Harvey (2006:358) on the continuation yet transformation of the Hebrew tradition in early Syrian-Christian thinking in which “the human body was an essential component of the human person as a religious entity. ‘Healing of soul’ was not opposed to ‘healing of body’; rather, these were understood to be mutually inclusive actions.”

48 Cf. Benedict XVI (2011b:§§9, 27, 73, 139ff). In defence of those who are criticised for their nowadays supposedly unwarranted anti-clerical radicalism, though, Wilson (1992: 202f) points out that as regards the Scriptural roots of the concern for social justice (in which he includes health, I assume), “it has taken the Catholic Church a long time to discover some of these.” E.g., in a country of particularly fervent pro- as well
Christian churches across the board, shows how deeply they have been affected, infected, by a modern view of humankind in this world: by ideas like the equality of all humans, or everybody’s right to enjoy a life free from hunger and preventable disease. In facing the challenges, e.g., posed by the AIDS pandemic, the World Council of Churches (1997:23) believes we must take note that

in the way Jesus behaved [there was; RB] an openness to people of all kinds, without barriers of class or race or gender. Just as God in love accompanies all creation, so Jesus went among the poor, ... dined with a rich Pharisee, ... healed Jewish lepers and a Roman soldier’s child. ... [U]nlike many holy men he did not shrink from the touch of a prostitute. In all that breadth of relationship, Jesus incarnated the accessibility of God, who ‘shows no partiality’ (Acts 10:34; Rom. 2:11).

On the basis of this valuation of each and every individual, the document continues (ibid.:24; my italics), we must acknowledge that “[i]here can be no valuable relationship in which each does not desire the well-being of the others.” Slaveholders were thus not all that mistaken when they objected to missionary work among their property, sensing that the worldly implications of the Good News in the interpretation of an up and coming Modern World would not leave a status quo unchallenged according to which, e.g., it was less advantageous (i.e., more costly) to ‘breed’ slaves from slaves, rather than import grown-ups and work them to death. Baptist as a perfunctory ritual without meaning to those who were subjected to it, might be in order in the eyes of nominal Catholics, to satisfy the demands of the Holy See – though it was scorned by genuine Catholic

as anti-Catholic sentiments, Spain, the end of Republican rule and the bloody instalment of Fascism in 1939 are celebrated in the Catholic cathedral of Granada, to this day, as the “Año De La Victoria,” on two plaques remembering “Nuestros Sacerdotes Inmolados Por El Marxismo” [Our Priests Slain by Marxism; my transl.].

49 With specific reference to the topic of this study, the quotation from the WCC document continues (ibid.; my italics) that “God’s concern for the well-being of creation is visible in Jesus’ healing of the sick and his exorcising of demons. Medical work and forms of other healing maintain that tradition.”

50 “[I]n the late-seventeenth- and eighteenth-century British and French Caribbean, .. planters often affirmed that it was much cheaper to work slaves to death and buy replacements from Africa than to ‘breed’ new generations of slaves from infancy.” (Davis 2006:116)
believers, and objected to by Protestants.\textsuperscript{51} As for conversion proper, this was a different matter: it was well-nigh inconceivable for a slave-owning planter aristocracy in the colonies of the Western Hemisphere, as later for white colonists in Southern Africa, that religion might be a better means than brute force, to keep the (black) working poor in their place; they could not see religion through the eyes of a 19\textsuperscript{th} century European bourgeoisie which (after the French Revolution), in McLeod’s words quoted above (p73fn30), out of “fear of the working-class ... [had rediscovered; RB] the social benefits of religion.”\textsuperscript{52} To achieve voluntary submission under an order which put them at the lowest end of the social hierarchy seemed most improbable in

Negroes [whose] ... arrogant, unpredictable temper obliged masters to punish them for the least fault. What if religious instruction succeeded in restoring that part of reason which understood injustice, but failed to replace pagan boldness with Christian humility? (Davis 1966:203)

Davis draws on the experience of the 17\textsuperscript{th} century Dominican Jean-Baptiste du Tertre in the French Caribbean dominions, to convey how anxieties were fuelled by well-meaning but, in the assessment of a man on the ground like du Tertre, naïve idealists, “pious but ignorant men who .. assumed that the laws protecting human liberty in France could be applied to all parts of the world.”\textsuperscript{53} It did not matter that such lofty views undoubtedly

\textsuperscript{51} Cf. Davis (1966:203). As slaveholders knew, already the mere fact of conversion had unwelcome worldly implications, because “no Christian could validly be held in a state of bondage that interfered with his performance of religious duties.” (ibid.:207)

\textsuperscript{52} In the words of one of Balzac’s protagonists in the Village Rector (1896:252) – speaking of France –, the “deplorable amount of crime and misdemeanors shows a social disease directly arising from the half-education given the masses, which tends to the destruction of social ties by making the people reflect just enough to desert the religious beliefs which are favorable to social order, and not enough to lift them to the theory of obedience and duty, which is the highest reach of the new transcendental philosophy. But as it is impossible to make a whole-nation study Kant, therefore I say fixed beliefs and habits are safer for the masses than shallow studies and reasoning.” Cf. Viaene (2001:200) on collaboration to that end, within “the different segments of the [Belgian; RB] upper classes who found each other in political Catholicism: the patriciate, the aristocracy and the clergy.”

\textsuperscript{53} Davis (ibid.:175) paraphrases du Tertre; cf. Hunt (2007:162). Noteworthily, even the protection of human liberty as granted to citizens in yet absolutist, pre-revolutionary France, is viewed as going too far to be
originated from the *Christian* occident: those in the colonies who exploited black labour, though baptised themselves, would have none of it – not for their slaves, anyway, as the examples of George Washington and Thomas Jefferson show. 54

White masters thus put little trust in assertions that “Christianity was the best security against disloyalty and insurrection” (Davis 1966:205), even if the missionaries themselves were genuinely convinced that there wasn’t “any ground for the belief that baptism entailed liberation. Abraham’s slaves had not been freed by circumcision [and] Onesimus had not been freed by baptism, except *in the sense that counted most.*” (ibid.; my italics) Describing the self-perception of the Catholic missionaries of earlier modernity, Brink (2007) fittingly says that their work’s “theological justification in the 1800s was the salvation of heathen souls – a theology that we no longer hold.” Her first half-sentence exhaustively sums up what her predecessors’ intention was; the second, what has become the common ground on which most Christian churches stand today. 55 It took a long time for this change of theological perspective to come about, but the colonial master class had felt the threat early on, of an end to feudal and even pre-feudal ways of life and production, and did not put its trust in the missionaries, to avert the utterly secular-modern threat of the worldly equality of all men, even if it came in the guise of the Gospel message.

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offered to the locals. Cf. Mentzel (1925:129): “It is not an easy matter to keep the slaves under proper order and control. The condition of slavery has soured their tempers. Most slaves are a sultry, savage and disagreeable crowd. … Their food is scanty and coarse; their weekly dole of tobacco is often kept back. It would be dangerous to give them the slightest latitude; a tight hold must always be kept on the reins; the taskmaster’s lash is the main stimulus for getting any work out of them.” Unlike the missionaries, and in accordance with slaveholders’ views, Mentzel thus takes it that the *objective conditions* of slavery (substituted in slaveholder ideology by ‘the nature of the slaves’) make voluntary submission highly unlikely; as Mentzel further specifies, this was more pronouncedly so in large-scale entrepreneurial, rather than in quasi-familial, small-scale settings.

54 In the Cape, “[i]n the early days of the settlement baptism was the prelude to emancipation. Children born in slavery were to be baptized and taught the rudiments of Christianity which gave them the status of freemen. … Private owners had therefore good material interests for neglecting … [these] provisions.” (Mentzel 1925:130, editorial footnote)

55 Our intellectual challenge being, today, to *understand* rather than simply distance ourselves from our, as it were, ‘less enlightened’ forebears who saw as their foremost concern the eternal life of the soul, much less so the temporal/this-worldly well-being of the body.
Having discussed some archetypical images and ideas, of the noble savage and of pagan depravity, of Christian humility and heathen boldness, of just and unjust servitude or even slavery, of spiritual versus worldly liberty and equality, of the universality of the missionary call versus the possibility of human species not descended from Adam, thus not to be evangelised, this seems the opportune moment to leave the New World; also, to look no longer at slavery as such and what it entailed in human misery, nor at emancipation from it, because, different from the historical Cape Colony, the Orange Free State and the Transvaal, in the Zambesi Mission area, outright slavery as the legal status of part of its population was never a pertinent issue.

Human misery, however, was. Not as the result of forced enslavement, but of forced colonisation, with exploitation the purpose of the latter as much as it had been of the former; with the ills of colonisation aggravated by a less than accommodating natural environment – vast stretches of arid or semi-arid land with scanty and unpredictable rainfall, malaria, and further north sleeping sickness – and socio-economically, poorly developed local means of production. Into this world the missionaries ventured, there not to preach water to others but drink wine themselves: in the course of spreading the Good News, not only their converts and converts-to-be succumbed to diseases, disability, and death, but often they also lost their own lives, with malaria, in spite of some uncertainty as to the diagnoses of the day, as the most prominent cause. The missionaries tried, as best they could, to make those places their home to which they had been sent: constructing houses, setting up gardens and fields, planting crops and trees, building dams and irrigation systems, i.e., they did not confine themselves to the erection of churches and schools. So, coming back to the questions asked before (cf. p8, above) what kept them, right into the early 20th century, from employing the best medical knowledge available at the time, if only for their own survival? To answer this question, a look at the natural sciences in general seems necessary before zooming in on medicine.
CHAPTER 4: THE CATHOLIC CHURCH AND SCIENCE

How should one describe the stance of 19th century Catholic missionaries vis-à-vis scientific medicine? Not, I submit, against the background of an out-and-out opposition of the Catholic Church against science and technological progress, as a widely-peddled preconception would suggest. It is true, “[t]owards the end of the [19th] century, some apologists for science .. argued that organised religion had always been hostile to the development of their discipline.” (Kaiser 1997:354) But this is to ignore, Kaiser says (ibid.:355), that only “in the nineteenth century, for the first time in Western history, the ... history of science and the history of theology became two separate tracks, with only a modest degree of overlap [remaining; RB].” In the preceding centuries, he asserts (ibid.:389), the “major breakthroughs in astronomy, medicine, mechanics, chemistry, thermodynamics, and electricity and magnetism were all associated with theological ideas related to God and creation;” moreover, for the long period from the 2nd century BCE to the 19th, “[m]ajor contributors to the sciences during those twenty-one centuries were frequently inspired by the belief that God had created all things in accordance with laws of his own devising.” (ibid.:388) Indeed even Bacon, the man criticised for his maxim, *quod in operando utilissimum, id in sciendo verissimum*, urges “humility towards the Creator, ... reverence and praise of his works” as the prerequisite of true understanding, and advises that men “should dismiss … preposterous philosophies,” smug about having “triumphed over the works of God ... [and] should humbly and with a certain reverence draw near to the book of creation.”

1 Cf., e.g., an 1876 to 1895 series of articles by AD White, until 1885 president of Cornell University, in *Popular Science Monthly*, vols. 8 to 47; in his opening statement to the first (1876:385), aptly titled *The Warfare of Science*, White celebrates “the great, sacred struggle for the liberty of science – a struggle which has lasted for so many centuries, and which yet continues,” and posits that “[i]n all modern history, interference with science in the supposed interest of religion, no matter how conscientious such interference may have been, has resulted in the direst evils both to religion and to science, and invariably.”


3 Cf. Heim (1931:4), on the professed Christianity of Kepler, Galilei, Descartes, and Newton.
So what about the supposed hostility between the Church and the sciences? Rather than going over their history, discipline by discipline, it must suffice to refer here to one, maybe the iconic episode where a scientist and the Catholic Church did lock horns – or so it has been purported innumerable times to the point of becoming a truism no longer in need of proof: the case of the Church versus Galileo Galilei.

4.1 THE GALILEO CASE

As Blumenberg has shown in great detail, the Galileo case was not, from the Church’s perspective, about her interfering with inner-scientific matters – prescribing one or the other astronomical model to predict and explain, more or rather less easily, the positions and courses of the planets. Blumenberg quotes at length Cardinal Bellarmine’s 1615 letter to the Carmelite, Foscarini, referring to the latter’s essay on the compatibility of heliocentric cosmology and the Bible, where the Cardinal acknowledges

that Your Paternity and Mr. Galileo are proceeding prudently by limiting yourselves to speaking suppositionally and not absolutely, as I have always believed that Copernicus spoke. For there is no danger in saying that, by assuming the earth moves and the sun stands still, one saves all the [astronomical; RB] appearances better than by postulating eccentrics and epicycles; and that is sufficient for the mathematician. However, it is different to want to affirm that in reality the sun is at the center of the world and only turns on itself without moving from east to west, and the earth ... revolves with great speed around the sun; this is a very dangerous thing, likely ... to harm the Holy Faith by rendering Holy Scripture false.⁴

⁴ Quoted in Blumenberg (1965:132f); the English translation is taken from Finocchiaro (2008:146). The Cardinal thus employs an instrumentalist concept of scientific-astronomical models as described by Popper who states some 350 years later (2004:151), that for “instrumental purposes of practical application a theory may continue to be used even after its refutation, within the limits of its applicability: an astronomer who believes that Newton’s theory has turned out to be false will not hesitate to apply its formalism within the limits of its applicability.” Glasersfeld (1996:54f) points out that this is exactly what the NASA engineers did who planned the Apollo moon mission. Cf. Glasersfeld (ibid.) for a critique of Popper’s rejection of the instrumentalist interpretation of all efforts at explanatory theorising, the view held by constructionism.
The man who only 15 years earlier had co-authored the verdict that sent Giordano Bruno to the stakes, merely asks here for the astronomers to speak *ex suppositione*: if the sun were to stand still and the earth were to move with the utmost speed around it, i.e., if one were to adopt this *model*, it would be of practical advantage — and there is no reason why *for this purpose* it should not be adopted. However, Bellarmine next reminds his addressee (again in the Finocchiaro translation, ibid.:147), that

as you know, the Council [of Trent; RB] prohibits interpreting Scripture against the common consensus of the Holy Fathers; and … you will find all agreeing in the literal interpretation that the sun is in heaven and turns around the earth with great speed, and that the earth is very far from heaven and sits motionless at the center of the world. Consider now, with your sense of prudence, whether the Church can tolerate giving Scripture a meaning contrary to the Holy Fathers … [Finally], I say that if there were a true demonstration that the sun is at the center of the world and the earth in the third heaven, and that the sun does not circle the earth but the earth circles the sun, then one would have to proceed with great care in explaining the Scriptures that appear contrary, and say rather that we do not understand them than that what is demonstrated is false. But I will not believe that there is such a demonstration, until it is shown me.⁵

Different issues need thus to be kept apart, the first of which is the physical reality of what we call today the solar system: in this respect, Bellarmine says that he has no problem at all with a heliocentric *model*, that he has not seen, though, convincing evidence to call it a physical reality, and he doubts that he ever will; that therefore, secondly, there is no need to re-interpret Scripture, as one needed to, if ever heliocentricity were to be found physically indubitable. And, crucially, he insists that it is not up to just any believer’s decision how *they* want to interpret Scripture, but exclusively to the Magisterium of the Catholic Church (with known consequences for anyone who begs to differ and is unfortunate enough to be within reach of her jurisdiction).

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⁵ When speaking of the absence of demonstrable proof, Bellarmine has in mind, e.g., the inability of the astronomers of the day, to demonstrate a stellar parallax.
There is thus, on Galilei’s side, his supposed insistence, “eppur si muove,” indicating that despite his having been convicted to recant, the heliocentric model depicts, to his mind, a physical reality – and on the side of the Church, an obstinate refusal: not, however, a refusal to contemplate an astronomical alternative to geocentrism, as a model (any time), or even as a reality (possibly, if ever there were to be incontrovertible evidence). Her refusal is about abdicating her prerogative of interpreting biblical texts (in this instance, how to read certain passages of Holy Scripture in which the sun is described as moving, the earth as stationary). The history of how the Church deals with Galilei, up to the present, is quite revealing in this respect. *De facto*, as Coyne highlights (himself a Jesuit and astrophysicist, at one time director of the Vatican Observatory, and member of the Galileo Commission put in place by John Paul II in 1981), the ban against Galilei’s works was gradually lifted already in the course of the 18th century;⁶ even his *Dialogo* received a conditional Imprimatur under Benedict XIV in 1741. However, “the publication in 1744 of the ‘complete works’ had to exclude the *Letter to Christina* and the *Letter to Castelli*” (Coyne 2005:347) – and it is in these letters that Galilei the would-be theologian ponders the possibility of interpreting Holy Scripture such that its veracity would not be called into question by having the earth move around the sun. He quotes (1615) St Augustine as saying,

*If anyone shall set the authority of Holy Writ against clear and manifest reason, he who does this knows not what he has undertaken; for he opposes to the truth not the meaning of the Bible, which is beyond his comprehension, but rather his own interpretation, not what is in the Bible, but what he has found in himself and imagines to be there.*

The attractiveness of Augustine’s way of reasoning, to Galilei, is plain to see, but it ran counter to a post-Reformation trend among theologians – Catholic and Protestant alike – who gravitated towards a literal interpretation of Scripture, and who would not be told by an

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⁶ The reason being, according to Heilbron (2005:307), that, “[s]ince everyone sufficiently instructed agreed that the world had the form that Copernicus specified, further proscription of heliocentrism on the ground that it conflicted with Scripture would accomplish precisely what the old inquisitors feared, the subversion of belief in Scripture.”
amateur theologian how they should go about their business.\textsuperscript{7} By the end of the 19\textsuperscript{th} century, the Holy See had found its way back to an Augustinian understanding regarding the issue at stake: Leo XIII (1893:§18) argues exactly as Galilei had; he even quotes from Augustine’s 415 \textit{De Genesi ad Litteram} which Galilei had used himself,\textsuperscript{8} suggesting that

the sacred writers, or to speak more accurately, the Holy Ghost ‘Who spoke by them, did not intend to teach men these things (that is to say, the essential nature of the things of the visible universe), things in no way profitable unto salvation.’ Hence they did not seek to penetrate the secrets of nature, but rather described and dealt with things in more or less figurative language, or in terms which were commonly used at the time.

Galilei proceeded at this point to state that “[i]t is clear from a churchman who has been elevated to a very eminent position that the Holy Spirit’s intention is to teach us how to go to Heaven, and not how the heavens go.” (Cerrato [S.a.]) In any case, he (1615) and Leo (1893) concur in using St Augustine’s reasoning of the 5\textsuperscript{th} century, to define the relation between an empirical science, astronomy, and Holy Scripture (\textit{factually} explaining away contradictions between Holy Scripture and heliocentrism where Bellarmine only conditionally had contemplated the possibility). Notwithstanding their agreement on Scripture’s need of being interpreted, however, Leo maintains (1893:§14) that it was not \textit{Galilei’s} privilege to say what he did say, but the Magisterium’s. I.e., when interpreting Holy Scripture, because indeed “the literal sense itself frequently admits other senses … [and] the sacred writings are wrapt in a certain religious obscurity,” the Pope’s view is (ibid.) “that no one can enter into their interior without a guide.” Men must, Leo insists,

understand that God has delivered the Holy Scriptures to the Church, and that in reading and making use of His Word, they must follow the Church as their guide and their teacher. St. Irenaeus long since laid down, that where the \textit{charismata} of God were, there the truth was to be learnt, and that Holy Scripture was safely interpreted by those who had the Apostolic succession. His teaching, and that of other Holy

\textsuperscript{7} Cf. McMullin (2005); Blackwell (1998).
\textsuperscript{8} Cf. Heilbron (2010:362f).
Fathers, is taken up by the Council of the Vatican, which ... declares ... that ‘in things of faith and morals, belonging to the building up of Christian doctrine, that is to be considered the true sense of Holy Scripture which has been held and is held by our Holy Mother the Church, whose place it is to judge of the true sense and interpretation of the Scriptures; and therefore that it is permitted to no one to interpret Holy Scripture against such sense or also against the unanimous agreement of the Fathers.’ (ibid.)

This, then, was Galilei’s grave mistake: to have arrogated to himself the right and/or capacity to find compatible with Catholic faith, what must remain the privilege of the Church herself to declare so – as Leo XIII and his successors eventually did.9 It was left to Pius XII to pay homage, in 1939 and again in 1943, to Galilei for his courage as a scientist,10 and to John Paul II, to utter cautious public words of regret about the handling of the entire affair by the Church. Now, however, “we should rejoice together that the world of science and the Catholic Church have learned to go beyond .. moments of conflict, understandable no doubt, but nonetheless regrettable,” John Paul (1983) proposes, and goes as far as claiming that

[t]he Church upholds freedom of research, which is one of the most noble attributes of man. ... [T]he Church is convinced that there can be no real contradiction between science and faith, for the reason that the whole of reality ultimately comes from God the Creator. ... It is certain that science and faith represent two different orders of knowledge, autonomous in their processes, but finally converging upon the discovery of reality in all its aspects, which has its origin in God.

At long last, science thus appears fully rehabilitated – but what about Galilei and all else that he stands for? If indeed, in the 1979 wording of John Paul II, “the mistrust that still

9 The wording of Pius XII (1950:§21), regarding the interpretation of Holy Scripture, is that “[t]his deposit of faith our Divine Redeemer has given for authentic interpretation not to each of the faithful, not even to theologians, but only to the Teaching Authority of the Church.”

10 Mentioning him and fellow astronomers Copernicus and Kepler in one breath with Aristotle, as having left their footprints on the “way of human progress, a difficult avenue to take.” (Pius XII 1986a:34); cf. Pius XII (1986b:58)
opposes, in many minds, a fruitful concord between science and faith”\textsuperscript{11} had been the only issue, there is no reason why the Galileo Commission should not have wound up with a resounding success. Its ending in lukewarm statements, though (“the whole Galileo affair is summed up as a ‘tragic mutual incomprehension’”\textsuperscript{12}), statements which avoid “to place responsibility where it truly belongs” (Coyne 2005:354), points in a direction other than the place of science in the scheme of things: “as Blackwell so clearly puts it,” Coyne sums up his own account of the Galileo commission (ibid.:355), “the abjuration forced on Galileo in 1633 ‘was intended to bend – or break – his will rather than his reason.'”\textsuperscript{13} Up until today, the Catholic Church prefers rather not to address this issue.

So the Galileo Commission was well advised to concentrate on science, John Paul II, to speak of “freedom of [scientific; RB] research,” rather than addressing the thornier issue of a church wedded to a “logic of centralized authority” (Blackwell 1998:350), unwilling and unable to grant what Schiller’s Marquis Posa asks of his absolute monarch, Philipp II of Spain: unqualified “freedom of thought” [“Gedankenfreiheit”]\textsuperscript{14} – which would also include the right to question the authority of the Church and her theologians on their own turf.\textsuperscript{15} What Posa accuses Philipp’s monarchy of doing, the Church cannot stomach to apologise for, let alone dissociate herself from, even four centuries after Galilei:

\begin{quote}
In her own mint she coins the truth \\
That truth which she can tolerate: Rejected
are all molds unlike her own.\textsuperscript{16}
\end{quote}

\textsuperscript{11} Quoted in Coyne (2005:353).
\textsuperscript{12} Coyne (ibid.:352), again quoting John Paul II.
\textsuperscript{13} Quoting Blackwell (1998:355).
\textsuperscript{14} The poet projects back into the 16th century an issue still controversial in his own day, in his play Don Carlos, written in the 1780s. Quotes from Schiller ([S.a.]: III, 10; excluding fn15, below, my transl.).
\textsuperscript{15} Not without reason, the King states in the German original what in Boylan’s translation (accessed via \url{http://www.gutenberg.org/files/6789/6789-h/6789-h.htm}, 19 February 2014) becomes a question: “You are, perhaps,/A Protestant?”; to which the Marquis replies only “after some reflection”[!] “Our creeds, my liege, are one. [A pause.]I am misunderstood.”
\textsuperscript{16} “In ihren Münzen läßt sie Wahrheit schlagen,/Die Wahrheit, die sie dulden kann. Verworfen/Sind alle Stempel, die nicht diesem gleichen.”
And so in Galileo’s case: the controversy was about whose mint was privileged to coin (which?) truth, not about which set of concentric circles was to appear as the coin’s embossing. Blumenberg (1965:131; my transl.) believes that it was “the inclusion of the earth in the revolutions of the heavenly bodies [which] forced the thought if motion, revolution, didn’t also have to be the basic form of existence of man-made realities.” Understood in this way, there lay a threat in the idea, taken physically-seriously, of the earth not as terra firma, but as a planet orbiting “at great speed around the sun;” this is why, Blumenberg reasons (ibid.; my transl.), geocentrism became “after Copernicus and only by way of the metaphorisation of his reform, a dogma theologically and metaphysically loaded with meaning.” He proceeds (ibid.; my transl.) by quoting Meissner: “It is fear of the culture-revolution which is lurking behind the entire critique of Copernicus.”

As for Galilei, equally, it was the natural philosopher cum lay theologian, not the scientist, whom the Church could not accommodate. Feyerabend, quite understandably, finds a church epistemologically appealing that thinks in models of more or less utility, rather than in terms of absolute truths – reason enough for Cardinal Ratzinger, the then Prefect of the Congregation for the Doctrine of the Faith, to count him among those who do not find the Church at fault in 1633. This is how he (1991:71; my transl.) sums up Feyerabend’s position: “The church at the time of Galilei stuck much closer to reason than Galilei himself” [“Die Kirche zur Zeit Galileis hielt sich viel enger an die Vernunft als Galilei selber”18], and it is hard to tell if the Cardinal, in leaving it at that, muddies the waters knowingly or due to superficial reading.19 Clearly, the Church can call upon such a strange bed-fellow but in

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17 Meissner (1934:62f).
19 Ratzinger draws on the 1976 German translation of Feyerabend’s *Against Method* of 1975, in the 1983 German version amended by the author himself, and argues on this basis (cf. Ratzinger 1991:70f) He might be forgiven for not having cross-checked against the revised English edition of 1988. If he had, he would have noticed that the unqualified “Vernunft” of the quote he uses, has become “reason as defined then and, in part, even now” (Feyerabend 1988:129; my italics). Obviously, Feyerabend saw a need for clarification regarding this paragraph, to immunise it as best he could against being misunderstood (as Ratzinger happily does), by people who would use this snippet of text while ignoring the gist of his book in its entirety. His sustained argument quite clearly goes against all who try to monopolise reason; in doing so, he targets both science and religion, Catholicism no less than Galilei, supporting him against her, and her against him. Following Feyerabend (1975:98), the Holy Inquisition rightly held that Galilei had insufficient proof to support
bad faith, in as much as she happily thinks in terms of models only so long as it is about others’ truths (e.g., Galilei’s), and will turn literal quite abruptly once it is about her own tenets of faith held at any given time, though declared by herself to be ‘timeless.’

However, one may learn this much from this case: that indeed “[t]here was no restriction on the freedom of scientists to explore the workings of nature” (Kaiser 1997:113), so long as they refrained from drawing natural-philosophical conclusions from their factual findings (or their hypotheses about facts), thereby avoiding to trespass into a territory not their own: that of theology, whose maidservant natural philosophy was and had to remain. Not science as such was viewed with suspicion, as it were on principle, but only one possible use that could be made of it – the critique of revealed truth in what was at any given time its by then orthodox interpretation; therefore Cardinal Bellarmine’s request that Galileo restrain himself and speak of his findings as of a model. For a science that would respect rather than transgress its confines as set by the Church in this manner, Walsh (1915: original Preface) can indeed say

that the supposed Papal opposition to science was practically all founded on an exaggeration of the significance of the Galileo incident. As a matter of history, the Popes were as liberal patrons of science as of art. In the Renaissance period, when their patronage of Raphael and Michel Angelo and other great artists did so much for art, similar relations to Columbus, Eustachius, and Caesalpinus, and later to Steno and Malpighi, our greatest medical discoverers, had like results for science.

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20 That he was venturing onto a terrain not rightfully his as an astronomer, Galilei was very much aware of; but as he viewed himself, anyway, "his great strength … was philosophy, on which he had spent more years of study than he had months on mathematics" (Heilbron 2010:V); cf. Lerner (2005: 20f, 25 & 34n58), and McMullin (2005:88ff).
The Papal Medical School was for centuries the greatest medical school in Europe, and its professors were the most distinguished medical scientists of the time. … Many of the greatest scientists of the Middle Ages were clergymen. Some of the greatest of them were canonized as saints. Albertus Magnus and Thomas Aquinas are typical examples. At least one Pope had been a distinguished scientist before being elected to the Papacy.

The Church may thus be said to have actually facilitated the development of the sciences, while theology as such, in Kaiser’s description (1997:132), “neither directly impeded nor caused the rise of modern science.” Indirectly, though, theology did play a major, furthering role, in that among the scientists themselves, Galilei being a prominent example, “[a]n operational faith in God as creator was a vital factor in the development of all branches of science until the late eighteenth century.” (ibid.:352)

Outstanding works of art have depicted different ways of understanding God as the creator, thereby offering mental images which are more or less conducive towards a positive view of the scientific-technical side of human creational endeavour. A rather conventional idea of God, as in the Sistine Chapel fresco by Michelangelo Buonarroti (see following page), imagines Him as the creator *ex nihilo* who in doing so, in His omnipotence, need not employ any technical auxiliary means.

With an intriguing difference, the frontispiece of a French *Bible moralisée* of the 13th century shows God as builder-architect, universe in one hand, compass in the other (see page 169, below). The caption running at the miniature’s uppermost margin reads, “Here God creates heaven and earth, sun and moon, and all elements.”

The metaphorical visual language employed is definitely not the one commonly, and quite erroneously, associated with the Catholic Church and the ‘dark’ Middle Ages, of outright rejection of secular learning and its techniques. Kaiser (ibid.:80) emphasises how

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21 “Ici crie dex ciel et terre soleil et lune et toz elemenz” (my transl.; caption indecipherable in the reproduction shown below, of much less than the original quarto size).

22 Cf. also “the late medieval image of God as a clockmaker” mentioned in Kaiser (1997:175).
by the twelfth century technology had come to be viewed in the West as a positive, potentially liberating force in society ... At the same time, it began to be understood as a purely human endeavour, based on an understanding of the workings of nature, rather than a sacred one, related to the creative and recreative work of God.

He singles out labour-saving technology which makes use of water power in particular, and quotes (ibid.:79) the example of Arnold of Bonneval who, when describing “the rebuilding of Clairvaux (1136), .. was so enthusiastic about the new water-powered machinery that he neglected to mention the church!”

And as we shall see, there wasn’t unqualified opposition to medicine, either.

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23 Do we witness here an early instance of Comaroff’s (1991:5) diagnosis for a much later age? She speaks of “[t]he assertive triumph of practical reason [which] is hard to escape, for it is constantly re-presented to us on the self-evident surfaces of our everyday lives, in our .. understandings of ourselves and our relation to nature.”
Bible moralisée. 13th century. God as builder-architect\textsuperscript{24}

\textsuperscript{24} From: Hausherr (1973:1).
4.2 THE CATHOLIC CHURCH AND MEDICINE

St Bernhard had indeed declared that consulting physicians and taking medicines did not befit religion;\(^\text{25}\) on the other hand, Shatzmiller (1994:2ff) gives evidence of a growing medicalisation of mediaeval Catholic society, in the sense of a growing interest in and reliance upon the services of medical doctors.\(^\text{26}\) The Church perceived this societal attitude as a threat, because her clerics might be lured away from their spiritual task into further studies, with a view towards money making; a succession of councils deplored that “an evil and detestable habit .. [had] taken root, one according to which monks and regular canons ... engage in the study of jurisprudence and medicine ...: and this they do for the sake of temporal gain” (Councils of Clermont (1130) and Reims (1139));\(^\text{27}\) reiterated at the Second Lateran Council (1139),\(^\text{28}\) the Councils of Montpellier (1162), Tours (1173), Montpellier (1195), and Paris (1212)\(^\text{29}\).

In Shatzmiller’s view (ibid.:8f), the evidence of Church opposition to her clerics’ getting involved in the practice of medicine must therefore not be mistaken as an indicator of opposition to medicine as such: there was “no objection in principle (such as man’s tampering with God’s creation) .. ever raised in these conciliar decisions. The church was

\(^{25}\) Cf. p4fn10, above. Krauss (1930:41; my transl.) quotes Gregory of Tours’ (538/9-594) comparable view, that “he who has been found worthy of heavenly medicine, may not avail himself of earthly remedies.” Cf. Gregory’s account of his headache being healed miraculously, but returning when a physical cause and phlebotomy as a means of healing are considered, quoted in Wallis (2010:59; cf. Montford 2004:39). By contrast, though, Wallis also quotes a defence of medicine from the Lorsch Leechbook of c.800 (ibid.:84ff), and regarding St Bernhard, Montford (ibid.:38) cautions that he was not altogether “opposed to the use of medicine, as is sometimes suggested, ... [but] had expressed the view that the use of simple medicines was permissible and indeed was customary in the Order.” The emphasis here lies on \textit{simple} remedies as the acceptable ones, “such as are used by the poor.” (ibid.) For correspondingly controversial views of medicine on the Jewish side, cf. Krauss (1930:51).


\(^{27}\) Quoted in Shatzmiller (1994:8).

\(^{28}\) Its Canon 9 reprimands monks and canons regular “who, neglecting the care of souls, completely ignore their state in life, promise health in return for hateful money and make themselves healers of human bodies.”

\(^{29}\) Cf. Shatzmiller (ibid.:8).
simply concerned about losing the services of some of its members.” O’Boyle (1998:11), writing on medical education in mediaeval Paris, takes up Shatzmiller’s train of thought, referring to the criticism of Gerald of Wales (c.1146-1223), of “those Parisian students who rushed to study the lucrative sciences of law and medicine which held out the prospect of fame and honour, while neglecting the more important disciplines of the liberal arts and theology.” Contrary to O’Boyle’s claim, however, his next witness, Walter of Châtillon (c.1135-1203), does not truly argue “in a similar vein” (ibid.); actually, Walter strikes quite different a note. As O’Boyle (ibid.; my italics) renders him, he claimed that

the greatest threat to the search for wisdom and the improvement of Church and society came from scholars’ increased interest in the practical subjects of law and medicine. With regard to the medical art in particular, he wondered what value there could be in having a physician who could heal a person’s body, while leaving the soul sickened by sin.

The lure of money, though mentioned by Walter as well, thus represents but the lesser, external threat; more menacingly, Walter sees faith challenged from within, as does Jacques de Vitry (c.1160/70-1240). The latter, O’Boyle observes (1998:12),

was particularly concerned about Parisian students’ fondness for pagan works. Medical works in particular, he thought, were the most dangerous because they made false promises of cures and because their remedies often demanded practices contrary to Christian morality.

The undercurrent of apprehension about medicine as such, in the latter two assessments, is not specifically Catholic though, but common to the religions of the book. In all three, the question comes up at times, if taking recourse to God’s mercy is not the one and only proper way to seek relief from the afflictions of the flesh, no less than from spiritual woes. With reference to the plagues inflicted upon Egypt – among them bodily disease and untimely death – the Lord tells His people, “If thou wilt diligently hearken to the voice of the

31 In 1555, according to Specker (1948:4), the Council of Mexico sounded a similar note of caution.
LORD thy God, and wilt do that which is right in his sight, ... I will put none of these diseases upon thee, which I have brought upon the Egyptians: for I [am] the LORD that healeth thee." (Exod 15:26) By contrast, King Asa became “disease[d] in his feet, until his disease [wa]s exceeding [great]: yet in his disease he sought not to the LORD, but to the physicians.” (2 Chron 16:12) Still, Asa dies, and the reported episode is told following immediately upon the seer Hanani’s reprimand that

thou hast relied on the king of Syria, and not relied on the LORD thy God, therefore is the host of the king of Syria escaped out of thine hand. Were not the Ethiopians and the Lubims a huge host, with very many chariots and horsemen? yet, because thou didst rely on the LORD, he delivered them into thine hand. (2 Chron 16, 7f)

The Muslim world, for its part, had in its early centuries successfully accommodated much of the secular learning of Greek and Roman antiquity, including its medicine; however, as Heynick says (2002:106f), by the 12th century it witnessed

a sharp increase in tension between medical science and religion. The mystical Sufi movement emphasized the role of Allah alone in determining illness and health. Prominent Sufi thinkers such as al-Ghazali .. denied the scientific principle of causality, thus undermining the basis of the Hippocratic and Galenic worldview.

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32 Regarding related Talmudic teaching, cf. Kottek (1996:166ff) on the right to heal and be healed. Cf. Sinclair (1996:179) who quotes Nahmanides’ distinction between the prophetic and the post-prophetic age, where only in the former, e.g., in King Asa’s time, “the sole legitimate means for curing disease was prayer,” and also Rabbi Isaiah Karelitz view (ibid.:180) that “[i]t is necessary to strike a fine balance between reliance upon Divine providence and pursuit of the appropriate medical cure.”

33 The scriptural basis being that “[a]ccording to the Hadith, Muhammad taught that God had provided a medicine or treatment for every possible human ailment.” (Kaiser 1997:76fn244)

34 Heynick (ibid.107) points towards a similar trend in early mediaeval Judaism, Karaitism. The question here raised has not become obsolete even today: for Judaism, cf. the discussion of Shemot 15:26, “I am Hashem that healeth thee” (Do we need doctors? 1998); for Islam and Christianity, the issue kept coming up in my clinical work as a psychotherapist with refugee youths from West Africa, Afghanistan and Somalia, some of whom refused medical treatment of, e.g., epilepsy, for the said reason: if I were to take drugs, this would be evidence of my lack of trust in Allah/God, the Father whom I have approached for help in my prayers.
A threat emanating from medicine is thus felt in all three religions, and is the result of the inner tension between simultaneously held beliefs: in the omnipotence of the one God; in His benevolence towards man, even in punishment; and in His bestowing faculties on humankind, as its Creator. With regard to all of creation, omnipotence implies, for thinkers within the orbit of occasionalism such as al-Ghazali, but also for Gottfried Wilhelm Leibniz, that there can and may not be a world of efficient causation independent of God’s will, one just set in motion by Him in a singular act of creation. With regard to man’s afflictions, specifically, if visited upon him by the Lord, questions arise: is it up to him to try and cure himself – thereby, as it were, subverting the will of God? Is it not that he whom the Lord has smitten should ask to be healed by Him, which surely He will do if the one afflicted is truly ready to humble himself before his God? But then, what of man’s faculties? When are they, in all due humility, put to the use for which the Creator has intended them, and when is man at risk of taking pride in himself?

Whether asked explicitly or not, the ZM Jesuits’ attitude towards questions such as these could not but have an impact on their handling of medical matters. However, prior to addressing their related thoughts and actions from the late 1800s onwards, I want to further explore the antecedent Catholic tradition of mental images around medicine, ever since the Middle Ages, as the historical backdrop to the Jesuits’ own views.

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35 Exod 9:14f clearly relates diseases to a divine purpose: “For I will at this time send all my plagues upon thine heart, ... and upon thy people; that thou mayest know that [there is] none like me in all the earth. For now I will stretch out my hand, that I may smite thee and thy people with pestilence; and thou shalt be cut off from the earth.”

36 In Wilson’s assessment (1992:204), “[i]f illness is the will of God then mankind, distributively and organizationally, is busy resisting and confuting that will. Our social policy implicitly declares that the world is less God-given than man-made and is subject to man’s further amendment.”
4.2.1 The perception of medicine as contaminated: by paganism, by Judaism, by magic

In mediaeval Europe, the said questions were exacerbated by contingent facts of history: medical learning was perceived as originating either from pagan antiquity or in the Muslim world (cf. pp171f, above); much of Greek learning had reached Christian Europe via infidels, the Muslims and Jews; and a large proportion of medical practitioners, as well as supposedly the best, were Jews. The first European medical school, of Salerno, was according to legend founded by a Greek, a Latin, an Arab, and a Jew, “and similarly, the founders of the University of Montpellier are supposed to have been an Arab, a Jew and a disciple of Constantine the African.” (Lepicard 1996:50)

The decades from the 12th century onwards, following a Jewish exodus from Spain due to Almohad religious intolerance, see the replacement of Arabic by Hebrew as a means of communication in the Jewish medical community. Shatzmiller identifies as the primary reason for translations of the medical classics into Hebrew (from both Arabic and Latin), the need of textbooks for Jewish students of medicine, who by and large were not allowed access to academic training at Christian universities; to be certified by the authorities,

37 Cf. Chazan (2006:25, 92f & passim). This view of origins was not aware of “the Syrian [Christian; RB] medical tradition, dating back to the examples of Basil and Ephraim, [which] was one of the foundations of Islamic medical science.” (Kaiser 1997:73)

38 For north-east Spain in the second half of the fourteenth century, García-Ballester (1996:31) estimates that “between twenty and thirty percent of the medical and surgical manpower which took care of the Christian population was Jewish.” Shatzmiller (1994:104ff), commenting on cities in southern France and Spain, and on Venetian Crete, gives an estimate of the Jewish part of the population of 3 to 5 percent, with a tenfold higher representation among medical professionals. An inference may be drawn as to who were considered ‘the best,’ by checking who attended to the nobility, to monarchs and popes: cf. Assis (1996:46ff), on Jewish physicians in royal service; Shatzmiller (ibid.:56ff), on the outstanding reputation of individual Jewish doctors, making them members of the inner courtly circle of kings and popes; cf. also Efron (2001:16ff), and Trachtenberg (1945:95).

39 “Friedenwald, in his work on Jews and Medicine, came to the conclusion that the legendary four founders were symbolic representations for general influences active in tenth- through twelfth-century medicine in southern Italy and France” (Lepicard 1996:56; cf. also Jacquart 1992).

nonetheless, they had to give proof of the requisite knowledge.\textsuperscript{41} As a result of this translation effort, Hebrew became “a full-fledged international medium for new learning, not least in medicine,” Heynick writes (2002:168), and names Roger Bacon in the 13\textsuperscript{th} century, and the chancellor of the University of Leipzig in the 16\textsuperscript{th}, as advocates of the study of Hebrew by Gentile students. Heynick also notes (ibid.) that in his \textit{De Humani Corporis Fabrica}, “Vesalius took care to supply Hebrew equivalents to the various Greek terms,”\textsuperscript{42} thus underscoring the relevance of Hebrew as a means of learned communication in contemporary medical science. Medicine in mediaeval Christian Europe was, as it were, permeated by “Jewishness” – in its provenance, in so far as Jews played a prominent role in the transmission of its pagan and Arabic foundational texts; in one of its languages, as Jewish professionals emigrating from Muslim Spain switched from Arabic to Hebrew; and in its most eminent practitioners.\textsuperscript{43}

During the 1\textsuperscript{st} millennium, the vast majority of Jews had lived outside the orbit of Roman Christendom, in the empires of the Muslims and of Byzantium. There had therefore been little pressure to engage with Jewry, in practical terms. This changed with Jews moving west and north and the Muslim-dominated part of Spain dwindling.\textsuperscript{44} Part of the longstanding tradition of Christian ambivalence towards the Jews had always been the extremely negative imagery around the obstinacy of the adherents of their parent religion, who refused to appreciate Jesus as the promised Messiah, and especially around the responsibility of the Jews for the crucifixion of Him who had come to save them and all mankind.\textsuperscript{45} But, Chazan emphasises (2006:34), now that “a larger number of Jews were absorbed into the Christian realm, this deleterious imagery came to play a central role” in more practical terms; specifically, he says (ibid.:214),

the image of the harmful Jew came to include, during the twelfth century, notions of Jewish hatred so intense as to bring Jews to commit murder upon weak and

\textsuperscript{41} Cf. Shatzmiller (1994:35; on the Hebrew medical library, ibid.:36ff).

\textsuperscript{42} Cf. Chazan (ibid.:82f & 92f).

\textsuperscript{43} “The fact that the medieval Jewish … doctor was powerless [as his Gentile colleague; RB] to cure most illnesses is immaterial, for his contemporaries, Christian and Jewish, believed otherwise.” (Efron 2001:17)

\textsuperscript{44} Cf. Chazan (ibid.:24f, 248 & passim).

\textsuperscript{45} Cf. Chazan (ibid.:6f, 29, 66ff).
unsuspecting Christian neighbors, most often youngsters both guiltless and defenceless.

Chazan duly emphasises (ibid.:105f & 194ff) the deadly effect this imagery had on the lives of Jews under Christian rule, in pogroms large and small, e.g., when the Jews were accused of having caused the devastations of the plague. In our context, it is of particular interest how anti-Jewish sentiments would impact upon medicine, in view of so many of its practitioners being Jews.

Obviously, if Jews were intent on killing Christians, just as they had murdered the Saviour, fear of Jewish practitioners of medicine was well warranted. The perceived threat translated into a plethora of initiatives at curbing it, via Church council resolutions, papal bulls, and secular legislation. Templates were there waiting to be utilised, as in the Council in Trullo decree of 692 (not recognised as canonical by the bishop of Rome, though), imposed on clergy and laity alike, not to “have any familiar intercourse with .. [Jews; RB], nor summon them in illness, nor receive medicines from them.” (Council in Trullo 1900: §11) In the course of the first half of the second millennium, the issue was taken up with ever increasing urgency: beginning with St Ivo of Chartres in the 11th century (Heynick 2002:170); next by Synods at Trier in 1227 (1278?);46 at Béziers in 1246;47 and at Albi in 1254, the latter decreeing that “[a]ll Christians who, when sick, put themselves in the care of Jews will be excommunicated;”48 by the Council of Valladolid in 1322, warning that Jewish physicians, “under guise of medicine ... kill Christian folk when administering medicine to them;”49 and the Council of Avignon (1337) which “forbade Christians to employ Jewish physicians and surgeons or to take their medicines, except in case of danger when it was impossible to secure experienced Christian physicians.” (Lepicard

46 Instructing clerical and worldly authority to intervene against the involvement of Jews in the medical treatment of Christians: “Sacerdotes praepriant omnibus subditis suis ne aliquam potationem vel medicinam ab eis [Judeis] sumant”; “Item dominis terrae praepriimus aut ludeis suis, ut eos cogant sub aliqua p[o]ena, ut non intromittant se de aliqua medicina nec aliquam potionem dent Christianis.” (Medieval Ashkenaz: [S.a.])
47 Forbidding “Christians to turn to Jewish physicians for treatment” (Assis 1996:46).
177

1996:59) Pope Paul IV orders the ghettoisation of the Jews under his jurisdiction, in his 1555 bull *Cum nimis absurdum*: of a people introduced as one “whose guilt – all of their own doing – has condemned them to eternal slavery,” he posits (ibid.:§10) that, by this very definition, “those among them who are physicians, even if summoned and inquired after, cannot attend or take part in the care of Christians.” Medicine was thus rejected when administered by Jews, out of a keen feeling that it was inappropriate for Christians to entrust their bodily welfare to the hands of those who had only *against their will* helped to fulfil God’s plan of salvation through Christ – detesting the dependence of the saved on the lost. We witness here a visceral anti-Judaism seeping into the medical field, and contaminating the perception of medicine such that, in theory at least, it may no longer be a sufferer’s goal to simply try and find the best knowledge and expertise available; instead, a proper (i.e., religiously orthodox) holder of medical knowledge and provider of services is to be sought: a *Christian* – even if the quality of his knowledge and of the services thus received might be inferior.  

The spirit of Church verdicts as the ones quoted, endorsed by a succession of popes during the time of their pontificate (*inter alios*, Eugene IV [1431-1447], Nicholas V [1447-1455], Calixtus III [1455-1458], Paul IV [1555-1559], Pius V [1566-1572], and Gregory XIII [1572-1585]) also found its way into secular legislation – though it was almost entirely

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50 The sentiment is not uniquely Christian: the Talmud is cautious about the treatment of Jews by Non-Jews, although, “if the heathen doctor merely indicates ‘what drug would be good, what medicine would be bad’ for the patient, such advice may be accepted” (Kottek 1996:171); Meron (1996:260), speaking of his contemporary experience in Israel and the West Bank, states that “[a]s far as treatment by non-Moslem doctors is concerned, the majority opinion in Moslem law which prohibits such treatment coincides with a natural tendency among Moslems.”


52 Shatzmiller (ibid.:87f) quotes Castilian legislation dating from the 13th century, prohibiting “any Christian from receiving medicines or cathartics made by a Jew, although he may obtain it on advice of a knowledgeable Jew as long as it is prepared by a Christian fully aware of its content,” and also legislation passed by Queen Mary of Aragon, in 1397, confirming the above: because “these perfidious Jews are thirsty of Christian blood, as enemies would be,” it is specified that “no Jew, in any case of a Christian’s infirmity, should dare to exercise his office of medicine unless a Christian doctor will take part in the cure.” (Latin original quoted ibid.:186n28); cf. Ríos de la Llave (2007:65f).
ignored in practice, first and foremost by the high and mighty, popes included, who eagerly availed themselves of the services of Jewish doctors.\textsuperscript{53}

From the 14\textsuperscript{th} century onwards, according to Shatzmiller, there is evidence of a yet further-reaching fear which goes beyond that of murderous Jewish doctors intent on ending Christian earthly lives, namely, that these doctors would attempt to thwart the eternal salvation of their patients.\textsuperscript{54} Here, the perceived threat is twofold: of innocent believers being led astray by malevolent non-believers, but also, of Christians knowingly consulting those whose unbelief is plain to see, thus yielding to the temptation to restore their health or save their lives at any cost. As in the case of King Asa, then, the desire of temporal well-being threatens to take precedence over eternal salvation. By taking recourse to a Jewish doctor, the Christian sufferer entered into a setting not unlike the medical practice of Archagathos of Rome at the end of the 3\textsuperscript{rd} century BCE, of whom Sarton (1959:139) says that he “was accused of blasphemy and impiety because he had more confidence in therapeutics than in the protection of the household gods (\textit{Dii penates}). That accusation,” Sarton continues, “has been formulated again and again, everywhere: it is clear to the superstitious mind” – Sarton’s term for the faithful believer – “that any medical treatment is a token of religious infidelity. The more scientific the treatment, the more sacrilegious it may seem.”

Sarton’s verdict breathes the spirit of a worldview which conceives of human illness as devoid of a spiritual dimension, an idea indeed held by some in antiquity,\textsuperscript{55} but not really


\textsuperscript{54} Cf. Shatzmiller (ibid.:91f), referring to the synod of Avignon, 1341, the diocesan synods of Barcelona, 1311 & 1350, and to Pope Eugene IV accepting a petition on the topic, in 1432.

\textsuperscript{55} E.g., by the Hippocratic author of \textit{On the Sacred Disease} who declares at the very opening of his treatise that epilepsy is not, in his opinion, “any more divine or more sacred than other diseases, but has a natural cause, and its supposed divine origin is due to men’s inexperience, and to their wonder at its peculiar character. … [M]en continue to believe in its divine origin because they are at a loss to understand it.” (Page, Capps, Rouse, et al. 1959:139). Likewise in \textit{Airs, Waters, Places}, the Hippocratic author states, quite unambiguously, that no disease is “more divine or more human than any other …, and none arises without its natural cause.” (Page, Capps, Rouse et al. 1957:127)
within the reach of any of the above-quoted mediaeval sources. However, a large step in this direction is taken once the distinction is made, between the technical skill of a doctor, and his religious orthodoxy or otherwise – as done by a succession of mediaeval popes and kings who, in spite of theological reasoning to the contrary, sought the services of Jewish doctors; e.g., Ferdinand II of Aragon who declared that “without injury to our faith they may be useful to us, not doing harm to the healthfulness of our soul, but aiding us in the condition of our body.”

Midway through the 17th century, the City Council of Schwäbisch Hall in Württemberg adopts Ferdinand’s line of reasoning and sees fit to clear the way for a Jewish doctor’s practice “because of his admirable experience and skill” [“wegen seiner vortrefflichen Experienz und Kunst”] – only to be rebuffed by the town’s clergy who feel impelled to pronounce that it were “better to have died with Christ, than to recover through a Jew doctor with the devil” [“besser, mit Christo gestorben, als per Judendoctor mit dem Teufel gesund werden”]. Well beyond the Middle Ages, after Reformation, Counter-Reformation and, politically speaking, at the birth of the modern era in the peace agreement of Westphalia, we thus still find alive the “widespread medieval belief that the Jews were proficient demonologists and in league with the Devil.” (Efron 2001:22)

Looking at the course of medicine’s development over the next three centuries, this ‘aid by the devil’ undergoes a metamorphosis from literal to metaphorical. Marlowe’s and Goethe’s (Gentile) Doctor Faustus who cannot find, through the study of any of the sciences, medicine included, the knowledge that will quench his thirst for omnipotence, who therefore

56 Quoted in Heynick (2002:139).
57 Quoted in Lammert (1969:6fn1; my transl.); cf. Krauss (1930:40; my transl.): “[T]he Jews were frequently decried as sorcerers and their healing successes ascribed to their pact with the devil.”
58 Cf. Trachtenberg (1945:91): “In the field of medicine in particular the reputed Jewish magical skill was called upon to perform miracles;” cf. also Stricker (1858:220; my transl.) on Jewish physicians, whom “one considered … initiated into secret sciences.” – “Reed .. points out that the practitioners of the black arts were traditionally of Jewish descent.” (Schleiner 1995:65, quoting Reed, MK. 1981. Juan Huarte de San Juan. Boston: Twayne; cf. ibid.:69 on Luther’s concordant view). “Porphyrius and later theosophists ascribed a special power to subdue the demons to Chaldean and Hebrew words.” (Krauss 1930:41; my transl.; cf. 44 & 53f) Of relevance in our context is simply that all this was believed to be the case.
enters into a pact with the Devil, still sells his soul literally, to have magical powers conferred upon him. In the opening monologue of Marlowe’s 1604 Faustus tragedy (2009), as the learned doctor pores over his heretofore futile studies, this is what he says about medicine:

“Ubi desinit philosophus, ibi incipit medicus:
Be a physician, Faustus; heap up gold,
And be eterniz’d for some wondrous cure:
Summum bonum medicinae sanitas,
The end of physic is our body’s health.
Why, Faustus, hast thou not attain’d that end?
Is not thy common talk found aphorisms?
Are not thy bills hung up as monuments,
Whereby whole cities have escap’d the plague,
And thousand desperate maladies been eas’d?
Yet art thou still but Faustus, and a man.
Couldst thou make men to live eternally,
Or, being dead, raise them to life again,
Then this profession were to be esteem’d.”

Despairing at the magnitude of the task, at its unachievability by his meagre human means, he resorts to the “metaphysics of magicians, [a]nd necromantic books”, concluding that

“Ay, these are those that Faustus most desires.
O, what a world of profit and delight,
Of power, of honour, of omnipotence,
Is promis’d to the studious artizan!
All things that move between the quiet poles
Shall be at my command: emperors and kings
Are but obeyed in their several provinces,
Nor can they raise the wind, or rend the clouds;
But his dominion that exceeds in this,
Stretcheth as far as doth the mind of man;  
A sound magician is a mighty god:  
Here, Faustus, tire thy brains to gain a deity. “\textsuperscript{59}

In the modern era \textit{metaphorical} version, the devil is not any more the serpent that promises godlikeness, but an inner voice enticing the creators of scientific medicine, as of modernity in general, to strive for omnipotence by natural means.\textsuperscript{60} Is this not what tempted man since the early days of Babel? “And they said one to another, Go to, let us make brick, and burn them thoroughly …, let us build us a city and a tower, whose top [may reach] unto heaven.” (Gen 11:3-4) As the parable indicates, and as the development of modern technology proves, human hubris may grow out of (and strive to further increase) technical mastery in the \textit{non-human} material world, quite unrelated to health and disease, and medicine. Why then, from a Catholic perspective, a rather positive evaluation of technology geared towards general mastery of the world, throughout most of the second millennium\textsuperscript{61} – whilst medicine was always viewed (\textit{also}, at least) with suspicion?

Of all the problems, controversies and unsolved questions contemplated this far, none will do, it seems to me, as a sufficiently exhaustive explanation of Catholic reservations specifically vis-à-vis medicine. As we have seen above (pp115f), human hubris may be the result of mastery – truly achieved or only assumed – of any part of the world, which should make the hubristic physician no more anathema, on principle, than the hubristic water engineer or architect: after all, the Babel parable is about a building project. Nor can an

\textsuperscript{59} Kee (1986:72) points to yet other roots of revulsion at medicine: according to the book of Enoch, it was “the fallen angels ... [who] taught human beings ‘charms and enchantments, and the cutting of roots and made them acquainted with plants’ (1 En 7:1-6). In short, they gave to humanity instructions in medicine, which is here sketched as a form of [black; RB] magic.” In this image, medical skills take the empowering place of fire, the fallen angels that of Prometheus.

\textsuperscript{60} Referring to an unpublished manuscript by BL Sherwin, of 1986, Kaiser (1997:78fn254) remarks that “Rashi (1040-1105) commented on the tendency of (Jewish?) physicians to disavow reliance on God already in the eleventh century.”

\textsuperscript{61} From water-powered technology in the 12th (see above, p168) to astronomy, to seismology: “By 1750, 30 of the world’s 130 astronomical observatories were run by Jesuit astronomers. ... Seismology has even been called the ‘Jesuit science,’ so important were their efforts to the early days of seismology in the United States.” (Hough 2007:68)
abhorrence of magic as such, as a means to reach desired ends, explain why medicine should be singled out for rejection from among the crafts and sciences, because once again, the intended target of magic may be any aspect of nature, internal or external to the human being (e.g., human disease as much as the weather, human fertility as much as that of the fields).

Indeed, for the better part of the second millennium, the scientifically minded in their entirety were suspected of resorting to sorcery, quite irrespective of their field of study, as Naudé noted already in the 17th century of, inter alios, Ramon Llull and Arnaud de Villeneuve, Popes Silvester II and Gregory VII, Roger Bacon and Albert the Great (cf. Naudé 1669:269ff, 352ff, 370ff & 391ff). A coloured pen drawing in the 15th century Chronicon pontificum et imperatorum shows Pope Silvester II, visibly at ease in conversation with the devil:

Pope Silvester II with the devil (from: Martinus Oppaviensis, Chronicon pontificum et imperatorum (c.1460: 216v)
The accompanying text has these words for him – after all a pope: “And gave himself over to the devil. So that he would arrange all things according to his will. That the devil pledged to accomplish. So he remained in the devil’s service ... and thereafter/consequently he came to Seville in Spain for learning.”62 In the same vein, Krauss says (1930:42; my transl.): “Monks who knew more than just to read and write, especially a Bede, were suspected of sorcery. ... Men who excelled through their knowledge of physics, were still taken for masters of the black arts and sorcerers in league with the devil.”

On the Hebrew side, the rejection of all magic goes back to the old biblical reprobation of all attempts to force God’s hand, or to enlist the support of whichever spiritual force other than Him, as the neighbouring nations do.63 The anti-magical stance in Catholicism, though, as Weber has observed, is less principled and takes more specifically the form of a rejection of black magic, not of the white, sacramental version performed by an ordained priest (cf. p105, above). In calling the office of the Catholic priest (also) that of “a magician,” Weber (2003:117) casts him in a role where he has to compete with other magicians, all of them resorting to their respective devices, the priest’s white, theirs black.64 Among those

62 “Vnd ergab sich dem Tufel. daz er ime alle ding fugte nach sinem willen. daz gelobte ime der Tufel ze volbringen. also bleib er in dez Tufels dinst … vnd darnach kam er ze Hyspalim ze hyspanne durch lere.” (The Early New High German wording is taken from Schulz 1859:295f; English text above: my transl.).

63 “When thou art come into the land which the LORD thy God giveth thee, thou shalt not learn to do after the abominations of those nations. There shall not be found among you [any one] ... that useth divination, [or] an observer of times, or an enchanter, or a witch, Or a charmer, or a consulter with familiar spirits, or a wizard, or a necromancer. For all that do these things [are] an abomination unto the LORD: and because of these abominations the LORD thy God doth drive them out from before thee. Thou shalt be perfect with the LORD thy God. For these nations, which thou shalt possess, hearkened unto observers of times, and unto diviners: but as for thee, the LORD thy God hath not suffered thee so [to do].” (Deut 18:9-14) The ban imposed here rests on a firm belief that all “these things [that] are an abomination unto the LORD” can and do work: what Aaron does by the help of the Lord, “the magicians of Egypt, they also did in like manner with their enchantments.” (Exod 7:22; cf.11)

64 Cf. Padberg on the developing cult of the saints and of relics in Catholicism; also (1998:183f ; my transl.) on the inter-penetration, towards the end of the Middle Ages, of church rituals and pagan-magical practices such that the “sacrament of baptism came to be understood so much as effective from within itself that all depended on its application, with the belief of the person in question but of secondary import;” cf. also Fonnesberg-Schmidt (2007:76), who speaks of “conversion methods ... along traditional lines where a people was baptised before receiving instruction.”
others, the (Jewish) physicians figured prominently, so as Trachtenberg (1945:92f) remarks, “[p]aradoxically, their scientific training, such as it was, made them also superior magicians in the popular view.” Beyond their supposedly magical means, however, priests and physicians differed from, say, the equally magically-minded alchemists, in that both professions shared the same target population: human beings; they just disagreed on how these were to be seen primarily, *sub specie aeternitatis* or *sub specie temporis*. Apart from lying under the suspicion of using black magic, because of their pagan, Arab/Muslim or Jewish roots, be those genealogical or merely historical-intellectual, the physicians thus posed a threat in that they were prime *competitors of the priests* for the hearts and minds of people.

4.2.2 Mental images, overlapping: the priest, the physician, the Lord Jesus, and the Church

It is an uncontested fact of history and ethnography “that in early days the priest, the magician, and the physician were combined in one person.” (Cutten 1911:4) Not surprisingly, in view of this initial indistinguishability, medicine continues to occupy a special place among the sciences as it emerges gradually into independent existence as a science of its own; this is reflected in the imagery surrounding it. It takes the better part of European history for a clear distinction between the said three kinds of ‘healers’ to become more or less common intellectual property. In the ideal-typical past here assumed,

65 The etymology of our term *therapy* gives evidence of what that person’s task originally was: as Brock (1959:118f; my transl.) shows, Ancient Greek θεράπων and θέραψ derive from a Hittite family of words (tarpalli-, tarpalli-, tarpanalli-) whose common denominator is the idea of ritual substitution: “The tarpalli- is another self, a projection of the individual upon which are transferred through word magic all the impurities which one wants to get rid of.” [“Le tarpalli- est un autre soi-même, une projection de l’individu sur laquelle sont transférées par la magie du verbe toutes les souillures dont on veut se débarrasser.”] The magician (Brock’s summary term which encompasses both priest and physician) has to bring about this transfer of the impurity from her client onto a ritual substitute, be that another person, an animal or an object, for that substitute to be killed or destroyed. On the incorporation of this idea into Greek thinking, cf. Nagy (1999:33 & 292ff), and Brock (ibid.:125f). – For a different reading of the etymological record according to which therapy itself is the substitute, namely, of ritual – purportedly drawing on Brock, but not in my view supported by her primary evidence –, see Tyler (1986:134), and Littlewood (1992: epigraph).
attending to human well-being had fallen to one office of healing only, because neither the supernatural versus natural means of taking influence, nor the spiritual versus mundane causes of ill-health had as yet become disassociated from each other, as for Kings Asa and Ferdinand II to some extent they already have. (cf. pp172 & 179, above) Only to an early age does Nahmanides’ claim apply that “the sole legitimate means for curing disease was prayer.” But even as the roles of priest and physician got separated from each other eventually, the intimate closeness of the two offices remained, providing the reason why, in a Christian context, those other two proximities had to be so worrisome: that between medicine and the Jews as its most eminent practitioners, hated, despised, feared, and admired all in one; and related to this, that between medicine and black magic.

However, even this Jewish-cum-magical tinge of mediaeval medicine, much in contradistinction to other crafts concerned with the mastery of nature, can serve only as a partial explanation, with regard to our question: undoubtedly, even today, when the Catholic Church no longer fusses in any way about medical scientists’ religious affiliation, Jewish or otherwise, and not about magic either, she still fights to retain a say in the sphere of life linked to health, health behaviour, and what it means to be a healthy human being; e.g., with regard to topics like birth control, abortion, sexual restraint or hedonism, stem cell research, life’s end in natural death or suicide, or the place of homosexuality in the scheme of nature as an aberration or otherwise. In astronomy, astrophysics, geology, even evolutionary biology, all decision-making on which questions to ask, which answers to accept, has long been relinquished to the respective sciences, but not so with regard to a good number of issues related to health, thus (more or less) also to medicine. There are obvious links from certain behaviours with health implications (e.g., casual unprotected sex) to medicine on the one hand, and to questions about what pleases God or might be considered as sinful on the other. This may explain why it remains an area of concern for the Church and her theologians, more so than simple technical mastery of the outside

66 Cf. p172fn32, above.
67 In its compromising effect on medicine comparable only to that of ‘Jewish’ usury on banking.
world, and consequently also a field of controversy with the medical profession, about each other’s role and rightful influence.\(^{68}\)

As Kaiser (1997:353) has remarked, the “more creative theologians of the nineteenth century ... tended to redefine the sphere of theology and religion in terms of the personal, experiential, and moral side of life ... The validity of rational, natural theology was increasingly questioned.” This resulted in the “paradox of apparent irrelevance” (ibid.) of physical science as the very abstract discipline which it is, far removed from the daily lives of believers, in spite of its ground-breaking advances with life-altering practical consequences. The practice of medicine, by contrast, has always remained sufficiently close to the “personal, experiential, and moral side of life,” for the Church to strive to maintain her influence, well aware as she is, of the short distance from the control over man’s (and possibly even more so: woman’s) body, to the control over his or her heart, mind, and soul. On the very same “personal, experiential, and moral side of life,” the priest is thus called upon in his role as the shepherd of his flock (more on this below, pp517ff), and the physician, more than any other scientist, has become his competitor, even if he does not see himself in an exactly shepherdly role. This is, in the end, the reason why the Catholic priest had (and still has) to do battle with the physician, be he Jewish, pagan, atheist, or even Catholic but not sufficiently submissive to the Magisterium of the Church, although magic no longer plays any role on the battle ground.

The practice of medicine has through the ages been likened to the ministry of the priest, as no other craft or science has. For the modern situation, Tillich (1956:138) specifies that an

important significance is attached in the present to the art of healing. It must be recalled that with the elimination of the priestly confessional and the loss of its real values the physician stepped upon the scene as a substitute. Yet he was a

\(^{68}\) Arguing psychologically, Sigerist (1962:188) points out that “[o]f all the sciences medicine ... [has] probably the strongest appeal to the layman. Few people ever come into contact with higher mathematics or astronomy, but everybody sooner or later has some experience with medicine. ... Medicine, leading through all the heights and depths of human life captivate[s] the people’s minds more than physics or chemistry.” This was never lost on the Church.
substitute who could not supply what should have been supplied, a healing process proceeding out of man’s central function, that is, out of his religious relations.  

However much one must agree with Tillich’s conclusion that the physician is a woefully inadequate substitute for the priest, this empirical finding of the twentieth century cannot validate Tillich’s antecedent claim that only with the (post-mediaeval) decline of relevance of the confessional “the physician stepped upon the scene.” Quite to the contrary, the history of the two healers – one of the body, the other of the soul – contending for the allegiance of the sufferer, goes back to the early days of all three religions of the book: at the beginning of the 17th century, it is true, van Helmont made explicit his conviction, that “Nature … called not Divines for to be her Interpreters: but desired Physitians [sic] only for her Sons;”  

however, implicitly, the battle had been raging ever since King Asa’s days. This history will now be recounted in some more detail, for the Christian side, starting with Jesus ben Sirach  

– quoted approvingly by most Christian sources irrespective of his canonicity or otherwise – because his position paradigmatically comprises within itself all sides of the controversy about the role which medicine should or should not play. He says:

Honour a physician with the honour due unto him for the uses which ye may have of him: for the Lord hath created him. For of the most High cometh healing ... The Lord hath created medicines out of the earth; and he that is wise will not abhor them. Was not the water made sweet with wood, that the virtue thereof might be known? And he hath given men skill, that he might be honoured in his marvellous works. With such doth he heal [men,] and taketh away their pains. (Sir 38:1ff)  

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69 The insight is not new that the physician is a substitute, and at times not the best; cf. Shakespeare, Macbeth (1997c: V, 1, lines 56 & 71f), where the physician himself comes to the conclusion that in the case of Lady Macbeth, the “disease is beyond my practice … More needs she the divine than the physician./God, God forgive us all!”

70 Quoted in Debus (1978:126).

71 Whose position, as Kee states (1986:19), represents a “radical shift in attitude towards physicians” within the Old Testament, likely in response to Hellenistic cultural influence.

72 KJV Bible, Apocrypha: Wisdom of Jesus Son of Sirach (1611).
This far, Jesus ben Sirach’s perception of disease and of the physician’s work might be misunderstood as plainly naturalistic, if against a background knowledge that the entire natural world is God’s creation. However, he continues, “My son, in thy sickness be not negligent: but pray unto the Lord, and he will make thee whole. Leave off from sin, and order thine hands aright, and cleanse thy heart from all wickedness” (ibid.:9f). From the verses that follow next (ibid.:11ff), it is evident that the naturalistic and non-naturalistic recommendations are not meant to exclude each other: the diseased should “make a fat offering, ... [t]hen give place to the physician.” This second step the sufferer will take in a realistic this-worldly assessment of his situation, and of the benefits to be had through medicine (“let .. [the physician; RB] not go from thee, for thou hast need of him”; “[t]here is a time when in their hands there is good success;” their medicines “they give for ease and remedy to prolong life”). Still, the sufferer will not forget why medical help is possible (“the Lord hath created [the physicians who; RB] ... also pray unto the Lord,” for their measures to work). The compound nature of disease and healing, starting from a moral transgression, but addressed, also, by natural means, is captured in ben Sirach’s coda, “He that sinneth before his Maker, let him fall into the hand of the physician.” (ibid.:15)

These exhortations, it appears, reflect some diffuse awareness of what may be called, from a later vantage point, natural means towards natural ends – medicines administered by physicians to effect a cure; however, God has not been relegated to the role of primordial creator who thereafter left His creation to its own devices: from sinning against Him right through being healed qua repenting and being forgiven, the recovery from disease cannot be conceived as independent of Him – “pray unto the Lord, and he will make thee whole.”

This, healing through faith, is the line along which Jesus Himself heals (Mk 2:3-12/Mt 9:2-7/Lk 5:18-25; Mk 5:25-34/Mt 9:20-22/Lk 8:43-48; Mk 10:46-52/Lk 18:35-43). As Kee (1986:79) emphasises, “there is in none of .. [His; RB] healing stories any trace of medical techniques, ... [nor] anything that can correctly be labelled magic ... The framework ... is not one which assumes that the proper formula or the correct technique will produce the
desired results.” Following Him, the apostles and the nascent church will do likewise (Mt 10:1/Mk 6:7 & 13/Lk 9:1f, 10:9 & 17; Acts 3:2-9, 4:9f, 5:15f, 14:8-10, 19:12).

Although Jesus’ background is not medical in any way, he does make liberal use of medical images, and this translates into the image under which He is perceived: Stricker (1858:223; my transl.), e.g., quotes from a 1698 tract against Jewish doctors, Deß Christiani Trewmundts gewissen-löser Juden-Doctor, which is dedicated “to the most high physician Jesus Christ” (my transl.).

When appearing under this epithet, His power to redeem from sin is signified by His acts of healing from disease; as Sigerist says (1962:69), “Christianity came into the world as the religion of healing, as the joyful Gospel of the Redeemer and of Redemption.” In Kee’s estimate (1986:1), of the approximately 250 literary units into which the first three gospels are divided in a typical synopsis, one fifth either describe or allude to the healing and exorcistic activities of Jesus and the disciples. Of the seven ‘signs’ reported in John to have been done by Jesus, four involve healing or restoration.

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73 At times, though, means beyond His word do come in, which could be (and likely would have been) misunderstood by on-lookers as having magical quality: touch (Mk 1:40ff/Mt 8:2f/Lk 5:12f); spittle (Mk7:32ff & 8:22ff); mud and spittle (Jn 9:1ff).

74 150 years later, David Livingstone will say, “God had an only Son, and He was a missionary and a physician. A poor, poor imitation of Him I am, or wish to be.” (Letter to his father, 5 February 1850, quoted in Blaikie 1880:125)

75 It should not be forgotten, though, that He also refers to Himself as a sufferer: “I was sick, and ye visited me.” (Mt 25:36)

76 In the Old Testament, Yahweh Himself is frequently depicted as healing His people: “I [am] the LORD that healeth thee.” (Exod 15:26; cf. Deut 32:39, Psa 103:3 & 107:20, Isa 19:22, Jer 17:14 & 30:17, Hos 6:1 & 11:3) Fittingly, the plight of the people may also be cast in quasi-medical language: “For thus saith the LORD, Thy bruise [is] incurable, [and] thy wound [is] grievous. [There is] none to plead thy cause, that thou mayest be bound up: thou hast no healing medicines” (Jer 30:12f; cf. 46:11); but as the Asa episode shows (2 Chron 16:12f), his own need not imply biblical trust in the medical profession itself.
As in the beginning, so through the ages; health and disease continue to capture the Christian religious imagination, building on Scriptural precedent: disease is portrayed as an affliction, related to the Fall and God’s curse, and also as a trial of faith as in Job’s case; restoration of health not just as physical recovery, but also as a sign of God’s blessing. However, even beyond the level of individual human life, health and disease function as powerful metaphors of good and bad, right and wrong, on a higher plane:

Augustine sets up an opposition between health and correct belief on the one hand, and ‘pestilential and fatal dogmas’ on the other. ... Jerome, draws a different medical parallel, which likens heresy to a putrid limb that must be removed to restore the health of the body. ... [In the] Liber inquisitionis of Orvieto [Liber sententiarum haereticorum communis Urbisveteris, 1268/69; RB] ..., heresy is depicted as a ‘deadly plague’, while the accused refuse the cure of penance. (Sackville 2011:171)

To discern orthodoxy from heresy, that is, in pondering the right and wrong of conflicting theological positions, a health-and-disease imagery is thus also used. Moving within the metaphorical world thereby created, the Church sees herself and is seen as diagnosing and treating the presumed ills, i.e., she becomes a physician of sorts. As Sackville has noticed (ibid.:172), the

77 E.g., Lk 5:31f, “And Jesus answering said unto them, They that are whole need not a physician; but they that are sick. I came not to call the righteous, but sinners to repentance.” (likewise Mk 2:17)

78 At least as an aside it has to be said, here, that in condemning heterodox views, papal bulls often do not speak of theological errors but of moral depravity, and in a very literal sense even diagnose insanity. The Fourth Lateran Council condemns (1215:§2) the “most perverse doctrine of the impious Amalric, whose mind the father of lies blinded to such an extent that his teaching is to be regarded as mad more than as heretical.” Six centuries later, when fighting modernity, the technique of attesting insanity has not fallen out of favour, rendering superfluous any need of substantive dispute: in the introduction to his Quanta Cura (1864), Pius IX identifies his adversaries as “wicked men, who, like raging waves of the sea foaming out their own confusion, and promising liberty ..., [are out; RB] to deprave persons, and especially inexperienced youth, to lead it into the snares of error” – liberals as a mixture of madmen, foam at the mouth, and cunning seducers; approvingly Pius quotes Mirari Vos of his predecessor Gregory XVI (1832), as having called it an “insanity ... [that] liberty of conscience and worship is each man’s personal right, which ought to be legally proclaimed and asserted in every rightly constituted society” (1864:§3; I cannot trace this sentence verbatim in Mirari Vos, but Pius’ account is indeed true to its meaning).
treatment of heresy as disease and the corresponding role of the Catholic Church as medic together formed a concept that understood the church’s relationship to sin in general in terms of the physician-patient relationship, where sin was disease, the sinner patient, and the church stood in imitation of Christ as *medicus*. Aquinas draws a parallel between himself, or the wise man, promoting truth and refuting error, and the medic, promoting health and defeating illness.

The Catholic Church as an institution and the individual priest within it, are thus both likened to the physician. The 4th Lateran Council (1215:§21) describes the priest who hears the confessional as someone who

shall be discerning and prudent, so that like a skilled doctor he may pour wine and oil over the wounds of the injured one. Let him carefully inquire about the circumstances of both the sinner and the sin, so that he may prudently discern what sort of advice he ought to give and what remedy to apply, using various means to heal the sick person.

With a clear understanding of what much later will be termed psychosomatic disorders, the Church not only wants her priests to know “what [spiritual; RB] remedy to apply;” she also decrees in the following canon (ibid.:§22) that the “physicains of the body” must call the “physicians of the soul” to the sickbed, knowing that “sickness of the body may sometimes be the result of sin – as the Lord said to the sick man whom he had cured, Go and sin no more, lest something worse befall you.” Understandably, then, the Church must bring pressure to bear upon the medical profession, among whose members there would unfortunately be more than one to fit Chaucer’s description in the Canterbury Tales (c.1387:Prologue, line 431ff) that, though well-read in Asclepius, Hippocrates, Galen, Rhazes, Avicenna and Averroës, “His studie was but litel on the Bible.” (ibid.:line 440) As countermeasure, the Council (1215:§22) bluntly

order[s] and strictly command[s] physicians of the body, when they are called to the sick, to warn and persuade them first of all to call in physicians of the soul so that

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after their spiritual health has been seen to they may respond better to medicine for their bodies, for when the cause ceases so does the effect. ... Moreover, since the soul is much more precious than the body, we forbid any physician, under pain of anathema, to prescribe anything for the bodily health of a sick person that may endanger his soul.

This last half-sentence brings us back to concerns about the black magical practices described earlier, the belief in whose power was fostered by the Church herself though, in as much as her own practice (the *ex opere operato* validity of the sacraments; the power of relics) dangerously encouraged faith in the efficacy of magic as such. In this respect, texts from the early Jesus movement’s fringe are of interest which were excluded from the canon. There, a manner of thinking becomes explicit which officially had to be suppressed, which may, though, against the backdrop of these rejects, become discernible as an undercurrent inside the canon itself.

In the *Acts of Thomas*, “conversion ... is most often a response to healing from severe illness or demon possession. Jesus is frequently referred to as the Good Physician, and Thomas’ prayers and invocations often call for the ‘healing of soul and body’.” (Harvey 2006:357) All of this could also appear in a canonical source. In the *Acts of Peter*, though, a line is crossed, and the stunningly-miraculous which is no more than a striking component of all acts of healing in canonical sources, takes on a life of its own: quite out-of-place would it seem to use Jesus’ comment, “thy faith hath made thee whole” (Lk 8:48), in the context of “Simon Magus and Peter seeking to outdo one another in miraculous, crowd-catching acts, ... [where] Peter’s exploits include a talking dog,” a preaching and prophesying seven-month-old baby, and a herring temporarily brought back to life. (Kee 1986:87) Here, it seems, any trick will do to authenticate the authority supposedly bestowed by Jesus upon one, but not on the other of the competitors. The temptation to approve of magic, if only applied to proper ends and by an orthodox disciple, was thus there and had to be kept in check: in the case of the revivified herring this did happen – the source in the end did not achieve canonical status.

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4.2.3 Changing roles: of Christianity within the Empire, of healing in Christianity, of God vis-à-vis nature

In contradistinction to such hocus-pocus merely designed to impress, a *spiritually* defined “ministry of healing and restoration .. was seen as a viable alternative to the claims of Greek science and technology” (Kaiser 1997:68) in the earliest centuries.\footnote{Cf. the language of Ignatius of Antioch in the 2\textsuperscript{nd} century, who speaks of the broken bread as “the drug of immortality, an antidote so as not to die” (letter to the Ephesians, quoted in Ritter (1977:18), and in Hall (2006:424)).} Already in the fourth, however, cenobite monasticism and, in particular, Basil of Caesarea responded to the changing role of Christianity: from fringe religious community to emerging dominant creed of the Empire, i.e., towards becoming a major support structure of the status quo, with an increasing responsibility for its functioning. According to Kaiser (ibid.), “the early cenobite communities .. were responsible for converting the miracle-based healing ministry of the post-apostolic period into a systematic program of health care that could be made available on a regular basis.” Basil, Bishop of Caesarea and knowledgeable in Greek medicine himself, created the first hospital – what might better be called a place of recovery from all kinds of want, staffed as it ordinarily was, “by monks rather than professional physicians.” \footnote{Still, in Gask and Todd’s opinion (1953:128), “if Medicine, like the Church, had any way of canonizing its most worthy sons, it would surely number Basil amongst its elect.”} The list of problems and needs in Mt 25:35f, hunger, thirst, nakedness – in a word: poverty –, being stranger to a place, and sickness, returns in the different names given to this place, with *nosocomium* just one of them, and the one sticking in the end: *xenodochium*, not even referring to disease and healing.\footnote{In Carolingian times, “the term xenodochium began to give place to the term hospital. In A.D. 796 Alcuin wrote to his old pupil Eanbald II, Archbishop of York, urging him to found in his diocese ‘xenodochia, id est, hospitalia” (ibid.:130fn24; cf.125ff); cf. Park (1992:70ff & passim).} Even so, its medical services became “the functional equivalent of the healing miracles Jesus had been able to perform by a mere word,” a development in which Kaiser (ibid.:72) identifies a “shift from miracle to method ... as an appropriate response to changing conditions and new responsibilities.” Not the critical stance of some of the early Fathers, notably Irenaeus and Tertullian, but the more “positive attitude towards the arts and
sciences .. taken .. by Clement of Alexandria, Origen, and Pseudo-Clement” (Kaiser 1997: 15) thus prevails in the end and is brought to bear on ill health and healing.

In the sixth century, St Benedict makes care of the sick a specific item of his monastic rule; Cassiodorus exhorts the monks of his monastery of Vivarium to study the medical works of the ancients, so as to be able to help those in need. In Kaiser’s account (1997:82), the “theological views of Basil, Cassiodorus, and Benedict .. provided much of the basis for the Western appreciation of the value of technology as well as medicine.” In the Etymologiae of Isidore of Seville (c.560-636), still of the same era, “[t]he sections on medicine ... echo the structure of the standard Alexandrian medical curriculum of late antiquity” (Wallis 2010:5); at Isidore’s urging, the Fourth National Council of Toledo of 633 decreed that the model of his Seville Cathedral school, with some medicine on the curriculum, be adopted throughout Spain. Alcuin of York, in the eighth century, assigned a prominent place to “the doctors, disciples of Hippocrates” at Charlemagne’s court, and included the study of medicine “in the Carolingian curriculum designed by [him].” (Kaiser 1997:77) As of late in the 10th century, “the cathedral schools of northern France ... taught medicine alongside the liberal arts.” (Park 1992:66f) The role of Constantine the African in the transmission of ancient and Arab medical knowledge has already been touched upon; he stands at the beginning of the era when medicine becomes a subject to be studied at the newly-founded universities of Christian Europe.

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84 In chapter 36, Of the Sick Brethren (i.e., not of the general population!), Benedict says: “Before and above all things, care must be taken of the sick, that they be served in very truth as Christ is served; because He hath said, “I was sick and you visited Me” (Mt 25:36). And “As long as you did it to one of these My least brethren, you did it to Me” (Mt 25:40).” (The Holy Rule of St. Benedict:1949)

85 Cf. Wallis (2010:81f). – “From his [Cassiodorus’; RB] writings we know that the library founded by him possessed 231 codices of 92 different authors, amongst which were five codices on medical subjects, including the works of Hippocrates, Galen, Dioscorides, Celsus and Coelius Aurelianus.” (Capparoni 1923:3)

86 More than a millennium later, Newbigin (quoted in Hardiman 2006:22) views the “whole business of secularisation and the Welfare State .. [as] obviously something which could never have arisen out of the ancient pagan religions of Asia. It is a by-product of Christianity” – inviting his question in 1964, at a WCC meeting in Tübingen, if Christian hospitals were still needed, now that this development had run its course.

87 Quoted in Wallis (ibid.:80).

88 Cf. Paxton’s conjecture (1992:98) that “the revival of medical studies in Carolingian monasteries and schools may have tended to lessen the interest of liturgists in spiritual approaches to physical healing.”
There, under the auspices of Scholastic theology, scientific reasoning about the entire natural world developed in a way which had a major impact on medicine; as described above (cf. pp58f, fn7), earlier ideas on the orderliness of nature as due to Yahweh’s fidelity, evolved: what previously had been a characteristic of the Creator – “Augustine had argued that God exercised power not arbitrarily” (Kaiser 1997:56fn183) – gradually became a characteristic of creation itself. But once “the normal sequences of nature were viewed as due to a power delegated to nature by God” (ibid.:54; my italics), man’s study of this very nature took on a new and crucial relevance; a methodological spin-off was, e.g., Berengar of Tours’ “hermeneutical principle that reason should be followed in preference to the authority of the fathers whenever the two were found to be in conflict.” (ibid.:55fn181) In all this, the potentia dei absoluta was not denied; it was just deemed unlikely that God would meddle, without good reason, with the order He had established because, as Adelard of Bath put it, He “who disposes is most wise and, consequently, is least of all either willing or even able to abolish the fundamental order in nature.”89 In Kaiser’s analysis (ibid.:55), a new perspective opened up, here: “Adelard set the natural order and the work of God, rational investigation and Christian faith, over against each other as alternatives (‘... when human reason fails, then the matter should be referred to God’).” Kaiser locates (ibid.:55fn181) one background influence in “Petrus Alfonsi, who [had] immigrated from Aragon to serve in the court of Henry I ... In his Dialogi contra Iudaeos, written in 1108 or 1110, Petrus clearly differentiated healing accomplished through physica (medicine) from that performed through the power of God.”

With this last juxtaposition, we return from contemplating the relationship between God, nature, and natural science, in general, to the relation between the three in one particular scientific domain, that of medicine. Here, Adelard and Petrus Alfonsi do not stand alone with their views; Park (1992:64) quotes the 11th century Bishop of Chartres, Fulbert, who speaks of

89 Adelard of Bath, Quaestiones naturales, quoted in Kaiser (1997:55). Over the following centuries, the idea that God works through secondary causes gains currency, such that in the 16th, Thomas Cooper, the Bishop of Lincoln, preaches that “what we call nature ‘is nothing but the very finger of God working in his creatures’.” (quoted in Kaiser 1997:180)
two kinds of medicine, one of earthly things, the other of heavenly things. ... Through long experience, earthly doctors learn the power of herbs and the like, which alter the condition of human bodies. ... The author of heavenly medicine, however, is Christ, who could heal the sick with a command.

“From the patristic period on,” Park (ibid.) comments, “Christian apologists had opposed the two, presenting faith healing as a competitor to secular medicine; disease sprang from the will of God, they argued, and only one with access to divine power could cure it.” Irrespective of principled reasoning on both sides, however, a “conciliatory attitude predominated” in mediaeval life, and “classically trained physicians might prescribe charms and incantations, while saints and charismatics could recommend medication.” (ibid.:65) It is already a sign of dawning modernity that “[d]uring the later Middle Ages, ... these methods were increasingly divorced, ... [making] naturalism in healing one of the touchstones” of a physician’s claim to professional competence. (ibid.:82)

To assume a developmental trajectory, however, away from theological speculation and religious belief – *from faith to reason* so to speak – as the process which led to the emergence of the natural sciences in general, and scientific medicine in particular, would oversimplify matters to the point of misrepresenting them. From Scholastic times, as Kaiser is at pains to emphasise, the likes of William of Conches, Adelard of Bath, or Peter Abelard, met stern opposition, e.g., by William of St Thierry, and also by St Bernard of Clairvaux, in what was an *inner-theological* controversy. It took place within the creationist camp, *not* between theologians defending blind faith on the one side, and (supposedly non-believing) scientists who championed the cause of reason and rational inquiry on the other. It was a *theological* question which degree of autonomy the natural order was to be credited with; conversely put, this was about the kind of on-going role to be ascribed to

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90 With regard to the worldview of 19th century Jesuit missionaries trying to find their place vis-à-vis modernity and scientific medicine as a part of it, this sequence might better be reversed, calling secular medicine the competitor and threat to faith healing.

91 The ‘creationist’ tradition, as understood here, encompasses also the view “that the entire universe is subject to a single code of law, which was established along with the universe at the beginning of time.” (Kaiser 1997:19)
God in exercising His *potentia absoluta* if and when he so wished. Only in the nineteenth century does this debate come to an end.

On the side of medicine, up until then, care for the sick was a practised form of Christian charity (including the use of naturalistic means deemed best at any given time, e.g., the herbal remedies described by Hildegard von Bingen), while concurrently there was inner-ecclesiastical opposition against medicine as a science too independent of religion: from St Bernhard who “protested against the naturalistic medicine of the ‘school of Galen’ and argued that there were better cures in the ‘school of Christ’” (Kaiser 1997:79fn254); via the critics of ‘Jewish’ medicine quoted above; to those who saw the scientists in cahoots

92 This is at the core of the Leibniz versus Spinoza controversy on substances: infinite numbers thereof, or just one? As Stewart explains (2006:159), according to Spinoza, “God is the cause of all things. However, Spinoza hastens to add, God ‘is the immanent cause of things, and not the transitive cause.’ … A watchmaker, for example, is the transitive cause of his watch. … The nature of a circle, for example, is the immanent cause of its roundness.” Spinoza’s God, immanent, non-volitional, non-anthropomorphic is, so to speak, the law of nature, and “has no need for anthropomorphic encumbrances such as a will or intellect, for it [sic] has no choices to contemplate and no resolutions to affirm.” (ibid.:239) Everything flows by necessity, not from *His will*, but from *its* nature. Leibniz sees only one way to escape this logic: rather than one substance, infinite numbers of them, windowless monads created by God who as a transitive, volitional entity rules, decides, orders, etc., to keep the world going. Hence Leibniz’s opposition to Newton’s law of gravity because it “implies that matter can move by itself, without the need for any mindlike principle of activity.” (ibid.:274) The entire monadology derives from “Leibniz’s essentially antimodern theocratic project.” (ibid.:251) Bertrand Russell’s comment – “a fascinating fairy tale, coherent, perhaps, but wholly arbitrary” (quoted ibid.:251f) – is beside the point when viewed from the perspective that Leibniz’s system is his attempt to rebut Spinozism: at the dawn of modernity, we witness the desperate struggle of one of Europe’s foremost minds, to avoid the necessity of accepting intrinsic laws of nature, because of the anticipated theological implications.

93 Greenwood (1953:507; my italics) refers to Henle who still muses that in the regularities observable among the diseases around us, “Nature or, if the reader is old-fashioned enough to prefer the term, God, is always speaking to us with a thousand tongues.”

94 This protest is implicit evidence that, “[w]hereas Basil, Gregory of Nazianzus, and Cassiodorus had seen the creative power of God realised in the properties of herbs and the skills of the physician, the medieval West began to view the two as antithetical.” (Kaiser 1997:78; my italics)

95 See also Schleiner (1995:94ff), on Christian doctors’ efforts to counter (Jewish) attempts at keeping medicine and theology apart: as Schleiner points out, Bardi’s 1644 book “Medicus politico Catholicus
with the Devil and succeeding only by way of (black) magic. Eventually though, and irrevocably, the ways of theology and medicine parted, with the latter leaving no room for God’s influence, inasmuch as there was no place or role for God within medicine’s scientific frame of reasoning. This, in combination with the concurrent image of the physician as a quasi-secular priest, was the challenge the ZM Jesuits had to put up with.

In conclusion, evidence has been presented from different ages, cultures, and religions, of doubts about medicine: whether it would not, sooner or later, divert its practitioners and consumers away from the gods, or God. These doubts grew into suspicions, and condensed into certainty in the 19\textsuperscript{th} century: “Western thought .. [was] infested with dichotomies like those of reason and faith, God and the world, natural law and divine activity, and medicine and prayer” (Kaiser 1997:406), and genuine believers had to choose the right side – or so it could seem. In daily life, still, medical remedies continued to be taken by faithful Catholics as by other Christians. Why then would Catholic missionaries be so slow, nonetheless, in making systematic use of medicine to their own and their native flock’s benefit? Why would it take so long for a modern Catholic Medical Mission to be contemplated, discussed, and eventually put in place?\textsuperscript{96} Were Catholic physicians not free, after all, to use all available natural means to heal? Could medicine as a science not be practised as well as its services sought, by orthodox believers? Were not the natural sciences, in general, anything but anathema?

None of these questions may be ignored with impunity, I claim, when trying to understand the history of the ZM, of the Diocese and later Archdiocese of Bulawayo, and of the medical mission institutions in Matabeleland.

\textsuperscript{96} In Germany, a Medical Mission Institute was founded on the Catholic side, in 1922; on the Protestant side, successfully in 1906, following an earlier, aborted attempt of 1841-48; cf. Grundmann (1992:177ff); Egger [S.a.].
4.2.4 A changing world, and change towards self-set goals as attainable: human hubris versus the readiness to submit to a higher will

Questions like the ones above have repeatedly been asked now, and to come to a tentative conclusion it may help to go back to Blumenberg’s insight quoted before, that it was “the inclusion of the earth in the revolutions of the heavenly bodies [which] forced the thought if motion, revolution, didn’t have to be the basic form of existence of man-made realities.” Meissner, I believe, did not exaggerate when he saw consequences way beyond astronomy and spoke of a general “fear of the culture-revolution” harboured by those inclined towards a more conservative worldview (cf. p165, above). A relentlessly progressing transformation of thinking, feeling and believing, and the concurrent profound re-organisation of the entire human lifeworld – the process whose outcome we have become accustomed to call secular modernity – brings about a situation which makes Gregory XVI (1832:§4), “grieving and sorrowful,” quote Isaiah 24:4f: “The earth mourns and fades away ... [because] the inhabitants thereof … have transgressed the laws; they have changed the ordinances, they have broken the everlasting covenant” in ever so many ways:

Depravity exults; science is impudent; liberty, dissolute. The holiness of the sacred is despised; the majesty of divine worship is not only disapproved by evil men, but defiled and held up to ridicule. Hence sound doctrine is perverted and errors of all kinds spread boldly. The laws of the sacred, the rights, institutions, and discipline – none are safe from the audacity of those speaking evil. ... The divine authority of the Church is opposed and her rights shorn off. She is subjected to human reason and with the greatest injustice exposed to the hatred of the people and reduced to vile servitude. The obedience due bishops is denied and their rights are trampled underfoot. Furthermore, academies and schools resound with new, monstrous opinions, which openly attack the Catholic faith; this horrible and nefarious war is openly and even publicly waged. Thus, by institutions and by the example of teachers, the minds of the youth are corrupted and a tremendous blow is dealt to religion and the perversion of morals is spread. So the restraints of religion are thrown off, by which alone kingdoms stand. We see the destruction of public order,
the fall of principalities, and the overturning of all legitimate power approaching. Indeed this great mass of calamities had its inception in the heretical societies and sects in which all that is sacrilegious, infamous, and blasphemous has gathered as bilge water in a ship’s hold, a congealed mass of all filth. (1832:§5)

Science figures prominently, here, right at the beginning. Not any specific result of scientific inquiry, but the spirit guiding the entire enterprise: its “audacity,” its readiness to subject received wisdom to “human reason,” to deny “obedience” to all that is hallowed by tradition. The socio-political developments so warmly welcomed by Marx and Engels as the dawn of a new and (supposedly, in the long run) better world, i.e., that the “bourgeoisie ... has put an end to all feudal, patriarchal, idyllic relations ... [that it] has pitilessly torn asunder the motley feudal ties that bound man to his ‘natural superiors’” (cf. above, p72), are bemoaned as resulting from a new, depraved kind of thinking. Gregory hears “academies and schools resound with new, monstrous opinions,” of which he mentions not only narrowly-defined theological ones like “indifferentism” (the “perverse opinion ... that it is possible to obtain the eternal salvation of the soul” outside the Catholic Church (ibid.:§13)); he also condemns the “absurd and erroneous proposition which claims .. liberty of conscience ... for everyone” (ibid.:§14);97 the “freedom to publish any writings whatever and disseminate them to the people, which some dare to demand” (ibid.:§15); attacks on “the trust and submission due to princes” (ibid.:§17); and the “desire .. to separate the Church from the state.” (ibid.:§20)98

Following after Gregory’s immediate successor, Pius IX, Leo XIII trusts that going back to the musings of a mediaeval saint will be the right tool to stem this tide of dangerous new ideas; he declares (1879:§29) that

97 The Church thus clings, well into the 19th century, to the position of “Innocent X .. [who] condemned the Peace of Westphalia for daring to grant toleration to all citizens, regardless of their religion or lack of it.” (Rosa 1988:111)

98 The 1905 law on the separation of Church and State in France still appears in the pages of the ZMR of 1907 (III,36:209) as that “cruel injustice which a Godless Government is ruthlessly inflicting upon” French Catholicism, as one of “the sad trials to which the Church is subjected in that country.”
the teachings of Thomas on the true meaning of liberty, which at this time is running into license, on the divine origin of all authority, on laws and their force, on the paternal and just rule of princes, on obedience to the higher powers, ... have very great and invincible force to overturn those principles of the new order which are well known to be dangerous to the peaceful order of things and to public safety.

One man who, earlier in the same century, had come to an equally bleak assessment of the religio-politico-cultural state of public affairs in Europe, is Joseph de Maistre. To remedy the situation, he had preached, in Berlin’s paraphrase (2014:147), “[i]n place of the ideals of progress, liberty, perfectibility ..., the virtue, and the necessity, indeed, of complete subjection, because of the incurably bad and corrupt nature of man.” Such was the Holy See’s view as well, at the time when missionary activity in the lands controlled by the AmaNdebele first set in, as in the preceding decades, when the ZM Jesuits had received their formation. In the following, descriptive rather than defensively accusing account, McLeod (1992:61) refers to the same situation which haunts Gregory’s and Leo’s mind; he states that

[j]n the second half of the nineteenth century a number of quite separate factors all seemed to be working in the direction of church decline. In the cities and industrial regions intense social conflict between the working class on the one side and the middle and upper classes on the other made it increasingly difficult for those of different social classes to worship together in the same churches. The most frequent result was the alienation from their churches of a large section of the working class, and sometimes the adoption of socialism as a kind of substitute religion. At the same time, agnosticism was gaining ground in the middle and upper classes as a result of new intellectual developments, ranging from Darwinism to biblical criticism, and more generally because of the rising prestige of science, and the belief that the latter had superseded religion. ... At first sight then, the picture in the later nineteenth century is one of headlong church decline.99

99 Charles (1939:148; my transl.) paints the same picture for Catholic missions, at the beginning of the century: “Wherever one turns, one meets but the face of defeat.”
In view of the complexity of this situation, it would be naïve to presume a monolithic-undifferentiated response of the Church, one applying in like manner to all facets of the subject matter as McLeod describes it, with her stance regarding the factual findings of scientific inquiry being just one part thereof. As for these findings, a host of material has been presented above to endorse the view of Pope Pius X (1907a:§57), promulgated through the Notary of The Holy Roman and Universal Inquisition: that it is factually wrong and misleading to accuse the Church of being “hostile to the progress of the natural ... sciences.” Pius’ predecessor, Leo XIII, is indeed on record (1879:§29) for actually praising “the physical sciences .. which are now in such great repute, and by the renown of so many inventions draw such universal admiration to themselves,” placing them (ibid.:§30) in the tradition of the Scholastics who “well understood that nothing was of greater use to the philosopher than diligently to search into the mysteries of nature and to be earnest and constant in the study of physical things.” Leo therefore insists (ibid.) that “our philosophy can only by the grossest injustice be accused of being opposed to the advance and development of natural science.” He does warn however (ibid.:§2; my italics) of “false conclusions concerning divine and human things, which originated in the [secular; RB] schools of philosophy,” and suggests (ibid.:§29) that

when facts have been established, it is necessary ... to inquire into the laws which govern them and the principles whence their order and varied unity and mutual attraction in diversity arise. To such investigations it is wonderful what force and light and aid the Scholastic philosophy ... would bring.

To view the facts in the light of Scholastic philosophy is not one option, though, to be pondered in an open discourse among equal discussants who are free to make their choice between this and other frames of reference; as Gregory XVI had frankly declared earlier in the century, papal pronouncements were not to be misunderstood as contributions to such a discourse. The target of their criticism were not the dissenting views of nonetheless respected interlocutors, but “insolent and factious men” whom Gregory (1832:§2) approaches, with reference to 1 Cor 4:21, in an explicitly non-discursive way: “Eventually,”
he says, “We had to use Our God-given authority to restrain the great obstinacy of these men with the rod.”

In never arguing his case, but simply pronouncing all sorts of so-declared “errors ... condemned and proscribed,” Pius X sticks to the line taken by Gregory, intent on intimidating whoever would be susceptible to intimidation. Most paragraphs of his *Lamentabili Sane* address controversial theological issues (as Gregory’s *Mirari Vos* had done), so it would primarily be for Catholic theologians and clergy, among them the missionaries to the Zambesi, to feel the threat if ever they had contemplated to deviate from the prescribed path. However, Pius declares as “condemned and proscribed” also the proposition that “[s]ince the deposit of Faith contains only revealed truths, the Church has no right to pass judgement on the assertions of the human sciences.” (1907a:§5) By implication, the Church indeed declares herself entitled to pass judgement, and it would be difficult for the faithful always to know where to draw the fine line, between the approved material results of the natural sciences, and the spirit from which those results had sprung – the spirit *Mirari Vos* had condemned so vociferously.

In the same year as *Lamentabili Sane*, 1907, a document was published anonymously, *What We Want: An Open Letter to Pius X from a Group of Priests*; according to the editor of the English translation, it was an attempt at fighting an

absolutism ... [considered; RB] outside the Roman Communion ... the normal and necessary form, of Roman religion. We may, indeed,” the editor adds, “be pardoned for holding that belief, for a triumphant Ultramontanism has for a whole century been dinning it into our ears. (Lilley 1907:Preface, xviii)

It characterises the oppressiveness of the intellectual atmosphere, at the time, that the authors of *What We Want* dare not put their names to their text; the mere act of publishing it already attests, in Lilley’s eyes (1907:xviii), to the “boldness and courage of this

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100 Thankfully, the means of coercion have somewhat changed: Gregory threatens with the rod, not the stake – but the desire to coerce has remained the same.

101 *Lamentabili Sane*, Introduction; cf. ibid., Conclusion.
movement within the Roman pale.” Significantly, the authors go beyond a critique of what they perceive as the reactionary stance of the Holy See in theological and political matters (e.g., regarding the historical veracity of the Creation-, Fall-, and Flood-narratives; or the supposed mental aberration behind demands for democracy, or the right to vote): to back up their dissent, they refer (ibid.:14) to the “progress of the positive and experimental sciences ... [highlighting; RB] the insufficiency of every metaphysical explanation of the universe,” and in yet one step further, as if anticipating Meissner and Blumenberg, they identify science in the modern era as being, over and above its results, a frame of mind which accepts and positively embraces change. This change, they hold, may also and indeed does affect the very categories we use when trying to understand the world around us. Science, they say (ibid.:15f; my italics), is not an immediate and objective knowledge of reality, but its representation elaborated by us at a given moment, and so .. relative, and capable of transformation and variation in accordance with the evolution of the human spirit, which is in a continual process of becoming. Thence has sprung a great revolution, not only in the circle of the empirical sciences ... [A]long with these sciences, metaphysic also is denied an absolute value in the quest of objective truth.

Far from deserving Church condemnation, this manner of reasoning needed to be adopted by her, the authors contend (ibid.:22), as appropriate for our time and civilisation which is itself “in a continuous process of transformation.” But to exactly this the Holy See vigorously objected, and in condemning the all-questioning spirit of modernity, it also condemned this spirit in the sciences as one of modernity’s integral components, thus could appear to be in opposition to science as such.

102 Similarly, Brain (1975:131) mentions tensions in the Apostolic Vicariate of Natal, in the 1860s, between Bishop Allard and some of his priests, supposedly because of his “rigidness and severity;” as Brain comments (ibid.:130), “[i]t seems likely .. that the young priests had a less servile and reverential attitude to their superiors than the older men.”

103 In this the authors implicitly anticipate what Kuhn later will call revolutionary science; as to the necessary dialectic between this and normal science, cf. Kuhn (2012:passim).

104 Official Catholicism’s putative way forward remained, contrary to Löwith’s advice, to opt for the “return to tradition in turning away from modernity” (Marramao 1999:92; my transl.), which after all, as Weindling puts it
As with regard to science in general, so in the field of medicine, apprehensions could build up around humankind’s efforts to remake its lifeworld: that in attempting to do so, it ignored the one pole of inner-biblical tension mentioned above (cf. pp93f & 173), namely, that before his God, humility befitted man, trust in His omnipotence and benevolence even when He meted out just punishment (possibly as disease). The danger, clearly, lay in falling for the other pole: that He had created man with faculties, thus with the potential of achievement in worldly matters, medicine included, with the threat lurking of humankind taking pride in itself. This did not mean that medical remedies might not be used, if priorities were kept, as King Hezekiah did in his day (2 Kings 20:1ff), when he was “sick unto death. And the prophet Isaiah ... said unto him, Thus saith the LORD, Set thine house in order; for thou shalt die, and not live.” Hezekiah responds to this by praying: “I beseech thee, O LORD, remember how I have walked before thee in truth and with a perfect heart, and have done [that which is] good in thy sight.” And the answer comes back through Isaiah: “I have heard thy prayer, I have seen thy tears: behold, I will heal thee ... And I will add unto thy days fifteen years; and I will deliver thee and this city out of the hand of the king of Assyria.” Hezekiah’s imminent death and a looming military and political disaster are mentioned in one breath, as equally in God’s hand, whether as threatening to happen or now as being averted, thus putting ‘social’ and ‘natural’ occurrences on a par. Only when the matter of the King’s health has already been sorted by God’s decree, comes Isaiah’s instruction, as if hardly worth mentioning, to “[T]ake a lump of figs. And they took and laid [it] on the boil, and he recovered.” Is this the coda? To a modern mind, it could be, to Hezekiah it is not: “What [shall be] the sign that the LORD will heal me,” he asks of Isaiah, and is told of the counter-natural sign God will work, of letting the shadow on Ahaz’ sun dial go backwards.

Hezekiah was not the model which guided the practice of the Church and her popes, through the centuries, but the imagery was always there and shaped the public perception of Catholicism, as Walsh’s account shows (1915: Introduction), of the medical profession’s reaction to the opening of a medical school in 1905, at a Catholic institution of learning, Fordham University:

(1989:7), had brought forth “[s]cientists such as Galton and Huxley in Britain, and Haeckel and Virchow in Germany, [who] propagated scientistic values as surrogates for Christianity.”
[A] number of intelligent physicians expressed surprise ..., since, as they understood, the Church ... was distinctly unfavorable to the development of medical science. ... [I]t was hard to understand how men should think, in this day of general information, that Catholics were not free to pursue the study of any true science, and above all medical science, without let or hindrance from ecclesiastical authorities. In a word, though we live in what we are pleased to call an enlightened age ..., we encountered the most childish simplicity of belief in a number of old-time prejudices as to the position of the Church with regard to the study of science. We found such a curious state of positive ignorance and such an erroneous, pretentious knowledge with regard to the supposed attitude of the Church to medicine especially, that we realized that the first thing that the new medical department would have to do would be to set about correcting authoritatively the false notions which existed with regard to the Popes and medical science.

What prevailed in the end and informed popular view of Catholicism vis-à-vis the sciences and medicine in particular was, as Walsh describes, the apparent stance of the Church: not what popes had said and done, but how the Church was believed to have positioned herself in relation to the sciences. In this, the situation is comparable to another misapprehension which lies much closer to current concerns: the stance of the Catholic Church on condom use. In popular perception as in the utterances of a good many of her representatives, the Church verdict on condoms is and remains, that this is a device which is sinful in itself, irrespective of the use made of it – a conviction which has proven unshakable by recent news reports about the more subtle valuation of condoms by Pope Benedict XVI. Not even among Catholic clergy is it commonly known, let alone preached from the pulpit,¹⁰⁵ “that you cannot anymore raise the objection that any use of the condom is an intrinsic evil.”¹⁰⁶

¹⁰⁵ Not, anyway, in my experience in the Archdiocese of Bulawayo.

¹⁰⁶ Donadio and Goodstein (2010), quoting how Benedict’s reflections are taken up by “a Jesuit priest and .. physician at the Center for H.I.V./AIDS Care and Research at Boston Medical Center.” – Benedict’s remarks on condom use by a male, HIV-positive sex-worker were made in a book-length interview (cf. Seewald & Benedict XVI 2010:117ff). In the ensuing discussion, Gibson (2010) rightly emphasised that this supposedly ‘new’ position was anything but that: “By allowing for exceptions for condom use ..., the pope was not, as many of his unsettled allies on the Catholic right feared, capitulating to the very moral relativism that he
What holds true of the Church and condoms today, applies to the Church, natural sciences and medicine in the 19th century: not what the Magisterium indeed taught or had taught, but what it was believed to have taught, determined in a major way the views of devout Catholics (lay and even clergy, thus also missionaries), of what it meant to be an orthodox believer. Of all the imperatives guiding their lives, one if not the most prominent one, however – here they quite rightly understood their leadership’s teaching – was submission: to God, to the Holy See, to worldly authority. This is the opposite of a frame of mind which does not accept obstacles in human lives, diseases among them, as trials sent from on high, but takes them for adversities without deeper meaning, to be overcome by human effort. With obedience and submission as guiding principles, it would indeed seem natural to regard, in Wilson’s words (1992:204), “illness and affliction as the will of God, to which resignation, fortitude, and prayer were the appropriate responses for the devout Christian.”

If and when contemplating to engage systematically with modern medicine, the missionaries were thus in a catch-22 situation: if they didn’t make use of it, they would hurt themselves; but by resorting to it, they risked hurting themselves as well, i.e., their souls, by possibly having too intimate a relation with and trust in a dubious ally who, imbued by himself has long decried. Instead, he was only espousing a tradition of Catholic moral reasoning based on ethical categories like the lesser evil and the principle of the double-effect, which says that you can undertake a ‘good’ act even if it has a secondary ‘evil’ but unintended effect." Confirmation came from the Vatican that the pontiff truly had focussed on the “first step of taking responsibility, of avoiding passing a grave risk onto another,” that therefore he “was indeed invoking the principle of the ‘lesser evil,’ though he did not use that exact phrase.” (Gibson ibid.; cf. Congregation for the Doctrine of the Faith 2010). The position of the Church thus had not changed at all. The fine distinction between ‘good’ intention and unintended ‘evil’ effect, though, had not been before, and has not become since, part of the public image of the Catholic Church in relation to condom use.

As Hornsby-Smith has said (1992:125), British Catholicism – the spiritual soil that nurtured some of those who would build the Zambesi Mission – was right up to Vatican II under “an ‘ultramontane’ leadership with a special allegiance to the Pope and a stress on obedience in all religious matters (often widely defined) to the Roman See.” Just how stifling this Catholicism was, in the 19th century and even beyond, one may infer from the length of time that had to pass, in spite of all developments towards a more liberal democracy in the secular sphere, for the emergence within the Church of “significant evidence of ‘making up your own mind’, … [of] what was previously suppressed in an oppressive pre-Vatican II Church.” (ibid.:140)
human hubris, relied only on his own reason, capability, and strength.\textsuperscript{108} Wilson, though obviously with a different valuation, sees the pursuit of health-related goals within the Church, in the modern era, in the same light: the growing concern about such issues as social justice (and the right to health care as a part of it) represents, to his mind, a development with a dynamic of its own which he calls “internal secularization,” asking (1992:203f) if this is not “in itself a radical shift of concern from the supernatural, from devotional acts, to what are largely secular goals being pursued by secular means?”

Pius X, from his entirely different perspective, concurs with Wilson’s implied affirmative answer to the question: following Leo XIII who has already been quoted (p162, above), he therefore wants to steer a middle course (1907b:§47) in which the acknowledgement of the natural sciences’ factual successes is only his opening move:

> With regard to secular studies, let it suffice to recall here what our predecessor has admirably said: ‘Apply yourselves energetically to the study of natural sciences: in which department the things that have been so brilliantly discovered, and so usefully applied, to the admiration of the present age, will be the object of praise and commendation to those who come after us.’

It would be detrimental, though, to simply leave it at that. Pius is too much under the spell of a perceived need to keep the iconoclastic potential of the natural sciences in check, which is why his praise is immediately complemented by a warning note: one may not follow this road without proper guidance. \textit{Pascendi Dominici Gregis} continues therefore (ibid.:§47), again quoting Leo XIII:

> ‘[I]n these days when the natural sciences absorb so much study, the more severe and lofty studies have been proportionately neglected – some of them have almost passed into oblivion, some of them are pursued in a half-hearted or superficial way.’

\textsuperscript{108} Cf. Pius X (1907b:§40): “Truly there is no road which leads so directly and so quickly to Modernism as pride” – a modernism which in its turn, the pope knows, leads in slippery slope fashion “to atheism and to the annihilation of all religion. The error of Protestantism made the first step on this path; that of Modernism makes the second; atheism makes the next.” (ibid.:§39)
Pius therefore “ordain[s] .. that the study of natural sciences in the seminaries be carried out according to this law:” that such studies be pursued only under the guidance of Scholastic, more specifically, Thomist philosophy and theology.\textsuperscript{109}

The souls of missionaries and the hubristic temptations of modernity apart, however, reliance on scientific medicine had to be seen as potentially detrimental for the souls of the locals as well. Wilson’s statement above (cf. p207) was a maxim not just for missionaries to take to heart, but also for the natives to be taught, namely, that “illness and affliction .. [was] the will of God, to which resignation, fortitude, and prayer were the appropriate responses for the devout Christian.” Seen from this angle, the introduction of modern medicine carried the danger of thoughtlessly exposing the heathen to an unwelcome adversary in the battle for their hearts and minds.\textsuperscript{110} In Europe, the “loss of the monopoly on interpretation” (Marramao 1999:13; my transl.) which the Catholic Church had once enjoyed, was a deplorable but incontrovertible fact; this monopoly she had not managed to regain, in the religious sphere, ever since the Reformation, but it was now also under threat, equally bad or even worse, from secular quarters. If even inside the seminaries there was a need to reaffirm the primacy of Scholastic philosophy and theology, but under whose guidance, and remaining in an ancillary role, the natural sciences were to be pursued, how much greater was the danger emanating from them in the world at large? How was one to keep this danger from spilling over into mission lands? Not, surely, by the self-induced exportation of one of the major adversaries?

\textsuperscript{109} Cf. ibid.:§§45f: “And let it be clearly understood above all things that when We prescribe scholastic philosophy We understand chiefly that which the Angelic Doctor has bequeathed to us ... On this philosophical foundation the theological edifice is to be carefully raised. Promote the study of theology, Venerable Brethren, ... [f]or ‘in the vast and varied abundance of studies opening before the mind desirous of truth, it is known to everyone that theology occupies such a commanding place, that according to an ancient adage of the wise it is the duty of the other arts and sciences to serve it, and to wait upon it after the manner of handmaidens.’ (Leo XIII. 1889. \textit{In Magna})”

\textsuperscript{110} As Good says (1991:1), “some churches and foreign mission boards actually opposed the concept of a ‘medical’ missionary;” he quotes McCord (1951:28) who remembers that right to the end of the 19\textsuperscript{th} century, “[m]any missionaries .. believed that faith and prayer was sufficient to insure native health;” (cf. ibid.:42ff).
On the Protestant side, Heim (1931) addresses the question of how to fight secularism, by first of all acknowledging as a fact, the loss of a non-denominationally Christian monopoly on interpretation, in the modern world. He argues convincingly (ibid.:3; here and in the following, my transl.) that neither the “world view of a self-contained causal nexus, this result of physics as established above all by Newton ..., [nor the] mechanisation and industrialisation of the entire surface of the earth” can on their own explain secularism, inasmuch as secular thinking can be traced back right into Greek and Roman antiquity, to the likes of Democritus, Epicurus, or Lucretius. Its proliferation from elite intellectual phenomenon to its current all-pervasiveness, however, Heim sees indeed as dependent on the invention of modern physics and a dramatically expanding industrialisation.\footnote{Cf. p56, above, for Taylor contemplating the same issue of secularisation as an individual versus mass phenomenon.}

Together, to his mind, they represent the precondition and background against which the “contemporary spirit of worldliness [Diesseitsgesinnung] has spread like an epidemic across the globe.” (ibid.) As a result, he says (ibid.),

\[\text{under the impression of the adamantine regularity of events in the [natural; RB] world, the belief in God appears but as a remnant from the museum of world views of our forebears. Events in the world have become predictable, therefore a personal ruler of the world is not needed any more. Fritz Mauthner can open his four volume opus on the history of occidental atheism (1918) by stating: God has died. The time has come to write His history.}\]

Heim feels obliged to concede that missionary activity has been one of secularism’s ports of entry into the non-European world, in that the said physics of Newton has also “found its way into the institutes of higher education in mission lands.” (ibid.)\footnote{Indeed, from the start, in the Zambesi Mission territory as elsewhere, the foundation of schools was high on the agenda of those who wanted to open the heathen’s minds to the Good News. Moreover, it had been the missionaries’ forbears, mediaeval Christian theologians, who in the first place had prepared the intellectual terrain for a secular worldview to gain ground in Europe (cf. pp195ff & passim, above).} As he looks back at mission history from the vantage point of the 1930s, it even appears to him as if Christianity had played a vital (if unintentional) role in the spread of secularism overseas: regarding its roots, he posits (ibid.:6) that the “entire secularism of India, China, and Africa, is but an
offshoot of ... the originally Christian culture of the occident;” and from responsibility for the fact that this “torn-off piece rolls now downhill like an avalanche and smashes disastrously, all-crushingly, into the world of the other cultures” (ibid.), he will not exempt the missionaries, be this responsibility apportioned as blame or as praise, depending on an observer’s own stance.

Today, almost a century later, there is sufficient evidence to call into question Heim’s observation or rather expectation that local belief systems would crumble under the impact of a secular worldview fired by “the triumphant advance of the empirical sciences, driven by technical inventions.” (ibid.) But in the 19th and early 20th century it could in fact appear as if belief in the supernatural, be it in what was seen as its heathen or in Christian form, would not survive if secularism continued to spread unabated. This may explain the papacy’s desperate efforts to turn back the clock, retaining the material achievements of modernity, but otherwise holding on to the spirit and spirituality, the theology, the politics, generally speaking: to the entire attitude towards life and the sense of being-in-the-world, of a pre-modern era.  

113 19th-century Catholic missionaries could thus feel justified to ask themselves how, in their own forecast, the introduction of modern medicine as an applied

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113 We witness this mindset as still alive even at the beginning of the 21st century: for Benedict XVI, the distance between the Catholic Church and some Protestant denominations is widening because of “instances of conformism with the spirit of the present age,” on their side: “women’s ordination and the acceptance of homosexual partnerships are just two of many similar examples.” On the other hand, he considers re-unification with the Russian-Orthodox Church as achievable, contrasting Protestant Christianity, modern in the worst sense of his understanding of the word, and an Orthodox patriarch who “has such a joy about him, such a simple faith – the simplicity of the Russian soul, you might say.” (Benedikt XVI & Seewald 2010:94 & 87) I am reminded of Dawson’s remark (1938:160) on “Byzantine religion in its tendency to neglect the historical and dynamic element in the Christian tradition,” making for a “Christianity in the East [which] tended to become a speculative mysticism embodied in a system of ritual …– [while] in the West, under the influence of Augustine, it became a dynamic moral and social force.” (ibid.:165) Dawson concedes “that this aspect of Western Christianity can easily be exaggerated” (ibid.), but conspicuously, it is towards the East that Benedict feels drawn. Is it far-fetched to think of Hoekendijk’s remark (1967:57), here, that among the suggestions how to re-evangelise a “post-Christian” and “post-ecclesiastical” modern world, “one will in nine out of ten cases discover a proposal to restore what once existed”? (ibid.:172) – On present day Russian Orthodox conservatives mooting the idea, in their turn, of an alliance with Catholicism, “against Protestantism and secular humanism,” cf. Halik (2016:5; my transl.).
science would alter the cultural context within which their mission took place – could it in the end help to tip the scale in favour of secularism, as their competitor for people’s allegiance? For Europe, a succession of popes, Gregory XVI, Leo XIII and Pius X among them (see above, pp199ff) clearly saw this threat emanating from modernity in general as from the natural sciences, if they were not pursued under orthodox spiritual guidance. So what if the introduction of medicine to mission lands would eat away at the often attested readiness of local populations to believe in the supernatural which, even if this belief was encountered in a perverted, heathenish form, was a necessary prerequisite for the adoption of the Christian faith? As for the ZM Jesuits, what is the empirical evidence on their side: did they feel the urge to bring NAW medicine along with them but acted contrarily, for the reason just named?; or did they ‘turn medical’ to some degree, following Schimlek’s argument that thereby, the power of traditional healers could be broken (cf. pp7f, above)?; or were the promises held out by scientific medicine at first (four decades prior to the influenza epidemic of 1918 that Schimlek refers to) simply not as blatantly obvious to them as they appear to us today?

Which views the missionaries held and how these got modified over time, is explored below; their actual behaviour definitely changed in the longer run, likely as the result of two developments: on the one hand, the public repute of the natural sciences kept growing, and that of medicine concurrently (as did the notion of everybody’s entitlement to some kind of professional health care; cf. pp247 & 284f, below), making it appear less and less justifiable to refrain from resorting to it; on the other, the Holy See itself inched towards a truce with the modern world. In What we Want, the anonymous document quoted above, Pius X is commended, e.g., for his decision “to restore to Catholics, after more than thirty years of exclusion from public life, the sacred, natural, and inviolable right to the vote.” (Lilley 1907:47f) On the medical side, it became an option to remain an orthodox Catholic

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114 Archdeacon Walker, of the Church Missionary Society in end-of-19th-century Uganda, saw medicine’s worldliness as the core problem, in that it would lead the heathen astray; as Foster paraphrases him (1970:54, quoting CMS Mss. 1898, Uganda Mission, no. 166), “even if the Africans themselves built the hospital some spiritual harm .. [must result; RB] since they built it for the wrong reason – they would get something of practical use out of it! They would be doing themselves more good spiritually building houses for missionaries to live in.” Vaughan (1995:273) comments: “The suspicion that medical work represented a superficial way of attracting converts remained.”
while at the same time opening up to the process of internal secularisation referred to above; e.g., vaccinations against diseases – now seen as preventable by human effort, thereby following the biblical injunction of Mt 25:35-36; Heb 13:16; Jas 2:14-17; 1 Jn 3:17 – could replace their acceptance in humble submission to God’s will.\textsuperscript{115} As an approach towards dealing with the disease burden of humanity, and as a collectively taken step, this clearly went way beyond the personal decision to see a doctor when being ill, as Catholics, popes included, had done through the ages.

At the beginning of all medical mission projects, irrespective of their denominational affiliation, stood a decision to use the power of NAW medicine to combat disease\textsuperscript{116} – magically, for the natives, who saw whatever results there were, but did not understand the way in which these had come about. Insofar as NAW medicine and Christianity were made to appear as two sides of the same coin, this was an attempt to employ medicine as a means of bringing the heathen closer to the Gospel, by furthering their trust, not just in this medicine itself, but in the missionaries as the ones dispensing it, thus in their religion. After a discussion in the following chapter, of medicine’s progress in the 19\textsuperscript{th} and at the beginning of the 20\textsuperscript{th} century, and of missionary approaches towards medicine in the next,

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  \item \textsuperscript{115} White (1898:ch.XIII) still records an 1885 outbreak of smallpox in Montreal, though, in which the "Protestant population escaped almost entirely by vaccination; but multitudes of their Catholic fellow-citizens ... refused vaccination; and suffered fearfully. When at last the plague became so serious that travel and trade fell off greatly and quarantine began to be established in neighbouring cities, an effort was made to enforce compulsory vaccination. The result was, that large numbers of the Catholic working population resisted and even threatened bloodshed. The clergy at first tolerated and even encouraged this conduct: the Abbé Filiatrault ... declared in a sermon that, ‘if we are afflicted with smallpox, it is because we had a carnival last winter, feasting the flesh, which has offended the Lord; it is to punish our pride that God has sent us smallpox.’ ... The Board of Health struggled against this superstition, and addressed a circular to the Catholic clergy, imploring them to recommend vaccination; but, though two or three complied with this request, the great majority were either silent or openly hostile. The Oblate Fathers, whose church was situated in the very heart of the infected district, continued to denounce vaccination; the faithful were exhorted to rely on devotional exercises of various sorts; under the sanction of the hierarchy a great procession was ordered with a solemn appeal to the Virgin, and the use of the rosary was carefully specified." White does not portray the view presented here as that of the Magisterium: however, obviously, such ideas were abroad, and were considered more ‘devoutly Christian’ by some, than using medical means.
  \item \textsuperscript{116} Was this power more imagined than real? This question will be addressed next.
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the proselytising work of the Jesuits in their newly-founded Zambesi Mission will be analysed with regard to the role they assigned to medicine in their conversion endeavour.

As missionaries almost everywhere learnt from practical experience, it was not as easy as Heim claimed (1931:18; my transl.), that, “where Christ’s Gospel comes upon men at a primitive level of culture, it can take effect simply through its religious force.” Other means to attract local populations were needed, *inter alia*: food in times of want, schools, clothes, salaried jobs, the forceful deposition of local leaders by colonial authorities, legislation against traditional healers – thus also medicine dispensed by missionaries, or even by missionary doctors? In an interesting *non sequitur* to the above claim that for Christ’s Gospel to take root, no means external to it were needed because of its inner “religious force,” Heim also, self-contradictorily, posits (ibid., my transl.) that on the heathen’s side, “there is only a primitive mythology shattered by today’s science. The missionary comes as the pioneer of a superior culture and already thereby is at an advantage,” which is a dubious statement to make in an article devoted to the question of how to *combat* secularism. One gets bogged down, it appears, in a mire of mutually contradictory positions when advocating secular means towards non-secular ends, and the question to be addressed will be, how modernity, and with it the sciences, and with them medicine, were introduced to, or kept away from, the converts-to-be and eventual converts, among the local population of Matabeleland. As a necessary step towards this end, I shall give next, however, a brief account of what it is that we speak of when talking of 19th century European medicine.
CHAPTER 5: SOME REMARKS ON THE HISTORY OF NAW MEDICINE,\textsuperscript{1} WITH A FOCUS ON THE 19\textsuperscript{TH} CENTURY

The presentation here given, of the developmental history of medicine in the 19\textsuperscript{th} century, largely follows Porter’s account, with one notable exception relating, not to this development as such, but to Porter’s portrayal of the perception of medicine by the lay public.\textsuperscript{2} The distinction is not irrelevant in that it is one thing to form a retrospective opinion of what medicine at that time could factually offer to restore health to those afflicted by disease, possibly increasingly so by the growth of its knowledge base over the course of the century; quite another, to establish what people actually expected of medicine during this part of the modern era: what they hoped it could provide, and believed it was capable of achieving. The missionaries to Matabeleland were one such group of people, mainly from North-Western Europe, thus would have shared the perception of medicine prevalent there, at the time, in its mixture of expectations and criticism, though coloured by their Catholic persuasions.

5.1 THE STATE OF MEDICINE, AS A SCIENCE AND AS THE ART OF HEALING

Considering what medicine in fact could offer, Porter (2006b:95) holds that the discipline enjoyed a golden century from around 1850. Before the Victorian era, medicine had but paltry power to cure disease and save the sick ... Thereafter, surgery leapt ahead, thanks to anaesthetics and antiseptics; public health improved hygiene; bacteriology explicated aetiology; laboratory medicine flowered; and, at long last, sulphonamides [from 1935; RB] and antibiotics [from the 1940s; RB] wrought a pharmacological revolution.

\textsuperscript{1} Here and in the following, the term medicine is used, at times for the science and art of healing in all its sub-disciplines, at times for just one of these sub-disciplines, internal medicine as opposed to surgery. I try to speak consistently of internal medicine, whenever there is a risk of confounding these two meanings.

\textsuperscript{2} Even so, I believe Burch (2009:4) is right in calling Porter’s massive, 833-page tome of 1999, The Greatest Benefit to Mankind, “the best of the comprehensive modern histories” of medicine.
The fact that it took until 1935 for the advent, within the subsequent decade, of the sulphonamides and penicillin, BCG mass-vaccination to prevent and streptomycin to treat tuberculosis, is particularly noteworthy if one considers that febrile illnesses – in today’s understanding caused by microorganisms – had, since time immemorial, constituted the mainstay of a physician’s work: as Shorter says (2006:105), "[b]efore the threshold of the twentieth century, physicians in primary care were surrounded by fever. ... Being a doctor before 1900 meant spending the bulk of one’s time on [it]."³ Regarding all medical (i.e., non-surgical) conditions, only a handful of genuine treatment options had materialised roughly up to that date: very few of them causal, e.g., the autumn crocus/colchicine against attacks of gout (known since antiquity); foxglove/digitalis to strengthen the heart (here and there in antiquity and in the Middle Ages, then re-introduced from folk-medicine in the 18th century⁴); Peruvian bark/quinine (in the 17th century); diphtheria antitoxin (in the 1890s); and mercury preparations against syphilis, supplanted in 1910 by arsphenamine (Salvarsan). One must of course add variolation, adopted from the Ottomans and replaced by Jennerian vaccination (at the beginning and the end of the 18th century, respectively), as primary preventive measures against smallpox, and useful symptomatic remedies against pain (opium and acetylic salicylic acid (Aspirin) since the late 1890s). Beyond these, “the pharmacopoeia was a bag of blanks,” as Porter (1999:674) puts it; most of the truly path-breaking innovations in the practice of internal medicine as therapy, in pharmacology and drug manufacturing, arrived late enough to justify his claim (2006a:3) that

not until the last half of the twentieth century has there been a medical revolution with dramatic therapeutic implications, if we take as our yardstick the dependable ability to vanquish life-threatening disease on a vast scale.

What had been the sufferer’s lot, then, in earlier days, when afflicted by serious disease? Was he, as Burch (2009:5) sarcastically asks, when

[s]truck down with pneumonia, ... better off being bled for it by the Greeks, the Romans, the Renaissance Italians, the Revolutionary Americans or the best minds

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of nineteenth-century medicine from Harvard to Heidelberg? The answer is that it made no difference.

Burch’s judgement should not be dismissed as a case of 21st century retrospective condescencion. Already in his own day, the eminent turn-of-the-nineteenth century Scottish physician and pathologist, Baillie, was painfully aware of how meagre his powers to heal actually were: “I know better perhaps than another man, from my knowledge of anatomy, how to discover disease, ... but when I have done so, I don’t know better how to cure it.”5

The progress of science since the end of the Middle Ages had undoubtedly affected medicine, in the sense of broadening its knowledge base; paradoxically, though, by the 19th century this had resulted in a wave of therapeutic nihilism because growing insight in the pathological anatomy and pathophysiology of many diseases had not been matched by a concurrent creation of novel therapeutic options – not, anyway, in the field of internal medicine:6 time-honoured regimens had become obsolete, but few new ones would become available until well into the 20th century.

Even so, medicine partook of the growing reputation of the natural sciences in general, justified by ever more discoveries on the non-therapeutic side. Outstanding artists like Dürer, Leonardo, or Michelangelo had contributed towards a better understanding of human anatomy, since the Renaissance;7 Vesalius’ De humani corporis fabrica appeared in 1543. In 1628 Harvey’s Exercitatio anatomica de motu cordis et sanguinis in animalibus was published, positing the circulation of blood in the body. Some 30 years later, the microscope let Malpighi see the capillaries, unknown to Harvey, connecting arteries and veins. On this basis, although oxygen had not as yet been identified, and moving from anatomy to physiology, Richard Lower conjectured in his 1669 Tractatus de corde that something from the air must enter the blood during its passage through the lungs, to convert its colour from dark-red/venous to bright-red/arterial. In Porter’s summary

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5 Baillie, as quoted in Porter (1999:266).
7 Leonardo’s particularly interesting anatomical drawings, though, were “essentially lost to the world ... until the modern era.” (Clayton 2013:8); on the role of anatomy in the development of NAW medicine, cf. Sigerist (1962:171f).
(1999:255), “[a]natomy and physiology .. engaged in dialogue with experimental science, but biomedical findings did not often deliver clinical success.” And even if something of practical-clinical utility was found as, e.g., in the 1760s by Auenbrugger, on how to draw inferences regarding the state of health of the lungs, heart, and pleural cavity from the external percussion of the chest; or by Laennec in 1816, from listening to the chest with some form of stethoscope, it spelt progress more on the side of diagnosis than of therapy.

It took some 50 years for Auenbrugger’s introduction of percussion to be taken note of in wider medical circles; much longer for Girolamo Frascatoro’s revolutionary idea, of living and multiplying particles, too small to be visible in his own pre-microscope era, as the medium by which certain diseases were transmitted between people. Better known for his *Syphilis sive morbus gallicus*, his *De contagione* of 1546 “did not produce an epidemiological revolution. Almost three hundred years after ... [it] was published, most epidemiologists and practical hygienists were still miasmatists,” says Greenwood (1953:503); although the contagiousness of some diseases, notably smallpox and syphilis, had been contemplated long before Pasteur and Koch, the proponents of miasmatic explanations held, as ever since antiquity, that diseases resulted from poisonous “emanations given off by the environment” (Porter 2006c:151) – mal-aria – and stood their ground until the end of the 19th century and even beyond. Of Florence Nightingale of

8 Porter considers his verdict on Renaissance medicine valid for the following centuries as well: in spite of medical knowledge slowly accumulating, this “benefited the doctor more than the patient. The new learning hardly helped physicians to cure diseases.” (1999:197)

9 Cf. Garrison (1910), and Greenwood (1953:503). For an interpretation of Frascatoro as less revolutionary a thinker, see Leven (1997:37).

10 “[T]he [18th and 19th century; RB] pioneers of public health in England from Percival to Southwood Smith were miasmatists to a man.” (Greenwood 1953:501)


12 Cf. Porter’s account (1999:259) of the complex rather than mutually exclusive relation between miasma- and contagion-based models of disease causation; cf. Sigerist (1962:173f), and Leven (1997:34, 60f, 64 & 91). Lammert (1969:60ff) provides example after example of epidemic diseases like smallpox, cholera, whooping cough, influenza, and typhoid fever perceived as related to meteorological phenomena (abundance of rain, flooding, heat and cold, fog), earthquakes, the aurora borealis, meteorites – but also to general cleanliness and direct contact, e.g., with soldiers, by way of a “volatile contagion.” (ibid.:64; my transl.) An “epidemic” of puerperal fever, he believes (ibid.:66; my transl.), has died off, at the same time, “under the
Crimean War fame, who died in 1910, Porter (1999:375) relates that she remained “a staunch miasmatist who never came round to bacteria.”\textsuperscript{13} This did not prevent her from having a major clinical impact: with her approach to the nursing of sick soldiers at Scutari she managed, Porter reports (1999:378), to slash mortality figures from some 40 percent to less than a tenth thereof. How did she do it? True to a pre-germ-era understanding of health and disease she fashioned herself (1987:63) as “a kind of General Dealer – in socks, shirts, knives & forks, wooden spoons, tin baths …, cabbage & carrots, operating tables, towels & soap, \textit{small tooth combs}, Precipitate for destroying lice, scissors, bed pans & stump pillows.” To her mind (1860:2f), good nursing consisted, rather than in dispensing drugs, in “the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet – all at the least expense of vital power to the patient.”

In Porter’s summary (1999:378) of the miasmatic credo, “[d]irt caused disease, sickness was a warning, cleanliness a panacea, and nurses were ministers of hygiene.” Along such lines of thinking, early 19\textsuperscript{th} century public health measures were conceived to contain diseases, notably cholera, in urban, industrialised Europe. In England, a row of activists in public health, some of them not even medical men,\textsuperscript{14} pushed for the improvement of the living conditions of the poor, the supply of clean drinking water, and for proper sewage and waste disposal. When John Snow (1813-1858) became instrumental in bringing to an end the 1854 cholera outbreak in Soho, by ordering the removal of the handle of one specific water pump, this was already on the assumption that cholera had to be defined as a waterborne disease, not as the result of miasmata emanating from dirt in general. By this time, however, the public health movement was already well on its way in spite of theoretical foundations later found to be shaky, that is, decades before the miasma-to-pathogenic-

\begin{footnotesize}
\begin{enumerate}
\item Cf. Greenwood (1953:505); cf. also Rudolf Virchow’s wording (†1902) of the “so-called tubercle bacillus,” quoted in Leven (1997:100). Weindling (1992:305) reminds us that “[l]eaders figures in British public health .. continued to emphasize holistic and sanitation approaches in preference to bacteriology until the mid twentieth century.”
\item Among them Thomas Southwood Smith (1788-1861), William Farr (1807-1883), and Edwin Chadwick (1800-1890), author of the famous 1842 \textit{Report on the Sanitary Condition of the Labouring Population of Great Britain}.
\end{enumerate}
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microorganisms paradigm shift had won the day.\textsuperscript{15} And this transition took time: “\textit{contagium vivum} did not displace miasma generally until the middle eighties of the nineteenth century; the final victory was gained when Laveran [in 1880; RB] found the malaria parasite and others demonstrated its transmission.” (Greenwood 1953:507)\textsuperscript{16}

Nor did opposition within the operating disciplines die overnight. As Porter (1999:371f) records, the gynaecologist “Robert Lawson Tait (1845-99) denied the existence of bacteria, [but] was a stickler for operating theatre cleanliness and claimed equally good results” as Lister’s.\textsuperscript{17}

In ancient Israel, cleanliness had been enforced out of reverence for the Lord:

\begin{quote}
And thou shalt have a paddle upon thy weapon; and it shall be, when thou wilt ease thyself abroad, thou shalt dig therewith, and shalt turn back and cover that which cometh from thee: For the LORD thy God walketh in the midst of thy camp, to deliver thee ...; therefore shall thy camp be holy: that he see no unclean thing in thee, and turn away from thee. (Deut 23:13-14)
\end{quote}

Likewise, in the 19\textsuperscript{th} century, there were more than simply medical motivations behind Florence Nightingale’s “campaign for hygiene and moral discipline ... In mid-Victorian Britain, many of the hygienists were homeopaths and other opponents of regular curative practice. Many of them were religious dissenters” (Pickstone 2006:276) – but in the end, nonetheless, such success stories as there were, e.g., in public health, were credited to

\textsuperscript{15} An example of a successful medical intervention without proper understanding of the pathophysiological underpinnings, from the field of \textit{non-infectious} diseases, is the prevention of scurvy with lime juice in the absence of its conception as a nutritional deficiency condition; cf. Porter (2006c:167f).

\textsuperscript{16} Weindling (1992:309) disagrees with Greenwood’s timing (cf. fn13, above).

\textsuperscript{17} Porter (ibid.:372) also quotes a contemporary surgeon from Edinburgh: “Where are these little beasts? ... Show them to us, and we shall believe in them. Has anyone seen them yet?” Surgeons on the other side of the Atlantic agreed: “[T]here is good reason to believe that the theory of M. Pasteur, upon which Lister bases his treatment, is unsound,” wrote one of them in 1874(!), in the Boston Medical and Surgical Journal, the later New England Journal of Medicine (quoted in Gawande 2012:1719).
medicine as a science, irrespective of miasma-related theoretical underpinnings soon to be proven wrong, and added to medicine’s growing reputation. Particularly after 1880, the acceptance of science as a source of social authority [soared; RB] ..., when medical men came to agree that many epidemic diseases were ‘caused by’ specific microorganisms. This knowledge sharpened many existing developments in sanitary management, in isolation hospitals, clean surgery, and ... boosted the authority of medical science. (Pickstone 2006:279)

Insofar as better treatment options for individual patients did become available, before 1900, this was not in internal medicine but, in the first place, in surgery and obstetrics, building on developments in anti- and asepsis (iodine; the chlorinated lime solution of Semmelweis; Lister’s carbolic spray; heat sterilisation), and anaesthesia, both local (cocaine) and general (nitrous oxide, ether, chloroform).18 “As late as 1874, Sir John Erichsen [still; RB] believed that the abdomen, chest, and brain would forever be closed to operations by wise and humane surgeons” (Porter 2006d:200),19 but by the end of the century, the larynx, appendix, gall bladder, thyroid gland, small intestine, and stomach, had all become accessible to the scalpel, i.e., “the range and number of operative procedures [had] increased rapidly from about 1880.” (Pickstone 2006:282)

Even in pre-modern times, the barber-surgeons had had their ways of treating “anal fistulae, bladder stones, and cataracts – ... far more than burning and bleeding” was part of their repertoire which also comprised services like bone-setting and tooth-extracting.

18 “Antiseptic surgical procedures based on the practical application of Pasteur’s laboratory work were developed by Joseph Lister (1827-1912) using carbolic acid (phenol) from 1869 in Edinburgh and in 1877 in London. Aseptic procedures followed, involving sterilisation of whole environments. Successful outcomes, such as Edward VII’s appendicitis operation on the eve of his scheduled coronation [1901; RB], helped pave the way for the 20th-century era of heroic surgery. In 1895 ... came Wilhelm Roentgen’s discovery of X-rays, and in due course the photo of Roentgen’s wife’s hand became a potent sign of medical advance through scientific instruments. But overall the 19th century is notable more for systematic monitoring of disease aetiology than for curative treatment.” (Marsh [S.a.])

19 Cf. Gawande’s remark (2012:1717) that the surgery of old dealt primarily with “external conditions, and medicine dealt with the internal ones (hence the term ‘internal medicine,’ which persists to this day).”
A readiness to transcend the rigid boundaries through which the healing professions had traditionally been kept apart contributed, as Porter observes (2001:172), towards “the enormous success in the eighteenth century of the Scottish universities ... [where] students learned both physic and surgery in combination, in effect being trained to become a new breed of mould-bursting general practitioners.”

In the end, according to Shorter (2006:110), the modern general practitioner in Britain evolved “more from surgery and pharmacy than from academic medicine;” he was the hands-on professional “who would be able to fulfil all of the family’s medical and surgical needs, from bleeding and lancing boils to dispensing physic.” (ibid.) In view of similar developments all across north-western Europe, where most of the members of the Zambesi Mission came from, any medical care they personally received prior to their departure from the First World would have been dispensed primarily by professionals of this kind: general practitioners, “a term legitimized in 1826 when the [British; RB] Association of Apothecaries and Surgeon-Apothecaries renamed itself ‘The Associated General Medical and Surgical Practitioners’.” (ibid.)

However, the described scientific and administrative-organisational developments notwithstanding, services to individual sufferers continued to be supplied by doctors whose reasoning still drew heavily on the old explanatory models; as Porter (1999:360) says of 19th century medical care with the exception of surgery, “bedside practice remained largely business as usual.” George Eliot’s Dr Lydgate holds (1986:123) that “with our present medical rules and education, one must be satisfied now and then to meet with a fair practitioner. … [Of] a scientific culture ... country practitioners have usually no more notion than the man in the moon.” This critical view of customary medical practice gets him into

20 In Eliot’s Middlemarch – the novel’s story is set in the early 1830s – modern, Edinburgh- and Paris-educated Dr Lydgate “resist[s] the irrational severance between medical and surgical knowledge,” between a liberal science taught at university (physic), and what used to be regarded as a dirty and bloody manual craft learnt as an apprentice (surgery), “in the interest ... of the general advance.” (1986:143) – “[T]he question whether works of fiction may be used as sources of medical history” Sigerist (1962:194) answers in the affirmative, “if such books are consulted critically and used with discrimination” – a condition which I hope to have met.

21 Cf. Porter (2001:254f); for the evolution of medicine as a profession, in Belgium, see Havelange (1985).
trouble with colleagues and patients alike, the first supplying, the second expecting the kind of remedies they have grown used to. As Standish the lawyer muses, commenting on Lydgate’s new ideas: “Hang it, do you think that is quite sound? – upsetting the old treatment, which has made Englishmen what they are?” (ibid.:91)

Only by fits and starts did scientific medical insight – e.g., microorganisms as the immediate causes of specific infectious diseases; mosquitoes as a vector of transmission – as well as empirical-pharmacological knowledge get introduced into medical practice, and used systematically against defined target diseases: e.g., quinine, known in Europe since the 1630s and with an entry in the London Pharmacopoeia of 1677,22 or foxglove/digitalis, promoted by Withering from the late 1770s.23 A few useful drugs were indeed added to the materia medica before and around the turn of the 20th century, e.g., amyl nitrate (1867) and nitroglycerine (1879),24 diphtheria antitoxin (1891), acetylic salicylic acid (Aspirin; 1899), and a first barbiturate (Veronal; 1903). Nevertheless, the 1899-1900 president of the American Medical Association saw no reason, in 1905, to regret that for such a long time Calomel (mercurous chloride), opium and quinine, together with a couple of laxatives and emetics had constituted the bulk of the American doctor’s pharmacological “armamentarium. He has never heard of many of the ‘new-fangled’ remedies that are in the ‘case’ of his young competitor, but he has managed to ‘get along’ these many years without them,” Mathews confidently declared (1905:133). And in retrospect one may say that he was not even all that wrong: in 1905 there still was pretty little available which had a targeted action against any specific disease, other than what had already been in use in the previous century.

There are two main reasons to explain why medicine in its fight against diseases remained hamstrung for so long. On the one side, it is true, the repertoire of available drugs had hardly changed from what had been known and prescribed through the ages,

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23 His Account of the Foxglove, and Some of Its Medical Uses was published in 1785.
24 Both potent vasodilators to treat ischaemic heart disease, but used by specialists rather than by general practitioners; cf. Shorter (2006:119).
mainly laxatives, or purgatives – a more powerful laxative. One treated fever with laxatives, getting those bad humours out of the bowels by procuring an ‘opening’. ... Traditional medical therapeutics .. amounted to making patients anaemic through bloodletting, depleting them of fluids and valuable electrolytes via the stool, and poisoning them with compounds of such heavy metals as mercury and lead. (Shorter 2006:108f)

However, a second factor came in to make matters worse: regarding such potent drugs as indeed were available, potency, then as now, is no more than the first precondition for a drug to be of benefit. Even Aronson, who claims (1985:352) that “as far as a therapeutic arsenal was concerned, eighteenth-century physicians were not short of ammunition,” concedes (ibid.:353) that

in the case of drugs with clear pharmacological effects, it was not known how best those drugs should be used in regard to the choice of the drug most appropriate for the condition being treated, the most appropriate formulation, and the correct dosages, frequency of administration, and duration of treatment.

Burch covers in great depth this aspect of the relative practical-clinical uselessness of even the, pharmacologically speaking, valuable entries into the old materiae medicae. To understand in detail how a drug actually works, is not in fact the most relevant piece of information for the medical practitioner (even today, drugs are usefully employed without such knowledge); but: against which specific disease(s), in which dosage and dosage intervals, over which period of time – to know all this is imperative for a physician to reproducibly effect cures. As such, the mere “inclusion of a potentially helpful ingredient in a long list of others is no indication of real knowledge or any actual healing powers.” (Burch 2009:21) But so long as disease entities were not clearly demarcated, and ‘treatment’ took as its target non-pathognomonic symptoms such as fever which are ill-suited to distinguish between diseases of different origin, therapeutic successes were bound to be followed by failures, which must necessarily cause confusion. Its extent becomes evident, e.g., when Lammert (1969:35; my transl.) lumps together intermittent fever (i.e., malaria), mental disorders and epilepsy as “diseases which are rooted in the psyche and the nervous
system"25 – one may assume because of the possibility, in malaria, of convulsions, delirious and comatose states. In this predicament, it was only the “definition of various specific diseases [which eventually; RB] led to a demand for specific therapies.” (Smith 1976:348)

The concept of a specificity of diseases, hence also of specific therapies, however, is anything but self-evident. Nightingale (1860:9) had considered the air of an uninhabited, locked-up room, “stagnant, musty, and corrupt as it can by possibility be made ... [as] quite ripe to breed small-pox, scarlet-fever, diphtheria, or anything else you please,” and had asked (ibid.:46) if it was not “living in a continual mistake to look upon diseases, as we do now, as separate entities, which must exist, like cats and dogs?” Her answer (ibid.:47) was clear-cut:

Nay, .. I have seen diseases begin, grow up, and pass into one another. Now, dogs do not pass into cats. [However,] I have seen, ... with a little overcrowding, continued fever grow up; and with a little more, typhoid fever; and with a little more, typhus, and all in the same ward or hut.26

Fittingly, with regard to drug therapy, Mathews insisted (1905:135) that “[t]he ‘old doctor’ who has been in the service for a long time has learned by experience ... that instead of every medicine being a specific, .. there are no specifics in medicine.” Thus, at the beginning of the 20th century, in spite of the groundbreaking work of Pasteur, Koch and others during the preceding decades, Osler’s view (1899:218; my italics) was by no means uncontested that, e.g., quinine was “a specific remedy against malarial infection” – indicating the degree of conceptual confusion prevailing among his opponents.

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25 There had thus been hardly any differential-diagnostic progress since early Anglo-Saxon times when, according to Meaney (1992:21), “[a]fflictions of the devil, nightwalkers, malaria, and nightmares” had been grouped together.

26 In 1855, de Smet (1863:506) accounts for the death of the Catholic bishop of Natchez in the US, after a fall and the double fracture of a leg, in these words: “The inflammation of the leg, excited at first a slight fever, which soon assumed the type of yellow fever.”
In the context of this study, quinine is a case in point. Exquisitely – but also specifically – effective in the treatment of malarial fever, the *pulvis Jesuiticus* could receive enthusiastic acclaim in the first half of the 17th century, then get rubbished all the same because when “bubonic plague hit Rome [in 1655; RB], and when the feverish victims of this quite different disease were treated with Jesuits’ powder they got no better. The bark fell out of favour.” (Burch 2009:41) Only by anachronistically imputing a later, systematic understanding as the supposed reason behind an earlier, erratic clinical practice is it possible, therefore, to mistake the empirical use of quinine in fever, thus also in malaria, for the *knowledge that quinine is an anti-malarial*. Without the conceptual frame, willow bark could be advertised as an alternative and much cheaper remedy against malaria, via the equation of willow bark and Peruvian bark, because the former tastes bitter as the latter does, because both act as febrifuges, and because the willow preferably grows in the very marshes and swamps where the ague is most prevalent.27 Allowing for the many cases of spontaneous recovery masquerading as “successful therapy,” with recovery utterly unrelated to the administration of whatever useless or even harmful drug cocktail, and for *non*-recovery in spite of a potent drug being given, though in improper dosage, too late, or not for long enough, one ends up with an equation with so many unknowns, that wrong conclusions almost perforce suggested themselves, with confusion the highly likely outcome in an era before controlled clinical trials.

As with drugs in general, so with quinine: even after its isolation by Pelletier and Caventou, in 1820, it took time to establish it as a remedy against malaria and nothing but that: according to Smith it was recommended against yellow fever in 1821 (1976:351), and typhus in 1822 (ibid.:353), while against malaria, in 1825, the recommendation still was (ibid.:360) that a “single bleeding, a single purgative, and a single[!] administration of the cinchona terminates at once the malady.”28 More appropriate dosage regimens came into use over time, though on a basis of non-comprehension: if “the ‘cause of fever’ wasted

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27 The background assumption here being that medical remedies were to be found near the locale where they were needed. Cf. Burch (2009:60ff).

28 Smith quotes EM Bailly’s 1825 *Traité des Fièvres Intermittentes Simples et Pernicieuse*. To gauge both the progress made until 1859, and the lack of clear understanding that remained, cf. Livingstone’s account of the Treatment of African Fever, in Blaikie (1880:481ff).
‘some element which [was] supplied in the quinine when given,’" the logical implication was "that quinine had to be given 'in exact ratio to the quantity of poison [malaria] imbibed'” (ibid.:365)²⁹. By the late 19th century, at least in some places, quinine’s usefulness was no longer in doubt: thousands of tons of cinchona bark per annum were exported from South America, during the American Civil War; "Union armies alone used in excess of nineteen tons of quinine sulfate,” (ibid.:366) and already earlier in the same century, successful efforts had been made to start plantations of cinchona trees in British India, Burma, Ceylon, and Dutch Java,³⁰ giving credence to Flückiger and Hanbury’s statement (1879:366) that "Cinchona bark enjoys the reputation of being a most valuable remedy in fevers." They quote as proof (ibid.) an 1866 study initiated by the Government of Madras, to compare the relative effectiveness of different cinchona bark alkaloids in “paroxysmal malarious fevers.”³¹ However, the distinction between fever as an unspecific symptom, and malaria as one specific disease accompanied by fever and treatable with quinine, was still not clearly established at least in some places: Davidson, an American missionary to Matabeleland, speaks (1915:102) of the “dread African fever” claiming two lives at Matobo Mission in 1900, but never even mentions quinine, and reports that in spite of unspecified treatment as ordered by a doctor from Bulawayo, “Mother Engle … continued to have relapses of the fever for three months.”

Experience will often and of necessity be a misleading teacher in the absence of conceptual clarity, i.e., when the distinction between symptomatic and causal treatment, as well as that between spontaneous and treatment-induced recovery is poorly understood, difficult or impossible to make. Not all that surprisingly, therefore, “[o]f the hundreds of drugs listed in 1824 in the Pharmacopoeia of the Royal College of Physicians of London,


³⁰ Cf. Flückiger & Hanbury (1879:348ff), and Gelfand (1964a:16). “From 1829, European attempts to remove cinchona seeds from South America for cultivation elsewhere in their empires .. supplemented by plans to steal away entire trees” (Burch 2009:49), attest to the appreciation the bark had found.

³¹ Here and below, I follow the International Epidemiological Association (1988:41) and speak of the efficacy of a medical intervention when the focus is on whether it “produces a beneficial result under ideal conditions,” of the effectiveness of the same intervention to denote the extent to which this result can be achieved under field conditions.
only opium ... conferred much therapeutic benefit” (Shorter 2006:116) – because with it, the indication, pain, was obvious, and as treatment was entirely symptomatic, drug administration (quantity, dosage intervals) could be titrated against the patient’s subjective response, the time interval between intake and effect being sufficiently short. Not so with other drugs in spite of their indubitable therapeutic potential, as seen from today’s perspective which is aware of the underlying pathophysiological processes, like iron in iron-deficiency anaemia, or foxglove/digitalis in congestive heart failure. Because the (patho-)physiology behind disease and possible recovery was insufficiently understood, 19th-century medicine even “lost sight of digitalis as a cardiac drug, using it against tuberculosis and everything else” (Shorter, ibid.);32 equally non-specifically, quinine was tried “as a general febrifuge, not just an antimalarial drug.” (ibid.:117) It took much thinking and hard work to discover, e.g., that “[f]ever, once a disease itself, was only a symptom” (Smith 1976:367), accompanying a host of harmless and not-so-harmless diseases as different as anthrax, tuberculosis, cholera, sleeping sickness, and malaria, all of whose causative microorganisms were identified in the quarter century between 1875 and 1900.

However, even after this had happened, there was still a long way to go from scientific insight to change of therapeutic practice. Lewis Thomas, a 1937 Harvard Medical School graduate, not only recalls (1984:13) that his father’s medical bag in the 1920s, in New York, contained little beyond digitalis, insulin, adrenaline, and morphine, the latter “the most important, and the only really indispensable drug in the whole pharmacopoeia;” he also remembers (1992:48) that much later, in his own time at medical school, “nobody talked about therapeutics as though it were a coherent medical discipline, in the sense that pharmacology is today.” In his description (1984:40; my italics), this is what patients’ prospects therefore still were like when he began his internship:

32 “[N]umerous references are to be found in Neale’s Medical digest (Neale 1877) to its use in conditions which cover the alphabet, from adenitis … [to] typhoid, and variola.” (Aronson 1985:318) Withering himself, in his 1785 monograph, lists as indications dropsy as well as asthma, epilepsy, hydrocephalus, and insanity – with a known or supposed accumulation of fluid somewhere in the body as the tertium comparationis in most of these conditions (cf. Aronson 1985:195ff). As we know, such fluid represents oedema only in one of the said ailments (e.g., it is non-oedematous and of altogether different origin in hydrocephalus); and even if oedematous, its cause must be weakness of the heart, for it to be responsive to digitalis.
If being in a hospital bed made a difference, it was mostly the difference produced by warmth, shelter, and food, and attentive, friendly care, and the matchless skill of the nurses in providing these things. *Whether you survived or not depended on the natural history of the disease itself. Medicine made little or no difference.*

In the year of his graduation, 1937, sulphanilamide was first used against bacterial infections in Boston, and only from that time onwards was *curative* medicine, in Thomas’ recollection of the discipline’s self-assessment (1992:49), “off and running. … If we could cure streptococcal septicemia, epidemic meningitis, subacute bacterial endocarditis, tuberculosis, tertiary syphilis, typhoid fever, even typhus fever, was there anything we could not do?” Right into the fourth decade of the 20th century, medicine thus appeared, at least to a knowledgeable minority, almost as a Boston physician, Douglass (1755:351), had described it some two centuries earlier: as “so perniciously bad, that excepting in surgery and some very acute cases, it is better to let nature under a proper regimen take her course … than to trust to the honesty and sagacity of the practitioner.” Ever since the second half of the 19th century, this was the view prevalent in academic medical circles from Vienna to Boston; only in “primary care, the doctrine of therapeutic nihilism was anathema because physicians enjoy the feeling of helping and because patients crave a prescription at the end of the consultation.” (Shorter 2006:122) In the real world of everyday doctor-patient interactions, the former had to make a living by satisfying the expectations of the latter: as Eliot (1986:91) lets the mayor of Middlemarch express his indigence, “[i]t’s an uncommonly dangerous thing to be left without any padding against the shafts of disease.” Beyond the diagnosis, which merely tried to contain the threat emanating from an illness by at least giving it a name, something more was therefore needed: a prescription. Commenting on Dr Lydgate’s professed self-restraint in dishing out drugs, the Middlemarch grocer’s wife, Mrs Mawmsey, very pointedly asks: “Does he suppose that people will pay him only to come and sit with them and go away again?” (ibid.:437)

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33 The first medical doctor born in Rhodesia, Dr J Kennedy, seems to have come from the same school of thought: according to Blair (1976:8), in the eyes of his superiors he spent “too much money on food for his patients and … little money on drugs.”

In this predicament, drugs would be dispensed in spite of their known uselessness, by practitioners preferring to ignore the fact, or indeed in a continued, unquestioning belief in time-honoured regimens; even a therapeutic nihilist as vocal as Osler, after all, still guardedly speaks in favour of bleeding in pneumonia, in his 1899 textbook of medicine (1899:135): “to bleed at the very onset in robust, healthy individuals in whom the disease sets in with great intensity and high fever is, I believe, a good practice.”\(^3\) Shorter rightly emphasises (2006:113) how enormous a step forward was taken when doctors learnt to think more critically of what they were used to prescribe and do: the “ability to refrain from doing harm stands as one of the major acquisitions of primary care for the period from around 1840, when bloodletting began to go out of use, to 1935, when the first of the wonder drugs was introduced.” This change of attitude grew out of the hard-won insight that until the latter date, “medical therapeutics had clearly not experienced the same kind of scientific revolution as medical diagnostics.” (ibid.:120)

This may be the appropriate moment for some first remarks on the implications of such an appraisal of medicine, for the potential usefulness of medical work in the Zambesi Mission from 1879 onwards: even if progress in understanding the aetiology and pathophysiology of a number of diseases was enormous (malaria being the most relevant example in the mission context), what could have been the practical impact of such knowledge, excluding that on malaria, so long as the lack of progress on the pharmacological-therapeutic side left doctors almost as helpless as their forebears had been, in temperate zones just as in the tropics?

Looking at the United Kingdom, the statistical evidence on hand would have supported such reservations: throughout the 19th century,

death rates remained relatively steady. Roughly one quarter of all children died in the first year at the end of Victoria's reign as at the beginning, and maternal mortality showed no decline. In some fields, however, survival rates improved and mortality statistics slowly declined. Thus crude death rates fell from 21.6 per thousand in

\(^3\) The recommendation survived his death in 1919, reappearing in the 1921 edition of the textbook (Osler & McCrae 1921:102).
1841 to 14.6 in 1901. Here, the main factors were public hygiene and better nutrition thanks to higher earnings — that is, prevention rather than cure. Although doctors made much of their medicines with Latin names and measured doses, effective remedies were few, and chemical pharmacology as it is known in 2001 only began at the end of the Victorian era. (Marsh [S.a.])

To a disinterested retrospective gaze, it appears clear and beyond reasonable doubt that this is a by and large accurate assessment of what doctors could, or rather could not achieve at the time in question. However, a ruthless appraisal of the profession by medical academics, social scientists and culture critics — minorities in society today and even more so, then — should not be mistaken for the prevailing societal sentiment. Even if enlightened doctors like Eliot’s Lydgate would be reticent to prescribe remedies of doubtful efficacy, patients themselves were convinced they knew better (1986:437):

‘Does this Mr Lydgate mean to say there is no use in taking medicine?’ said Mrs Mawmsey … ‘I should like him to tell me how I could bear up at Fair time, if I didn’t take strengthening medicine for a month beforehand. … [And] what keeps me up best is the pink mixture, not the brown.’

A pattern of thinking of this kind, of unquestioning belief in NAW medicine, was adopted and applied, e.g., to the 1918 influenza pandemic, by Catholic missionaries in South Africa. Deadlier than any previous one recorded, “[c]ase-fatality rates were >2.5%”

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36 Cf. McKeown (1976:128) who posits that “the decline of mortality from infectious diseases was not due to a change in the character of the diseases, and .. it owed little to reduced exposure to micro-organisms before the second half of the nineteenth century or to immunization and therapy before the twentieth. The possibility which remains is that the response to infection was modified by an advance in general health brought about by an improvement in nutrition;” cf. also McKeown 1979:passim).

37 With this conviction Mrs Mawmsey did not stand alone: had not a colleague of Lydgate’s prescribed the pink mixture (or the brown), and told her that she needed it? “[S]ince professional practice chiefly consisted in giving a great many drugs, the public inferred that it might be better off with more drugs still, if they could only be got cheaply, and hence swallowed large cubic measures of physic prescribed by unscrupulous ignorance.” (Eliot 1986:143)

38 The very CMM missionaries who in 1929/30 took over Matabeleland as their field of work, from the Jesuits of the Zambesi Mission (cf. Archdiocese of Bulawayo [S.a.]).
compared to <0.1% in other influenza pandemics.” (Taubenberger & Morens 2006:15)\textsuperscript{39} In the missionaries’ experience (Schimlek 1950:28),

people died by their hundreds of thousands; they died on their fields and in the bush along the roadside. Entire families were suddenly overcome by the epidemic; they had no food reserves in their huts; they had no fuel; there was no one to fetch water from the river; there was nobody to cook or to attend to the sick. The people were stunned and terror-stricken.\textsuperscript{40}

How did the locals come to terms with this situation? Schimlek (ibid.:29) records the futile attempts of their medicine-men to come up with a successful treatment approach, and when those had foundered, to at least identify the source of the problem: “It was said that this new disease was a device of the Europeans to finish off the Bantu races of South Africa.”\textsuperscript{41} This, or so Schimlek claims, is why help offered by the Europeans was rejected.\textsuperscript{42} In describing this help, remarkably, he goes beyond extolling Christian virtues like compassion and brotherly care in attending to the sick and dying, and speaks (ibid.; my

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\textsuperscript{39} For more background information on the 1918 influenza epidemic, cf. Taubenberger, Hultin & Morens (2007); for a higher estimate of the case-fatality rate, of 10 to 20%, cf. Francis (2018:3), who also points towards differential fatality rates depending on ethnicity (lower among Afro-Americans) and nutritional status (in pervasively malnourished Koreans twice as high as in Japanese).

\textsuperscript{40} For Southern Rhodesia, there is confirmation of this impact of the pandemic; cf. Ranger (1988); ZMR VI,84:131f & 142; 89:316.

\textsuperscript{41} Cf. ZMR VI,84:142 & 89,316; according to Sr Josephine of Empandeni (in Tiernan 2008:121), the idea that “[t]he white people are doing all they can to wipe the black people away from the world” had also come up in 1902 Matabeleland, when in the context of rabies, an order was issued by colonial authorities to kill their dogs.

\textsuperscript{42} However, contrary to Schimlek’s insinuation, locals had not simply lost trust in their own healers. As Ranger says (1988:180), “[[j]]ust as many whites were able to persuade themselves that their rough and ready medicines were effective, so many Africans were able to convince themselves that the pandemic was comprehensible and controlled by traditional means.” Cf. Ranger (1995:241) speaking unequivocally of local “societies which had not lost cultural self-confidence and which retained the capacity to respond intellectually” to epidemics in the wake of colonial conquest. Ranger concedes, though, that there was a sense of unease when comparing the enormity of the death toll and the traditional means to hand, which according to him (cf. 1988:182ff) prepared the scene for the Aladura and Kimbanguist churches, as well as for Johane Maranke and Johane Mazowe in Rhodesia; cf. Edgar (2005:223).
italics) of medicine: “When European doctors and nurses came to assist the suffering they refused to take the pills offered to them and resented any suggestion of treatment and thus made preventive and remedial measures impossible.” No specific drug is mentioned, but Schimlek reports that no missionary succumbed to the disease, which “looked like a miracle to some [Africans; RB] – and to many others like an indication of stronger medicine in the hands of the white men.” (cf. p8, above) Of note, in this context, is the firm stand the missionaries take on the side of NAW (bio-)medicine; otherwise, in Etherington’s view (2005b:282; my italics), they would have had to own up to “similarities between their own ideas of healing” – i.e., the possibility of supernatural healing – “and those held by the people among whom they worked,” when what they wanted to get across to their converts-to-be was, how “diametrically opposed … Christian truth and ‘heathen superstition’” were.

What could “preventive and remedial measures” have been? For prevention, face masks were worn by the San Francisco crowds celebrating the 1918 armistice, as Jefferys (2004:140) relates. As for drugs, there is no causal treatment of influenza today, nor was there a century ago, so whatever pills Schimlek remembers as having been used, were in

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43 Ranger quotes the priest in charge of the UMCA’s Masasi mission in Tanganyika who deplores, in 1919, the “sad epidemics of small-pox and influenza, with many, many deaths … [and] the almost complete absence of any drugs except quinine.” It is unclear if this expresses awareness on the priest’s side, of NAW medicine’s inability to provide efficacious drugs against smallpox and influenza, or if he believes that such drugs just did not reach Masasi; in any case, though, Ranger’s comment is warranted that “[t]heir medical services appeared ludicrously inadequate.” (Ranger 1981:264) This assessment is borne out by the list of ‘drugs’ administered to those down with influenza, in Southern Rhodesia: quinine, epsom salts, castor oil, mustard plaster, brandy, and paraffin, singly or in combination – with the patients’ recovery taken to indicate the effectiveness of whatever had been given (cf. Ranger 1988:177); the ZMR consistently is no more specific than speaking of “medicines” (VI,84:132, 135, 143; 89:316).

44 It is this feeling of awe vis-à-vis an incomprehensible power “in the hands of the white men,” as supposedly experienced by their flock-to-be or the newly converted, which makes the missionaries ponder the use of medicine as a means of countering the influence of the “isangoma or witchdoctor” (cf. p8, above). For the same reason, in Mengo’s early days (cf. pp314ff, below, on the CMS Mengo mission), “operations .. were performed publicly, on a camp bed. The administration of chloroform, the painless operation and the recovery from the anaesthetic, were to the natives quite miraculous” (Foster 1968:326); cf. Behrend (2011:182) quoting Cook, AR. 1945. Uganda Memories (1897-1940). Kampala: Uganda Society: “I deliberately invited them, for I knew that an anesthetic would amaze them.”
fact either completely useless, or were symptomatic drugs with an analgesic and antipyretic mode of action, like Aspirin.

It is worth remembering here, as Taubenberger and Morens say (2006:20), that “[d]espite the extraordinary number of global deaths, most influenza cases in 1918 ... were mild and essentially indistinguishable from influenza cases today.” The sufferers from this majority group of cases would be the ones to report, if they had taken some drug followed by recovery, that this had helped them overcome the disease – and indeed, if the drug had been an analgesic/antipyretic, it had helped them against the symptoms of influenza whilst the disease ran its natural course, by lessening feelings of general body malaise, reducing headache and fever. With scores of people dying, survivors could understandably be tempted to believe that even if that drug had not saved everybody’s life (maybe they had not taken enough of it, or started too late?), it had surely saved theirs. By reasoning in

45 Useless in the sense of not acting specifically in any way against the influenza virus, not in the sense of a possible placebo effect.

46 Going by one remark in the ZMR (VI,89:317) about the “rather bitter drugs” used, these may have been salicylates which do have a bitter taste.

47 As the ZMR (VI,84:130) says, “[s]eventy of our boys were down with the sickness at the same time, but fortunately there were no very serious cases among them;” ditto ibid.:134: “We are most thankful to say that the great majority of cases were mild and even of the more serious cases most recovered. The epidemic claimed altogether 50 victims at Empandeni out of a population of nearly 3000.”

48 For individual Africans testifying to the efficacy of European ‘medication,’ because they had taken some such and survived, cf. the otherwise unenlightening article by Simmons (2009:33).

49 Ranger (1995:245) ascribes too much clarity of mind to the influenza sufferers when he does not sufficiently distinguish between the factual “unresponsiveness to any form of medication” – no cure through whatever kind of ‘therapy,’ as he knows – and what was perceived by the sufferers themselves, then. It is the author’s insight that biomedicine failed to offer a meaningful response to the influenza pandemic; it is quite a different matter to make this the insight of 1918 Africans. When they did see a patient under the white man’s care succumb to the disease, this was a case of failure of his ministrations, which may just as well read: of his (previously thought-to-be-superior) magic. Thus, for Africans, the influenza-related deaths could certainly be proof that the colonisers were not all-powerful magicians (if that was an idea they had contemplated), but this would be an insight altogether different from “a rapid and universal realisation among black Christians and non-Christians alike of the inefficacy of bio-medicine,” as Ranger puts it (ibid.:265; my italics). As for systems’ comparisons, the adherents of western and traditional healing practices could both feel reaffirmed in their rejection of the other one, and find sufficient reason to stick to their own.
this way, they were not the first ones to fall for an erroneous logic: Burch (2009:37), e.g., quotes Galen’s confusion over the post versus propter hoc effects of “one potion: ‘All who drink of this treatment recover in a short time, except those whom it does not help, who all die. It is obvious, therefore, that it fails only in incurable cases.’”

Even today, in an age of randomised, double-blind, placebo-controlled clinical trials, a book on Aspirin can be published whose author, Jeffreys, is full of praise (2004:124; second italics mine) for its value in 1918/19 pandemic, in that it

> lowered your temperature, eased the aches in your muscles and joints and gave your natural defences a chance to fight back. Aspirin didn’t cure a single case of influenza, but it helped millions of people in their battle with the virus and undoubtedly saved many lives as a result.

After explicitly acknowledging the distinction between the symptomatic and causal treatment modes, thus against the background of an up-to-date, modern understanding of pharmacological efficacy, a chain of action is construed with the aim, plainly, of obfuscation: symptomatic is declared quasi-causal via calling Aspirin one of “the few available therapeutic medicines that might help prepare your body for the onslaught to come” (ibid.):\(^50\) via positing that “the strength of a patient’s instinctive determination to survive can make the difference between life and death. By making very sick people a touch more comfortable, aspirin helped them gather that strength.” (ibid.:136) The question remains unanswered, though, why the same logic would not apply to the host of “folk remedies” disparagingly listed – from garlic to gargling with an antiseptic, to an early case of what today would be called a new age remedy: “gullible Louisianans bought ‘sacred pebbles’ that had supposedly been blessed in a shrine in Japan.” (ibid.:137) But why gullible, why the scare quotes? Would not any placebo be as good as any other, so long as it enhanced a believer’s will to live?

\(^{50}\) Sauerwein (1990:146; my transl., my italics), admittedly a social scientist, commits the same mistake when she claims that “this disease could only be treated with the medicine of the white doctors.”
Reading Jeffreys, and seeing his book praised in spite of its glaringly obvious factual and conceptual deficiencies, makes me incline towards a charitable interpretation of the Mariannhill missionaries' ideas of a century ago. Admittedly, Schimlek (1950:28) ridicules the efforts of African healers, their emetics, their burning of medicines, their hope to cure with “the strongest medicine [of all]: crocodile fat and the whiskers of a lion;” here, one would feel obliged today to ask if it is not the hallmark of any placebo that people put their trust in it, as surely African patients would if doctored in this way by their healers? Not all that differently, the missionaries themselves simply and unquestioningly take as a given the superiority of the said “preventive and remedial measures” of NAW medicine. Today, we can and must challenge such credulous trust in biomedicine, e.g., when Jeffreys puts up a smokescreen around the 97.5% of influenza cases who recovered spontaneously, to enable him to speculate about a quasi-therapeutic role of Aspirin. But what can one sensibly demand, counterfactually, of those missionaries, in terms of how they should have reasoned then? That they should have contemplated the idea of differential rates of spontaneous recovery under different conditions of general health and nutrition, but also as a result of mere chance, given the small number of white missionaries; or the notion of placebo versus efficacious drug treatment, and the insight that NAW pills can serve as a placebo no less than crocodile fat can?

It seems more important in the context of this study that a congregation of Catholic missionaries to South Africa can be seen here as taking on board, at long last (as Protestant denominations had done decades earlier), the view of medicine as a potentially useful means – and not just to the worldly end of individual physical health, by trusting erroneously that the zero influenza fatality rate among the missionaries was due to some pill from the armamentarium of NAW medicine. Rather, the view of medicine as a strategic weapon to be used in the missionary enterprise, to make the heathen lose faith in their traditional healers, and by extension in their traditional belief system – an idea which among Catholics, early on, had found outspoken and high-ranking support only from the

51 Macmillan Publishers [S.a.] advertise the book as having been “nominated for the prestigious Aventis Prize for popular science books and chosen as one of the best books of the year by the San Francisco Chronicle.”

founder of the Missionaries of Africa, the so-called White Fathers, the Archbishop and later Cardinal Lavigerie (see below, pp331ff).53

If a tentative interim lesson can be drawn from this brief anticipatory foray into the field of the relationship, there and then, between Catholic missionaries and NAW medicine, it is this: they finally began to warm to the idea of using medicine systematically, as a mission tool; as it seems, though, this happened on the basis of an uncritical assessment of what NAW medicine could actually achieve.54 There is no need to blame the missionaries, as non-professionals, for falling prey to prejudices which were widespread in their culture of origin, kept alive not least by medical practitioners themselves, for reasons of charity towards their patients as well as out of sheer self-interest. It deserves explicit mention, though, that indeed such were the views the missionaries held, as laymen and children of their time, rather than embracing the well-founded therapeutic nihilism promoted in professional centres of excellence. This being the case, a closer look at such lay perceptions is warranted.

5.2 LAY PERCEPTIONS

“An analysis of medical approaches in terms of fashions or paradigms rather than in terms of advances in medical science has much in its favour,” Weindling (1992:306) contends, and in part this is what the preceding pages have already been about, looking at, e.g., the belief in disease causation by miasmata or microorganisms, or at the perceived need to bleed and purge, no matter what.55 However, not only are there fashions as regards

53 Cf. Pawliková-Vilhanová (1996:177f); cf. also, Thomas (2003:485) who specifically mentions Lavigerie as having “founded in 1881 a medical training course on Malta for freed slaves who were enrolled in the medical school of La Valetta, with practical training for medical mission service in Africa.”

54 Catholics thus changed their approach for weak medical reasons, in this respect no different from what their Protestant brethren had done, earlier on (cf. pp287ff, below).

55 Medical fashions are by no means a matter of the past, but are still very much with us, as a list of some diagnoses which are currently en vogue shows: we have “Chronic Fatigue Syndrome, CFS, believed to be caused by a virus, maybe EB [Epstein-Barr; RB]. We have Post Traumatic Syndrome, PTS; Premenstrual
specific medical diagnoses and therapies; likewise, there are fashions in the approach towards medicine as such.

Above (pp172 & 179), the health-seeking behaviour of two individuals, Kings Asa and Ferdinand II, was described, as was its valuation by their societies, one ancient Hebrew, the other European at the brink of Modernity, but both in their own way rooted in faith in the God of the Bible: one king is reprimanded for investing his hope in medicine, the other knows how to get around that very reprimand. Irrespective of such finer distinctions, Thomas (1992:7) argues that medicine deals with a human constant and claims that essentially it always has, namely, with pain and suffering, and with the wish to find relief:

What is it that we expected from our shamans, millennia ago, and still require from the contemporary masters of the profession? To do something, that’s what. … Something has gone wrong, and … [s]omething must be done, and quickly. Come, please, and help, or go, please, and find help. Hence, the profession of medicine.

That pain and suffering should be the common lot of all humanity, ever since our first ancestors incurred the wrath of the Lord, simply cannot be denied, but Thomas over-simplifies matters, pretending that there is only one possible response, the desire to find relief.\footnote{Sigerist (1962:68ff) lists a number of divergent perspectives on disease since Semitic antiquity.} The history of Christianity *also* gives evidence of suffering being cherished, even self-inflicted; of thanks given to the Lord for having sent a timely reminder, to help the recipient sufferer abstain from hubristic self-idolatry. Porter (2006b:74) quotes a Victorian time Baptist preacher who “was convinced that ‘the greatest earthly blessing that God can give to any of us is health, with the exception of sickness … A sick wife, a newly made grave … might teach us lessons nowhere else to be learned so well.’” In a similar vein, Ranger (1982:350) quotes from a Manicaland Catholic’s notebook in the 1930s who writes that he was “glad to say Praised be God because after I got the disease I got many great blessings, blessings that if I had not been humbled by this illness I might not have been given.” Montford (2004:33f) thus does have a point when she speaks of illness “as a
special grace and a sign of divine love, as a test or a warning and an opportunity for moral improvement."

The believing sufferer’s pivotal point of reference in accepting his lot is the Lord Jesus Himself, and the salvation that came into the world through His acceptance of His suffering. Heberlein points out that the mediaeval wood-carver of a Crucifixus cum tree of life, below,

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**Crucifixus, Stadtpfarrkirche Mariae Himmelfahrt, Weilheim in Oberbayern**

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57 Unknown artist, c.1350; reproduced from Heberlein (2013:18)
makes the two images melt into one another in a theologically significant way – and not even in our time has the imagery of suffering as a wellspring of new life altogether lost its power, as expressed in the painting below, of a psychiatric patient. Expressing the same idea, Bloy and Péguy can posit that “[i]llness is suffering and suffering perfects the sufferer”

Anonymous: untitled painting

58 Courtesy Prof. F von Spreti, München
(quoted in Sigerist 1962:69); they hope, therefore, at the turn of the 20th century, “that one day they .. [might; RB] hear of a perfectly healthy Christian going to Lourdes to obtain the benefit of illness and suffering.” (Griffiths 1966:154) Even if one concedes that in many believers, if not in most, a faith this austere and absolute will crumble in the face of adversity, the weakness of the flesh gaining the upper hand once pain gets too strong or death is heard knocking at the door, the unambiguously straight line which Thomas draws between suffering and medicine is clearly a bit of a shortcut: “Hence, the profession of medicine”? (my italics); no: hence the shaman. What follows, in a long and intricate historical process, is the separation of the physical and mental from the spiritual; of physical pain and suffering from its meaning; of the doctor from the priest; of that which man can achieve by trusting in himself and the means in his own hands, from that for which higher powers of some kind have to be invoked, as has been elaborated above (cf. pp184ff). The entire development, this much is true, takes place under the over-arching theme of human relief-seeking; however, humble acceptance of physical suffering can be a way of finding spiritual relief, and it is quite another trajectory which leads towards medicine as a discipline purified, in the end, of all spiritual and magical admixtures, and with well-being as its only goal: the historical emergence of NAW medicine is describable as this process of exclusion and purification.59

As for the question what Europeans of an earlier age expected of medicine, Porter’s casual remark (2006a:6) will not do, that according to Shorter their expectations were not high – the implication being that one may leave it at that. Porter himself observes that medicine “had its mockers, yet those who could invariably called the doctor when sick.” And would not those suffering from all sorts of ailments have inclined towards seeking help elsewhere, had they not believed that within medicine such help as could be found, would be found? Pre-modern medicine after all was, as Nutton (2006:70) says, “capable of responding effectively to the challenge of disease within its own terms.” Porter concedes as much with reference to traditional societies, a term which he reserves though, inexplicably, for non-European societies with oral transmission of medical knowledge, despite granting similarities between these and pre-modern Europe. In such societies, Porter rightly observes (2006b:72), “tribal medicine ‘makes sense’ no less – and, in some ways, far more

59 Thus also modern medicine’s self-image, though not, by any account, its practice.
– than [modern; RB] Western medicine,” and it takes but a minor shift of perspective to see the European situation up to the 19th century in exactly this light; whereupon it does not come as a surprise anymore that

[p]atients, generally speaking, adored some bloodletting and some purging. ... It was the excesses of traditional therapeutics, not its basic principles, that caused unease among sufferers, making primary care seem more a last resort than a route to wellbeing. (Shorter 2006:109)

In Porter’s portrayal of pre-modern-era European medicine, it seems, the distinction gets lost between mere hope, and what might be called the realistic expectation to find a cure – where the patient and especially the doctor might indeed be very cautious if not pessimistic, e.g., in (bacterial) pneumonia. But this does not annul the fervent desire to get better by using all means at hand; and on the side of available means, other than praying for divine intervention, the generally accepted medicine of a time and place is the one in which this hope is invested. If, as Shorter says (2006:104f), “the eighteenth century stressed ridding the body of the poisons that cause disease by drawing them out through … sweating ... [b]leeding ... vomiting, ... salivating, urinating, purging,” then it follows quite naturally that people at the time “cherished the idea ... of sweating a patient with a fever” (ibid.:104), that “[b]leeding, a favoured remedy and prophylactic was often carried out”

60 Quite compatible with general approval is a “popular dread of what doctors might do, [such] that in choosing an attendant from among regular physicians, the nervous and the timid, who constitute nine-tenth of all the sick, are greatly inclined to shun all who treat heroically, and seek those who use moderate, even though less efficient, means.” (Shorter, ibid., quoting Baltimore physician Daniel Cathell's 1882 The Physician Himself and What He Should Add to the Strictly Scientific)

61 According to Burch (2009:140ff), therapeutic pessimism was so firmly entrenched that in the end it delayed the introduction of penicillin into therapy by several decades: the idea of antibiosis had already been mooted by Pasteur and Lister; Fleming had published in 1929 on the antibacterial properties of penicillin and used it to keep clean his laboratory equipment(!); in 1930, it was used successfully, in one case, to eradicate pneumococcus from a patient's eye before the removal of a foreign body, rather than resorting to the nasty alternative of enucleating the eye, but the successful doctor much later commented that he had not seen “the obvious when it was stuck in front of him” – antibiotic therapy. It was “Domagk’s success with sulfonamides [which] helped make penicillin achievable” (ibid.:146); cf. Leven (1997:107).
(Nutton 2006:66), and that by doing so, patient and service provider alike were indeed, as Nutton has just been quoted (p241, above), “responding effectively to the challenge of disease within .. [accepted medicine’s] own terms,” i.e., they did whatever was considered possible to do and left the eventual outcome to Providence.

Marsh [S.a.] sums up these terms, referring to the 1848 edition of Buchan’s Domestic Medicine, first published in 1769 in Edinburgh and of enormous success in Europe and North America, in many editions and translations throughout the 19th century; we find there, listed among the general causes of illness ‘diseased parents’, night air, sedentary habits, anger, wet feet and abrupt changes of temperature. The causes of fever included injury, bad air, violent emotion, irregular bowels and extremes of heat and cold. Cholera, shortly to be epidemic in many British cities, was said to be caused by rancid or putrid food, by ‘cold fruits’ such as cucumbers and melons, and by passionate fear or rage. Treatments relied heavily on a ‘change of air’ (to the coast, for example), together with emetic and laxative purgation and bleeding by cup or leech ... to clear ‘impurities’ from the body. A limited range of medication was employed, and the power of prayer was regularly invoked.

The last edition of Buchan’s manual went into print as late as 1913; in the long run, however, the medicine of old could not withstand the onslaught of public critique alongside inner-medical developments. For all those centuries up to the 20th, though, kings, popes and princes, and later the bourgeoisie, availed themselves of this medicine: those among the sick who could afford doctors’ services were ready to pay for them, thus, obviously, this is where they put their hope. That detractors were “[b]laming doctors for their failures did not stop people flocking to them hoping for success” (Burch 2009:37), of which the

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62 Porter himself (2006d:180) speaks of “bloodletting, often performed at the patient’s request.”
prosperity of the profession is material proof. A critical assessment of medicine by a literate as well as vocal minority, it appears, went hand in hand with a personal health seeking behaviour inconsistent therewith – even of the critics themselves, as Porter records: “Met Mr Forbes the surgeon going to kill a few patients,’ diarized William Holland in 1800; yet the parson himself drew routinely upon his fellow professional’s ‘homicidal’ services.”

Far from being “simple,” as Porter claims (2006a:6), matters were thus quite complicated: yes, as seen from today’s perspective, physicians “had rather little power” (ibid.) to effect cures, e.g., in case of serious bacterial infections (as we call them today), but no, this does not necessarily mean that the profession “carried no great prestige” (ibid.). Even if “people did not have high expectations of medicine” (ibid.), this would still be their chosen port of call, indicating where they put their hopes: the hopes invested in modern medicine, by those diagnosed with cancer in one of its as yet more or less intractable forms, are a present day equivalent. From within the profession, there could come conscious acknowledgement of man’s meagre pharmacological means of exerting control over a universe of diseases; there are examples of this stance as far back as the 9th century, when Isaac Israeli advised “not [to] rely on cure-alls for they mostly rest on ignorance and superstition,” adding: “If you can cure the patient by dietary means, do not turn to drugs.”

This is the line taken up by Maimonides in the 11th century when he says, “[b]e very careful and do refrain from ... hurrying to use medicines.” Paracelsus in the 16th century,

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67 As Porter (2001:33) asks himself, “[w]hy did an age which increasingly drew upon physicians nevertheless represent them so negatively?”

68 Quoted in Heynick (2002:93).

69 Quoted in Heynick (ibid.:113).

70 “When I saw that nothing resulted from [doctors’; RB] practice but killing and laming, I determined to abandon such a miserable art and seek truth elsewhere.” (quoted in Porter 1999:202)
Sydenham in the 17th, and Harvard’s Oliver Wendell Holmes in the 19th followed in these footsteps. From the Enlightenment onwards, criticism and even ridicule came increasingly also from an educated lay public, boosted by the then well-established printing press and the emergence of newspapers in ever growing numbers.

But even then, people would not be sufficiently disenchanted, across all strata of education, to simply take note of the failures of medicine with sarcasm, and regard the successes with irony, asking if they were not, as Porter puts it (2001:273), “more or less, all a matter of confidence, a suspension of disbelief?” Porter’s shortcoming is not that he informs us about such views of critics from within and outside the profession, but that he takes their clarity of judgement as put into writing, as indicative of the sentiments of the many whose views never made it into print, not even in a “post-Restoration age [that] brought explosive cultural production.” (ibid.) However, only a comparatively thin stratum of the educated was exposed to the “veritable blizzard of pamphlets, poems, plays, journals, magazines, newspapers, belles-lettres and finally novels” (ibid.:26), in which medicine was a target of ridicule, doubts and critique. Only this reading public, if anybody, could draw some small consolation from the mere fact of being in the know, in the way Porter conjectures (ibid.:274), i.e., from anticipatory disillusionment with medicine’s meagre therapeutic means, such that “in the teeth of the distress and danger of sickness and possible death, the banal familiarity offered by stock narratives, jests, icons and rituals was in itself a source of comfort: forewarned was forearmed.”

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71 “The arrival of a good clown exercises a more beneficial influence upon the health of a town’, he wrote, ‘than of twenty asses laden with drugs.” (quoted in Burch 2009:31)

72 “[T]hrow out a few specifics ... throw out wine ... and the vapors which produce the miracle of anaesthesia, and I firmly believe that if the whole materia medica, as now used, could be sunk to the bottom of the sea, it would be all the better for mankind, – and all the worse for the fishes.” (quoted in Porter 1999:680)

73 Cf. Fielding’s mocking, gently satirical tone (1966:117f) as he describes two medical doctors living up to the standards of their profession when called upon to see, first a man who is already dead, then his spouse: he “past all the assistance of physic … [while; RB] she required none” (ibid.:118) – but role expectations the two must meet, nonetheless, helping everybody present to deal with his death and relax about her recovery from a nervous breakdown, knowing her to be in competent hands (cf. ibid.: pp 346ff).
Alongside this kind of consolation resulting from disillusioned insight, though, comfort could also be drawn from "stock narratives, .. icons and rituals" based on a pre-critical, naïve belief in medicine’s healing powers, all criticism and ridicule notwithstanding – reflecting ambivalence, at the latest once disease struck, even on the side of the educated; parson Holland’s being of two minds, as mentioned by Porter himself, is a case in point. Among the non-reading (and non-publishing) majority, one may safely assume, naivety would keep the upper hand over criticism of medicine, strengthened by the fact that doctors (who after all must know what they were doing!) continued to practise it. Burch (2009:33) sees two intentions, here, reinforcing each other in a positive feedback loop, with medicine “founded on the desire of patients to be helped and of doctors to help.” He quotes Wendell Holmes (ibid.), that there is nothing people will not do … [and; RB ] have not done, to recover their health and save their lives. They have submitted to be half drowned in water, half cooked with gasses, … to be seared with hot irons like slaves, … to have needles thrust into their flesh, and bonfires kindled on their skin, to swallow all sorts of abomination, and to pay for all of this, as if to be singed and scaled were a costly privilege.

At the beginning of Dr Lydgate’s time in Middlemarch, with his professional knowledge and experience as yet untested,

[p]atients who had chronic diseases or whose lives had long been worn threadbare, … had been at once inclined to try him … Some considered that he might do more than others ‘where there was liver;’ – at least there would be no harm in getting a few bottles of ‘stuff’ from him, since if these proved useless it would still be possible to return to the Purifying Pills, which kept you alive, if they did not remove the yellowness. (Eliot 1986:435)

Middlemarchers’ trust in the power of medicine was not even confined to those in whom acute illness was the fertile breeding ground for a feeling of neediness. No different from Mrs Mawmsey in this respect, “Lady Chettam .. attributed her own remarkable health to home-made bitters united with constant medical attendance.” (ibid.:88) It is thus not only,
as Burch (2009:37) says, “difficult, in affliction, to resist the comforting idea of medical help;” good health itself may be ascribed to some measure taken, some drug swallowed, some professional advice heeded, rather than being taken as a matter of course. In trying to ward off disease, no less than in attempting to regain health once disease has struck, the feeling may prevail of dependence on means other than one’s own. At the time when Eliot published Middlemarch, allopathic medicine had begun to figure in the health seeking behaviour even of the poor: Ross (1993:170), in her study of *Motherhood in Outcast London*, records that, “[f]rom the 1870s, if not earlier, Londoners of all classes thought of medical doctors or hospitals as the ones to call on in cases of serious illness or injury.”

If medicine was thus in high demand, what of all the criticism which exposed it as useless, if not as outright harmful? To understand the many who, in spite of it all, took recourse to medicine, one may take a comparative look at Matabeleland today: at the ordinary peasant’s inability to control his own body’s proneness to disease or, for that matter, to control his natural environment, e.g., the annual rainfall pattern. 19th century Europeans could, just as contemporary AmaNdebele can, insulate their belief system (be that its health-related or any other aspect – healing or rain-making) against what appears as evidence of failure – blatantly so to outsiders, more or less clearly to critics from within (cf. Livingstone’s conversation with the rain doctor, pp540ff, below). Confronted with lack of success (disease and no cure in spite of medical measures taken; drought and no rain in spite of rain-making ceremonies performed), rather than doubting the belief system, the less unsettling, less disconcerting explanation to hand is that *within the system’s confines*, someone has not assessed the situation correctly, someone like the doctor/healer called upon has not done the right thing: the wrong procedures took place (too little bloodletting, too late?; cf. the case example from Loanda given on p299, below), the wrong doctor/healer/rainmaker was consulted. In this way, a stunning failure rate is compatible with the underlying beliefs remaining intact and unchallenged.

74 However, even if views of what would be the right thing to do might have been more or less similar across all strata of society, the *accessibility* of health services certainly differed. There was a “relative scarcity in poor districts,” of medical professionals, and the doctor was there “the health care professional of last resort, rather than the central health advisor.” (Ross 1993:171)
In medicine, other than in rain-making, there is the additional advantage – from the critic’s perspective: the danger – of a high percentage of (as we would say today) functional or self-limiting disorders, allowing for a high ‘success’ rate, no matter what form of therapy has been embarked upon. Way back in the history of medicine, one of Isaac Israeli’s aphorisms declares, “[m]ost illnesses are cured without the physician’s help through the aid of Nature.” Of would-be medical experts Israeli’s contemporary, the poet cum physician Judah ha-Levi (c.1075/86-1141) says that “[e]very ill man fears death and hopes that he may be cured; ... [f]or this reason any fool and inexperienced man finds it possible to be a physician.” The situation thus described applies, *mutatis mutandis*, to any would-be therapeutic concoction or procedure when administered in functional and self-limiting diseases. Indeed, “[t]uberculosis, syphilis, diphtheria, plague, meningitis, malaria, and post-partum sepsis were the diseases against which medical graduates and physicians everywhere had to struggle ... [though being] singularly ill-equipped” to do so (Shorter 2006:107). However, contrary to his claim (ibid.), such diseases were decidedly not “what primary care was all about,” if my Zimbabwean experience, or Israeli’s a thousand years back, is anything to go by. Then, as in Europe and Matabeleland today, vast numbers of primary care consultations were and are about everyday-harmless conditions, with full recovery the all but certain outcome, without or even against whatever medical intervention – but nonetheless boosting the healer’s reputation.

Going by the present-day attitudes of patients in Matabeleland, Porter (2001:21) ascribes too much consistency to the thinking of early modern Europeans on health, disease, and medicine. Beyond doubt, “[e]very soul walked in the shadow of death ... [by] plague ... smallpox ... diphtheria ... puerperal fever; dysenteric fevers ..., and tuberculosis.” True, also, “medicine’s powers to save lives had barely advanced since antiquity.” (ibid.) The latter statement, however, reflects a professionally disengaged stance and does not translate, as a matter of course, into day-to-day lay perceptions and attitudes towards life, health and diseases, their prevention and cure. Beyond the twin insights that “no one could afford to ignore the darts of disease,” and that medicine had “scant power to guard against such threats” (ibid.), there lay then, as lies today, the possibility of hope against all.

75 Quoted in Heynick (2002:93).
76 Quoted in Heynick (ibid.:99).
evidence. As the example of HIV infection shows, life could go on as if all were well in the face of high prevalence rates and related to this, high mortality rates before highly active antiretroviral therapy (HAART) was beginning to be introduced from 1996 onwards. The inability of traditional medicine to offer treatment options (as perceived from the perspective of scientific medicine and publicised *ad nauseam*) did not result in traditional healers becoming discredited in the public opinion – not even in that of many Zimbabweans or South Africans with a Western type tertiary education. With regard to early modern NAW medicine, and its high societal reputation in spite of far-reaching therapeutic impotence, Porter (2001:22f) in fact acknowledges as much when he states that it was not actually viewed ... solely in terms of technical proficiency, scientific breakthroughs and cure-rates. Rather, it offered itself, and was received by the public, ... in a broader perspective, as a repository of texts and tenets, advice and apothegms, ‘sick roles’ and ‘well roles’, a corpus of identities, teachings and practices ... – ... procedures perhaps best interpreted in anthropological, dramaturgical, liturgical, spiritual and aesthetic terms. Medicine thus ritualized made sense within a wider world view.

This has to be borne in mind throughout the following reflections on tropical medicine, and also when trying to understand what the ZM Jesuits did and did not do with regard to medical mission work, during their first 50 years in Matabeleland: they were laypeople when it came to medicine, thus drew on lay perceptions like the ones described above in their health-related decision making, *not* on the ruthless, therapeutic-nihilistic state-of-the-art knowledge of some medical professionals cum academics of their day, Osler and Wendell Holmes among them. It should not even be necessary to add that these and other

77 In his *Rasselas, Prince of Abyssinia*, Samuel Johnson (1889:ch.8) lets one of his characters, Imlac, nicely elucidate the underlying principle: “‘Why,’ said the Prince, ‘did thy father desire the increase of his wealth when it was already greater than he durst discover or enjoy? I am unwilling to doubt thy veracity, yet inconsistencies cannot both be true.’ ‘Inconsistencies,’ answered Imlac, ‘cannot both be right; but, imputed to man, they may both be true.’”

missionaries cannot be blamed for not seeing, then, what retrospectively is so plain to see: which medical measures they could and should have taken, for the benefit of their own and their charges’ health.

5.3 TROPICAL MEDICINE AND MEDICINE IN THE TROPICS

What holds true of the incapacitating shortcomings of therapeutic medicine in general, should apply a fortiori to tropical medicine, as a sub-discipline which only came into existence in the course of the 19th century. To start with, however, it may be worth emphasising that the disease spectrum which doctors encountered in Africa showed a remarkable degree of overlap with what they were used to from clinical work in Europe. In the experience of the first medical missionary to Uganda in the early 1890s, of the Church Missionary Society,

most of the diseases he was called upon to treat were those which he had seen in hospital practice in England; coughs and colds, bronchitis, pneumonia, whooping cough, haemoptysis, syphilis and kidney diseases. But there were also numerous cases of ‘general fever’, leprosy, tropical ulcers and eye disease. (Foster 1970:12)79

Diseases specific to tropical Africa, yellow fever and malaria in particular, had earned West Africa the epithet of the “white man’s grave” (Curtin 1990),80 a term no less suited to the malarious parts of East and Central Africa, going by the number of missionaries who died at or shortly after their arrival.81 According to Robert Moffat’s 1903 annual report as government principal medical officer for Uganda, though, “[t]he most commonly fatal disease among Africans appeared to be pneumonia and other respiratory infections were common.” (quoted in Foster 1970:39; my italics) At Mengo Mission Hospital, Kampala,

79 Cf. Livingstone’s list of prevalent diseases (1912:92) which starts with pneumonia.
81 This is not to ignore that “European mortality in East Africa tended to be lower than in West Africa, largely because of large malaria-free regions in the highlands.” (Curtin ibid.:79; cf. Hastings 1994:262) This statement applies also, generally speaking, to the higher elevations of the Zambesi Mission area. However, reaching out from there, the Jesuits’ first attempt to entrench themselves ended in near-disaster nonetheless.
around that time, malaria accounted for a quarter of all admissions with a 12% mortality, “pulmonary disease, excluding tuberculosis, accounted for 5 per cent of admissions, pneumonia being common and carrying a mortality of 30 per cent.” (ibid.:76)

Speaking of curative medicine for Africans in Rhodesia, Gelfand (1976:50) states that “[p]neumonia was still the chief cause of mortality in 1914” among mine labourers, “accounting for … 46% of the total deaths recorded” – and what could medicine on an individual level do about that, other than letting the disease run its course, as Thomas describes for Boston, even two decades later?

This is to say, the assessment of NAW medicine as made above is valid for Africa as well: European doctors had little to offer, not just because of their meagre means against specifically tropical diseases, but because of their general helplessness when dealing with serious infections, tropical and non-tropical alike. As Ranger has put it (1981:267), the “problem was not that Europeans could cure only some African diseases as well as their own diseases; it was that they could cure some African diseases but could not cure many of their own.” It would thus actually be correct to say that up to the introduction of the sulphonamides in the 1930s, medicine had on principle more to offer in tropical climates than in the North: quinine was part of the materia medica, there to be used for the effective prophylaxis and treatment of malaria, the most prevalent serious infection, although neither the plasmodia causing the disease nor their mode of transmission via mosquitoes had been identified by the time when the first Zambesi missionaries readied themselves for their northward trek.

Indeed, soon after the chemical isolation of quinine in 1820, as Curtin (1990:73f) recounts, commercial production began in Philadelphia in 1823. By the early 1830s, the prophylactic use of quinine had spread to the Mississippi Valley. By the mid-1830s, .. Maillot’s experiments with quinine as a cure for fevers in Algeria were crucial. … In 1847, Alexander Bryson, a physician of the Royal Navy, assembled the evidence for

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82 Thus, at Mengo, the absolute number of deaths from malaria was about twice that from pneumonia, due to the high prevalence rate of malaria, while the mortality rate was much higher in pneumonia, 30% vs 12%.
the prophylactic use of quinine and showed that regular prophylaxis with either cinchona bark or quinine reduced both morbidity and mortality from fevers.

In the course of the 19th century, mortality from malaria dropped dramatically in the French and British military; there, drug compliance in the face of resistance to its regular intake could be enforced to some degree, in spite of prophylactic quinine being “resented by the men. Some ... even came to believe that daily quinine was the cause of their fevers.” (ibid.:75) Uptake was slower among other risk groups, missionaries among them, as the history of the Zambesi Mission shows: of three groups of in-coming missionaries originating from England, Belgium, the Netherlands, Italy, and Germany, 4 of 11, 3 of 7, and 3 of 7 missionaries died between 1880 and 1885. Going by contemporary reports about the clinical picture before and at death, as well as current knowledge about malaria prevalence at the sites in question, it appears highly likely that most of them succumbed to malaria, as Ryan and others have conjectured, while three died in accidents.

But not only in the Zambesi Mission, uncertainty about the African Fever itself as about specific treatment options continued to prevail: in the context of the construction of the


84 Of German-administered Tanganyika, Clyde reports (1962:7) that in 1891 one medical officer, Steuber, “by a process of trial and error determined the quantity of quinine ... nearly always effective in preventing malaria. Despite his attempts to disguise the taste ..., he was well aware that the treatment remained unpopular and therefore had to be administered under discipline. ... [O]n parade, giving each soldier a dose of quinine mixture, he was followed ... by one of his assistants ... under whose sharp eye the dose was consumed and each soldier shouted: ‘The medicine has been swallowed’. The method prevented so much ill health, and was sufficiently simple to be carried on by orderlies in the absence of a medical officer, that it was adopted by the Schutztruppe in all the African territories.” Cf., though, Clyde’s remarks (ibid.:9) on the ill-fated campaign against the WaHehe later in 1891 during which, against Steuber's advice, this preventive regimen was ignored by the doctor in charge, indicating how difficult it was for such an idea to take hold in the absence of an explanation, even with empirical evidence available. Cf. also Varian (1973:41), who took quinine as a prophylactic (one does not know if sufficiently dosed), then, having an attack of malaria in spite of it, stopped prophylaxis, even believing that quinine was now less effective as a cure; in a word, there was no end to reasons for doubts based on sheer non-comprehension.

85 Ryan (1990:188f); cf. Pasteau (1929:56f); Otto 1939:246. One of the few non-conjectural, laboratory-confirmed figures from around that time, though from Tanga in Tanganyika, ascribes 70% per cent of total morbidity among resident Europeans to malaria (cf. Clyde 1962:19).
Usambara railway, Clyde (1962:18) mentions the “high incidence of malaria among the supervisory staff working at the railhead beyond reach of the doctor in Tanga.” Outside the military setting, prophylaxis seemingly could not be enforced, so long as there was no proper understanding as to why this should be useful. News of the plasmodial origin of malaria and of its transmission by mosquitoes had either not reached or not convinced the medical orderly on site who, in 1899, was still under the spell, Clyde says (ibid.), of “the strong smell of swamps near which all the camps were sited” – such that, to the dismay of his superior, he “recommended that the best malaria prophylactic was a large intake of spirits possibly with a little quinine thrown in” (ibid.). As for the transmission by mosquitoes, this was cutting edge scientific news at the time, an idea to which people still had to be exposed, and to which they had to get used; for years to come, Clyde affirms (ibid.:24), many, “including some members of the medical profession, remained sceptical.”

Looking beyond malaria, at the breadth of diseases prevalent in the tropics, this is how Manson-Bahr and Apted (1984:1) describe the state of the art by the end of the 19th century:

Patrick Manson first published his *Tropical Diseases* in 1898 … In that year the doctor did not know the causes of African sleeping sickness …, yellow fever …, beriberi and pellagra … and even the transmission of hookworms was obscure. Pasteur had postulated viruses, but bacteriology and virology were still in their infancy. In 1898 our forefathers had quinine, morphine, mercury, tartar emetic and a few other drugs, but the great age of chemotherapy as we understand it had not yet gone beyond the germination of ideas in the mind of Paul Ehrlich. For tuberculosis and most other bacterial diseases …, no effective drugs were known.87

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86 Manson-Bahr points out (1956:7) that even after Ross’ discovery, “it was conjectured [that one; RB] became infected by drinking water contaminated by mosquitoes, or, possibly more frequently, by inhaling the dust of the mud of dried-up mosquito-haunted pools.” It took time for the old explanatory models to lose all credibility; cf. Varian (1973:49), and Livingstone’s musings (1912:139 & 346).

87 Arnold (1988:10) quotes the Bruce-Chwatts according to whom it would be preferable “to date the most significant advances in tropical medicine to the 1940s rather than the 1850s.”
On the same topic, Porter (1999:467) remarks that traditionally, the fevers endemic to warm climates were rationalized by humoral theory. Sailors and settlers were advised to avoid ‘hot’ food and strong liquor and to drink ‘cooling’ fluids. … Supplanting this traditional ‘medicine of warm climates’, a distinctive tropical medicine arose [only; RB] in the last third of the nineteenth century. 88

By 1880, Laveran had identified the causative organism of malaria, and by 1897/8, there was proof of its transmission by certain anopheles mosquitoes (Ross, and Grassi). 89 In 1899, Manson opened his London School of Tropical Medicine, thereby establishing a new, independent sub-discipline. In the course of these developments, medicine’s tasks in the tropics were to change. Though the protection of European soldiers, administrators and settlers remained the top priority, it came to be understood that the health of whites could not be wholly separated from that of natives. (Porter 1999:478)

Quite apart from the question which would be the most appropriate target populations for medical endeavours, it took time for scientific findings to become part of routine medical practice. Although Ross had been awarded the 1902 Nobel Prize in Physiology or Medicine for having elucidated the life cycle of the malaria parasite, when “the United States took over the Panama Canal project in 1904, chief engineer John Walker of the Isthmian Canal Commission [still; RB] called the mosquito theory ‘balderdash’.” (Kennedy 2001) But times were changing: building on earlier work by Juan Carlos Finlay, Reed and Gorgas in 1901 had managed to contain a yellow fever epidemic in Havana, at that time under US occupation, through mosquito eradication. As yellow fever threatened the Panama Canal project, Gorgas was tasked to replicate his Havana success on a vaster scale, laying the

89 Progress from there onwards, was anything but straightforward: once the germ paradigm had imposed itself upon medical-scientific theorising, via the diagnostic breakthroughs it had made possible, there came also the lure to keep following it onto wrong tracks, e.g., by conceptualising heat-stroke or beri-beri as diseases caused by germs (cf. Manson-Bahr 1956:9).
preventive-medical groundwork which let American engineers succeed where the French under de Lesseps had failed two decades earlier. For East Africa, simultaneously, Beck (1970:31) records steps to implement “the recommendations of modern science in regard to the influence of mosquitoes on malaria diseases.”

She also observes, however (ibid.:11), a “lack of concern with the administration of medical matters” up to the first decade of the 20th century, an attitude which had to be overcome before “an effective antimalarial campaign could be mapped out” (ibid.:27); not only administrative structures in London, but also “the colonial local administrators had to be willing to accept the new theories and approve their practical application.” (ibid.)

Not until 1927 was a Colonial Medical Service set up for the British colonies in Africa, and even then, “[n]atives were mainly catered for .. not by governments but by missions.” (Porter 1999:479) On the government side, from the beginning of the colonial enterprise and at least until the end of the Great War, Beck (1970:200) lists the tasks of medical administrators in East Africa as having been “first, to preserve the health of the European community; second, to keep the African and Asiatic labor force in good working condition; and, third, to prevent the spread of tropical epidemics.” Gelfand (1976:51; cf. 100 & passim) describes the initial role of medicine in Rhodesia along very similar lines.

European medicine had proven to be up to such tasks at a public health level in the North Atlantic World, with the miasmatic theory still its foundation, and even more so once Pasteur’s and Koch’s bacteriology had taken over. For the fight against diseases in Africa, there was thus either no need for extra scientific groundwork specifically geared towards the tropics (e.g., with regard to tuberculosis or cholera); or if there was (e.g., with regard to malaria or sleeping sickness), this did happen from the last quarter of the 19th century onwards. To which extent scientific medical insight translated, next, into corresponding public health policies (and also into changes of individual health behaviour), was not in the

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90 Beck quotes British Parliamentary Papers of 1903; on the missionary side, there is an article in a Belgian Jesuit journal (Renard 1900) on insects transmitting infectious diseases, including “very probably” malaria. (ibid.:32)

91 Beck (ibid.:199) speaks explicitly of “the acceptance of science and medicine in the bush” as a relevant issue.
first place a *medical* question. Beck (1970:22f) expresses her surprise that “in spite of casualties among officials and missionaries, and the warning given by the Royal Society ..., a large-scale reorganization of the medical administration in East Africa did not take place until after the end of World War I.” But, as she also remarks (ibid.:198), it is obvious to the historian “that East African medicine and public health were affected by the prevailing trends in political interpretation of the duties of the colonial power. He will [also; RB] realize that changing concepts of welfare in modern society ... influenced the medical services.

These comments are equally valid for the Rhodesian setting. But not only were public health measures slow in coming; even at the individual level, it took decades for the idea to take hold, of the effectiveness of prophylactic or therapeutic measures in the control of infectious diseases and the maintenance of one’s own health (cf. p242fn61, above, on the development of penicillin being retarded, more than by anything else, by the inconceivability of antibiosis as a therapeutic principle). As a result, health measures were not taken that indeed would have been possible, in as much as there was sufficient scientific knowledge to support their being put in place – not even by individuals who would out of sheer self-interest protect themselves, especially against malaria. During the second half of the 19th century, reports on the prophylactic and therapeutic properties of quinine appear in the travel literature alongside doubting voices: Mohr, a German merchant (1973:331 & 292f), records his own usage (“was attacked by fever, ... took some doses of quinine, and managed to keep up with my healthy companions”), as well as others’ refusal

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92 As for casualties among the missionaries in Uganda, the Mill Hill Mission tenth anniversary report by Bishop Hanlon, in 1905, states that the “Fathers ... were confronted by bubonic plague, smallpox, famine, and sleeping sickness” (quoted in Gale 1959:269f); of blackwater fever, “[b]etween 1895 and 1911 no less than eleven Fathers and two Sisters died ... according to Father Grimshaw.” (ibid.:271)

93 For those who remained stuck in a pre-microbiological mode of thinking, exposure to miasmata was inevitable when having to go where the heathen-to-be-baptised happened to live, so the associated health risks had to be taken, and when disease struck, departure to healthier climes, if still possible, remained the only rational option. Commenting on the Tati settlement on the way between King Khama’s and King Lobengula’s residences, Baines (1877:8) recalls that in “1870, I think, three or four persons died of fever, but I feel tolerably sure that dwellers in houses, built on heights, exposed to the free breeze, at a distance from any accumulation of filth, would be in very little danger.”
(“Bokkis … seriously ill with fever. … I tried to give him some quinine; but he told me he had more confidence in the remedies of the Bushmen, to whose treatment he submitted himself”). Gelfand describes in great detail how the first attempt of the Jesuits to put up permanent mission posts in the ZM territory foundered, among other reasons, because of the many deaths among them due to malaria (cf. p252, above) at a time when “the proper use of quinine was [already; RB] recognised. This is all the more surprising when one remembers the part the Jesuits themselves played in the discovery of the Jesuits’ bark.” (1976:13f)

On the supra-individual level, the motivation of merchants and colonial authorities, for whatever was done, was clearly “that better control of disease would facilitate imperial commerce.” (Porter 1999:478) By contrast, the motivation of the Zambesi missionaries was to evangelise, and much had to change in their outlook on life – or rather, in their outlook on the relationship and relative importance of two lives, the one in this world and the one in the world beyond – for a fundamental shift in their assessment of medicine to occur.

Moving on to professional medical services which were provided to individual patients, and to the usefulness of the therapeutic measures taken, it is worth recalling how Thomas (1984:16) describes services in the NAW in his student days in Boston: hundreds of patients filing through the out-patient department to be seen by a doctor, with “a drawerful of prescriptions already printed out to save time, … [of which the] most popular one, used for patients with chronic, obscure complaints, was Elixir of I, Q, and S, iron, quinine, and strychnine, each ingredient present in tiny amounts, dissolved in the equivalent of

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94 Gelfand (1964a:58) points out that the *Medical Times and Gazette*, published in London (and “sold by all booksellers” as it says on the front page of the bound volumes), carried an article by Bryson, on the prophylactic effect of quinine, in 1854. As for treatment, Gelfand quotes (ibid.:65) Livingstone’s *On Fever in the Zambesi* (*The Lancet*, 24 August 1861) advocating the administration of quinine in doses high enough to make “the ears ring.” With Fr Weld of the English province of the Society of Jesus being in charge of the ZM, that information was there for the taking; in his 1878 article on the planned ZM, Weld repeatedly refers to Livingstone’s travels as a source of information, associates fever and swamps and knows (1878:160) that Bulawayo’s “great elevation ensures healthiness.” Roberts (2009:xiv) calls Weld “an avid reader of books of exploration and travel in Africa, notably Livingstone’s,” but the doctor’s remarks on the fever and its treatment do not seem to have caught his attention.
bourbon.” This could not possibly be sound treatment based on thoughtful diagnoses, an assessment which equally applies to African settings: how could it be that one doctor and one nurse “examined hundreds of patients in the mornings; operated in the afternoons and often had to walk several miles in the evenings to attend those too sick to come to the hospital” (Beck 1970:17), as the Cooks are said to have done at Mengo, around the turn of the 20th century? Indeed, a couple of years later, Moffat critically remarks of out-patient work (though at government clinics, not mission hospitals) that it

often degenerates into a mere matter of routine, resolving itself into a general enquiry as to the patient’s condition followed by a dose of medicine without any systematic attempt being made to discover what the patient is actually suffering from.”

And what would be prescribed, anyway?

Clyde mentions two versions of a standard content medical box (see following page), for medical officers to take along when travelling, around 1910, in what by then was German Tanganyika. Additions to this list depended on circumstance and need, and could be, e.g., Salvarsan against syphilis and yaws (from 1910 onwards) or lymph to vaccinate against small pox.

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95 Beck quotes from the Cooks’ biographer O’Brian, B. 1962. That Good Physician. – The Commission of Appraisal (1932:202f) cites the example of an American mission doctor managing (with help) to “prescribe for five hundred, or even a thousand, out-patients in one morning, too many of whom leave with a good Bible text and the wrong medicine. Correct diagnoses are not attempted; important early diseases – cancer, tuberculosis, and the like – are overlooked.”

96 Quoted in Foster (1970:38); going by the sheer number of patients attended to at Mengo, where in one year, 1908, two doctors supposedly saw “over 80,000 out-patients” (ibid.:66), the same doubts would apply there.
<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>Quinine</td>
<td>100 tablets</td>
</tr>
<tr>
<td>Antipyrin compound</td>
<td>50 tablets [a non-steroid anti-inflammatory and febrifuge]</td>
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<tr>
<td>Natron salicyl.</td>
<td>50 tablets [a non-steroid anti-inflammatory and febrifuge, precursor to Aspirin]</td>
</tr>
<tr>
<td>Opium tannin</td>
<td>50 tablets [an anti-diarrhoeal mixture of opium which reduces bowel motility, plus an adstringent (on the belief that what dries up the mouth, will dry up the gut)]</td>
</tr>
<tr>
<td>Rhubarb pills</td>
<td>50 pills [in gastro-intestinal disorders, from diarrhoea to constipation]</td>
</tr>
<tr>
<td>Iodoform</td>
<td>50 grammes</td>
</tr>
<tr>
<td>Boric ointments</td>
<td>2 tubes [a disinfectant for minor burns, scratches, acne]</td>
</tr>
<tr>
<td>Alum</td>
<td>100 grammes [adstringent, haemostyptic]</td>
</tr>
<tr>
<td>Mercury sublimate</td>
<td>10 tablets [to disinfect wounds and treat syphilis]</td>
</tr>
<tr>
<td>Gauze dressings</td>
<td>100 grammes</td>
</tr>
<tr>
<td>Bandages</td>
<td>10</td>
</tr>
<tr>
<td>Cotton wool</td>
<td>100 grammes</td>
</tr>
<tr>
<td>Thermometer</td>
<td>1</td>
</tr>
<tr>
<td>Bistouri</td>
<td>1 [scalpel]</td>
</tr>
<tr>
<td>Scissors</td>
<td>1</td>
</tr>
<tr>
<td>Forceps</td>
<td>1</td>
</tr>
<tr>
<td>Safety pins</td>
<td>10</td>
</tr>
</tbody>
</table>

Content of medical box in use in German-held Tanganyika around 1910
(from Clyde 1962:38)
Of the drugs to be taken along by travellers, Baines (1877:9f) says:

I have found the following most useful:—First, quinine dissolved in good spirit of any kind, a dram to be taken before breakfast, in any climate where fever is likely to be prevalent . . ., as a tonic. . . . Epsom salts, or other aperient medicine, . . . chalk and opium in case of dysentery, and powdered ginger, nutmeg or cinnamon for milder forms. Emetic powders . . ., and sulphate of zinc to mix with water . . . for an eye wash. Eau de luce, or strong ammonia, in case of snake bites.

Remarkably, none of these, except for the quinine, the opium which is also mentioned as an analgesic, and of course the good spirit, appear worth the trouble of carrying.

The evidence collected by Clyde (1962:2) supports this point; he quotes Richard Burton, commenting on an outbreak of cholera at Kilwa, south of Zanzibar, in 1859: “Of course we were the only doctors, and our small stock of ether and brandy was soon exhausted; the natives, however, treated the complaint sensibly enough with opium and locally distilled spirits.”

A German doctor, trying to help a group of soldiers marooned on an island off Dar es Salaam, in 1889, sets out for their rescue with “a bottle of cognac, some coffee, a smallbox of nails with which to repair the boat, and some quinine” (ibid.:3). Von Wissmann, the commanding officer in the early days of the German colonial occupation of Tanganyika, though himself non-medical, felt confident enough to claim, as one of his medical officers observed, that

he was just as capable of prescribing for fever and dysentery as we were since the only medicines that could be trusted were quinine, antipyrin and ipecacuanha [an emetic; RB] mixed up in various ways. Doctors, he considered, . . . actively helped the Devil in his work by prescribing that Beelzebub Morphine. (ibid.:7)

Absent from von Wissmann’s list of drugs is one already mentioned and frequently dispensed: as Clyde reports (ibid.:16), the doctor posted to Bagamoyo in the 1890s, in one

97 The opium, by reducing gut motility, would create the impression of improvement through the retention within the gut, rather than the excretion, of diarrhoeal fluid.
of his quarterly reports, openly remarks (in the context of malaria being particularly pernicious at this location) “that his staff were instructed to employ liberal doses of that essential medicine, Schnaps.” And malaria was not the only indication: one of the Bagamoyo doctor’s colleagues, in a case of snakebite, prescribes “[i]nternally, alcohol, ad lib,” prompting Clyde’s remark (ibid.:17) that “[a]lthough they possessed only a limited range of remedies, physicians of that time were popular amongst their [European; RB] patients because they dispensed alcoholic stimulants liberally.”

In this dismal state of affairs, as regards internal medicine as a therapeutic discipline to be employed for the benefit of individual sufferers from disease, the one thing of doubtless benefit was surgery. Sykes (1972), in his With Plumer in Matabeleland, makes space for a very brief chapter contributed by Surgeon-Captain W. Smith Lunan, on the services offered by a staff of eight medical officers during the Matabele Campaign of 1896/7, to quell the AmaNdebele uprising. In it, Smith Lunan (1972:246ff) speaks, unfortunately without further specification, of “medical supplies” and “hospital equipment.” Serving as a hospital was “a large canvas structure,” to which stretcher-bearers brought the injured with wounds “of the most varied and ugly nature.” Morphine was available as a strong analgesic; operations included amputations, the removal of bullets, the excision, e.g., of “a piece of the shoulder blade … [and a] fractured rib,” followed by the insertion of a drainage tube, and antiseptic dressings. Wounds granulated and healed per primam, or gangrene set in, in which case there was “of course no treatment, and only one termination.”

Thus, although Moffat felt that in the Ugandan situation, at the beginning of the 20th century, “[b]ecause of the absence of hospitals, surgery of any sort could be only of the most limited kind” (Foster 1970:40), Herbert Lankester, M.D., Physician to the Church Missionary Society and Secretary to its Medical Committee, considered surgery the most relevant part of a medical missionary’s professional expertise. Responding to a query

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98 Other than war wounds, “veldt sore[s]” are mentioned: “a troublesome, angry ulcer” ascribed to “the all-prevailing state of uncleanliness” and treated “with antiseptic dressings, and a liberal diet;” also, frequent dysentery “due mainly to indiscretion in the selection of drinking-water,” and malaria, the latter, fortunately, “to no appreciable extent” outside the rainy season.
earlier in 1903, in the Lancet, he defined the professional qualifications of medical missionaries as follows (1903:276):

The professional work of the medical missionary varies very much. Some will perhaps get more operating than any surgeon in London and must be qualified accordingly … Surgery – general and especially eye – is of far greater importance than medicine in the mission field.99

Writing one century later, Etherington (2005b:280) concurs: “Missionary medicine had some of its clearest victories in elementary dentistry and surgery.” The implicit judgement on the relevance of internal medicine for a world full of fever, malarious and otherwise, is obvious.

5.4 CONCLUDING REMARKS

The following two diagrams illustrate two ways of perceiving NAW medicine, in what may or may not be expected of it. The one on childhood mortality due to diphtheria (see next page) shows, between 1890 and 1900, the beginning of a dramatic decrease in deaths per annum, as related to one specific intervention: the use of Behring’s diphtheria antitoxin. A second and even steeper decline sets in after another equally specific intervention, active immunisation against diphtheria.

99 Beck (1970:18) lists priorities in the same sequence: “The mission doctor had to be able to perform as surgeon, as specialist, and as general practitioner.”
While the first intervention treats those affected, the second prevents the infection altogether. As McKeown says (1979:98), one may read this diagram as depicting an unmitigated success story of medicine, as evidence that treatment with antitoxin is effective, as is prophylaxis by immunisation — were it not for “the fact that, without prophylaxis or treatment, diseases such as whooping cough and measles also caused far fewer deaths” since around 1900. His cautionary remark notwithstanding, though,

McKeown considers a positive effect of medicine on diphtheria-related mortality probable, if maybe not as dramatic as the diagram seems to indicate.

By contrast, the second diagram, below, shows a continuous drop in tuberculosis-related mortality – unaffected, or so it appears, by the identification of the bacillus, the introduction of chemotherapy, or BCG vaccination. It looks as if the decline in mortality ‘just happened,’ was, in any case, not the result of the advances, first in diagnostic, then therapeutic, finally (relative) prophylactic capacity of the medical profession.

Respiratory tuberculosis: mean annual death rates, standardised to the 1901 population, in England and Wales\textsuperscript{101}

Going back to the first diagram, conspicuously, in diphtheria no less than in tuberculosis, the identification of the causative micro-organism as such had – obviously, one might say – no effect on mortality figures. This holds true of other infections as well: the identification of

\textsuperscript{101} From: McKeown (1979:92).
pathogenic agents came early, like in bacterial pneumonia (from the 1880s), or later (whooping cough: 1906; influenza: from the 1930s), or late (measles: 1954), but mortality rates fell throughout the course of the 20th century in all of them, and the decline in mortality was not conditional upon the development of therapy, either, though this contributed to a larger or lesser degree, as McKeown concedes (ibid.:93ff), e.g., through treatment in tuberculosis, and prevention by vaccination in polio or smallpox. (ibid.:99)

One may safely say, thus, that the diagram on diphtheria-related mortality is misleading if taken at face value: ill-suited to portray the typical relationship between modern medicine as a scientific discipline, supposedly wielding an arsenal of curative and preventive weapons in defence of sick or susceptible individuals, and the world of infectious diseases. Not during the entire 19th century, not even well into the 20th, did medicine have that power. It is therefore also misleading when Mohr, in his study of the Basel mission in Ghana, and of Württemberg pietists’ health seeking behaviour, speaks (2009:448) of a “Bacteriological Revolution in Europe” because of which “therapeutics began to shift from Christian healing … to biomedicine.” The shift itself, away from spiritual healing, is a historical fact as Mohr can show, and it would defy all logic not to conjecture that this must reflect some loss of trust in the healing power of prayer, and a concurrently increasing belief in biomedicine. It is quite another matter, however, to make unwarranted claims as to what this growth of trust in medicine was based upon. As we have seen above, trust, in the long history of medicine, sometimes has a foundation in empirical fact, but at least as often (critics will say, much more often), is based on little else but fiction. Mohr describes how the gradual waning of the belief in spiritual healing set in well before 1880, the time when the era of ground-breaking bacteriological discoveries had only just begun, and decades ahead of any therapeutic breakthroughs. Even by the early 1900s, only Behring’s diphtheria antitoxin and Ehrlich’s Salvarsan had become available as novel biomedical therapeutic weapons, in sharp contrast to a vast array of infectious diseases which were as intractable as ever (though, admittedly, change was under way regarding a better understanding of the prophylaxis and treatment of malaria, if progressing much slower than the level of scientific insight would have permitted). Generally speaking, thus, diagnostic progress ran alongside continued therapeutic impotence vis-à-vis most infectious diseases. It is this simultaneity which defines NAW medicine for the half-century between 1875 (Koch’s identification of
bacillus anthracis) and the 1930s (introduction of the sulphonamides into clinical practice), with therapeutic impotence the more practically relevant issue for the individual down with, e.g., pneumonia.\textsuperscript{102}

Medicine being as anaemic it was when it came to the treatment of sick individuals, most government/colonial administration efforts in East and Central Africa were geared towards public health interventions, the prevention of the spread of diseases and the containment of epidemics, much as had been the case in the NAW throughout the 19\textsuperscript{th} century (with the question of no vital import if the action taken was guided by miasmatic or bacterial-contagious theoretical underpinnings).\textsuperscript{103} Speaking of Rhodesia, but with applicability to all of British-ruled Africa, Gelfand concedes as much: “modern drugs were not available until the 1940’s,” he says (1976:18), therefore (and also because the professional manpower for a more individual person-centred approach simply would not have been there), efforts to combat tuberculosis, leprosy, smallpox, or plague, had to concentrate on public health interventions, from “quarantine … [to] surveillance … African villages were cordoned off … Contacts with suspicious signs … were placed under observation … [and] systematic vaccination was performed.” (bid.:19)\textsuperscript{104}

Referring to East Africa, Beck (1970:47f) makes the same point, stating that the

major problems before 1914 centered primarily on recurring diseases such as malaria, cholera, typhus, plague, cerebrospinal meningitis, diseases of the digestive system, and others. Related to them were sanitation, preventive medicine, and education on the elementary level as a prerequisite for health education.

\textsuperscript{102} What Mohr calls the “Bacteriological Revolution” was thus, for a good while, but a paradigm shift as regards the perceived aetiology of a number of diseases, anthrax being the first, not a revolution as regards therapeutic options. Indeed, as he says himself (ibid.:450; my italics), “biomedical means of healing became more effective \textit{in the first decade of the twentieth century}” – way too late to explain the Württemberg pietists’ earlier shift away from faith healing.

\textsuperscript{103} Cf., for Rhodesia, Gelfand (1976:17ff & passim); for Tanganyika, Clyde (1962:16ff, 23ff & passim).

\textsuperscript{104} “With its combined aspects of coercion and inefficiency, … there was little prospect that the perceived triumph and benevolence of Western medicine would fatally erode African concepts of disease, treatment and causation,” Ranger comments (1981:261).
The treatment of malaria and syphilis excepted, that is, in the absence of other efficacious anti-infectious drugs, the African situation was thus quite similar to that of Europe earlier in the 19th century, even if the disease spectrum differed in some respects. There was plenty of public health work to do, but pretty little room for the kind of successful, individual-centred curative services that missionaries would be interested in, to prompt conversions. The 1907 to 1910 German Colonial Secretary, Dernburg, was therefore right when he called “[t]he extraordinary [sic] high mortality in East Africa .. an indication of the absence of adequate preventive medical services.” He could not have been more misguided when he concluded that this was “a particularly fruitful field for the missions.”

With the passage of time, though, and with European rule entrenching itself more firmly on African soil, the focus of medicine gradually shifted towards paying closer attention to sick individuals as well, also among the indigenous population. In 1932 (the first sulphonamide was still not on the market), an international group of professionals agreed that in training African medical orderlies, “the emphasis should be on … nursing procedures based on the Florence Nightingale principles,” that is, on safeguarding cleanliness, light, air, quiet, and a proper diet. This, however, was to be the foundation for something further, as Gelfand (1976:141) reports: the plan was to “graft onto this the ability to recognise the commoner ailments and to give standard treatment.”

At this point he omits to make explicit, though, that nursing à la Nightingale cum “standard treatment” of infectious diseases, from today’s perspective, is tantamount to sound general nursing plus no specific treatment (see Thomas’ account of his Boston pre-sulphonamide experience, pp228f, above). Speaking of the medical services offered by well-meaning

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105 Quoted in Clyde (1962:38). By contrast, a contemporary article in the Lancet gives a clear idea of what medical missionaries were after: irrespective of any general beneficial effects of their work, they were interested in “the physical need of the individual patient, and the treatment of this need that opened the door to the individual heart with its need of that Gospel which the missionary brought.” (Medical Missions 1908:1640)


107 Excluding, as has been said, malaria, where treatment and even individual prophylaxis were possible (though unfortunately not always vigorously pursued), and syphilis.
but medically unqualified missionaries, Gelfand (ibid.:101; my italics) glosses over this lack of efficacious therapeutic options in the following manner:

From the very beginning, before 1890, … lay missionaries prevented and treated disease because of the pressure brought to bear on them by the sick, who, far from any medical or nursing help, presented themselves at the doors of the missionaries who did not have the heart to refuse them. The medical procedure followed … was *that of the western school of medicine, well established in Europe by the 18th and 19th centuries.*

*Anachronistically,* as has been criticised already, a mental image of the kind conveyed in the above diagram on the decline of diptheria-related mortality forms the unacknowledged but potent background to this statement: NAW medicine as ever-so-powerful. Once the figment is taken for a fact, this supposedly real medicine can be put in contrast with another, the local traditional one, which in Gelfand’s statement makes an appearance only *ex negativo*, as the empty space designated by the insertion, “far from any medical or nursing help” – i.e., local medicine is not even worth mentioning, is useless if not worse.108

The unquestioned assumption, the image which Gelfand conjures up, is of *NAW medicine*

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108 “As biomedicine became more of an empirical and rationalist science, it shut itself off from non-Western forms of knowledge, thereby derogating their value. Europeans reduced African healing systems to ‘magic’ and ‘herbs’,” says Mohr (2009:451). In this context, it deserves emphasis that in Ghana, from the beginning, the Basel missionaries of the early 19th century did not stick to the example of their Württemberg brethren and put their entire trust in the healing power of prayer. Already before their departure, they had learnt “to treat tropical diseases with cold baths, bloodletting and arsenic” (Mohr ibid.:444), but found these techniques and European medicine in general – Gelfand’s “western school of medicine” of the 18th and 19th century – to be of little help; they resorted therefore to frequenting local Akan healers. One missionary, Riis, who recovered under treatment by a traditional healer claimed that “Dr. Tietz, the European physician …, was useless … [and] that all patients treated by Dr. Tietz died, while those treated by the local healer survived.” (ibid.:445) Both Riis and Mohr himself make the mistake criticised above with regard to European medicine, namely, that of taking recovery as irrefutable proof of the effectiveness of the employed healing measures, in this case, those of Akan medicine. Cf. Clyde (1962:18), on an early positive valuation of traditional medical lore by German doctors in Tanganyika. *Before 1800,* Arnold points out (1988:11), a general conviction prevailed that local healers “were likely to be better acquainted with the diseases (and the remedies) of the place” of missionary activities.
having something to offer, even in those early days. Recounting the work of a doctor in a government dispensary for natives in Belingwe (now: Mberengwa) District, thus in the wider Matabeleland region, in 1913, Gelfand speaks (1976:107) of a “fair attendance of patients … until his drugs were finished when he had to keep them happy on harmless mixtures. As a result they either became worse or lost confidence in his clinic.” This, i.e., loss of confidence, may be a fitting description, if 70% of the patients presented with syphilis as stated (ibid.), and if Salvarsan was the drug that got finished.109 However, “far from any medical … help,” an attendance of 120 to 140 patients in total, in half a year, represents anything but a vote of confidence, especially if three quarters of these came because of a venereal infection, making this a VD clinic rather than a dispensary.110 Gelfand’s sweeping remark about supposedly efficacious drugs (in the plural!), then, is inappropriate. How much humbler an image of NAW medicine would be painted by stating that the one efficacious drug available (Salvarsan) got finished (if quinine were added, that makes two), with nothing else to offer against serious infections, thereafter?

If one contemplates, on the other hand and just for argument’s sake, the daily experience in an ordinary dispensary setting, of a high percentage of patients with functional or self-limiting complaints – scores of toddlers with common colds among them –, the “harmless mixtures” would have worked as well as any other drug, then as today. Gelfand himself (1976:111) gives the example of one Sister Elaine Lloyd at St Faith’s Mission in Rusape, who describes her Dispensary for Natives in Mashonaland, in the 1920s, with “babies,

109 In the early decades of the 20th century, indeed, “[a]ccording to the Native Commissioner, Belingwe, the main purpose of Mnene and Masase hospitals,” founded by Swedish Lutherans and first staffed by a qualified nurse in 1915, “was to combat venereal disease …. it being estimated that seventy-five percent of the [adult?; RB] indigenous African population of the District suffered from this disease.” (Zvobgo 1986b:117) Cf. Vaughan (1995:274 & 278) on corresponding Ugandan data of between 22 and 100% of patients seeking treatment because of venereal diseases, around the turn of the 20th century.

110 Cf. Ranger’s detailed account of mass pilgrimages to Masasi in Tanganyika, in the decades following the Great War, for treatment offered against yaws (1981:266): first with external potassium iodide, then with Neosalvarsan injections, last, with Penicillin; in the mid-1920s, “the medical work of the mission was focused almost entirely on yaws.” This, however, “did not break down a more general ‘mistrust of European methods’ (ibid.:265); “[i]t was accepted that the Europeans could treat yaws, but it was observed that they manifestly could not treat many other things.” (ibid.:267) On the less than desirable long-term after-effects of anti-yaws medication, facilitating the spread of syphilis at a later time, cf. Dawson (1987:85f), and Vaughan (1995:279f).
malaria, bronchitis and teething & one child very badly burnt indeed [as in-patients, and; RB] … always a number of out-patients, an average of 6 or more daily for fever, or minor injuries.”

Many of these patients would not have become worse on “harmless mixtures” but would have recovered, spontaneously, and again the argument in favour of NAW medicine’s power, setting it apart from its local competitor because of its efficacious drugs, collapses. It is thus much harder to tell than Gelfand makes it appear, why the local population at some point lost, or from the beginning never had, trust in the Belingwe doctor’s services. The Native Commissioner, in any case, “referred to the dispensary as a ‘farce’,” and the first doctor’s successor found that he had “great difficulty … in persuading patients to come to his dispensary as they looked upon the hospital with suspicion.” (Gelfand 1976:107f)

Of another rural Rhodesian dispensary, Kwenda, the doctor who worked there remarked in 1916 that it was in his experience “most disappointing and [he] considered that the effort [to continue; RB] was not justified” (ibid.:106).

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111 Letter to the Medical Director, 16 September 1926, kept at the National Archives of Zimbabwe: Folder Medical Missions 1926-29, S1173/302.

112 The problem was not unique to Matabeleland. “[M]edical work went slowly – ‘the people are not a bit keen on coming …’,” reported Nurse Dunn from [Tanganyikan; RB] Masasi in December 1909.” (Ranger 1981:263)

A quarter century later, the Masasi bishop felt that not much had changed “[d]espite all that had been done by white nurses and doctors;” regrettably, “there was still a tendency to view medical efforts with suspicion, and with the exception of treatment by injection [Neosalvarsan!; RB], to prefer the native charlatans who peddled medicines capable of affecting the most wonderful cures (so they said).” (quoted in Ranger, ibid.:271) Cf. also Southern Rhodesian Native Affairs Committee of Enquiry (1911:53), and the assessment of Fr Burbridge, a Jesuit in Rhodesia (1923:94), in the introduction to his article on traditional approaches towards health and disease: “The prejudice of our natives against hospitals and scientific methods of medical treatment resists all reason and argument with the stubbornness of a natural instinct.”

113 Cf. MacGaffey (1972:67f). Wariness as a result of correlation-creation made parents in Matabeleland also grow suspicious about baptism; as Sr Josephine relates from Empandeni (in Tiernan 2008:63), “[o]n account of the number who were baptised when dying of starvation, the belief has grown that Baptism kills.”

114 Gelfand draws on records kept in the then National Archives of Rhodesia, Salisbury: Records of the Government of Southern Rhodesia, Public Health Department, H/2/10/1,2,4-6: Correspondence: Native Dispensaries: General, 27 Nov. 1909 – 4 June 1919; there: BF Wright, Salisbury to Acting Med. Dir., 20 October 1916; cf. Zvobgo (1986b:113f).
Gelfand's conclusion (ibid.:109) is that

\[\text{the first effort to set up a health service for the rural African was largely a failure. … This early scheme might be regarded as premature as there was not as yet sufficient trained nursing personnel or medical officers available to staff the hospitals.}^{115}\]

Both the acknowledgement of failure and the statement on insufficient numbers of qualified personnel are undoubtedly appropriate when considered on their own – not, however, the straightforward explanation of the former on account of the latter. What would those qualified staff have done, in the treatment of individuals with serious infections, if more of them had been around?\(^{116}\) At best what Thomas says he did in Boston, before there were sulphonamides: diagnose well, predict outcome accordingly, and otherwise let the disease run its course. Thomas gives one notable exception to this rule (1984:41ff), the immunological treatment of individual patients presenting with pneumococcal pneumonia by using antisera tailor-made for them: from the mid-1930s, patients and doctors in Boston could pin their hopes onto this; not, however, their colleagues in Central Africa. The exceptions that do apply to a Matabeleland setting have already been mentioned and will be repeated once more, here, in the words of the said Sr Elaine. In the letter quoted above (cf. pp269f & fn111), she speaks of saving the lives of babies, omitting to specify how, and of disseminating “a good deal of elementary knowledge of the treatment of disease, especially of malaria and syphilis.” Beyond this, she is aware that providing proper food to her patients is more conducive to their recovery than giving them a “tonic” (an option with which, even if she rejects it, she still harks back to a 19\(^{th}\) century, Middlemarch kind of medicine), and that the outcome of the so-called treatment of tuberculosis “on a Verandah,” in three cases out of three, was death.\(^{117}\)

\(^{115}\) According to Gelfand (1973:120), in the whole of then Southern Rhodesia, as late as 1924, \textit{mission} hospitals operating “under trained nursing supervision existed at three or four stations,” only.

\(^{116}\) Also acknowledging the thinness on the ground of medically qualified personnel, Dawson (1987:85) emphasises next that even “in the early decades of this [the 20\(^{th}\)] century, physicians had to confront diseases of poorly understood etiology with few effective weapons in their therapeutic armamentarium.”

\(^{117}\) In line with Sr Elaine’s judgement, Ranger (1982:338) points out that “[s]ave for its spectacular success with yaws, Western medicine proved … not to be able to do much about local diseases, and before the 1950s
In all the efforts indeed undertaken, what is palpable more than anything else is the pressure the missionaries felt upon themselves, to do something: there is talk of “ordinary medicines,” of “treatment of all descriptions,” of “drugs and dressings for the lay treatment of sick Africans,” of the distribution of “pills or powders to sick natives” (ibid.:112f) – but neither are clear diagnoses given of what it is that needs to be treated, nor is there any specificity in the requests for medical material, if one excludes the bandages whose purpose seems self-evident. The missionaries, Gelfand says (1976:112), “could see no objection to their dispensing medicines to patients themselves. They also argued that many of them had received practical instruction in nursing and had attended a course on tropical medicine at Livingstone College.” The focus on dispensing as such, however, with the difficulties of making a sound diagnosis not even contemplated, is an indication of the missionaries’ lay view that doing something was better, on principle, than doing nothing (that is, nothing medical!). This in itself, it seems, suffices to justify the reticence of the first Medical Director of Southern Rhodesia, Dr Fleming, to fund such help.\footnote{118} When the Southern Rhodesia Missionary Conference of 1924 clamoured for government support, he noted that this was “in total disregard of whether the voluntary distributor is qualified by teaching, training or practice to diagnose diseases or administer the remedies.” Fleming himself thought that the locals had “for many of the simple illnesses … their own remedies it could do nothing to prevent measles. … In short, there was too little Western medical provision to make much difference; [and] what there was was largely ineffective.”

\footnote{118} One must acknowledge, though, that calls for proper professional standards also came from among the missionaries’ ranks, e.g., for the training of local nurses (Training of Native Nurses 1928), and even of Native Medical Practitioners (Burbridge 1928); cf. Gurney (1924:31) on the professional standards of medical missionaries themselves.

\footnote{119} Fleming as quoted in Gelfand (1976:113; my italics); cf. also, in the Proceedings of the Southern Rhodesia Missionary Conference, Medical Help for Natives (1922:5), and Medical Needs of Natives (1924:10 & 1926: 10f). In the same 1926 volume of the Proceedings, Fleming is later quoted as challenging the Conference’s preconception “that it was the Government’s bounden duty to supply on demand drugs, dressing and equipment to all and sundry who laboured in the cause of charity” (ibid.:39). But the missionaries stood their ground and made it known that “Dr. Fleming’s views were not agreed with” (ibid.40). As the 1926 Medical Needs of Natives states (ibid.:11), only “a fairly widely scattered system of dispensaries would obviate the necessity of missionaries having to constantly make abortive appeals in aid of the amateur medical work they undertake.” The statement is followed by the express remark, “Passed unanimously.”
which are as a rule, quite efficacious in producing the results required.”\textsuperscript{120} More importantly, like the 19\textsuperscript{th} century medical reformers mentioned above (p219), he saw the way forward, rather than in drugs dispensed by well-meaning lay people, without proper diagnosis, in “uplifting the African and encouraging him to live in better houses with better food and clothing.” (Gelfand 1976:115) On this, as a long-term goal, many missionaries would have agreed.

I should like to end this chapter with a remark on perceptions, self-perceptions, and misunderstandings, both of medicine and of the missionaries. To begin with medicine: it is in fact misleading to speak of the European medicine of the 19\textsuperscript{th} century. As Feierman (1979:277) has pointed out, “astrology, witchcraft, Galenic or Paracelsian medicine, providence and sin were all legitimate points of reference in the interpretation of disease,” in 17\textsuperscript{th} century England. Over the following centuries and right through the 19\textsuperscript{th}, this wide range of acceptable explanatory models and related treatment modes was gradually narrowed down in a process which was conceptual as well as administrative. On the administrative side, in the United Kingdom, the Medical Act of 1858 made it possible in the end to distinguish between professionals with legitimate authority to treat the ill, and quacks.\textsuperscript{121} On the conceptual side, scientific reasoning gradually usurped the monopoly position which it holds today, of being the only rational way of understanding the entire natural world, health and disease included. University-taught medicine, though surrounded then as today by all sorts of alternative methods of healing, from folk medicine to healing by prayer to homeopathy, emerged as the winner in what was more than anything else a battle for intellectual supremacy. Comparing allo- to homeopathy, Pickstone (1982:185) highlights that

\textsuperscript{120} Fleming, quoted in Gelfand (1976:115); cf. the 1928 concurring statement of a Provincial Commissioner in Tanganyika: “Native physicians are not all fools or rogues, they have excellent remedies and forms of treatment.” (quoted in Ranger 1981:273) The repeated requests of the Southern Rhodesia Missionary Conference for the training of local nurses were nonetheless received favourably (cf. the exchange of letters between Rev. N Jones representing the Conference, and the Medical Directorate, in 1930/31 (National Archives of Zimbabwe: Medical Missions 1931, S1173/303).

[t]he orthodox profession, whose remedies were no better than the homeopaths’, relied on medical science. The more that attention was directed from clinical results to anatomy and physiology, the stronger were the grounds for orthodoxy, and the more specious the claims of homeopathy appeared.\textsuperscript{122}

Within university-taught medicine, the same battle raged; as a result, traditions dating back to antiquity and the Middle Ages came to an end in the course of the 19\textsuperscript{th} century, and the NAW medicine of today was born, e.g., in the laboratories of Pasteur and Koch where micro-organisms replaced miasmata as the necessary cause of ever so many diseases. Concurrently, a by then already centuries-old tradition of painstaking accumulation of empirical knowledge in physiology and in particular in anatomy remained fertile, eventually spilling over into therapeutics \textit{qua} surgery once anaesthesia had been invented.\textsuperscript{123} Parallel to a revolutionary change of concepts with an outpouring of diagnostic-empirical results in the last quarter of the century (the microorganismic causes of diseases from anthrax to malaria), and an evolution by leaps and bounds which made all body cavities accessible to surgical intervention, there was still near-stagnation, though, as regards the development of new drugs, i.e., the pharmacological means of internal medicine. And all this took place alongside a mind-boggling development of industry, technology and the natural sciences other than medicine, such that only five years into the 20\textsuperscript{th} century, Einstein could present his special theory of relativity.

Missionaries across denominations took in enough of this to come away with a sense of the \textit{indubitable superiority} of their own civilisation in its entirety, over the traditions of the heathen lands whereto they went to preach the Gospel.\textsuperscript{124} As for medicine in particular,

\begin{itemize}
\item \textsuperscript{122} Using an ecclesiastical metaphor, Pickstone aptly states that this dynamic “produced not a set of medical denominations but a medical church which was increasingly successful in squeezing out rival sects.” (ibid.:185f)
\item \textsuperscript{124} To China and India, but not to sub-Saharan tribal societies, did they accord the honorific title of another \textit{civilisation}; only much later, midway through the 20\textsuperscript{th} century, Jaspers invented his terminology of pre- and post-axial societies, offering a way to replace the derogatory distinction between civilisation and non-civilisation/barbarity with a description in non-judgemental language (cf. above, p63fn15).
\end{itemize}
even if its explanatory models and therapeutic preferences changed in the course of the 19th century, e.g., from miasmata to bacteria, from blood-letting as a panacea to its shunning, the profession continued to find, irrespective of these permutations, supporters as well as detractors (whose numbers, however, were on the decline), at home and abroad. What united all parties, differ as they might with regard to medicine, was their sense, ever-growing in strength as the century wore on, of the superiority of the NAW civilisation as a whole, with Christianity historically (and in the missionaries’ eyes, still) at its centre.

Against this general background, differences of opinion about medicine, within mission societies, led to correspondingly diverse strategies: should medicine be considered a means in the missionary enterprise – not at all, or to some lesser or larger extent?; was it the treatment mode of choice only once missionaries had been sent back home due to ill-health, or was it a service to be made available at their mission stations?; and if the latter, only to them, or to the locals as well?

Few missionaries held a critical-enough, unblinkerened distance to the medical ways of curing that were practiced in Europe, as early in the century the Basel mission pietists did. They noticed soon after their arrival in Ghana that those ways were certainly not superior to indigenous medicine, therefore could not see a fruitful role for the European doctor, in mission lands (cf. fn108, above). Some of the colonial officers in German Tanganyika were similarly critical (cf. p260, above). It must be emphasised, though, that such rejections of medicine were not informed by the same scientific spirit as that behind therapeutic nihilism in NAW academic medical circles: just as the supporters of medicine harboured naïve ideas about what it could achieve, so the detractors had reasons of their own, other than those provided by a budding medical science, for their rejectionist stance. An outstanding exception to this rule, in mission lands, seems to have been Henry Callaway, St Bartholomew’s-trained medical doctor, Quaker-turned-Anglican and first Anglican Bishop of the Diocese of St John’s, in the Eastern Cape, from 1873 to 1886, of whom Etherington (1987:83) says that
[w]hile he acknowledged no rivals [to NAW medicine; RB] in surgery …, he was less confident in pharmacology. The medical kit of the average missionary contained few medicines; those most commonly used were emetics and purgatives of questionable efficacy. Nguni doctors employed a similar … armoury of drugs to convulse stomachs and dilate bowels. Callaway criticized them for using such drugs on fallacious principles, for example to make their patients ‘vomit evil.’

In so arguing, the two medical systems are put on a par, and by exposing one, Callaway exposes the other as of little value with regard to their potential to cure. Around the same time or earlier, even those who perceived NAW medicine as superior and wanted to use it as a tool in their proselytising, e.g., American Presbyterians and Congregationalists like Bridgman and Parker in China, wisely focussed on the treatment of eye conditions, surgery close to the body surface (incision of abscesses, removal of disfiguring tumours), and tooth-pulling, as the techniques most useful to export (cf. p281fn6, below): to prompt conversions, successes were needed that could catch the eye and imagination of both patients and by-standers. When they extrapolated, erroneously, from successful interventions like cataract surgery to the remainder of European medicine, from a small range of can-dos to the vast realm of helplessness as judged from today’s perspective, the resultant services were of doubtful value and fundamentally not different from what, e.g., the Jesuits had done over the preceding centuries in India and China.125

However, those missionaries who did opt for NAW medicine in the 19th century, be that early or late, believed in its effectiveness just as laypeople put trust in it today – and it was the medical theory of their day which defined what good medicine was, what could and should be done. Early in the century, moderation was recommended;126 building on high ground and away from swamps to avoid miasmata; blood-letting and purging; and combating exhaustion by a change of air. Towards its end, Moffat in Uganda challenged Robert Koch’s view of blackwater fever as quinine poisoning and, reasoning on an empirical-scientific basis, championed sound diagnostic and in this specific case also

therapeutic internal medicine. As a complicating factor, Landau (1996:264) points to the considerable time lag between inventions/discoveries, and their implementation by 19th century medical missionaries: “The techniques of their dispensaries lagged behind contemporary advances in European medicine by about twenty years.”

Unfazed by or not consciously aware of major shifts and changes in what was, after all, an unfamiliar discipline, and as advised by more seasoned peers, the departing missionary would take along with him the drugs believed to be useful abroad, for his personal consumption; once there, he might feel compelled to share them with the locals in his immediate orbit. However, to contemplate the use not just of drugs, in this haphazard way, but of the medical profession as a tool in the mission enterprise, was a different matter altogether. It was directly related to the question of NAW medicine’s effectiveness only when the answer was in the negative: if European medicine did not work in Africa, as the Basel mission pietists had reason to believe, the secondary question of its potential usefulness as a missionary tool did not even pose itself. Answering the question in the affirmative, on the other hand, i.e., taking this medicine’s effectiveness for granted, did not necessarily imply the setting up of a medical service as an indisputable and undisputed goal. As this would imply the withdrawal of scarce resources from other mission tasks, the case had to be argued – with rejection likelier than approval, even later in the century. After all, the overriding goal of most missionaries, certainly on the Catholic side, was to win souls for the lamb, and nothing but that. This remained true throughout the entire 19th century.

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127 Cf. Moffat (1898:926).
128 This delay applies to the 20th century as well: for her mission hospital in Lesotho, Hardegger (1987:148) reports on the first use of penicillin in 1954. In the case of quinine and malaria, statistically by far the most relevant health issue in the tropics, a 20-year time lag is definitely an underestimate.
129 “At present our members often fall into the hands of the ‘old resident’ before they come out, who say whatever you do don’t take quinine, and they arrive with a prejudice against it,” Jennings quotes a 1907 source from the UMCA archives. (Jennings 2002:84)
130 This is how Schimlek (1950:31) describes the approach of the two Brothers infirmarian at Mariannhill: “[T]hey worked hard, prayed much for their patients, and when they died in spite of all efforts they hoped that all of them would share eternal glory. For, after all, there was just misery here on earth …, and man’s aim and final goal was the Kingdom of God, and the sooner he got there, the better for him.” Cf. the letter by a Catholic priest in Germany to a CMM missionary in South Africa: “The donors rejoiced from their hearts when you wrote that the children, baptised with the names they had requested, died soon after baptism” (quoted in
such that, funds apart, any contemplation of medicine's potential usefulness was immediately accompanied by serious concerns which will be discussed in the next chapter: the danger was felt very strongly, of evangelising work getting pushed aside by a medical service forgetful of the ancillary role allocated to it. Thus, paradoxically, the very growth of the power of medicine – surgical, diagnostic, anti-malarial – rather than being hailed as an unqualified blessing, turned out to have its threatening aspects as well: because of the massive and ever-growing investments required, e.g., to build hospitals and equip them;\textsuperscript{131} because capable men were lost to the preaching of the Word as they got sucked into full-time medicine;\textsuperscript{132} and, maybe most importantly, because those to be converted were exposed to the risk of learning – or rather, of \textit{not un-learning in the first place} – to set greater store by the well-being of the flesh than by the salvation of their soul. (cf. p212fn114, above) In the light of all these caveats, which were the options for specifically \textit{missionary} approaches towards medicine? It is this question which will be considered next.

\begin{footnotesize}
\textsuperscript{131} Before long, a hospital might not any more “be set up in the doctor’s house … [as b]ack in the 1860s [when] Elmslie was employing anaesthesia in the remote Kashmir mission … The time was to come when his spiritual successors were calling on their supporting societies for X-ray apparatus.” (Walls 1982:292; cf. Hardiman 2006:16ff)

\textsuperscript{132} The demands of medicine on its practitioners showed a tendency to spin out of control from early on; cf. Lazich (2006:71). Hardiman records that Parker parted ways with his deploying missionary agency on the issue of a “neglect of evangelism,” though his (non-medical) fellow missionary Bridgman had been of the opinion that “for any medical missionary to be successful, he must be freed from the obligation of devoting too much of his time to the duties of preaching.” (Hardiman 2006:13) As Walls aptly says (1982:291), “all the motives for setting up medical missions were arguments for heavier and heavier commitment to them. To be committed to providing a doctor implied a commitment to more doctors.”
\end{footnotesize}
CHAPTER 6: CHRISTIAN MISSIONARIES AND MEDICINE

6.1 WHICH KIND OF MEDICINE, FOR WHICH PURPOSE?

From what has been said about the therapeutic means actually available to NAW medicine in the 19th century, a cost-effectiveness analysis geared towards improving the health of populations in Africa would basically have favoured public health measures like those employed in Europe since earlier in the century, would have stressed the importance of good nutrition, waste and sewage disposal, avoidance of over-crowding, provision of clean drinking water, plus some preventive measures against the spread of infectious diseases, like vaccination, pest control, and quarantine. With the benefit of hindsight, a technically possible addition of enormous relevance would have been the mass production of quinine, and its systematic use in appropriate dosages for the prophylaxis and treatment of malaria; complemented, from the turn of the century, by mosquito eradication programmes and the use of mosquito nets, based on the newly-acquired knowledge about malaria transmission. On the side of curative medicine, i.e., targeting individuals, surgical and obstetric procedures under anti- and aseptic precautions, aided by anaesthesia, would have given the best value for money.

Qualified manpower being in short supply and funds very limited in the light of what colonial administrations deemed sensible and were ready to spend on native populations, all available resources could easily have been absorbed within such a frame. Keeping this in mind, one may compare what medical missionaries and colonial medical administrations could have done, in Matabeleland as elsewhere in Africa, with what actually was done. Ranger (1981:267) quotes Stirling, by then UMCA medical missionary in southern Tanganyika, and at a later stage the Minister of Health of independent Tanzania, deploring

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1 Cf. Culwick's remark (1943:4) that "administrators .. had it hammered into them that stringent economy, which necessarily means a curtailment of effort, was one of the crowning virtues of the public servant, next only to wringing revenue from a poverty-stricken population." Therefore, not because of contemporary professional insight into the limitations of NAW medicine, Clyde adequately describes the 1890s situation in Tanganyika (1962:8) when he says that medical services did not go beyond "public health measures[,| principally vaccination;" that "[there was as yet little in the way of a curative medical service for the general public," is factually correct, though Clyde might have made explicit here that this was how it was planned.
in 1945 that “after half a century of medical work ... his area ‘was riddled with disease’.” In the UMCA periodical, *Central Africa*, Harries (1945) prefaced his *Christian Life in Central Africa* by quoting Culwick (1943:1) who describes the “product of a quarter of a century of British rule in East Africa ... [as] a native population still riddled with disease, badly housed, poorly fed, [and] living in the most abject poverty.”²

As if in belated response, representatives of the WHO and the Christian Medical Commission (CMC), a body set up in 1968 by the World Council of Churches,³ co-authored an article on the health situation in sub-Saharan Africa in the 1960s which identified a grossly lop-sided resource allocation as one factor contributing towards the dismal state of affairs: “Of the available resources, 95% were allocated to hospitals and clinics, little attention being given to disease prevention and health promotion.” (Akerele et al. 1976:177) In the same vein, speaking of colonial Tanganyika, Feierman (1979:282f) outlines what he believes should have been done:

> [R]ational science would have brought nutritional services ... first (but these were virtually non-existent), then services providing preventive medicine and public hygiene (these were small, isolated, and impoverished), and then curative services only as a minor afterthought.

Adopting this perspective to a considerable degree from 1980 onwards, the Ministry of Health in post-Independence Zimbabwe redirected funds away from services for the ex-white/colonial superstructure, and into rural/primary health care.⁴ In the light of a post-Alma Ata understanding of optimum health care delivery constrained by limited resources, this

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² The Proceedings of the Southern Rhodesia Missionary Conference (*Medical Needs of Natives* 1924:10) speak of “the appalling amount of unnecessary suffering among the native people;” some six years later, the same body denounces “the utterly inadequate medical service at the disposal of the natives of this country.” (*Medical Assistance to Natives* 1930:8)


⁴ Cf. Sanders (1990). Towards the end of the time period covered in this thesis, the bias within the medical services of Southern Rhodesia is exemplified by Tilander’s observation (1926:39) that there was “one bed for every 1,538 natives and one for every 122 Europeans.”
was sound health-policy planning;\textsuperscript{5} still it would be unfair to criticise early medical missionaries from this vantage point. It would mean to chastise them for not achieving goals which were not theirs, for not being what they never intended to be: optimum primary health care providers aiming for a make-over of the health-disease landscape by rolling back disease and creating, ideally, a world free from preventable disease. Rather, these missionaries strove to follow the example of Jesus who \textit{did heal}, but who nonetheless was not a health worker. Only after major shifts in self-understanding, within the medical as well as Christian communities across many denominations, can Akerele et al. (1976:180), \textit{in the last quarter of the twentieth century}, define “WHO and CMC … [as] working towards similar objectives.”

But in any case, as Vaughan points out (1994:288), in the early days missionary as well as colonial medics were simply too thin on the ground and their instruments too blunt to be viewed … as liberators from disease … The real factors influencing rates of morbidity and mortality in colonial Africa … were not medical interventions, but the major social, economic, and ecological upheavals of the period.

As for the reasons why missionaries in the 19\textsuperscript{th} century would be interested in medicine, it is obvious that they did not see themselves as part of a public health project: it simply was not their foremost ambition to raise the general level of health;\textsuperscript{6} nor to do so in the most

\textsuperscript{5} Cf. Sanders (1991:passim, esp. 85ff). This policy approach, sadly, was but a transient reality during a window period of Zimbabwe’s history, characterised by socially conscious as well as rational decision making regarding health-related goals, with the vast majority of citizens as its target population.

\textsuperscript{6} Time and again, their focus was on health problems whose cure would catch the eye, and impress patients and by-standers alike (e.g., the removal of opaque lenses, or of disfiguring tumours, preferably “exceedingly grotesque … [as in] the man whose facial tumour was eighteen and a half inches in circumference” (Lazich 2006:73; cf. Livingstone 1912:93f; Landau 1996:268; Vaughan 1991:59). As the Commission of Appraisal (1932:204) puts it, “[i]n general medical missionaries seem to be too interested in major surgery.” Dirar (2006:263) emphasises that the Capuchins concentrated on visible and curable conditions: “malaria, eyes [sic] diseases, and skin infections … were relatively easy to cure both in terms of medical skills and pharmacological and medical equipment.”
cost-effective way. The missionaries came to Africa, and were ready to die here, with the intention of saving souls. In this context, NAW medicine could be a means to better protect their own health, and to attract to the Faith those who, without their knowing, were in need of conversion so as to avoid eternal damnation. For both purposes, medicine could be and even in previous centuries had been employed: either in an ad hoc manner, leaving it to individual, untrained missionaries what they wanted to do and felt capable of doing, in terms of doctoring themselves and others; or more systematically, as is evidenced by missionaries attending some sort of course in (tropical) medicine, or by the recruitment of

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7 Jennings is nonetheless right in asserting (2008:46ff), against colonial administration propaganda, that missionary medicine was not exclusively curative but included some preventive work as well (cf. Sœur Marie-Louise-Anne 1929:193 & 204f, on vaccinations by the White Sisters). Admittedly, though, the focus was on individual-curative services. Contrary to what Jennings claims (2008:43; my italics), this does not indicate that "the evolution of these services proceeded largely unplanned, and responded to need." To a need the services did respond, initially that of the missionaries themselves, and Jennings says as much. Thus, services were planned from the start as individual-curative. Their gradual extension to locals just meant doing more of the same, and dove-tailed nicely with efforts at conversion. – I agree with Jennings (ibid.:45) that "[i]f the missions had neglected this aspect of health care, it simply would not have been done." Beck (1970:203f), speaking of the East African situation, concurs: "Before 1914, missions were the exclusive bases for medical treatment in the reserves." It is patently wrong, though, when Jennings (2008:44) proceeds to claim that this “hospital-based service was the most economical use of limited funds and limited personnel.” A radical conceptual re-assessment of the situation, after the inclusion of Africans as service recipients, to decide on how best to allocate the limited funds available, just did not take place – not, in any case, in missionary circles. It was Southern Rhodesia’s Medical Director, Fleming, who aimed in this direction, much in line with Alma Ata reasoning some seven decades later (cf. above, pp280f); in his statement before the Southern Rhodesian Native Affairs Committee of Enquiry (1911), he sees a role for the “fully qualified medical missionary” (ibid.:54; my italics), because of his readiness to stay permanently in rural areas, his language proficiency, and his knowledge of native customs and habits.

8 Vaughan points out (1991:57) that the issue of physical health, once it was made a missionary concern, was not simply a worldly addition to the priority task of conversion; disease represented the sinfulness of the one afflicted with it, and was a matter of personal responsibility: the focus thus necessarily had to be on the individual sinner.

9 E.g., from 1893, at the Livingstone Medical College in London. In three- to nine-month-courses, non-professionals were given substantial theoretical and practical input, covering a broad range of topics from the handling of minor ailments, accidents and emergencies, to an understanding of hygiene and tropical diseases, including their laboratory diagnosis. Cf. Johnson (2010), and also The David Livingstone Medical College in London (1893). Beckmann (1947:89; my transl.) speaks of the “more than casual medical training”
medical professionals, the building of hospitals from where they would operate, and the allocation of funds for such purposes. But even when embarked upon in a more than casual way, the priorities remained the same throughout the 19th century and even beyond: it is therefore quite off the mark when Jennings (2002:66) sees medical ahead of spiritual concerns, positing that “the principal difficulty faced by missionary societies was not the evangelical work … It was a more fundamental problem: how to keep missionaries alive long enough in order to firmly establish a Church.” In Matabeleland, most certainly, the main problem from the missionaries’ perspective was that after years of effort and many lives lost, not a single convert had been won among the AmaNdebele; Jennings acknowledges as much (ibid.:74) when he concedes that it was “imperative to establish stations and … resident European missionaries where the potential convert-base lay. Health considerations could never be more than a secondary priority.”

The stance which different denominations and missionary congregations took regarding these issues, depended on an assessment of the situation in more than one respect: in how far ill-health and suffering were to be taken as a God-given fact; if medicine was capable of making a difference, and if this should apply to all strata of society in equal measure, at home as well as abroad; finally, which kind of medicine one was talking about in the first place. These questions, interlinked though they are, need to be addressed separately.

of the Franciscans at St Peter in Montereo already in the 18th century, of their perceiving the “necessity of medical knowledge for missionaries in Muslim countries,” and in the case of a Franciscan readying himself to go to Abyssinia, even of the “order of the Cardinal Prefect of the Propaganda [Fide], Sacripanti, to apply himself, alongside language studies, above all to a training in surgery and medicine.” (This, Beckmann comments, stood him in good stead: he won the confidence of a diseased local prince and became his personal physician.)

10 Another earlier and systematic approach was the foundation of religious orders specifically devoted, inter alia, to the care of the sick and the infirm (cf. below, pp296ff).

11 As the first ZM Superior, Fr Depelchin, says in a letter of 25 February 1880 to his superior, Fr Weld, the assistant to the Jesuit General, Beckx (quoted in Gelfand 1968:219): “[H]ow will you preach to the people, if you do not go to them?”

12 Practical constraints also played a role: Morgenster Hospital, south of present-day Masvingo, had a medical doctor on site from 1894 to 1914, then had to make do until his replacement ten years later, with two ministers who had only attended Livingstone Medical College for six months. (cf. Zvobgo 1986b:110)
According to Hastings (1994:260), whatever the answers were, throughout the 19th century medical mission

was not seen as a distinct field ... [T]he typical medical missionary was almost invariably ordained as well. The normative missionary was an all-rounder endeavouring to cope with bodies and souls, laying bricks, translating texts, and administering the sacraments. That was true alike of Protestant and Catholic.\(^{13}\)

To get a feeling of the urgency, or the lack thereof, with which missionaries contemplated medical means to counter the suffering from illness and death among their flock and among themselves, one must remember that this was not a peculiarly African problem; as Ross says (1993:182), in “turn-of-the-century London at least 15 percent of all babies died in their first year, of problems of prematurity, measles and whooping cough, or diarrheal diseases. London’s tally was by no means extremely bad for England at that time.” Figures in Germany, where most CMM missionaries\(^{14}\) came from, were even higher.\(^{15}\) Death (in this case, of children) was such a common occurrence, Ross reports (ibid.:189), that “Somers Town children, according to a school headmaster early in the twentieth century, played ‘Funerals’ as often as they played ‘Father and Mother.’”

On the other hand, although disease and premature death were an accepted part of life, hope had always been invested in the medicine of the day, to provide means of escape. To use the services of qualified doctors to this end had been the privilege of a minority in NAW societies throughout history, though, and it still was, if to a lesser degree: difficulties in accessing such services, in particular their (non-)affordability were obstacles not easily overcome. Even so, Ross (ibid.:204) observes a trend towards the democratisation of

\(^{13}\) Etherington (2005b:279) conveys an idea of the kind of medical services offered earlier in the 19th century: in the Cook Islands, “missionaries relied on books and the experience gained through trial and error to treat themselves and other people. During an epidemic of 1827 the missionary Charles Pitman simply opened his medicine box and indiscriminately fed laxatives and emetics to the whole island population until the supply ran out;” cf. Hardiman (2006:15).

\(^{14}\) First partners of the Jesuits in the earliest efforts at the conversion of Rhodesia to Catholicism, in Mashonaland, later their successors in Matabeleland.

health care, such that with the passage of time, even for the poorer segments of society, "[m]edical advice was to replace that of grandmothers and neighbors."\textsuperscript{16} Towards the poor, previously, medicine had been "but a branch of charity and only gradually in the eighteenth and nineteenth centuries was [it; RB] severed from the offer of food, fuel, clothing, or shelter." (ibid.:199) A changed perception, of the role of medicine, of its target population, as well as generally speaking of the place of the poor in society, implied that "[b]y the twentieth century, .. the distinction between medical care and charitable help for the poor was generally taken for granted." (ibid.) What was also democratised in the process, and thus became a responsibility now placed on everybody’s shoulders, was the “assumption that individuals can exercise control over their own or their families’ health.” (ibid.:203)

Previously, such an idea, if entertained at all, had been considered the privilege of the high and mighty, as also with the beginning of modernity, of the emerging bourgeoisie.\textsuperscript{17} The societal developments referred to, here, are not even in the first place about a re-evaluation of \textit{medicine} as regards its power to heal, but about a re-definition of the range of people from different social classes who could feel entitled to make use of it, with the hope

\textsuperscript{16} She presents a case history (ibid.:171f) which illuminates the transition towards diseases falling under the responsibility of the medical profession: a father initially uses “castor oil, magnesia and syrup of rhubarb, mustard poultices, weak brandy and water, plus a variety of fortifying foods” when his child suffers from a respiratory infection. “Though both caretakers were loving and conscientious, they did not think of bringing a doctor in during the two weeks of the illness,” Ross comments. Only with death imminent, one is called at last, and Ross conjectures that “[f]ear of an inquest in the event of a child’s death rather than real confidence in doctors surely motivated some mothers finally to call in a physician.” One may just as well think of prohibitive consultation fees, but whatever the reason for the delay, the relevant point is that even the poor, in serious enough a situation, began to see the need as well as the possibility to consult a professional.

\textsuperscript{17} With regard to missionaries, the topic of an \textit{obligation} to protect oneself against malaria had found its way into UMCA reasoning by the early 1900s, as Jennings (2002:85) points out. Havet (1929:110f; my transl.), giving a death rate in missionaries of 30% during their first three years abroad, already sees the causative diseases as “contracted only due to ignorance and lack of foresight.” The change of perspective, by the 1930s even in Catholic circles, becomes apparent when Ohm (1935:74; my transl.) asks rhetorically, “can one change matters at all?” – only to answer, “Certainly! O’Gorman holds that among the diseases of the missionaries some 80-90% are preventable or treatable.” And speaking of local populations, he says (ibid.:70; my transl.) that “in mission lands, the misery resulting from disease is huge, shockingly huge, when this need not be so. Countless diseases could be avoided or cured, given appropriate prevention and care.”
to thereby make a change in their lives. In the end, as Ross has been quoted before, “Londoners of all classes thought of medical doctors or hospitals as the ones to call on in cases of serious illness or injury.” (cf. above, p247)

There was thus a growing belief that access to health care did not have to be, in fact should no longer be, a privilege of the well-to-do. Concurrently, however, there was also a growing conviction that medicine could actually deliver. As has been highlighted in the previous chapter, by the turn of the century there was quite some factual foundation for this sentiment: there were the marvels of anaesthesia, the previously unimaginable feats of surgery, and the dramatic advances in the diagnosis of infectious diseases. On the other hand, as has also been said, this did not justify putting one’s trust in NAW medicine in general, and specifically not in internal medicine and its drugs, any more than had been the case during the preceding centuries. Such trust remained, for a good while to come, with little foundation in empirical fact; this, therapeutic nihilists insisted, was the lesson to be learnt from their disappointing practical experience in the health care provision to seriously ill individuals.

In such fields of tension the missionaries had to position themselves: first, between the extremes of acceptance of suffering as sent from above on one end, and on the other, an emerging can-do mentality of health care planners who wanted people to take responsibility for their own health, and believed in the ability of NAW medicine to deliver on its promises; second, between the extremes of (naïve) belief in medicine on one end, and on the other, the critique most radically put forward in therapeutic nihilism, that it promised more than it could keep. Some, like the Basel missionaries whose background tradition was one of trust in the healing power of prayer, whose starting point was thus one of critical distance from medicine as a matter of principle, could very clear-sightedly declare sometime after arriving in Ghana that the NAW medicine of the early 19th century had little

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18 Cf. the development described above (pp56f), of wider circles in society embracing agnosticism or atheism, on the same basis of the idea of trust in one’s ability of self-determination gaining traction among masses of people, not just among isolated (small groups of) individuals, as a characteristic of modernity.
to offer;\textsuperscript{19} they resorted to Akan medicine, if on a basis of evidence just as flimsy as the one adduced by NAW doctors for their own ministrations, which the missionaries had rightly rejected. And when eventually they switched to end-of-19\textsuperscript{th} century NAW medicine, it was yet again on poor empirical grounds, if one uses as one’s yardstick the capacity to treat infectious diseases other than malaria.

Other missionaries took the decision to put their trust in NAW medicine much earlier: up to around the mid-19\textsuperscript{th} century in its pre-modern version, but from then onwards, increasingly, in modern, \textit{scientific} medicine – a development which was furthered, one may conjecture, by the successes of surgery under anaesthesia (extrapolating, however poorly justified, from surgery to medicine). But with the inception of the medical missions of the modern era dating back further than the first use of ether as an anaesthetic, it is obvious that the conviction of Europeans and North Americans, of \textit{the general superiority of their civilisation}, had been evidence enough for them:\textsuperscript{20} Western medicine just \textit{had} to be better than other systems of healing, as it was part of the all-conquering NAW.\textsuperscript{21} Marty sees no difference, with respect to an all-pervasive sense of superiority, between missionaries and secular

\textsuperscript{19} Walls (1982:287) quotes an example for a similar assessment from Waddell’s 1863 \textit{Twenty-nine years in the West Indies and Central Africa}: “We soon discovered the unfitness of Calomel for African fevers by the prostrating effect upon ourselves.”

\textsuperscript{20} Ether was first introduced in the mid-1840s in New England, from where hailed Dr Peter Parker who had founded a Medical Missionary Society in China already about a decade earlier. The Edinburgh Medical Missionary Society goes back as far as 1841. Both initiatives thus pre-date the successes of surgery made possible first by anaesthesia, then by anti-/asepsis; cf. Thomas (2003:483). – Speaking more generally, Reinhard (1976) points towards growing NAW-(ethno-)centric arrogance after an earlier period of openness, e.g., of Jesuit missionaries towards Indian and Chinese high culture. Contrary to what might appear plausible, this arrogance did not result from technical superiority, he says (ibid.:532; my transl.): “[T]he beginnings of radical Europeanism are by no means a consequence of the industrial revolution – that is impossible for chronological reasons.”

\textsuperscript{21} It is interesting to see how, on spiritual grounds, the Basel missionaries initially got around this piece of European hubris: \textit{because they came from a tradition of belief in faith healing}. Their first shift, to frequenting Akan healers, is evidence of the gradual disappearance of this conviction which originally they had held. Moving from Akan to European medicine marks the next step in their intellectual development, in that it indicates their growing optimism as regards man’s capacity to determine his fate (here: his state of health) by making use of science – at a time when, gauging by NAW medicine’s practice itself, this optimism was not as yet warranted.
colonialists; in his introduction to Findlay's biography of the 19th century American evangelist, Moody, he emphasises (1969:3) that “Anglo-American evangelicalism moved with imperial self-confidence into all the world. Both the missionary movement and the later commercial and military empires were connected with this force.”

Counterfactually – until towards the end of the 19th century for surgery, and well into the 20th for internal medicine – this self-confidence extended to a belief in one’s own medicine as well, as a system of healing not just different from, but beyond doubt superior to the indigenous ones found in the rest of the world as it was submitted to colonial rule. Thus, while all missionaries trusted that in bringing the Glad Tidings to the heathen world they did God’s will, some (their number increasing as time progressed) felt that they had more to give than His Gospel alone, namely, the blessings of modern civilisation as well, inclusive of its medicine.

Starting from this conviction, the medical missionaries of the modern era began their work abroad at a time when NAW medicine and surgery as we know them today, with all their therapeutic power, had not even begun to exist: the likes of Peter Parker (a Congregationalist), William Lockhart and Benjamin Hobson (both Protestants with the LMS), in China from the mid-1830s, and the Scottish Congregationalist, Livingstone (also with the LMS), in Central Africa from the 1840s, though his main activity was as an explorer. All of them had been trained in a pre-Pasteur/Koch/Semmelweis/Lister kind of medicine and surgery which harked back to Galen, took the influence of miasmata for a proven fact, and believed in the benefits of blood-letting (cf. Marsh’s reference to Buchan’s Domestic Medicine, p243, above).

This was the ‘scientific’ medicine initially taken to distant lands. Early into the 20th century, the editor of Medical Missions at Home and Abroad, the periodical of the UK’s Medical

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23 Though wrong with regard to medicine, this self-evaluation was not altogether without foundation, as Troeltsch (1966d:625f; my transl.) emphasises: “The great achievement of the 17th century, the mechanical explanation of nature, came to prevail again in the beginning of the 19th ..., encompassing the totality of nature in mathematics, astronomy, physics and mechanics, especially in the new sciences of chemistry and of physiology. ... [O]f the highest general importance .. [was] the transference of mechanical concepts into biology and the development of organisms, such that the world of life, heretofore not accessible to the modern concept of nature, now fell within its purview as well.”
Missionary Association, had not as yet forgotten that up to the 1846 discovery of ether, and the 1867 introduction of antisepsis into surgery, “medical missionary interest was still at a comparatively low ebb.” (God’s Hand in Medical Missions 1914:69)\(^24\) By contrast, Grundmann (1991, 1992, 1996) and Thomas (2003:484), when writing about medical mission, both fall prey to a wholesale retrograde projection into the 19\(^{th}\) century, of 20\(^{th}\) century NAW medicine as quasi all-powerful, when this factually was not the case. Both might be forgiven, as theologians, for their misjudgement, but the facts remain as outlined: before the mid-19\(^{th}\) century, there was no anaesthesia to speak of; before the late 1860s and Lister, no antisepsis, and only in the last third of the century those major operations were pioneered in which body cavities are opened and still, most patients survive; before Pasteur and Koch, no knowledge of the bacterial causation of infectious diseases, and before Ehrlich, Domagk, and Fleming, no chemotherapy or antibiotics.\(^25\) Only the combination of these revolutions in medicine, each of them indicating a true paradigm shift in the Kuhnian sense of the word, brought forth the power of NAW doctors to combat disease factually, predictably, and reproducibly, not just in an imagination which cannot discern between an intended outcome of treatment, and the spontaneous recovery from disease.

The fact that the first steps along this path would only be taken around the mid-19\(^{th}\) century is entirely ignored when Grundmann (1996:259) quotes, without any cautionary comment, from the 1838 Proceedings of the Medical Missionary Society in China which speak of the “benefits, which science … and the ever kindling light of discovery have conferred upon ourselves. … Heal the sick! Is our motto … which, with the blessing of God, we hope to

\(^{24}\) His assessment turns somewhat deficient both in accuracy and ruthlessness when he moves on to the non-surgical side of medicine, crediting Patrick Manson with Ross’ discovery of malaria transmission via the anopheles mosquito, and extrapolating from the “marvellously increased knowledge of the pathology .. [to the] treatment [??] of a great variety of diseases, as cholera, dysentery, plague, typhoid, beri-beri, and a host of others.” (ibid.; my italics)

\(^{25}\) Against this historical background of pharmaco-therapeutic incompetence, Feierman (1979:281f) claims that regarding the pre-1900 situation, a “reasoned and empirical response to the efficacy of therapy should have led to a wholesale rejection of physicians and of clinical medicine.”
accomplish by means of scientific practice.”

Even for the closing decades of the 19th century, the time when Grundmann sees medical mission take off on an extended scale, it remains a gross misrepresentation when he claims (1996:261; my transl.) that “the superiority and reliability of rationally practised medicine compared with magical healing practices, which was tangible at every medical mission station in the eye-catching results of surgery, hygiene, and pharmaceutics, acted like a magnet on the non-Christian locals.”

This “false characterization” of NAW medical practice in the mission context, Vaughan points out (1994:291), arises from a fundamental error of perspective and judgement:

26 Using the same quote some years earlier (1992:15fn4), Grundmann speaks, explicitly and erroneously in equal measure (ibid.:15; my transl.), of a “quite justified self-understanding of the medical missionaries which, at least from the middle of the 19th century, fully corresponded to their real capabilities.” Lazich replicates Grundmann’s misrepresentation in his claim (2006:61f; my italics) that NAW “medical knowledge and practice would change dramatically .. as medical science in the West began to advance significantly in the early-nineteenth century.” As evidence he adduces Jennerian vaccination and cataract surgery – indeed two instances of good medical practice, but hardly proof of the natural sciences replacing Galen’s humours and miasmata as the overall basis of medical theorising, hence of clinical practice. – When faced with appraisals of 19th century ‘scientific’ medical practice such as Grundmann’s or Lazich’s, it is worth remembering that Livingstone (1912:93) commended local healers for their dexterity in cupping and acknowledged their practice as “science,” thereby exemplifying what could still fall under this rubric by the mid-century. (It only turns into “quackery,” as he says (ibid.), when the healer “separates the fibrin from the blood in a basin of water by his side, and pretends that he has extracted something pernicious.”)

27 Good (1991:1) implicitly makes a similar mistake when he asserts that the “planting of Christian missions and a new kind of health care coincided with a period of revolutionary developments in Western scientific medicine and epidemiology.” Surgery and quinine apart, what was new about NAW health care targeting individuals, was not in the first place what was done, but that it was done on an ever widening scale; truly coincidentally, the said revolutionary scientific developments did take place – though contrary to what is insinuated, without major impact on medical practice beyond surgery. Thus, when Good speaks of 19th century female Catholic orders, “one of whose primary responsibilities was the ... delivery of mission health services” (ibid.:3), his wording is misleading: Rubaga Hospital in Uganda, for example (cf. Rubaga Hospital Centenary 1899 – 1999:S.a.), founded in 1899 by the White Sisters, relied on a visiting medical doctor who offered his surgical expertise only from 1926 onwards, and services remained at this level until well into the 1950s. With not too much to boast of on the side of NAW internal medicine, Catholic mission health services as provided by these nuns would therefore for a good while remain restricted, mostly, to Nightingale’s good nursing care – but this is not what Good wants to hint at with his reference to revolutionary scientific developments.
Whilst anthropologists and historians describe in nuanced detail the practices of African healers, for scientific medicine they frequently rely on an account, not of practice but of theory. Scientific medical practice becomes reduced to its theory of itself.28

With regard to disease concepts, Dawson has rightly urged the recognition of their *historicity* – a truism, one feels bound to say – but this obviously holds equally true of therapy in practice. In Dawson’s words (1987:84),

[...] too many historians have neglected this issue, simply accepting the contemporary medical evaluation and explanation of colonial [and, I should like to add, of missionary; RB] records. Yet the medical knowledge of the 1820s, 1880s, 1910s, or 1930s is not the medical knowledge of today.

Looking at missionary medicine – not surgery – in the way Dawson suggests, Jennings (2008:29) in fact rightly assert that up until the end of the 19th century, “missionary physicians … held little of the heroic status they would acquire by the twentieth century. …

28 Even Jennings’ 2002 paper, though published in *Social History of Medicine*, is an example of this deficit of historical as well as conceptual clarity. Assuming as one may that malaria was the main cause of UMCA missionary morbidity and mortality, the time period for which to find proof of a factual impact of related professional decision making and practice is, increasingly, from 1904 to 1910; Jennings himself clearly says so. Only between 1908 and 1910, quinine prophylaxis and the use of mosquito nets are made mandatory (cf. ibid.:80); up to this time, confusion prevails: there is support of mosquito nets even before Ross’ elucidation of the way of transmission, alongside the advice to drink coffee instead of tea to prevent malaria (cf. ibid.:76); “medical advice” (in 1904) to prevent fevers by abstaining from meat and wine while the sun is high (ibid.:81); and the outright rejection, by old hands, of quinine prophylaxis as late as 1907 (cf. ibid.:84). In 1928 in Manicaland, an in-coming doctor, suspecting a case of malaria, still asks, “But don’t people take quinine?”, only to hear the Sister reply: “Yes, but it is not of much use.” (Neue Missionsärzte des vergangenen Jahres 1928:57; my transl.) All this notwithstanding, Jennings (2002:83) ascribes the “shift in sickness and death” which set in around the turn of the century directly to the professionalisation of UMCA mission medical services (cf. ibid.:78ff) – as if the “establishment of the Medical Board in 1894” (ibid.:78) as such, pre-deployment medical exams and certificates of fitness, or a deployment age of at least 25 years, could in any way affect malaria morbidity and mortality. This, to my mind, is an instance where the distinction gets lost between a *demonstrable* usefulness of the profession, as in making quinine prophylaxis and mosquito nets mandatory, and its *self-evaluation* as being useful, in Vaughan’s wording, its “theory of itself.”
Moreover, before the late nineteenth century, western healing offered little in the way of a competitive advantage over African traditions.” Etherington (2005b:278) concurs, calling Livingstone’s professional expertise the result of “what, from a modern perspective, appears to have been very rudimentary training.” It is noteworthy that this judgement is passed, on far-from-superficial medical studies which took from 1836 to 1840 – of a different kind of medicine, though, which is the one Livingstone later applied; in Etherington’s description (ibid.),

he bled patients by applying leeches … and prescribed emetics and purgatives to rid the body of morbid substances. … [His] training in anatomy … made him a far better surgeon than the traditional African doctors …, [but] he had a limited knowledge of pharmacology. That is why he did not hesitate to take medicines recommended by Africans with local knowledge when he fell ill.

In this light and from today’s medical perspective, it appears not even so regrettable that, as Etherington (2005b:278) says, “in 1849 it was estimated that only forty medical missionaries were at work throughout the entire world.” For the same reason, a more cautious view of NAW medicine’s supposed magnetic attractiveness to the locals is warranted and is borne out by historic evidence. True, Beck is not alone in stating (1970:17) that “[e]ven where Africans remained hostile to missionaries during the early years of contact, it was the medical work of the very same missions which they accepted.” Gelfand also claims (1976:15) that “through the medium of medicine the missionary was

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31 Cf. Etherington (1987:78). From a number of perspectives, the African situation is comparable to the Chinese one, as related by Lazich (2006:66); he mentions the narrow clinical expertise of Parker, the medical missionary (“academic, nonclinical, nonlaboratory”), and the paucity of therapeutic offers then-NAW medicine could make: “prior to modern times, the medical practices of Westerners offered little that could improve significantly upon the traditional skills of Chinese practitioners.” (ibid.:61) Hence the particular importance of Parker’s short practical attachment to a New York eye hospital – according to Gulick (1974:19) for one week only – and his primary focus, in China, on the dislodging of opaque lenses from the axis of vision (an invasive procedure local medicine had not mastered, rendering cataracts untreatable). This was a valuable entry point for the missionary, but by no means tantamount to offering anything like a comprehensive medical service.
gradually able to make friendly contact with Africans who were, on the whole, very ready to
avail themselves of the white man’s knowledge in this field.” Likewise, with reference to
Kenya, Beck (1970:17) records the “‘latent hostility’ to missions in general;”\textsuperscript{32} this is set in
counter to the impression that medical missions were “the only ones that were welcomed.”
Sweeping statements like this last one seem ill-suited, though, to describe a situation
characterised by conflicting interests and convictions: e.g., if indeed the “mission doctor
was the first to compete with the witch doctor” (Beck 1970:56), this surely was not to the
latter’s liking (cf. also the early Rhodesian experience of the rejection of colonial medicine,
pp269ff, above).

It remains an open question, in any case, what Beck’s and Gelfand’s overwhelmingly
impressive “medical work” and “white man’s knowledge” are supposed to have been:\textsuperscript{33} in
Landau’s account (1996:264), some missionaries continued, as Livingstone had done, to
ask “African healers for herbal emetics or purgatives. In most quarters, up to about 1930,
efficacy did not stand missionary medicine apart,” with only surgery and dentistry a
different matter. When, after a transitional period of misunderstanding the Westerners, it
became clear to the locals that these were not magicians, nor healers in their sense of the
word,\textsuperscript{34} “a propensity for surgery [including dentistry; RB] began to separate Western
medicine from the therapy of the priest-healer. People went to Europeans to be cut.”
(Landau 1996:267)

From another perspective, locals’ differential usage of mission doctors and traditional
healers casts a light on the difference they perceived between the religion and the medical
skills of the missionaries: as they knew, Christian religion urged the rejection of dearly-held
beliefs and convictions, of an entire worldview heretofore seemingly without alternative,
culminating in the demand to “put off … the old man, which is corrupt according to the
deceitful lusts; And be renewed in the spirit of your mind. And … put on the new man” (Eph

\textsuperscript{32} Citing a district commissioner’s assessment from 1901. For Uganda, Gale (1959:153) even speaks of
outright “hatred of Christianity” on the part of the Bugandan king, adding that “[d]islike of European control
was equally rife among the great heathen mass of the population.”

\textsuperscript{33} For a more realistic account, cf. McCracken (1973:190f).

\textsuperscript{34} On this distinction, cf. Feierman (1979:277f); Landau (1996:262f); Hardiman (2006:36f).
Western medicine, by contrast, could (and still can) be conceptualised as just another set of techniques usable towards a self-defined end, health – one more competitor in the medical cum magical market place (on this, obviously, the Westerners disagreed). As Beck says (1970:56), the mission doctor’s “methods may have seemed as unfathomable to the uneducated African as the magic of his mugo [medicine man; RB]. Success in quickly relieving suffering caused by disease won him support of the Africans.” The last part of this statement, however, sounds just too good to be true as a general characterisation of then NAW medicine on African soil, considering the shortage of trained staff, but above all the poor understanding of ever so many of the medical conditions encountered – the very fact which provoked Thomas’ caustic remarks on internal medicine as a therapeutic discipline, for a place as highly developed as Boston in the 1930s (1984, 1992; cf. above, p229). Indeed, speaking of the 1890s, Beck reports (1970:18) that

the Africans expected ‘miracles’ from .. [the medical missionary; RB] along the lines performed by the witch doctors and … that he could bring them immediate relief for their sufferings. When the doctor did not perform the ‘miracles’ the Africans expected, they went back to their witch doctor.35

Much less on the irrational side than is implied above, this is how the wife of an Ethiopian Church leader, in the 1960s in Rhodesia, describes her decision-making process: “When I am sick,” she says, “I go everywhere; to the nganga when I’m bewitched …, to the prophet if I wish to find out who has poisoned me, and to the Mission Hospital for normal symptoms of illnesses.”36

35 Foster (1970:54) quotes Archdeacon Walker’s remark that the Baganda Christians were “not very anxious to have a hospital:” understandably enough, because if indeed a miracle was going to happen, why could it not be worked at first contact, which would be in an out-patient setting? Cf. the remark of Dr Kohler from the Catholic mission station of Centocow in Natal (Vom afrikanischen Missionsfelde 1927:86; my transl.) that “European medicine impresses him “[the Zulu]” less than one should think;” cf. also Tshotshoon (nom de plume; 1928:75; my transl.): “He wants to recover, but that is supposed to happen within a few hours. Such a miracle healer he does not find, thus his roaming around” from one doctor to the other.

36 Quoted in Daneel (1970:34); cf. Jackson (2005:10f), specifically with regard to, in NAW medical terminology, psychiatric illnesses.
The interaction between Europeans and local populations, as mediated by European efforts at healing, was thus a rather complicated and ambiguous matter;\footnote{The wording is chosen on purpose: as is obvious from today’s vantage point, the technical means to hand, to effect cures, just did not match the good intentions of the missionaries; for the locals on the other hand, according to Hastings (1994:277), the medical missionary, far from being a health worker with a background in the natural sciences, “was almost certainly more of a charismatic figure, even occasionally a miracle worker, than he imagined.”} much more so, anyway, than what Grundmann seems to believe when he depicts NAW medicine as acting “like a magnet on the non-Christian locals.”\footnote{Like Grundmann, Brown (1960:260) by far overestimates the impact of NAW medicine on local populations, when he claims that around Mariannhill in Natal, with “the appointment of a mission doctor, the training of nuns as nursing sisters, and later the training of Bantu nurses, the belief in magic was further eliminated.”}

In line with what has been said, Hastings (1994:275) puts Livingstone the doctor almost on a par with Moffat the gardener, as regards the amount of time spent “on medical work. What is striking is how little he [Livingstone; RB] actually refers to it in his writings.”\footnote{Cf. Livingstone (1912:135); Comaroff & Comaroff (1997:341f).} As for the content of his doctoring, Hastings (ibid.) lists “removing tumours and teeth, treating eyes, and advising on childlessness” – essentially what the European barber-surgeons of yore had done; incidentally, other than Hastings asserts, advice on infertility Livingstone himself claims he did not give.\footnote{On the contrary, he explicitly states (1912:94; my italics) that “knowledge of midwifery procured for me great fame in a department in which I could lay no claim to merit;” this, he says, he tried with little success to get across to those seeking his help.}
6.2 RELIGIOUS DENOMINATIONS’ UTILISATION OF NAW MEDICINE – BOTH PRE-MODERN AND MODERN

Hastings (ibid.) maintains that the Livingstone kind of “[d]octoring was nothing new for a missionary.” He elaborates that the Jesuits in Ethiopia in the seventeenth century, for instance, had done quite the same. … Catholics continued this tradition in the nineteenth century. We hear of the first SMA fathers at Ouidah distributing medicines, treating sores, even performing minor operations. They were not doctors.41

In this light, it sounds like a gross over-simplification when Grundmann claims (1992:15; my transl.) that up to the 20th century, there was “hardly any Catholic medical mission work to speak of … as a result of the relatively late clarification of questions arising from canon law as well as the rules of religious orders, as regards the study and practice of medicine by religious and clergy.” For the centuries preceding the 19th, there is actually evidence of more missionary activity, generally speaking, on the Catholic than on the Protestant side, including charitable and as a part of this also medical work: being more active as missionaries implied the opportunity to both experience and respond to health related problems in foreign lands, of the missionaries themselves as of the people among whom they proselytised. In Ohm’s account of the history of the relationship between Christianity and health care (1935:19ff; cf. above, pp193f), the Church plays a prominent role in providing medical services in the first millennium, with a caesura at the beginning of the second marked by decrees that prohibited religious and clerics from studying medicine, as well as from cutting and burning, without papal dispensation. For the centuries to follow, Ohm counts the Order of St John, the Teutonic Knights, and the Lazarists among those who, nonetheless, saw their task in providing medical care within a missionary frame. Kilger (1933:98 & 114) refers to the Brothers Hospitallers of St John of God and the

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41 Hastings refers here to the work of the Society of African Missions (Societas Missionum ad Afros) in 19th century Dahomey; in the 16th to 18th century, though, Ohm (1935:30f) also mentions “doctors” among the Catholic missionaries and so does Grundmann (1992:99, 105ff), specifying that they had all qualified in medicine before joining their religious order: mostly the Jesuits, and the Capuchins.
Capuchins in Africa, Louis (1926:89f) to (amongst others) the Bethlehemites in South America, as do Specker (1961) and Respondek (1931:150f); the latter also mentions (ibid.:153ff) Augustinians, Franciscans, Dominicans, Jesuits, and one female order: the Sœurs Hospitalières de St Jean from Dieppe, who founded a hospital in Quebec, in 1640, at the request of the Jesuits.\textsuperscript{42} For South and MesoAmerica, Respondek presents a list of 67 Catholic hospitals (ibid.:148f), founded between 1596 and 1702, with 8 to 100 beds (median: 20) and 100 to 1000 patients per annum (median: 200). Specker (1961:199) counts 22 hospitals in Peru and 10 in Mexico under the Bethlehemites, around 1820; to give an idea of their level of involvement in medicine, he cites their constitution of 1687 (ibid.:194; my transl.) which permitted Brothers to be trained in medicine and surgery on condition they were suited and had “the permission of their Superior General.” For the era following the Reformation, Ohm (1935:29; my transl.) can thus speak of significant improvements regarding the care of the diseased, in fact among the Catholics, to start with. In particular, the Catholics wanted to show their good works, as against the Protestants and the Protestant sola-fides-doctrine and therefore threw themselves with great eagerness into the nursing of the sick.\textsuperscript{43}

In Hufton and Tallet’s view (1987:77), this is evidence of the urge “to give practical expression to the social philosophy of the Counter-Reformation, which rearticulated the obligation of the Christian individual toward the poor and needy.” This imperative to do good held true for all Catholics and was not confined to missionaries vis-à-vis the heathen

\textsuperscript{42} Cf. Hufton & Tallet (1987:80) on “the Sœurs de Saint Charles de Nancy (est. 1652), .. the Sœurs de Saint Thomas de Villeneuve (est. 1661), the Sœurs Hospitalières de Saint Joseph de Puy (est. 1686 ...), or the Sœurs Chrétientennes de Nevers,” and on the Visitandines, whose founder St Vincent de Paul is quoted as decreeing that their convent would be “the house of the sick, ... your cloister the city streets or the hospital wards.” (ibid.:78) Cf. also Havet (1929:102f), and Gaudron (1929) on the medical work of the Sœurs de Saint-Paul in France and in the missions, from the 18th century onwards. – On the context of power-political considerations defining the frame within which charity was to be practised by women, cf. McNamara on Martha’s Part (1996:452ff).

\textsuperscript{43} Cf. Tejirian & Simon (2012:59); Ohm claims (ibid.:32; my transl.) that “[i]nasmuch as the Protestants changed their position regarding care of the sick and mission, they owed this in essence to the restored Catholicism of the 16th and 17th century and to Pietism ... in its urge to actuate the Faith in Christian works;” cf. Garlick (1943:106f).
whom they had come to convert. In mission lands, however, the absence of lay medical professionals created a specific need, and to answer it, the exceptions in Canon Law regarding the practice of medicine by priests and religious had to be invoked. As the Catholic Encyclopedia (1913) details,

> [r]egulars living in missionary countries have the privilege, especially by the Bull of Clement XII, “Cum Sicut” [1732; RB], of practising medicine. To make use of this privilege, however, they must be skilled in the art of medicine and prescribe their remedies gratuitously. They must also abstain from cutting and burning ... It is required .. that regular missionaries abstain from medical practice where there is a sufficient number of proper physicians. … [Permission; RB] to practice surgery is much more difficult to obtain than one for practising medicine, and it is granted only when there is no other local surgeon.

The missionaries of early modernity acted accordingly: Ohm (1935:29f) lists a good number of medical treatises of theirs indicating both intellectual and hands-on involvement in this field, in the 17th and 18th century, mainly from Mexico and the Philippines, by Augustinians, Dominicans, and over and over again, Jesuits.44 The latter, specifically, worked as “physicians” (in Abyssinia, Morocco, Syria, Cochinchina), and even as surgeons (Peru, Paraguay).45 Ohm’s list of treatises is not mentioned, here, to invalidate the above point that European medicine then was basically powerless against most diseases, but to show that prior to the 19th century, Canon Law regulations seem to have had no major deterrent effect on Catholic missionaries and did not result in a principled reserve of theirs with regard to the medicine of their day. They engaged in charitable works as the Church had always done, and that included the diligent care of the sick and the infirm (if primarily, though not exclusively, of their diseased fellow missionaries) – which anyway was, until well into the 19th century, the best that could ‘medically’ be done. From this highly sensible

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44 Cf. the list of medical compendia authored by missionaries, from 1578 to as late as 1890, compiled by Louis (1926:90ff).

45 On medical and surgical work by Jesuits, cf. Specker (1946) Simultaneously, though, there is evidence of Jesuit apprehension vis-à-vis medicine: Mauriz Thomans joined the Society in the 18th century, after his medical training, and portrays himself as medically competent but deciding nonetheless that it does “not well befit a priest to meddle so much in worldly affairs.” (Priester und Arzt 1929:145; my transl.)
practice, the missionaries deviated in two specific ways: in one complaint about what they could not do although they wished to, and with one well-intentioned if very unfortunate practical intervention.

The complaint, uttered time and again, was about there being no proper supply of European drugs to treat, in the first place, themselves. However, considering the lack of truly efficacious drugs, they pined for what in fact would not have changed their lot. Thus, a confrère of Father Gonzales Silveira, the Jesuit who first brought the Glad Tidings to the empire of Monomotapa, laments the dearth of “suitable medicines: no laxative ..., neither syrup nor rose-sugar nor sugar without roses.” (Kilger 1933:95; my transl.) We deal here, obviously, not with an instance of the critical assessment of pre-modern NAW medicine, its merits and demerits, but with simple, uncritical belief in its efficacy. In this situation, the use of local remedies instead of what could not be had from Europe was often the missionaries’ measure of last resort.

The other exception, the intervention the missionaries resorted to over and over again, was blood-letting (with cupping included here) which, through these centuries, is mentioned as a universal remedy, the “cure-all against the tropical diseases of the Europeans” (Kilger 1933:101; my transl.), in fact against any kind of affliction from African fever (i.e., malaria) to pox, to venereal diseases, pleurisy, and “boiling of the blood” (ibid.:104; my transl.): “After 15 days and having been bled 15 times, P. Michael died [of tertian fever]. The physician of Loanda later mused that one should have bled him 30 times.” (ibid.:108; my transl.)

Disregarding the futility of the intervention, the fact remains that it was made in a mission context, and in case of absence of professionals to do so, by the missionaries: “The Fathers themselves served as doctors and nurses, the rooms were airy and clean, the beds spacious,” Kilger reports (ibid.:98; my transl.) of the infirmary run by the Brothers Hospitallers of St John of God in Mozambique. Even burning with a hot iron is mentioned

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46 Or did he die of exsanguination? Even some missionaries on occasion wondered (cf. Kilger 1933:115).
as being executed by a Father (ibid.), as is self-treatment by bleeding (ibid.:99). In 17th century Congo, the Capuchins count among themselves one Brother experienced in “surgery, ... bleeding and cupping.” (ibid.:101; my transl.) Most interventions were useless or outright harmful; but no doubt this was medicine, including surgical procedures with blood flowing – and actively engaged in by Catholic missionaries. Blood-letting apart – according to Kilger (ibid.:94; my transl.) “the alpha and omega of the tropical medicine of the Africa of old” – highly useful services were rendered along the lines later proposed by Florence Nightingale: the sick were fed and taken care of “with diligence and love” (ibid.:98; my transl.), in a clean environment conducive to spontaneous recovery. Generally speaking these services were only available to Europeans, but of the said Capuchins Kilger relates that “to keep Christian blacks away from their medicine men, [they] paid attention to the bodily well-being of the sick, thus practiced ... a kind of missionary medical care.” (ibid.:110; cf. ibid.:115, where one Br Feliciano da Besozzo is called “a good physician.”)

47 According to Respondek (1931:144), Pope Gregory XIII, in 1576, gave permission to the Jesuits to practice medicine in India “citra adustionem et incisionem”, but even for this indults were granted by the Sacred Congregation for the Propagation of the Faith, “in casu necessitatis.”

48 Specker (1946:10) quotes a Jesuit from the later 18th century who treated those in danger of turning blind or deaf due to “plague” by sprinkling candied sugar powder in their eyes and blocking their ears with cotton wool soaked in vinegar, with “altogether good result, such that a significant number of them recovered.”

49 McHugh’s 2012 study of health care in 16th to 18th century Brittany yields an interesting parallel to the mission situation: because of the paucity of trained doctors in rural areas, in combination with the imperative to do good, French nobles tasked female religious orders to attend to the poor on their estates. Of the Daughters of the Holy Spirit, created in 1706, McHugh says that “medical service ... [was] their primary duty” (2012:446), with “nursing activities ... an important part of their medical role.” (ibid.:447) This included the provision of “food, clean clothing, and heating[,] ... soup with a high meat content[,] ... clean bed linen, blankets, and even fresh mattresses.” (ibid.) But the Sisters were also “expected to carry out ... small surgical tasks[,] ... were trained in bone-setting, the application of bandages, and the preparation of poultices ... Bleeding remained an important aspect of medical intervention throughout the eighteenth century ... [and the] nuns were expected to carry out the bleeding of sufferers as part of their daily visits. Manuals dedicated to both lay and religious charitable medical practitioners ... included detailed instructions for a systematic application of bleeding.” (ibid.:449) In effect, therefore, although “nuns could not legally claim to act as physicians or surgeons, ... they did practice charitably in the place of both.” (ibid.:446)
In the same vein, Wicki (1955:366; my transl.) points out that in all Portuguese settlements houses and churches of the *Misericórdia-confraternity* were founded which engaged in all works of Christian charity, but especially in the care of the sick. … *Br Pedro Afonso*, who became a Jesuit in India in 1556, was the first known missionary brother who put at the service of the mission work proper his medical knowledge as a doctor, acquired in three years of studying surgery before entering the Society.50

In the centuries after the Reformation and before the 19th, Catholic missionaries were thus not as inhibited in practising the medicine of their day, as Grundmann claims (1992:99; my transl.) “as a result of ecclesiastico-legal provisions:” the restrictions imposed in the 12th century could be and indeed frequently were circumvented, with or without approval from Rome. The foundation and enduring existence of religious orders, from the Order of St John since the 11th century, to the Brothers Hospitallers of St John of God since 1572, with care for the poor, infirm and sick as their agenda, is clear evidence of Catholic concern and practical involvement in this field.51 It was only the transition towards a “systematic justification of [modern; RB] medical mission” (ibid.; my transl.) as implemented by trained professionals like the Cooks at Protestant Mengo (cf. pp314ff, below), which indeed on the Catholic side only took place from the first third of the 20th century onwards.

Undoubtedly there was thus a medical side to early modern Catholic missionary work, in the time-honoured charitable tradition of the Church: even if most though not all of her missionaries considered themselves professionally-medically less than competent, they provided some health care nonetheless. Specker (1946:10) quotes a Jesuit from the early 18th century who describes his bone setting and cleansing of wounds, justifying it with “necessity [which] teaches us often to bleed and pull teeth though we never learnt this art.”


51 As for the continuation of this work in 19th-century colonial Africa, by French Catholic female religious from the Order of St Joseph of Cluny, or the Congregation of the Immaculate Conception of Castres, cf. Iliffe (1987:108ff). Brain reports (1975:96f) that in Basutoland, the Holy Family Sisters took care “of the aged, the destitute and the sick … In the serious typhoid epidemic … [of] 1869 they nursed the sick untiringly and three of the sisters caught the disease themselves and were incapacitated for many weeks.”
Importantly, as is to be expected, those who were professionally qualified by the yardstick of their time operated, as much as their medically untrained fellow missionaries, right up to the latter part of the 19th century within a conceptual frame which was both NAW and pre-modern. An unquestioning belief in the medicine of their day determined, throughout these centuries, how the missionaries would treat their own as best they could, as well as heathen kings and nobles so as to open the road for their proselytising activities, and converted locals to keep them away from ‘witch doctors.’

For much of the 19th century, this applied to Protestant mission stations as well, with the exception of a very few places like Mengo from just before the turn of the 20th. Most of NAW medicine in Central Africa remained in fact, though not in the understanding of those who provided it, what it had been in Europe throughout the centuries – a branch of charity relying, outside of barber-surgery, mainly on compassionate care cum placebo administration, pre-modern in its professional armamentarium and beneficial mostly through the care it offered. This is how the Reverend Duff MacDonald of the Church of Scotland Mission in Blantyre describes his work as an amateur physician (1882:207f), ‘treating’ a man said to be mad with an antacid – and with good results:

> The poor fellow came back next morning to tell us that he was better. … We were sorry when our supply of Fruit Salt went done, it was a favourite both with natives and Europeans, and is much used along the malarious [!] coasts. … Even where we did not know what was wrong with a negro, we gave him something …, as he would otherwise go to the sorcerer.

One might not go wrong in suspecting that the next probable “something” after Eno’s antacid could have been a laxative, like Castor oil or Epsom salt.52 Less dubious, and mostly supplied by semi-professionals like the graduates of Livingstone Medical College – doctors were few and far between – was the “basic first aid that resembled care in metropolitan Britain” as mentioned by Johnson (2010:549; cf. 558): dressing ulcers, attending to wounds, pulling teeth.

52 When speaking of the cost of transport of everything including medicines, to Uganda, in the late 19th century, of all drugs the one explicitly mentioned is Epsom salt. (cf. Foster 1968:326 & 1970:44)
As Grundmann presents it (1996:260f), the beginnings of medical mission proper in sub-Saharan Africa fall into the last quarter of the 19th century, when anaesthesia, aseptic surgery, diagnostic bacteriology, and Wilhelm Roentgen’s discovery of x-rays, in combination, provided ever more powerful reasons from within NAW medicine, to argue the case of its comprehensive superiority over its non-NAW competitors. These leaps ahead notwithstanding, however, Grundmann’s idea of its magnetic qualities remains open to criticism on various counts. Where it was “rationally practised” as he says (cf. p290 above), it was without doubt of a “superiority and reliability” unknown heretofore: take for an example Lister’s report (in the 1860s, and at that time still contested in the medico-scientific community) on the use of carbolic acid after amputations, to combat the development of post-operative gangrene:

<table>
<thead>
<tr>
<th>Years</th>
<th>Total Cases</th>
<th>Lived</th>
<th>Died</th>
<th>Mortality %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1864-66</td>
<td>35</td>
<td>19</td>
<td>16</td>
<td>45.7 without antiseptics</td>
</tr>
<tr>
<td>1867-70</td>
<td>40</td>
<td>34</td>
<td>6</td>
<td>15.0 with antiseptics</td>
</tr>
</tbody>
</table>

Decline in post-amputation mortality after Lister’s introduction of antisepsis

(from Porter 1999:372)

However, which are the inferences to be drawn from such successes of scientific medicine, when assessing the African situation towards the end of the 19th century? As Moffat in East Africa knew only too well, little was possible in terms of surgery outside proper hospitals (cf. p261, above), and of these, there was but a handful. Operating theatres apart, hygiene mainly impacts on the general state of health, via public health measures, not on the well-being of individuals who seek help at medical mission stations because of an acute illness. And efficacious drugs beyond quinine, calomel, and morphine, the medical missionary in Africa simply did not have – when of those three, the first and most important one was still
surrounded by doubts, used by some and rejected by others (the second was fraught with serious side effects, and the third, entirely symptomatic).\textsuperscript{53}

It is tempting, with the major advances in NAW medicine in the half-century before 1900 in mind – therapeutic in the operative disciplines, diagnostic in internal medicine – to imagine a sequence which begins with scientific-medical progress, as a result of which missionaries feel encouraged to make Porter’s \emph{Greatest Benefit to Mankind} accessible to themselves and their flock. But this just isn’t how it all began: the described steps by 19\textsuperscript{th} century Protestants towards using NAW medicine in the mission context come first, and are \textit{followed} by scientific advances within years (anaesthesia) or decades (asepsis), or more than an entire century (penicillin).\textsuperscript{54} Thus, Catholic reticence to engage in a kind of medical

\textsuperscript{53} In the Moffat versus Koch controversy mentioned above (pp276f), the former deprees (1898:926) the difficulty “at all times to get patients to take quinine properly. Anyone who has had much experience with malarial patients has heard such objections as these: ‘It’ (quinine) ‘makes me deaf,’ ‘Gives me a head,’ ‘Upsets my stomach’ … A new terror now awaits the unfortunate medical man when he tries to treat his patients with quinine. Koch’s theory will be thrown in his teeth.” But, Moffat insists (ibid.), “in the light of much experience, I can only say that my humble opinion is that there is only one treatment for malaria – quinine, more quinine, and yet more quinine!” In view of the fundamental disagreement between two eminent professionals in the field – was quinine the cause, or the only remedy of blackwater fever? – it is misleading how Gale (1959:235) portrays the 1902 reaction after a missionary’s death from it, of Fr Matthews of the Ugandan Mill Hill community: that he provided mission stations with “emergency materials to be used only if blackwater were suspected, while requesting the Bishop’s permission to supply each priest in the mission with a hypodermic syringe and other essential apparatus.” This is indeed evidence of a need being perceived now, different from earlier times, so clearly and disturbingly that inaction is not an option anymore; but it is not to say that Fr Matthews positively knew what by then he could not know, namely, what according to professional \textit{consensus} was best medical practice and should therefore be followed. The vagueness of his wording (“essential apparatus”) is revealing, not coincidental. Thus, when one of the Mill Hill Fathers survives blackwater fever in 1898, we are told that in the absence of a doctor, “it was largely because of the Bishop’s experience that the patient began to mend.” (Gale 1959:172) Neither sheer luck nor fervent prayer, but \textit{experience} is supposed to have made all the difference, but one is left wondering, which? In fact, as regards \textit{belief} in medicine without much positive technical knowledge by today’s standards, there was little difference between the residents of Middlemarch as described above, and most of those who went to Africa as missionaries.

\textsuperscript{54} “Up to the middle of the 20\textsuperscript{th} century, Behring’s immunotherapy and the chemotherapy of Ehrlich and Domagk, respectively, had been remarkable therapeutic landmarks … These therapeutic options notwithstanding, the successes of bacteriology generally speaking fell more onto the side of the diagnosis
mission which (as is obvious at least in hindsight) made promises where, throughout most of the 19th century, it could not deliver, would not at all have been ill-founded, had it arisen on such grounds as developed by therapeutic nihilism (see above, pp216f & 228f).  

This, however, is not what made most Catholics hesitate where Protestants forged ahead; it is a historical fact, though, that in the 19th century, the former did not appear alongside the latter on that scene: as Ohm (1935:32; my transl., my italics) openly acknowledges for the Catholic side, “organised medical mission in the modern sense … only arose most recently, namely, first among the Protestants.”

6.3 MODERN NAU MEDICINE IN MISSION CONTEXTS

Which scene, then, are we talking about? Not the one of good works of charity, with the inclusion of (nursing) care of the sick, because on this scene the Catholics had been active ever since antiquity, in xenodochia, with orders devoted to the homeless, poor, infirm, and also, sick (e.g., needy pilgrims to the Holy Land). Not the one of care of the sick by missionaries cum qualified doctors in the early modern era, either, because numerous members of Catholic orders are on record who did practise medicine in the 16th to 18th centuries, in heathen lands, drawing mostly on the expertise they had acquired prior to their spiritual vocation (cf. p296fn41). It is true, there were reservations as regards the medical training of clerics, as well as prohibitions against cutting and burning which, in Grundmann’s view (1992:15 & 99f), had carried the day – but he is sufficiently unbiased to and prophylaxis of epidemics, less of the therapy of individual cases of disease that had occurred already.” (Leven 1997: 140; my transl.)

55 Exceptionally clear-sighted in this respect is Linckens who, critical of modern medicine in mission for theological reasons (cf. p310, below), enjoys the intellectual liberty to notice its professional shortcomings, remarking (1912:287; my transl.) that “medical treatment should not be overestimated. Without doubt surgery has of late made extraordinary progress, but the same cannot be claimed in equal measure of medicine in the proper sense, or of internal medicine, which still awaits deeper research, more profound understanding, so as to be able to completely live up to its task.”

mention (ibid.:104; my transl.) that it was "not all that uncommon to resort to the option to request a papal indult, though without a … consistent principle becoming recognisable."

Brunini’s historical account (1937), both of the restrictions imposed by Canon Law\textsuperscript{57} and of the exemptions applying or to be applied for, covers quite diverse issues such as: if the said restrictions included homeopathy (ibid.:11); where the line was crossed between occasional and habitual practice, only the latter, in his view, being covered by the term \textit{to exercise a profession} (ibid.:10); and how Christian modesty and chastity had to be factored in (ibid.:12 & 15). The procedure pertaining to indults in “cases involving missionaries” is spelt out: “application should be made to the Sacred Congregation for the Propagation of the Faith.” (ibid.:7) This option in fact was used, and for the year 1628, e.g., a case is on record pertinent to the problem constellation in the ZM: a priest preparing to return to then intolerantly Protestant England was allowed to practice medicine, as he had done prior to entering the seminary, so that

under this guise he could the more easily administer the sacraments to English Catholics, and perhaps bring heretics … back to the faith. [This was; RB] … granted with the condition that the practice of medicine be only a means and not the principal scope of the petitioner’s ministry. (ibid.:10)

Brunini is not aware of any “dispensations on record permitting clerics or religious to exercise surgery (ibid.:16);”\textsuperscript{58} he adds (ibid.) that “[t]he opening of veins and the otherwise letting of blood, \textit{medicinae purgatiae}, have been expressly forbidden.” By contrast, the “care or nursing of the sick is from its very nature different from the exercise of medicine and surgery. Clerics and religious are not, therefore, forbidden the scientific study and practice of such occupations.” (ibid.:14) As has been described above, however, there are examples aplenty where the unequivocal clarity of Canon Law prohibitions and leniency in their implementation existed alongside each other, throughout the earlier modern period (cf. pp282f, fn9 referring to Beckmann 1947, and pp296ff).

\textsuperscript{57} “Sine apostolico indulto medicinam vel chirurgiam [clerici; RB] ne exerceant.” (Canon 139, §2, quoted ibid.:1)

\textsuperscript{58} Qualifying, though, that “[i]n cases of absolute necessity, … surgery is licit without a dispensation.” (ibid.)
So what had changed to make the Catholics of the 19th century more hesitant, while Protestants ever more eagerly embraced the idea of using NAW medicine in a missionary context? Was it the Catholics themselves, or medicine, or both? Leaving aside, for the moment, the Catholics and their self-image, what was the difference between NAW medicine as Catholics had used it in the preceding centuries, with or without indult, in the wider context of their charitable work, and modern medicine? Several of its features come to mind: in Europe itself, the definition of its practitioners, of those who would count as qualified medical professionals, became narrower over time (cf. above, pp273f); simultaneously, medical success, i.e., the restoration of physical well-being by physical means, gradually developed into an end in itself, to the exclusion of all other (i.e., spiritual) concerns (cf. pp504ff, below); even if it came at the hands of medical missionaries, it became increasingly difficult to confine it to the role of a means towards spiritual ends; also, the scope of the work kept widening, regarding both the target population (more attention being paid to the unconverted rank and file), and the kind of interventions that were embarked upon: Scudder (1833:269), when exhorting young doctors to emulate his example and become medical missionaries, speaks of blood-letting just as the 18th century Jesuit in Specker’s quotation above (cf. p301), but also of “amputating limbs, performing the operation for cataract, tapping in dropsy, &c,” thereby moving beyond the range of services which earlier missionaries, amateur health care providers and trained doctors alike, would have been used to offer.

At this point, it may be helpful to go back to Ohm’s discussion (1935:57ff) of the term medical mission. In English, at the semantic level, the term is not as exclusively confined to professional activities by qualified doctors as it is in German; there, the medical in

59 As Grundmann points out (1991:168f; cf. p278fn132, above), already the “first medical missionary ever[?], The Rev. Dr. Peter Parker M.D. . . . , got dismissed by his mission board . . . in 1845, ’since his work appeared to be of almost entirely medical character’.”

60 Grundmann (1996:262) quotes the 1888 London Centenary Conference on the Protestant Missions of the World: “A medical missionary is a legally qualified medical practitioner, called of God, and wholly set apart to seek the advancement of Christ’s Kingdom by the twofold work of healing the sick and making known the Gospel.” This definition does not exclude properly qualified nurses like Miss Timpson, the later Mrs Albert Cook, whom Foster (1970:51) calls a “medically trained missionary.” In this vein, Bertini ([S.a.]:97; my transl.) quotes a Catholic missionary from Nigeria who links medical missions to qualified staff, “i.e., certified
*medical mission* is commonly not translated as “medizinisch” (as in, e.g., “medical intervention”), but as “ärztlich” ["by a medical doctor"]). In German, modern medical mission thus puts a very clear dividing line between itself and the work of the Catholic orders which had, over the centuries, devoted themselves to the nursing care of the sick and infirm, providing food, shelter, clean sheets, but also bandaging their sores and bleeding them.

Even Catholics in support of the idea of a modern medical mission initially accepted the term itself only with reservations: they preferred the *mission doctor* to the *medical missionary*, to keep the professions of missionary and medical doctor more clearly apart as distinct genera (cf. Becker 1921:20f; Keeler 1925:43f; Ohm 1935:60f); they also clung until well into the 20th century to the idea of care, as in *Medical Care [Ärztliche Fürsorge] of Catholic Missions Among Primitive Peoples* (Linckens 1912; my transl.), *Medical Care in Mission Lands* (Becker 1921; my transl. – Donnelly (1930:242) translates *Medical Welfare Work in Mission Countries*), or *The Medical Care of the Catholic Missions* (Ohm 1935; my transl.). Grundmann, the Protestant (1992:97; my transl.), acknowledges the “charitable-medical work” of Catholic missions before 1800, but it is obvious that to his mind, proper, i.e., *modern* medical mission is and has to be something else. In his understanding, medical mission services are supposed to go beyond the level of care, and comprise as a *sine qua non* what in the NAW is the doctor’s responsibility: the diagnosis and corresponding treatment of diseases (even if *in praxi*, in many missions, this was and often still is provided by Sisters cum nurses, because of a shortage of doctors on the ground).
Such professional work unambiguously discerns itself from nursing-care-as-a-work-of-charity: counting most in its implementation are no longer common sense cum good will and compassion, but the *scientific-medical qualification* to proceed from clinical impression, via laboratory (and later x-ray) diagnosis, to treatment, with the aim to cure. 63

The distinction between (medical) care, however well-intentioned it may be, and medical services proper is the starting point of Keeler's passionate plea in favour of a Catholic medical mission. Although he lists example after example of worldly care for the frail and needy as provided by Catholics, medical and otherwise – Catholics actually offering, in his own account, more thereof than Protestants in China (1925:66), or in dispensaries and orphanages worldwide (ibid.:97) –, he still asks the question (ibid.:196) whether “we have been so centered upon the world to come that we have forgotten that the pagan lives in this one?” To which he feels compelled to answer (ibid.:42) that, “[s]trange to say, the truth that man needs assistance in mind and body as well as in soul seems to have been more clearly brought out in practice in Protestant missions than by our own.” Proof, in Keeler's view, is not hard to find (ibid.:168f; my italics): in spite of “four to five hundred [Catholic; RB] hospitals and twice the number of dispensaries … [the] state of affairs is most deplorable,” because qualified doctors, there are “few or none; trained nurses, a few;” by contrast, “our Protestant brethren .. have numerous real hospitals, as they have about 800 doctors in the field. What do our so-called hospitals amount to when it is a question of real medical or surgical aid?” 64 Speaking of India, Keeler perceives the deaths from malaria, from “puerperal fever or from complications which any operating surgeon could have dealt with”

63 By the beginning of the 20th century, the ZM Jesuits had a very clear idea of these two kinds of medical care: the doctors' work among the pioneers, the ZMR remarks (II,22:313), no matter how “nobly and generously” done, suffered from the unavailability of “the requisites of their profession;” meanwhile, the “hardy pioneer who had longed for wife or sister to soothe his heated brow found in .. [Mother Patrick's; RB] ministering angels the relief he so much sought” (ibid.:314), the material requisites being “matresses, wholesome and well-cooked food,” supplied in a setting of “cleanliness, brightness and cheerfulness” (ZMR II,25:433).

64 Cf. the description of Rubaga hospital, p319 below, founded in 1899, and with a visiting doctor only from 1926 onwards.
(ibid.:119) as so many calls to decisive action. The deaths which scientific medicine tells us are "largely preventable," he says (ibid.:116), may not be looked upon "as one of the conditions of existence" (ibid.:119) as the Indians are wont to do, thereby demonstrating not wisdom and equanimity, but _apathy_ stemming from "barbarity, ignorance and superstition." (ibid.:120) The gist of Keeler’s argument is thus very much in line with the German interpretation of medical mission as _ärztliche Mission_, the implication being that it is not good enough for it to be medical only at the level of proper nursing care, however professionally competently delivered, but that the emphasis must lie on active intervention: both nurses’ and doctors’ work may live up to high professional standards, but where the former (only) care, nurture, and keep alive, the latter, so at least the assumption goes, change the course of events through their actions.65

Keeler thus openly casts his lot with modern, interventionist medicine. Others were apprehensive, though; this becomes evident when Catholic authors, in spite of frequent, open and openly envious acknowledgments of the impressive achievements on the Protestant side, are at pains to retain "care" and "welfare" as relevant aspects of medical work. Linckens, of the Missionaries of the Sacred Heart, maintains that the healing miracles of Jesus belong in the context of His proclamation of the Kingdom to come, rather than Him being an MD _avant la lettre_, that caring for the sick in the sense of nursing care is and has always been part of Christian charity, but that the treatment of diseases as such is a different matter.66 His position is not anti-medicine, but he argues against a confusion of what he insists are two distinct disciplines, medicine and mission.67 Ambros Mayer by

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65 Keeler does not tire to argue this case; as a bit of a surprise comes the following statement (ibid.:103; my italics), then: "[t]hat doctors – good, well-trained physicians – are required in the missions _needs no proof._"

66 For Catholic missions of the later 19th and early 20th century, specifically, cf. Mayer’s personal account (1911:294ff), and Bertini ([S.a.]:40) who quotes figures presented at the Quatrième semaine de missiologie de Louvain, 1926, according to which Protestants ran 858 mission hospitals around the time, while Catholics came second, not all that distant with 507 – _but Protestants had some 2000 medical doctors in the field, whereas Catholics had 20 at the most._

67 Interestingly, he refers to Canon Law to support his view (1912:289f), but at the same time admits that he himself "did not hesitate to shoulder the responsibility for letting some of our mission sisters be trained for the service as midwives" (ibid.285; my transl.), thus living up to his own maxim (ibid.:284; my transl.) that "with Christianity, every Catholic missionary also brings along the fruits of modern civilisation." – Cf. Hutchison
contrast, a Benedictine missionary in Tanganyika, is an early supporter of the idea that the Catholic Church should, if in an appropriate way, emulate the example set by the Protestants and get involved in modern medicine. Oddly, however — at least in the German-language original — he maintains (1911:297; my transl.) that one should “do away with the perception that, so as to be able to speak of ‘medical mission’ [“ärztliche Mission”], a state-approved, registered medical doctor [“Arzt”] must practice in the service of the respective mission station.” He feels that it is not the doctor’s diploma which counts, but the actual work that is done in actively reducing mortality, mitigating endemics and epidemics, and attending to individual ailments: where all this is done,

there ‘medical mission’ in the truest sense of the word is practised … [and we] all know from experience that where all success … depends on trust, a simple nurse can often achieve more, in the end, than a doctor, no matter how learned, who does not know how to win the natives’ hearts. (ibid.)

The threat to religious faith implicit in interventionist secular medicine is kept at bay, here, by letting the “simple nurse” at the mission station implement what, as a programme, a technique or treatment regime, is the result of the scientific work of a “leaned doctor,” elsewhere. But as a nurse’s qualification, in Mayer’s view as well, will always fall short of a doctor’s, he wants suitable mission priests to acquire a second qualification, that of an MD — thereby leaving intact the authority structure of the mission station, with no academically trained (and by that time, in all likelihood male) competitor of the priest on site.

In summary one may say, thus, that the Catholic Church can indeed boast of an impressive track record as regards compassionate nursing care throughout the ages, further, that there is also evidence aplenty of medical work which clearly goes beyond the nursing frame, e.g., the numberless blood-lettings mentioned before. Such interventionist activities, whether with or without indult, by amateurs or by professionals, already implied a move in the direction of modern medical mission in the above described sense. Canon Law was breached unless an indult had been granted, but in either case the act itself, e.g., of blood-

(1987) on Christianity as a religion, and NAW civilisation, interacting in complementary as well as contradictory ways, in the American Protestant mission enterprise.
letting, meant trespassing into alien professional territory. In earlier centuries, however, in
the orders mentioned, Christian *caritas* had been at the core of all that was done on behalf
of the sick and infirm, and blood-letting, even if frequently performed, remained
conceptually accidental. Now, with the advent of a modern medical mission, the previously
accidental, the professional intervention intended to bring about a cure, was developing
into the essence.

For writers factually aligned to one or the other camp in a historical development like this, it
is a challenge to remain non-partisan. In the case at hand, when Thomas contends
(2003:484) that the “[d]evelopment of Roman Catholic medical missions paralleled that of
Protestants, although on a much smaller scale,” he ignores in his choice of words, too
generously to my mind, the considerable time delay, and in particular the reservations to
which it was due. On the other hand, it is patently incorrect when Milne claims (1928:50) that

from the beginning, the English Church realized the necessity of equipping its
expeditions with qualified medical men. So did the Scottish Churches when … they
took up the burden amongst the natives: a policy which the Roman Catholic Church
has never adopted.68

It is true, however, that there were serious doubts, mixed feelings at the very least, which
prevented the Catholics from competing with the Protestants as they could have, in this
field, at a time when they felt highly competitive about the saving of souls. This thesis is
about exploring the reasons for this discrepancy in the ZM, and some possibly contributing
factors have already been considered: the heathen or ‘Jewish,’ but in any case (black)

68 Catholics like Ohm (1935:34) and Becker (1921:8ff) see American Protestantism historically in the lead;
Hardiman (2006:22), correctly so far as I can see, puts American Protestants and Scottish Presbyterians into
the forefront of medical mission work, from early in the 19th century, on the basis of a “firm belief .. [in] the
civilisational superiority of Christianity,” contrasting this with reticence on the Anglican side until the end of the
century and even beyond, but also somewhat over-emphasising the practical inaction of Catholics, based on
his formalistic-rigorous reading of Canon Law (ibid.:24) in combination with the assumption that what legally
was not permitted, was not done; for more liberal options actually practiced, cf. pp296ff, above, and pp325ff,
below.
magical tinge of medicine; its hubristic aspirations; and medicine’s tendency to follow its own professional logic and concern itself with nothing but bodily health as an end in itself, as opposed to a worldview which (also) finds meaning in God-sent suffering. As Ohm says (1935:42; my transl.), because of “the remoteness of medical science as such from Christianity, one did not trust the doctors too much with regard to religion.” And not without justification: even in the pages of the *Katholische Missionsärztliche Fürsorge*, Dürrck (1925:130; my transl.), commenting on the 1925/6 Universal Missionary Exhibition at the Vatican, may call vaccination a “victory of the searching human mind,” and feel encouraged by the successful use of Salvarsan and Neosalvarsan in syphilis-infected individuals, to dream (1925:133; my transl.) of “the ideal goal of .. [the disease’s; RB] complete eradication.” Moreover, though no drug treatment existed at the time, he may criticise the exhibition for presenting tuberculosis in the context of miraculous recoveries at Lourdes, calling this (1925:136; my transl.) a “grave blunder:” even if such claims were to be taken for facts – “whose correctness first of all needed to be proven scientifically” (ibid.; my transl.) – their presentation in the medical section of the exhibition was, he posits, “in any case inappropriate. In this context, transcendental matters and ideas, by their very nature, must be excluded from the outset.” (ibid.; my transl.) Genuine believers could thus indeed have doubts about the mindset behind medical science.

As discussions among the CMS missionaries in Uganda show, even Protestants who had opted for a scientific-medical mission approach, concurrently harboured reservations. Contemplating their use of medicine as a means, they worried about the potential risk it carried of becoming an end in itself, and of eating into their meagre resource base, diverting funds and manpower from their core project of saving the souls of the heathen. Before dealing with Catholic missionary work in the Zambesi territory, with what did not happen there on the medical side, the reservations of the CMS missionaries who did engage in such medical work shall be presented.

69 Keeler (1925:40f; my italics) shows that and how bridges could be built: “Lourdes and its cures … are standing examples of the fact that the Lord’s hand is not shortened and that when faith in the recipient coöperates [sic] with His will for cure, it can be and is accomplished thus by Him. No Catholic would postulate otherwise. But it is also true that … God does not multiply miracles and it is through the laws of nature mediated through the knowledge of man that most of His works are done.”
Until the mid-19th century, as Williams has pointed out (1982:271), even in the CMS reticence prevailed: his profession, an already qualified surgeon was told in 1842, was to be no more than “an occasional occupation” if he became a missionary with them; another applicant was actively discouraged in 1861 from going for medical training in preparation for missionary work, because in the opinion of the then CMS secretary, Venn, such a qualification “very seldom answers any good purpose.” (quoted ibid.) This perception changed over the following decades, and in 1897, Albert Cook arrived on the shores of Lake Victoria, the first CMS medical missionary to establish a lasting professional presence there. Cook immediately set to work, expanding the scope and quality of medical services, diagnostic and therapeutic; “[t]he number of beds in the hospital increased steadily from the 28 in use at the end of 1897 to 75 in 1901 and the number of in-patients treated per year from 141 to 1,070 during the same period,” Foster reports (1970:49). The reverse side of this development was that a dissenting view among the missionaries was losing influence, which had maintained that Cook “should undertake evangelistic work and that [the medically untrained; RB] Miss Pilgrim carry on with her small dispensary, calling on Cook for medical advice in emergency only.” (ibid.:51) As this opinion did not prevail, leaving Cook free to engage deeply in his medical work, “the Church Missionary Society were soon faced with problems concerning its scope and, in particular, its expansion” (ibid.: 53), although Archdeacon Walker continued to challenge “the overweening pretensions of medicine.” Said he: “I consider how far it is likely to aid our work not how much suffering will be relieved.”71 Once this yardstick with its radical focus on conversions had de facto been jettisoned, though, not least driven by the arrival of a second doctor, Albert Cook’s brother Jack, Walker was realistic enough to concede that “now that we are saddled with a large hospital and extensive medical work we must carry it on properly or else give it up.”72 A dynamic had been set in motion which, when perceived from the perspective of

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70 Beck (1970:18) records an unsuccessful earlier attempt by one Dr Wright, in 1892.
72 Foster (ibid.:55), again quoting from Walker’s letters to the mission’s parent body (CMS Mss. 1898. Uganda Mission. No. 219). As Walls (1982:291f) has already been quoted (p278fn132) “all the motives for setting up medical missions were arguments for heavier and heavier commitment to them. To be committed to providing a doctor implied a commitment to more doctors … buildings, equipment, qualified nursing staff, training facilities for local staff,” etc. (cf. alsop278fn131)
preaching the Gospel, was spinning out of control: first, one doctor had been requested, to attend medically to the missionaries while himself remaining a missionary, then, funds for space and equipment, to let him do this job properly; next, once both he and his equipment were adequately housed, it seemed sensible to make use of this set-up to the health benefit of locals as well, though this was initially conceived as a means of drawing the heathen closer to the mission, with the witnessing of the Gospel still the declared end. Next, however, a second doctor who due to circumstances could not be deployed (as planned) to a new mission station, to make converts there by also using his medical skills, was put to the aid of the first, now that he was around anyway, thereby further medicalising the mission. In Foster's portrayal of the situation (ibid.:56), Walker clearly saw that although the local burden of disease was more than enough to keep two doctors busy, “if they .. [kept] them, the medical work would certainly get ‘out of proportion’ to the rest of the work” – this “rest” denoting the by then still uncontested core raison d’être of the entire missionary enterprise: to evangelise. So medicine, seen as something useful in worldly terms, had to be treated cautiously for exactly this reason: once begun, it developed its own dynamics and diverted funds and effort away from the spiritual work that mattered most.\footnote{Cf. Foster (1970.:56ff & 1968:326f & passim).}

The Archdeacon’s concerns were not unfounded; Foster’s description (ibid.:51) of the Mengo scenario can only remain standing as an indication of what had initially been intended, namely, that

the medical work of the mission was always [to be; RB] subordinate to the evangelistic side and, indeed, was [to be] made, whenever possible, to serve an evangelistic purpose. The main reason for having a doctor … was not to work among the sick Africans but to look after any missionary who might fall sick.

By the end of the first decade of the Cooks’ presence, this was not a reflection, any more, of what was actually the case. Patient figures speak an unambiguous language: according to Foster (cf. 1970:66), Mengo attended to some 80.000 out-patients and 1.500 in-patients per year, from around 1906 onwards. This indicates that missionaries themselves had
become a tiny minority among the patients, and that medical services for Africans had emancipated themselves, even within the mission context, from being a direct means to a spiritual end. As Beck says (1970:19) of CMS medical missionary work in Mombasa, “how could .. [a] doctor assume … [evangelistic duties; RB], being most likely overwhelmed with his medical work alone.” With patient figures such as those above, Mengo clearly did not operate any more in line with the conviction of Archdeacon Walker as rendered by Foster, that “the dispensing of medicines did [not do; RB] much good in a place where it was ‘not needed to draw the people under the influence of the mission’.” When two doctors attend to 80,000 patients in one year, diagnosis and treatment, and nothing but that, have clearly become a full-time task, irrespective of declarations to the contrary as by the Cooks

74 Cf. Jennings (2008:40) who also quotes Vaughan's opinion (ibid.:36) that “direct evangelisation during medical work was rarely put into practice – there simply was not the time.” Livingstone Medical College graduates faced the very same predicament: overwhelmed by patient numbers, Johnson says (2010:559), their medical work “appears to have superseded their ordinary duties.” In the College’s yearbooks, high patient numbers are recorded for the post-1900 years (cf. ibid.:558f); for 1898, Johnson still mentions (ibid.:560) the Africans’ “somewhat limited faith in the white man’s medicine,” which would seem to imply a lesser caseload, earlier on. – The Catholics, when eventually they did get around to medical missionary work with doctors, chose another route: irrespective of his or her workload and as a matter of principle, the mission doctor was, as Küsters puts it (1932:71), “certainly not supposed to preach, but ought to be a sermon in and by his work.”

75 Foster (1970:51), again quoting from Walker’s correspondence with CMS headquarters (CMS Mss. 1896. East Equatorial Mission. No. 286). – Already for 1897, 140 major operations (unspecified) under chloroform anaesthesia are on record; and as diagnostic procedures are listed, “[h]aemoglobin estimation, erythrocyte and leucocyte counts, examination of blood for malaria parasites, examination of pus stained for bacteria and ... of urethral discharge for gonococci, urine albumen ..., urine output, specific gravity and glucose content [in diabetes; RB] ... faeces ... for parasites and sputum stained for tubercle bacilli” (Foster 1970:45); in 1909, there was “even some bacteriological culture work.” (ibid.:69) The standard was thus, more than a century ago, not inferior to that of a Zimbabwean district hospital today, so far as laboratory diagnostics are concerned. Albert Cook himself emphasised that Uganda was “a professional man’s paradise [because] ..., in those pioneer days in the study of tropical medicine, any doctor with a microscope, ability to use it, and sufficient thirst for knowledge ... was able to make helpful discoveries.” (ibid.:50f) Fittingly, when the Cooks’ hospital was hit by lightning, their priority in saving material equipment from the fire was “first the laboratory ... [t]hen, ... the operating theatre.” (ibid.:61)
themselves, that a doctor “not of sound evangelical principles would be more bother than he is worth.”

Disregarding for a moment the missionaries’ own health needs, one can get an impression of the role assigned to medical services by looking at where the medical professionals among them were sent: not to areas where the conversion effort was on track, but to those where the heathen proved recalcitrant. Medical mission was, in Williams’ portrayal of the 1840s view (1982:274), “uncalled for among a people already acquainted with the general principles of Christianity, and manifesting little or no prejudice against it and its professors.” This argument still rang true in 1884, as Williams can show (cf. ibid.:275).

Not surprisingly, therefore, the LMS which according to Walls (1982:290f) employed a good number of medical missionaries between 1838 and 1914 (107 out of 987 missionaries in total), sent only two to the Pacific where mission work progressed well, and no less than 48 to China which proved rather unresponsive to the Gospel message.

A special target of CMS medical work were Muslims and Catholics, as the latter had to find out that at Mengo, treatment came at the price of compulsory participation in religious

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76 Quoted in Foster (ibid.:52); cf. Vaughan (1991:66). Approval for the factual reversal of priorities comes from the Lancet, early on; cf. quotation on p440, below (The Medical Mission in Uganda, 1903).


78 It deserves re-emphasis that offering medical services preferentially to the recalcitrant makes sense only on the assumption that NAW medicine indeed has something to offer; it thus also reflects an assessment of NAW medicine as able to deliver. The gradual shift away from seeing medicine only as a means towards spiritual ends, however, i.e., coming to assign importance to physical health in its own right, was in the first place based on a general cultural and, with particular relevance for this thesis, inner-theological process, however much it may have been promoted by witnessing the expanding capacity of surgeons, later also physicians, to actually effect cures; this will be discussed below (pp443ff).

79 Cf. Foster (1970:52f) and also Beck (1970:19), who mentions “the growing strength of Catholics and Hindus in Mombasa” as a motivating force behind a positive evaluation of medical work within the CMS. Likewise, Catholics targeted nominal Catholics by medical work: Dirar (2006:260) describes how the Lazarist Fathers in then Italian Eritrea, towards the end of the 19th century, “gave frequent medical assistance,” one reason being “to re-claim lost Italian souls to their flock.” (2006:261) He emphasises, though (ibid.), that in the absence of “instructions to missionaries to undergo medical training or to carry medicines with them,” much
instruction every morning: “the Roman Catholics ... protested, but I said they must either have our Gospel-preaching and medicine, or go without the latter. They chose to attend,” Foster (1970:52) quotes Albert Cook. Whether these Catholics were baptised locals or European missionaries, Cook does not specify, nor does he comment on how the Catholics processed the experience. Purely empirically speaking though, Gale (1959) reports that it took the St Joseph’s Foreign Missionary Society (the Catholic Mill Hill Fathers) less than a decade after their arrival in Uganda in 1895, to get themselves involved in extensive medical mission work, when the problem constellation with regard to health and disease was no different from what Catholic missionaries had to deal with elsewhere in subSaharan Africa: on the one hand, illness and death of missionaries slowed down “the mission advance which had been planned” (ibid.:272); on the other, those to be converted “kept aloof [here: from the Franciscan Sisters; RB], and witch doctors frightened people away from them.” (ibid.:273) Persevering in their contact making efforts, the Sisters “started a school and a dispensary ... [then] a hospital, St. Elisabeth’s, ... and in July, 1907, the first patient was received and the real hospital work of the Sisters in Uganda began.” (ibid.)

Already at the dispensary level, in 1906, just under 40,000 patients had been attended to, and Gale comments (ibid.) that “[t]he medical side of the Mission [nota bene: not a "medical mission;" RB] had indeed come to stay.”

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80 Gale actually speaks of St Francis Hospital, Nsambya, a foundation of the Franciscan Sisters of Mill Hill, who had been called to Uganda in 1902 by the Mill Hill Father, Bishop Henry Hanlon; they ran their first clinic from 1903 (the same actors, the Mill Hill Fathers and the Franciscan Sisters, started a Catholic mission hospital in Rawalpindi in 1909, already headed by a medical doctor, Agnes McLaren (cf. Dengel 1925)). In the Kampala area, St Francis was in fact already the second medical facility founded by Catholics, after Lavigerie’s White Sisters’ Rubaga Hospital in 1899; cf. Rubaga Hospital Centenary 1899 – 1999:[S.a.].

81 It seems sensible to read such patient figures with a bit of caution: as Kieran (1969:348f) has said, the missionaries reported back home under “a great temptation ... to exaggerate the ‘misery’ and ‘backwardness’ of African life so as to arouse compassion and increase their share of the funds available;” the same logic may apply to figures which were intended to show the amount of good work being done. Zvobgo’s (1986b:111ff) much smaller in- and out-patient figures of Rhodesian mission clinics and hospitals up to the 1950s, appear more realistic.
But even if Catholic medical work for the native population grew towards matching Anglican Mengo as regards patient numbers, services remained, different from Mengo, at the level of nursing care for a long time to come, so far as the specifically Catholic mission input is concerned: e.g., Rubaga had a doctor from Mulago (Government) Hospital visiting “regularly” from 1926 onwards (Rubaga Hospital Centenary [S.a.]:14; my transl.), and a (Muslim) private practitioner “doing ward-rounds twice weekly and available for all emergencies” (ibid.) from 1933 to 1954. The first resident medical doctor with a mission background, Dr Oberhoffer, arrived in 1954. Gale (1959:270) thus describes the early work of the Sisters appropriately as “running dispensaries and .. nursing the sick,” and Beck (1970:18) concurs: “The White Fathers and the Mill Hill Mission did not have trained doctors although they treated the sick.” Where Mengo consciously aspired to meet NAW standards of modern, science-based medical services, Catholics continued in the tradition of compassionate care, even if the meaning of the term gradually shifted together with the context in which it was dispensed: no longer in a xenodochion of old, but in a medical institution in the modern meaning of the word.

Patient numbers like the above, from Mengo or Nsambya, seem to invalidate the impression that the locals were less than eager to take up the offer of NAW medicine. However, this is all about attitudes and the change of attitudes in a domain bedevilled by contradictory impulses: between rejecting something because it is alien, and being tempted to try it just because it is new, in the same way as Middlemarch chronic sufferers felt

82 Nsambya was upgraded already in the 1920s: in 1925, the Würzburg Medical Mission Institute deployed Dr Schuster, who found one colleague on site; but an examination room still doubled up as operating theatre where for “smaller operations … a certain number of instruments .. [were] available.” (Nach Uganda 1925:44; my transl.)

83 The extent of the White Fathers’ involvement in medical care, all across Africa, was nonetheless far from negligible: Louis (1924:58; my transl.) counts, for 1921, 74 “hospitals” (this figure would seem to include clinics) and 189 “dispensaries for the poor.”

84 In Southern Rhodesia, the first Catholic medical doctor affiliated to a mission station was Dr Pattis, deployed by the Würzburg Medical Mission Institute in 1927 to Triashill in Manicaland, by that time still under the CMM. The construction of a dispensary was begun only after his arrival (Neue Missionsärzte … 1928:58); Gallagher (1996:11), speaking of the 1930s, calls it a hospital, run by one Sr Ennatha because Dr Pattis had moved to Mtoko in 1928 where he took charge of a home for lepers; cf. Essen (1991:57 & 107), and Gelfand (1988:137).
inclined to try the newcomer, Lydgate (cf. p246, above). As the example of yaws shows, up-take of services could be very selective indeed, confined to one seemingly miraculous cure out of the entire medical package offered by strangers whose ways and ideas, generally speaking, were difficult to fathom. This up-take could take place leaving the familiar, traditional frame of reference intact, as is evidenced by nurses’ complaints about patient non-compliance with their treatment regimens, once these extended over a longer timespan than was compatible with patient-held ideas of how medicine should work, namely, as a miracle.85 “If the disease recurred, many cast aside their faith in mission medicine,” Etherington (2005b:281) observes, erroneously ascribing this to a lack of understanding (in this case) of the pathophysiology of yaws – as if this condition of non-understanding would not equally have held (and to a major extent still hold) for most European patients, without affecting their faith in NAW medicine.

Jennings (2008:33; my italics) states as a fait accompli that

[t]he establishment of a dispensary offering western biomedicine transmitted to African users cultural discourses far wider than medical paradigms alone: notions of sanitation ...; notions as to 'correct' behaviour and attitudes ...; concepts of 'industriousness', work and obedience; ... western conceptions of the body, of sickness and health.

However, he mistakes the conscious and not-so-conscious intentions of the (medical) missionaries for what they actually achieved; or rather, for what they did not achieve, beyond merely exposing the said users to “cultural discourses” heretofore unknown to them. In Zvobgo’s assessment (1986b:118), Africans retained their own worldview as their frame of reference, and merely took on board individual European items: goods such as guns, or services which they considered useful:

The acceptance of Western medicine by Africans in colonial Zimbabwe did not mean that ... [they] had lost faith in their traditional doctors but that in the treatment of

certain illnesses Western medical technology proved superior to traditional remedies.\textsuperscript{86}

With the same focus on the old faith retained, rather than a new one being adopted, Dirar (2006:268f) says of the medical work of the Capuchin missionaries to Eritrea that they misjudged the set of reasons behind popular use of the medical facilities they provided. Their literature is full of triumphant reports of … enthusiastic gatherings around missionaries during their visits to remote villages. … It appears [though; RB] that in Eritrea as in other parts of Africa … mission medicine was preferred to local therapy in a pragmatic and selective way, based on principles of effectiveness, cheapness, and … availability.\textsuperscript{87}

Dirar identifies as the Capuchins’ misjudgement that they took for the heathen’s attraction to the True Faith what, in his assessment, was no more than a vote of confidence in specific, circumscribed medical services after rational evaluation of their superior quality cum availability. Here, the well-known preference in Central Africa and beyond, for injections over tablets irrespective of the condition to be treated, or the esteem in which x-rays are held as a \textit{therapeutic} intervention, speak a different language: the decision for an NAW rather than a local-traditional medical approach (in European eyes, simply opting for the better if not the \textit{only} effective one) could be taken, not only without intention to convert to the missionaries’ creed, but also for the \textit{wrong medical reasons}. Welbourn (1971:315) gives a non-medical example which, because of its very simplicity, brings this into the open: when, he says, “Mumia – chief of the Hanga tribe in western Kenya – bought arms from Swahili and British, he thought he had procured a form of sorcery more powerful than

\textsuperscript{86} Cf. Janzen (1978:3 & passim) stating the same for lower Zaire; Vaughan (1994:290) takes the argument one step further: “African healing systems … did not keel over and die with the coming of colonial medicine, but continued actively to invent and re-invent new practices ..., sometimes directly incorporating elements of biomedical practice and often creating for them totally new meanings;” cf. Ranger (1982:339 & passim); Curtin (1972:232).

\textsuperscript{87} Cf. Nembro 1953:220ff, 263 & 283ff.
that of his traditional practitioners.”

Hardiman (2006:36f), referring to the Comaroffs’ work with the Tswana, says exactly this of medicine:

The Tswana initially understood the missionaries in terms of their own beliefs about disease, well-being and healing. Hearing them promise dramatic relief from death, disease and affliction, they believed that the missionaries were claiming to possess strong supernatural powers of healing. … They misread the equipment and apparatus that the missionaries carried – their Bibles, … medicine chests and guns – as fetishes that were animated by a mysterious ‘medicine of God’s Word.’

The Tswana’s readiness to take up what the missionaries had to offer in terms of medical interventions (cf. Comaroff & Comaroff 1997:345ff) was thus not simply a rational choice in favour of physical health, nor was it about their being swayed by Christian benevolence; rather, it was about (real or supposed) white power. It is implicit in the Tswana term for gunpowder, the “exploder’s medicine” (ibid.:338 & 345), that

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88 Welbourn quotes Lonsdale, DA. 1964. *A Political History of Nyanza, 1883-1945*, PhD thesis, University of Cambridge. – To expose the kind of logical fallacy which underlies Dirar’s reasoning is the aim of Bloor’s critique of the sociology of knowledge. Bloor insists (1999:81fn1) that not only for ‘false,’ but also for ‘true’ beliefs (in Dirar’s case: ‘correct’ insight leading to the ‘right’ decision as to where to seek medical help), it is imperative to elucidate how they were reached: “The traditional stance towards the sociology of knowledge can be called the ‘weak’ programme. This involves the idea that socio-psychological causes need only be sought for error, irrationality and deviation from the proper norms and methodological precepts of science.” His own “strong” programme, by contrast (ibid.:84), subscribes to “the so-called ‘symmetry postulate’. Both true and false, and rational and irrational ideas, in as far as they are collectively held, should all equally be the object of sociological curiosity, and should all be explained by reference to the same kinds of cause. In all cases the analyst must identify the local, contingent, causes of belief. This requirement was formulated in opposition to an earlier prevailing assumption, still defended in many quarters, which has it that true (or rational) beliefs are to be explained by reference to reality [e.g., in a medical context, the effectiveness of some treatment; RB], while false (or irrational) beliefs are explained by reference to the distorting influence of society.”

89 Such misunderstandings did not go unnoticed; this does not mean, however, that an effort at rectifying matters followed: “Over time one acquires the reputation of ‘uber-magician’; but that one accepts readily, if only one can help,” is Dr Schuster’s comment when she has set a Ugandan woman’s dislocated jaw “in one movement” – which appears as the miraculous cure of a fracture to the patient’s husband. (*Vom afrikanischen Missionsfelde* 1927:88; my transl.; cf. Vaughan 1991:59 & 163f, Hardegger 1987:19)
• the NAW conceptual distinction between the medical and non-medical realms of reality is patently useless when probing the Tswana grasp of what the missionaries did when/if they cured; and that

• whatever they accepted or appropriated of ‘white’ techniques, could be couched within the frame of their own worldview, as rooted in powerful magic (a misunderstanding which was happily accepted so long as it seemed to facilitate conversions).90

Fernandez’ account (1972:19), of the experience of the Fang from Gabon and Equatorial Guinea with the missionaries’ Good News, points in the same direction: for them, “religion was not a matter of faith but a very pragmatic technique for understanding, predicting, and controlling, in short, a science or pre-science.” Their thirst “for more and more knowledge of the Word of God,” in fact, expressed their ardent wish to get introduced into the secrets that lay behind the white man’s power.91 From her ethnographic work in the Zambesi

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90 As MacGaffey (1972:67) reports from late 20th century Zaire, such misunderstandings are not a thing of the more distant past: “Bakongo who believe in the techniques of witchcraft [an overwhelming majority according to him; RB] remain unfazed by mechanical miracles” of Western technology, considering, as a police captain is related doing, e.g., the FM radio in his car as merely “a crude imitation of the spiritual communication system operated by his [prophetic; RB] church.” Fittingly, MacGaffey says (ibid.:57), “magician (nganga) .. was until recently the ordinary term for a missionary.” The ZMR (V,73:363) reports, consistent with such an understanding, that “[e]ver since the drought became pronounced the attendance of the older people on Sundays has dwindled away. They expected us to see to the rain. In return for going to church they were to be secure in their crops and cattle. It has been a rude disappointment to them.”

91 Cf. Kieran (1969:353); Chanock (1972:436f). Such misunderstandings affected even literacy as such, too easily mistaken, as Harries (2001:405) points out, as a mere “skill that can be acquired, like carpentry or sewing.” He quotes a Swiss Protestant missionary to southern Mozambique, Junod, in whose understanding (1913:269) literacy is a technique by which the “savage mind of the Bantu is now being trained to civilized methods.” But, Harries objects (2001:418), his view was not necessarily shared by his pupils: “While the missionaries tied the power of reading to the acquisition of knowledge, many local people saw reading as a performance that carried with it a new source of power and authority. From this perspective, learning to read had little to do with deciphering or comprehending a written message; it was not a skill to be acquired, but rather a ritual to be harnessed.” Cf. Baëta’s reference (1962:15) to the English Bible in Ghana’s Church of the Twelve Apostles, “always prominently in evidence at all meetings … [though; RB] not read, but placed upon the leader’s table, … held over the head of a candidate at baptism, and of each patient, preparatory to the healing exercises, sometimes again when the exercises are in progress.”
valley, Colson (2006:13) reports that as late as the 1940s, Batonga men requested Bibles from her personally, because

they thought the Bible contained the knowledge that was the source of European power, but distrusted the Bibles locally available to them on the grounds that the missions deleted essential passages of empowerment before Bibles were given to Africans.92

Much deeper probing is therefore needed where Dirar straightforwardly posits (2006:253) that, “as a rule, effectiveness and availability are the two main criteria that influence people’s choice,” in situations where alternative medical options are at their disposal. Dirar rightly emphasises people’s flexibility, their readiness to try all sorts of drugs or procedures, almost irrespective of the conceptual soil from which those have sprung; but he, as Zvobgo, as Grundmann, goes astray in the assumption that the relative merits of different interventions are weighed in a simple process of rational decision making – as if feeling better post-treatment necessarily reflected nothing but the effectiveness of the chosen medical procedure, drug, etc.; as if there were no placebo effects, no spontaneous recovery, and no recovery in spite of ‘treatment,’ all of which could be mistaken for therapeutic success stories. A few exceptions in which the relation of cause and effect is so striking as to be almost beyond doubt (ether, morphine), stand next to cases like that of quinine which, in spite of its outstanding efficacy, was ignored for such a long time, by the Europeans themselves, for all the reasons given above.

Coming back from the locals and how they perceived NAW medicine, how they did or deliberately did not take it up, to the missionaries, it appears that the reasons why they got involved in medical work were ultimately the same, for the Protestants who ran Mengo, as for the Catholics of St Francis and Rubaga, namely, to look after the health of their own,93 and next, to use it as a means of attracting the locals towards the Faith. It is a historical fact that the level of missionary engagement with NAW medicine differed considerably, in that qualified doctors became an essential component of medical care in a growing number of

92 I owe this case example to Dr D Summerfield, London, who drew my attention to Colson’s work.
93 This was the declared purpose of founding Livingstone Medical College; cf. Johnson (2010:552).
mission stations on the Protestant, but not, for a good while, on the Catholic side. It remains an assumption, though, which is not borne out by the available evidence, that the letter of Canon Law played a decisive role in this. When the first Catholics eventually made up their minds and entered the *modern* medical mission field, the one defined by the likes of Grundmann as the only really *medical* one, this happened in spite of the letter of Canon Law still remaining unchanged.

Dr Anna Dengel, for example, did not wait for the 1936 decree by the Sacred Congregation for the Propagation of the Faith, *Constans Ac Sedula* (2015), to soften the Canonical rules according to which women religious were not to engage in obstetrics or surgery: she went ahead in 1925 and founded the Society of the Catholic Medical Missions, today known as the Medical Mission Sisters.\(^94\) As the erstwhile Apostolic Prefect of Assam and founder of the Catholic Medical Mission Institute in Würzburg, Becker, explains (1926:112; my transl.), no monastic vows were made “so as not to be impeded in any kind of medical assistance (obstetrics etc.)” – evidence, in his view (ibid.:113; my transl.), that “feasible paths towards solving the question of medical mission” could be found, in spite of Canon Law prohibitions.\(^95\) Becker also mentions (1927a:9; my transl.) the option of doctors training local medical staff as midwives because “mission sisters may not provide their service.” According to Ohm (1935:43), an earlier plan by Dr Margarete Lamont, notably, a convert

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\(^95\) Even Linckens, staunch critic that he was of a medical mission in Grundmann’s or, on the Catholic side, Ambros Mayer’s (1911) understanding of the term, speaks of a thorough pre-deployment medical training of MSC missionaries, in spite of “short-sighted objections … against the training in *certain matters*” (1910:262; my italics); he specifies later (1912:285) what he had hinted at but at the time had chosen not to call by its name: he had personally taken the responsibility for some missionary Sisters to be trained in midwifery – and as he kept quiet about it, one may assume, without an indult having been requested and granted. Keaney (1980:24) reports that Mother Kevin OSF, in 1919/20, took “a modified course in midwifery in France” before returning to Nsambya, and because she “could not qualify or practice” due to Canon Law regulations, proceeded to recruit a female doctor, to train locals as nurses. By contrast, as Keaney also says (ibid.:127ff), Mother Mary Martin, the later foundress of the Medical Missionaries of Mary, took a course in midwifery in the 1920s as well before going to Nigeria, but waited for Canon Law restrictions to be lifted, in 1936, before going ahead with her plans for the MMM.
from Protestantism, to start an association of female medical missionaries, “Alma Redemptoris Mater,” had enjoyed the support of Pope Benedict XV but had foundered. Whatever the reasons, it was not Canon Law: Becker clearly indicates (1921:31; my transl.) that such an association could have been set up “according to the prescriptions laid down in new Canon Law (Canon 673-681) for associations of men and women who, though living conjointly, do not however bind themselves by vows.” He cites (ibid.:32ff) support for Lamont’s project by the Apostolic Delegate of India, bishops and archbishops worldwide, the Cardinal Prefect of the Sacred Congregation for the Propagation of the Faith, as by the Pope himself. During the German Catholic Convention of 1920, Becker claims to have encountered nothing but sympathy and interest for the idea of a medical mission, noting (ibid.:39; my transl.) that “actually, only the financial side was a cause for concern.”

Förster (1924:4) emphasises that when the Medical Mission Institute in Würzburg got off the ground, in 1922, it was with the support of the German episcopate; Catholics who were still opposed to the project are reminded (ibid.:5; my transl.) of the “gracious” endorsement granted by Cardinal van Rossum, then head of the Sacred Congregation for Propagation of the Faith. Clearly, in Förster’s view, obedient Catholics could and should happily let the letter of Canon Law fall into oblivion, knowing that in doing so they did not run the risk of being insubordinate to their Church leadership.

Some had been brave enough to forge ahead, already decades earlier: alongside his theological training in Rome, before his deployment to Papua New Guinea in 1885 (followed by his episcopal ordination in 1889), Henry Verjus had studied “medicine and

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96 As was Floyd Keeler, activist for a modern Catholic medical mission, and author of the seminal text on its history (1925) quoted above.

97 Cf. Becker (1925:81f), and Die missionsärztliche Bewegung in Europa und Amerika (1931) which speaks of a groundswell of support for the medical mission idea within the Catholic Church, from lay to clergy up to the Holy See, from the 1920s onwards.

98 Catholics who had made their peace with the modern world in some of its aspects, knew that Canon Law was not an insurmountable obstacle, and some were even geared for decisive action; said Dr Lamont: “Our good nursing sisters do a lot, just that they are simply offering care. Plainly, it is as if one were to send a battery into the field and left the officers at home.” (quoted in Becker 1921:33; my transl.) Before long, Küsters (1932:68; my transl.) could posit that whether or not to engage in medical mission had been a matter of debate among Catholics, but was not any more: “[W]e are now convinced of the absolute necessity of qualified mission doctors.”
nursing care, preparing himself to be able to help others, later,” Laufer reports (1961:99; my transl.), not indicating if an indult had been applied for. And when the Würzburg Medical Mission Institute became operational in the 1920s, it deployed alongside lay doctors also Dr Thekla Stinnesbeck OSB., i.e., a nun-cum-MD, to St Benedict’s Hospital, Ndanda, Tanganyika (cf. Vom afrikanischen Missionsfelde 1927:89; Essen 1991:62f). By this time, the Vatican Universal Missionary Exhibition had just taken place, housed in eight pavilions, one of which was devoted entirely to the topics of tropical hygiene and medicine, this in itself indicating their now-perceived significance. However, this is not to deny the existence of opposition: well into the 20th century, the Swiss supporters of a Catholic medical mission report that their idea “still meets with fierce resistance in many places.”

99 For more examples of religious actually practising as doctors and even surgeons, see Keeler (1925:87, on the SVD in the Philippines; ibid.:41, on the SVD in China; ibid.:93, on the SVD in New Guinea; ibid.:112, on the Sacred Heart Sisters in India; ibid.:134, on the Sisters of the Good Shepherd in India). It is indicative of the complexity of the situation that Keeler can give all these examples, and at the same time record the obstacles spelt out in Canon Law (ibid.:42 & 176), but when it comes to listing “difficulties” (ibid:103) in the creation of a Catholic medical mission, Canon Law is omitted altogether as one such.

100 Cf. Neuhäusler (1924); Franz (1925); Dürck (1925). According to Franz, the medical part of the exhibition offered symbolic representations of both progressive and conservative views: the Franciscan missionary doubling up as doctor and scientist who had collected more than 2000 specimens from the Chinese pharmacopoeia (ibid.:86), on the modernist side, and an almost life-size sculpture of “priest and nurse, exercising charity among sick natives” (ibid.:85; my transl.), for those inclined towards a more traditional view.

Around the same time, the founder of Catholic mission theology as a scientific discipline in Germany, Schmidlin, still remains virtually mum about (modern) medicine; he has much to say about the civilising aspect of Catholic mission stations, notably their schools and vocational training, the literature, science, and art emanating from there, as well as their charitable work: orphanages, homes for the aged and for lepers, even mission hospitals, but chooses to relegate medical mission, as the “newest” addition, to a half-sentence (1925:10; my transl.). All the more so 30 years earlier: when the Catholics took up the invitation, at that time, to participate in the German Colonial Exhibition of 1896, the generally civilising aspect of their mission dominated their accompanying written presentations: Janssen (1897:128; my transl.) focussed on “setting up roads, farms, plantations … carpentry, smithing and metalworking,” and just in passing mentioned medical help and a building erected for this purpose, “to demonstrate to the natives … the universal character of Christian civilization;” Linckens (1897) reported at length on birds and shells, on the habits and material products of the natives – but not at all on their health or health needs. Only under a secular heading, that of the German Women’s Association for Nursing Care in the Colonies, and by a secular author, Müseler (1897), do the Merciful Sisters of the Most Blessed Virgin and Sorrowful Mother Mary (the Catholic Sisters of Clement) receive mention, as tending to the sick in German colonies.
(Die missionsärztliche Bewegung in Europa und Amerika 1931:66; my transl.)\textsuperscript{101} The trend towards more, not less involvement in modern medical mission was unstoppable, though.

As for such reservations as there were vis-à-vis modern medical mission work, the exemptions to Canon Law prohibitions as specified in the Catholic Encyclopedia (see above, p298) would have applied, before as after the turn of the 20\(^{th}\) century, to virtually all Catholic missionaries in Africa south of the Sahara and all the way to the Cape.\textsuperscript{102} With a comparable death toll among the missionaries in Uganda and in the Zambesi Mission territory, one may thus ask, again, why the ZM Jesuits’ assessment differed so markedly from that of the Mill Hill Fathers or the White Sisters in Uganda, regarding the benefits to be had from systematically engaging in some sort of medicine (e.g., by building a hospital, even if staffed only by Sisters, meaning, initially, religious Sisters who would nurse the sick): why this should be seen as a vital component of the entire mission project, in some places, and as a rather marginal one in others (cf. p382, below, on the actual withdrawal of the Dominican Sisters from nursing care in early Rhodesia).

McHugh’s account (2012) of the medical services rendered by the Daughters of the Holy Spirit in 18\(^{th}\) century Brittany provides a historical case example against whose medico-theological background one may try to fathom the reticence displayed by the Jesuits in the ZM. Describing the practice of the Daughters, McHugh shows that beyond good nursing care, they actively intervened where they believed this would help, e.g., by administering drugs or bleeding their patients, as was “expected” of them by both their “benefactors … and the sick poor.” (2012:449) In doing so, they engaged in activities which, strictly speaking, fell into the working domain of learned men, lay professionals, not of religious

\textsuperscript{101} Deep-seated Catholic ambivalence is evident even on the side of the supporters of modern medicine in mission, e.g., when Le Roy emphasises (1929:6; my transl.) the exemptions granted by the Sacred Congregation for the Propagation of the Faith, even to practice surgery(!), on condition though that there would be no shedding of blood. One is left wondering what kind of surgery this would be. As late as the 1960s, one finds supporters of a Catholic medical mission reiterating what Becker had said in the 1920s, indicating the still-felt need for arguments in its favour; cf. Bettray (1966).

\textsuperscript{102} Cf. Ohm (1934:8ff & passim) on the dismal state of health care for the non-white population of South Africa, justifying in his eyes the deployment of medical missionaries even to this most ‘developed’ part of Africa.
Sisters; their public image may nonetheless have been, as McHugh (ibid.:431) paraphrases Hufton and Tallet, one of holy women leaning “more towards prayer and the call to provide the sick with a good death” – in Hufton and Tallet’s (1987:81) own, somewhat less radical wording, with “little faith in the power of medicine alone to cure, .. [which] in their thinking .. ranked behind nourishment, rest, prayer, and cleanliness.” McHugh rightly argues, from a medical perspective, against belittling the nuns’ nursing as being of lesser value than their more invasive services. He does concede, though (ibid.:447; my italics), that “[f]eeding, heating, bathing, and clothing the sick have been perceived” – as indeed they may – “as a passive option when compared with medical and surgical action,” thus highlighting the existence of a view in which nursing is a less significant way of handling diseases, inferior to the alternative option of waging all-out war against them.

But must “passivity” necessarily be seen in a negative light? McHugh (ibid.), not entirely convincingly in view of all the purgatives and bleedings administered, sees medical realism behind the insight that “[s]ickness was a state to be endured. The perception that sickness was an ordeal to be overcome rather than an external factor to be defeated weighted nursing highly.” Here, it might make better sense to see theology rather than medical realism at work. The professional valuation of good nursing care as the best service on offer – acknowledging that other means were simply not available103 – is one thing; quite another, to prefer “a passive option” over a more aggressively intervening one because sickness is “to be endured.” The pressure and temptation to intervene more actively, to do something beyond nursing care, was there even in 18th century Catholic France, McHugh observes (ibid.:448): “Medications such as purgatives were commonly prescribed, particularly by those physicians who were paid to oversee efforts to combat epidemics[!] and who wished to be seen as fulfilling their task with skill.” This is the expectational horizon of which Lewis Thomas says: “What is it that we … require from the .. masters of the profession? To do something, that’s what. … Something has gone wrong, and … [s]omething must be done, and quickly.” (cf. p238, above)

103 E.g., as McHugh says (ibid.:447fn81), “[n]ursing was Helvetius’s primary treatment for dysentery.”
By the 19th century, this temptation “to do something” had only grown stronger. Marty’s diagnosis of the “imperial self-confidence” of Anglo-American evangelicals (see above, p288), serves well to characterise an attitude towards life in the NAW, in the epoch before the Great War – inclusive of its medicine, if with little justification. This needs to be considered when looking at the reserved stance of Catholics vis-à-vis modern medical mission in foreign lands. In view of all the medical work undertaken by the Church, her clergy and religious, throughout the centuries right up to the 19th, in- and outside of Europe, the evidence is just too strong, against a wholesale rejection of medicine as the motivating force behind her reticence. By the same token, it cannot have been due, primarily, to obstacles created by the statutory provisions of Canon Law. It thus becomes difficult to escape the conclusion that it was modern medicine’s proactive, can-do approach which clashed with a worldview, preconceptions and theological templates that only utilised Canon Law to their advantage, to ward off the idea of a systematic, proactive, interventionist, a modern medical mission.

To characterise the divergent Protestant position, Stern (1961:44fn) paraphrases Troeltsch’s dictum “that after the eighteenth century a different type of Protestantism arose, a neo-Protestantism, an amalgamation of Reformation and Renaissance, that was ready to assimilate the modern world,” a perception which Ohm endorses from a Catholic perspective: he stresses (1935:37) that in the 19th century, no longer everything in Protestant mission and Protestantism generally speaking, at least the Anglo-Saxon one … revolves around sola fides …, around ‘faith alone’. Quite to the contrary, the same Protestants who originally rejected all ‘works’ practically emphasise these most strongly, today. At the same time, Protestantism has strongly turned away from religion, and towards culture. Protestant mission in recent times, as the Protestants themselves admit, is rather ‘cultural work’ than religious mission.104

104 Though not turning “away from religion,” even Catholics like Küsters took steps “towards culture,” e.g., in his suggestion (1932:77) to move from curative to preventive medical care by erecting model Christian settlements; there, the natives would be, not just under a missionary, but under the guidance of the mission doctor as well, with regard to housing, food, cleanliness, sanitation, etc. Becker (1927a:8f; my transl.) candidly portrays the mission doctor in this role: he instructs the native “Christians and promotes among them proper health care, he prevents diseases and epidemics …, [and] pushes for … avoidance of unhealthy
In stark contrast, the predominant Catholic approach to modernity was characterised by a desperate attempt to turn back the clock and return to a pre-1789 world. Therefore, an earlier, more relaxed way of dealing with medicine and surgery, with blood even, gave way to a rigorist approach which tried to keep modernity at bay in ever so many respects: with regard to democratic elections or freedom of speech and conscience, but also regarding the mastery of the human body – though such mastery, for most of the 19th century, was more of an ambitious goal than implementable practice; but seemingly, on Vatican Hill, to see the writing on the wall was enough to break into a cold sweat.\textsuperscript{105} The notable exception, the one eminent Catholic who early on spoke without fear of medicine and its possible advantages, was Cardinal Lavigerie; his contribution will therefore be briefly addressed, next.

6.4 CARDINAL LAVIGERIE, MEDICAL MISSION, AND HOW TO ATTRACT THE HEATHEN TO THE FAITH\textsuperscript{106}

In a 1878 letter to Cardinal Franchi, Prefect of the Sacred Congregation for the Propagation of the Faith, Charles Lavigerie, by then Archbishop of Algiers, ponders among other issues the option of creating a cadre of indigenous catechists for sub-Saharan Africa, to aid the missionaries without burdening them with their up-keep. With this practical concern in mind, and under the general heading of “efficacious means to be adopted for the evangelisation of tropical Africa” by Africans themselves (1956:107; here and in the habits and customs.” Not in a model settlement, but as a Catholic mission doctor among the AmaZulu, Kevekordes (1932:122; my transl.) describes, without even trying to mince his words, how he fights against what he calls “stupidity and fatuity, indifference and inertia, dirt and vermin. One must enlighten over and over again, day out, day in, months, years. … It will certainly take many years to shed all prejudices, to give up the habits and customs of the forefathers, to renounce inherited and ingrained habits, and to adapt to new circumstances.” In this transition, Kevekordes sees himself, the mission doctor, as a culture agent who thereby also becomes a “pacesetter and trailblazer for the missionary.” (ibid.:123)

\textsuperscript{105} Early in the 20th century, though, change was in the air: Küsters (1932:68; my transl.) could posit that whether or not to engage in medical mission had been a matter of debate among Catholics, but not so any more: “[W]e are now convinced of the absolute necessity of qualified mission doctors.”

\textsuperscript{106} For a more general introduction into Lavigerie’s views regarding Christianity and culture, cf. Montclos (1975); for his positioning himself in relation to French-imperialist politics, cf. Tejirian & Simon (2012:119ff).
following, my transl.), he argues that the one profession which always and everywhere is sure to provide an income, and is at the same time respected and influential, is medicine:

[E]specially in a primitive society, medicine offers to those who practise it an easy and certain way of making a living. Not all people make use of houses, … or clothes, or bread, but all want to recover when they are ill. All are afraid of suffering and dying. All are ready to make sacrifices to escape from these trials. As a result, all will accept the ministrations of the one who comes to ease their suffering, all will be ready to pay according to their means when he has cured them. This is plain to see with the missionaries. Although they are not physicians, their knowledge of some herbal or home remedies alone is enough to gather around them and in their houses, the sick who become more numerous by the day. (ibid:122f)

More than that: Lavigerie contends (ibid.:124) that Ecclesiasticus 38:1, “Honour a physician with the honour due unto him for the uses which ye may have of him,” though it holds true everywhere, does so “even more for superstitious groups of people for whom the art of healing seems to have something supernatural. All those who have visited the lands less advanced in human knowledge, have been witnesses thereof.” (ibid.)

By implication, Lavigerie seems to say that he does not himself see anything supernatural involved in healing – that to him it is a worldly craft like others, and only in the minds of the superstitious would its practitioners be endowed with quasi-magical or -miraculous faculties. Could he contemplate the adoption of medicine as a means, earlier than other Catholic missionaries, exactly because he did not see medical professionals in the succession of Christ the healer – not in a quasi-priestly role, thus not as the mission priest’s competitors – but as merely pursuing a bread-and-butter job which throughout all cultures was known to earn its practitioners a living? Lavigerie does, in fact, not only put a training in medicine on a par with one in masonry, carpentry or tailoring (cf. ibid.:120); he even claims that the Lord chose to work His miracles in healing rather than in building or tailoring for the simple reason that this would more than anything else win people’s hearts.

107 As the ZMR (VIII,122:344) puts it, “[s]uperstitious beliefs have always been in direct proportion to the ignorance of natural causes.”
When His immediate disciples followed His exhortation to heal (Lavigerie quotes Luke 10:9), he is positive (ibid.:125) that they did so “by working miracles” as He had done. But not *such* miracles were required today: of the medical mission workers he has in mind, he only expects (ibid.) “the miracles of charity, self-sacrifice and courage.”

The distinction between healing by miracle (then), and as *if* by miracle, i.e., merely in the eyes of those being healed (today), was made in all conceptual clarity on the Protestant side: the Lord Himself, and His disciples for some limited period of time, had worked true miracles in healing the sick, even raising the dead; by contrast,

> [i]t must be admitted at once that the healing works of the medical missionary, however wonderful in the eyes of the heathen, *are not miraculous* … [but; RB] are the fruit of diligent study, of watchful observation, of careful practice by the missionary as by the infidel, the essential difference being that the medical missionary recognizes gladly that his knowledge and skill are *God’s gift* to him. (*God’s Hand* … 1914:68; first italics mine)

However, even if not miraculous, the healing acts of the medical missionary “testify … to the compassions of Christ whose servants the missionaries are, and … by their efficacy in leading multitudes to the Saviour, God sets His seal on medical missions that they please Him.” (ibid.) In contrast to Lavigerie’s musings, we find here, in the first half-sentence, the compassion-related justification of medical mission which in the longer run will carry the day among Christians of all denominations; in the second, the conviction that successful scientific-medical practice will help to bring about the conversions which are God’s will and the missionaries’ ultimate goal. Therefore, the “healing art is *still* the right hand of the Church.” (ibid.)

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108 Rev. Dr Gurney (1924:30), an American Methodist missionary cum doctor working in Mrewa District, puts it thus: “Jesus Christ … regarded this work of physical healing as something so holy that it was entirely in place on the Sabbath Day and in the temple itself.” This and Jesus’ exhortation to the apostles to preach *and* heal, prompt Gurney to claim (ibid.) that actually, “Our Lord might be classed as a medical missionary. Two-thirds of the reported miracles had to do with healing.” From this, his question or rather challenge flows naturally, as to why the missionaries had “such a number of schools and so few hospitals and dispensaries?”
Lavigerie subscribes to this second way of justifying medical mission. Not forgetting the material gains to be had in making use of heathen credulity, he gives his reflections a further explicitly non-health-oriented twist in detailing how medicine can serve to lead the heathen to the Faith: practising the art of healing successfully will earn its practitioner the appreciation of leaders and kings, and may in fact confer so much prestige upon the catechist cum healer, as to result in his becoming a chief himself, with all the promise attendant on this – or so Lavigerie imagines. Behind the apparent progressive who is willing to embrace scientific medicine as a practical means shorn of all spiritual contaminations, a social conservative comes to light whose quite accidental interest in medicine is triggered merely by the leverage it will provide: letting the catechists generate for themselves, beyond their own running costs, a prestige which ideally could make them tribal leaders (at the very least, members of the royal entourage and role models), and thus allow for the mediaeval tactics of converting the rank and file by proselytising from the top. This idea was not specifically Lavigerie's; as Hastings (1994:297; cf. 306ff) says, his "preoccupation with the conversion of kings and the establishment of a Christian kingdom was shared by others …; yet, basically, it was a medieval throwback" – a revealing one in that it bespeaks a worldview held post-1789 in Catholic missionary circles.109 Kieran (1969:355f) gives the example of the Holy Ghost missionaries who

109 The focus on kings was only one aspect of this frame of mind. As Garvey (1994:32) observes, Lavigerie was "not interested in 'industrial missions' and ... was careful not to confuse the works of evangelization with those devoted to economic and social 'progress'." In line with his reservations vis-à-vis modernity, Garvey says (ibid.:185), his missionaries were "seeking to re-create in Africa an integrated social and religious system which they believed had once existed in Europe" – and to this end tried to leave intact and fuse, e.g., "Bemba rural life with christian belief and culture," thereby to avoid the "mental consequences of industrialization" as well as a "system of religious and secular dualism." Cf. the sentiment expressed in the ZMR (VI,92:400) "that in general the Native has nothing to gain from the moral point of view by being uprooted, as it were, from the soil and transplanted into the atmosphere of town locations and mines." What Comaroff says (1991:11) of Protestant missionaries, is thus no less valid for their Catholic brethren: "These men had close ties with the recently marginalized peasantry, and their efforts to forge a new 'Empire of the Spirit' were colored by a nostalgic sense of a lost rural world. In Africa, they would rebuild the ruined garden ..., a community of pious yeomen in which spiritual authority would not be questioned, and technical progress (which they rather admired) would not cause the massive upheavals it had at home, spawning satanic mills and a spiritless working class." Cf. Salaing (1983:277ff & passim) and Pirotte (2001:373; my transl.), on 19th century Catholics feeling ill-at-ease in the modern world, and harbouring a "diffuse desire to reconstruct
were always hoping that an African Constantine would emerge, and as late as 1903, the Vicar Apostolic then in charge of their East African mission wrote regretfully that they still had not seen a complete tribe led to the baptismal font by its chief, as had happened formerly in Europe.¹¹⁰

Consistent with this, Gale (1959:242f) describes the focus of the Mill Hill fathers’ educational efforts in Uganda:

> It was perhaps inevitable from an administrative point of view that education of chiefs and of the upper classes should come first ..., but it must also be noted that this concept dovetailed only too neatly into both the English tradition of aristocratic education for the few, and the Kiganda tradition of absolute power for the chief and nothing for the ‘bakopi’ [serfs].

The rationale, obviously, as was noted already at the time, was to win over “a chief first, who in turn brings over with him a host of converts on the principle of follow my leader.”¹¹¹

Such was the background to Lavigerie’s plan, to offer to African children bought from slavery, “all the necessary conditions for a scientific training: medical doctors, that is, special teachers, [and] a field of experience in a hospital.” (1956:126) The plan was executed in Malta, where an institute was founded for liberated young slaves, the most gifted of whom attended courses at the medical school of the island, though qualifying only abroad a Christian unanimity untainted by evil influences and modern challenges; it was about regaining in distant lands the ground which the Church had lost in the old world. With this perspective, the missionaries often tried to convert entire peoples under the influence of a leader,” and create the equivalent of the Christian kingdoms of old.

¹¹⁰ Wicki (1955:346; my transl.), covering the early colonial efforts of the Portuguese in India, can also not refrain from remarking that “a Constantine or Clovis or Charlemagne has not arisen until today.”

¹¹¹ Gale (ibid.:243), quoting a contemporary source (Jackson to Sub-Collector Jinja, 23 October, 1901, in Ent. Arch. Corr. Busoga, Sept. 1901-May 1906). – With such hopes the Catholics were not alone; as Foster (1970:57f) reports, the UMCA in Uganda also cherished the idea of winning over kings, thereby to tap into their influence on the population at large: “One of .. [the] first patients was the King of Toro who came with a small abscess on his arm and demanding the ‘medicine to make him sleep.’ This was given and the abscess opened, to the King’s delight. Ever after he proved most useful.”
with a certificate of attendance. Half a century later, when Southern Rhodesia’s Andrew Fleming responded to missionaries’ demands for drugs, he saw very clearly that in its own way, their agenda was also not unconditionally health-related; said he: “[t]he care of the sick is in most cases one of the most popular methods by which missionary effort amongst native races endeavours to bring the native under their influence.” In saying so, Fleming commented upon the realisation among the missionaries themselves, of how fruitless their direct attempts at conversion through the Word had proven to be, in spite of all their efforts.

Still, Lavigerie’s approach towards healing, his plainly equating it with the secondary use to be made of it, is particularly brazen; though he does mention Jesus’ personal example as a healer, this is merely in passing and only to identify healing as “the means shown by our Lord Jesus Christ Himself to His apostles to ensure the fruits of their apostolate.” (ibid.:125) He does not even try to evoke the image of Jesus at the Nain town gate, i.e., His healing out of compassion (Lk 7:13, “And when the Lord saw her, he had compassion on her, and he said unto her, Weep not.”). Rather, medical work will secure a livelihood for the catechists, thus create a material basis for their missionary work, and its practitioners are anticipated to ingratiate themselves with leaders and kings. In all this, the Archbishop and later Cardinal does not even try to hide his blatantly instrumentalist understanding of the possible role of medicine in the Catholic mission endeavour.

However, the perception of medicine as a means towards a non-medical end was not Lavigerie’s alone; it was there right from the start, and necessarily had an impact on how health care was offered. On the one hand, as Ranger (1995:241) has observed, “European colonisers [as well as missionaries; RB] brought with them a bio-medical understanding of disease but they did not communicate this effectively to Africans.” They did not do so, one may add, because enlightenment by scientific-medical education was not what they had in mind. This does not necessarily imply that medicine would only be used with the deliberate intention to trick the locals: one must remember that even within the NAW, it took a long time for the informed consent of the patient to become a sine qua non of proper medical work – until quite recently, doctors simply did what they believed was for the benefit of their patients, and that was that. But indeed, a space for deception opens up, here. Mohr

112 Quoted in Gelfand 1976:15.
(1973:221f) describes his own use of medicine in such terms: a sore spot of a Ndebele chief’s wife is

rubbed .. with an impromptu ointment ... The next morning ... [she] told me she had slept quite well, the spirits of camphor had done her an immense deal of good ...; but in spite of this recognition of my medical skill I was glad to get away, as I had no confidence in any permanent results from my treatment.

Some beer and two sheep as the amateur healer’s payment were accepted all the same, though; by contrast, Baines (1877: 10f) does not speak of remuneration, but his logic when giving drugs to locals is the same:

The natives will constantly apply for medicines, ... but many come with imaginary diseases, and would be offended if medicine were refused; to such I have often given cayenne pepper. The strength of my medicine became renowned, and patients flocked from all quarters to test its efficacy.

Gelfand (1976:15f) relates the examples of Mzilikazi who praised Moffat for having given medicine to his favourite wife as well as having helped him, and of his son Lobengula’s appreciation of Father Croonenberghs’ medical services. What kind of medical help does he talk about? The natives came, e.g., “asking for medicine or begging to be cured of their sores.” (ibid.:16) On the surgical side, there was occasionally something to offer (e.g., in one case, the queen mother’s toe is amputated; cf. ibid.). As for the internal medical side, the case of Lobengula’s gout is instructive: the king is grateful for the medicines he was given – and which were those? According to Gelfand (ibid.), an ointment, an antacid, and a laxative, all three useless in the treatment of gout, whose acute attacks, however, would subside spontaneously after some time. Etherington (2005b:280) relates that in the same way, Zulu King Mpande asked for medicine from the Norwegian Lutherans. “Whatever it was – laxative or emetic – Mpande believed it had worked,” Etherington comments, “enabling the Norwegians to plant stations in Zululand.”
In none of these examples can one find a trace of the *enlightening* reasoning of St Paul in Acts 14:8ff, and we need to see how, in historical-factual detail, missionary medicine was employed in Matabeleland, from 1879 onwards. The goal of the Jesuits who went there was very clearly to bring the Good News, to baptise, and to save from eternal damnation. Medicine could possibly be a means to entice the heathen towards this end: dispensed with genuine compassion in view of people’s suffering (and given with the same belief in its efficacy as when used for oneself); or only administered with the intention to coax the locals into accepting Christianity (and with an awareness, fully or partially, of its inefficacy); or offered as the Cooks did in Mengo: as the first step towards the development of a secular medical health service (as an efficacious worldly means to a worldly end), though at the time still embarked upon as a way of building bridges for the heathen, to lead them away from their pagan superstitions and towards the True Faith.

Having reviewed in general, the approach of missionaries from different Christian denominations as well as of one eminent Catholic office bearer, to *modern* NAW medicine as a part of the mission enterprise, the question may next be addressed how the Jesuits of the Zambesi Mission, specifically, approached their self-set task of converting the heathen of Matabeleland – and which role, if any, *they* assigned to medicine.
CHAPTER 7:  MEDICINE IN THE ZAMBESI MISSION

7.1  SETTING THE SCENE

Any historical account of the ZM must start with the Right Reverend J.D. Ricards, titular Bishop of Retimo and Vicar-Apostolic of the Eastern Vicariate of the Cape Colony; from here, and with his support, the Jesuits of the ZM set out. In an undated booklet from his hand, *The Catholic Church and the Kaffir. A Brief Sketch of the Progress of Catholicity in South Africa, and the Prospect of Extensive Catholic Missions on the Point of Being Founded for the Natives of British Kaffraria*, Ricards focuses primarily on mission work in the Cape Colony itself. However, his gaze reaches as far as “the vast countries between the Zambesi and the Limpopo” (ibid.:66), where “the malaria of the valley of the Zambesi is no more an obstacle to the steady advance of the missionary religious Orders of the Church than the sands of the Sahara were to their brethren ten years ago.” (ibid.) The contemporary endeavour is put in the context of an earlier Jesuit mission in the 16th century, to the “Kaffirs of Monomotapa, the country now occupied by the Jesuits’ mission of the Zambesi.” (ibid.:68) The booklet’s relevance to my topic, though, does not in the first place stem from the inclusion of what is now Matabeleland in its scope; rather, from the presentation and development of some problem constellations with which the protagonists of the ZM were to grapple, time and again, over the course of the following decades.

After a brief introduction, the author opens his second chapter, titled *Difficulties*, with the fact that in the Cape, Catholic missionary work did not break “virgin soil. For more than fifty years, most of these Kaffirs have at least heard something of Christianity; many of them have sat under Protestant missionaries.” (ibid.:9) Which are the perceived consequences

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1 For a brief historical outline of the ZM, cf. Roberts’ introduction in Roberts (2009:xiff), and Spillmann (1882: 13ff).
2 Ricards [S.a.]; the text (ibid.:6) identifies as “the time [when] we are writing, the middle of 1879.”
3 Ricards’ choice of the present tense, at a time when the Jesuits had barely set foot on the southernmost part of the area assigned to them by the Holy See, betrays an attitude which Fr Depelchin, the first Superior of the ZM, will show throughout his time in office: to record as achieved what at a given time is merely an intention (cf. p355, below, on *ad hoc* hypotheses to come to terms with the resulting awkward situation when history does not unfold as anticipated).
of this exposure to Protestantism and thus, by implication, to European culture in a wider sense? “[F]rom the Colonial farmers or others who employ native labour,” Ricards reports (ibid.), one hears “a strong opinion in favour of the ‘raw’ Kaffir, as he is called – the Kaffir who has never been a member of a missionary institution – as compared with the ‘converted.’” It goes without saying that as the Catholic Vicar Apostolic, Ricards cannot approve of heathen converting to Protestantism; but is the farmers’ disapproval confined to such conversions? Is it Protestant missionary teaching, specifically, which compromises the usefulness of the converted, as farm-hands? This is never spelt out from the farmers’ perspective; rather, in what appears as a non sequitur, the (factually or supposedly) poor spiritual results of non-Catholic missionary activity are described next, and are analysed as to what must have brought them about. Because they are the result of activities undertaken by “men of unquestionable integrity, possessed of every good quality of mind and heart,” as Ricards grants (ibid.:10), he concludes that where “men of this character do not succeed, we should answer, as every Catholic must answer in such a case: ‘Quomodo praedicabunt?’ (‘How can they preach unless they be sent?’)” (ibid.). These missionaries, so his reasoning goes, had to fail because, as non-Catholics, they could not possibly have been sent to preach in His name: in the end their conversion efforts thus foundered simply because they were undertaken by Protestants.

But surely, the farmers just wanted reliable farm-hands? Would the difference between Protestant and Catholic spirituality – subtle at best, one might assume, in its relevance for manual farm work – truly suffice to make the farmers prefer “the ‘raw’ Kaffir” to a Protestant

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4 Cf. de Waal’s highly favourable assessment (1974:344) of “Kafirs . . not brought up at mission stations [who] . . . therefore, [had] not been impressed that they were in every respect the white man’s equal.”

5 As Danielou puts it (1949:95f; my italics), only “[t]he words of the true Christian apostle, the true missionary, are endowed with divine virtue, and thereby possess a mysterious efficacy that human speech could never possess.”

6 It will take only a half-century for the same Protestants to become “our ‘separated Brothers’” (Le Roy 1929:5, my transl.), from whom Catholics can learn how to emulate the example set by the Master and His disciples, in healing the sick. Already in 1920, Fr Sykes says (ZMR VI,89:302) that the “time is long past when we could hug the comfortable delusion that all Protestant missions were failures and their missionaries incapable of ‘preaching,’ because they were not ‘sent.’” Before long, the ZMR (VII,105:394) will even imagine Catholics and Protestants, together, “driving back or conquering the common enemy.”
convert – but not to a Catholic? Sr Josephine Bullen SND de Namur (in Tiernan 2008:10), en route to the ZM station of Empandeni in 1899, does not hear of any such distinction being made: “The people on board look upon us as going to swell the number of missionaries who spoil the natives. The opinion seems that ‘converted and educated blacks’ have the vices but not the virtues of the whites.” Charlotte Mansfield, on the other hand, by self-description “an independent writer and, perhaps, critic, without an axe to grind or a bias,”7 did notice ([S.a.]:256) a difference between Catholic and non-Catholic ways of

teaching the natives to work, and I must say, that of all the missionaries, the Roman Catholic do the least harm, for they never teach equality nor allow the natives to approach the level of familiarity in any way. They teach them to work and be clean and above all to respect the white man.8

Therefore, she continues (ibid.:256f), “politically as well as socially, the Roman Catholic missionaries may be congratulated” for a kind of training whose outcome it is, in her eyes (ibid.:258f), that the Fathers “enjoy both affection and reverence … [but; RB] none of the hail-fellow-well-met air which is so deplorable about many mission stations and which, without elevating the native, leads to the deterioration of his respect for the white man.”9

7 Quoted in Woman Explorer Amongst Savages (1909:6).
8 Cf. the remark of the ZM Superior on visiting ZM stations in South Africa (ZMR I,10:332), crediting the locals with intelligence and some moral conscience, “[e]vidently not a hopeless soil in which to plant Christianity. All the same the Kaffir needs a strong hand to keep him in proper subjection, … [with] kindness and firmness combined.” The resident Father of one station is praised (ZMR I,13:450) for not having “made the too common mistake of trying to give his converts an education which they were not fitted to receive – to read one or two simple books specially printed for them … was as far as their literary attainments went – but they had been taught to love cleanliness and order, and look upon idleness as an evil.” (cf. ZMR II,16:59; II,17:83ff; II,20:204ff) The ZM Jesuits are at pains to insist, over and over again, that their schools are unjustly criticised for contributing towards “the supposed fact that educated natives become unbearably conceited.” (ZMR VII,104:356)
9 Cf. Schweitzer (1949:114): “How is it that traders and officials so often speak so unfavourably of native Christians? On my very first journey up the river I learnt from two fellow travellers that they never, on principle, engage any Christian ‘boys.’ The fact is that Christianity is considered responsible for the unfavourable phenomena of intellectual emancipation. The young Christians … think themselves too good for
Even in Mansfield’s version, though, of least harm done by Catholic missionaries, Ricards’ point of some sort of corruption of the natives through outside influences is taken up.\textsuperscript{10} More than anything else it is, then, the affiliation of the critic, religious or otherwise, which determines where blame will be put: on Protestantism or Catholicism, on Christianity in general, or simply on the exposure to (secular) European culture.\textsuperscript{11}

Ricards strikes yet another note when he looks at the Protestants’ own assessment of their proselytising (ibid.:11): “For fifteen or twenty years … Heaven seemed to smile on our exertions,” he paraphrases their self-evaluation and continues himself (ibid.):

But then came the turning-point. The children they had reared with persevering and watchful care seemed to slip from their hands, and to fall back into the dark waters of pagan corruption, with a headlong perversity that nearly broke the hearts of their kind instructors. Humanly speaking,” Ricards muses, “what hope can there be for the conversion of such as these? They have known the glad tidings of the better hope; they have heard of Christ, and His unbounded love, and of the Heaven He has opened to all by His sufferings and death; and they have turned their back upon Him, for the gross and carnal things of the most degraded superstition.

\textsuperscript{10} For one officer’s positive valuation of mission-educated natives – clearly a minority position among non-missionaries –, cf. Johnson (1972:74ff).

\textsuperscript{11} From a non-denominationally Christian perspective, “the influence of a social system of which .. [the native; RB] too often sees and assimilates the worst side only,” is noted (Reyneke 1920:16; my italics). Far from blaming the missionaries for “the temptations and vices which dog the steps of civilized advance” (ibid.), their preaching of the Gospel truths is presented as the one conceivable remedy: the Reverend quotes (ibid.) from the South Africa Native Affairs Commission Report of 1903-05 which acknowledges “that contact with what we are accustomed to regard as civilisation has a demoralising tendency as its first effect upon primitive races … [and] hope for the elevation of the native races must depend mainly on their acceptance of Christian faith and morals.”
In Ricards’ analysis it is, then, not just the absence of God’s blessing from a missionary enterprise not undertaken by Catholics; after referring to the people of Israel who had not listened even to the Lord Jesus Himself, he asks of the Kaffirs: “If men will not hear, will not care to listen, wilfully shut their ears to the very rudiments of that teaching which their base passions have led them to despise, how will Divine grace find an entry into their hardened hearts?” (ibid.:12) With this argument, however, we have moved from the “curse of sterility” (ibid.:11) which must befall all (Protestant) efforts undertaken without the blessing of the Lord, to finding fault with those to be converted, which is why there will also be “an almost insuperable difficulty in the way of our Catholic missions” (ibid.:11f), affecting them no less than the said Protestant efforts.12

After addressing cursorily yet another obstacle in the way of Catholic missionaries, the vilification of their Holy Church by Protestant denominations, Ricards comes back to the core problem bedevilling all mission work in the region, which he identifies (ibid.:13f) as

Kaffir law and custom, the indolence, the sensuality, the foul corruption, the degrading forms of superstition, all so diametrically opposed to the simple and trustful obedience, the stern morality, the unyielding principles, the spirit of mortification and penance, and, above all, the stainless purity and exalted perfection preached … by the missionaries of the Catholic Church.13

It comes as no surprise, then, that “the conversion of the Kaffirs to the Catholic Church must be a supernatural work of Divine grace” (ibid.:14), although Ricards does take hope from “the long experience of the old Church … in cases even more unpromising than that

12 Fr Depelchin (letter, 3 April 1879, in Roberts 1979:20) puts into first place the obstacles due to the “wildness” of the tribes to be converted, followed by the negative influence of Protestantism.

13 “Of course,” comments the ZMR (VIII,114:116), “there are plenty of native customs that are quite harmless,” but “[w]e cannot raise these people to the plane of Christianity and true civilization while permitting them the continual exercise of practices which are heathen, immoral and degrading.” The ZMR (VIII,112:57) also acknowledges that superstition is not an African privilege: but while in, say, Staffordshire, superstition crops up occasionally (examples given), “African superstition is not seen in isolated instances of this kind. It is woven into the whole social, political and economic life of the people.”
of the wild, sensuous, and prejudiced Kaffir” (ibid.), and from an unspecified conversion victory that has already been won, supposedly, “even in Africa, in years gone by.” (ibid.)

By 1879, the Catholic missionary effort in sub-Saharan Africa was still in its early stages; Ricards is well aware of the instruction of Pius IX that his clergy should “[a]ttend first to the wants of ‘the children of the household of the faith.’ When the wants of this portion of your flock have been provided for, then turn your attention to the native population.” (quoted ibid.:8) Indeed, thus far, the paucity of priests and the vast area to be covered had factually precluded any major missionary activities; any plan to convert local populations, therefore, called first of all for the recruitment of missionaries from abroad. The obstacles in their way would be formidable; to start with, Ricards laments (ibid.:29) that the Kaffirs have no visible symbols, no idea of the existence and attributes of a Supreme Being, nor of a future state, of rewards and punishments arising out of the moral qualities of our actions in this life.14 They have a vague idea of the immortality of the soul; and, in fact, it is the spirits of their departed friends and ancestors whom they dread, in whom they trust, and whom they endeavour to propitiate.

Moving from the description of the supposed rudiments of local fundamental theology to that of enacted ritual, however, the idea of a factually existing tabula rasa is quickly abandoned for a programme of its creation, still to be put into practice, in order to allow for subsequent Christianisation:

During the process of sacrificing, as well as afterwards, certain rites and charms are performed, the nature of which and the manner of performing them are known only to the initiated. An account of a few special rites or sacrifices are [sic] added, that the reader may have a clearer idea of the mass of superstition which must be cleared away from the minds [sic] of the benighted and devil-bound Kaffir, before he

14 He presents excerpts in English from a 1615 Thesaurus Rerum Indicarum, by one Fr du Jarric SJ, on the missionary work of Father Gonsalez Silveira SJ, according to which at the coast of Sofala, “[l]ike the bare canvas, on which no colour has yet been painted, and which is prepared to receive colours of all sorts, the inhabitants have no religion.” (ibid.:74f)
can be brought to behold with simple and childlike faith the great eternal Sacrifice of
the new covenant. (ibid.:32)\textsuperscript{15}

In gory detail, rituals are described (ibid.:33), e.g., of a beast’s shoulder being “skinned,
and cut off while the wretched animal is still alive;” throughout the ceremony “the poor
animal is left to writhe in agony.”\textsuperscript{16} We remain in the dark as to why the Kaffirs actually act
as abominably as they do, but the hideousness of the procedure as such is graphically
depicted. With some understanding, at least, is it then related (ibid.:35f) how,

when a person is sick, or a misfortune has happened to him, the priest [isanuse;\textsuperscript{17}
RB] declares that this is owing to … one of his ancestors, who is offended at the
neglect of the descendant; he declares that a special sacrifice is necessary to
appease the ghost. … When all charms have failed to remove sickness, &c., then
recourse is had to the ‘smelling out [of witchcraft; RB].’ The people of the kraal,
where the sickness is, proceed to the kraal of the priest. … By and by the priest
rushes out of his hut … and commences jumping about in the most frantic manner.
After a time he … names those who have bewitched the affected persons. … [A]
rush is made on the unfortunates, and … [t]hey are then tortured … in a manner too
horrible to describe, to make them … reveal the materials by which they performed
their enchantments. If they confess they are released; but more generally put to
deadth.

Ricards assures us (ibid.:37) that “[o]f course the English Government uses its best efforts
to put down this horribly barbarous custom wherever it can trace its existence.” To leave no
doubt about the moral depravity of a people who would engage in such rituals, he informs
his readers (ibid.:28) that regarding

\textsuperscript{15} “[B]enighted, proud, [and] hard-hearted” the Xhosa are also according to the ZMR (I,2:56) of November
1898.

\textsuperscript{16} Cf. ZMR II,23:334f.

\textsuperscript{17} As Ricards explains (ibid.:30f), “[t]he term priest is used rather than doctor (the name applied to this class
by the colonists) because they offer sacrifices, and officiate in the superstitious rites. The administering of
medicines is an accident, not a necessary function, of their office.”
morality before marriage, it will be sufficient to say that there is no term in the Kaffir language for virgin. Abortion is almost universally practised, and the shocking practices recognised by Kaffir law and Kaffir customs relating to the young of both sexes are sufficient to banish from the female mind every sentiment of purity, or even of shame. What we have said will be sufficient to show how great are the difficulties before our missionaries in the work of converting the Kaffirs … on the score of custom and morality.

Wherefrom to expect change, then? Rather pragmatically, preaching the Good News is not considered strong enough in itself, to make such people mend their ways and convert to the Faith – not, anyway, so long as their traditional culture and society remain intact. Therefore, Ricards has in mind a step-by-step approach where at first “much time and patience will be required to root out the evil weeds of paganism, bad government, and social abuses, and so prepare the soil for the seed of the Divine Word.” (ibid.:38; my italics) In this rooting out of paganism, medicine will in due course be assigned the role of countering the machinations of the isanuse. But first of all, in almost Marxist fashion, “British rule and even-handed justice” (ibid.) are portrayed as guaranteeing property rights which in their turn will ensure that “the well-disposed and industrious Kaffir be protected in the possession of his earnings,” this state of affairs guaranteeing in its turn that he “can laugh to scorn the threats of being ‘eaten up’” (ibid.:40) (i.e., of having the fruits of his labour taken away). A change in the way how people produce and reproduce themselves is presented here as entirely desirable, showing Ricards in wholehearted support of the

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18 One may thus marvel at the success of said Father Gonsalez Silveira in the 16th century, who needed only “some days, until the king and some of his nobles should be sufficiently instructed in the precepts and rudiments of the Christian faith,” followed by the baptism of the king and his mother who, Ricards tells us (ibid.:90), “wished to embrace the Christian religion.”

19 The much-maligned complicity of mission with colonialism appears in a new light, here: rather than mission appearing as the facilitating precursor of colonial subjugation, a dependence of Christianity is acknowledged, on colonialism’s antecedent ‘softening-up,’ if not outright destruction of traditional society, for the Faith to make inroads. As is indicated by the emphasis on “simple and trustful obedience,” on “simple and childlike faith,” the colonialism here embraced and the mindset which it is anticipated to bring about, are imagined as European minus the enlightening, empowering side of modernity: e.g., Ricards advocates a modern, actually Protestant work ethic (see below), but rejects outright the French Revolution, calling it “this ‘scourge of God.'” (ibid.:46)
colonial enterprise— he simply cannot otherwise foresee Christianity to prevail. Writing retrospectively, Otto agrees (1939:194; my transl.) that “[b]ut after the division of Africa among the European powers in the second half of the 19th century could mission in combination with colonisation exercise freely and generously her beneficial work across the entire continent.”

Against a racist perspective, however, which maintains that the “Kaffir is essentially an animal; [and that] it is part of his very nature to bask in idleness and wallow in sensuality” (ibid.:40), Ricards upholds a systemic approach avant la lettre. Even Europeans would turn idle, he asserts (ibid.), if the fruit of their “industry and frugality” were not protected from “lawless rapacity and unrestrained and unpunishable plunder.” Also, the “diabolical superstitions which have so long weighed, like a hateful nightmare, on the spirits and energies of the most promising of the native tribes” (ibid.:41) needed to be considered. At exactly this point Ricards sees a role for hospitals: they would challenge “the position of the witch-doctor or intonga,” and within a generation, “the natives, nursed and cured in those institutions, would, by their grateful acclaim, have banished the dread name of intonga to the regions of the loup-garou.” (ibid.)

“As to the objection arising from the indolence and idle habits of the Kaffirs,” Ricards contends (ibid.), their reform should be regarded “a fine field for energetic men” (ibid.:42), the likes of which he has identified in the Trappist monks. Theirs is a

20 His chapter III on The Frontier Kaffirs is written exclusively from a colonialist perspective, with the Kaffirs “openly showing a very hostile feeling,” whereas the colonial governor is trying to “avert hostilities by kindness and conciliation. But the Kaffirs broke out on Christmas-day, and … invaded … the frontier, burning farm-houses and murdering the inhabitants.” (ibid.:19) A dissenting perspective among the Whites is alluded to only disparagingly (thus at least acknowledging its existence, though), as “misrepresenting, as barbarous outrages on the Kaffirs, the spirited defensive struggles of the frontier colonists, and coddling the morbid sensibilities of the so-called philanthropists in the mother country” (ibid.:20; cf. also his chapter VII on the civilising mission of the Trappists in North Africa). For a Catholic perspective highly critical of colonialism in South Africa, cf. Spillmann 1882:1ff (his criticism facilitated, though, by the convenient equation of this historically specific case of colonialism with Protestantism).

21 Decades later, the ZMR will argue in favour of Christian Villages (VI,91:369ff) for a similar reason: to protect the newly converted against exposure to heathen superstitions and temptations and ascertain their “spiritual welfare.” (ibid.:370)
devotion to the cultivation of the earth ..., reclaiming waste lands, draining marshes, and rendering the earth fit for the habitation of men ... – in the swamps of America, on the desert plains of Asia and North Africa and Australia, as well as in the pestiferous marshes and apparently uncultivatable lands of Europe. (ibid.:48)

Such men, the bishop believes, are needed in his Vicariate: “The material prosperity and ever-growing beauty of a large model farm ... will exercise a powerful influence for good on the minds of the .. Kaffirs.” (ibid.:50) A Trappist enterprise in Algeria, he claims,

with its hundred acres of vineyards, its orange-groves, its rich cornfields, and extensive plantations, and hundreds of thousands of fruit-trees – its dairies, its apiaries, and busy workshops – has been successful in winning even the wild and frivolous Arab ... to habits of steady and persevering labour. (ibid.:50f)

This is his template, and anticipating its implementation in his Vicariate, he asks (ibid.:51) if there is not

every reason to believe that the sinewy Kaffir, who, when he is so inclined, takes to toilsome exercise as a positive pleasure and relief from listless ennui, may, by the patient care and encouragement of these masters in the art of agriculture, be formed into habits beneficial alike to himself and to the whole colony?

To this, following Ricards, there is but one possible answer: “We cannot doubt it.” (ibid.)

Core tenets of modernity, its perspective on the earth as man’s laboratory, on man himself as an agent of change, and on work as a moral good rather than a mere necessity, are so much on the bishop’s mind that he goes as far as “putting aside for a moment the views of

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22 Later, in the experience of the ZM, it posed more difficulties than the bishop had anticipated to bring about the unlearning of “the traditional lesson of their race, that manual labour was the lot of slaves, conquest and hunting the only pursuits worthy of freemen.” (ZMR III,36:234)
faith.” (ibid.:52)23 What was introduced as a mere pre-requisite to facilitate the heathen’s conversion, apparently, may also be conceived as an end in itself, namely, of

sweeping away those impediments of superstition and indolence and sensuality, which, up to the present, have deprived the colonists of the best labour in the world, and, through the want of it, have paralysed the aims and projects of our most enterprising farmers. (ibid.)

The same author who has identified the French Revolution as the ‘scourge of God’ (cf. fn19, above) turns out to be, with regard to work and work ethics, a modernist through and through.24 The two projects, colonisation/modernisation and Christianisation, thus dovetail, and depending on context, the one becomes the pre-requisite of the other: much as the thorough penetration of traditional society by Christianity is dependent on colonialism, successful colonisation beyond mere subjugation is in need of concurrent Christianisation. This is how Ricards presents the Trappist undertaking in French Algeria (ibid.:53; my italics), as an example to be emulated:

The colonisation of Algeria was … a serious difficulty for the French Government. Religion, morality, the rights of property, the domestic relations, commerce, agriculture, everything, in a word, which gives stability to society, had to be created in this land, devastated for so many centuries by the blighting curse of Islamism. It

23 As Ricards, More (1946) traces the origin of this valuation of work back to the monks of the early and high Middle Ages, and credits them not only with re-cultivating the wilderness that Europe had become after the collapse of the Roman empire, but also with imparting to the barbarian intruders from the north their own “taste for and love of work.” (ibid.:281; my transl.) Turning to his mission field, the Belgian Congo, More anticipates that there as well, it will only be “through work that one will get to moralise and civilise Africa; unfortunately, in the Congo, work, and in particular working the soil, is disreputable.” (ibid.; my transl.)

24 In his footsteps, his confrère Bishop Jolivet, the Vicar-Apostolic of Natal, will say in 1890 of the Mariannahill missionaries that “[t]hey give the best lesson of all to the negroes, that of work.” (quoted in Brain 1975:173) The ZMR (I,4:120) concurs, quoting the Rhodesia Herald of 19 January 1899: “To teach the native the dignity of labour is in this country a desirable thing.” (cf. ZMR I,6:204; I,12:410ff; and I,12:396, on “not only the necessity, but also the dignity of labour”) Cf. also ZMR (IX,127:2): “The trouble with savagery is that it penalizes initiative, and makes conservatism the law of life.”
was clearly seen that, *without the aid of religion, nothing solid or durable could be effected.*

But not only the shortcomings of the (North African) natives, “wild and frivolous” as they were, had to be overcome; at the same time, in the words of a French governmental report from which Ricards quotes (ibid.:54), “the continual emigration of the vices of all Europe, and the passions excited by the abuses of conquest” needed contending with, all of which necessitated religion to “exercise its moralising influence on so many conflicting elements of mischief, and subdue this heaving mass of debasing instincts and degrading tendencies.” (quoting continued, ibid.:54f) In this predicament, the said report sees a role for the “austere and beneficent lives of Catholic priests, whose mission it would be to bring .. [the Arabs; RB] into subjection by their arms.” (quoting continued, ibid.:55) Ricards wholeheartedly concurs, and, extending the role of the Church beyond mere conversion work, himself as well, sees her as quite comprehensively “labouring in the cause of true civilisation.” (ibid.) He lists external achievements towards this end, such as churches, schools, and hospitals built; emphasising however that “something more was wanted” (ibid.:56): an attitude towards life – “love of home and family … [valuation of; RB] the security of existence, as the fruits of honest labour.” (ibid.) Here, Ricards believes (as do the representatives of the colonial government whom he quotes) that through “the cultivation of the soil” (ibid.) such attitudes would be fostered, a hope and expectation which, to his mind, should also guide the instruction of the Kaffirs in his Vicariate.

How could this practically be done? Ricards cites approvingly from a letter to the abbot of La Trappe, written by the Governor-General of Algeria at the time when the Trappists where moving towards opening a monastery there: “[C]olonisation cannot be effectually carried out save by populations working under a kind of military organisation,” the Governor-General says (quoted ibid.:57). A soldier himself, he equates monk and soldier as “subject to a strict discipline, accustomed to passive obedience and the endurance of privations; they both labour for the community, and are directed by the will of one alone. Hence I am convinced that your institution will prove a success.” (ibid.:58)
He also expresses his conviction that the “example of your virtues, the practice of your good works, and, above all, your tolerant charity, … [will] gain over to you the hearts of the Arabs whom we have subdued by the force of our arms.” (ibid.) A discrepancy, however, if not a contradiction hiding in these two statements goes unnoticed, both by the writing officer and by the bishop who quotes him: on one side, there is the success of a religious institution as an economic enterprise; it is anticipated to result from “strict discipline, … passive obedience, and the endurance of privations” (not just by the monks, one must assume, but by the entire workforce comprised primarily, by necessity, of natives). Winning their hearts, on the other hand, is supposed to come, “above all,” through good works and charity – an ideal directly contrary to the enforcement of a working morale based on the idea that only he who works, will earn his pay.

As for economic success stemming from discipline and privations endured, the Governor-General and in his succession the bishop stand in the tradition, without so much as acknowledging it, of Marx’ analysis of the role of primitive accumulation (1986:667ff) in the rise of capitalism: based upon legislation enacted under Henry VIII, Edward VI, Elisabeth and James I, the peasantry of England (as well as, under similar legislation, of France and the Netherlands) were “first forcibly expropriated from the soil, driven from their homes, turned into vagabonds, and then whipped, branded, tortured by laws grotesquely terrible, into the discipline necessary for the wage system.” (ibid.:688)

25 Cf. Decker (1879:291f). As Otto points out (1939:200f; my transl.), the missionaries held very similar convictions, grossly overestimating “the Mohammedans’ readiness to convert … in the truly mission-romantic spirit of their time.”

26 Talking of his plans for South Africa, the bishop is convinced (ibid.:124) that the “material prosperity of the model farm, its hospital, and its hôtelier cannot fail to exercise a salutary influence on the surrounding natives; and the young missionary priests, who are burning with ardour to throw themselves into the work of native missions, will … share in the prestige of the good monks.”

27 Ricards hopes (ibid.:59) that the “example of patient, persevering, disinterested toil for the welfare of others, and … acts of unfailing generosity to the poor and sick and infirm, … will surely fall like the gentle dew on the hearts of our Kaffirs, and fructify in them the Christian virtues of faith, hope, and charity.” In this statement, however, the other, the modern side of post-Reformation Catholicism does not even appear, much as it occupies space in the bishop’s reasoning elsewhere: the conversion of the Kaffirs to an NAW work ethics, according to which the acceptance of privations must take precedence over the expectation of rewards.
Through the use of *such* means, says Marx (ibid.:689), the advance of capitalist production develops a working class, which by education, tradition, habit, looks upon the conditions of that mode of production as self-evident laws of Nature. ... Direct force, outside economic conditions, is of course still used, but only exceptionally. In the ordinary run of things, the labourer can be left to the ‘natural laws of production,’ *i.e.*, to his dependence on capital, a dependence springing from, and guaranteed in perpetuity by, the conditions of production themselves.28

Until such conditions have come to be accepted as a matter of course, however, brute force is needed to subjugate the erstwhile peasant, now destitute, under the joke of capitalist work discipline: he is “more inclined to become vagabond and robber and beggar than labourer” (Marx [S.a.]:624; my transl.); hence the need, Marx elaborates (1986:686, citing legislation enacted under Henry VIII), for a legislation that threatens with whipping and imprisonment for sturdy vagabonds. They are to be tied to the cart-tail and whipped until the blood streams from their bodies, then to swear an oath to go

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28 With regard to the most relevant historical alternative to this kind of dependence, i.e., the access to arable land, Marx quotes Hunter (ibid.:674): “A few acres to the cottage would make the labourers too independent.” Cf., in this respect, Hughes’ description (1967:16) of the Rhodesian situation: “For nearly all tribesman [sic] .., the tribal land has become the basis of a ‘non-contributory pension scheme’. It is something to fall back on. It is a home to which one can always go, when old age or hard times come on, and where one can (theoretically) always be assured of a ‘fair share’ of one’s own community’s [sic] natural resources.” Observing the feeling of independence which follows from the simple knowledge of this home base’s existence, Schweitzer points out that “[t]he child of nature becomes a steady worker only so far as he ceases to be free and becomes unfree” (1949:84); in Marx’ terminology: insofar as he is set free – expropriated – from his land and thus bound to sell his labour force. As this, by and large, did not happen in subSaharan Africa, Schweitzer can conclude that “[t]he negro, then, is not idle, but he is a free man.” (1949:82) Speaking of the Nyassaland peasantry under colonialism, Chanock (1972:439), in part quoting from Hunter (Hunter, G. 1962. *The New Societies of Tropical Africa*. London: Oxford University Press), describes the attendant mindset: “[R]egular [wage; RB] labour implied a commitment to a new life which people neither wanted nor needed ... Cash needs were more easily met through migrancy – from the[rural; RB] refuge, ... the peasants raided the cash economy for goods” (for a list of those, cf. ZMR III,46:603).
... [and] ‘put themselves to labour.’ ... For the second arrest for vagabondage the whipping is to be repeated and half the ear sliced off; but for the third relapse the offender is to be executed as a hardened criminal and enemy of the common weal.

In a footnote (ibid.:687f, fn2), Marx quotes from Strype’s 1725 Annals of the Reformation and Establishment of Religion and other Various Occurrences in the Church of England during Queen Elisabeth’s Happy Reign, that “rogues were trussed up apace, and that there was not one year commonly wherein three or four hundred were not devoured and eaten up by the gallowes.” In this way, the masses of pre-modern Europe were remade by force, for them to conform to the requirements of an emerging capitalist modernity. In the colonisation of the non-European world, one of whose core economic peculiarities in the sub-Saharan region has just been described in the last footnote (cf. also p70fn26, above), the effort at creating a ‘proper’ work ethic ran under the heading of civilising the barbarians, and as Hausberger (2004) observes, the use of brute force to inculcate the necessary moral values was not deemed too far-fetched in missions, either. He gives the example of South America, where in the Jesuit reductions in Paraguay (ibid.:94; my transl.) “shearing of the head, being tied neck and heels, and especially flogging” were staged in public, as much to punish wrongdoers as for the educational benefit of all.29

29 Hausberger quotes a Jesuit source of the earliest hour, de Acosta’s De procuranda indorum salute of 1588, which subdivides the non-Christian world into the East Asian civilisations (where force is considered counter-productive), the civilisations of the Andes and Mesoamerica as an intermediary group, and a lowest rung of bands of barbarians, waiting “to be tamed, like wild animals, and educated towards being human, and ... if need be, have their eternal salvation forced upon them.” (ibid.:84; my transl.) The AmaNdebele will eventually appear in this latter light in the writings of the ZM Jesuits, when, disenchanted by their experience, they give up toying with the idea of the noble savage, as initially they had done. Cf. Fr Law speaking of “fine, civil, quite gentlemanly young fellows full of cheerfulness & fun” (letter, Law to Weld, September 1879, quoted in Gelfand 1968:103); or of “the flower of the Amandebele, as they passed us ... A finer set of men I never saw together” (Law’s journal, 1 February 1880, quoted ibid:181), prompting his summary judgement: “I .. like the Amandebele very well. They seem a very cheerful people. They ... would make excellent Christians, for they are well trained to obedience, and have plenty of courage” (letter to the Mother Superior of the Convent of Our Lady of Good Hope in Grahamstown, 27 January 1880, in Law 1882/83, part iii:146). For an account of the Jesuits’ vacillations between the AmaNdebele as noble and virtuous, or else as degraded and wretched, cf. Chennells (1977:44ff).
Another tradition of thinking, equally relevant in this context, goes back to Max Weber, some of whose insights around the monk-soldier issue the Governor-General and Ricards in his wake seem to anticipate. “The ascetic principle of self-control .. made Puritanism one of the fathers of modern military discipline,” Weber remarks (2003:235n81). More generally speaking (ibid.:121), he identifies “the significance of the Reformation in the fact that now every Christian had to be a monk all his life.” In pre-Reformation Catholicism, he asserts (ibid.), “asceticism, the more strongly it gripped an individual, simply served to drive him farther away from everyday life, because the holiest task was definitely to surpass all worldly morality;” this, he concedes though (ibid.:120), is not tantamount to claiming that Catholicism had restricted the methodical life to monastic cells. … [I]n spite of the greater ethical moderation of Catholicism, an ethically unsystematic life did not satisfy the highest ideals which it had set up even for the life of the layman. The tertiary order of St. Francis was, for instance, a powerful attempt in the direction of an ascetic penetration of everyday life.30

Even so, “everyday morality which sufficed as a minimum … was not measured [in earlier Catholicism; RB] by such standards as Puritanism demanded,” (ibid.) By the 19th century, however, the Reformation and developing capitalism had had their impact on Catholic thinking as regards working morale and the morality of working.31 In Ricards’ case, disciplined labour and endurance of privations have become undoubted moral values to be imparted to the Kaffirs; the entire gist of his booklet shows that this he takes to be a matter of course.32 As for the means to achieve this attitudinal make-over, the whip, the branding iron, and the gallows are not mentioned any more (are not mentioned, anyway, by the

30 Cf. pp66f, above.
31 In his beginnings, even had Luther thought, as Thomas Aquinas had done in the 13th century, of “activity in the world as a thing of the flesh, even though willed by God. It is the indispensable natural condition of a life of faith, but in itself, like eating and drinking, morally neutral.” (Weber ibid.:80)
32 Among North Africans, the praiseworthy “habits of steady and persevering labour” mentioned above are supposed to have already become a reality, as a result of the Trappists’ work, “winning even the wild and frivolous Arab, from the passionate love of arms and the gaudy accoutrements of mimic warfare.” (Ricards [S.a.]:51); Hausberger (2004: 93) makes the same point with regard to the Jesuit reductions in Paraguay.
missionaries\textsuperscript{33}): the desired change on the side of the locals is anticipated to result (apart from untiring preaching and ultimately, always, the grace of God) from the charity, kindness, and good example set by these emissaries of the Lord cum ambassadors of the NAW – whom, no doubt, so the assumption goes, the locals will be eager to emulate.\textsuperscript{34} In the Governor-General’s reference to discipline and “passive obedience,” on the other hand, and in his explicit acknowledgement that the locals were “subdued by the force of our arms,” the violent side of colonialism is clearly named, a violence of which Ricards unequivocally approves in its \textit{intentions}, though not in all its expressions – a position we shall encounter in the ZM as well.

In summary, Ricards text offers a good number of interpretational aids, readily available for the critical or disenchanted Catholic observer who must come to terms with the slow progress of missionary work in the decades following 1879. Central to success, evidently, remains God’s blessing (early on, its absence is even adduced to explain, supposedly satisfactorily, \textit{Protestant} failure). But as the Lord is taken to be with Catholic missionaries – which does not exclude the possibility of individual failures of theirs –, lack of success on their own side has to be attributed to other causes: obstacles deliberately created by the Protestants; the moral wretchedness of the converts-to-be; their entrapment in superstition, promoted by seduction as well as by intimidation (the role of witch-doctors); these psychological processes in their turn being facilitated by the socio-economic conditions of life in this part of sub-Saharan Africa, conditions which promote dependence on and submission to the representatives of the traditional order, chiefs, kings, and again witch-doctors. From this theoretical armamentarium, whatever set piece suits best at any given moment can be picked in the \textit{ad hoc} fashion described by Popper (2004:81 \& passim), to ‘explain’ failure where success should be.

\textsuperscript{33} Nor will they ever appear in the post-WW II development literature which will define the tasks of the missionaries’ secular descendants: development workers and volunteers.

\textsuperscript{34} With the benefit of hindsight we know that Ricards was wrong in judging the success of the Trappists in North Africa, on both counts: the hearts of the Arabs were not won over to Christianity ("Arab parents now earnestly desire to have their children instructed in the faith of their kind teachers," he says ([S.a.]:58), as if Islam were on the retreat); nor did the missionaries successfully implant an NAW working morale on North African soil. The bishop thus stood on shaky ground when extrapolating from such evidence that “the worst passions of a corrupt paganism” (ibid.:59) could be overcome in \textit{Southern} Africa as well.
Later, success will gradually come, with some modifications along the lines of the old missionary model where the primary focus is not on just any individual convert-to-be, but on the king and his nobles: in the case of post-Lobengula Matabeleland, the colonial ‘aristocracy’ – Cecil Rhodes, his comrades-in-arms and successors – came in already as believers (at least in the nominal sense of Christianity-as-civilisation), and a growing segment of the conquered populace – which had resisted in its vast majority, to the very last, military-political subjugation as well as Christianisation – over time adopts the faith of the new rulers in the context of acknowledging that the old times are over.

7.2 MEDICINE IN THE ZAMBESI MISSION, PHASE I: FROM ITS INCEPTION TO THE TEMPORARY CLOSURE OF EMPANDENI MISSION IN 1888

The originators of the Zambesi Mission within the Society of Jesus, no different from Bishop Ricards, saw lying before their mind’s eye, in the description of Fr Weld (1878:146), the assistant to their Father General and in charge of the ZM,

a virgin soil, and many millions of souls, lost indeed in heathenism, but having this to raise our hopes, that they have never rejected the light of the faith … They have not yet been cankered at the root by [Protestant; RB] heresy; neither have they learnt the vices of which Christians are capable, because they have never seen the face of a white man. For them it is in some sense the Day of Pentecost which is dawning.

In this assessment of the work to be done, the natives themselves do not as yet appear as an obstacle to their own conversion: “The population on the left bank of the [Zambesi; RB] river is simple and industrious,” Weld claims (ibid.:147), and has not been corrupted by Europeans bringing along with them more vice than virtue: unbelievers, merely nominal Catholics, and Protestant ministers (all of them in need of being brought back into the fold of the Church, themselves). In Matabeleland, between the Limpopo and the Zambesi, hunters, traders, and gold panners, as well as Protestant missionaries had been active since Moffat’s time, but in order to be able to reach out further north as Weld suggested, it
was in this region where the Jesuits' work had to begin. The territory assigned to them, after all, extended northwards from the tropic of Capricorn (see map), so even if “virgin soil”

Map of the Zambesi Mission (from ZMR IV.60:i)\textsuperscript{35}

\textsuperscript{35} The numerous subsequent quotations from the ZMR are meant to give an impression of the mindset within the ZM as a project; individual authors, though often identified in the ZMR, will therefore usually not be named. Quotation will be by volume, number, and page, e.g., above, IV.60:i. Not only reports from the actual
was what they longed for, stepping stones were needed to traverse the vast expanse of land stretching between the northernmost outposts of NAW civilisation in the Transvaal, and the Zambesi.

Hopes for a first such stepping stone were dashed when King Khama of the Bamangwato was found firmly aligning with the LMS, not allowing the Jesuits to establish a permanent presence at his capital, Shoshong. The next monarch further to the north was King Lobengula of the AmaNdebele; his capital, Bulawayo. The Jesuits did what they could to ingratiate themselves with him, as they did later with Cecil Rhodes and the British South Africa Company, to whom a quasi-medical service would be offered and gracefully received: the nursing care which Mother Patrick and her Dominican nuns provided to the advancing settler column.

Initially, however, none of the earliest missionaries (first of the LMS, then of the Society of Jesus) engaged in any systematic medical work once granted access to Matabeleland, where King Lobengula (and before him his father, Mzilikazi) kept a close eye on them; other lands under Ndebele suzerainty like Mashonaland remained off-limits, anyway. Later, when Mashonaland did become accessible, it was there and by others that the first steps towards a medical mission were taken: of the different Christian denominations which were proselytising there in the last decade of the 19th century, Gelfand (1976:11, 100 & 103) mentions as missions with a qualified medical doctor on site, Morgenster (Dutch Reformed Church, 1894), Mount Selinda (non-denominationally Protestant/American Methodist, 1893), Manicaland (Anglican, 1891), and Old Umtali (American Methodist/Episcopalian, 1903); as missions without a doctor, in Matabeleland, Inyati (by the non-denominationally Protestant LMS), Hope Fountain (LMS), and the ZM Jesuits. He comments (ibid.:12): “It would seem that these [latter] two missionary societies were so imbued with the faith and love of God that they neglected to practice the already available knowledge on how to deal with the fever and relied instead on spiritual protection.”

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ZM territory will be quoted, but also from the eastern Cape Colony, the Jesuits’ South African home base between Dunbrody, Grahamstown, and Keilands.
In the initial phase of the ZM, professionally practised medicine thus did not play a role; describing the situation, Gelfand says (1968:21f),

we know from chance remarks made by the Jesuits that they actually knew about quinine and its use in malaria, ... [but] most of their letters are singularly vague about any training they received in medical matters before coming to Central Africa.

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36 As has been detailed above (cf. pp222ff & 246ff), the term ‘knowledge’ should not be misconstrued, as Gelfand seems to do, in the light of later scientific insight. The Jesuits’ grasp of “quinine and its use in malaria” did not go beyond the level of easily associating the two words, fever and quinine, allowing for a practical approach as described by Fr Law in his journal (22 February 1880, quoted in Gelfand 1968:185), where he does not even feel the need to specify which kind of pills he offers, much less (if those happened to be quinine) consider them the only useful remedy: “Found Lee sick with fever as well as his wife. Gave him some brandy, wine & pills & mustard.” (cf. letter, Law to Weld, 18 February 1880, ibid.:208) Similarly unspecifically, Fr Terörde speaks of “quinin [sic] wine for sick ones” (letter to Weld, 8 April 1880, quoted ibid.:232), and Selous is quoted as recommending Warburg’s fever tincture (quinine being one of its many, but secret ingredients: letter, Lea to Weld, 25 February 1881, ibid.:372). The most detailed treatment account of what the early missionaries call the Zambesi-disease I have found in the diary of Fr Weisskopf of 30 November 1880 (in Spillmann 1882:364; my transl.): step one, in general malaise, headache, joint pains, “[t]ake rhubarb-pills” (a mild anti-diarrhoeal or a laxative, depending on dosage); if also febrile, induce sweating (cf. p367, below, on the use of Dover’s powder) and take the above rhubarb-pills plus “an ample portion of hot cooked quinine;” if unsuccessful, proceed to step two: “Oleum Crotoni,” a strong laxative (i.e., forget about quinine!). Not surprisingly in view of such tinkering, Fr Weisskopf reports elsewhere (in Roberts 2009:260), how, when “paralysed by illness,” he makes “application to the Sacred Heart, and promise[s] five masses if .. [the Lord; RB] would condescend and restore us all to the necessary health” (cf. also ibid.:274, his treatment of a child “on the point of death” with holy water and a novena: “the child recovered rapidly”). Even Fr Law (letter to de Wit, 29 June 1880, in Gelfand 1968:325), though favourably disposed towards medicine, is more precise about quasi-spiritual remedies against fever – “St. Ignatius water” – than about the concurrently taken “natural remedies.” Two decades later, the ZMR (II,16:74; my italics) has not become any more precise: the sad end of the mission to the AbaGasa, with dysentery and blackwater fever experienced by the missionaries there are described, but the only remark as to the fever’s treatment is that “the box that had contained remedies was empty.” All the above does not even take into consideration the issue of proper diagnosis, for example in the case of Fr Terörde’s death, where Depelchin favours poison as a cause (letter to Fr General, 15 October 1880, in Gelfand 1968:364), while others object; e.g., Fr Berghegge (letter to his parents, 21 November 1881, in Berghegge 1958:13) says that “his death can be explained very well without poisoning;” possibilities considered are fever, drinking local beer while feverish, or more generally, the ingestion of cold liquids when heated (letters, Lea to Weld, 11 & 18 February 1881, in Gelfand 1968:366 & 367f).
or any plans to manage an attack of malaria … With the heavy mortality they experienced [Fr Fuchs, their first casualty, died of “fever” a mere half year after they had entered their mission territory; RB] we would have expected far more medical information to emerge in their writings.

Only of Fr Croonenberghs Gelfand says (ibid.:43) that he “had had some training in medical matters,” helping him to establish for himself “a fine reputation amongst the [local; RB] people as a healer.”(ibid.)37 There is nothing on record, though, of the illnesses and deaths among their own being discussed from a medical perspective, between him and those with at least some superficial knowledge: Frs Terörde and Fuchs, both of whom, Gelfand reports (ibid.:27 & 28; cf. Spillmann 1882:350), had served in the “Prussian medical corps in the Franco-Prussian war.” As we shall see, Etherington’s assessment (2005a:12) that “medical work was an optional extra for most mission societies, who accepted sickness, death, and miraculous cures as part of the Providential ordering of the cosmos,” would apply almost without reservation to the ZM Jesuits.38 Furthermore,

37 Some of his diagnoses/interventions in the course of 1880 which he specifies (Diaries of the Jesuit Missionaries … 1959), are “persistent ophthalmia … anti-phlogistic liquid” (ibid.:43); “His Majesty … a prey to the excruciating pains of rheumatism … massage” (ibid.:50) as demonstrated by himself; the King’s horse’s “shoulder cut open by an assegai … need[ed] to be stitched” (ibid.:62), which he does successfully. He does not detail his treatment of “children, sickly and covered with sores” (ibid.:56), but deplores the “sad contrast between this wonderful climate, like an earthly paradise, and the terrible sicknesses suffered by the wretched population.” (ibid.) In the ZMR (IX,143:471ff), a letter of his of 15 May 1880 (to Fr Weld?) is printed in which he speaks of having “made up two perfect medicine boxes, containing each about seventy most necessary medicines … [and] instruments” (ibid.:473), unfortunately none of them specified; in view of what has been said above (cf. pp223ff & passim; cf. also p259 with a list of content of a medical box around 1910), one must suspect that most of these were useless. Johnson (2008:258) sees even the Burroughs and Wellcome medicine chests to which the ZM Jesuits will warm almost half a century later (cf. below, pp401fn114 & 405), in this light: “[A] small medicine chest with a majority of tablets whose effectiveness was at best uncertain, would probably not have improved the preservation of health in tropical climates to any great degree.”

38 The exceptions being: Fr Croonenberghs’ practice as described; Fr Law’s remarks on it, as well as on medicine in general (cf. fn40, below); and one early remark of Fr Depelchin’s (letter to Weld, 17 September 1879, quoted in Gelfand 1968:135), that he “would be very glad if you could get [us; RB] a father who understands .. medicine.” Though the express purpose named is, once again, to endear the Jesuits to the King, the reason why the idea comes to the ZM Superior’s mind is another: a serious illness of Fr Croonenberghs’. Fr Weld (1880:41), sitting safely in Europe, puts this same illness in a spiritual context in
emulating the stance taken by Lavigerie (cf. pp331ff, above), virtually no traces can be found in the Jesuits’ letters of the time which relate to the first (italicised) half of Etherington’s subsequent remark (ibid.; my italics), that “[m]edical missions were mainly supported as a holy imitation of Christ the healer and [also; RB] as bait for their preaching.”

To this latter idea of a bait, though, there are quite some references. E.g., Fr Croonenberghs’ reputation is mentioned approvingly by his Superior who, with a view to the locals, and as a means to further the actual mission work, says (letter, Depelchin to Weld, 10 March 1880, in Gelfand 1968:221f) that

Father Croonenberghs … has become the great doctor of the country … Even the King sends his queens and his children to be treated by him. Of course this makes our mission very popular and is a good introduction to get into favour with Lo Bengula and his people. All this shows also that to take care of sick people and especially of sick women will be the principal work of our nuns … Therefore we should have nuns well up in medical knowledge as the Sisters of Charity … I say all this to prepare our plans and to have sisters trained for their future labours.

Notably, however, at the time when the opportunity arose to act on this idea, i.e., after King Lobengula’s deposition, it was not followed through. The entry point was there, ever since Mother Patrick and her Sisters had arrived with the first settlers. As Weinrich says 1975:222), on entering Mashonaland, the Dominican Sisters served “as nurses, though most of them had previously been teachers;” but, she continues, “[s]oon after they had which the question does not even arise, what someone knowledgeable could have done to cure it: “[I]t pleased God to try them.”

39 For one exception, cf. p498fn25, below; there, however, the example of the Master is not used to justify specifically medical activities, and we have already reached the year 1914, 35 years into the history of the ZM.

40 Fr Law comments in his journal (22 March 1880, in Gelfand 1968:188): “What a useful thing it is to know even a little doctoring.” To Fr Weld he writes (4 May 1880, quoted ibid.:239f) that “[e]very morning there is a small group of people that come to F. Croonenberg [sic] to be doctored. I wish we all knew a little medicine.”
settled down in the new country, they reverted to teaching.”\(^{41}\) Weinzierl [S.a.], in her booklet to commemorate 100 years of Dominican work in Rhodesia and Zimbabwe, speaks of 24 hospitals and clinics eventually founded by her order;\(^{42}\) remarkably, though, of four foundations in the early 1890s, at major colonial settlements, the order continued to run only one until 1952; three others were handed over to lay personnel between 1898 and 1901, after three to ten years of running them, indicating that these nuns, trained as teachers and having come to evangelise, indeed saw their involvement in nursing care but as a stop-gap measure. (cf. below, p382fn83, on the one Dominican Sister with a nursing background)\(^{43}\)

Worse than this: praised as Fr Croonenberghs’ medical work is, for the good will it creates among the local population and with the King, it earns him criticism even at its amateurish level. Dangers are mentioned; one, getting in too close contact with women, as Fr Depelchin says: “The Fathers in such a country as this will be in great danger if they have to attend women in their illness.” (letter, Depelchin to Weld, 10 March 1880, in Gelfand 1968:221; cf. letter, Terörde to Weld, 15 May 1880, ibid.:249) The main concern, however, is about temporal needs taking precedence over spiritual ones. Though praised from the angle of charity (cf. letter, de Wit to Weld, 28 July 1880, ibid.:275), medical work is clearly perceived as a spiritual threat: “F. Croonenberghs is well up to his task …, is good, has a great deal of human prudence & tact. Only I wish he were more spiritual & religious” (letter, de Wit to Weld, 14 July 1880, ibid.:270). “He is kind and patient towards all the sick without discrimination, and looks after them and treats them (with considerable success) just as if he were a doctor. He is hard at work from morning to night … with scientific matters and with attending to .. temporal needs” (letter, de Wit to Fr General, 16 June 1880, ibid.:267) – the reverse side of the medal being that he “certainly seems to lack something of that zeal for prayer and the interior life which the Society rightly expects in its missionaries” (ibid.); in a word: “He does seem to be too taken up with external affairs.” (ibid.)

\(^{41}\) Cf. Varian (1973:26), and Gelfand (1973:113). Only from 1925 onwards is there an incipient flow of clinic foundations at mission stations, with a continued Dominican presence, mostly into the 1960s to 1980s.

\(^{42}\) Of the work done there, she says that the sick were “nursed,” rather than (medically) treated.

\(^{43}\) In Gelfand’s account of the Bulawayo Memorial Hospital (1988:37ff), the Dominican nuns withdrew because the Board wished to see its hospital run by certified nurses, a condition the nuns could not meet as fast as was demanded.
Does he attend to his spiritual exercises as he should and actually is obliged to, as a Jesuit? This is called in doubt (cf. ibid.); as regards fasting, he “seems to think that we should observe no abstinence at all” (letter, de Wit to Weld, ibid.:273). Fr Croonenberghs himself (letter to Weld, April 1880, ibid.:234), describing his work and plans for Bulawayo, says that he intends to build three rooms for his confrères, then a chapel, then plant a garden, then construct “a room for sick people … I will begin a school for black people in a few days. I go twice a day to the town to attend the sick and I receive plenty of people with all kinds of diseases.” At the very same time, April 1880, Fr de Wit, not denying that Croonenberghs “has the repute and the practice of a clever doctor (physician),” or rather, it seems, just because of this, asks, “[b]ut is he Jésuite avant tout? (letter to Weld, ibid.:235)"44 Remarkably, such concerns are never raised with regard to the Brothers who throw themselves into carpentry, blacksmithing, farming, etc.

The one remark of Fr Depelchin’s exempted (cf. fn38, above), Croonenberghs’ practice thus finds the unreserved support only of Fr Law, while de Wit, sent in by Weld to assess the performance of Depelchin as Superior after complaints about his leadership, actually even doubts Croonenberghs’ credentials as a proper Jesuit; Depelchin and Terörde will not go this far, but agree that his way of acting is not right. Their disagreement is about how to remedy the situation: the Superior wants to keep him for tactical reasons, for the time being, to capitalise on the good will his work creates; as Terörde puts it (letter to Weld, 15 May 1880, in Gelfand 1968:249), he, Depelchin, contemplates “removing him after 3 years from that place [Bulawayo; RB] – but I [Terörde] fear that it will be too late.”

Against the backdrop of what has been said it appears that the “dangers to which Fath. Croonenberghs exposes himself in doctoring” (ibid.) are twofold: letting him carry on for another three years means that he will continue to have far too close contact with women, with all the attendant temptations; it also means that his inclination towards overvaluin

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44 If we take Fr Croonenberghs’ cri de cœur of March 1880 as describing his position, it is striking how little ‘worldliness’ it took in those early years, to have one’s credentials as a Jesuit questioned: “Ah! if only we had a more comprehensive medical training, what a great service we could do! And the cure of the body would undoubtedly help us, little by little, towards the conversion of souls. It would indeed be wonderful if we had … a hospital, staffed by the good Sisters of Charity.” (Diaries of the Jesuit Missionaries … 1959:50)
“temporal needs” will be left unchecked. On both counts, de Wit implies, his Superior needed to be more worried about the risk they pose to their confrère’s eternal salvation. However, while carnal desire may lead (may one say, ‘only’?) to Croonenberghs’ personal downfall, his overvaluing of the temporal is a risk to the entire mission as well: the ZM Jesuits were keenly aware of the two sides of human existence – the temporal and the eternal – and struggled to keep them in the right order, as Law does when he speaks of Fr Fuchs’ death (letter to Weld, 18 February 1880, ibid.:207): “F Fuchs, the first offering of our dear mission45 – Altho’ it is a happy thing for that holy religious – I’m afraid it may do harm (humanly speaking) to the mission.” Fr Depelchin also acknowledges both aspects, but puts the emphasis differently (letter to Fr General, 11 February 1880, ibid.:204; my italics): “Only too soon for us [Law’s “humanly speaking;” RB] has God crowned his piety, zeal and sacrifice; however by bringing his sweet soul to heaven God has given the Mission an advocate. These are the first fruits.” In his diary (8 September 1881, in Roberts 2009:245), explaining to the King of the Barotse “the purpose of our mission,” Fr Depelchin leaves absolutely no room for doubt about why the Jesuits have come to this part of Africa and what they wish to achieve: “What we desire above all is to instruct .. people in religion and thereby make them good and happy on earth, but chiefly happy after death.”

Looking not at mission work, but at his own salvation, Fr Law says (letter to Weld, 20 October, 1879, in Gelfand 1968:145): “I look upon it every day as a great mercy to be allowed to be here & perhaps some day to make up for past defects, at any rate to offer oneself up to our dear Lord through His grace with an attempt at contrition.” More generally speaking, Fr Depelchin also offers his life (letter to Weld, 10 March 1880, ibid.:221): “I shall start for the deadly regions of the Zambezi, at the end of April … It may be my last sacrifice. May the holy Will of God be done.” And in the same spirit, but also alluding to the topos of vicarious suffering which will be developed in the next chapter, Fr de Wit (letter to Weld, 12 June 1880, ibid.:255) describes the missionaries as men who

devote their whole lives to the salvation of souls in Central Africa. Scarcely one of them will ever return home & would consider it their greatest happiness & reward, if after labouring for shorter or longer time in the missionfield to which they are sent,

45 Cf. Weld (1880:43).
they were allowed to die for Christ’s sake & for the souls for whom the Div[ine] Redeemer shed the last drop of His blood.46

By the time of de Wit’s writing, this is what Fr Fuchs had already done: in a letter of 25 February 1880 (to Weld?), Fr Depelchin says of him (in Roberts 1979:279) that he “offered to God the great sacrifice of his life for the success of the Zambesi Mission and the salvation of the Blacks.” Later in the same letter (ibid.:280f), he adds that

the cross has always been the pledge of triumph. We must keep the firm hope that the death of this missionary, in a far distant land, will, like the blood of the martyrs, bring to birth some people chosen by God among these unfortunate peoples for whose salvation we are ready to shed the last drop of our blood.

Viewed from this perspective, Croonenberghs’ medical work, tactically useful as it might be, can indeed not escape the verdict of potentially leading its (proud?) provider as well as its grateful recipients astray. As a form of Catholic charity, Fr de Wit approves of it (cf. his letter to Weld, 28 July 1880, in Gelfand 1968:275), but he cannot help noticing that within nine months in Bulawayo, the Jesuits have managed to entice only two men, both of them not Ndebele, to ready themselves for baptism, and as for Fr Croonenberghs, de Wit’s final judgement (ibid.:276) hinges on a condition: “if he becomes a spiritual man he will be very useful to our mission. I say very very useful” … if, that is. This, then, is Fr de Wit’s imagined solution (letter to Weld, 3 June 1880, ibid.:324; my italics): needed are, “before all talents good religious men … [who] will be of great use if they have some experience & knowledge of medicine to res[cue] the poor souls of the natives after treating with true char[ity] their bodies.” Clearly, medicine is not perceived as a profession, here, which in its own right should become part of the mission enterprise.47 But even in the foremost example that was available to the ZM Jesuits, that of Fr Croonenberghs, of the combination of priest and at

46 To the first years of the ZM, Hastings’ verdict (1971:8) applies that indeed “[i]n many parts of the world in the nineteenth century, the average missionary anticipation of life can hardly have been more than two years. … Faith and commitment could not be greater.”

47 30 years later, in 1911, Mayer still prefers the idea of a combination, this time of priest and properly qualified MD, an option contemplated but rejected by Linckens (cf. above, pp310f).
least somehow professionally knowledgeable healer, they found evidence that medical knowledge as such – “however little,” as Fr Law puts it (letter to Weld, 3 March 1880, ibid.:306; cf. ZMR IV,54:309) – had the power to lure its practitioner away from the real task that they had set themselves.48

Fr Croonenberghs, though, was not the only one to dabble in medicine; on 28 February 1883, Fr Prestage, who had joined the ZM in March 1882, records in his diary (in Gelfand, 1968:439) that he was “[t]he last few mornings considerably occupied with doctoring. Who would have thought that I should have been called upon to treat fever cases, cholic [sic] etc.” In Prestage’s 1884 diary (Rea 1963), examples of his involvement in medicine abound; e.g., entries for 9 to 20 August 1884 (ibid.:315f), on Br Vervenne’s “pleurisy. We are hard put to apply the usual remedies as no leeches can be found,” he writes, resorting therefore to “hot fermentations and turpentine” applications. The humoral-pathology-based concept of cure through the extraction of noxious substances is clearly expressed when the Brother spits blood, which is identified as possibly “nature throwing off what inefficient doctoring should have done” (ibid.:316); likewise, when one of their staff is ill, “apparently of dysentery,” and is sensibly fed on broth but is also given, of all drugs, a “light aperient.” (ibid.:319)49 For 11 to 14 March 1885 (cf. Gelfand 1968:458), the diary speaks of setting, splinting and bandaging a broken leg; for 30 May (cf. ibid.:461), of poulticing the knee of a child of the King; for 19 August (cf. ibid.:464), of visiting sick people; for 21 March 1886 (ibid.:468), of attending to one of the queens “suffering from paralysis of the arm,” and for April of the same year, of several patients with fever (one of them Selous, whose “heavy fever” (ibid.:469) Prestage treats(?) with a purgative and by whose bedside he watches during one night).

48 The other aberration, besides the overvaluation of worldly goals, would obviously be the growth of hubristic trust in one’s own power (cf. above, pp115f & passim), the opposite of the frame of mind in which the first ZM Jesuits accepted their unwelcoming reception by King Khama as described by Weld (1880:27; my italics): “It pleased God that they should be disappointed. They resigned themselves to His will, and He turned their sadness into joy.”

49 Miasma-related concepts have not been abandoned, either: as Br de Sadeleer remarks in his diary (29 April 1881, quoted in Roberts 2009:57f), “the fertility of the country is equalled by its unhealthiness …; the swamps, filled with the rotting remains of vegetation and animals, give off harmful miasmas;” cf. Fr Depelchin’s diary, 10 July 1880 (ibid.:112), and Fr Weisskopf’s, 1 October 1881 (ibid.:268).
Of his own fevers, Fr Prestage reports (Rea 1963:310) that he “[s]tayed 5 hours & exposed to warm sun, which brought on some sickness of what character I know not. In the evening I had a slight fever with cold sensations, took medicine.” Two days later, he is down with a “splitting headache. Took quinine,” and yet another day later, feels “[m]uch better.” (ibid.) After a week of feeling unwell, he is “[v]ery indisposed with shivers in the morning,” is too weak to say mass, but then “[m]uch improved by a good sweat under blankets excited by Dover’s powder” (ibid.:313), only to be indisposed again two days later; for two weeks in a row, he is “indisposed with slight fever … obliged to take to my bed, owing to shakes and headache,” suspecting that “[w]ind .. seems to bring back my fever … [which] seems to visit me every other day.” (ibid.:315) Such is his understanding of fever/malaria, such his self-treatment. 16 years later, Sr Josephine will still say that “Fr Prestage’s table is covered with books and medicines.” (in Tiernan 2008:17) The wording is thus as non-specific at the end of the century as it was at the beginning, as is the action taken on its basis. As Gelfand remarks (1964a:23), Mungo Park had used “the all-embracing term medicines and instruments at the bottom of his list” of requisitions for his 1805 Niger expedition, indicating both his lack of specificity in and the lesser relevance given to this matter.

50 A mixture of powdered Ipecacuanha root (a sudorific and emetic) and opium, used to induce sweating.

51 Fr Weisskopf reports receiving a letter from Fr Depelchin (in Roberts 2009:267), on 31 July 1881, in which he is asked to send “medicines: quinine, purgative pills and emetics, in brief, all the remedies against the common diseases of this region.”

52 Cf. Churchill (1969:118), who is equally imprecise. – As regards the indeterminate language around fever/malaria/quinine, the contrast to descriptions of the use of opium is striking: after an accident en route in which their guide sustains multiple fractures and is in severe pain, Fr Depelchin’s diary of 10 June 1880 (in Roberts 2009:97) reports that he “asked for laudanum to ease his suffering … and we gave him a dose of thirty drops” (cf. Terörde, 12 June 1880, in Spillmann 1880:271, on Laudanum, Arnica externally, and Arnica and Aconite internally, for the same man). Likewise, Berghegge (1958:5f) describes in detail how he treats a wound inflicted by a buffalo: first, “wash the wound carefully; then, for want of something better I put some olive-oil on the wound and applied a poultice of kaffir corn flour.” Three days later he treats swelling around the wound with leeches. An example from the spiritual realm shows how almost obsessively meticulous the missionaries could be: Fr Lea (letter to Weld, 11 February 1881, in Gelfand 1968:366f) describes how, after hearing of Fr Terörde’s death, he “ordered 3 Masses and 3 pair of beads – Did I exceed – should it have been only two. It is a missionary place. He was not attached to any house in particular – or if he was only a small one – and so it would correspond to our position in England. Three Masses and three pair of beads.” The Jesuits thus are exceedingly precise, report even on their doubts where they are aware of them, i.e., one should not take their
Their inability to be more specific (and thus more successful) in their (self-)treatment, however, did not make the ZM Jesuits reconsider their attitude towards professionally practised medicine, in spite of a clear awareness of the problem at hand: in his diary, Fr Prestage records on 21 March 1883 (in Gelfand, 1968:440) the death of a child whom he had been “[b]usy doctoring;” he comments: “Another soul in heaven. Thank God” – but only to continue: “Had I better knowledge of medicine ..., I might have done more. The last few days have more deeply convinced me of the truth, that a little knowledge is a dangerous thing. A wrong dose might eventually do incalculable harm.” As Sr Josephine’s diary shows, though, this is where matters still stood almost two decades later: the missionaries had continued to treat themselves and others, but their level of medical understanding had remained unchanged; Fr Prestage’s insight had not been acted upon by letting the interested ones among them attend some form of medical training, and the step to call in lay professionals had not been taken, either.

Of King Lobengula’s two sides, his personal affability vis-à-vis the missionaries as individuals, and his obstinate intolerance of Christianity being taught to his people, the former had invited efforts at enticing him towards support for the ZM by all possible means, including medicine.53 His obstinacy, by contrast, had concurrently fostered hopes of his

vagueness around malaria, its diagnosis and treatment, as merely a case of cursory reporting on an issue which on the ground would actually have been meticulously attended to.

53 Not even with regard to Sisters, though, is nursing the craft which consistently come to Fr Depelchin’s mind, first. Spillmann (1882:181; my transl.) quotes from his diary (10 September 1879) where he sees Sisters as equivalent to Brothers, and after a long list of crafts from blacksmith to watchmaker on the latters’ side, anticipates a role for the former “in accustoming the little Kaffir girls with all female chores and know-how.” Fr Croonenberghs, having found the AmaNdebele wilfully deaf to the Good News, uses one year later all conceivable means to win over the King, on the occasion of his visit to the mission station (ibid.:233): next to brandy (refused), and a camera obscura (Spillmann wrongly translates Lobengula’s Umthakathli as “jack-of-all-trades;” Lloyd, in Diaries of the Jesuit Missionaries ... 1959:67, correctly: “sorcerer”), he also tries to capitalise on the King’s concern for the children whom the latter has just called “the hope of our nation.” Says Croonenberghs: “Sire, ... [m]any of these poor children die young, because in this country You do not possess such grand institutions as we white Catholics do everywhere in Europe, where wise and virtuous misses take care of the aged, the sick, and especially of children.” A day later, he puts a plan (in his account ascribed to Fr Depelchin) before the King (Spillmann 1882:235), to build a house where “we want to introduce misses, God-fearing ladies, to care without charge for the sick, the aged and children ... in short, ..
deposition and replacement by 'civilised' colonial rule, from early on.\textsuperscript{54} Eventually, with the possibility of a violent clash between the BSAC and King Lobengula on the horizon, Empandeni, by that time the only remaining ZM Mission Station, was closed temporarily in November 1889, to be followed by the advance of the settler column into Mashonaland in 1890. The Jesuits, who had contemplated closing down the ZM in Matabeleland entirely as the AmaNdebele under their King appeared unconvertable, could now have a new start, and they jumped at the opportunity with the secondment to the settler column, of Frs Prestage and Hartmann as chaplains, and Mother Patrick and her nuns as medical auxiliaries, if this is what one may call them.

\textsuperscript{54} Cf. Fr Terörde in his diary, 7 August 1880 (in Spillmann 1882:309).
At their withdrawal from Matabeleland in 1889, the Jesuits had left Empandeni in the hands of a caretaker; when they returned with the settler column organised by the BSAC, in 1890, it was to Mashonaland, where they founded the Chishawasha Mission Station in 1892. By the time Empandeni was re-opened in 1895, the cards had been reshuffled: the AmaNdebele had been beaten militarily, their King had fled and died, and the reins of power had gone into white hands. Under such new circumstances, the ZM Jesuits started their second attempt to bring the Glad Tidings to Matabeleland.

The first three Catholic rural mission stations there were opened in this order: 1895, St Francis Xavier, Empandeni, following the aborted 1887 to ‘89 attempt; 1902, Notre Dame, Embakwe; and 1923, St Josef’s. Leischner asserts (2004:37; my transl.) that the Jesuits pursued a policy of founding Christian villages next to their mission stations, with schools and “a health service for the blacks,” without providing evidence for his latter claim. There is undoubtedly example after example of a missionary giving medicines to locals, but while the approach towards schools was systematic (erection of a building devoted to the purpose, assigning the task of teaching to specific individuals, having a timetable drawn up which teachers and pupils are meant to adhere to), health care delivery remained a haphazard undertaking. In fact, not a single facility dedicated to this purpose was opened at any of the Jesuit mission stations during their time in Matabeleland (see table, following page).

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55 Quite to the contrary, this is the instruction Depelchin received from Weld (letter, 1 July 1879, in Gelfand 1968:92) on the founding of a mission station, with no amendments made, to my knowledge, at a later stage: “[A] house, school and Church will have to be built.” Cf. the same list of house, church, and school in Fr Prestage’s planning as he moves north with the settler column, which the ZMR in 1909 (III,46:635) says is “still being carried out,” as the ZM policy. Even regarding their biggest station, Chishawasha, we are told (ZMR II,19:180) of a “substantial Community house …; a large dormitory, school-room, and recreation room for the school-boys … imposing farm buildings,” churches, and workshops – but not of a clinic, dispensary, or hospital; cf. a 1905 plan in the ZMR (II,28:522) for “a house, a Church, a School, farm buildings and workshops.”
Catholic mission stations in rural Matabeleland, with a medical facility eventually attached

<table>
<thead>
<tr>
<th>Mission</th>
<th>Year of foundation</th>
<th>Year of opening of a clinic or hospital on site</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Francis Xavier Empandeni</td>
<td>1887/95</td>
<td>1933</td>
</tr>
<tr>
<td>Notre Dame Embakwe</td>
<td>1902</td>
<td>1938</td>
</tr>
<tr>
<td>St Joseph’s</td>
<td>1923</td>
<td>1939</td>
</tr>
<tr>
<td>St Mary’s</td>
<td>1936</td>
<td>1943/45</td>
</tr>
<tr>
<td>Fatima</td>
<td>1947</td>
<td>1950</td>
</tr>
<tr>
<td>St Luke’s</td>
<td>1950</td>
<td>1950</td>
</tr>
<tr>
<td>St Paul’s</td>
<td>1951</td>
<td>1953</td>
</tr>
<tr>
<td>St Anne’s</td>
<td>1953</td>
<td>1961</td>
</tr>
</tbody>
</table>

56 Cf. ZMR (IV,50:140).
57 New Buildings for Embakwe (1938).
58 Building commenced in 1943, with completion delayed because of the death of the builder, Br Theophil CMM, of cerebral malaria; cf. Catholic Parishes Victoria Falls (Diocese of Hwange, Zimbabwe). [S.a.].
59 Harry Schur Hospital opened (1950); according to Gelfand (1976:143), Fatima Mission was the first mission hospital in rural Matabeleland to start training African nurses, in 1961.
60 In an inversion of priorities, though not by the Church but by the private donor, the land on which St Luke’s stands was “to be used for building a hospital and for mission work in general,” says Leischner (2004:81fn263), quoting Fr Odilo Weeger, the priest who founded the mission.
61 “In 1953, a small dispensary was erected there, the doctor from Fatima visited monthly at first, then weekly. The dispensary was converted into a clinic in 1957/8 … In 1959/60 [Dr Decker; RB] relocated permanently to St. Paul’s … and converted the clinic into a 24-bed hospital.” (Leischner 2004:106f; my transl.)
62 “The population that had migrated there needed medical care, so Bishop Schmitt planned a mission hospital, as the two next-closest hospitals … were, respectively, 100 and 65 km away.” (Leischner, ibid.:124; my transl.; his fn429, ibid., makes reference to a “letter, 8.6.1959, Bishop Schmitt to Ministry of Health, Salisbury”)
63 Data compiled from the Diocesan Record Books kept by Bishops Arnoz and Schmitt, respectively, (manuscripts with newspaper cuttings kept at the Archive of the Archdiocese of Bulawayo); the FMDM Regional Archive in Bulawayo; O’Reilly [S.a.]; and Leischner (2004).
As late as 1930, when the CMM took over the Matabeleland mission stations from the Jesuits, Dr Pattis’ offer to come along with them was not taken up – according to Leischner (cf. 2004:40) because there were no funds available for his up-keep; however, similar to what had been the case on Pattis’ arrival at the CMM station of Triashill in Manicaland in 1928, there was no workplace ready for him to move into, either.\textsuperscript{64} It is in October 1926 in connection with Triashill that the building of “an infirmary for the sick,” together with “a home for our orphan babies” is mentioned for the first time in the pages of the ZMR (VIII, 114:100), for a station on ZM territory (however, one not run by Jesuits, but by the CMM).

This, however, was not as yet the fundamental change of policy that the Würzburg Medical Mission Institute, Pattis’ deploying agency, was canvassing for (cf. pp325ff, above). The ZMR of July 1927 (VIII,117:186), continues to juxtapose a ‘Catholic’ versus a ‘Protestant’ approach: on the Catholic side, “[n]o small portion of Fr. Apel’s time is taken up by attending the sick, dispensing medicines and dressing sores and wounds,” while in the same paragraph, the Dutch Reformed Church is reported to have “built a hospital for natives, and there is a Missionary doctor in charge.” The discrepancy does not go unnoticed, but it is seen (ibid.) entirely with a view to the potential of the two approaches in attracting the heathen: if Fr Apel “had some hospital accommodation and a good nurse in charge [not a doctor!; RB], patients would not be wanting;” meanwhile, “[a] great number of sick flock .. [to the D.R. Mission; RB] seeking a cure.”\textsuperscript{65} Leischner (cf. 2004.:53) lists three Catholic health facilities for natives in Matabeleland, up to the year 1950 (number of beds in brackets): Empandeni (28), Embakwe (?), and St Mary’s in Hwange (50); he omits St

\textsuperscript{64} Cf. O’Reilly ([S.a.]:3; my italics): “Poverty was written in capital letters in those early years! Dr. Pattis, who offered to follow the Mariannhillers to Matabeleland, could not be usefully employed and guaranteed a living.”

\textsuperscript{65} In the same issue, the ZMR (VIII,117:207) acknowledges that at a large public gathering of Catholics in London, organised to further missionary work, “[m]uch was said of the value of the Nuns, and for the opening to lay workers. In this respect it is ours to learn from our non-Catholic friends,” the reporting author concedes, only to continue, not entirely candidly, “though it is true that we have the Medical Mission work well in hand.” One needs to read on for a mere two pages, to find a brilliant example of what Catholic medical mission still was: speaking of a leper colony in Manila, the ZMR (ibid.:209) calls the “devotion of the Sisters [of St Paul de Chartres; RB] to their patients inspiring; no others could whisper such sweet words of consolation and peace to the poor wretches, who lying on their narrow cots are awaiting the slow disintegration of the body and the passing to a happier life.”
Joseph’s. However, these institutions date back to no earlier than the mid-1930s to mid-1940s; therefore, his claim is not just over-simplifying but patently misleading (ibid.:44; my italics, my transl.) that “[f]rom the beginning, education/school, health care and the establishment of Christian parishes were the three priorities of mission work.”66 Leischner’s ‘evidence’ of support by the Magisterium, in the encyclical of Pius XI of 1926, Rerum Ecclesiae, as well as the first clinic foundations listed above, are from around half a century later, thus well after “the beginning” of the ZM.

Those ZM Jesuits who did become medically active, did so as non-professionals and more or less haphazardly – from the beginning and throughout the first 50 years of the mission’s existence —, in the same way as they did in other areas of life: having left the civilised world they knew, they would double-up as brick-makers, builders, carpenters, etc., as the need arose and if called upon in the absence of qualified Brother-artisans.67 This is the logic which they also applied to medicine, aggravated only by the fact that they would pine for all kinds of artisans to join the mission, but not for doctors. Fr Pfaehler of St Joseph’s Mission, south-east of Empandeni, writes in a letter of 16 July 1925 addressed to the Secretary of the Native Education Commission, “I think I may fairly say that a week never passes without my being sent for & being called upon for medicine or tooth extraction.”68 Understandably, then, he complains about not having a “medicine chest … & that is what I so much covet at present.”69 A confrère of his, looking back at his work as a mission priest,

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66 Sauerwein (1990:144; my transl.), whose topic is not medicine in the first place, though, makes the same unfounded claim (quoting Tiberondwa, AK. 1978. Missionary Teachers as Agents of Colonialism. Lusaka) that the local’s “soul, his mind and his body had to be saved. At the mission stations, there was therefore usually a church to save his soul, a school to capture his mind, and a small hospital to heal his body.” Following Tiberondwa she conveniently ignores, as Leischner does, how long it took to get to this point.

67 Cf. the list drawn up in ZMR III,46:630: “The more .. [a priest; RB] knows about pathology the better, and he will find any knowledge of building, carpentry, drawing and music invaluable;” cf. also Fr Croonenberghs in Diaries of the Jesuit Missionaries … 1959:56, and ZMR I,8:265 (“[T]he only thing here is to ‘do it oneself’”).

68 Letter kept at the National Archives of Zimbabwe: Medical Missions 1926-29, S1173/302.

69 The list of what he would like to find in there is revealing: “Castor oil; Permanganate of potash; Tincture of iodine (extract); Vaseline; Boracic acid; Carbolic oil; Embrocation; Friars balsam; Ipecacuanha (emetic); Bandages – cotton wool – Boracic lint.” A quarter into the 20th century, it is wound and eye disinfectants, emetics, laxatives, and soothing externals – what could be found in an NAW family medicine cabinet; most
remembers (ZMR V,74:408) that “nearly every day one or more came to be doctored for some ailment;” one of the reasons he gives for his need of a horse is, that “[t]he many sick and ailing in kraals dotted over the country within a radius of eight or ten miles have to be looked after.” (ibid.:409) Nonetheless, no attempts were made throughout the Jesuits’ time in charge of the ZM in Matabeleland, to entice trained nurses or doctors to join the missionaries and take over responsibility for health-related matters. The Fathers’ approach was and remained amateurish, thus very different from the one taken, e.g., in the field of education where their acute awareness is tangible (ZMR VI,90:340; my italics) that “without a school set apart for the training of [native; RB] teachers …, our methods will continue to be haphazard and hand to mouth, as in the past.”

On the following pages, further documentary evidence from the ZMR, from letters and diaries will be reviewed in detail, regarding what the ZM missionaries thought, said and did about maintaining and restoring their own health and that of the locals, under BSAC rule. With the deposition of King Lobengula, their conditions of work had changed dramatically; also, medicine as a natural science and a craft continued to develop. Did this in due course affect the missionaries’ stance vis-à-vis professionally practised medicine, and if so, how? I take as my point of departure the diary of Sr Josephine Bullen, one of the Sisters of Notre Dame de Namur who joined the ZM in 1899, to live and work at Empandeni. The views of these Catholic Sisters are highly interesting in that they are the perceptions of religious insiders who nonetheless, as newcomers, were able to take a fresh look at Empandeni and the work done there, thus at the entire ZM, also providing a ‘female’ perspective on what had up to then been a males-only enterprise.

disconcertingly, the Father seems to see no need to have quinine available, in an at least seasonally malarious area; cf. ZMR VI,79:15.
7.3.1 The Diary of Sr Bullen

In *Some Background Information* to Sr Josephine Bullen’s diary, her editor Sr Tiernan (2008:163ff; here: 165) quotes from an 1898 letter of Fr Sykes, by that time Superior of the ZM and Prefect Apostolic of its territory, to the SND Superior General in which he thanks her for deploying Sisters to the ZM and defines their role: “The principal work which the Sisters will have to undertake … will be the education of native children … and after this may come visiting the sick … and planting gardens.” Fittingly, two of the in-coming nuns had a qualification in teaching, one, Sr Andrina, in nursing, and the remaining two in housekeeping.70 During the time covered in Sr Josephine’s diary, 1899 to 1903, Sr Andrina stuck to her qualification, and the diarist calls her (in Tiernan 2008:53) “a capital infirmarian and so kind and thoughtful. Nothing is too great a trouble for her to do” – a description which does not so much present her as a technically qualified professional, but as a caring nurse who compassionately knows to anticipate, respond to and act upon her patients’ wishes and needs. (cf. pp502f, below)

Nothing in the diary suggests that Sr Andrina saw her role in raising the standard of medical care she found practised on her arrival. The examples Sr Josephine gives of her and the other Sisters’ health-related activities does not differ from what, before their arrival, the priests had offered to the natives, as well as provided for themselves: they use mustard plaster for a pain in the side (ibid.:83) as Fr Bick also does (ibid.:24), give “some tea and brandy” to a dying child (ibid.:76), and let Fr Bick administer to a “baby near death from croup and convulsions … ¼ grain of Dover’s powder, [and] 1 drop of ginger in a large cup full of water … The little child awoke in heaven.” (ibid.:109) Sensibly, in the pre-antibiotic era, the Sisters in one instance provide “for those .. down with typhoid … 6 dozen eggs and 4 bottles of milk” (ibid.:42), likely all they could spare. Their ideas regarding ‘fever’ have not changed much in spite of Laveran’s identification of the malaria parasite some 20 years earlier (the mode of transmission, Ross and Grassi had established only two years before):

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70 In her introduction, Tiernan reports (2008:6) that Sr Andrina went back to England in 1906 to undergo *teacher* training, unfortunately not specifying what her reasons were. However, factually, Mother Patrick’s Dominican nuns were thus not the only ones who after a spell in nursing saw more promise in the classroom.
I got the fever [Sr Josephine reports (ibid.:53), RB]. Some say fever comes from the bite of a certain kind of mosquito … Others say it is the decaying grass and vegetation after most of the rain has fallen and which brings malarial fever. But for myself, I did not feel very strong and the wetting we got that morning finished me.

Quinine is mentioned repeatedly, though not in relation to a specific diagnosis, and much less with specifications regarding dosage and dosage intervals. When Fr Prestage is reported “sich with fever” (ibid.:54), not drugs but his diet is mentioned next.71 The diary says nothing that goes beyond Fr Prestage’s own, earlier way of counteracting his fever, and understanding has progressed to the inclusion of Ross’ and Grassi’s discovery on transmission only as a matter of hearsay, and one possibility among others. Finally, when one of the Sisters is very ill (no diagnosis given), so much so that she “thinks she is going to die,” her fellow Sisters plan to take her to South Africa but otherwise “are putting the whole affair in the hands of the Sacred Heart.” (ibid.:146)

Not in the context of health but of a declining number of pupils, Sr Josephine notes (ibid.:57), at the end of her first year at Empandeni, what the Sisters want: “a store, a hospital and a good Father to organise.” Retrospectively one can easily identify ‘fever,’ i.e., malaria, as the outstanding natural threat to the early ZM’s very existence;72 still, medicine (“a hospital”) and a store appear on a par in this account of a non-professional. It appears as if the hospital (a resource that Sr Josephine would have had access to in England) stands for what Middlemarchers also talk about when they insist on their need to have access to medicine: as their mayor says (cf. p229, above), it is a “dangerous thing to be left without any padding against the shafts of disease.” Likewise Sr Josephine seems to say that a hospital would make the mission more attractive to the locals – and having one within easy reach, to the Sisters as well.

71 “There is a good deal of fever about and consequently plenty of demand for medicine” is about as specific as Sr Josephine will get (ibid.:83). The few diagnoses in a proper sense which she mentions, just needed a careful look: e.g., burns (ibid.:62f), or measles (ibid.:69).

72 On the Sisters’ initial train trip to their destination, Plumtree, Sr Josephine observes (ibid.:14) that “[t]he usual greeting on the line is generally followed by ‘And have you escaped the fever this year?’” According to Balling (2002:51), in their first less than 20 years, the Jesuits of the ZM had lost 53 missionaries, most of them to ‘fever;’ cf. above p252, on the loss of lives in the first six years of the ZM.
What does the Sister’s diary tell us about mission life in general, beyond medicine but with potential repercussions on it, defining its role and place in the grander scheme of things? As an observer of the locals in their daily lives and as a chronicler of the Sisters’ own, Sr Josephine’s eye catches many details which were too ‘unimportant,’ so it seems, to be recorded by the ZM priests; she writes, e.g. (ibid.:26), of “some costumes seen today: … man in a waistcoat; .. boy with blue and white bird on his head; … children with a string of beads round waist, arms and ankles; .. several girls with not half a yard of calico; .. men and women in blankets,” and the picture that emerges is not simply one of despicable half-nakedness and destitution, but one of diversity (albeit in poverty), bordering on the picturesque. She can make fun of the Sisters’ ignorance of IsiNdebele (ibid.:34) when she relates what they recorded as some of their pupils’ names:

‘Asazi.’ (I don’t know), says a child standing by and down has gone on the list a new name … [Likewise::; RB] ‘Ukhona’ (he is present), Usekaya (he is at home), Uyagula (he is sick), Wala (he has refused to come) … No wonder the children look puzzled when we call over the names.

During an outing to a near-by mountain, the Sister marvels (ibid.:42) at dung beetles at work, admires “picturesque kraals,” and enjoys the “feeling of freedom amid the wild scenery;” this, she says, is “grand. … We got home soon after 6pm after spending a delightful day.”73 Banal everyday occurrences, like a pair of Sr Mary’s shoes half-eaten by termites overnight, stand right next to the ominous significance attributed by the locals to the lightning which hit the church: now that Host and Monstrance were burnt to ashes with the church, they take it (ibid.:39) that “uGuma’s [Fr Prestage’s; RB] God was burnt. Why did he not fly out of the window and save Himself as he can do all things? … It is all finished now. They [the missionaries; RB] say there is only One God, and he is burnt.”

The description of their emotions brings people, local and missionary, to life in all their humanity (ibid.:37): “[F]ive children made their first confession … They were very frightened and could hardly drink the tea we gave them” afterwards; but for the Sisters as well the unknown can be frightening: “This afternoon we saw a long thin snake,” which

73 “[N]othing but nature and ourselves. … We were quite hushed and silent with the beauty of it all.” (ibid.:96)
makes their imminent move into a new location a real boon: “… so we are glad tonight is to be our first night in our own Convent for we should surely imagine it creeping over us during the night.” (ibid.:27) The Sisters are relaxed enough to laugh at themselves (ibid.:40): after the kitchen roof has been blown off in a thunderstorm, and once most of their goods have been rescued, “we looked at ourselves. We were limp and saturated and there were big pools all round. Sr Andrina was too late for the fun so being quite dry and the infirmarian, she began scolding us and talked of fever and death.”

The locals come across as anything but stupid, because Sr Josephine manages to let them speak in their own voice (ibid.:41); after the roof disaster, they “came in great numbers. They laugh at us and say: ‘You tell us to make high houses and look at yours: the first wind that comes, off the roof goes while our low huts are safely standing.’” 74 Quite remarkable for a ZM priest’s view of the natives, Sr Josephine reports (ibid.:32) that “Fr Bick will not have they are miserable for he declares they have all they want and are happier than we are;” 75 this assessment tallies with her own: “The people here seem quite to understand what they have to give up in order to become Christians.” (ibid.:22) 76 Sometimes, when trying to reflect on a problem from an emic perspective, she gets carried away with compassion and sees the locals as suffering (ibid.:55) even more than in all probability they do: “It is so sad to see natives sick. At once they lie down in the sun or near the fire, without doctor, nurse or remedy, a headache is as bad to them as a mortal malady and they ask with much anxiety ‘Shall we get better?’” 77

74 In the ZMR (II,24:393), the Sisters write: “The natives are so childish in some things, and yet so logical in others … They are certainly the most interesting race you could possibly imagine.”

75 Fr O’Neil, speaking of the native women of the Empandeni area (ZMR IV,56:393), concurs: they “may, from a merely natural point of view, be regarded as distinctly happy beings;” Fr Croonenberghs, though, is of a different opinion and disagrees with “those who think and say that it would be better to leave these people in their ‘native happiness’.” (in Diaries of the Jesuit Missionaries … 1959:32)

76 Cf. identical assessments in ZMR I,6:180, of October 1899, and ZMR II,15:9, of January 1902.

77 Here, I doubt the soundness of her assessment because she makes local people appear exclusively as helpless victims, without ability to self-diagnose a headache, e.g., due to a hangover, to use home remedies, or access local healers. At other times, however, the Sisters do see the AmaNdebele in a different light: “They are a grand race … with their proud, independent ways and their power of striking terror into other native tribes.” (ZMR II,26:470)
On occasion, her ability to view the world from a local perspective even allows her to grasp why a woman can indeed prefer to be one of “several wives. She has her children to look after and wants someone to relieve her of part of the drudgery.” (ibid.:94) This is not to say that she cannot at other times be taken aback, appalled even, and show utter lack of understanding: “The girl is silly enough not to care about being his third wife,” she comments (ibid.:113) on a marriage that Fr Prestage tries to prevent; or she may rather summarily say of the locals (ibid.:48) that “[t]hey are very lazy. They have all they want and it really seems hard that the poor in England and other countries are subscribing their hard earned pennies to help those who won’t help themselves.” Sometimes, she altogether loses her readiness to empathise, and with her compassion goes her likability. When Fr Bick is about to kill a puff adder (ibid.:143), she describes how a boy implores him to let it alone as his grandmother would be much distressed if anything happened as it was her ancestral spirit, her ‘idlozi’. He said that each night the reptile coiled itself up in her hut and remained there until it was time to get up and then as the door was opened it would quietly glide out and return at sunset. Of course,” Sr Josephine comments quite insensitively, “the priest killed the snake, … telling the boy to assure his grandmother that Fr Bick would care for her pet.78

But compassion, and building on it, understanding, prevail: “A Christian kraal is going a full day’s journey [to re-settle elsewhere; RB], all because they believe some one is bewitching them. Poor things, they can see no other reason why two babies died one after the other” (ibid.:95).79 A picture of quotidian life emerges where the two sides often have difficulty understanding each other; as one of the Jesuits puts it (ZMR II,29:581), speaking of his life at Dunbrody, the natives “have ways of looking at things which are strange to us, just as our point of view is often unintelligible to them.” Nonetheless, “they are essentially a loveable people. The writer can say with truth that the longer he has lived among them the

78 Fr Bick himself was clear-sighted enough to acknowledge, according to Fr O’Neil (ZMR III,35:186), that his action – self-righteous as one may call it at the very least – had caused “unbounded grief” to the old woman.
79 This is the mindset and mood which makes even the heathen’s near-nakedness – usually a sign of their moral depravity – appear in a different light: the SND’s pupils become “little black figures (often so scantily clad that the mind is carried swiftly to the Garden of Eden).” (ZMR VI,88:278)
more he has grown to love them.” (ibid.:582) To this Sr Josephine would certainly agree; she tries hard to overcome cultural barriers, and as a result, rarely has to resort to the concept of the benighted and wilfully obstructive heathen, to make sense of her experiences.\textsuperscript{80} The locals’ misunderstandings rather convey an idea of how deep the gulf is that separates the local from the Christian world of thought, as in “The Pope lives in heaven or in Egypt and is an idlozi” (in Tiernan 2008:107), or when “ideas of happiness” in the afterlife are recounted (ibid.:106):

One wants plenty of amabele porridge, another meat, and wonders if there will be plenty of cattle in heaven and if the angels will do the killing. Some say they object to doing the digging for their fields in heaven but the general opinion is that they prefer to do their own stamping.

To Sr Josephine’s question if, as a result of missionary work, “he had noticed much difference among the people,” Fr Prestage replies that “the more one gets to know the language, the pleasanter the life is and when one can give help in time of sickness, the less suspicious the natives are of white men.’ The work of 18 years!”, Sr Josephine muses (ibid.:57). From an exhortation given by Fr Sykes, two thoughts remain on her mind (ibid.:115): not so surprisingly, that of discouragement, “because we see our helplessness and the little we can do;

\textsuperscript{81} but also the idea of being justified to take courage: “because God has accepted our first sacrifice; … [and] because when death comes we have nothing to leave.” Here, an affirmation of the idea of sacrifice makes itself heard; one may also notice some fairly abstract rejection – surely no more than that – of the goods of this world, thus by implication also of an overvaluation of bodily health.

\textsuperscript{80} In a letter home from Empandeni she or one of her consoeurs writes (quoted in ZMR II,27:493f): “We are as happy as we can possibly be … I do like everyone and everything here. I am perfectly at home with the people and my work; it is really a pleasure to teach the children … The list of their virtues and good qualities would be too long to transcribe.”

\textsuperscript{81} She remembers two more reasons the Father gave for them as missionaries and Christians to feel dejected: falling short of perfection; and the supposedly monotonous life they are leading – not, however, the heathen’s recalcitrance: did he speak of it and she chose to forget? Or did he indeed not mention this as a reason for their helplessness? We simply do not know.
As I argue below, the idea of suffering as a positive boon, and in particular of *vicarious suffering* (cf. pp364f, above, and following chapter), came to renewed prominence in response, first to the forced retreat of the Catholic Church following the French Revolution, and subsequently to the perceived threat of her defeat by the forces of modernity in ever so many contexts (cf. pp199ff, above). Also, for missionaries who laboured long and hard without visible results, but who nonetheless bore the hardships of mission, facing and even meeting their death there, a meaning other than calling into doubt God’s providence or the legitimacy of the Catholic Church’s mission had to be found for their lack of success by worldly standards. Fathers like Depelchin, Terörde, and Law had to come up with a satisfactory answer, and indeed they did (see below, pp468ff). For Sr Josephine and her consœurs, it seems, this question did not pose itself as prominently. No missionary lives were lost at Empandeni, in the years covered in her diary, and as her editor remarks (2008:115, fn), “colourful descriptions of climate, life and surroundings, would not indicate much day-to-day discouragement among the SNDs” about their earthly life at Empandeni, or life in general.\(^8\)

As in the movement in NAW visual art, towards a depiction of ‘ordinary’ people rather than only of dignitaries, and of scenes of ‘ordinary’ life rather than only of moments of spiritual or historical significance, so in Sr Josephine’s diary: her attention to mundane detail is a big step on the way towards an appreciation of earthly lives, those of the missionaries as those of local people – and of many, albeit not all of their felt needs and desires as legitimate. However, the step was not taken, in Sr Josephine’s thinking there and then, which would have given to medicine at Empandeni the role which even in Catholic circles it took on over the following decades: to be a suitable means to avoid, by way of professionally informed interventions, as much unnecessary suffering as is at all possible. That this did not happen signifies the entrapment, after all, of the Sister’s thinking in the world of thought of 19\(^{th}\) century Catholicism which, when confronted by disease and suffering, saw a place for compassion in general, and for compassionate nursing care as a part of it, but not for science-based medicine and surgery – not, anyway, as a vital component of the mission enterprise, so as to abolish suffering and disease to the extent technically possible.

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\(^8\) Fr Depelchin takes a step in the same direction in his detailed descriptions of nature, on his way to Pandamatenga in May/June 1880 (cf. Roberts 2009:79ff).
7.3.2 Medicine in the Zambesi Mission Record

Unsurprisingly, medicine does come up in the ZMR right from the start. Vol I,2 of 1898 carries a report on the Royal Red Cross being conferred upon Mothers Jacoba and Patrick, Matrons at the Bulawayo and Salisbury Hospitals, respectively, for their services to the earliest settlers, “tending assiduously the inmates of makeshift Hospital[s],” doing their “work of mercy with .. devotion and thoroughness:” nursing, cooking, even washing. (I,2:43; cf. I,7:221ff) In this description it becomes very clear what their role was, and what, in a narrowly medical sense, it was not. But even of this work, irrespective of the praise it earns, the same ZMR issue reports that in Victoria [Masvingo; RB], the Sisters “handed over the Hospital, where they had so devoutly ministered for about five and a half years” (I,2:45), setting them free to return to teaching. Schools for native girls are enlarged, hospital work is given up, when at the very same time, an obituary (ibid.:71) mourns the death of Br Kury, of blackwater fever. The next issue of the ZMR (I,3:82, of February 1899) relates that “[t]he Sisters of St. Dominic handed over the charge of the Bulawayo Hospital,” as well. Concurrently, though, the missionaries highlight the local demand “for medicine” (ibid.:86), and say they provide “[c]are for the sick .. largely .. as a help to Missionary work” in six “Dispensaries for Natives” (ibid.), whose level of functioning, however, is not described in any detail. As they appear in the ZMR, the sickness and suffering of the natives figure mainly as a springboard for religious instruction: the May 1899 issue, e.g., relates (I,4:114) that “[t]he poor fellows appreciate the kindness of the Umfundisi [teacher; RB] and the interest he shows them in their suffering,” leading to joint prayer and religious instruction, “and before they die, … they are regenerated by the water of Holy Baptism.” (ibid.)

Retrospectively, even the Umvukelo/Chimurenga of 1896/7 (the uprising of the Africans against colonial rule) is seen in this light (ibid.:126): “The wretchedness they suffered” in its aftermath, “deprived of all means of subsistence …, famished, and a prey to infectious disease,” presented an opportunity to practise “[o]pen-handed charity …. and ere long the poor people were ours in a much truer sense than they had been previous to the outbreak”

83 At the time when nursing is given up in Salisbury (in October 1901), even Sr Rose who came from Ireland with a background in nursing, begins to teach music and catechism – so qualification in teaching and its lack in nursing cannot be quoted as the sole reason for the Sisters’ shift of focus.
of hostilities: “[T]he opposition of the older people to the education of their sons and daughters has been broken, especially by reason of the famine which followed the war.” (I,2:61) And as hunger and diseases, so are death sentences in the wake of the uprising an opening for the Fathers to offer consolation and instruction, to make the convicts “realize the worthlessness of their false gods” (ibid.:59); and indeed, “when they know they are to die, … [Christian; RB] truths find an echo in their soul.” (ibid.:61; cf. I,7:221)

In the context of bemoaning the abundance of funds available to Protestant missionaries, and exhorting the Catholic faithful to strengthen the ZM in a similar way, a programme is spelt out in which hospitals very clearly play no role: the question the ZMR puts before its readers in July 1899 (I,5:144; my italics) is how “the Church [can] bring the Gospel to the heathen without priests and teachers and nuns? … How can land be acquired and churches, schools and orphanages be built without money?” Fittingly, the arrival of nuns, the ones whom one might most easily see involved in some kind of medical work, in the concrete case of Empandeni in 1899, is expected to further the “good progress in our Mission .. [because; RB] girls and women can now be looked after much better.” (ZMR I,6:192; cf. I,10:321) The Sisters themselves say (I,6:211) that they “are longing to get to work at the school.”

As for health-related matters, the same issue of volume I (6:194f) carries an article which specifically addresses the topic of malaria and its transmission by certain mosquitoes. Its author dissociates himself (ibid.:194) from the “theory that these pests are responsible for

84 Not quite so optimistically, the ZMR (III,44:558) says of the Empandeni residents that “[o]nce the peril of death was removed they returned to their old ways and, though they continued to come to the Sunday instructions, they absolutely refused to abandon their pagan lives and habits, and to allow their children to be instructed for Baptism.”

85 At the latest by 1904, Fr Prestage is aware that the wife of one of the missionaries of the American Mission at Mount Selinda is “a medical doctor and attends to all sick cases in the Station besides practising in the neighbourhood” (ZMR II,26:475). Different from other occasions, such as when the money donated for Protestant activities is used to argue the need for Catholics to support the ZM in like manner, to enable it to extend the Catholic sphere of influence (e.g., in the editorial of the next issue, II,27:481ff; cf. II,30:602; III,32:44; III,33:95), the Father does not present this lady doctor to his readership as an example which, mutatis mutandis, he would like to see emulated, if only the necessary funds could be raised (if he did contemplate such an idea at all, he had his reasons why he would not commit it to paper).
the spread of malarial fever," preferring causation by the "malarial atmosphere" of "pestilential swamps" until proven otherwise.\(^{86}\) This is merely two years after Ross’ initial publication (1897:1786) of having found microbes containing “the characteristic pigment of the parasite of malaria” in mosquitoes that had been allowed to feed on a patient with tertian malaria. Two years is not such a long time, admittedly, for a very specialised piece of medical information to filter through from its first publication in a medical journal into non-professional reasoning.\(^{87}\) However, although the author who just doubted the role of mosquitoes in malaria transmission speaks, as of a fact, of the malaria “bacillus” (ZMR I,6:195), some twenty years after Laveran’s discovery, his article does not even once mention quinine as the appropriate remedy, quite irrespective of the question how the infection is transmitted: this is a full forty years after Livingstone had (on purely empirical grounds) strongly urged its use in the *Lancet*.\(^{88}\) The deaths from ‘fever’ were obviously not incentive enough for the ZM Jesuits to try and investigate the matter as best they could, which would also have put them onto Moffat’s 1898 article on blackwater fever in the *British Medical Journal*.

What was missing, it seems, was a genuine interest and based on it, the eagerness to gather whatever information was to be had out there, about malaria (and more generally speaking, about the people’s and the missionaries’ health), in a spirit of scientific inquisitiveness. I say this although some of the ZM Jesuits indubitably did possess the capacity to reason scientifically, as is evidenced in their writing on other topics, some of them even health-related. E.g., Fr O’Neil (1900) contributes to the pages of the ZMR an excellent article on the *Great Cattle-Plague of 1896-1898*, in which the spread of the disease as well as means of its prevention and treatment are described in great detail.\(^{89}\)

\(^{86}\) He does not stand alone with his conviction: the ZMR I,11:364 describes “heavy mists laden with fever germs” emanating from a vast marshy area.

\(^{87}\) Some issues later, though, the ZMR (I,14:473) very casually reports on “the already well-established theory attributing to a certain class of mosquitoes (*anophiles* [sic]) the propagation of malarial fever.”

\(^{88}\) Cf. p257fn94, above.

\(^{89}\) The same Fr O’Neil comments as he observes the local birdlife (ZMR I,9:315) that “we cannot but feel what a wealth of profound teaching is contained in the great book of Nature if only we try to read it aright.” (cf. VI,86:214; the ZMR IV,60:539 uses the term “mother Nature,” and ZMR VIII,126:452 speaks of “that bigger Bible, God’s earth.”) Fr O’Neil, though, is but one among a good number of ZM Fathers, and not all share his...
The invitation of experts to South Africa, Robert Koch one among them, the “experimenting on both sick and healthy cattle …, and the systems of inoculating” are carefully reported upon (ibid.:273), as are the successes and failures of different treatment approaches. Most importantly, the use of logical deduction from the empirical evidence, not of individual cases but of larger numbers, with the calculation of percentages of deaths and survivals after different interventions – simple but sound statistical reasoning which remains conscious of the possibility of chance occurrences –, combined with an appreciation of the need to have “the efficacy of [supposed remedies; RB] … tested by experiment” (ibid.), all betray a sharp, scientifically minded observer.\footnote{90}

This is all about cattle, but the same kind of reasoning, had it been applied to malaria (to mosquitoes; to quinine in prevention and treatment, at different dosages, for courses of different lengths of time, in the light of what Livingstone and Moffat had published), would have made a major difference, as missionaries continued to succumb to ‘fever,’ and to die of it: the obituary of Fr Boos, of July 1899 (ZMR I,5:154), speaks of “fever complicated with jaundice;” that of Br Meyer, of July 1900 (ZMR I,9:317), of blackwater fever; that of Fr Moskopp, of April 1924 (ZMR VII,104:359), of “very high fever;” a note on Fr Kraupa, in January 1927 (ZMR VIII,115:129), again of blackwater fever; the notice on Br Amadeus’ death early in 1903 at Monte Cassino, the newly founded CMM station in Manicaland, of “death from malarial fever” (ZMR II,21:256). The ZMR’s comment on this last case (ibid.) is of particular interest for its wording; its way of coming to terms with the Brother’s death does not differ from what could have been said a quarter of a century earlier: “As in the beginning of the Zambesi Mission, … the foundations have to be laid in the heroic deaths of the missionaries, who have offered their lives for the flocks which they are sent to evangelise.” However, entrenched as this train of thought was, it stood now alongside factual knowledge of the way of malaria transmission by mosquitoes, which had become “a recognised fact” according to the ZMR (II,20:227, of April 1903): this last article concedes manner of reasoning: of another cattle disease, the ZMR (II,19:168) remarks: “Tar, the ordinary remedy, was made use of, but we trusted more in the Church’s blessing, which Fr. Vogt went to the kraal to give … It is a fact that after the herd was blessed not a single fresh case occurred.”

\footnote{90 When yet another cattle disease strikes, Robert Koch and colleagues are consulted and actually come to Empandeni in February 1903, finding “no fewer than three different kinds of parasites … in the blood of the beasts examined.” (ZMR II,21:256)}
(ibid.:228) that malaria control by vector eradication as propagated by Dr Koch “deserves to be studied and tried,” and positively recommends (ibid.) the use of mosquito nets and the avoidance of dark-coloured clothing, for which “recent experiments have demonstrated that mosquitoes have a decided predilection.” The author of these lines is not identified, so if it was not Fr O’Neil, then at least two ZM Jesuits were able and willing, by the beginning of the 20th century, to acknowledge professional-epidemiological findings and employ sound scientific reasoning as a guide to behaviour, here with a view to prophylactic measures, even when human health was the topic (cf. ZMR II,30:637).

By 1909, in an editorial on the building policy for new mission stations, housing has become the mainstay of malaria prevention: “Very few Europeans can hope to live in a fever-stricken district without frequently falling a prey to the sickness, unless they dwell in a well-built habitation and can keep out that pernicious insect the anopheles, or fever-bringing mosquito.” (ZMR III,43:484; cf. IV,51:197 & 54:315) Eventually, in April 1915, the first comprehensive account of measures against malaria appears in the pages of the ZMR (V,68:214ff), authored by Fr Edward Parry, then ZM Superior and, besides quoting from

91 By 1903, indicating that a shift in perceptions is under way, Fr Terörde’s death has in retrospect become a simple case of “fever” (ZMR II,20:235) – the idea of poisoning is not even mentioned any more – and before long, the windows at Chishawasha will be secured with “fine wire-netting … [which] shields the occupant of the room from the fever-carrying mosquito” (ZMR II,25:424, of July 1904). Already in 1903, Fr Stempfel prevents the spread of smallpox at Dunbrody by “procuring] a supply of lymph direct from the Bacteriological Institute, Grahamstown, and … himself vaccinating … every man, woman and child residing at Dunbrody” (ZMR II,22:287), with the most pleasing results: “not a single person at Dunbrody took the disease” from an infected visitor; cf. ZMR VIII,122:328f, on successful smallpox vaccination campaigns in Bulawayo and Empandeni. But old metaphors die hard: in 1907, on the occasion of reporting Fr Prestage’s demise, deaths among the early missionaries are still attributed to lack of proper food and “[t]he climate” (ZMR III,37:244); even in 1923 is the slow progress of the ZM in its earlier days still attributed, so far as health and diseases are concerned, to “climatic conditions and dangers which for some time were not properly understood.” (ZMR VII,100:203; my italics)

92 The shift from miasmata to anopheles with consequences for architecture and quotidian behaviour was thus the easier step for the Jesuits to take: remarkably, an editorial with this topic still has not one word on drug prevention and treatment. However, now that transmission by vector is no longer doubted, the newly-adopted knowledge is at once used to expose native ignorance: “All know that it is unhealthy to build … very near a marsh, though none are aware that mosquitoes are the germ-carriers of malarial fever.” (ZMR IV,50:107)
Pliny, able to make reference to Lister, Ross, Gorgas, and Manson. He advocates (ibid.:216) mosquito eradication or, at any rate, the drastic reduction of their number, giving an extensive list of very specific measures: drain “marshes, dams, and duck ponds;” clear away empty tins; “wire-net the inlets and cottonwool the overflows of your water tanks;” pour oil onto the water in the axillae of banana trees, etc., etc. He suggests keeping mosquitoes at a distance by clearing away all vegetation “within two hundred yards of our homes;” whitewashing walls, mosquito-proofing houses (ibid.), and knotting the mosquito net over the bed during daytime (ibid.:215). His environmental cum behavioural suggestions even include letting domestic staff, who are possibly infected with malaria, sleep away “a quarter of a mile” from the missionaries’ own dwelling (ibid.:217: “forgo your morning coffee or brew it yourself”), so as to be stung, if at all, only by uninfected mosquitoes, and, finally, he addresses the question (ibid.) what to do on the medical side:

Quinine is a direct poison to the malarial parasite in the blood. Consequently, [anyone at risk of infection; RB] … would do well to dose himself with five grains [roughly 325 mg; RB] of quinine per diem as a prophylactic. Should he succumb to his fierce foe …, twice or even thrice that quantity as an antidote is prescribed.

Even neurological side effects are mentioned, so that all in all, we have on record here, for the first time in the ZM’s history (in 1915!), a reasoned account of how to tackle

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93 Beyond malaria itself, he is aware of the transmission by mosquitoes (ibid.:216), of “the germs of yellow fever, .. elephantiasis, filariasis, and other ... microbes.”

94 Sensible suggestions are easier made than implemented, though: Fr Brown, himself well aware of the link between mosquitoes and malaria (cf. ZMR VIII,115:128), complains about a night en route which, because “mosquitoes were very plentiful and hungry, ... was not too peaceful” (ZMR VIII,114:110); from the way he puts it one may assume that he did not sleep under a net, on this trip to an ex-Jesuit station on the Mozambican side of the border where, according to him (ibid.:113f), most deaths (he mentions six between 1894 and 1904) were related to blackwater fever. However, he explicitly speaks of taking precautions during his next trip; having tried to keep the mosquitoes away by lighting a big fire, he says that on “[t]he next morning ... I dosed myself well with quinine to keep away the effects of the mosquito bites.” (ZMR VIII,115:133; cf. 116:163, where he says: “There was also the mosquito, with the result that Br. Ashton got a sharp touch of fever ... [so] I dosed the patient with quinine.”)

95 Though acceptably dosed for prophylaxis and also therapy, frequency of intake in the latter case (8-hourly) and duration of therapy (1 week) are still not specified.
comprehensively, on the basis of state-of-the-art knowledge, the health problem which has bedevilled it more than any other, since its inception.\(^\text{96}\) However, this is only about measures the missionaries \textit{themselves} could and should take: most of them environmental and behavioural, and insofar as they are ‘medical’ narrowly so defined, utterly simple (“five grains of quinine per diem”); it has thus taken medical science to get to the bottom of the problem, but to implement the solutions, \textit{doctors are not needed}, not, in any case, up to the point of succumbing to malaria in spite of prophylaxis.\(^\text{97}\) Furthermore, different from Fr O’Neil’s discussion of the \textit{Cattle Plague} (cf. pp384f, above) which could also have been published in \textit{Science}, or the \textit{Scientific American}, Fr Parry’s article comes in a literary style befitting a journal of the humanities, wrapping, as it were, the scientific-medical message in its poetic-ironic mode of presentation.\(^\text{98}\)

\(^{96}\) Tragically, the very man who had such a clear understanding of malaria and its prevention, and even some idea of its treatment, died in 1922 of “a very dangerous fever prevalent in … the Zambesi valley” (ZMR VII,97:75), the reported symptoms of which, though it is called \textit{chiufa} (cf. ibid.:77), are absolutely consistent with malaria, such that in the absence of its laboratory-confirmed exclusion, quinine treatment on clinical grounds would have been more than justified. The remark, “Thanks be to God it was not blackwater” (ibid.), does not rule out malaria, and betrays utter ignorance of the fact that at the time, malaria was one of the very few infectious conditions for which a curative remedy was actually available. But quinine seems not to have been given, as “the same treatment and … remedies” were used as in previous cases of chiufa – the survival of those earlier patients being taken for sufficient proof of that treatment’s efficacy in \textit{post hoc, ergo propter hoc} fashion. (For more on chiufa, cf. ZMR VIII,115:129 & 116:165; and Gilkes 1934:495ff) A year later, when Br Morley succumbs to “typho-malarial fever” (ZMR VII,101:242), this is unfortunately \textit{still} understood in the context of his having walked 14 miles in a dark coat, “under the blazing sun, quenching his thirst in the water by the roadside” (ibid.); on subsequently feeling unwell, he is given “\textit{some medicine}” (ibid.; my italics); next, prayers are asked for and offered for his recovery. As late as 1926, Br Breiten is described as being “a tremendous worker, who did not know how to spare himself …, \textit{hence} it was not surprising that after a few years he was attacked by blackwater fever” (ZMR VIII,114:100; my italics): the murkiness of the empirical world mentioned in my opening paragraph (p1 above) does not easily give way to intellectual clarity.

\(^{97}\) One is reminded of Mayer’s argument in in favour of the nurse and against the doctor, above (p311). The same logic – no doctors needed for implementation – also applies to the “teaching of hygiene in our schools, … the important subject of veldt defecation” (ZMR VII,98:128), and incinerators as a means of sanitation – all issues discussed at the Second Conference of Catholic Missionaries in Bulawayo, 27 June to 1 July, 1922.

\(^{98}\) As it seems, this Superior’s clarity of understanding was not made the basis of a ZM-internal awareness campaign: eight years later, his successor, Fr Brown, can state as a simple fact (ZMR VIII,116:165) that the Moffat-Koch controversy is over (“malaria and its aggravated form, blackwater fever;” cf. p304fn53, above); nonetheless, the editorial of the same issue (116:154) reports that Br Timmer over the years suffered much
As for the rather prosaic topic of professionally delivered medicine at ZM stations, as a (possible) part of the missionary enterprise, this was and remained an altogether different issue. With the consolidation of the ZM, especially after the Umvukelo/Chimurenga had been crushed and locals had come to acknowledge that for the foreseeable future, white rule was here to stay (cf. quotations on pp545f, below), the pressure on the missionaries actually lessened, to endear themselves to the natives by making all kinds of presents, including medical services as Fr Croonenberghs had rendered and had offered to extend. Where, in King Lobengula’s days, the Jesuits had been supplicants, trying to gain a first foothold in Matabeleland, and dreading the very real hazard of being told to leave again, they were now firmly entrenched, on friendly terms with the colonial administration, and it is highly likely that they appeared to the locals as part of the colonial power structure. The main component of their armamentarium in their efforts at overcoming heathen beliefs, attitudes, and behaviours, remained unchanged: to entice and to coax; but at their disposal were now also, the outright imposition of their will, and threats: already in 1893, on finding in a village in Mashonaland a “carved and decorated wooden pot, containing dice and other unmistakable implements of witchcraft” (ZMR III,32:77), Fr Richartz confiscates the lot, “telling them they were liable to punishment for practising witchcraft, as it was against the law.” (ibid.) To a “shout from the men: ‘No, you shall not take it,’” he coolly responds, “Who is going to prevent me?” (ibid.) – and nobody dares (cf. pp379, above & 487f, below, for even more unsavoury measures; cf. also ZMR V,76:477f, on a Father forcibly interrupting a dance for rain at a time of looming drought: “the principal delinquents were suitably punished” (ibid.:478)).

The January 1917 editorial of the ZMR (V,75:420) does not mince its words when it describes the power relations on mission farms: “In the eyes of the people the Missionaries are the ‘chiefs’ who can demand obedience, … can insist on their sending the children to school and … can also forbid certain practices, such as immoral or superstitious dances.”99 Pressure is also exerted via a policy that “none are taken for work unless they

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99 This kind of pressure, the ZMR believes (VI,92:402), should not only be upon natives on mission farms, but upon all those who, “unredeemed, and perhaps unredeemable, villains, .. refuse to move out of their miry
wish to be enrolled as catechumens.” (ZMR V,75:433) In this general atmosphere, the allocation of scarce resources towards a professionalisation of health care, for no other goal but to win the heathen’s good will, just wasn’t a priority. This applies all the more if one considers that the Jesuits’ imagery which informed their view of health and disease had remained unchanged, i.e., essentially pre-modern and taking concrete form, e.g., in the story of “Josephine, an ideal Catholic mother, who had sent before her to Heaven six of the twelve children God had given her” (ZMR V,70:264), only to die herself of consumption. Which role, truly, was there for medicine to play in a case such as this, knowing that it was “[o]ur Blessed Lord [who] took her away from this world during the month consecrated to the Sacred Heart,” after Josephine had been been fortified by “the Last Sacraments with a faith that was her own,” thereupon to go “to her reward”? (ibid.)\(^{100}\) Within this frame, a place for modern, i.e., successfully interventionist medicine is indeed hard to imagine.

As the years since initial colonial occupation pass, the tone of the ZMR becomes ever more self-assured; to the question “whether the spread of Christianity is making more progress than formerly” (ZMR III,42:445), the confident reply (ibid.) is that

[w]e are happy to be able to state that there are very encouraging signs of such progress … [T]he hostility and prejudice of the old pagans is in places fast disappearing … [A] good many have ceased to regard the Law of Christ with hatred, and are quite willing that their children should, as they put it, ‘enter into the Law.’

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\(^{100}\) Regarding the equivalent attitude towards the missionaries’ own health, the ZMR of July 1911 (IV,53:256; my italics) gives the example of Fr Hornig who, when it comes to his “personal wants … [displays; RB] a spirit of indifference and detachment, tempered only by the reasonable care for health and strength which common prudence [not medicine!] dictates and which the Gospel does not reprove” – implying that such a kind of “care for health and strength” can be imagined. No wonder Fr Parry was in 1915 still at pains to keep his diction playfully light, so as not to appear overly taken with professional-medical views.
Increasing numbers of Baptisms, first Holy Communions, Confirmations, and Catholic marriages, of stations opened, schools and churches built, are reported as evidence of the progress of Catholicism.\textsuperscript{101} The war against unbelief is not over, much less won, so good use can still be made of gadgets like the magic lantern, the organ (at Empandeni), or the gramophone, to increase “the respect of the natives for the white man’s talents” (ZMR III,41:409); but to the Jesuits’ palpable relief, the locals have come to the point of saying, “[a]h, those white men, how clever they are! We blacks know nothing except how to hoe in our fields.” (ibid.) Thus, generally speaking, the tide has turned: “The movement in favour of Christianity is now too strong and too widespread to be set back.” (ZMR III,42:457).\textsuperscript{102} This is not to say that relapses into heathenism do not occur, as in the case of “one of our oldest Christians” who is found to have continued “indulging in the [heathen; RB] practice of bone-throwing” (ZMR III,45:567). But it is now possible to have

[t]he guilty man .. denounced in church from the pulpit, and a public penance .. imposed upon him which he readily accepted. He is now to be seen every Sunday humbly kneeling at the church door during Mass. His penance is to last until he has satisfied us that he is truly penitent. (ibid.:567f; cf. ZMR III,46:628f)

The Jesuits experience themselves in a much stronger position, and instead of trying to find a way into the heathen’s hearts by asking, e.g., if they may erect a hospital (cf. pp368f, \textsuperscript{101}Cf. ZMR III,42:455ff; IV,50:136 & 141; IV,56:368, 388 & 372, where even the term “statistics of the spiritual work done” is used; IV,59:475 & 62:585; V,64:59 & 72:331; VI,79:15, 86:194 & 87:241; VII,96:33ff, 100:203ff & 110:534; VIII,121:292. Cautionary remarks are the exception, e.g., that merely “[f]rom the always doubtful view-point of statistics, the numbers have grown” (ZMR VIII,115:146; my italics); or that “[m]ere numbers of baptisms or attendances at ceremonies is no true guide. The … waning power of native ‘medicine,’ the pious acceptance of death in the family circle are surer tests.” (ZMR VIII,125:432) \textsuperscript{102}“We now see the results of long-deferred hopes, frustrated aims, spoilt purposes, partial successes, painful sacrifices, long and persevering prayers, and, above all, the grace and divine patience of our Lord.” (ZMR V,74:415) Fr Parry’s detailed instructions at preventing malaria (cf. pp386ff, above) may be read in this light as indicating a shift in the perception of suffering and death as necessary sacrifices to bring about conversions: possibly, this they were not anymore? The ZMR maintains (VIII,118:216; cf. III,44:559) that when the Jesuits’ conversion efforts began to bear fruit, from around the end of the 19th century, it did not mean that in their view “the lives of the first Missionaries had .. been sacrificed in vain” – but still, that had been then, in the early days.
fn53, above), they can now expect to be asked for help: “If, as you declare, you like us and have come to help us, do so and we will believe you.” That is in substance what they say, and the help for which they ask is clothing, food, and employment, so that they may be able to pay the poll-tax.” (ZMR III,40:363)

The editorial (ibid.:363ff) in which this sentence appears does not even mention medicines and bandages, much less hospitals, although “European medicines continue to find great favour with the natives, and increasing faith is attached to their curative powers,” as the ZMR acknowledges in quoting (III,42:443), as “authentic” information, this statement from a report of the Chief Native Commissioners. Amateur health care continues to be dispensed;\(^\text{103}\) however, the big projects for which funds are continuously sought, are the erection of churches (e.g., the Church of the Immaculate Conception, now the Cathedral, in Bulawayo), and of stations with churches and schools – to at least contemplate the building of hospitals, if only for tactical purposes, has ceased to be a necessity. Only later, from the 1920s onwards, pressure towards health as an end worthy pursuing for its own sake, starts building up in Catholic circles (cf. pp448ff), but now originating in the NAW: as the heathen had been deemed worthy of all measures imaginable for the salvation of their souls – up to the missionaries’ sacrifice of their own lives –, so now an obligation begins to make itself felt to heal their bodies, with an ever increasing number of medical cures available for that

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\(^{103}\) Contradicting the natives’ supposedly exclusive focus on “clothing, food, and employment,” nothing in the description of an ordinary day in a solitary priest’s life in Matabeleland (ZMR III,45:584ff) interferes as much with his spiritual tasks as the health problems of his flock: his catechising of catechumens and neophytes “is sure to be interrupted times without number, some coming to ask for medicines, … now and then one to have a tooth drawn” (ibid.:584), next to be “summoned by an urgent sick-call.” (ibid.:585) Of two pages of this short narrative, the better half is devoted to narrowly-defined medical matters like complications in tooth-pulling, or to problems in the priest’s relationship with his flock stemming from health-related issues, like being called out for medical trivia, onto “a fifteen mile walk under the blazing sun.” (ibid.) The continuation of the same article (ZMR III,46:625) opens with a comment on loneliness by going over the priest’s tasks, stating that there is no time for it: “What with instructing, visiting the sick and hale, doctoring, investigating different cases, settling disputes?” The same priest, after Mass, has “to doctor ten people, bandage a finger which was quite gangrened …, and extract a big molar tooth” (ibid.:629), all before breakfast. No wonder he feels (ibid.:630) that “[t]he more [a priest; RB] knows about pathology the better,” when, next to spiritual work, health-related activities take up such a big part of his day.
purpose; this is the paradigm shift for which, as Iliffe (1987) says, Schweitzer’s name stands (cf. below, p448).  

For most of the timespan under consideration here, though, the ZM Jesuits felt encouraged by the greater openness of the natives towards their spiritual message, to think less, not more, about the possible usefulness of medicine as a tool to further the cause of conversions. That health and the diseases of humans occupied the unique place of a lacuna in their theorising about life and world and mission, a veritable non-entity with which they as proactive thinkers by and large would not concern themselves, has been detailed above, including some efforts at an explanation (ch. 6 & passim, above), and will be addressed again, below (cf. pp493f). The lighter circumstances of their conversion work under colonialism gave them leeway to follow their inclination and leave medicine as a professionally practised, scientific discipline entirely to those with formal training, neither collaborating nor at least engaging with any one of them, e.g., on as urgent a health matter as the ‘fever,’ within the frame of the fraternity of the scientifically educated (as regarding their cattle they had done when receiving Dr Koch at Empandeni).

104 An early sign of this change on the horizon, even in the ZM, is one of Fr Sykes’ arguments on his return from England (ZMR IV,56:377, of April 1912), in a long list of points which highlight the zeal of Protestant missionary bodies: “This zeal, I say, is evident … in the scientific training given to fit missionaries with medical knowledge, and in the arts of nursing and teaching.”

105 The Jesuits were not averse to good medicine as such, and quite capable of describing a military hospital in South Africa as “excellent, … scientific, and up-to-date” (ZMR I,10:352), or praise the “skilful hands” of a surgeon (ZMR IV,56:366). There are reports on Fr Withnell suffering “from stone … [and his; RB] successful operation in the Bulawayo hospital” (VII,99:155); on Fr Pfaehler being operated upon for a crack in his right hip socket after a fall (cf. VIII,114:96); on diagnostic abdominal surgery (cf. VIII,117:195); on a case of neurosurgery (cf. VIII,122:328); and on an operation because of breast cancer, noting with regret that only too late had the Sister in question revealed the problem to her Mother Superior (cf. IX,142:430). – What I want to indicate when using the term theorising, above, is this: that the ZM Jesuits did not proactively try to clarify for themselves, how their appreciation of good medicine as in the examples given here, could or even should translate into their mission praxis, beyond the lay-medical charity they were offering.

106 Such collaboration is faintly alluded to, in the context of a particularly bad ‘fever’ season in 1909, when the missionaries notice that previous exposure does not confer immunity as some old hands had believed; they conclude that this “might profitably engage the attention of the medical faculty” (ZMR III,46:611). In the same notice, sadly, quinine still receives the most imprecise of mentions (“a good dose”), whereas knowledge about prevention through “better housing and … cultivation and drainage of the land” (ibid.:612), i.e., wire-
That this abstinence of the Jesuits from efforts at scientifically minded problem solving was confined to its specific topic, and did not extend to science in general, is evident from how they dealt with their sick cattle (cf. pp384f & fn90, above), or from their interest and activities in astronomy (cf. p397, below). Moreover, on the practical side, where (scientific) knowledge is put to tangible use, the ZMR (III,46:607) positively embraces the idea of *engaging* with the material world with a view towards success in it (excluding solely, so my argument goes, the concern for human health and disease beyond the level of common sense, and all the more so the harder medicine could be seen to try to force its success):

Great as our desire is to devote all our time and energy to the salvation of souls, we cannot neglect the material work of the Mission. As somebody expressed it, we must hold the Catechism in one hand, and the plough in the other. The material work is second in importance only to the spiritual work; the latter cannot be carried out without the former.

In the Jesuits’ way of looking at the obstacles to human endeavour which the world poses – its thorns and thistles – and the “material work” needed to overcome them, their fascination with modern technology is readily tangible: in articles (e.g., “An Irrigation Scheme in Rhodesia,” ZMR VI,87:249f) as well as in photos, e.g., of railroads, locomotives and bridges throughout the ZMR’s volumes; the angles from which the latter are taken, the at times breath-taking vistas they offer upon the traverse of gorges and rivers (cf. the Victoria Falls bridge, next page), or into distance in space as if into a technically conquerable future (cf. the Kafue river bridge, page 396; cf III,35:162), make them look like symbols of the high-flying human spirit, of the victory of mind over matter as really achievable.

netting of windows (cf. pp386f & fn91, above) and the elimination of breeding places for mosquitoes, is no longer questioned but simply reported as being implemented. Still, articles like the one of Fr Parry (cf. pp386ff, above) remain an absolute rarity in the ZMR.
The Victoria Falls railway bridge (from: ZMR III,44:522)
View of the Kafue bridge (from: ZMR III,35:195)
It is not just empty words when an entire editorial in the ZMR (VIII,126:451ff) promotes the cause of science; its sincerity is borne out by a host of remarks or articles throughout the pages of the ZMR on topics of interest in the field of nature, ranging from palaeontology (ZMR I,9:290) to termites (I,11:373ff), from *Features of our Climate* (lecture by Fr Nicot, at the Rhodesian Scientific Association, 1 June 1901, printed in the ZMR (II,15:26ff), to *The Cattle-Tick Plague* (ZMR II,18:158ff & 19:191ff), to *Entomological notes* (V,66:148ff & 67:183ff\(^{107}\)), to remarks on soil erosion and afforestation (V,68:221ff), and to an *Astronomical Observatory for Bulawayo* (ZMR II, 21:257\(^{108}\), an institution opened and run by the Jesuits. “Our astronomer,” the ZMR reports (II,23:329), “contributed to the ‘Scientific Association’ a most interesting paper on Variable Stars;” he also read, there, “a long, learned, and most interesting paper, illustrated by charts and diagrams, on the Rainfall of Southern Rhodesia” (ZMR III,42:448); and, proudly, he “has been made a Fellow of the Royal Astronomical Society of England” (ZMR II,24:369). With equal pride the *Rhodesia Advertiser* is quoted, calling Fr Withnell “[a] deep reader and a deep thinker, … no mean scientist and scholar” (ZMR IV,60:521); “advanced Science Lectures … for those who have left school” are offered at St George’s School (ZMR II,22:290); and an editorial (ZMR III,31:4) posits, “Scientiae nihil a me alienum puto.”\(^{109}\) However, when “[a]ll science” is said to be “a manifestation of the wonders of God’s Creation” (ibid.), to explain why the ZMR would declare itself open “to the publishing of interesting scientific facts and theories contributed by the missionaries, whether in the department of zoology, or botany, or geology, or ethnology, or language”\(^{110}\) (ibid.), medicine, once again, is conspicuously absent.

It is quite extraordinary for how long something as relevant to the missionaries’ mere physical survival could continue to be actively ignored, when at the same time there was

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107 Of the author, Fr O’Neil, the ZMR says (VII,100:196) that he “has been a frequent contributor to … the *South African Journal of Natural History*, his special study being *Lepidoptera* [and] *Coleoptera*,” and that he is also the “discoverer of several new species, thereby acquiring a European reputation.”

108 Cf. ZMR II,22,297f, on its scientific-technical equipment.

109 “Einstein was not ignored, even in Bulawayo,” the ZMR (VI,90:322f) remarks, citing a “lecture on his theory .. given in mathematical language, which not everybody in the audience was able to follow.”

110 The ZMR (VI,90:339) mentions a “learned and very interesting paper on ‘The native Language in Mashonaland’ by one of the Fathers; another one attends a *Vacation Course of Bantu Studies* at Cape Town University and reports on it in its pages (ZMR VIII,122:342ff).
interest in, and willingness to commit time and even means to Fr Goetz’ observatory.\textsuperscript{111} “[T]ogether with his lectures and papers on scientific subjects, [it] is much valued and appreciated throughout Rhodesia,” reports the ZMR (III,37:277; cf. III,46:606, on Fr Goetz’ travelling as far as Katanga, “taking important [geomagnetic; RB] observations;”\textsuperscript{112} and, for the same purpose, to Barotseland, on a grant from the Royal Society of South Africa; cf. ZMR V,68:207ff). The ZMR (IV,49:85) even considers it newsworthy that Fr Goetz was invited to attend the First South African Dry Farming Congress, there being appointed “an Honorary Vice-President” (cf. ZMR IV,55:329). None of this, however, can make the ZM Jesuits as an entire body, factually, more scientifically-minded and enlightened than they actually were: at times, animosity against ‘the flesh’ comes to the surface, as well as against science when in their view it ventures too far, with obvious repercussions for medicine. When a whiff of racism is added to this mixture, e.g., when the ZMR (IV,53:259) condenses the locals’ “whole philosophy of life in the phrase: wine – or rather beer – and women,” a rather blinkered outlook on the world outside of the sphere of Catholic orthodoxy results: the supposed finding that in the traditional worldview “everything perished with the flesh, and that there was nothing beyond the grave” (ibid.) is then held to tally with “what some modern Whites boast of as the final word of their science on the question of human existence” (ibid.) – leading to the unsavoury conclusion, couched in the guise of a question, if their “materialistic theory is not a mere reversion to the Simian philosophy of their remote ancestors.” (ibid.; my italics)

\textsuperscript{111} “As far as we know … the first astronomical dome constructed in South Africa” (ZMR IV,62:587). This was an initiative of Fr Sykes (cf. ZMR IX,142:438), by that time ZM Superior, with “a soft place in his heart for the cause of science .. [and] bent on selecting a man who could give full time to scientific work.” (ibid.:439)

7.3.3 The Mariannhill missionaries on ZM territory

On the CMM side, in Natal, Schimlek speaks of musings already in 1914, about becoming more proactive in the medical field (cf. p8, above); subsequently, three huts for the sick are erected in the context of the 1918 influenza epidemic, with nursing care offered by Sisters, but beyond that not much happened. When in 1925 one Dr McMurtrie offered his services after converting from Anglicanism, Schimlek says (1950:35; my italics) that “[i]n spite of the resolution at the conference in 1914, ... the Brothers,” who as non-professionals had continued to attend to the sick as best they could, “did not fancy permanent control by a resident professional man; they preferred the visiting doctor to whom they were used.” However, in the same year Dr Kohler arrived from the Würzburg Medical Mission Institute under a 10-year contract, to begin work at the Mariannhill Mission station Centocow (cf. Essen 1991:106); this, one must presume, could not have happened without years of planning in the direction of professionalising medical services.

Still, at Mariannhill itself it took Dr McMurtrie’s threat to leave, for things to get moving; under this challenge, though, the CMM began to build a hospital which was completed in 1927. Their activities in the medical field thus pre-date those of the ZM Jesuits by a good couple of years. And as in South Africa, so in Rhodesia: Balling (2002:103; here and in the following, my transl.) reports that the chronicle of Triashill in Manicaland, under the date 27 January 1928, mentions the “arrival of Dr Pattis from Bozen on the suggestion of his countryman Fr Konrad Atzwanger,” himself a member of the Triashill CMM community. Like Kohler, Pattis was deployed by the Würzburg Medical Mission Institute. In the same chronicle (6 August 1928), the doctor is said to give talks for teachers on “malaria, bilharzia, tuberculosis, sexually transmitted diseases, pregnancy, childbirth, puerperium, etc.” (Balling 2002:104)

Balling mentions medicine as a topic of interest throughout his book, an account of the life of Br Ägidius Pfister, one of the CMM Brothers at Mariannhill and later at Triashill:

- a literature list compiled by him includes books on “medical care in the missions” (ibid.:162)
in 1922, he approaches donors to provide quinine for Africans (cf. ibid.:163)

- his diary, some time between March and June 1924, contains a list of the symptoms of bilharzia (cf. ibid.:174)

- a letter of 19 October 1930, speaks of the need of drugs and bandages to attend to “open wounds, syphilis, fever, etc.” (ibid.:206).

The Brother’s purpose in all of this, however, is to pave the way for a priest, to baptise those whose heart was opened towards Catholicism by his medical help. As much as he considers medicine useful, he puts his assessment in perspective by recording in his diary St Francis Xavier’s saying that “[t]here is in the entire world only one good – eternal bliss; and only one evil – eternal damnation (ibid.:185).

7.3.4 Change on the horizon

Uncommented, the Begging Column in the ZMR of July 1913 (IV,61:580) acknowledges the anonymous donation of a “Priest’s Sick-call Case.” The first commercial medical advert in the pages of the ZMR appears in 1925 (VII,109: following p532), of a professional optician offering his services.113 The Begging Column of the ZMR (VIII,119:265) mentions another donation in January 1928, this time of “Dental and Surgical instruments,” but only in the next issue (ZMR VIII,120:289) does it become clear beyond doubt that change is in the air: a large parcel of medical dressings has arrived from Norwood Convent, and is destined for Fr. Moreau at Chikuni. This most practical form of charity might be repeated, … and those who have a little more to spend might be interested to learn that Messrs. Burroughs Wellcome and Co. have put together a most suitable medical case. Properly speaking, each Station should have one.

113 This statement is based on the perusal of the ZMR at the Jesuit Archive in Harare (with the advert appendices to individual issues only incompletely included in the bound volumes).
Fr Pfaehler’s complaint was quoted above (cf. p373), of not having a medicine chest. Less than three years later, we find the topic addressed in the ZMR, now as a recommendation for potential donors to contemplate; this is not quite a self-set goal as yet, complete with plan of implementation, but tangibly it is not far from here to a sense of moral obligation. The atmosphere though in which this sense could grow is not confined to health and medicine, narrowly circumscribed. Rather, a broader change of approach towards ‘the world’ makes itself felt: where before the exclusively this-worldly orientation of the heathen was bemoaned as in need of reform, now, the missionary’s “care for the material well-being of his people and the comfort of their bodies[!]]” is – better: has become “an argument that he is telling them the truth about their souls.” (ZMR VIII,121:314, of July 1928)\footnote{The ZMR goes as far as conceding (VIII,123:376) that “the thought of all .. need [of Redemption; RB] is stifled by the pressure of .. [the native’s; RB] immediate wants. He must have bread before he can learn that it is not on bread alone that man lives; ... he must have some sense of ownership in the treasures of earth before he can rise to the poverty of spirit that lays up treasures in heaven.” By contrast to this change of outlook on the world, an in-depth, critical re-assessment of the role of medicine (beyond that which it could play in the fight against malaria) had not taken place: the Jesuits just came to adopt, gradually, the valuation that medicine had been accorded by secular society. The manifold content of the medicine chests which now received such acclaim in the ZMR, for example, was by no means equivalent to quinine, as regards its therapeutic usefulness: as Johnson (2008:261) puts it, claims by Burroughs and Wellcome about “the medical and scientific superiority of the chests” (cf. c.1925. ‘Tabloid’: Brief Medical Guide for Explorers, Missionaries, Travellers, Colonists, Planters and Others, and 1934. The Romance of Exploration and Emergency First Aid from Stanley to Byrd. London: Burroughs Wellcome & Co.) do not in fact stand scrutiny; rather, “the majority of their contents were far from modern and scientific remedies,” with emetics, laxatives, opium, and quinine, appearing singly, or in combination in several “patent medicines such as Warburg Tincture, Dover Powder and Easton Syrup.”}

In closest proximity to the above statement about people’s “material well-being” appear two articles, one of which (VIII,121:318) weighs the possibility of “[t]he complete stamping out of leprosy within the next decade by means of treatment,” hoping for “strenuous efforts … to convert the possibility into fact” (ibid.); the other (ibid.:319ff) has for its topic, Modern
Medical Missions. Already right at the beginning of the same issue, however, under Notes from the Different Stations (ibid.:300), quite a new tone is adopted:115 at Driefontein a Hospital has been begun. D.V. before long a Mission Doctor will come to work in this enormous district, a work happily begun at Monte Cassino.116 The Government is only too willing to help by grants-in-aid. The field is wide beyond imagining, the opportunity for studying Tropical Diseases unique.117 For the young and zealous follower of St. Luke a golden chance, which the physician and evangelist might take for a few years and bequeath to a worthy successor. Meantime, hospital requisites in the widest sense, bandages, instruments, clothing, will be welcome gifts.

Even while still waiting for a doctor to take up this challenge, though, “[m]uch work is done at Holy Cross for the sick” – this is Driefontein’s out-station in the neighbouring Chilimanzi Native Reserve – “especially in treating the tropical ulcers so common in a people to whom dirt is normal” (ibid.). This work though is not what qualifies the Driefontein mission area as unique in the ZM territory; the above remarks, however, are: about a Mission Doctor like at Monte Cassino, and a hospital. Thus, within the ZM, the CMM had continued to work along the line which they had begun pursuing at their home base in Natal, where a proper hospital had replaced hospital-huts, and, after years of reliance on visiting doctors, Drs McMurtrie and Kohler were employed in 1925 as resident professionals. Though this remains conjectural, it seems possible that some Jesuits at stations situated closer to Triashill/Monte Cassino felt the implied challenge – no different from what Lavigerie’s White Fathers and the St Joseph’s Foreign Missionary Society had experienced in the vicinity of Anglican Mengo, some 30 years earlier, responding with the foundation of Rubaga Hospital in 1899, and of St Francis Hospital, Nsambya, in 1906 (cf. pp318f, above).

The said article about Modern Medical Missions of July 1928 starts, innocently enough, by recounting the “corporal works of mercy” that Catholic missionaries had offered through the

115 Disregarding just one earlier remark of October 1926, that the building of “an infirmary for the sick” is planned at Triashill (cf. p372, above).
116 A reference to the arrival of Dr Pattis at Triashill/Monte Cassino in 1927/28.
117 Cf. Dr Albert Cook’s almost identical remark, p316fn75, above.
ages, and the ZM Jesuits had continued doing, as “a stepping stone to the spiritual.” (VIII,121:319) As a first innovation, it mentions two courses for clergy destined for the foreign missions, one at the Catholic University in Lille, the other at Jesuit-affiliated Georgetown University in Washington, DC. Both courses were meant to impart medical knowledge, leading however, as the ZMR states (ibid.:320; my italics), only to the provision of “at the very best, amateur medicine … [when] something better seems to be called for.” This is where the names of Dr Agnes McLaren and Dr Anna Dengel are introduced, who have already been referred to (cf. pp318fn80 & 325, above). Both of them Catholics and MDs, McLaren in the first and second, Dengel in the second and third decade of the 20th century, pushed for an organised Catholic medical mission in which professionals would take the lead. This is what the ZMR now also advocates. Early in the century, Dr McLaren had “knelt at the feet of Pope Pius X” who, the ZMR emphasises, had given her “his wholehearted blessing and approval” (ibid.); however, the project had come to nothing in the end, for reasons unbeknown to the ZMR. But by 1928, it seems, the time was ripe, for rendering “medical aid, no disease or condition being excepted, to Christians and non-Christians in the officially recognized Foreign Mission countries of the world, and thus, by Christian charity to the sick and suffering, win souls to Christ.” (ibid.:321) Though still using the term Christian charity, the ZMR in fact speaks now of a kind of medicine which is characterised by the professional competence and technical expertise of its providers, taking as its template the Medical Missionary Society founded by Dr Dengel, whose “members must be graduates of a recognized school of medicine, dentistry, nursing, pharmacy or they must have completed a course for technicians.” (ibid.) However much the work being done continues to be called “deeds of charity” (ibid.), it must now be executed in the manner defined by the standards of the profession. This, the article concludes, may be the opening that lay professionals have been looking for, “who would work for the missions, but lack the vocation to a strictly missionary Order” (ibid.); and, the ZMR claims, “[t]he Missioner, the world over, is crying out for .. [such; RB] professional, organized assistance … which is as Catholic as the Church.” (ibid.) So here, at long last, the Jesuits’ reservations about lay medical professionals who would practise their craft within the ZM mission stations have dissipated – at least at the programmatic level.
In the next issues of the ZMR there is proof that indeed, something has been set in motion: what before would just have been done, here or there, now receives explicit mention. For Empandeni, “hospital requisites” are donated by Redhill Convent, Surrey, five years before a medical facility proper is officially opened there (ZMR VIII,123:361); Dr Pattis accompanies Fr Brown, the then ZM Superior, on a trip to Gokomere, though it is not made explicit in which capacity (ibid.:362);¹¹⁸ the Sisters at Driefontein are now called “medical missionaries” (ibid.:363); with a girls’ hostel just having been started there, the vision for the following year is, to get “a proper native hospital – a crying local need – and … a steam engine” (ibid.:364). The *Begging Column* (VIII,124:416f) mentions donations “for the hospitals,” and of a mosquito net, “a very useful present for more than one locality;” from “St. Joseph’s Hospital, Preston, have come a set of dental forceps. Such instruments are in great demand” (ZMR IX,145:525); the list of subjects taught at Embakwe Native School is said to include “[n]ursing and feeding in the case of dysentery,” and hygiene, i.e., “[c]leanliness and sanitation in the kraal” (VIII,125:432). Among the many ways *How to Help the Foreign Missions* (ZMR VIII,126:467ff), one specifically mentioned is now to donate towards the running of a Medical Mission, to the one founded by Dr McLaren in India, where “the preventible suffering is .. appalling” (ibid.:470), to hospitals and dispensaries run by the Franciscan Missionaries of Mary (the Franciscan Sisters of Mill Hill active in Uganda), or to the White Sisters in twelve hospitals across Africa. (ibid.:472)

Thus, since issue 121 of July 1928 with its article on *Modern Medical Missions*, the topic is ever-present in the pages of the ZMR. The ZMR IX,127:25f takes it up under the heading *The Medical Missionary*, speaks of a “medical apostolate” (ibid.:25) and highlights that its practitioners have already in 1926 (ten years before *Constans Ac Sedula*) been given the support of the Vicar of Christ: Pius XI is quoted (ibid.) as reminding his missioners of the ways of “the Divine Teacher when He was on earth. He, before he taught the multitudes, was accustomed to heal their sick.” But neither the Pope nor the ZMR stop at reminiscing. From the Pope’s opening address at the Vatican Universal Missionary Exhibition of 1925/6, where scientific medicine figured prominently (cf. p327 & fn100, above), the ZMR quotes (ibid.) that “[w]e are living in times when unenlightened heroism is not enough,” and uses the occasion to present the work of the Society of Catholic Medical Missionaries based in

¹¹⁸ There is no information supplied if medical issues were to be looked into.
Washington, DC, which “extends to Mission hospitals and dispensaries, medical schools and training schools for native nurses, infant-welfare centres, plague camps, leper asylums and caravan dispensaries, bringing medical aid from village to village. Obstetrical work” is mentioned specifically, as “of primary importance in Mission countries.” (ibid.:26) The article had opened with a reference to an advertisement “elsewhere in this issue” (ibid.:25), for a medical chest. Different versions of it, all produced by Burroughs Wellcome & Co, henceforth figure prominently in the ZMR, and are praised in its Begging Column (ibid.:29; my italics), as “well within the reach of a donor who can appreciate the almost incalculable good that a Priest, Brother or Nun may be able to do [with it; RB], as a preliminary to direct spiritual work.” In this very issue of the ZMR, its readership is specifically alerted (ibid.) towards “a photograph of .. [a] case” among the appended advertisements, but soon, by April 1931, the medical chest has made it from the appendix of commercial adverts into the actual paginated text (e.g., ZMR IX,132:171; cf. 139:370; 140:396; 141:422; 144:500), its insertion there pointing towards the superior relevance now given to its content; and when shown side by side with another advert depicting a carving of Our Lady and The Holy Child (cf. following page), this appears almost like a symbol of the newly-found equilibrium between spiritual salvation and physical well-being.

The ZMR has not simply surrendered to the spirit of modernity, though; it can still, when describing the Christmas celebrations at a local mission station, put these in contrast to “the abject surrender to the Devil, the World, and the Flesh on the part of so many white people at the same holy season.” (ZMR IX,128:35) Nonetheless, a widening of the Jesuits’ focus is undeniable: reporting on A Survey of the Missions of 1927 (ibid.:50ff), the fact is noted that for “the first time the survey gives medical workers, listing 226 doctors labouring in Mission medical institutions and 855 trained nurses.” (ibid.:51)119 The very next article opens with the statement that “[d]eaths among East Africa’s black babies average 300 to 600 in every 1,000, six times as heavy a percentage as that of Europe or America” (ibid.:52), and presents the graduates of a college in Tanganyika run by the Sisters of Consolata, as “the messengers of health who will bear the tidings of the milk bottle and the

119 The statistics record side by side (ibid.:52) that “Baptisms in periculo mortis totalled 656,607,” and that “[h]ospitals of every class total 691 with 283,505 reported inmates during the year, while dispensaries are 1,848 and treatments reported are 11,066,749.
Two commercial adverts, thus without caption and non-paginated
(from: ZMR IX, 127: following upon p30)
wash basin to their county-men’s cabins;”\textsuperscript{120} also mentioned is the planned erection by the Catholic University of Louvain, of a medical centre in the Belgian Congo.

Where, previously, photos of churches, schools and mission stations; scenes of native life and of missionaries; the Victoria Falls; and often bridges, trains, and irrigation channels, had enlivened the pages of the ZMR, medical matters now also come in:

\begin{center}
\includegraphics[width=\textwidth]{image.png}
\end{center}

Sr. M. Apollinaris, C.P.S, with some of her patients, Triashill (from ZMR VIII,111:20)

\textsuperscript{120} Milk bottles had not as yet been identified as a major culprit behind infant diarrhoea and death; nor that in said cabins, country-\textit{women} would tend to the infants.
Our leper, Francis, with the Sister Infirmary and his “castle” at Triashill
(from: ZMR VIII,112:49)

Epileptics at Triashill: They fell into the fire and were much disfigured (from: ZMR VIII,113:79)
The missionary dentist (from: ZMR IX,128:54)
Vaccination: Dr. Ruth Sandeman at Kutama (from: ZMR IX,132:161)

From the tower of Kutama: the Sisters' hospital (from: ZMR IX,133:175)
The dispensary at Kutama (from: ZMR IX,139:352)

In its editorial of July 1930, the ZMR (IX,129:61) announces the “redistribution of territory” between the ZM Jesuits and the CMM, that is, the Jesuits leave Matabeleland to the CMM and depart for Mashonaland. The time limit set for this study has thus been reached.\textsuperscript{121} In the same issue (ibid.:64), “a great day in the history of the Mission” is celebrated, recording the arrival from home of

the first batch of medical Missionaries of the new Congregation of the Institutum Deiparae, who have come to look after the temporal and spiritual needs of the poor Mashona, to reach his soul through his body, and incidentally to ‘doctor’ the poor Missionary himself if occasion offers.

\textsuperscript{121} Nonetheless, some photos and quotes from volume IX, which covers the timespan up to 1934, have been included above, to chart the impact of the turnabout made public towards the end of volume VIII, in issue 121 of July 1928.
The photograph below shows Dr Ruth Sandeman and two nurses, among Fathers and Brothers at Kutama Mission.

The new medical staff at Kutama’s (from: ZMR IX,129:65)
7.4 CONCLUSION

Medical issues, that is, reports on diseases and deaths, on the self-administration of drugs, on drug-dispensing to locals, and on the nursing care of injuries, do receive constant mention in the ZMR, right from its inception. Until towards the middle of the timespan under investigation in this thesis, from 1879 to 1930, the level of understanding of medical matters as it appears in the missionaries' writing, is generally low, and in particular, there is no effort discernible on their side, to learn in a substantial way from their own experience or from the experience of others as reported in the literature: the loss of life through ‘fever’ is not taken as an incentive, to try and gain a better grasp of its cause, of possible preventive and remedial action.122 With the benefit of hindsight, it is obvious how much could have been learnt but wasn’t, from the French, British, and German military experience in Africa (cf. p252 & fn84, above), or from the American Civil War experience (cf. p227, above). Fr Law fusses a lot over the quality of his astronomical equipment, to measure longitudes, latitudes, and elevations above sea-level of the places along the route from Grahamstown to Bulawayo, but no comparable effort can be found, of trying to get to the bottom of health-related mishaps, problems, and outright disasters.

One may argue that this was not to be expected of a group of Fathers and Brothers, none of them with formal medical training; however, until very late – Dr Pattis joins the CMM in 1927; Dr Sandeman, in 1930, is the first MD at a Jesuit ZM station – there are also no attempts on record to delegate the problem, by calling for qualified medical professionals to be made part of the ZM (as missionaries of other denominations did), or at least by asking for such professionals to come and evaluate the experience with health and disease in Matabeleland, in the light of experience from elsewhere. This is not to say that the answers to be had at the time would always have been unequivocal, as the example of the Moffat vs. Koch controversy demonstrates, about the relation between malaria, quinine, and blackwater fever (cf. p304fn53). One thing, however, can be stated quite definitively: faced

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122 Fr O’Neil’s highly insightful article of 1900 (cf. pp384f, above) confines itself to animal health; Fr Parry’s of 1915 on malaria (cf. pp386ff, above), as the main threat to human health in the ZM, is the first conceptually clear one; and only by Fr Brown’s time, Superior of the ZM since 1922, have remarks on the treatment of malaria with quinine only, acquired the air of a matter of course. (cf. p387fn94, above)
with a problem of existential dimensions – this was about life or death! – the medical profession was not considered as a possible port of call, hence no questions were addressed to its representatives. This is what must be explained.

Medicine does play a role – but not even this a pre-eminent one – in the context of fantasies entertained, time and again, of Christianisation from the top: if King Lobengula could be won over by whatever means, including medical ones (as his conversion solely by bringing him the Glad Tidings seemed all but impossible), his dictatorial regime would all of a sudden become a boon: his oft-deplored oppression of the people, prohibiting their conversion, would mutate into his ‘fatherly guidance’ once he were to decree that his subjects should convert.\(^{123}\) This never came to pass in King Lobengula’s day. Later, under BSAC and British administration, the situation improved: the allegiance of the new ruling class belonged to Christianity (not necessarily as a practised religion, but in any case as a part of the European civilisation-package\(^ {124}\)) – though they were not quite at ease with (papist, supposedly remote-controlled) Catholicism. But as Europeans, even the Jesuits who, moreover, had actively supported the colonial occupation of Mashonaland, could expect that goodwill from the new rulers which under Lobengula had remained elusive.\(^ {125}\)

A politically-militarily much improved situation – as viewed from the perspective of the missionaries, even if they did not see themselves as colonialists proper – with no need to endear themselves to a heathen monarch any longer, removed the primary reason why medical assistance had previously been considered: as one door-opener among others, on

\(^{123}\) Pondering the idea of having a medically competent Father deployed to Bulawayo who, he is sure, “would be a great favourite with the King” (letter to Weld, 17 September 1879, in Gelfand 1968:135), Fr Depelchin says so very clearly: “If this King would be converted, the whole nation would come … very soon.”

\(^{124}\) The ZMR (VIII,121:291) reports that the Premier of Southern Rhodesia, addressing the Missionary Conference of 1928, opened his speech with “the words of Lord Cromer: ‘The Government of our colonies must rest upon the granite rock of the Christian moral code.’”

\(^{125}\) Gelfand (1964b:4) quotes from the notes of Fr Daignault, ZM Superior by the time when the settler column got on its way, that “[t]he goodwill and assistance of the authorities of the … [BSAC; RB] seemed to be necessary to the attainment of our desires and we thought no better means would be found to secure it than by getting Sisters to take charge of the sick and wounded in the service of the Co.” The plan did work out well, as the editorial of the ZMR (I,10:322f) is pleased to note.
a par, e.g., with nicely painting King Lobengula’s ox-wagon. With regard to the population at large, priorities remained what they had always been: to entice them to come to church, and also to school (one or several always being built in the area surrounding a church), using all means available, with the inclusion of *ad hoc*, non-professional medical help:¹²⁶ in the time span covered here, the missionary effort intensified and gradually expanded, but did not substantially change its character, certainly not so far as the ZM Jesuits’ practice of medicine is concerned, before their departure from Matabeleland.

The principal reason alongside a number of contributing ones, for the Jesuits’ refusal to adapt to a changing *zeitgeist*, until so very late, has already been alluded to (cf. pp364ff, above): these men were not prepared to go along easily with modern persuasions which grew ever stronger in the half-century covered in this thesis: that bodily health was not just something which individuals had always wished to preserve or regain, but was by generally held societal standards a goal deemed worth pursuing, almost as much as, or even more than spiritual salvation. Opposed to this development, they stood firm by their conviction that in the end, there was only “‘one thing needful,’ education of the soul in the things of God; the knowledge of His existence and of the way of Salvation; the knowledge of prayer, and of the laws of God, and the teachings of the Church.” (Gale 1959:239)

Theoretical foundations have been laid in previous chapters, with regard to the increasing liberalism and religious pluralism of modern, secular society; the emergence in the NAW of a new, bounded and self-confident kind of individual as a mass phenomenon; and the ascendance of the natural sciences and medicine, as vital components of the ZM Jesuits’ cultural background. Against this background, in conjunction with the ultramontane *theological*, and the coercive-subjugating rather than liberating *missionary* tradition in which they stood, the time has now come to describe the particular way in which these

¹²⁶ Cf. O’Reilly ([S.a.]:passim), to get a sense of the inordinately higher relevance given to school-building and teaching right up to the mid-20th century, when the CMM were already in charge of Matabeleland. Of the general change of the political and cultural atmosphere, and how it now favoured where before it had hindered missionary efforts, the ZMR (IX,146:535) very candidly says: “One must bow to circumstances, and the coercion of circumstances was no longer towards paganism. The idea that he is being compelled to accept Christianity is common enough in the native mind, and the trouble is that there is more truth in the contention than we are sometimes ready to allow.”
missionaries made sense of their time and the world around them, both at home and in their chosen mission land.
CHAPTER 8: THE ZM JESUITS AND THE MEANING OF LIFE: THEIR OWN TRUTH, AND A MODERN ALTERNATIVE

8.1 FERTILISING THE SOIL OF MATABELELAND WITH THEIR BLOOD

I shall open this chapter as the previous one, with Bishop Ricards who, when listing the many efforts at Christianising Africa, and right after mentioning the Jesuits of the ZM, specifies a kind of hierarchy of means available to Catholic missionaries ([S.a.]:66; my italics), where to “gain souls to Christ by their preaching” comes to his mind first, followed by

or, better still, to shed their blood as the seed of faith to future generations.¹

It seems, thus, that it was premature for Gibbon (1984:173) to declare a century earlier, that the

sober discretion of the present age will more readily censure than admire, but can more easily admire than imitate, the fervour of the first Christians, who, according to the lively expression of Sulpicius Severus, desired martyrdom with more eagerness than his own contemporaries solicited a bishopric.

¹ Looking back at the history of the region, the first precedent was obviously the life and death of Fr Gonzales Silveira, who "had so bravely sown in his own blood" (ZMR VIII,118:226); as for the ZM, Fr Sykes confirms (ZMR VI,87:240) that “[i]t has been built up upon the graves of heroic men,” men who “went on their great quest East and West and North, and … found a lonely grave on a lonely veld … [when it] was the sowing time for the Zambesi Mission.” Two decades into the new century, the mission is viewed as “baptized in the sweat and the tears of its own members” (ibid.), and their blood is not any more mentioned; the ZMR (VI, 88:272) speaks now of the “sacrifice of all things pleasant,” and of the acceptance of “poverty and hardship and isolation.” But as a thing of the past it is recalled (ZMR VIII,125,420) that on entering the ZM those first Jesuits knew that “the early sacrifice of at least some of their lives would be the price demanded for the later harvest of souls” – “They came up to the country for God, and they laid down their lives willingly when the call came.” (ibid.:419; cf. VIII,126:467)
In the background stands, here, the example set by Christ, of offering Himself as the sacrificial lamb in submission to the will of His Father, the example which inspired martyrs throughout the centuries when they bore witness for their faith unto death.² The mental image to be developed in this chapter, however, is less about martyrs who go to the very point of sacrificing their earthly lives so as to earn eternal bliss for themselves, but about missionaries who were ready to suffer vicariously for others, thereby emulating our Saviour who paid for all our sins with His blood on the Cross. Their freely given sacrifice was to be an offering to God, such that He would bring about what no human effort could ever achieve on its own, i.e., in the mission setting, that the heathen would hear the Lord’s calling and submit to His rule.

This rule, it has to be said, the yoke that He asks everyone to take upon themselves (Matt. 11:29f), light as it might be, stands for a demand put before whosoever hears the Word. In Gibbon’s phrase (1984:109), “the promise of eternal happiness was proposed to mankind on condition of adopting the faith, and observing the precepts, of the Gospel.” That is to say, where (old) beliefs, attitudes, and behaviours run counter to the Gospel message, winning what has been promised comes at the price of their rejection, in standing by the Faith against all obstacles in the public as well as private sphere, as the martyrs of old had done. For the world of European antiquity, Dawson asserts (1938:157), the required transition was a dramatic one, thus for every individual at that time:

[I]t cannot be too strongly insisted that the victory of the Church in the 4th century was not, as so many modern critics would have us believe, the natural culmination of the religious evolution of the ancient world. It was, on the contrary, a violent interruption of that process which forced European civilization out of its old orbit into a path which it would never have followed by its own momentum.

To win eternity, as Gibbon (1984:109) puts it, the early Christians were ready to pay any price, “animated by a contempt for their present existence, and by a just confidence of immortality, of which the doubtful and imperfect faith of modern ages cannot give us any

² The idea of making “the ultimate sacrifice” was not uniquely Catholic, as Gelfand points out (1964a:4), but was shared by others, like the UMCA and the LMS missionaries.
adequate notion." Admiration for the ancients' steadfastness in belief, for their willingness to sacrifice everything for their faith, and severity of judgement as regards the believers of his own age, whose commitment he finds shallow in comparison – which verdict would do justice to the Catholics of the late 19\textsuperscript{th} and early 20\textsuperscript{th} century, and which, in particular, to the Jesuits of the ZM? As Gibbon makes it appear, the fervour of the ancient Christians was simply a matter of the past; but maybe this was too harsh an assessment?

8.1.1 Reflections on 19\textsuperscript{th} century Catholic zeitgeist I: Balzac's Village Rector

19\textsuperscript{th} century Catholic circles saw the post-1789 political and cultural dispensation as a world turned upside down, and harboured the wish to return to the old order.\footnote{Of the foundress of the Sisters of Notre Dame de Namur, Blessed (now Saint) Julie Billiart, the ZMR says (V,74:416) that “while on earth [she] was commissioned by God to co-operate with others in the restoration of order after a breakdown such as the world had never seen before.”} This, it seemed, could not be anticipated to happen any time soon, and meanwhile, wherefrom was one to expect guidance and perspective, if not from the Catholic Church? Balzac (2010), in his introduction to the \textit{Comédie humaine}, posits that

\begin{quote}
man is neither good nor bad; he is born with instincts and capabilities; society, far from depraving him, as Rousseau asserts, improves him, makes him better; but self-interest also develops his evil tendencies. Christianity, above all, Catholicism, being ... a complete system for the repression of the depraved tendencies of man, is the most powerful element of social order.
\end{quote}

In one of the \textit{Comédie}'s volumes, \textit{The Village Rector}, the need to keep or restore social order is indeed a prominent concern, and it is noteworthy how the Catholic hierarchy is portrayed (1896:97) as envisaging and blatantly advocating as a solution, a return to earlier, pre-modern times: pre-1789, pre-industrial age, even pre-Reformation:

\begin{quote}
‘Messieurs,' exclaimed the bishop, … ‘[w]e are called upon to do miracles in this manufacturing town, where the spirit of sedition against religious and monarchical
principles has such deep root, where the system of inquiry born of protestantism [sic] (which in these days calls itself liberalism, prepared at any moment to take another name) extends into everything.\[^4\]

Ultimately and in its essence, though, Catholicism is about the saving, in the here and now, of individual souls, for eternity;\[^5\] the social order is nothing but a more or less conducive environment to this end. Accordingly, the Village Rector's central theme is the sinfulness of man, and the offer of forgiveness extended by God, through Jesus Christ and His Church, to those who have sinned, who confess and repent.

The novel's story line is this: Jean-François Tascheron, a young man without means, and Madame Graslin, married, older than him and devoutly Catholic, have an affair and she conceives. A robbery is supposed to get him the money they would need to elope and have a fresh start elsewhere, but in its course he commits a double murder, is apprehended, convicted, sentenced to death, and executed. He dies a repentant sinner, having confessed to his priest and received absolution, but the name of his lover-cum-accomplice remains unknown to police and prosecutor. The woman, for her part, keeps their secret and spends the rest of her life repenting. After her husband's death, she spends the considerable means he has bequeathed to her on converting a vast stretch of arid countryside into productive fields, forests and pastures, by having a dam and irrigation system built: a veritable Garden of Eden, to the benefit of the erstwhile impoverished local peasant population. As for herself, incessant fasting and a horsehair shirt which in thirteen

\[^4\] Hearing the bishop relate all that he condemns to manufacturing and towns, Max Weber's dictum (1970:370f) comes to mind about “the conservative forces in European countries; first, the Roman Catholic Church, … but also the Lutheran Church. Both of these churches support the peasant, with his conservative way of life, against the dominion of urban rationalist culture.” The protagonists of this very culture, in Isaiah Berlin's paraphrase of Joseph de Maistre (2014:162f), are the enemy: “the disturbers, the subverters, the secular reformers, the intellectuals, the idealists, the lawyers, the perfectibilians, the people who believe in conscience, or equality, or the rational organisation of society, the liberators, the revolutionaries;” cf. Boffa 1989:304.

\[^5\] Critics of the Church, Voltaire and Marx among them, add one more word here: supposedly. For them, the core role of up-holding the political and social status quo becomes evident in the relegation to a world beyond, of the notion of universal restoration and a kingdom of justice and peace, with no anticipatory steps towards this end in the believers’ lifetime.
years of wearing has turned her entire body into one big wound, have destroyed her health. She eventually dies of self-inflicted physical exhaustion, as of spiritual anguish, not however without prior public confession of her sin.

Regarding her beneficial work in recovering a large swathe of land otherwise lost to drought, likened though this is to the feats of mediaeval monks, Balzac has the Village Rector pronounce a harsh and unyielding verdict (ibid.:177f) – if it were undertaken, that is, as an end in itself:

Philanthropy is a sublime error; … it produces no balm to heal the soul. Philanthropy gives birth to projects, … confides the execution of them to man, … to labor, … to things mute and powerless. Religion is above these imperfections, for it extends man’s life beyond this world. Regarding us all as degraded from our high estate, religion has opened to us an inexhaustible treasure of indulgence. … The death of the Redeemer of the human race is an image of what we have to do for ourselves, – redeem our faults, redeem our errors, redeem our crimes!

Remarkably, although redemption is to come about first through the Holy Sacraments, as an act of God’s grace mediated by His Church, the Rector does not stop here; he lets the philanthropy just denounced as erroneous, however sublime that error may be, make a reappearance, this time as “works of repentance” which he (ibid.) exhorts Madame Graslin to engage in:

To weep, to moan like Magdalen in the desert, is but the beginning; the end is Action. Monasteries wept and acted; they prayed and civilized; they were the active agents of our divine religion. They built, planted, cultivated Europe … Be yourself like those monasteries; work here the same miracles. Your prayers must be labors. From your labors must come the good of those above whom you are placed by

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6 Her mother will eventually disclose that she has been served “three times a day a piece of dry bread, and vegetables boiled in water, without salt, on a common plate of red earth like those they feed the dogs on. Yes, that’s how the woman lives who has given new life to this whole canton.” (Balzac 1896:313)
fortune, by superiority of mind; even this natural position of your dwelling [her chateau; RB] is the image of your social situation.

Thus, as regards his socio-political views, Balzac's village priest unashamedly harks back to the corporative state of old, just like the ZM Fathers and Brothers would do some 50 years later. Unequivocally though, in spite of his praise of good works, now by the novel's protagonist as then by the mediaeval monks, he maintains (ibid.:135) that "modern philanthropy is an evil to society; the principles of the Catholic religion can alone cure the diseases which permeate social bodies." To this, Madame Graslin's banker assents (ibid.:232), adding that

[n]othing needs more reflection than a good action. We never know whether that which seems best at one moment may not prove an evil later. The exercise of beneficence, as I have lived to discover, is to usurp the rôle of Destiny.

Of those who think or teach otherwise one should remain wary, the Rector concurs, and warns of individuals like Monsieur Gérard, the engineer who puts Madame Graslin's plans into action, as well as of institutions like "the schools invented by the genius of the Revolution" where he received his training: "For my part, I say they manufacture unbelievers; for if Monsieur Gérard is not an atheist, he is a protestant." (ibid.:254)

To the evil of daring "to usurp the rôle of Destiny," the local juge de paix adds that of individualism, to his mind better named egotism; he bemoans (ibid.:263) that

the great cry of Freedom of Will .. [has descended; RB] from the religious heights where Luther, Calvin, Zwinglius, and Knox introduced it, into even political economy.

Every one for himself; Every man his own master, – those two terrible axioms form,

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7 The ZMR adheres to the same idea on the national level when it posits (VIII,124:387) that in the days of old “the Spanish monarch … showed that the chief duty of a king is to safeguard the liberties of his people.”

8 Beyond its narrowly religious sense, this term Protestant reverberates with dubious connotations; in one breath, Isaiah Berlin (2014:159) finds named, in the writing of Joseph de Maistre, “all Protestants in general; lawyers, metaphysicians, journalists, writers, Jews, American revolutionaries, intellectuals, scientists, critics; in short, the intelligentsia, and everything which belongs to it.”
with the *What is that to me?* a trinity of wisdom to the burgher and the small landowner.

This entire hotchpotch of secular philanthropy, usurpation of the rôle of Destiny, engineering, atheism, Protestantism, and petty selfishness, appears as the outcome of the Reformation and the Enlightenment. A place is even called by name where all these evils have burst into full bloom, "that horrible New York, where there is neither hope, nor faith, nor charity," as Denise Tascheron puts it (ibid.:304), the sister of Madame Graslin’s now long dead lover. She has returned from America whereto the Tascherons emigrated, disgraced by their son and brother’s crime and execution; they now live in Tascheronville, the village founded by Denise’s father in Ohio which, she says (ibid.; my italics),

...is now almost a town, and a third of all the land is cultivated by members of our family, whom God has constantly protected. Our tillage succeeded, our crops have been enormous, and we are rich. The town is Catholic, and we have managed to build a Catholic church; *we do not allow any other form of worship*, and we hope to convert by our example the many sects which surround us. True religion is in a minority in that land of money and selfish interests, where the soul is cold.⁹

Véronique Graslin, the sinner-protagonist of the novel, is neither selfish nor is her soul cold – quite to the contrary; and as she is about to die, everybody around her becomes aware, in the words of her son’s tutor (ibid.:313), how she has been fighting a "constant and terrific struggle of the soul to maintain its empire thus over the body.” Balzac’s auctorial voice waxes lyrical (ibid.:314f) about her inner torment, about

...the despotic empire exercised by a devout will over a body reduced to what religion requires it to be. In this woman the soul dragged the flesh as the Achilles of profane story dragged Hector; for fifteen years she dragged it victoriously along the stony

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⁹ The Rector very clearly states (ibid.:264) that it is a goal not to be ashamed of, “to restore to [Catholic; RB] religion its power over the people.” The freedom of Catholic worship has to appear in danger, as it did early in US history, for a Catholic author like de Smet (1863:412; cf. ibid.:430) to come out in favour of “the principle of religious independence.”
paths of life around the celestial Jerusalem she hoped to enter … No solitary that ever lived in the dry and arid deserts of Africa was ever more master of his senses than was Véronique in her magnificent château.\textsuperscript{10}

We encounter here, in a novel of the first half of the 19\textsuperscript{th} century, the attitude towards life which also comes across, as the ideal they aspired to in real life, in the writings of the ZM Jesuits. Epitomising her “self-control and serenity of martyrdom” (ibid.:341) as she is about to die, Véronique remarks (ibid.:324; my italics), “smiling, ‘that my death shall be what that of a Christian should be – a festival!’” In this same sense Duhamelet (1934:269; my transl.) quotes, not a Balzacian work of fiction, but from the 1847 parting address of Marie de Villeneuve, foundress of the Congregation of the Immaculate Conception of Castres, to the first four Sisters of her order who are about to go and serve the poor in West Africa:

> Engrave in your memory the words which you have often repeated in retreat: \textit{to efface oneself, to impoverish oneself, to suffer …}; contemplate and above all practice them. Remind yourself also that \textit{God is everything and the rest nothing}, therefore live a life of self-abandonment and sacrifice, so that God alone reigns in your heart and the flesh be overcome.

Whatever sacrifice may be demanded of them, Sœur Marie tells her departing consœurs (ibid.:266; my transl.), they should accept happily as an act of divine grace, of His \textit{benevolence} towards them. To have been chosen “for a properly apostolic life, oh! my God, what tremendous advantage for the soul that has been called to this!” All suffering involved must be considered a sign of God’s favour, deserving nothing but gratefulness; accepting it in a spirit of this-worldly self-abnegation will be for the Sisters’ own greater good in the end, and “a multitude of infidels, saved by your zeal,” so Sœur Marie devoutly wishes (ibid.:267; my transl.), “may one day be your magnificent reward.”

\textsuperscript{10} Into this world of fiction, in which a 19\textsuperscript{th} century sinner and the desert monks of antiquity stand side by side, Balzac the champion of realism in modern literature admits modernity when he identifies (ibid.:315; my italics) the means whereby Véronique’s work of repentance has been achieved: “\textit{science, the heir of Moses’ wand}, had called forth plenty, prosperity, and happiness for a whole region.”
8.1.2 Reflections on 19th century Catholic zeitgeist II: de Maistre, de Chateaubriand, Gerbet

The understanding of what it means to lead a godly life as put before us in Balzac’s novel, the struggle of a woman for redemption from her sin, is taken one step further in a school of thought whose most notable modern representative in literature is Joseph de Maistre, according to Viaene (2001:46fn53) the “patriarch of 19th-century Catholicism.” Maistre (1993) maintains that saving one’s own soul is not, as it is for Véronique Graslin, the sole conceivable objective of self-inflicted suffering. Rather, the just may opt to suffer, so as to make amends not only for their own sins, but for those of the world at large. Says he (ibid.:251): the “righteous, by suffering voluntarily, make satisfaction not only for themselves, but for sinners by way of the substitution of merits. This is one of the greatest and most important truths of the spiritual order” – the said sinners being the “culpable, who, of themselves, could not expiate their own debts.” (ibid.:264)

This idea of substitution, he avers, is universal and much older than Christianity; it was, in his view (ibid.:366), “from the incontestable truths of the degradation of man and … from the necessity of reparation, from the reversibility of merits, and from the substitution of expiatory sufferings, that men were led to the dreadful error of human sacrifices.” In Christianity, he claims (ibid.:381f), the core of truth has been distilled from this ignominious practice; thus it is now

the just man (who never believes himself to be such) .. [who] tries to come up to his model [Jesus Himself; RB] through suffering. He examines himself, he purifies himself, he works on himself with efforts that seem to surpass humanity, to obtain finally the grace of being able to return what has not been stolen.12


12 I.e., not stolen by him, as Maistre’s footnote reference to Ps 69:4 makes clear: “I restored [that] which I took not away.”
Maistre substantiates his view, of the lamb of God who takes away the sins of the world as a role model, by reference to Origen, whom he paraphrases (ibid.:383) as likening to the universal redemption which Jesus brought about through His self-sacrifice, the “particular redemptions [through the self-sacrifice of Christian martyrs; RB] that could be called diminished, but that always derive from the same principle.” He does not deprive his reader of Origen’s admission that it “would require profound research to form even a very imperfect idea of the law in virtue of which these sorts of victims purify those for whom they are offered.” (ibid., quoting from Origen’s Exhortation to Martyrdom) However, as undeterred by such incertitude as Origen himself, Maistre continues to quote the Church Father’s assertion (ibid.:384) that

[t]he one who kills … a poisonous animal undoubtedly merits well of those who could have been harmed if it had not been killed …; let us believe that something similar happens through the death of the most holy martyrs …, that they destroy powerful malefactors …, and that they procure marvellous assistance for a great number of men, in virtue of a certain force that cannot be named.

Closer to his own day, Maistre finds the same idea expressed by Bishop Bossuet, the man whom Louis XIV tasked with the education of the Dauphin, in his Méditation [sur la rémission des péchés] pour le temps du jubilé.13 (quoted ibid.:390n59) According to the Bishop,

[t]he martyrs dispense the forgiveness of sins; their martyrdom, in the example of that of Jesus Christ, is a baptism by which the sins of many are expiated; and we can in some way be bought by the precious blood of the martyrs as by the precious blood of Jesus Christ.

However, before moving on to theology by theologians, another literary figure deserves mention who popularised the above ideas: François Réné, Vicomte de Chateaubriand. In his Genius of Christianity, book four is dedicated to Missions, where right at the outset (1856:557) the “irresistible desire to sacrifice their lives” on the part of its protagonists is

13 Paris (1696).
emphasised, a desire driven by the self-set goal to employ all possible means to save the souls of those still languishing “in the darkness of idolatry.” (ibid.) If the missionary “dies a painful death …, characterized [by the world; RB] as a madman, an idiot, a fanatic, and all to procure eternal happiness to an unknown savage – by what name shall we call such a death, such a sacrifice?”, Chateaubriand asks (ibid.:558). And he answers (ibid.:598) that this must be taken as evidence, on the missionaries' side, of

obedience to the injunction of that Master who said to them, ‘Go ye and teach all nations.’ Complying in perfect simplicity with this command, they … undertook, even at the risk of their lives, to reveal to a barbarian whom they had never seen ……… what? In the opinion of the world, nothing – a mere nothing: – the existence of God and the immortality of the soul!

Example after example follows, of deeds and sufferings that bespeak "something more than humanity." (ibid.:565) Having survived his ministering to plague victims, a young missionary addresses his superior in these words (ibid.:566): “I was not worthy that God should be pleased to accept the sacrifice of my life which I offered him. I therefore request your prayers that the Almighty may forget my sins and graciously permit me to die for his sake.”14

Chateaubriand obviously savours the opportunity to describe in great detail exemplary cases of suffering, e.g. (ibid.:597), that of a French missionary at the hands of the Iroquois:

[The savages; RB] cut off his lower lip and the end of his nose, held lighted torches to every part of his body, and burned his gums … [T]hey made a collar of red-hot hatchets for Father Brebœuf; they cut from him pieces of flesh, which they devoured before his face, telling him that the flesh of Frenchmen was excellent eating.15

Of Brebœuf’s cruel death we are told that it had been “the object of his most ardent wishes”

14 Chateaubriand quotes from the Lettres édifiantes et curieuses, écrites des missions étrangères (tome i, 8), published by the Jesuits in the 18th century.
15 Chateaubriand uses material from Lescarbot's Histoire de la Nouvelle-France of 1609 (tome i, livre 7).
(ibid.:596), and as with him, so with other missionaries: “Heaven, satisfied with their virtues, bestowed on several of them that palm which they so anxiously desired.” (ibid.:595) Fittingly, a surviving missionary who “discovered the remains of one of his companions, .. hastened to perform the funeral rites; and, filled with great joy, he sung a solitary Te Deum over the grave of the martyr.” (ibid.:574; first italics mine) To all of this, Gibbon’s above verdict (cf. p417) seems to apply, that a “present age will more readily censure than admire” such attitudes – but not so in Chateaubriand’s mind. When he presents the mission lands quite literally as “a field fertilized by the blood of apostles” (ibid.:583), this is a circumstance not to be regretted, but as much to be proud of as it was necessary. In this light he quotes his sources, e.g., Father Bouchet writing from India that “[o]ur mission is more flourishing than ever; we have this year had four great persecutions” (ibid.:566; first italics mine), with persecutions and flourishing portrayed in direct cause-effect relationship.

Well over a century later, Otto (1939:213; my transl.), writing on the founding history of Jesuit missions overseas, calls the sad end of the Apostolic Prefect of Madagascar, in 1832, “of hunger and fever, guarded by his captors, lonely and deserted by everybody … a ‘romantic’ missionary’s death as Chateaubriand had described it so grippingly.” On an intellectual plane, he reasons (ibid.:220; my transl.) that the missionary romanticism which inspired his confrères of earlier centuries must be held liable to criticism: “The impetuous desires and aspirations of the heart blinded [them; RB] to the real situation.”17 Palpably, though, the critic is touched emotionally, irrespective of his rational judgement.18

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16 Again in the Lettres édifiantes et curieuses, écrites des missions étrangères (tome i, 8).
17 The supposed “primal simplicity of the negroes” (Otto 1939:238; my transl.) would be one such instance of a by then unnoticed misapprehension, prompted, e.g., by the friendly reception of the first ZM Jesuits among the rank and file AmaNdebele: “[T]here was no insolence, no ferocity, such as might be expected from the terrible Maviti,” as Weld (1880:47) calls them; they just kept asking incessantly for presents, tempting Weld into a daring extrapolation: “They were confiding children, who could not refrain from asking for the treasures which they saw: and it was impossible not to think how little would be wanting to change them into children of Jesus Christ.” Elsewhere (ibid.:60) he therefore sees the main obstacle to conversions “rather in the form of government than in the people themselves. These seem to be simple and confiding.”
18 This becomes evident, e.g., when he calls “sanctified” the mission field of the Jesuits in South India, not only because of the labours of St Francis Xavier there, but also “through the blood of their first martyr, Antonio Criminale” – a valuation which is not quoted from an earlier source, but is Otto’s own (ibid.:283; my transl.).
Notwithstanding such a retrospectively critical appraisal of romantic ideas as misjudgements, however, what was the underlying theology when these were still considered sound views, in the 1800s?

The very theme, the death of missionaries and its place in the scheme of things, is at the core of French Bishop and theologian, Philippe Gerbet’s, *Dogme Générateur de la Piété Catholique* (1829). For him, it is a hallmark distinction between the denominations that Catholic priests are not just ready, but positively keen to suffer and even die for their flock, where Protestant ministers openly admit to putting their own lives first. As the Son of God offered Himself on Calvary, so it befits the priest to know no limits in his commitment to his flock: Gerbet insists, in Derré’s rendering (cf. 1962:373), that the privilege to celebrate mass imposes an obligation on him of total self-abandonment and self-sacrifice even unto death, if the need arises. To this same effect, de Smet (1863: 453f) quotes the Jesuit missionary to North America, Fr Nerinckx, speaking of the perfectly incomprehensible honour with which … [the Lord; RB] has deigned to honor us, by introducing us into the holy of holies, and by ranking us with the princes of his people, which he has certainly not done for us to stand idle … Can it seem equitable, then, for us to shrink from the sweet yoke or service of the Lord?

Gerbet (1829:162; here and in the following, my transl.) quotes from 16th century sources to illustrate his point: the Protestant ministers of Geneva, in their own words, did not have the guts to attend to the spiritual needs of plague victims “because God had denied them the grace to overcome and confront the danger with the necessary intrepidity.” To this, he contrasts (ibid.:163) Cardinal Borromeo’s exhortation to the Catholic clergy, from around

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19 Derré (1962, esp. 346ff) has traced the intricate web of cross-fertilisations between Balzac in literature, Maistre in cultural philosophy, and the theology of de Lamennais and his disciple, Gerbet. The latter’s *Dogme Générateur* he counts (ibid.:348; my transl.) as “perhaps the main work of romantic piety in France,” with early translations into Polish, Italian, English, and German.

20 Fr Law sees himself in the same predicament (quoted in Schreiber 1893:151): “I say the Breviary, offer up the Holy mass, and receive our Lord every day! When I think of my light and knowledge and then of my actions, of my office as a priest and how I perform it, I am terrified.”

21 The *Extraits des registres du conseil d’état de la république de Genève*, of 1535 to 1792.
the same time, and also speaking of the plague; he paraphrases the Cardinal as urging his priests “to come to the firm decision to face down with a joyful heart all danger, even death, rather than desert the faithful … whom Christ, who had redeemed them with His blood, had entrusted to them.”\textsuperscript{22}

Gerbet starts his reflections by highlighting (ibid.:156f) a development in the concept of giving to the neighbour, from a lower to a higher level of commitment: not only “at the expense of what one possesses, but at the expense of all that one is, at the expense of one’s peace of mind, one’s health, even one’s life” – the difference between almsgiving as practised the world over, and Catholic self-sacrifice for the benefit of others, in following the example of Jesus: “In paradise, God’s goodness had revealed itself; on Calvary, His love.” (ibid.:153) Moving on to the missions, he quotes de Lamennais (ibid.:165)\textsuperscript{23} who had found the same discrepancy between Protestants and Catholics that Gerbet himself describes in their attitude towards the plague: “what an unspeakable difference in spirit …! Where are the Protestant ministers who know to die for the proclamation of the Good News of salvation to the American savage, or to the learned Chinese?” Gerbet does not end his quotation here, either. At the time of Lamennais’ writing, and still deemed quotable in 1829, the supposed focus of the Protestants on “progress of agriculture among the negroes, and of the elementary sciences among the Hindus” (ibid.) is considered as proof of their “incurable religious apathy” (ibid.) – because for them, so the charge goes, material gains have taken the place of spiritual ends.

Which, then, was the doctrine of Faith that Protestantism had thrown overboard, explaining why self-sacrifice had remained the hallmark of Catholicism, while cautious worldly self-interest had come to reign supreme among other denominations? It was, Gerbet answers

\textsuperscript{22} Gerbet charitably ignores that both the ministers of Geneva and the Cardinal speak of a moral imperative, which the ones admit not to be able to meet, while the other \textit{challenges} his priests to do so, indicating thereby the need, on the Catholic side as well, for an exhortation to be given. The ZMR, by contrast, speaks as a fact of several “martyrs of charity,” priests and lay people alike (VI,84:141f; 85:176; 87:254 (“a glorious death which we all may well envy”); VI,91:355), who tended the sick during the 1918 influenza epidemic, disregarding the risk of exposing themselves to the infection by doing so.

(ibid.:183), the cult of the Eucharist, the celebration of the Lord Jesus’ ultimate self-sacrifice which “nourishes … the memory of man, his heart and even his senses, which incorporates into him the spirit of sacrifice.” The secret of the “miracle workers of charity whom Catholicism has brought forth, the secret of their incomparable devotion …, if the self-sacrifice of Jesus Christ is its principle, the communion with the Body and the Blood of Jesus Christ is its daily nourishment.” (ibid.:184f) To stress his point Gerbet quotes St Francis Xavier (ibid.:186): “The harshest punishment for the missionary is not to be able under certain circumstances, to celebrate the holy mysteries and to be deprived of the heavenly bread which fortifies the heart of man.” From the words of another saint, Francis de Sales, it is evident that this fortification must be understood quite literally: ingesting the Eucharist, he is quoted as saying (ibid.:186f), the faithful sense how Jesus “pours himself out” into their souls and bodies, straightens everything, purifies everything, mortifies everything, enlivens everything: He loves in the heart, He understands in the brain, He animates in the bosom …, He sees in the eyes, He speaks in the tongue … He does everything in everything: and when we live, we live not at all ourselves, but Jesus Christ lives in us.

Gerbet is at pains to emphasise that the host, in frequent Holy Communion, is a nourishment in all its physicality rather than in a metaphorical sense24 – very much like ordinary bread and water without which the body would wither: “In Holy Communion, God discloses Himself to us in such manner that the substance of Christ mingles with our substance, to make of Him and us but one matter.” (ibid.:206) As per the testimony of the miracle workers of charity just mentioned, says Gerbet, this is the source of their spiritual

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24 Almost a century later, the ZMR (IV,53:251) sees their newly converted young men in danger of falling for the vices of urban life when they leave the mission to find employment, believing that “[i]t would not matter much if they could all hear Mass and approach the Sacraments regularly while in town.” Even more definitive is the wording in ZMR IV,62:585 (my italics): “[P]ractically all our school children, boys and girls, receive Holy Communion every day, and, as a necessary result, are good and give every satisfaction.” (on the Eucharist, cf. ZMR IV,52:206, and 53:260: “Holy Communion is the great wonder-working force;” on Baptism, IV,53:261: “One notices a great difference between the children who have received Holy Baptism and the little heathens.”) Conversely, the catechumen cannot be expected “to be perfect, especially as he lacks the help of the Sacraments.” (ZMR VI,91:381)
energy, fuelling all those acts of selfless service (e.g., in hospitals, not just once, but over months, years, and decades, quite possibly in forfeiting a life of comfort and worldly pleasures).\textsuperscript{25} In one sentence, Gerbet summarises (ibid.:209), “[t]he mutual abandonment of God and man, that is the founding word of Catholicism.”\textsuperscript{26}

The Belgian \textit{Revue Catholique} of 1847 looks, specifically, at the self-abandonment of the sinner, asking if there cannot be reparation for the believer in simple \textit{punishment}; the answer is in the negative (\textit{Le R.P. Lacordaire} \ldots:199; here and in the following, my transl.), because “punishment does not make amends; it makes us suffer, groan, grind our teeth;” reparation, however, lies in “\textit{punishment that is accepted}. It is the wretch who beats his chest, and looks at his God with tears in his eyes, and exclaims: I have sinned, strike me \ldots; strike, I have deserved it; strike, I sacrifice myself.” (ibid.) The sinner must “cast his life at God’s feet in \textit{sacrifice}” (ibid.) – must do so, that is, in following a moral imperative to which he or she \textit{submits voluntarily}: \textit{this} makes the sacrifice, in the author’s conclusion (ibid.), “the heroic form of the good.” And as in Gerbet, so in the \textit{Revue Catholique} (ibid.:192), this imperative is found realised in “true religion,” i.e., Catholicism, not in idol worship, “Mohammedanism” or Protestantism which are put on a par, to be equally crushed by their critic. The wording could not be coarser (ibid.): “[T]he Catholic religion … is the daughter of God, the others are the daughters of Satan.” Specifically, Protestantism is about “\textit{diminishing} the truth” by attacking “the Eucharist, Holy confession, self-denial.” (ibid.:193) What is furnished, here, in a half-sentence, is the essence of ultramontane Catholicism during the childhood, youth and formation of the men who would later set out to convert the AmaNdebele.

\textsuperscript{25} Fr Law’s biographer, Schreiber (1893:215), speaks of “that Heavenly Manna which gives courage to martyrs, solace to the afflicted, and makes suffering desirable and attractive,” indicating that in Catholic circles, Gerbet’s ideas were as alive at the end of the century as at its beginning.

\textsuperscript{26} After the death of Fr Law, Br de Sadeleer will say (in Roberts 2009:54): “Since our reunion, Fr Wehl says holy mass every day, and we take communion often. What a consolation this is for us, after having been so long deprived of this joy! We certainly have need of divine strength to support us in the midst of our trials.” Cf. Fr Depelchin’s diary, 11 July, 1880 (ibid.:113): “[T]he Lord visited us and gave us His blood and His flesh to nourish us … In the immense solitude of Africa, where one’s only true friend is Jesus and the Cross one’s only support, how delicious was the mysterious feast!”
Griffiths, writing about the Catholic Revival in French literature from 1870 onwards, demonstrates how this specific kind of Catholic closed-mindedness would not dissipate throughout the remainder of the century, that is, the intellectual climate remained stickily- oppressive throughout the ZM Jesuits’ formation up to their departure to Africa and beyond. Griffiths specifically singles out (1966:149) the “doctrine of vicarious suffering,” as entering “in some way into almost everything written by Catholic authors between 1870 and 1914;” he quotes Huysmans’ statement27 (ibid.:150; my transl.) that “that part of Catholicism: of expiation and of suffering, … is the only one true, the one to ensue from Calvary; this is the pure mystical theology, in one word.” According to Griffiths (ibid.:157), vicarious expiation as propagated by Maistre more than by anyone else, assumed, certainly in France, “an importance out of all proportion to the other doctrines of the Church,” and was meant to compensate on the societal level for the “horrors of the Revolution and the Empire” (ibid.), as much as on the personal level for the sins of relatives, neighbours, and even strangers unknown to the willing sufferer.28 Griffiths devotes an entire chapter of his book to the idea of vicarious suffering, tracing it back (ibid.:163) to d’Aurevilly’s Un Prêtre Marié of 1865 as the place of its “first important appearance … in Catholic fiction,” and from there to the works of a host of other authors, reflecting the “vast popularity of the theme … for major writers, such as Bloy, Péguy, Claudel, … [but also; RB] the preoccupation of the Catholic public at large with this problem.” (ibid.:191f) As Griffiths assures us, this was more than a narrowly time-bound topos merely to be encountered in belles lettres; it was, rather, “to be found throughout the Catholic belief of the time, as a central element.” (ibid.:217) To facilitate the ease of actually living with voluntary suffering as a self-set horizon of expectation, the Revival offered to the faithful, additionally and as a source of emotional succour, one further line of reasoning which Griffiths presents in Péguy’s wording (ibid.:54f): that God “will not only reveal to man all that is necessary …[but] will take care of him

27 Letter, Huysmans to Leven, 17 August 1901.

28 Griffiths (ibid.:158; my transl.) quotes Mélanie, one of the children to whom the Mother of God appeared on the mountain of La Salette, and who hoped to make it “a new Calvary of expiation, of reparation, of immolation, of prayer and penitence for the redemption of my dear France and the entire world.” In a similar way, a White Father-to-be muses in Baumann’s L’Immolé of 1908 that “the offering of his youth would turn mystically into a rain of abundance upon Philippe [his brother in law; RB] and his own, upon the Vendée …, upon dolorous Christianity and the unknown brothers whom, later, he would baptise.” (quoted in Griffiths, 1966:197; my transl.)
far better than he could take care of himself;” that therefore “man should abandon himself entirely to the mercy of God and let Him decide.” As will be seen, this is another facet of the thinking of the Revival, beyond the idea of vicarious suffering, which strongly resonated with the ZM missionaries.

Coming back to what has been said above, namely, that the sinner must “cast his life at God’s feet in sacrifice,” Gerbet and Maistre would insist on adding that there isn’t any human who does not fall into this category (this includes Maistre’s “just man who never believes himself to be such”), which is why self-sacrifice in emulation of their Saviour is incumbent on each and every Catholic, and more than on any other, on the Catholic priest. He is the one privileged to celebrate the mystery of Christ’s self-sacrifice in the here-and-now (cf. p429 & fn20, above), and, in Gerbet’s phrase (ibid.:131; my transl.), when on his own part “the sacrifice is missing, the man remains and the priest vanishes.”

In all this, the idea of self-sacrifice occupies centre stage: Jesus Christ’s voluntarily suffered death is ritually re-enacted in Holy Mass, wherefrom nourishment springs for His followers, to give a strength to their human minds and souls which by themselves they could never hope to muster. In the lives of true believers, the idea takes shape in their practice of the Faith, e.g., in “the devotion of our missionaries … [which] has gone through all genres of agonies and deaths” (ibid.:166; my transl.), as in the self-abandonment of those pious female angels who are ready “to dress the wounds of strangers, hear the rattle of the dying, bury nameless corpses” (ibid.:189; my transl.), in a lifelong vocation. Thus, at all levels, in the example of the Master, in the efforts of those who follow Him, as in ritual, “the spirit of sacrifice .. is the proper character of Christianity” (ibid.:171; my transl.) – Christianity, for Gerbet, being Catholicism. One need not wait for the judgement of posterity: already his contemporary, Sismondi, marvelled (1818:458; my transl.) – fits together in this system whose foundation is pain, and one cannot deny it an admiration mixed with horror, not only because of the beauty in its consistency, but also because of the selflessness, of the self-sacrifice which it designates as the essential characteristic of man.
Sismondi, his admiration notwithstanding, feels compelled to express the horror evoked in him, by pain and suffering being given this pivotal role in the scheme of things. However, as Viaene shows (2001:186), it was exactly this hideous feature which made for the creepily-morbid attraction experienced by the 19th century partisans of a Catholic revival for that befouled continent, Europe:

A dark romantic pathos pervaded … revivalist piety: the expiation of social sin through Catholic self-sacrifice. Joseph de Maistre perfectly captured this leitmotif … [Ever since; RB] original sin, … [e]vil ran in the blood, and had to be compensated for by blood. No one had the right to complain about the suffering that befell him, for no one was innocent. It was as inherent to life as injuries were to battle.

On the religious, politico-cultural and social scene of Europe, the said evil had taken such diverse forms as Protestantism, Liberalism, and Marxism, had found expression in the destruction of the Ancien Régime in the 1789 cataclysm, had ushered in an industrial age full of disorder, filth, blasphemy and unbelief: and all this, as the sinful rebellion against God and the authority of His Holy Church which it was, called for the restoration, Viaene explains (ibid.:187), of “the disturbed moral equilibrium, .. averting divine wrath by the voluntary acceptance of sacrifice.” Viaene adds (ibid.) that

[it is hard to over emphasise how important the eminently social dogmas of ‘the temporal rule of Providence’ and the ‘reversibility of expiation’ were to the moral economy of the revival, how essential to the heroic self-understanding of the ecclesia militans of the 19th century.

In the conviction that devout Catholics, engaged in an inner mission, could “salvage a sinful [European; RB] society with an apostolate aimed at its conversion; .. [could] sanctify it in spite of itself by way of reversibility, through self-sacrifice” (ibid.:188; my italics), an enthusiastic missionary zeal is evident which envisions itself as capable of overcoming all odds. This same conviction, as one can sense from their letters, animated the ZM Jesuits who entered a heathen world also in dire need of salvation through the Word, but as yet happily untainted by the vices of Europe, which latter state of affairs was to be maintained
if at all possible. Going overseas, these missionaries brought with them a revivalist worldview and attitude towards life which, considered as an ensemble, makes one understand why Fr Depelchin and his collaborators, with the exception of a very few, could find consolation in, rather than despairing over, the obstacles, misfortunes and losses of life which beset their enterprise.\textsuperscript{29} Their mindset was dominated by an acute awareness of what Maistre (1993:385) had called the "radical degradation [of humankind; RB], the substitution of the merits of the innocent paying for the guilty and \textit{salvation by blood}" – the wording aptly getting across his self-contained system’s spine-chilling emotional hue, the "sombre and poetic colour which it gives to all lofty thought."\textsuperscript{30} (Sismondi 1818:458; my transl.) Forging ahead into the unknown in this spirit, the ZM Jesuits did not act foolhardy in their own assessment, but did not get caught up, either, in the cautious assessment of personal (health) risks to be avoided, nor in rational, worldly cost-benefit analyses.

Quoting Job, Chateaubriand had declared (1856:438; second italics mine) that while the world exhausted itself "\textit{in the pursuit of the shadows of life}," the sacred teachers of old had known "that real existence begins not until death. \textit{The Christian religion has alone founded that great school of the grave where the apostle of the gospel imbibes instruction}.” After a formation in this spirit, it could only appear as a deviation from one’s lofty ideals, to cherish a healthy life on earth as an end in itself, be it that of the missionaries or that of their flock: was not the salvation of heathen souls from eternal damnation the one thing they had come for and that counted?\textsuperscript{31}

\begin{itemize}
\item \textsuperscript{29} This description does not apply to the Jesuits alone: Balling (2002:29) believes that his protagonist, Br Aegidius CMM, at least once a day recited the "well-known prayer ‘Deus ego amo te’," which ends with the words: “Into the rapture of my love do pour torment and pain / let die me out of love alone” (ibid.; my transl.).
\item \textsuperscript{30} Fr Depelchin (in Roberts 2009:292, from Précis historiques 1882, xxxi), recovering from a leg fracture, says: “Despite all our trials, and probably because of them, the Zambesi Mission is developing and prospering.” (cf. pp460fn71 & 461fn73, below) Contemplating the deaths of Frs Fuchs and de Wit at Tati, the place from where he is writing, he wants to build a chapel there, with a commemorative plaque for “all the apostles of the Zambesi who have died as victims of their own charity and zeal for the salvation of the Black people ... [and] dedicated to ‘Our Lady of the Seven Sorrows’.” He wishes to put up, at all mission stations, “stations of the Via Dolorosa [which] will be for our poor Blacks a continual sermon on the greatest and most sublime of our mysteries, the Redemption through the cross.”
\item \textsuperscript{31} Cf. the remark of the foundress of the Congregation of the Immaculate Conception of Castres (p424, above).
\end{itemize}
based on this trust, putting their own lives on the line, the missionaries could, in a sense, only win: by netting souls for Jesus or by dying in the attempt, thereby sanctifying the soil of Matabeleland and preparing the ground for the conversions which doubtless would follow, in God’s own time.

To my mind, this is the crucial point which is missed in all criticism levelled against Fr Depelchin’s leadership of the ZM, and even more glaringly so in the arguments of those who later sprang to his defence. In trying to show that he was an efficient superior, his defenders evaluate the success of his work with an inappropriately this-worldly yardstick as their criterion – which was not foremost on his own nor his closest confrères’ mind, Frs Law and Terörde. Thus Moreau and Masson, 20th century chroniclers of earlier Belgian Catholic missionary work and themselves Jesuits, quote Depelchin with only one sentence (1944: 84; my transl.) in which he ascribes to “a series of incidents and disasters, one more lamentable than the other,” the ZM’s lagging behind hopes and expectations. This is both starting point and bottom line of their reflections: juxtaposing the lack of visible success of the early ZM, and the strenuous efforts made to overcome horrific obstacles – evident in the death of eight missionaries out of 22 in only four years –, they find nothing Depelchin should be blamed for … and that’s just that. “What would he not have implemented, without doubt, if one would have let him [continue]?”, Moreau and Masson ask (ibid.:86; my transl.). In their very pedestrian account, Depelchin is shielded from the accusation of failure by simply listing the achievements of those who followed in his footsteps, the implication being that they built on the groundwork he had laid (though the conducive influence is not denied, of the colonial rule which in the meantime had been put in place).

Crucially, Moreau and Masson recall the succession of blows which the ZM suffered during Depelchin’s time in charge as nothing but catastrophes: all those acts of supreme self-abandonment as which the early missionaries themselves counted the losses of their own, mourning their departure but still, concurrently, finding consolation in the knowledge that thereby, they had fertilised the soil of Matabeleland with their blood.

Around the same time, in 1946, Moreau also produced a short piece on the life of Fr Depelchin for the Revue du Clergé Africain in which he drew heavily on their 1944 book. Notably, Depelchin’s train of thought is quoted more extensively there (Moreau 1946:433;
my transl.), starting with, “But man proposes, and God disposes!” In a Belgian Congolese journal, addressing African clergy, the said ZM disasters are presented as the ruin, only of human hopes, while Depelchin is given space to point out (ibid.; my transl.; my italics) that in this very ruin, “the way to Calvary truly commences for us. The cross which the Lord has put on our shoulders is very heavy, but He has carried it with us and has kept us from succumbing under the weight.” Thus, in an African Catholic periodical for (though not by) Africans, the spirit is kept alive in 1946, which informed Depelchin’s original obituary in a Belgian Jesuit journal (Le Révérend Père Henri Depelchin 1900). There, his and his confrère Law’s readiness to put down their lives in the service of our Lord, just as Jesus had died for them, is found worthy of emphasis, as meritorious in its own right. An effort is even made to let Fr Law’s actually accomplished self-sacrifice – kissing his crucifix “as he died in an abandoned hut” (ibid:294 ; my transl.), among the heathen AbaGasa where Fr Depelchin had sent him – cast a reflection on his then Superior, who died unspectacularly, much later, of old age: in the closing lines of the obituary, Fr Depelchin kisses the very same crucifix, previously Law’s, as he breathes his last.

The view of the Revue du Clergé Africain is also that taken by Fr Law’s biographer, Schreiber, early in the history of the ZM. It may, he says (1893:340), “at first sight, appear as if the mission upon which Fr Law entered with so much courage and devotion had been a failure,” acknowledging that from setting foot on ZM territory to his death he did not manage to convert even one heathen. However, Schreiber cautions (ibid.:341), “[t]he Master Whom we serve will not judge of our work or reward us according to our success, but according to the faithfulness and diligence we have displayed in His service.” He cites the legend around St James as himself winning over to Jesus a mere seven individuals in the whole of Spain – but that his body was brought back there after his death as a martyr in Judea, to a resting place unknown for centuries, and (with causality implicitly hanging in the air) that the entire Spanish nation has become faithfully Catholic; all of which induces him to hope and ask (ibid.:341) if not

the remains of Fr Law, resting in their unknown grave in the plains of Africa, may call down a blessing upon the country he desired to conquer for Christ, so that those
who follow after him may enter into his labours and reap a rich harvest of souls for the greater glory of God?

With this perspective, missionary romantic as Otto, himself a Jesuit, may later call it (cf. below, pp523f), the ZM Jesuits on the ground had in fact insulated themselves against all self-doubt: while countable success, e.g., stations founded, would be taken to show that God was well pleased with their efforts, the argument was not made to work in reverse;\footnote{Whenever they could, all missionaries sent back home long lists of ‘tangible’ achievements: in the beginning, of buildings erected, both sacred and profane, of miles covered in reaching out to the heathen, of attendances at mass or school, later, of sheer numbers of baptisms and Holy Communions.} not, anyway, for Catholic endeavours such as theirs (it was used with regard to Protestants – cf. Bishop Ricards’ arguing their necessary failure, above, p340\footnote{It was also used against traditionalists: a deceased rainmaker’s successor is said to have to identify himself “and prove his title by wonderful deeds. Perhaps in our days of enlightenment this will be difficult.” (ZMR V,71:302)}). To Catholic missions, conversions would come, depending on His grace alone, and at His own time. Meanwhile, the sincerity of their commitment up to the point of offering their lives in sacrifice, served equally well as evidence of His blessing upon their work – and particularly so when the Lord deigned to accept the offer.\footnote{Right from the beginning of their travel north, when they were turned down by King Khama – as Fr Depelchin believed, at Protestant instigation – this was the ZM Superior’s logic (letter to Weld, 25 July 1879, in Gelfand 1968:98; my italics): “You see, ... our expedition begins to meet with difficulties. The devil’s messengers are at work. This is a good sign. Any great undertaking for the love of Jesus must be tried.”}

One may call this romanticism as Otto does, or one may call it depth of faith, but whatever the name, the conviction in question did change with the passing of time. Sœur Marie’s “\textit{God is everything}” gradually took on a less literal meaning, thus would not any more lead directly to the blunt conclusion that “\textit{the rest is nothing}.” The perception of medicine changed concurrently (if mainly as a dependent variable): it ceased to be a lesser tool among others, used subsidiarily to coax the heathen closer towards conversion, or to safeguard the earthly lives of the missionaries themselves, but in any case in an amateurish way, simply as customarily prescribed, and without giving much thought to its inner workings. Under none of these perspectives had the feeling of urgency imposed itself...
which eventually became the matter of course which it is today (and which previously would only be experienced by the individual sufferer in his hour of need), where for every physical ill there just must be a remedy (hence the devastating impression which HIV/AIDS made in its early days when the fact of individual infection was likened to a ‘death sentence’).

In medical circles, obviously, the shift towards a more positive valuation of this-worldly matters, including health, and the consequent, ever bigger role of medicine in mission, met with acclaim:

Doubts have at times been expressed as to the value of missionary efforts, but whatever conclusion may be arrived at with regard to missions generally we do not believe that anyone will deny the vast extent of the good done at medical missions. To any medical man who has travelled in the east the need for skilled treatment of the suffering millions is apparent. Diseases readily amenable to our treatment are endured for years and suffering and death are rampant. The work of the medical missionary in relieving this suffering is good and we earnestly hope that it may flourish more and more.35

The urgency previously experienced around baptising babies before they would die, to save their souls, could now find a new focus in bettering the lot of the missionaries’ flock by improving their state of health;36 still, the emancipation of physical from spiritual salvation was not accomplished overnight. As Etherington observes (2005b:276), in “sharp contrast to trends in the medical profession since the Enlightenment, missions refused to decouple disease from sin and morality.”37 Eventually, though, in a development away from spiritual

36 As an intermediary step, spiritual urgency itself became medicalised: Ruisinger (2014) describes for the 18th/19th century a “baptismal syringe” as part of a midwife’s professional equipment, with which to reach per vaginam an as yet unborn child at risk of dying during delivery, so as to baptise him or her.
37 In view of what has been said about Lavigerie’s bread-and-butter approach towards medicine (cf. pp331ff, above), however, Etherington (ibid.:275; my italics) over-generalises by claiming bluntly that “healing carried a heavy load of supernatural baggage. All churches regarded healing as an imitation of Christ, who had cast out devils … and raised Lazarus from the dead.”
care as the sole task of missionaries, a trend to which some missions subscribed earlier than others, a situation arose where in 1902, e.g., the Baptist Missionary Society acknowledged – grudgingly, if the wording is anything to go by – that the “alleviation of physical suffering was in some sense an integral part of the overseas missionary commission of the Church.” (quoted in Etherington 2005b:278; my italics) Of pre-war Tanganyika a decade later, thus not covering the ZM where this still would not apply, Clyde says (1962:39f) that “all the missions, whether they had doctors and qualified nursing sisters or not, maintained small dispensaries.” The shift in emphasis was thus gaining momentum, but from the earliest days of modern medical mission, to the first medical facility to be opened in what today is the Archdiocese of Bulawayo, in 1933, it took more than a century of development, in theology, not medicine, for views to carry the day which differed from Archdeacon Walker’s, that hospitals might well do more harm than good. (see p212fn114, above)

So what was it that changed so fundamentally within one century: between 1819, the year which saw the deployment to Ceylon of the first modern medical missionary, Dr Scudder of the non-denominationally Protestant American Board of Commissioners for Foreign Missions, and 1922, when the first Catholic Medical Mission Institute was opened in Würzburg? What was it that left not even the worldview of the ZM Jesuits unaffected?

8.2 ANTHROPOLOGICAL KEY ASSUMPTIONS OF MODERNITY – REVISITED

Above, under the heading Anthropological and Philosophical Key Assumptions of Secular Modernity (pp107ff), my focus was on the process in which the lifeworld of NAW humanity got cleared of a plethora of spiritual forces, on the concurrent invention of a natural-law-governed universe, and on the emergence of a new kind of human self in this world: no more “porous” but “bounded,” strong rather than weak – the process which Kant has called “man’s emergence from his self-imposed nonage.” (cf. above, p115) This process having run its course, the modern NAW defines itself by its can-do mentality (in German, “geht nicht gibt’s nicht,” loosely translated, “there is no such thing as ‘can’t be done’”) – in
religious terms, by its hubristic mindset. For its most fervent champions, not even death retains its inevitability: the deep-freezing of corpses has become commercially available in expectation of the treatability of whatever the as yet untreatable cause of an individual death may have been.

Is this a project of crackpots, or is it symptomatic of NAW modernity? As Appleyard (2007) describes it in his How to Live Forever or Die Trying, this is no more the quest for eternal life of times gone by, with its magic potions or tree of life, but, in its self-perception, a science-based, hard-nosed effort to change the fundamentals of human existence. At the dawn of modernity, Descartes had led the way with his idea that mankind could be spared from the weakness of old age once its causes and natural remedies were known. Benjamin Franklin, in the 18th century, still considered it impossible for his corpse to be preserved at death and resurrected later; however, only because of his age’s closeness to “the infancy of science” he felt that it was premature “to hope to see [such; RB] an art brought in our time to its perfection.” The immediate cultural breeding ground for the current immortality movement, Appleyard identifies (ibid.:216f) closer to home, in the intellectual climate prevailing since the 1960s with its “glorification of the self” and its “project of your own self-actualisation,” in which there is simply no room for any kind of human frailty. More specifically, Appleyard claims (ibid.:107f) that “though much of the science of the new immortality is being done outside of the US, all of the determination to

38 This is the mindset against which Leo XIII (1891:§18) maintains that the “pains and hardships of life will have no end or cessation on earth; for the consequences of sin are bitter and hard to bear, and they must accompany man so long as life lasts. To suffer and to endure, therefore, is the lot of humanity; let them strive as they may, no strength and no artifice will ever succeed in banishing from human life the ills and troubles which beset it. If any there are who pretend differently – who hold out to a hard-pressed people the boon of freedom from pain and trouble, an undisturbed repose, and constant enjoyment – they delude the people.”

39 Though wishful thinking – i.e., never to die – stands at the beginning, the means to this end are supposed to be found in as yet unknown laws of nature; this is thus not, in spite of all its voluntarism, a case of the denial of the laws of nature, as defining what can and what cannot be achieved through human endeavour.


42 This makes Herling-Grudziński (1999:395; my transl. from the German) sense the need to remind modern humanity that “[o]ur entire life is disease, and [that] the idea of what is health” – in the case he contemplates: psychic health – “amounts to the (crazed!) attempt to cure man of life.”
roll the idea forward is American. … ‘Deep down,’ a New York friend once said to me, ‘Americans think that death is optional.”

Truly down to earth by comparison, and in the tradition of popes and clergy availing themselves of the services of medical doctors throughout the ages, even the earliest ZM Jesuits would have appreciated to have a doctor around when they were ill; however, modest as this idea is, they did not invest time or energy to make it happen. As one compares them with other missionary orders and societies, as well as different Christian denominations amongst each other, it seems that it was not in the first place the respective image of medicine (powerful or not?), but the significance accorded to bodily health, which determined whether or not the inclusion of medicine in the missionary enterprise was considered de rigueur. In this respect, as the history of the ZM testifies, the Jesuits felt that come what may, souls (their own and others’) had to take precedence over bodies.

Grundmann avers (1992:294; my transl.) that it was “progress in medicine [which] had a fundamentally altering impact on mission as well, necessitating theological clarification.” This indeed one may claim with increasing empirical justification when looking at the developments in medicine which were just about to get under way towards the end of the 19th century, not to culminate, however, before the second half of the 20th. Earlier, something very different took place, though, since around the beginning of the 19th century: new ideas about the place of humankind within creation, in NAW intellectual culture at large and also in theology, impacted not just on medicine as a scientific discipline, but on the general societal understanding and appreciation of physical health and health care delivery. In a development which, depending on the perspective chosen, one may or may not call ‘progress,’ views changed as regards what to consider indispensable, as the minimum level of well-being, and in case of its absence, as the minimum level of medical care to which every human being was entitled, irrespective of class, religion, or ethnicity.

43 Even the Catholic Church, not exactly a paragon of the American brand of modernism, meanwhile shies away from bluntly asserting life’s finiteness, if it can be avoided: at the Second Vatican Council, she rebranded the last rites, Extreme Unction, as “the anointment of the sick.”

44 Cf. pp361fn40 and 393fn105, above.

45 For the development towards the democratisation of health care, cf. above, pp247 & 284f.
When medicine was pulled into the mission fold, the “opening up” argument was frequently used and eased its acceptance among the faithful. This may be seen as an oblique way of maintaining, desperately, that Faith had not changed, that medicine was nothing but a technical means in spreading the Gospel. Seen from this angle, the focus on “opening up” satisfied a felt need among the proponents of a medical mission, to gloss over rather than acknowledge that a novel perspective was becoming imaginable, in which a theological justification could be construed for the intention to satisfy bodily needs beyond the most basic ones of food, clothing, and shelter. It is not by coincidence, that of the 40 or so medical missionaries active in the first half of the 19th century, according to Grundmann (1992:231) 26 were Americans (another 12 came from the United Kingdom): from American soil the Great Awakenings originated, the second one falling into the time period 1790-1850 which also saw the beginning of the modern medical mission movement. Fredrickson (1998:113) emphasises the central role of “organized benevolence .. [in] the Second Great Awakening,” of a theology-driven powerful thrust towards social reform: the postmillennialist belief, he asserts (ibid.:115),

that a religious revival and the resulting improvement in human faith and morals would eventually usher in a thousand years of peace and justice antecedent to the Second Coming of Christ was an impetus to the promotion of progressive reforms, as historians have frequently pointed out.

In saying so, Fredrickson also points to the motivating force behind American doctors’ readiness to go to distant lands, there to preach and heal at the same time, quite irrespective of the soundness or otherwise of their professional-medical concepts as gauged from today’s perspective. This becomes evident in Scudder’s Appeal to Pious Physicians in the United States of 1832, where he pulls together several motives to entice his colleagues to follow in his footsteps: “Pious physicians,” he says (1833:269), “acting in

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the united capacity of physician to body and soul, have a very extensive opportunity of doing good. Such are much needed in our destitute settlements, and among heathens, where there is often much suffering for want of medical aid."48

Where does Scudder see this work starting? Remarkably, he points out to his colleagues (ibid.; my italics) that

\[i\]n the first place, by going to a heathen land you will be instrumental in removing an immense deal of bodily suffering. This obtains especially in regard to operative surgery. … Of operative surgery, the heathen … are almost entirely ignorant. I doubt whether one of them, unless taught by a foreigner, ever performed so simple an operation as blood-letting. … These observations apply with full force to obstetrics.

There are two points of interest in this quotation: first, it comes from a proponent of medical mission who, other than I have claimed above, does not even feel the need to hide his motive of physical (worldly) betterment behind the opening-up argument: only "[i]n the second place," he continues (ibid.), "by going to a heathen land, you will have a much more abundant opportunity of communicating religious information than at home." Apart from this clarity of ranking, as regards the spiritual versus the bodily suffering he wants to see alleviated, it deserves mention at least as an aside that with his reference to blood-letting, Scudder invalidates all theories which see NAW medicine become a natural science first, resulting in therapeutic techniques that can withstand empirical testing, to be followed in a subsequent step by their exportation to heathen lands.

Scudder adds that the influence acquired over people’s minds by being medically useful to them will be augmented by formally teaching some NAW medicine, such that young men, “if to the profession of physic, they unite the office of a minister of Jesus Christ, … may, in this united capacity, be more useful than those who labor in the ministry of the word only.”

48 Scudder was not an exception: Peter Parker, the man who used his time away from medical mission work in China due to the First Opium War, to canvass for the idea in the US and the UK, shared a similar background; as Grundmann says (1992:145; my transl.), his diaries and sermons bespeak his “inner and theological identification with the revivalist theology of benevolence.”
His conclusion (ibid.:271) is unequivocal: “[N]o mission, if possible, should be sent out without one who, like his adorable Master, will go about ‘preaching the gospel of the kingdom, and healing all manner of sickness and all manner of disease among the people.’” The reference to the Master is still there, but as early as the 1830s a scenario becomes vaguely imaginable in which the spiritual reason for worldly benevolence would eventually fall away altogether, making these medical missionaries genuine “Peace Corps types before the Peace Corps,” as Hutchison (1987:203) quotes RW Anderson. “Truly,” Scudder says of the heathen (1833:271; my italics), “even in this world, their cup of misery is full; and if there was no hereafter, it would be worth all the exertions of the Christian church to remedy it.”

What had become possible to contemplate for an avantgarde, in Scudder’s day, had turned into a moral imperative for all, a century later: that “[t]he serious Christian, who must also give witness of his worldview in deed, cannot heedlessly pass by the misery due to disease which he meets everywhere in heathendom, any more than that he can do so at home.” (Fischer 1939:247; my transl.) By this time, theology had shifted, away from focussing on souls and nothing but souls, even in the Catholic Church. Surely, some took this step earlier than others – very early some Americans (cf. Lazich 2006) – and the Catholics usually came last; but for all of them, once they had come round to it, the medical man held a promise: as Hardiman says (2006:5), “providing what seemed to be a Christian resolution to the challenge of modernity, they appeared – for a time – to be the new Man or Woman for the Age.” To go for this kind of resolution, obviously, had not been an option

50 He still continues (ibid.), though, “[w]ith how much more force will this remark apply, when we look beyond this world into that lake which burneth with fire and brimstone, and in which they certainly must (if they die in their present situation) soon be swallowed up forever?” Clearly, the time for the Peace Corps had not arrived, yet.
51 Although there were exceptions: of Eastern Zimbabwe, Ranger reports (1982:335) that Catholic “scientific medical provision was well in advance of anglican.”
52 Historically, actually, lady doctors (Lamont, McLaren, Dengel; cf. pp325f & 403, above) were at the forefront on the Catholic side; and in the ZM, Dr Ruth Sandeman was the first mission doctor under a Jesuit priest (in the Archdiocese of Bulawayo, women were heavily overrepresented among mission doctors right up to the 1990s). Did women as professionals represent less of a challenge for the priest in charge of the
so long as Catholics had tried to ignore that modernity had come to stay, pretending as for a long time they did, that it posed in fact no genuine challenge to the Faith of old.

To appreciate the implicit momentous change of perspective, one may look at well-educated young men’s career choices, expressing, among other determinants, what captured their imagination: in “1836 twenty-three out of sixty boys leaving Winchester were destined for the church, by 1893 the figures were four out of eighty-three.”\(^{53}\) What a change as regards the corresponding outlook on life! In the mission field this meant, as Williams (1982:279) remarks, a shift from the “compulsion to save the 'perishing heathen' … [to] the desire to spend a useful life improving the lot of fellow humanity – a task for which the doctor was eminently suited.” Thus, a development in which theology and public culture were cross-fertilising each other, eventually led to a profound change of views in society at large, outside of religious congregations and mission societies, and inside of them as well.

Inside, necessarily, the immanentisation of human goals, with one of them well-being and health, made itself felt particularly acutely. As Pickstone (1982:184) puts it, though, it all happened in the context of a general “spread of secular attitudes which were, somehow, in better accord with the needs and practices of industrial society.”\(^{54}\) The intricate pattern of mutually exerted influences behind this advance of secularity appears rendered quite lopsidedly in Walls’ account (1982:287) of the expansion of medical missions, when he claims that their flourishing was simply “an epiphenomenon of the history of the medical profession. … [T]he developed medical missions which were all but universal by the First World War,” he purports, were “created less by developments in missionary thought than by developments in the medical profession.”

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\(^{54}\) In the Anglican church, this went to the point of “an intellectual commitment to the ‘divine’ origins of modern medical science” (Ranger 1982:333; cf. also Hardiman 2006:27).
Accurate as his assertion is (ibid.:295), that medical missions “radically assisted the de clericalization of the missionary,” the above claim simply does not do justice to a complex, dialectical process in which medicine did play an important role, but nonetheless came in secondarily, blossoming on a soil that had been prepared by intellectual developments of an inner-theological as well as general cultural nature. As the year when these culminated in a decisive breakthrough, Iliffe (1987:113) designates 1913. Ever since that year, he claims, physical suffering has become the foremost challenge which NAW Christians have to live up to and for which they have to find answers: this is the year when “Albert Schweitzer … obeyed the Christian ideal of self-abnegation, but he went to Lambaréné not to convert the heathen but to heal their pain.” What a dramatic change since a CMS sub-committee had been asked in 1884/85 to review the issue of medical missions (a task which in itself, however, implied that the writing was already on the wall), and had come up with a warning that in spite of all its positive aspects, “the medical work should always be subordinate to the spiritual.” (quoted in Stock 1899:310)\(^5\) In Iliffe’s analysis (1987:195), it was Schweitzer’s role in NAW public culture that he “sanctified secular philanthropy and secularised missionary work. He was a vital bridge from nineteenth-century charity to modern secular relief.” In his footsteps, Sister Nolan of the Medical Missionaries of Mary, Catholic nun cum medical doctor, can declare half a century later (1962:124f) that

Medical Mission work presupposes doing physical good to all who ask us – as Our Blessed Lord did. The question of conversion or change of life may come later. … It is not for us to go out preaching the Gospel … we pave the way for the acceptance of Our Lord’s teaching. … True, we baptise infants in danger of death, … but the paediatrician goes all out to save life and with modern scientific nursing the results seem almost miraculous.

\(^5\) Contrary to what Wilkinson (1990:2) says – that the “late arrival of medical missions on the missionary scene has had the effect of excluding them from theological consideration and reflection” – I contend that the opposite was the case: that medical mission was always included, if mostly *ex negativo*, in that the body was considered (rather) irrelevant, therefore also medicine which attended to it.
It had taken time for Catholic circles to reach this point. Nolan’s 1962 statement looks back at 25 years of her order’s history; in 1925, Keeler (1925:193) had still spoken of “our well-known reticence in inaugurating this branch of the Church’s work,” and had approvingly quoted fellow-Catholic cum medical doctor, Paluel Flagg: “Catholic medical missionaries … have never allowed humanitarianism to displace or to occupy an equal position with the work of conversion.” (ibid.:44)

A decade after Schweitzer’s departure to Gabon, another Catholic, Hettiger (1924:41), opens an article on the missionary and the physician with a reference to Jesus as preaching and healing, quoting Psalm 85,10: “Mercy and truth are met together.” Sticking to tradition, he recounts healing stories from the Gospels and from Acts where healing is meant to open the listeners’ and on-lookers’ minds for the truths of Faith. Next, though, with an ever so slight shift of meaning, a sentence from Hettinger’s Apologie des Christenthums is quoted (ibid.:42; my transl.; my italics): “Where merciful love speaks to us so loudly, so emphatically in all acts, there is truth.”56 This one may read as a very early, oblique hint of a Catholic theologian towards what was about to become more and more acceptable, as in society at large, so among the Catholic rank and file (albeit not in the teaching of the Magisterium): that earthly well-being would take centre stage, and that therefore, this-worldly healing would in praxi suffice – the (explicit) Word not being needed any more.57 Reacting to this development, Wilkinson feels bound to stress (1990:14; my italics) that the mission of the Church as set forth in the pages of the New Testament is to make men whole, and to do that, the Church engages in evangelism and service. The practice of medicine forms a part of this service. … To stress one to the exclusion of the other is to upset the balance of New Testament teaching.


57 Not entirely coincidentally, Hettiger is content with recounting the impression which St Paul’s healing of the cripple in Lystra made (Acts 14:8ff), omitting the immediately following frame of reference which the apostle gives to his healing, in his preaching.
The swing of the pendulum to which he responds, went from (supposedly too much) evangelism, then, to (supposedly too much) concentration on service, now; in this, the gradual change of societal expectation becomes visible as to what a “decent life” should be like – one to which everybody (in the first place, within the NAW) is now entitled. It is thus not a rhetorical question when Taylor asks “what human flourishing is: what constitutes a fulfilled life? what makes life really worth living?” (cf. above, pp55f). With the historical emergence of secular modernity, the answer is no longer the matter of course which it used to be; and as secular modernity moves into a position of pervasive dominance, mainstream society in the end seems to have utterly and completely renounced the idea of salvation as a spiritual matter, such that theology must now insist, defensively, “that any stunted view of man, whether it be too ‘spiritual’ or too ‘corporeal,’ is unsatisfactory.” (Scharlemann 1965:42; cf. Hill 1985:125, 135 & 164)

As Iliffe posits of Schweitzer and 1913, so Jafta (2000:1) of Leo XIII and 1891: “there is a sense in which .. Rerum Novarum can be considered a breaking point in .. Catholic Social Thought.” Be it regarding disease or material poverty as constants in human life: both men stand for a challenge of the status quo of earthly suffering and want, as an immutable natural given for the majority of humankind.58 As the focus shifts, away from centring solely on spiritual salvation, and towards a positive acknowledgement of The Wholeness of Man,59 theological arguments offer themselves to underpin this new attitude towards life. Thus, Scharlemann, in his Healing and Redemption: Toward a Theology of Human Wholeness for Doctors, Nurses, Missionaries and Pastors, interprets St Paul’s letter to the Colossians (1965:29; my italics), especially 1:22, as making

the point that our redemption was accomplished … by a Savior who had become fully incarnate when He assumed our flesh and blood. Ever since Paul rendered this apostolic statement, the Incarnation itself should have served as a constant

58 It needs emphasis, though, that “the misery and wretchedness” which Leo XIII sees “pressing so unjustly on the majority of the working class” (1891:§3), is the one caused by fellow humans. Beyond this, it remains true for the Pope that “Jesus Christ, when He redeemed us …, took not away the pains and sorrows which in such large proportion are woven together in the web of our mortal life.” (ibid.:§21; cf. above, p442fn38)

59 So the title of Garlick’s 1943 book on the history of healing.
reminder to Christians of every age that there cannot properly be a sharp distinction between matter and spirit.

Support for the critique of an exclusive focus on spiritual salvation is thus found in Scripture itself, as indeed it can be, positing that “[t]he total man in his full environment is the object of God’s redemptive intent.” (ibid.:107) Already a quarter-century earlier, Garlick had emphasised that Jesus “treated every individual as a whole human being, not as primarily a ‘body’ or a ‘soul’” (1943:70), and, speaking of medical mission, Chesteman (1940:99) had called it “a constant corrective to the type of religion which is apt to think only of ‘precious souls’ and forget the medium by which alone those souls can express themselves and so become precious.” Along this line, Garlick (1943:180) quotes the 1938 Tambaram conference as stating that “God’s redemptive purpose embraces the entire range of man’s spiritual, mental, and physical need, and offers the one sure hope for a world in which sin and suffering abound.” She does not deny that a change of perspective is implied here, in Christian denominations across the board, inasmuch as one must acknowledge, especially for “the first half of the nineteenth century, … [a] failure of the Church to realize that the Gospel has a message of redemption for the body as well as the soul.” (ibid.:133; my italics)

The proponents of this view, among Catholics as well, used a time-honoured persuasion strategy to further their cause: they presented what was in fact novel, and still had to overcome rejection by conservatives, as the matter of course which historically it was not. Thus, Schumacher ([S.a.]:4; my italics) does not deny that “for the first time in the history of Christian missions [do] we find today a systematic medical institution, combined with the

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60 “‘The Word became flesh and dwelt among us.’ How far removed from the wholeness of personality expressed in the Incarnation is the thought of the Church in the Middle Ages, with its conception of the body as the prison house of the soul rather than the temple of the Holy Spirit,” Garlick argues (ibid.:182) and comes to the conclusion that the “Church [had] lost sight of and failed to interpret that sense of the worth of Nature inherent in the original Gospel.” (ibid.:77)
practice of preaching the Gospel, imitating [?] Christ and the Apostles;” nor does he overlook (ibid:15) that “Christ and the Apostles healed by miracles, [whereas; RB] the modern medical missionary heals by natural science.” Still, he chooses to ignore such distinctions and declares, (at least in part) counterfactually (ibid:14), that “the missionary method of our modern medical missionaries is in reality a return to the original Christian mission method with its combination of ‘teaching and healing.’” Taking recourse to James 2:17, that “faith, if it hath not works, is dead, being alone,” Schumacher (ibid:3) distances himself from those who “occupied themselves exclusively with the … supernatural side” of Jesus’ mission, resulting in “a certain tardiness on the part of Catholics” (ibid:4) to get involved in modern medical works. The change which is underway is not examined with regard to what brought and brings it about; it simply finds his approval, leading to the straightforward equation (ibid:4) of “the original Christian Mission method, as represented in the writings of the New Testament … [with; RB] the method of the Medical Mission.” Schumacher thus does not offer his interpretation of Scripture, as others had offered theirs when opposing to a medical mission: he claims to present what the Gospel truly says, what therefore merely had to be re-discovered. Catholic efforts to co-opt the concept of medical missions thus tried to let the new appear as anything but that: Havet, e.g., starts from the premise (1929:101; my transl.) that “[m]an always and everywhere is subjected to diseases and suffering, facing which the Christian … may not remain indifferent” (a statement to which conservatives may subscribe as well); and Pasteau (1929:54; my transl.) asks whether “is it not a simple obligation of charity to protect, if one can, the life of one’s neighbour?” – as if no distinction were possible between what the meaning of the term, life, had been in the pre-modern Christian world, and what it had mutated into, under a modern dispensation. Asking (ibid.; my transl., my italics) what the missionaries needed to the said end, Pasteau makes the answer seem self-evident:

To ask the question, is to answer it. … They need science, and the opportunity to profit from it themselves as well as make others profit from it. Among the knowledge which the missionary needs to put into his personal baggage, the science of medicine is thus indispensable. And at all ages, all the world has thought so.
The last sentence, however, is immediately followed by a hotchpotch of reasons why this actually was not so, after all; Pasteau openly declares (ibid.:55f; my transl., my italics) that,

[f]ollowing the times, the scientific knowledge of the era, the mentality of the founders and superiors [of congregations; RB], … or simpler, following necessity, the missionaries left more or less … prepared for the fight against the climate or the diseases … [and in some congregations; RB] one must admit, nothing was anticipated and all left to chance: I want to say Providence, but truly with a bit too much abandon.

What appears in this last sentence as evidence of newly-found considerateness versus erstwhile neglect, may also be viewed, as I see it, as a condescending reference to the frame of mind, now obsolete, of which the Catholic Institute of Paris’ Alexandre Le Roy, Titular Archbishop of Caria and erstwhile Vicar Apostolic of Gabon, says (1929:4; my transl.) that “these [missionary; RB] volunteers died … glad of their sacrifice.” But this kind of self-abnegating charity is a matter of the past, as he also explains (1929:1f; my transl.); today, the

importance of medicine in mission indeed cannot be contested. It is, first of all, an exercise in charity. Instantly, when a new mission station is established, sick people present themselves, and if they are well received, find relief, and are healed, it gets before long like that pond of Siloe, where a great multitude of sufferers … came together, expecting the passing of the angel. The angel in this case is the missionary-doctor.61

The transition from one kind of charitable angel to another was not an easy one, though: now embodied in the missionary-doctor, then in all those religious whose goal was eternal salvation and who in this context took care of the poor, the sick and infirm to the point of sacrificing their own lives. Tierney, e.g., a Jesuit, explicitly supports the idea of a modern and professionalised medical mission, in his preface to Keeler’s 1925 Catholic Medical

61 Die missionsärztliche Bewegung in Europa und Amerika (1931:70), where Le Roy is also quoted, comments that this pond must at any rate be that of Bethesda mentioned in John 5,2ff.
Missions. However, because such health care intends to maintain or restore physical well-being, it might well be said to be labouring exclusively in the service of the flesh. For Archdeacon Walker, this had been reason enough to raise objections: to engage in medical mission was to actually lead astray the converts-to-be, by making them focus on their earthly health and well-being when, much more urgently, they needed to be guided towards valuing above all else, their immortal souls. This is why he had maintained that “[t]hey would be doing themselves more good spiritually building houses for missionaries to live in,” rather than a hospital. (cf. p212fn114, above)

Significantly, much as it is Tierney’s explicit intention to further the cause of Catholic medical missions, his imagery remains the Archdeacon’s, for whom “the flesh” needed to be mortified rather than cured. Tierney praises (1925:21) the Sisters of Charity for “laboring not only without compensation, but without notice, in … the dispensary, leper asylum and hospital .. in silent rebuke to the selfishness of the people engrossed in the pleasures of the flesh.” When these holy women give “their lives to Christ by nursing the sick” (ibid.), the context is not a narrowly medical one of cure, but that of Him who “breathed out His life on Calvary, a crushed and broken reed.” (ibid.) The “need of proper medical knowledge for those who are to devote themselves to work in pagan lands” is acknowledged (ibid.:22), in line with the gist of the book to which he contributes the preface, but nonetheless, Tierney ends (ibid.:31f) as the Archdeacon could have, pointing to the “work already done in the far corners of the earth among pagan and, oftentimes, savage people, by gentle women, many of high birth, … whether Sisters or lay folk, .. [who] leave the comforts of civilization and give themselves to God in jungle and forest.” His emphasis still lies squarely on the personal sacrifice of the benefactors, not on the restored health of their beneficiaries.

62 Around the same time, in the late 1920s, Mère Catherine of the Sœurs de Saint-Joseph de Cluny, though well aware of the bacterial origin of leprosy, still quotes (1929:91; my transl.) from a report written by a consœur who has recently arrived in their order’s leper settlement in Guyana, who positively revels “in dressing our dear sick; … there are moments when I almost agonise over feeling so much joy.” Long after Hansen’s identification of Mycobacterium leprae, the Sister denies herself the “delight” (ibid.; my transl.) of embracing leprous children, but cannot vouch that she will not eventually grant herself this pleasure in the spirit of St Francis who, Mère Catherine recalls (ibid.:78; my transl.), “found perfect joy in moistening [his lips; RB] with leprous pus.” The Mother cannot deny feeling thrilled by the image, in spite of all the information she shares with her readers on Pasteur, Hansen and Koch. Thus, though her fellow Sister’s practice of on-site
Nonetheless, the transition from one kind of angel to another was under way, and according to Iliffe, Schweitzer's name stands for the trajectory on which the NAW moved from saving souls from eternal damnation towards the more ambitious project, so far as practicalities are concerned, of eradicating suffering on earth in all its forms. As Schweitzer says (1949:vii), “[a]s far back as I can remember, I was saddened by the amount of misery I saw in the world around me.” As an adult man, trying to lay bare to himself the roots of his urge to do this-worldly good in the light of its ultimate futility, Schweitzer ends by making “Reverence for Life” his answer.” (ibid.:xii) This reverence, however, just like the insight that “[a]ll life is suffering” (ibid.), were far from novel. New was the genuinely NAW idea not to stop at the insight, but to do something fundamental about it. From Thomas Paine through Karl Marx up to Barack Obama, it was not any more just Martin Luther King’s “I have a dream,” but first and foremost Obama’s “Yes, we can” – Christianity turned into a programme to make over the world in which we live (cf. Taylor’s remarks on the very topic, pp71f and passim, above)

Schweitzer’s book gives an early 20th century account (ibid.:3) of how two factors combined, “the physical miseries of the natives” and “the advances of medical science, [through which; RB] we know a great deal about disease and pain, and have innumerable means of fighting them,” to give a new meaning to the parable of Lazarus.63 Suffering as such, not just that of the man at our gate, had become a task, and “the coloured folk” (ibid.) out there, people whom Schweitzer had never set eyes upon, had become a challenge, exhorting him (ibid.) to “let his heart and conscience tell him what he ought to do,” i.e., give up his tenure as a lecturer in theology at Strasbourg University, his writing and organ-playing, “in order to go as a doctor to Equatorial Africa.” (ibid.)64 Much as his personal

care has changed indeed, the imagery has not, nor has the principle (ibid.:77; my transl.), “to exalt oneself, that is first of all to immolate oneself.”

63 For a convincing refutation of the last part of Schweitzer’s statement, about the “innumerable means,” cf. Thomas (1984 & 1992:passim; cf. above, pp227ff & passim); Schweitzer himself, though, as many others, certainly believed what he says.

64 Throughout the centuries, suffering had been an inevitable part of life; now it became a scandalon. “Physical misery is great everywhere out here. ... Every day thousands and thousands endure the most terrible sufferings, though medical science could avert them,” Schweitzer writes (ibid.:124). How easy it had been, before his time, to accommodate physical suffering ‘out there’ unthinkingly, as a matter of course, one
foundations are explicitly Christian, Schweitzer insists (ibid.:4; my italics) that in doing this work “for the benefit of the natives … [we shall; RB] be recognising and beginning to act upon the responsibility in respect of the coloured races which lies upon us as inheritors of the world’s civilisation.”\(^65\) He ends up (ibid.:4f) canvassing for “humanitarian work to be done in the world [that] should, for its accomplishment, call upon us as men, not as members of any particular nation or religious body.”\(^66\) Schweitzer’s kind of modernity is thus a non-denominational Christianity driven to its by then ultimate frontier: magic has been done away with by putting the material world under the one law of natural science; all principal distinctions between one human and another have been abolished, with each one of them the Lord in disguise, and compassion has spread to encompass all of humanity. This, on the other hand, makes him painfully aware (ibid.:141) of the

indifference of primitive man towards persons he does not know … [as] beyond anything we can conceive. One day, … a wounded man had to be brought hastily … to the consulting-room to have his dressings renewed. I asked a man who was sitting by the fire, and whose sick brother I was nursing, to lend a hand with the stretcher. He pretended not to hear, and on my repeating the request somewhat more pressingly, he answered quite calmly: ‘No. The man on the stretcher is of the Bakele tribe; I am a Bapunu.’\(^67\)

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\(^65\) I.e., that civilisation which sees the human in every person, an ideal fuelling, e.g., all attempts for the abolition of slavery and of colonialism from within (which is not to belittle the role of the victims themselves in hastening the course of history).

\(^66\) Like Shylock before him, Schweitzer pins his hope on the “Fellowship of those who bear the Mark of Pain.” (ibid.:126)

\(^67\) In view of the traditional enmity between France and Germany surrounded by which Schweitzer grew up, as a native of Alsace, to speak simply, in finger-pointing fashion as it were, of the “indifference of primitive man” surely does not do justice to the complexity of the issue at stake, i.e., the very gradual, indeed time and again retarded emergence from Christian roots, of the concept of one humanity, as guiding human behaviour in daily life. Still, his experience was not Schweitzer’s alone; cf. Brain (1975:90): “When Father Gérard took in
8.3 THE PERCEPTION AMONG THE ZM MISSIONARIES THEMSELVES, OF THEIR SUFFERING AND DYING

The described transition in which the meaning of salvation gradually changed, did not leave that mark on the Zambesi Mission for which there is ample evidence elsewhere, e.g., in the growth of medical missions with hospitals under professional superintendence – did not leave, in any case, a mark visible to the naked eye. In their first and second generation, the ZM Jesuits remained true to the tradition of their forebears of earlier in the 19th century, with regard to their views of life, death, suffering, and salvation, as they are portrayed in the letters of Fr Jan-Pieter de Smet, a Jesuit from East Flanders like Fr Depelchin but his senior by 21 years, to whom Weld in fact refers (1880:23) in his *Mission of the Zambesi*.

De Smet produced a series of letters, “best-selling” according to Viaene (2001:194), in which he reports on missionary work in North America among the indigenous population. As a part of this, the lives and deaths of a number of Jesuit missionaries are described, with the same topics coming up time and again. I shall build my following rendition around one exemplary narrative, on the life of Fr Charles Nerinckx SJ who recruited de Smet into the North American mission, and of whom he submitted a 40-page biographical account to the *Précis Historiques* in 1857. In it, one finds united the full set of *topoi* which, in differing constellations, come up in his shorter obituaries of other Jesuit missionaries to North America as well, and to which I shall refer alongside the core thread of Nerinckx’ memoir.

There is, to start with, the *clarity of purpose* on the missionary’s side: “Woe to me if I have not preached the Gospel,” de Smet quotes Nerinckx. (1863:453) Of himself, he has said earlier that others went to America “in quest of earthly wealth; Father Hœcken and I in search of heavenly treasures – to the conquest of souls” (ibid.:61), and of Fr Hœcken, that he was motivated by his thirst “for the salvation of souls.” (ibid.:65)

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68 Written mostly for the *Collection de Précis Historiques, Mélanges Littéraires et Scientifiques*, Brussels & Paris.

69 This thirst translates even into the justification of baptisms of children *in extremis* against their parents’ wish: “I visit … as a physician to see their sick. When I find a little child in great danger, and I perceive that
Clear sense of purpose, however, and activism and readiness to overcome obstacles, need to be balanced by an equally clear resignation to the will of God. In Fr Nerinckx’ case, this is discernible early on, from the way in which, while still in Belgium, he “bore his persecutions [by the infidel leaders of the French revolutionary movement; RB] with entire resignation to the holy will of God.” (ibid.:429) Later, in the New World, he would exhort himself as much as others, “Let us not lose courage, although our first attempts have not answered our expectations.” (ibid.:452) With this attitude he did not stand alone: de Smet quotes Fr Bax who, putting up with numerous deaths among his small flock, from an epidemic disease, accepts (ibid.:385) that the “Lord seems to wish to gather into his granary the little that we have sowed here below. What may be the designs of his Providence for the future of our mission, we cannot, and we dare not conjecture. May His holy will be accomplished.” A Protestant youth, converting to Catholicism on his deathbed under de Smet’s guidance, is quoted with “sentiments both of piety and resignation to God’s will. ‘O God,’ he exclaimed, – ‘yes, O God, thou dost send to us what is best!’” (ibid.:374) Individuals, starting with Nerinckx himself, have praise heaped upon them for dying “resigned to the will of Heaven; praying to the last, and longing to be freed from the prison of the body, and to be with Christ.” (ibid.:448)

In none of the obituaries is there left any doubt about the valuation of the hereafter over the here-below: “He beheld .. [death; RB] rapidly approaching, but far from fearing, he desired it with his whole heart” (Fr Elet; ibid.:489); “[h]e received the last sacraments … confident in the hope that he exchanged this mortal life for another and a happier one forever in heaven” (the said converted Protestant youth; ibid.:377); “[t]here remained for him only a few hours of exile.” (Fr de Theux; ibid.:482)

Not surprisingly, final hours are dominated by spiritual concerns, but what about the missionaries’ life and work? What first catches the eye, are Fr Nerinckx’ austere morals:

the parents have no desire to hear the word of God, I spread out my vials: I recommend my medicines strongly. I first bathe the child with a little camphor; then, taking some baptismal water, I baptize it without their suspecting it – and thus I have opened the gate of heaven to a great number, notwithstanding the wiles of hell to hinder them from entering” (ibid.:322; likewise, ibid.:468f; cf. Balling 2002:161, for the same view among the CMM).
He paid no idle visits for mere pastime … He knew well that a priest who does his duty has little time to spare for idle conversation. Wherever good was to be done, or a soul to be saved, there was he found, by day or by night … When not actually engaged in the ministry, he was always found at home, employed in prayer or in study. He was an enemy of promiscuous dances. (ibid.:428)

Matchingly, Fr de Theux is convinced of the “necessity of working perseveringly in the control and subjection of the vicious and rebellious inclinations of our corrupt nature.” (ibid.:482) And when Fr Nerinckx founds the Sisterhood of Loretto, his aim is for them to live in a “spirit of prayer, of disengagement from the world, and of lofty enthusiasm in the path of Christian perfection” (ibid.:441); he wants to “disengage them entirely from the world …; to make them despise the world, trample on its vanities.” (ibid.:444) As for the natives, the Jesuits knew that the “Indians learn to adopt, very easily, all the vices of the whites, without joining to them any of their virtues, … [giving; RB] themselves up to intemperance and the perfidiousness of civilized life.” (ibid.:381) Paradoxically, to counter this tendency, the missionaries believed they had to become agents of civilisation, instilling “the elements of literature, with the principles of civilization, at the same time that they excite[d] and cultivate[d] piety in their hearts.” (ibid.:386) Even with those whom they had attracted to the Faith, it was “necessary to consolidate the work of their conversion, by attaching them to civilized life, and leading them to prefer agriculture, and the other useful arts,70 to the pleasures of the chase and the indolence so characteristic of the barbarous life.” (ibid.:525)

The missionaries were not averse to science, either. Fr Duerinck is praised for being a “great admirer of nature, … attached especially to the study of botany, … [with] thorough knowledge of this branch of natural science.” (ibid.:524) Fr Bax, de Smet reports, was renowned among the savages for “his knowledge of medicine, and the cures he effected … He performed at once the office of physician, catechist, and priest.” (ibid.:381f) However, all the secular civilisation of Europe and its technical superiority was and could be no more

70 Such as “sewing, knitting, embroidery, …horticulture, … [the building of; RB] neatly kept houses … [and keeping; RB] well-cultivated fields.” (ibid.:527)
than a means to spiritual ends. As much as men might try to achieve by their own doing, this in itself was not what mattered most. Fr Nerinckx showed the way (ibid.:444), placing reliance upon the good providence of God, not only in .. spiritual, but also in all .. temporal concerns. A favorite maxim which he had always in his heart, and frequently on his lips, was embodied in this golden saying: ‘Do not abandon Providence; and he will never abandon you.’ How could that good heavenly Father, who ‘clothes the lilies of the field, and feeds the birds of the air,’ abandon those who had put all their trust in him?

Right from the beginning, as he set sail for America, the missionary could be certain of Heavenly protection: “Amid .. fearful dangers, the remembrance of the object of ... [his; RB] voyage sustains and animates him; he knows that he is in the hands of Him who can ‘command the winds and the sea’.” (ibid.:62f) At the same time, however, as Nerinckx had said, “Woe to me if I have not preached the Gospel:” the missionary had a vocation to live up to, against all odds and obstacles. Of these there were many, and thankfully so. In his portrayal of Fr Nerinckx, de Smet asks (ibid.:431f),

What cared he for the dangers, privations, and labors, which he foresaw he would have to endure ...? Had he not been already trained to this severe discipline of the cross[?] ... He was, on the contrary, rejoiced to enter on a mission which no one else wished ... He even seemed to court labors and sufferings for their own sake.71

Nerinckx himself, describing his life in Belgium and his motivation to become a missionary overseas, explains that he “almost despaired of doing real penance, and making due satisfaction” in his homeland; therefore, he says (ibid.:453), “I concluded that I must...

71 In line with this logic, the ZMR (IV,54:284) will eventually regret that travelling has become “so expeditious, safe and comfortable ... It .. robs migration ... in the case of Foreign Missioners, including nuns, of something of its unattractiveness, of its difficulties and formidableness.” Similarly, in the ZMR (VIII,117:190; my italics): “The hardships that took such a heavy toll of life in the early days ... are mostly past. Not altogether, thank God; for something in the way of physical discomfort is a thing the missionary looks for and perhaps is not quite happy without.”
undertake inevitable toils and sorrows,” which he found aplenty in his mission abroad.\textsuperscript{72} In the end, de Smet remarks (ibid.:450), his “whole life had been one continual voluntary martyrdom and holocaust. He contemned [sic] the world, and panted only for heaven.” It was this positive valuation of suffering which made him recommend to his Sisters of Loretto, the “frequent repetition of the pious ejaculation: ‘O suffering Jesus! O sorrowful Mary!’” (ibid.:445)\textsuperscript{73}

A deliberate readiness to risk life and limb follows naturally from this attitude, and coalesces happily with a general \textit{devotion to the sick and dying}. Of Fr Hœcken, de Smet says (ibid.:63f) that he “devoted himself to the sick night and day, with a zeal at once heroic and indefatigable … [I]nstead of taking precautions against exposure, he seemed to delight in it;” of Fr Nobili (ibid.:511), that at one time, he “found himself in presence of an epidemic. It was a virulent type of dysentery, and it was considered contagious … A great number of savages died of it … This was a favourable opportunity of exercising the holy ministry, and Father Nobili seized it with the greatest zeal.” (ibid.:516f) When “the cholera broke out in 1850, the horse of the man of God was saddled day and night, so as not to lose a minute of time, and to be able to visit without delay those who might call for his services.”

Of Fr de Theux, at that time still the vicar of St Nicholas at Liège, de Smet reports (ibid.:475f) that it

\textsuperscript{72} As did Fr de Theux, whose “love for God and his neighbour demanded labors more painful, sacrifices of a nobler grade” (ibid.:476); the mental image can be traced right into the 20\textsuperscript{th} century, e.g., in Hardegger (1987:21).

\textsuperscript{73} Cf. Fr Depelchin’s reaction to the deadly accident of Fr de Wit (letter to Weld, 27 April 1882, in Gelfand 1968:412): “Thanks to Jesus for having poured out upon my tongue, a droplet of that bitter chalice which he drank so lovingly for the remission of our sins.” Of his own physical suffering, being transported with a fractured leg over rough terrain, in an ox-wagon, he says (ibid:414): “What a torture! In a word I am in full possession of the blessing of the Holy Cross, as I wished for. \textit{In cruce salus! in cruce protectio ab hostibus!} Jesus suffering on the cross is my consolation and my life.” In another letter of 1 May 1882 (in Roberts 2009:282), he writes that “the Saviour was allowing .. [me] to share in his suffering … I was myself the victim of an accident. Yes! The Lord tried me sorely, but I thank Him for it with all my heart and I bless His holy name.”
was very beautiful to see this young priest, a member of one of the first families of Liège, braving, at the pillow of the dying, the pestilential influences of the epidemic which raged among the prisoners … Attacked by the disease, the Abbé de Theux was received into the bosom of his family. God, in order to try him, permitted that the malady should be communicated to several of his near relatives, and prove the cause of death of one of his brothers.

And so of Fr Eysvogels (ibid.:520), that his “illness was brought on by the care lavished by the holy religious on a patient suffering with small-pox, which disease he himself took;” so of Fr Nerinckx, that the “fever of which he died he had contracted in the discharge of his missionary duties.” (ibid.:448) A death incurred in such a way counts for a victory, permitting de Smet to say of Fr Hœcken (ibid.:65) that “[h]is holy death crowned all his labors.” This is not to deny that the “death of every good priest leaves a gap in the ranks which all feel” (ibid.:491); acknowledging this, de Smet confesses (ibid.) that Fr Elet’s death “would shed a gloom over many zealous hearts,” were it not for the “hope that from above he will intercede for America, more powerfully than he could have done in our midst.” Likewise, he says of Fr Duerinck’s death (ibid.:523) that it has,

without doubt, its melancholy side; but it appears glorious when we reflect on the cause which occasioned it, and on the example of so many holy missionaries and illustrious apostles who, adventuring with courage into dangers, in the keeping of God alone, have perished, far from all human aid, but so much the more protected … by him for whose honor they had exposed their lives.74

De Smet thus portrays the strokes of fate and the suffering entailed as a blessing, for those to be converted as much as for their shepherds. For the former, because this might be what was needed as a last stimulus, to make them abandon their old ways and embrace the new, e.g., when an “epidemic malady … became for a large number (although weakening the power of their nation) a blessed occasion of salvation.” (ibid.:381) But so for

74 Still speaking of Fr Duerinck, de Smet stresses (ibid.:531) that “[n]othing could console us for so sudden a loss, did we not know that nine years of trials and abnegations … undertaken and sustained for the greater glory of God, are the best preparations for a holy death.”
the latter, of whom de Smet reports (ibid.) that “[n]aught but the reflection that Providence had sent this terrible scourge for their spiritual good, was capable of consoling them.” Ultimately, the trials and tribulations of life provided an opportunity for the missionaries, to foster their “*spirit of humility and mortification*” (ibid.:445; my italics), and to thereby emulate the example of Jesus Himself, as Nerinckx demanded (ibid.), pointing to “the lowly life, and the voluntary hardships and privations of the Blessed Saviour; and to the great utility of such mortifications, for the atonement of sin.” In mission lands, in serving others, such hardships and privations could be found in abundance, happily to be accepted by the Fathers as de Smet says of Fr Duerinck who “was ready for every sacrifice in the interest of his beloved Indians … The practice of humility was, so to speak, natural [to him; RB] … He was .. dead to all that is called ‘pride of life’.” (ibid.:530)

The looming threat to rank their own work high up on a list of matters to be proud of, or at least to consider it as quite important, made it imperative for the missionaries to positively appreciate set-backs, including deaths, as the “decrees of Providence, infinitely wise, to which we must submit in all humility.” (ibid.:531) An unquestioning acceptance of God’s “impenetrable designs” (ibid.:505) was called for, e.g., an acknowledgement that He could summon anyone from their midst back to Himself at any time, even before the shepherd thus summoned “could realize all the plans he had conceived for the well-being of religion, and the instruction of the flock confided to him.” (ibid.)

We find thus, throughout de Smet’s letters, a valuation of eternity over temporal matters, and a consequent clarity of purpose: above all else, the salvation of souls, the Indians’ as well as the missionaries’ own. This goal was to be pursued in resignation to the will of God, in submission to His inscrutable providence, the strokes of fate, whatever they might be, accepted as blessings in disguise, in a spirit of humility and mortification. These real-life missionaries would have fitted perfectly into the moral universe of Balzac’s fictional, contemporaneous *Village Rector* as described above, with their view of suffering as a blessing, their devotion to the sick and dying, their austere morality, and their determination to keep at bay the vices of Europe (and to eradicate those of the natives). The one topic

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75 This is the mindset which takes for a matter of course, in Huxley's wording (1946:113), that “‘Our kingdom go’ is the necessary and unavoidable corollary of ‘Thy kingdom come.’”
missing in de Smet’s narrative, or at least alluded to only by implication, is that of deliberate, self-inflicted suffering for the express purpose of *expiating the sins of others*.

De Smet quotes Nerinckx, it has just been said, as highlighting the “voluntary hardships and privations of the Blessed Saviour; and .. the great utility of such mortifications, for the atonement of sin;” but in this, the vicarious expiation of (all) sinners is ascribed to Jesus in person, as the *Saviour*. Though Nerinckx leaves open, in his second half-sentence, *whose* mortifications and sins he is speaking of, the voluntary suffering of the faithful in expiation of the sins of *others*, as expressed so clearly by Maistre and Gerbet, does not seem to be at the focus of his attention.\(^\text{76}\) When he alludes to St Ignatius who, he says, “preferred to live uncertain of his own salvation, and labor for his neighbor’s soul, [rather] than to die at once with the certainty of being saved” (ibid.:454), he does gravitate towards the idea of vicarious expiation in that continuing to labour for the salvation of others implies a life of continued suffering because of them, thus for them. This, however, is by no means the idea of vicarious expiation expressed in so many words, as Maistre and Gerbet had done, and Frs Fuchs, Law and Terörde soon would do.

With Maistre’s *Soirées de Saint-Pétersbourg* and Gerbet’s *Dogme Générateur* dating from 1821 and 1829, respectively, their reception by de Smet at the time of his writing was not only possible, but must actually be considered quite likely in view of the prominent place which both, according to Viaene and Gadille, occupied in the formation of 19th century Catholic thinking. Gadille (1975:186; my transl.) speaks of “an entire ultramontane literature” on “the reversal of merits,” the term designating “the massacre of innocents and the suffering of the just” for the expiation of individual sinners as well as a sinful society. Triomphe (1968:364fn37; my transl.) points to the “success of the *Soirées* in ultramontane settings,” and Viaene (2001:200; cf. ibid.:46) calls the Catholic revival – and with it the idea of vicarious expiation – “the most important socio-cultural ‘fact’ of Belgian history during the first half of the 19th century,” i.e., specifically, at the time and place of de Smet’s formation, as of Fr Depelchin’s, the future Superior of the ZM. Looking at the re-birth of the Catholic mission movement in the 19th century, Charles (1939:150) names Chateaubriand as the

\(^{76}\) Not, at least, as far as he is quoted by de Smet.
first one to inject a new lease of life into it, but also Maistre, whom, in spite of his lay status, he calls (ibid.:149; my transl.) one of the “spokespersons of Christian doctrine” in his day.\textsuperscript{77}

One may only speculate why de Smet would omit the idea of vicarious expiation from his arsenal of justifications for pious suffering, when at the same time he amply records the suffering itself. Notable, though, is a striking difference between his narratives of missionary work among the heathen of North America, and equivalent reports from the ZM, which might serve as a starting point from where to arrive at a possible explanation. In the ZM, an increasingly negative assessment soon replaces the positive view of the AmaNdebele and surrounding peoples as held prior to direct contact with them:\textsuperscript{78} henceforth, the locals are no longer noble savages, but recalcitrant sinners as prefigured in Bishop Ricards’ writing (cf. above, pp342f).\textsuperscript{79} By contrast, de Smet never deviates from presenting indigenous Indian peoples as innocent savages along Rousseauian lines of thinking, as “our Flat-Head friends … noble men … firm, upright, reliable” (1863:288), as “my dear savages” (in Fr Bax’ wording, ibid.:370), or as “our good Potawatomies” (ibid.:531); they are “industrious” (ibid.:286), “not only honest, but brave” (ibid.:287), or, in a different key, “poor savages” (ibid.:381), “without clothes, without habitation, .. [who; RB] roam like wild animals in the prairies.” (ibid.:329) Conversions are counted by their

\textsuperscript{77} This is the man of whom Berlin (2014:144) says that he was “an implacable enemy of everything that is liberal, democratic, high-minded, everything connected with intellectuals, critics, scientists, everything which was to do with the kind of forces which created the French Revolution.” Regarding Maistre’s close interaction with the Society of Jesus, in St. Petersburg, cf. Triomphe (passim).

\textsuperscript{78} Otto (1939:passim) speaks of an initially “romantic” view; comparably, Salvaing (1983:275ff & 279f) puts in contrast the perceived corruption of those living along the coastline, supposedly resulting from their exposure to European vices, and the innocence of the aboriginal natives of the interior.

\textsuperscript{79} “In fact,” Chennells says (1977:56), “enthusiasm for any tribe seldom survived actual contact with them.” In an intermediate step, a systemic view prevails, as in Fr Law’s comment (Law’s journal, 3 October 1879, in Gelfand 1968:117) on Lobengula’s brutality towards his subjects – here: the King’s poking a burning stick into the eyes of a man who had lost some of his cattle –: “It is the horrible system that makes the King so bad, otherwise he appears to have a good & kindly heart.” But in the end, Fr Berghegge will write (letter to Weld, 1 November 1883, ibid.:415ff): “I have enough of whole Africa. If now you ask for the cause of our misfortune, I cannot find an other [sic] than the wicked character of the Barotse. They have acted accordingly [sic] to their nature.” (ibid.:420f) Fr Booms adds (letter to Weld, 10 August 1884, ibid.:421ff): “In this country all virtue and justice have been banished and vice and injustice reign unchecked.” (ibid.:423)
hundreds and thousands (cf. ibid.:380), and the Indians captivate with “their piety and .. their edifying life” (ibid.:409), as well as their “piety and fervor on the bed of death.” (ibid.: 372) Where the ZM Jesuits never achieved much in making the AmaNdebele abandon polygamy, the missionaries of the Indians, by their own account, succeed: “Polygamy prevailed everywhere, and everywhere I succeeded in abolishing it” (ibid.:515); their converts also renounce “solemnly .. all their juggling and idolatries.” (ibid.:514) These Indians supposedly see the missionaries as those see themselves: “you labor for the good of others” (ibid.:410), they say, and want their “infants to be baptized.” (ibid.:512) Contradictory evidence is provided at times, e.g., resistance of adults to conversion, or to changing their way of life – “they are too much accustomed to the nomadic life” (ibid.: 386) –, or to the baptism of their children in extremis; likewise, their inclination towards the vices of Europe, or towards “Indian prejudices, superstition, and credulity.” (ibid.:382) The negative side is never allowed to prevail, though, never reaches the point of becoming substantial and therefore disconcerting.

The general impression one gets is of peoples “rapidly diminishing in numbers” (ibid.:385), decimated by epidemics (cf. ibid.:381ff) or by “the whites … [in a; RB] war of extermination” (ibid.:526), at the mercy of the American government, army, and invading settlers. In comparison with the AmaNdebele, there is pretty little in terms of perceived resistance to the missionary effort, certainly none of the powerful resistance mounted by King Lobengula. The Indians are “full of joy” (ibid.:513) to see the missionaries coming, and receive them “with open arms” (ibid.:512). Consequently, Fr Nerinckx’ “labors … were as great as their fruit was abundant” (ibid.:432), indeed “God blessed his labors with fruits so abundant and permanent as to console him for all his toils and privations” (ibid.:439); Fr van Quickenborne “made several excursions among the Osages and the Iowas, and each time the most precious fruits met his expectations.” (ibid.:471) Thus, heathenish recalcitrance or wilful rejection of the Glad Tidings never come to dominate the image of those to be converted.80 A lack of success of the Catholic missionary effort does not have

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80 In a particularly striking case, the register of baptisms kept by the missionaries is mistaken for “a magical charm, vulgarly called medicine, which killed all the Indians,” and provokes their “rage and ill-will” – which can be appeased rather easily, though, by “reasoning with the most intelligent Indians;” de Smet, very relaxed, concludes: “The Lord, who permits the rising of the tempest, can calm it at his own good time!” (ibid.:382f)
to be accounted for; there is therefore little need for de Smet (in comparison to the ZM Jesuits) to invoke the idea of vicarious expiation, such that the missionaries would have to suffer on behalf of blameworthy stubborn heathen who must be saved in spite of themselves: de Smet is not under any pressure to find ad hoc explanatory hypotheses for failure as described by Popper, because in his narration, appreciable failure simply does not have to be accounted for. The longing for suffering and sacrifice, as expressed by so many of those about whom he writes, appears therefore as a merely personal issue, where an individual sinner, in his urgent desire for atonement, feels compelled to ask the Lord to “strike me …; strike, I have deserved it.” (cf. p432, above) In de Smet’s own, success-dominated narrative of the entire Jesuit mission among the AmerIndians, however, suffering has actually ceased to be an existential necessity to such an extent, that Viaene (2001:194) describes his version of “expiation by way of adventure [as] a joyous and wholly uncomplex sacrifice which left some of his brethren in the Company uneasy.”

One may wonder if or how the Old versus New World dichotomy comes in here, in which a race that should have bent its neck under the light yoke of Jesus (at the latest ever since the days of Fr Gonsalez Silveira), is juxtaposed with one that could not have done so, out of sheer ignorance (cf. pp147f, above). Would this contrast help to explain why the undercurrent of de Smets writing is and remains optimistic, while the early optimism of the ZM Jesuits very soon wore thin? Fr Depelchin, in any case, on the occasion of his first visit to the Victoria Falls, just about one year into the history of the ZM, and stunned by “so much beauty … blighted by rocky, arid and sterile soil, by such very poor and stunted vegetation” in its immediate vicinity, can’t help exclaiming (in Roberts 2009:114), “Alas! It is always and everywhere the accurséd land of Ham!”81 His enthusiasm, very clearly, is fired by experiencing “beautiful nature with all its poetic charms” (ibid.:207; cf. ibid.:228, 230; cf. Fr Terörde in Spillmann 1882:278ff & passim, and Fr Weisskopf, ibid.:336), while the

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81 Thus his misinterpretation of the Noah narrative; in the ZMR (I,9:305), he adds that “[i]f thorns and briars are a sign of malediction, no country is so accursed as Africa.” Nor is he the only one who thinks so: “[T]he curse of Cham lies very heavy upon this portion of the great continent. Droughts of long duration … locusts … ‘Horse-sickness’ … ‘Lung-sickness’ … and goodness knows what not besides … [add up to an; RB] accumulation of woes.” (ZMR I,8:271); and as the land, so its people who at times are called the “degraded sons of Cham.” (ZMR I:2:56)
people who inhabit the land may, in the worst of cases, appear to him and his tiny party (Roberts 2009:147) as "a group of Kaffirs horribly tattooed;" their singing and dancing before them during the excursion to the BaTonga prompts his remark of never having "seen anything more savage. They looked like a troop of demons who had just left hell." (ibid.)

As we move on from the Jesuit missions in North America to reports from Matabeleland, this needs to be kept in mind: in the first two decades of the ZM, the general backdrop of the narratives about its development is not one of success as in de Smet’s case, be that real or merely imagined, but one of an incessant string of failures, interspersed with occasional, meagre, temporary successes — and virtually no conversions at all. Describing how the protagonists of the ZM put up with this, right at the beginning of this presentation of their thoughts, a dictum of one of Hemingway’s characters (1946:180) comes to my mind: “It is in defeat that we become Christian.”

The first blow to hit the ZM was the death from ‘fever’ of Fr Fuchs in January, 1880. On 25 December 1879, in a letter to Br Nigg, he still thanks God for some physical ailments as an opportunity to atone for his sins, calling them (in Spillmann 1882:209; here and in the following, my transl.), “as St Ignatius says …, ‘a grace just as much as good health’. “ Then, early in January, as Fr Blanca will write later (letter to Weld, 18 March 1880, ibid.:210), “Manus Domini tegitit nos!” — the “climatic fever” (ibid.) had struck Br Paravicini and Fr Fuchs, bringing both to the verge of death. In the same letter Fr Blanca describes (ibid.:212) how he asked his confrère “if he was ready to willingly sacrifice his life for our mission and for the salvation of this unfortunate people, and if he would pray for us and these souls in heaven, and he answered: ‘Yes.’” Spillmann, recounting the deceased’s life (ibid.:215), tells us that the theme he had chosen for his first sermon as a priest was Mark 8:36, “For what shall it profit a man, if he shall gain the whole world, and lose his own soul?” In a letter to his German Provincial (end of February/first days of March 1880(?), ibid.:218), Fr Terörde, as Fr Blanca before him, very explicitly goes beyond any concern Fr

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82 During his years of formation, in an 1864 letter to a cousin, the later Fr Law thanks St Joseph for his health being restored and adds: “Ask St. Joseph to restore my health entirely, if he sees it will be for God’s greater glory.” (in Law 1882/83, part iii:54; my italics)
Fuchs would have had for his own soul and describes his death as a shining example of vicarious self-sacrifice;\textsuperscript{83} he states as a fact that

he has sacrificed his life for the conversion of the poor negroes. Who would not consider themselves fortunate, to die thus in sacrifice for the souls so dear to the Heart of Jesus ...? Next to the martyr's death, I can think of no death more beautiful and meritorious.

The better part of 1880 passed without further disasters, but also with as good as no conversions; then, in August, Frs Depelchin and Terörde together with Br Vervenne made it to the left bank of the Zambesi, to found a mission station there, among the BaTonga. Depelchin had only just left the station in the hands of Terörde and Vervenne, to bring reinforcements in the assumption of a bright future ahead of the station, when he received a message from Terörde that he had given extreme unction to Br Vervenne, any time expecting his demise from dysentery, and that he was himself “reduced to extreme weakness, continually a victim to attacks of fever, and with nobody to help me.”\textsuperscript{84} At this point, Fr Depelchin was badly down with fever himself, too weak to continue his journey back to Pandamatenga. He had not as yet received the news of Fr Terörde’s death in the meantime, and the deaths of Fr Law in November, and of Fr Wehl in May 1881 still lay ahead. However, already at this point, Depelchin chooses in the same letter to Fr General (in Gelfand 1968:356) as his “organizing metaphor” (Fernandez) the cross: “[C]rosses abound on the Zambese [sic] and they are inaugurating in a prodigious way the Residence of the Holy Cross” (the name he had given to their new station). Terörde and Vervenne he sees (ibid.) “truly nailed to the cross and crucified.” Of himself and the mission station which he still assumes to be on the way towards success, he says (ibid.:357):

\begin{itemize}
  \item[83] Relativising the distinction between the salvation of one's own soul, and of those of the heathen, he exhorts the readers of his diary (end of July 1880, in Spillmann 1882:294; my italics) to “pray for me, so that God in His great mercy may not any longer, \textit{because of my numerous sins}, keep back from this poor people the true light.”
  \item[84] Terörde to Depelchin, as quoted in Depelchin’s letter of 5 October 1880 to Fr General (in Gelfand 1968:356).
\end{itemize}
Truly just now I am like Job. All the news that comes to me is distressing … [But it; RB] is the work of Providence, the work of the finger of God, digitus Dei est hic, and it was necessary to have this work of the finger of God crowned by the cross. May Jesus live and may the cross live.

Next, receiving news of Fr Terörde’s death, and that Br Vervenne has to be rescued because the locals have turned hostile (who in his narrative initially had appeared friendly toward the missionaries), he writes (letter to Weld, 10 October 1880, ibid.:359): “What can I do poor sinner but to bow humbly before the holy Will of God, and to say with the holy prophet Job: ‘Dominus dedit Dominus abstulit; sicut placuit Deo ita factum est.’” His conclusion, in spite of it all (ibid.:361; my italics), is to “go on with courage and calm, fortiter et suaviter, placing all our confidence in our dear Lord, who sends us, it is true, plenty of afflictions, but only for our good.”

In his next letter to Fr General, of 15 October, he first exclaims (ibid.:363), “Fr Teroerde is no more! The mission among the Batonga is no more! This is a disaster indeed.” But, he asks boldly (ibid.: 364),

what reason have we for grief … ? It seems to me that we should rather sing a Te Deum. Haven’t we a new martyr in heaven? … [He] will extend his protection and power over the Batongas whose apostle he would have been, and soon, who knows? Very Reverend Father General, we will see marvels in this land of darkness and death. Our good Master can change these dull stones into children of Abraham, and make of them a chosen people. Let us hope against hope!

Fr Depelchin can say so because he knows that after all, from what looks bad, in the end, by the grace of God, good may come. E.g., his Protestant guide’s accident on their way to

85 In a letter to Fr Terörde’s German provincial of 9 October 1880 (in Spillmann 1882:349) he had added, “I clamber up Calvary and the cross crushes me.”

86 Choosing to believe that Terörde has been poisoned, Depelchin is confident (in Roberts 2009:168f) that he has earned “the martyr’s crown. For he died in the cause of religion, for the faith of Jesus Christ, which he had come to reveal to these barbarians. … ‘Sanguis martyrum semen christianorum.'”
the BaTonga, described above from a medical perspective (cf. p367fn52), had its spiritual repercussions: “This fall and breaking of bones were necessary to throw the old Irish soldier into the bosom of the Church,” he comments on his conversion to Catholicism in anticipation of imminent death (12 June 1880, in Roberts 2009:98; cf. Terörde, 10 June 1880, in Spillmann 1882: 269). In line with Fr Depelchin’s persistently positive outlook as regards the future of the ZM, and in this respect similar to the optimistically minded de Smet, the idea of the necessity of vicarious suffering and dying, thereby to invoke Divine grace upon the AmaNdebele, BaTonga, and AbaGasa, is not foremost on his mind. Beyond creating yet another advocate for the mission in heaven, he sees a missionary’s death as this individual believer’s opportunity to realise the reciprocal relationship between him and his Master: “Is it not glorious too to die and to sacrifice one’s self for Jesus who died and sacrificed Himself for us on the cross?”, he asks (letter to Fr General, 15 October 1880, in Gelfand 1968:365). Some three years after Fr Terörde’s death, he will report to the Prefect of Propaganda (letter, 7 September 1883, ibid.:398) that “[a]ready ten valiant missionaries, eight priests and two Brothers have died, victims of accidents, fever and the unhealthy climate,” but true to his persistently positive attitude follows his conclusion (ibid.:399; my italics) that “[i]t would be sad, Eminence, to give up a work which has begun so well.” Thus, while mourning over the death of each one of his own, the self-consolation follows that if this is what it takes to plant the Church in Matabeleland, then this is how it has to be, also knowing that having freely given their lives would be to the benefit of those who sacrificed themselves; as de Wit writes to Notre Mère two years into the ZM (letter, 20 November 1881, ibid.:386), “already four have gone to a better life, as we trust, … it appears that the road to heaven is here .. shorter than elsewhere.” In this he takes up what Weld had chosen as his closing remark when he announced the up-coming ZM (1878:164):

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87 As Fr Law had put it in a letter from the West Indies (Schreiber 1893:142) to one of his brothers, “out of evil may come good.” Seventeen years later, the SND Sisters observe on the occasion of the Empandeni church having burnt down (ZMR I,9:303): “‘Crosses are blessings,’ and in the Zambesi certainly they look upon them as such;” cf. ZMR III, 44:556.

88 The epithets that come to Roberts’ mind (2009:xxiv), to characterise Fr Depelchin, are “stoic fortitude,” “vigour and courage,” and “unbounded optimism and energy.”
[T]he blessing of abundance is on those who, remembering the price paid for the most miserable outcast even at the extremity of the earth, with full confidence in God, Who has said, ‘Give and it shall be given unto you,’ give freely of what they have received, knowing that by doing this they are filling to overflowing the cup of mercy for themselves. ‘Blessed are the merciful for they shall find mercy.’

Fr Law, the next one to die after Fr Terörde, starts but he does not end here. Speaking of his planned mission to the AbaGasa and their King, Msila, he says (letter to Weld, 3 March 1880, in Gelfand 1968:306) that “[n]o doubt it is more unhealthy [there than in Bulawayo; RB], but all the better sacrifice to Our dear Lord, who gave himself all for us.” And this is exactly how it turned out to be, says Fr Croonenberghs in a letter of 26 November 1880 (in Roberts 2009:25; my italics), drawing on information sent to Bulawayo by Fr Law himself:

Since his arrival in the Abagasa capital Fr Law’s illness has only got worse; he could well find himself brought close to death; if no help comes to him, he will succumb, he writes; and if that is the case, he is ready to make the generous sacrifice of his life to God for the salvation of the poor Blacks.

Fr Croonenberghs concludes his letter (ibid.:28) by emphasising that,

[a]s you see, our Southern African missions are fraught with difficulties of all kinds; they can only succeed, by the grace of God … All those who come here must be in robust health … [and] be determined finally to make a cheerful sacrifice of their lives to God and to the souls of others. Ask the Lord to give me … the spirit of mortification and prayer, humility and self-denial, ardent zeal and a filial self-abandonment to the very holy and most adorable will of God.

The ones who over an extended period of time slowly approached a lonely death, were Fr Law and Br Hedley, Fr Law eventually breathing his last, Br Hedley being rescued at the last moment by his confrères. By contrast, Fr Fuchs had died within weeks, enjoying the comfort of Fr Blanca’s care; Fr Terörde, unaided but quickly, within days after the first symptoms of malaria. Of the death of Fr Wehl, Br de Sadeleer says (ibid.:59) that “[t]he
Father was barely forty-three years old; but he had long generously been making to God the sacrifice of his life for the salvation of the poor infidels of Southern Africa.” Recounting the Father’s life and formation, Spillmann (1882:402) claims that while still at secondary school, he already harboured the “ardent wish ... one day to work and die for the salvation of the heathen peoples.” However, when eventually he did succumb to malaria, he was not in a position to consciously experience his fate: we have no statements of his own regarding his impending end, as by then, in Br de Sadeleer’s description (cf. ibid.:400), he was mostly mentally confused. There remain Fr Law and Br Hedley who suffered for almost three months, and consciously at least for much of this time, gradually getting sapped of their strength, deteriorating ever further in the absence of sufficient and nutritious food, as of any kind of nursing care, succumbing to disease, hunger, and sheer exhaustion. Br de Sadeleer says in a letter of 1 February 1881 (in Roberts 2009:52):

What a terrible situation was that of those two poor missionaries, surrounded by savages, devoid of all European assistance, one dying and the other gravely ill! Ah! What merit they must have amassed for themselves then and what grace they obtained for our dear mission!89

Of the two of them, Br Hedley made it back to Bulawayo in October 1881, and thence in 1887 to South Africa (cf. Roberts 2009:xli). Br de Sadeleer graphically writes about his ordeal as it was told to him, and gives a heartrending description of how he found and nursed him back to life, but we have little in terms of a first-hand account of his, except for a letter to his brother (in Spillmann 1882:389fn) in which Br Hedley says: “God helped me through all my sufferings which were my sacrifice to Him for the conversion of this poor people and for the rest of the souls of our parents, as finally for the eternal salvation of all members of our dear family.” Of note, as a theme to come back to, is the width of context into which the Brother puts his vicarious suffering: not only for the locals, but for his deceased parents and wider family as well. That leaves us with Fr Law, of whose life and world of thought, before and during his months with the AbaGasa, we fortunately know in

89 Of men like these the ZMR (IV,58:467) will remark later: “Greater love than this no man hath shown, that he should spend himself and be spent for the souls of others, and these of the despised black race.”
quite some detail through his letters which after his death were published by his father, and through Schreiber’s biography of 1893.

Augustus Henry Law was born into an upper class Anglican family with bishops among his forbears and living relatives; on his father’s side, as the grandson of the first Lord Ellenborough, Lord Chief Justice under King George III; his father Eton and Cambridge educated, his mother of noble descent; his paternal uncle, second Lord Ellenborough, at one time Governor General of India, later First Lord of the Admiralty. At this uncle’s suggestion, young Augustus joined the Royal Navy as a Naval Cadet.

Even before turning 12, he writes in a note for himself (in Law 1882/83, part i:9), “2 Corinthians, chap. v. verse 10. That day will be an awful one, when our Blessed Lord comes down to judge us. … Some would then have wished that they had served their Lord when they had time.”\(^9\) According to his chaplain aboard ship (in Schreiber 1893:35), he was “by nature and disposition … intended for a holier and higher calling” rather than for a naval career, and though he had happily complied with the wish of his father and uncle, an outlook beyond worldly matters perceptibly remained his frame of reference throughout his youth. As a 16-year-old, still in the navy, he writes (quoted ibid.:41), “[m]ay I by God's grace be enabled to perform what is enjoined and avoid what is condemned by His commandments.” In 1851, the year of his 18th birthday, his father, like Henry Edward Manning, converts to Catholicism in the context of the Gorham controversy, a step Augustus soon was to emulate, as did all of his siblings but one. Trying to gain clarity about the path in life that he should take, he implores the Lord to guide him (in Law 1882/83, part ii:138): “[A]s … following the vocation that Thou hast marked out for me is necessary for my salvation, show me Thy will; I will do it.” The steps to which he will feel called, eventually, are, to leave the navy, to study for the priesthood, and to join the Society of Jesus, all in the spirit of St Teresa’s “One soul, one eternity,” to which quotation he adds, “Yes, I have only one soul, and if that is lost all is lost, and forever too.” (ibid.:139) To justify his decision for the priesthood before his uncle who had so much furthered his career as a

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\(^9\) Cf. Law (1882/83, p.ii:38), on good resolutions then not kept.
sailor, he expresses the conviction that “the great object of life is to prepare to die, and I wish to do it in the best possible way.” (ibid.:134)

The rule which he sets himself, about a year into his formation as a Jesuit, describes (in Schreiber 1883:96; my italics) what he actually shall live up to on his journey to the AbaGasa, the journey to his death:

One object, one mark to be looked at and aimed at, one straight path which leads to God’s praise and glory to be walked along. And all things around me to be used for that one object, that one mark. Otherwise I have missed my road, I have failed in life, I am ruined. *Nothing to be aimed at for its own sake, only God.*

As a missionary, Fr Law is first called to the West Indies, one major health threat there being yellow fever. His father’s fears in this respect he allays in a letter, as he sails from England: “[S]hould I fall a victim to ‘Yellow Jack’ (as they call it), I could not die a better death, after martyrdom.” (in Law 1882/83, part iii:73) After his death, his sister Mary will tell their father (letter, 21 August 1882, ibid.:206) that she has spoken to a priest together with whom Augustus had been a novice, and to whom he had confided after their ordination, that “every day when he was raising the Chalice at Mass, he asked for the grace of martyrdom.” Commenting on his frame of mind, Fr Law’s biographer makes this the core reason for his wish to be sent to the missions (Schreiber 1883:127): “It was his ambition to offer himself as a holocaust on the altar of sacrifice.”

The sense found in suffering and death, up to this point, strongly relates to the fate of the sufferer’s own soul; this is also expressed in a letter of condolence from the West Indies (6 February 1871, in Law 1882/83, part iii:91) to his brother Victor, on the occasion of the death of Victor’s wife. God, Augustus tells him,

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91 In a letter to his younger brother Fred, on the occasion of his joining the Royal Navy, he writes: “He who frequently meditates upon his last end, upon death, judgement, hell and heaven, will not fall into sin.” (in Law 1882/83, part iii:5)

92 As one of the Superiors of the ZM, Fr Sykes, will put it (ZMR IV,51:177), “in the divine design, it is only souls that count; weighed in God’s balance all else is emptiness and vanity.”
measures out things for our souls and for eternity, and when we think a little on this, and then on His Infinite Power, and then on His Infinite Wisdom, and then on His Infinite Goodness, – and all three seeking the good of our souls for all eternity, we at least can come with resignation to say ‘God’s Holy Will be done.’

It is in the very context of Augustus’ family, however, that the idea of going beyond suffering for the good of one’s own soul, of suffering vicariously for the salvation of others, comes to its clearest expression. His brother Graves, who, about one year into Augustus’ formation as a Jesuit, had “renounced his intention of entering the army for the sake of joining the Oratory of St. Philip” (ibid.:97), some 20 years later turned, in Schreiber’s wording, into “a source of the greatest grief” for his family when he “unhappily threw off his allegiance to the Church” (ibid.:216). In a letter to his father of 1 May 1879 (in Law 1882/83, part iii:135), Augustus speaks of “poor …. [Graves’] apostasy,” and spells out (ibid.:136) what this means with regard to his own life:

Every little suffering I get in our mission, shall go for dear …. [Graves’] conversion. And I am glad that, nolens volens, I shall have to suffer some little things in our mission, as I am such a miserable fellow at anything in that kind voluntarily.

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93 Making this maxim the yardstick by which to go, himself, Fr Law will write years later to his confrère de Wit in a letter from the AbaGasa (29 September 1880, in Roberts 2009:44): “I have no hope of surviving unless the wagon arrives soon … But all of that causes me to hope that God has only sent me this suffering in his mercy to prepare me for Heaven.”


95 It is most unlikely that Graves’ decision was ill-considered, as it came from a man who had, “above all, been studying” in the preceding twenty years, as Blaikie (1904:7) puts it: the “one subject and one period that he [had] made peculiarly his own [being] the Roman Catholic counter-Reformation of the Sixteenth Century … in England and Scotland” (ibid.:18). Obviously though, those of the Laws who stuck to Catholicism did not share Tennyson’s view that there could be “more faith in honest doubt … than in half the creeds.” (cf. p537, below)

96 In a letter to a friend (in Schreiber 1893:252) he expresses his conviction that “[t]he harder the sacrifice, the better the gift [to God; RB] and the greater the reward.” The same logic guides Cardinal Newman when, at the news of Fr Law’s death, he tries to console his father with the remark (ibid.:344f) that “[a]s to his brother [Graves; RB], we know not what he may do for him.” Schreiber, evidently a devout Catholic himself, at an
As he is ready to do himself, so he advises others: in a letter from Tati, Fr Law exhorts a woman in Grahamstown who under his guidance embraced Catholicism (ibid.:248), to “[o]ffer up all you suffer for the conversion of your dear husband. What a happiness it would be for you to have him in the one true Church.” And not only can the faithful suffer vicariously, for the AmaNdebele no less than for their relatives; likewise, he asks of the members of his family back home (in Law 1882/83, part iii:271f) to do on behalf of the AmaNdebele what these will not do themselves:

In their visits to the Blessed Sacrament, let them sometimes repair the want of devotion to the Blessed Sacrament that there is here from ignorance of the faith. In their acts of contrition let them grieve for the sins of the Amandabele who do not understand sin or sorrow for it. In their acts of adoration let them give God some homage for the poor Amandabele, who do nothing for God.

In different ways, thus, do we see the spirit taking concrete form in which genuine believers, following Gerbet’s and de Maistre’s precepts, endeavour to do penance for their own sins, as well as for those of the world (as in Europe so abroad) – sins which they have not committed themselves but which have offended the Lord and for which humankind must make amends.

Earlier occasion tells a pious legend (ibid.:85f) which is mentioned here to show that in Catholic circles, the idea of vicariousness was indeed in the air at the time. He claims without further evidence that the legend was known to Augustus and his family, and offered consolation to them at the time when he entered the Society of Jesus, with the grief it caused them all, due to the attendant severance of family ties: A Jesuit’s brother has fallen away from the Faith, and the priest tries hard to “awaken him to contrition.” Much against his own inclination, he then submits to his Superior’s advice to leave the matter to God’s mercy. A “woman” – one must surmise an angel – approaches him years later, to pass on “from the Curé [d’Ars?; RB]” a message from Holy Mary: his brother has been saved! “His salvation was the reward of the act of obedience you performed on his account; … our Blessed Lady desires you should know that scarcely any souls who have relatives in religion are lost; for Almighty God is so pleased with the sacrifices made by the good religious, that in virtue of them, He gives great graces to their relations to enable them to save their souls.”
As has been said before, not even with his death does the work of a missionary end; speaking of Fr Law’s ultimate sacrifice, Fr Croonenberghs says in a letter dated 21 October 1881 (in Roberts 2009:68; cf. Br de Sadeleer, 19 January 1880, in Spillmann 1882:390):

[T]hough we mourn the death of an apostle filled with zeal and charity, the mission can rejoice at having in heaven, we firmly believe, a protector more desirous than ever of promoting the conversion of the Abagasa and Matabele Zulus.\textsuperscript{97}

Acknowledging the ZM’s lack of countable initial success, Spillmann even anticipates the need to continue with this same ‘strategy’ among the AmaNdebele, pondering (1882:417) if not the “hard and rank soil of these hearts will have to be fertilised for years to come with the sweat and possibly also with the blood of the missionaries, before substantial conversions may be hoped for.” To the same effect he quotes from a letter of Fr Croonenberghs, of 10 June 1881 (ibid.:418), expressing his conviction that

the unfortunate Matabele stand so far-removed from the Christian ideas, are sunk so deeply into matter [i.e., materialistic thinking; RB], so devoted to crudest superstition, to the most abominable mores, that we shall likely need many years to fill the abyss which separates them from Christianity.\textsuperscript{98}

Spillmann’s conclusion (ibid.:420) is that

\textsuperscript{97} Some forty years later, at the demise of Fr Parry, the ZMR (VII,97:77) still follows the same logic and is confident that their Superior’s death in the line of duty, visiting stations in the Zambesi valley, “will win a special blessing for the Zambesi Mission.”

\textsuperscript{98} This was not just his view on a particularly bad day; on 21 October of the same year (in Diaries of the Jesuit Missionaries … 1959:83f), he calls “the distance which separates the white race from the black race .. an abyss which only Jesus Christ himself can fill … I love these poor Africans and would willingly shed my blood for their salvation; but, frankly, I can only love them in Jesus Christ, for the love of him and to obey his word.” Notably, after the defeat of the Umvukelo/Chimurenga and the attendant entrenchment of colonial rule, the ZMR (I,2:40) will take courage: “[T]he prospects of conversion amongst the natives are not so black nor discouraging as they have often been painted, sometimes even by ourselves in times of depression.” Cf. ZMR I,4:122: “[T]heir prejudices against our holy religion are not so deep-rooted as we had imagined;” and ZMR I,5:145, commenting on over 300 baptisms at Empandeni: “There has been much ‘sowing in tears’ and we hope now to begin at last to ‘reap in joy’.”
[l]ike any work of salvation this work had to be begun with the cross, and verily, it carries the sign of the cross very visibly on its brow! Travails, exertions, woes, privations, illnesses, eventually the death of four missionaries full of hope, ... is this not the sign of the holy cross conferring grace and blessing?

When Fr Law had left for South Africa, Thomas à Kempis’ *De Imitatione Christi* had been among the few books he took along with him (cf. letter to his father, 19 September 1875, in Law 1882/83, part iii:122), and it remained with him until his end among the AbaGasa (cf. ibid.:182). The spirit in which Bishop Ricards had preached on Easter Tuesday, 1879, the day before the ZM Jesuits’ departure from Grahamstown (see Appendix) is all about Divine reward for faithful, voluntary suffering, about human self-sacrifice and trust in the Almighty’s grace— not about ‘conversion-output’ as a result of human input, i.e., not about humanly-planned effects due to their humanly-implemented causes.100 In this spirit,

99 A play which Fr Law had written for his pupils while still teaching in Glasgow, about a King’s son who is threatened to be killed if he does not renounce Catholicism, has the lines: “Poor wretched Hermenegild, a martyr for the Holy Roman Faith! The news ... is too good to be true.” Asked if he is speaking seriously, he replies: “The Son of God died for our sakes, and what more glorious death than to die for Him?” (editor’s note in Law 1882/83, part iii:37f)

100 What was true of the early years, that mission was not measured against the yardstick of ‘conversion-output’ resulting from human endeavour, was to change in some way, though. An early indication is the manner in which some twenty years later, successes at conversion at Chishawasha are presented, in table-format (taken from the ZMR I,14,474, of October 1901):

<table>
<thead>
<tr>
<th></th>
<th>Infants</th>
<th>Boys and Girls</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baptised and now living on the farm</td>
<td>male</td>
<td>48</td>
<td>144</td>
</tr>
<tr>
<td></td>
<td>female</td>
<td>45</td>
<td>29</td>
</tr>
<tr>
<td>Died after baptism</td>
<td>male</td>
<td>41</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>female</td>
<td>46</td>
<td>6</td>
</tr>
<tr>
<td>Baptised here, but not on farm now</td>
<td>male</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>female</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>185</td>
<td>205</td>
<td>102</td>
</tr>
</tbody>
</table>
Spillmann (ibid.:422) can still harbour hopes in 1882 of King Lobengula’s conversion, as “reward for the prayers and the heroic sacrifices of the missionaries … through a miracle of grace,” adding that otherwise the “hopes for the present generation of Matabeles are very poor.”¹⁰¹ As Fr Law puts it in one of his meditations (in Schreiber 1893:364): “St. Teresa says that we shall do [i.e., achieve; RB] nothing till we are persuaded that we are powerless to do anything good without God’s merciful grace. Let us learn to have complete diffidence in ourselves, complete confidence in God.” This maxim, however, applied not only to Africa; it was the pre-condition for the healing of the entire God-less world.

When Catholics did penance for the world, it was to start with for their own, the NAW, offering their all as a gift to God for the expiation of unbelieving Europe. So when the chosen ones rejoiced for being sent as emissaries of the true Faith to heathen lands, it was in the first place because suffering and death for the cause of religion were more likely there than at home. Nerinckx’ worry had been “of doing real penance, and making due satisfaction” while remaining in Belgium (cf. pp460f, above), as had been Terörde’s, while in Germany. Spillmann (1882:351) tells us that as a young priest, looking for a foundation which “would last in the tempests of our faithless time,” he had determined that his life was to be one “of constant sacrifice.” By then he was still a priest cum teacher at a German boarding school, and to his mind, in terms of sacrifice this was “by no means enough. Entirely and undividedly and even in bloody death did he want to consecrate his life to God and the salvation of his fellow men.” (ibid.) Caught up in the same world of images, Fr Law says on his way to the West Indies that if he were to die there of yellow fever, he “could not die a better death, after martyrdom.” (cf. p475, above) To those imbued with this spirit,

¹⁰¹ This logic will also be applied retrospectively: “Is it presumptuous to believe,” the ZMR (IV,62:602) asks in October 1913, “that the trials and sufferings of … [our; RB] pioneers have counted for something in the balance of God, and contributed in some slight measure at least to draw down the divine blessings upon the devoted labours of their successors in that promising field?” Or, as Fr Hartmann puts it (ZMR V,74:417), “[i]f we compare the Then and the Now, the state of Empandeni in 1896 and in 1916, the contrast is wonderful indeed. Who can say how much of this change for the better is due to the trials, difficulties and disappointments endured by the Missionaries in the early days!” Vicarious suffering still forms the conceptual background of the Father’s thinking, but somewhat affected already by the spirit of the 20th century, he chooses not to be too blunt about what a good number of those missionaries actually sacrificed: their very lives.
understandably, any extraordinary attention to the preservation of their health must have seemed like putting effort where it was not due. Striving to attain a frame of mind, as Fr Law puts it (in Schreiber 1893:272), in which we shall "more and more often ask ourselves, like St. Stanislaus Kostka, 'What is this to eternity?'", is not exactly the best precondition for a deliberate commitment of time and effort to the assiduous study of the latest medical insights into how to prevent or treat diseases.

We witness, here, the thinking and self-perception of a group of men who comprehend their lives as taking place in a world where evil prevails, and where tipping the balance towards the good depends on their devotion to the Catholic faith, translated into doing right: their sacrifices and self-sacrifice becoming the pre-condition of salvation, their own as well as their families', their nations', and the world's, with sacrifice in Europe furthering the cause of the missions abroad, and sacrifice there expiating faithless Europe. This is why Spillmann (1882:424; my transl.) can be confident that

[t]he selfless love of German Catholics ..., who support so magnanimously the foundation of this noble endeavour [the foreign missions; RB] in the midst of the woes and difficulties of the 'Kulturkampf,' will surely … call down upon the distant mission field as upon the homeland the most abundant blessing of the all-good God.

This is why Br Hedley can offer his suffering as his “sacrifice to Him for the conversion of this poor people and for the rest of the souls of our parents, as finally for the eternal salvation of all members of our dear family.” (cf. p473, above) In all of this, suffering and sacrifice play a crucial and irreplaceable role, such that the idea of eliminating them – and this is the goal of medicine in the domain of health – must seem counterproductive, dangerous even, with a view to ultimate goals on a higher, spiritual plane.

Even upon the body of the Catholic Church will the voluntary suffering and the sacrifices of the faithful, at home and abroad, exert their salutary influence. The erstwhile Superior of the ZM, now Provincial of the English Jesuits, Father Sykes, is convinced that giving generous support to the missions abroad will not be a drain on her body at home. Quite to the contrary, because God’s ways “are not as ours,” he firmly holds (ZMR III,33:97; cf.
VI,86:194; VII:62) “that for every vocation to the Foreign Missions He grants three for the home ministry;” i.e., the self-sacrifice of His apostles in the mission field as their free gift to Him, so the Father believes, will vicariously bring blessings onto the Church at home. As he sees it, Cardinal Vaughan’s readiness “to sacrifice his life in return for the establishment of a Foreign Missionary College in England” (ZMR IV,51:175) was animated by this spirit. Eloquently he decries the radical opposite to this frame of mind, the “adoration of the golden calf” in the NAW, “a materialism, a mammon-worship, a hedonism or pursuit of pleasure as the be-all and the end-all of existence” (ZMR III,37:253); by contrast, he is pleased to find alive (ibid.:255; my italics) in the “Catholic Foreign Missions … that very salt and savour of Christianity, the Cross, which, in these days of comfort, effeminacy and luxury at home, is … being extracted from the lives of so-called Christians.” Christ’s self-sacrifice for humankind, he sees emulated by St Paul, by St Francis Xavier, by “the first Catholic Apostles of Canada” (ibid.), and also by the ZM Jesuits in Matabeleland, all of whom have made “the folly of the Cross” (ibid.:256) their guiding star.

It is noteworthy that “certain death” (ibid.:253) and martyrdom for the cause of faith are still mentioned in 1907, though as a matter of the more distant past; self-sacrifice now takes on

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102 Without mentioning Britain by name, Fr Sykes writes (ZMR III,44:537): “Assuredly, if a great nation is to be won back again from its partial defection from Christianity and Catholicism, its multiplied charities to the Foreign Missions will not be the least of the redeeming agencies.” And focussing on the continent in general, the ZMR (VIII,118:217) is confident that “the enlightenment of darkest Africa will help very much towards the re-enlightenment of darkening Europe.” Cf. the ZMR’s belief (VII,96:62) that in “the struggle against heresy and infidelity” in Holland, as it is rather martially put, “success in the more distant field may win the war nearer home.”

103 These lines are very obviously not written in a spirit, in 1907, in which a Medical Mission could hope to grow.

104 Elsewhere (ZMR IV,57:424) he says, “[w]e are in some danger in these days of becoming fatally blinded … The world and all that it stands for is despiritualizing the vision of many who think themselves good men. We live in an age of self-ease .. and in the limelight of self-advertisement … The world is turning its back upon the Cross and upon all that is included in the word self-denial. That is what is wrong with the world.” From this diagnosis flows the remedial action, undertaken by no-one else as unreservedly as by the missionary to foreign lands: “The enemies he has to fight and conquer are the devil, the world and the flesh, all the unruly and lustful passions of man’s heart, his self-will, his self-interest, his pride, his vanity.” (ibid.:425; cf. ZMR VI,89:304)
such forms as the “abandonment of father and mother and brother and sister, of home and country, for Christ’s sake; of the embrace of poverty and hardship, of … coarse food, of menial work, of poor clothing for the sake of the folly of the Cross.” (ibid.:255) The praise of self-sacrifice is still there, but even among its advocates it has begun to take on a somewhat less severe face: less promising – for those whose goal it is to offer their earthly lives, to earn eternal salvation; less menacing – if the wish to stay alive and live into old age has come to be considered legitimate, as the frame within which even the religiously most committed would try to find their place in life.

Cautiously, even the value of suffering itself begins to be called in question: at the beginning of the Great War, the ZMR hopes (V,66:121) that the economic depression in Rhodesia “will not turn into a slump. A slump, doubtless, like a good drubbing, has its moral advantages, but we rightly pray that we may earn our blessings through another channel.” When death strikes, though, the old images are still at hand to console and edify: when Br Morley succumbs to malaria in 1923, he is specifically asked, after having received the last Sacraments, “to offer his sufferings for the native congregation” (ZMR VII,101:243), to which he replies, “not my sufferings only, but my life itself.” (ibid.)
I shall try now to weave into a coherent fabric the strands of thought which were developed separately in the preceding chapters, against the backdrop of the core argument put forward in Chapter 2, namely, that secular modernity may be called the legitimate off-spring of one of several trajectories within the broad, anything-but-monolithic conceptual world of the Bible – the one with socially egalitarian and politically democratic tendencies, with non-ritualistic and anti-magical persuasions, and leanings towards an ethics of conviction. In this I follow Charles Taylor’s and Max Weber’s line of reasoning; I see their interpretation draw on biblical thinking where it discerns itself most clearly from the beliefs of its historical neighbours, from Egypt to Assyria to Babylonia, as in Canaan itself, thus articulating a Judaeo-Christian differentia specifica in the universe of religious convictions.\(^1\) Charles Taylor takes this train of thought one step further and emphasises the uniqueness of the kind of human beings that have arisen from Christian roots, in the modern NAW.\(^2\) From his assessment, put forward with an abundance of supportive evidence, the question arises if or how an expansionist NAW, at home a socio-economico-cultural project with ever so many interrelated facets – its medicine and health care system being just one of them – can be replicated under different cultural auspices where people reason and act, initially more but with time passing eventually (possibly) less, within their own (non-NAW) cultural frame of reference. In an attempt to move towards an answer, the transplantation or

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1 Cf. Leeuwen (1964:49f).
2 Of the Occident, TS Eliot has said (1954:122) that if “Christianity goes, the whole of our culture goes. Then you must start painfully again, and you cannot put on a new culture ready made. You must wait for the grass to grow to feed the sheep to give the wool out of which your new coat will be made. You must pass through many centuries of barbarism. We should not live to see the new culture, nor would our great-great-great-grandchildren: and if we did, not one of us would be happy in it.” – If truly, as I also see it, “not one of us would be happy in it,” this perforce applies to professing Christians as well as self-declared “non-Christians,” ranging from non-churchgoers out of indifference to atheists out of conviction. This in its turn indicates that “non-Christians,” as much as their detractors in- and outside the Magisterium, fall prey to an overestimation of the so-called decline of Christianity in the emergence of the modern NAW, by focussing way too much on the fact that its ritualistic side and its orientation towards transcendence are widely considered outmoded today, while at the same time grotesquely underestimating the forces of persistence in NAW cultural history as a history of Christianity. As an example, consider the view that Human Rights are essentially the secular version of a Christian value system (cf. p113fn98).
otherwise to sub-Saharan Africa, of that kind of Christianity which over two millennia had developed in the NAW, in- or excluding the transplantation of this culture’s medicine, is studied with a focus on one place, Matabeleland, and one specific brand of 19th century NAW Christianity, that of the Society of Jesus.

Putting the ZM in a mission-historical context, in Chapter 3, the process of how the Church established herself within the Roman Empire, as well as her subsequent missionary activities, are presented as soon having taken place in the context of politico-administrative efforts to uphold the “hierarchical structure of the empire” (Freeman 2009:252), and of utilising pre-Christian power structures to introduce Christianity from above, through kings and nobles, with the inclusion of brute military force. Historically, mission and the Church were thus wedded, once Constantine had provided an opening, to coercion alongside efforts to convince – i.e., to an authoritarian rather than liberating-egalitarian worldview in which, however, all humans were the target of Catholic conversion efforts, because all were recognised as fully human. The ZM later worked in this tradition. The missionaries had and painted a very ambivalent picture of King Lobengula, as all his repressively-authoritarian features – obstacles to their work so long as he remained a heathen – would take on a rather different meaning if only he personally could be converted, transforming him from despot into stern but benevolent father of his people.3 In the earliest days of the ZM, this scenario in which the King would become the Jesuits’ instrument of mass conversion, is the one envisioned by Fr Weld (cf. 1880:61).4

3 In line with my remark on political correctness (cf. above, p2) I shall retain the term ‘heathen’ throughout my discussion, as a constant reminder of the ZM Jesuits’ own view of the AmaNdebele.

4 In mission history, this has often happened in rather more than less coercive ways; in the situation of factual powerlessness of the ZM Jesuits, it is described exclusively from a perspective of subjective benevolence. Brain (1975:90) gives a non-coercive case example of the top-down approach, from Basutoland, where in 1866 a niece of the ruler is baptised after a very brief catechumenate because “her elevated social position made her an example to others;” her soon-to-follow defection from the Faith is then of major concern to the local priest, for the very same reason. As for King Lobengula, cf. Fr Law’s journal of 3 October 1879 (in Gelfand 1968:117), and 13 November 1879 (ibid.:121), and his letters (Law to Notre Mère, 6 October 1879 & 26 January 1880, ibid.:136f & 193; Law to Weld, 1 June 1880, ibid.:251); likewise, de Wit to Weld (12 June 1880, ibid.:264f), Depelchin to Fr General (8 October 1879, ibid.:138ff), and the Superior’s diary, 22 September 1879 (in Spillmann 1882:182).
In characterising King Lobengula’s rule as repressive and nothing but that, as an explanation for the fruitlessness of all their attempts at conversions, the missionaries conveniently chose to ignore that at the same time, the target of their efforts was a people immensely proud of their King; Carnegie (1894:18) remembers having been asked,

[w]ho is like our great king? You may as well try to stop the onward march of that sun through the heavens as to try and contend against his power. The king, is he not god? has he not power to bring the clouds, and cause the rains to fill the rivers? Is he not our great rain-maker?\(^5\)

Be it because of pride in him, their nation and culture, be it because of fear of his wrath, in case anyone should dare to convert to Christianity, the first attempt at a ZM did not get off the ground, if conversions are taken as criterion. In Fr Kroot’s assessment, who entered the ZM territory some two and a half years after the first lot of missionaries had arrived, the lesson to be learnt was clear (letter to Weld, 21 August 1983, in Gelfand 1968:395): “The state of our Mission will not be promising as long we follow the plan, followed until this moment. In Matabele country no prospect at all as long Lo Bengula keeps alive.”\(^6\) This agrees with Lee’s views, who, having farmed in Matabeleland since 1866, had come to the conclusion – quoted approvingly by Fr Prestage in 1884 (in Rea 1963:308) – that

missioners will never be any good among the Matabele. They must be well beaten first by some superior force and then they may take to the white man’s teaching. But

\(^5\) This is not to gloss over the repressively-autocratic side of the King’s rule which comes across in a story Johnson (1972:49ff) ascribes to Sykes, the first LMS missionary at Inyati Mission: following a father’s refusal to marry off his daughter to the man whom the King has designated as husband-to-be (not knowing that she has been married to another man already), i.e., following an outright disregard of the “King’s word” (ibid.), Johnson says that according to Sykes, “[e]very living thing … [at that family’s homestead; RB] was killed and consumed in the flames of the burning kraal. An entire community ceased to exist, and it provided the best possible example to the nation that when the King spoke there was to be no ‘back-chat’. “ (ibid.)

\(^6\) By 1883, Fr Depelchin had also come round to this view; to the Prefect of Propaganda he writes (7 September, in Gelfand 1968:398), “[i]f we are to construct a lasting work we must base ourselves on a regular, civilised government,” which then he took to be that of the Transvaal.
even then it would only be from fear of a superior power in authority over them, but not from love of the white man’s teaching. 7

Subsequent to Rhodes’ conquest, the idea that the AmaNdebele “must be well beaten” – meant in a military sense, above – was taken up by the ZM Jesuits, quite literally, as and when the need supposedly arose in a missionary context. As Bhebe (1973:51) reports, speaking of the Shumba cult in the Empandeni area, Fr Biehler in 1911

surprised a village where people where congregated for the cult’s ceremonies, and with a 'substantial shambok [sic] of the donkey-cart' [a local kind of strong whip; RB] he lashed mercilessly the old women who were dancing. ... Fr O’Neil also once dispensed a group of worshippers by [sic] a dog.

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7 Cf. Zvobgo (1986a:44ff), Bhebe (1973:41 & passim), and Dachs’ study of a case of “missionary imperialism”: “To make Bechuanaland Christian,” he says (1972:652), quoting from an 1878 letter of John Mackenzie, “was ‘the work of conquerors’.” (ibid.:648) This, he avers, the missionaries understood in a very non-spiritual sense indeed: “limited religious success had evoked a belief that Tswana government and chiefly restraint must be replaced by British rule.” (ibid.:656) For Matabeleland, Chennells (1977:44) concurs: “[E]very missionary who worked among the Ndebele looked forward, implicitly or explicitly, to the day when the power of the Ndebele state would be broken by imperial intervention.” In his diary (29 May 1883, in Gelfand 1968:442f), Fr Prestage does not mince his words: “Until the Matabeles are put down by brute force I fear they will never improve.” And on 7 June 1885 he adds (ibid.:462): “I hope some steps may be taken to extend the British Protectorate to this country.” The occupation of Mashonaland by the BSAC he welcomes as creating a “great advantage we never enjoyed ... in Matabeleland; we are [now; RB] within the sphere of British influence ... Any settlement, then, that we make in Mashonaland will be under the protection of Great Britain” (ZMR III,46:635). Fittingly, when looking back in 1910 at Twelve Years’ Progress, the ZMR (IV,50:137) openly concedes that “it was not until the power of the savage and pagan rulers of the land was broken by Rhodesia’s gallant pioneers that Christianity could find an ingress.” (cf. ZMR VI,87:240) Thankfully, in view of so much unrestrained support of colonialism, Sr Josephine (in Tiernan 2008:45f), does not shy away from recording the dark side of BSAC rule when it became a reality in Matabeleland: “Mr Armstrong ... thinks that Lobengula’s cruelty to the natives was nothing to the inhumanity of the Charter Company. Once when he was Native Commissioner at Mangwe before the rebellion, six men were arrested and he received private orders to take them out after dark and shoot them as rations were short. On his refusal, he was downgraded and another individual, less particular, was put in his place.”
The ‘shambok’-incident is described in ugly detail in the ZMR: having identified the *shumba* ritual as “festivities in honour of the devil” (IV,52:229), the Jesuits feel justified to use physical violence, to threaten with police, jail, and even hanging, and to destroy “solemly .. all the huts and granaries of the bone-thrower” (ibid.:230, and again in VIII,117:204: “[d]own came the murderous whip again and again”); it all comes down to carrying “war into the midst of the country where Satan has dominion,” says the ZMR (VIII,123:374).\(^8\)

Of earlier days, Sr Bullen (in Tiernan 2008:112f) reports that “Fr Hartmann has a small black notebook of which the people are terrified for all they agree to goes down in it and then they can not draw back. At present he is making lists of probable marriages and woe betide the Christian who is thinking of a heathen partner.” And again: “Fr Hartmann is much feared by the natives. They think he knows all things and that when he puts the telescope to his eyes he sees into all far away corners” (ibid.:110; cf. Kieran 1969:354f). Not speaking of spiritual conversion, but of protecting mission property against thieving locals, Fr Weisskopf’s diary (4 November 1880, in Spillmann 1882:359; my transl.) says that “[i]n this country, one must have the patience of Job, but now and then also know how to use the whip.” Cf. ZMR II,25:426, on the use of the sjambok “where there is need for it,” to put the locals to work at Chishawasha.

So long as Lobengula had been King, however, cosying up to him had seemed the only possible route to go, and it was indeed taken by those who wished to gain a foothold in his kingdom, including the Jesuits; this occasioned remarks like the one reported by Fr Prestage (in Rea 1963:303), of the future Administrator of British Bechuanaland, Williams, that he was “disgusted with the state of Matabeleland and deprecate[d] the servility of the white man in regard to the king.” Nonetheless, in dreams about throne and altar closely collaborating in guiding the mass of the Africans towards Christianity, then not allowing them to go astray, the ultramontane missionary agenda clung to the same imagery as the Church did in Europe, where the hope still was to roll back the supposed social and political aberrations of the modern era, such that

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\(^8\) Balling, quoting CMM sources of 1915 and 1920, describes a similar approach taken at Triashill in Manicaland: “heathen rain-hut burnt down” (2002:100); “hut close to St Barbara destroyed … where old heathen sacrificed to their ancestors.” (ibid.:154)
the Church would [once again; RB] be the bulwark of sovereign authority and traditional local or social liberties, shielding the people from despotism and the princes from revolution. The Middle Ages were the idealised model for this theocratic dream. (Viaene 2001:49)

As late as 1927, a full decade into the multi-party Weimar Republic with its government chosen democratically by the people as sovereign, Becker, the founder of the Würzburg Medical Mission Institute, still remains solidly monarchist in his vocabulary: the obligation of missionaries to engage in the medical field he sees arising (1927a:5; my transl.) from a lack of determination and ability on the side of “governments in the majority of mission lands” to provide services for their “subjects” [Untertanen] – citizens have not as yet found their way into his vocabulary. On the other side of the Channel, matching metaphors were in use: on the occasion of the publication of a biography of Cardinal Vaughan, in 1910, the ZMR (IV,51,174) calls him a “prince of the Church who carried the royal purple in a worthy manner.”9 In the same spirit, Fr Sykes is welcomed back to the ZM in July 1911 (ZMR IV,53:243) as “father and friend of his subjects,” and is expected to once again “rule over the Mission he has always dearly loved.”

When it seemed likely that the balance of power north of the Limpopo was about to change, i.e., when Cecil Rhodes prepared for a settler column to make its way into Mashonaland, two Jesuits, Frs Prestage and Hartmann, served as chaplains to the invaders, and a group of Dominican nuns tended to the sick and wounded on their way north; the idea according to Gelfand (1973:113) was Fr Daignault's. Then and in the decades to follow, under BSAC as later under British colonial administration, the Jesuits distinguished themselves as loyal citizens of the Empire; e.g., on the occasion of Cecil Rhodes’ death, the ZMR (II,17:92) speaks of him as “the father of Rhodesia! Father of this country and a friend to each one of us;” and declares (III,31:4) that “[t]he Church is not, and

9 Cf. how Fr Prestage aligns himself (in Rea 1963:318), as regards the rejection of franchise rights in England, with Lord Salisbury, the man whose “whole political philosophy” may be summed up, according to his biographer, Roberts (2000:435), in his dictum, “Whatever happens will be for the worse, and therefore it is in our interest that as little should happen as possible;” likewise, Fr Prestage’s opposition to Home Rule for Ireland (cf. his diary, 13 July 1886, in Gelfand 1968:472).
has never been, indifferent to the sentiment of patriotism. Whatever divorce and antagonism there has been in modern times between Church and State has not originated with the former” (cf. VII,103:303). With approval the ZMR (III,35:166) quotes the motto from an address given at St George’s School in Bulawayo, by the High Commissioner for South Africa, according to which he exhorts the boys to live: “Fear God, honour the King.” The ZMR itself complies unreservedly: following the death of Edward VII, it carries a note (IV,49:88) which affirms that “the inhabitants [of Bulawayo; RB] have ever been distinguished by their loyalty to the British Crown,” exhorting the faithful “to remember in their prayers the soul of the departed King;” and in January 1915, it reports (V,67:155) on “a special service for Catholics in our church … to implore God’s blessing on the British arms.” (cf. V,67:182 & 68:192, and especially the editorial in VII,103:301ff, on Rhodesia being proclaimed a British Crown Colony)

With regard to King Lobengula, the Jesuits’ position had been much more ambiguous, vacillating between invoking everybody’s right to decide on religious matters according to their conscience, even against the will of their (here: heathen) overlord, and fantasies of happily using the very same overlord’s powers to nudge his subjects in the right direction, if only it were possible to make him embrace Catholicism. Like their missionary predecessors in the Roman Empire and in mediaeval Europe, the ZM Jesuits did not consistently stick to the ethics-of-conviction-promoting strand of Scripture. Rather, it depended on

10 Cf. ZMR (IV,54:285) on Catholics’ “absolute and unconditional loyalty to King George V.” Cf. Kaiser (2003:63) on the background of supposed untrustworthiness of Catholics in general, and of the Jesuits in particular, from the viewpoint of predominantly Protestant European nation states, where their unconditional allegiance to the pope was taken for granted – fears that had to be allayed if the ZM was to be successful in lands which, as it was hoped in 1889, would soon fall under British rule. In offering their services to the representatives of the Empire, the Jesuits in the ZM did not stand alone: as Schreiber reports (1893:114), “[d]uring the time of the Mutiny, one of the Jesuit Fathers .. offered the services of some thousand Indians, whose fidelity could thoroughly be relied upon, to the Government, to supress the insurrection,” thereby demonstrating the missionaries’ intention “to strengthen and uphold British rule in India;” cf. Law (1882/83, part iii:60).

11 Speaking on principle, the ZMR (VII,105:394) denounces the “spiritual tyranny … [of] Cuius regio eius religio,” in support of “what the modern mind would call the right of [religious; RB] self-determination” (ibid.) – but this is not to say that the Jesuits, in this no different from the Magisterium, are at ease with the post-Reformation state of Catholicism as just one of several Christianities to choose from: “How much Luther and
circumstance if and when they stood on the side of modern thinking (of what later would be termed a human right), and when they preferred to stick to pre-1789 persuasions as regards the obligation of lower strata of society to follow where they were led by their, in that pre-modern view, natural superiors.

In Chapter 4, the topic of authority and submission returns in another context, that of science and technology, and of the proper relationship between the Magisterium of the Church and those of the faithful who happen to be scientists. I follow those who hold that from the early Middle Ages, the Catholic Church cannot be found in opposition to natural scientific investigation and technology as such, but only to the probing, and in the Magisterium’s view corroding spirit of scientific inquiry which will not accept any authority unquestioningly, not even that of the Church in her prerogative to define the frame within which the sciences should be pursued. Right up to the 19th century, most scientists perceived their research work as an effort to understand the natural order as put in place by God Himself. Their findings they considered compatible with their own reading of Holy Scripture, though not necessarily with the Church’s. The Church however, on her part, could not come to terms with scientists taking the liberty to interpret Scripture as they themselves saw fit. In this light the case of Galileo versus the Catholic Church is presented as a controversy about “how to go to Heaven, and not [about] how the heavens go.” (Cerrato [S.a.])

Catholic reservations vis-à-vis medicine in particular are presented, as resulting from its many pagan, Muslim, and Jewish connotations ever since antiquity and throughout the Middle Ages;\(^{12}\) these are put in the context of competing role images of doctor and priest. In the absence of a clear concept of a natural world devoid of spiritual forces, influences, and meaning, the suspicion of magical practices extended to all who engaged in natural scientific research, but especially to those who, in addressing diseases and healing,

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\(^{12}\) As Leven says (1997:123; my transl.), still, “by the end of the 19th century, natural-scientific medicine based on experimental work with animals and humans was denounced [by some; RB] as the brainchild of ‘Jewish-materialistic’ reasoning.”
appeared as direct competitors of Jesus and, by extension, of Catholic priests and the Church, given that “sickness of the body may sometimes be the result of sin.” (4th Lateran Council 1215:§22; cf. p191, above) Concurrent with the Church’s general appreciation and active promotion of science and technology, there was thus reticence and uneasiness as regards medicine in particular; this was compatible, however, with resorting to its practitioners (even Jewish and Muslim ones) in case of personal need and if their services could be afforded.

Moving closer, in Chapters 5, 6, and 7, to the era of the early ZM, and to the perception of medicine in the 19th century, by Christian missionaries in general and by the ZM Jesuits in particular, the first point made is that medicine at that time was not what it is today: powerfully in control of a wide range of diseases. Surgery (later in the century) and dentistry apart, the belief of medical missionaries in the power of their worldly craft was mainly the result of an unwarranted extrapolation to therapeutic medicine, from the power the NAW wielded in other areas of life (guns and cannons, steam engines, the telegraph, gas street lighting, electricity, industrial mass production13), and also from the heretofore unimaginable scope of its natural scientific knowledge. Truly hubristic in this respect, the power to exert control over part of the natural world – a larger part, admittedly, than that controlled in or by any other culture or society, at any time before – served to make claims that went well beyond what was factually justifiable, in medicine.

Contrary to widely held preconceptions (e.g., by Grundmann; cf. pp289f, above), the relation between modern medicine as scientifically informed therapy on the one hand, and medical mission as practised throughout the 19th century, was anything but straightforward. In particular, the development of the former did not constitute the primary foundation and necessary precondition for the emergence of the latter. Indeed, as Pickstone has said (1982:185) of mid-Victorian Britain, there was a “common acceptance … that natural

13 Cf. the publisher’s introduction to Varian (1973) which lists the engineering feats of the Victorian age, from “submarine cable services [to] … the cutting of the 101 mile-long Suez canal, opened in 1869 … [to] the building of railways throughout the world.” The South African Prime Minister, Smuts, is quoted, who does not shy away from calling his age one of “engineering triumphs.” (ibid.: introduction without pagination); for an equally enthusiastic assessment by a ZM Superior, cf. ZMR II,15:16ff; III,33:100ff & 35:189ff.
science was the key to progress,” and NAW medicine just tried to be (and was seen as) a part of this; efforts were made, as Pickstone points out (ibid.:184; my italics), to

substantially increase the role of natural sciences, especially physiology, in the training of doctors. This input of science was advocated because of the methods and habits to which students would be introduced, not because of any direct clinical benefit.\footnote{14}{The “institutionalisation of naturalism pushed both supernaturalism and empiricism to the periphery of knowledge; religion and the skills of ‘mere empirics’ were to that extent devalued.” (ibid:185) This development took time: appropriately, Comaroff & Comaroff (1997:325; my italics) speak of an entire century, from 1820 to 1920, for the “epochal shifts in the nature of knowledge, authority, and sovereignty” to take effect which would make modern “medicine into the archetypal profession, and enable it … to replace the church as the guardian of ‘health,’ public and private.”}

This is to say that those who first opted to utilise NAW medicine in the mission field, did so as a matter of principle, not on pragmatic-therapeutic grounds of proven effectiveness. But, however much this juxtaposition and a preference for empirically validated therapies seem self-evident today, such distinctions were less easy to make then, as is detailed in Chapter 5 for Quinine (cf. above, pp226f), a drug of exceptional efficacy which was available but still was not used as it should have been, for a long time.\footnote{15}{How could it, when Fr Depelchin’s level of knowledge was determined by “[m]en who have lived here a long time [and who; RB] declare without hesitation that all illnesses arise from a disorder of the gall bladder” (Depelchin’s diary, 11 July to 11 August 1881, in Roberts 2009:215). “[A]s soon as the gall bladder has been evacuated,” he continues, “the fever stops.” Fr Berghegge is of the same opinion (cf. 1958:7), and Fr Weisskopf reports that Berghegge's attack of fever is treated along exactly these lines, with an emetic (cf. his diary, 1 January 1882, in Roberts 2009:272); Fr Terörde as well, on 31 May 1880 (in Spillmann 1882:258; my transl.), mentions a purgative, podophyllin, as a fever prophylactic (“each month some podophyllin-tablets”).}

As for those who deliberately did not engage in mission medicine, their decision would have been well justified, had it been based on an assessment like Holmes’ or Osler’s, of the profession’s rather close-to-complete therapeutic impotence (cf. above, pp229f & 244f), right up to the end of the 19\textsuperscript{th} century and even beyond, and had they decided therefore not to waste scarce resources on the NAW medicine of their day – but this was not their way of
reasoning, befitting their generally imperfect grasp of medical matters.\textsuperscript{16} Their rejection of NAW medicine (as much as others’ inclination towards it) appears to have been sparked, less by medicine itself, than by the emergence of a new belief – new, anyway, as a mass phenomenon: that humanity could take its fate into its own hands. In this belief, inner-worldly in its orientation and considered hubristic, they did not want to have any part. In adopting this perspective, and in not considering it hubristic, Protestants outpaced Catholics by something like a century – the time-span that separates Dr Scudder from Pius XI. Those, however, who took the lead and engaged in medical mission early on, thereby seeing themselves march on the side of progress, remained in fact firmly stuck, for decades to come, in the pre-modern medical world of miasmata and humoral pathology, as the enduring popularity of ‘a change of air’ and the practice of blood-letting show. Their shift of allegiance, it appears in retrospect, was less towards therapeutic biomedicine as we know it today than towards the emerging new worldview.\textsuperscript{17} \textit{This step the ZM Jesuits did not take.} Medically, they remained practising miasmatists, as is evidenced by all those trips to the coast because of the change of air it involved, but this was not the fundamental reason why they stayed aloof from a modern medical mission.

As for malaria, in particular, where the adoption of available \textit{empirical} knowledge (later also scientific insight) would have made the most dramatic difference, it took almost all of them, medical enthusiasts as well as their detractors, a long time to come round to the systematic and resolute use of quinine, even after the identification of plasmodia as the pathogenic agent and mosquitoes as the vector. As the deaths around Pandamatenga (Gelfand 1976:13f) and in Msila’s kingdom show, quinine could have been a true life-saver, but was insufficiently appreciated as such, even within the medical profession. (cf. pp252fn84 & 304fn53) The Jesuits, moreover, as just said, were still far too much guided by an understanding of their predicament as put forward by Thomas Southwood Smith in his 1830 \textit{Treatise on fever}, who sees no real difference between disease-breeding settings at

\textsuperscript{16} Cf. above, pp268fn108 & 277 for the Basel pietists’ somewhat different position.

\textsuperscript{17} With so little material evidence for NAW medicine’s superiority over other medical systems, by that time, it was by sheer luck that their decision, basically \textit{for the NAW worldview}, was borne out by later developments in its \textit{medicine} – developments abounding with paradigm shifts that were completely unforeseeable at the time of their decision-making.
home and abroad, and does not appreciate the existence of specific disease entities calling for equally specific interventions, either:

The room of a fever-patient, in a small and heated apartment in London, with no perfusion of fresh air, is perfectly analogous to a stagnant pool in Ethiopia, full of the bodies of dead locusts. The poison generated in both cases is the same; the difference is merely in the degree of its potency. Nature, with her burning sun, her stilled and pent-up wind, her stagnant and teeming marsh, manufactures plague on a large and fearful scale: poverty in her hut, covered with her rags, surrounded with her filth, ... imitates nature but too successfully.¹⁸

But even with regard to malaria, it would mean to over-simplify matters to just criticise the ZM Jesuits for their slowness in accommodating the changes in perspective brought about by the likes of Pasteur and Koch, Laveran and Ross; medically speaking, the situation was much more confusing then, especially for the Jesuits as medical laymen, than is apparent today.¹⁹ As Gelfand says (cf. 1976:11), individuals, Livingstone among them, had used quinine well before 1899; however, Varian, an engineer, looking back at his early days in subSaharan Africa, states very clearly (1973:38) that in the late 1890s “[t]he value of quinine was not yet known” to the general public.²⁰

Still, with all inner-medical issues left aside, thus disregarding the conceptual underpinnings of different schools – humoral, miasmatic or micro-organismic – as well as

¹⁸ Quoted in Greenwood (1953:504f).
¹⁹ In 1898 in Manicaland, Blennerhassett & Sleeman, qualified nurses(!), still mention fever in the context of the “pestilential exhalations” of stagnant water and “tall, rank grass” (1969:99), and as “invariably rag[ing] wherever the virgin soil of a tropical country is dug up on a large scale” (ibid.:311); the solution to the problem they see in “good food and sufficient clothing; … water-tight houses” instead of huts, and the disappearance of said rank grass: then, they believe, “very little will be heard of malarial fever.” (ibid.:161)
²⁰ Other than quinine, Gelfand mentions (1976:11f) as then potentially beneficial parts of NAW medicine, “the teachings of Florence Nightingale [and] … the saving of life by surgical procedures thanks to the discovery of anaesthesia in 1846 and the introduction of antisepsis by Lord Lister in 1865.” The fact that surgery beyond emergency interventions depends on a developed hospital set-up, though, further underlines the comparative therapeutic irrelevance of European medicine in the early days of the ZM.
the narrow scope of NAW medicine’s practical-therapeutic relevance in the 19\textsuperscript{th} century: starting with Scudder, Parker, and initially no more than a handful others, the medical missionaries of the modern era went into the heathen world with the Good News and the medicine of their day as their baggage, supremely confident of their combined offer of eternal salvation and deliverance from all sorts of diseases – truly steeped in “imperial self-confidence” (cf. above, p288). By the time the ZM Jesuits reached their mission field, this confidence, if anything, had only grown stronger; access to professional medical care in the NAW had become less of a privilege of the upper classes, i.e., the ordinary man and woman were developing, slowly but surely, a sense of entitlement to a society-defined minimum standard of health care; and a dramatic increase in scientific-medical insight, in combination with the early feats of invasive surgery facilitated by anaesthesia and asepsis, had convinced wider missionary circles that medicine could become a powerful weapon in their hands. All these developments, taken together, had prepared the ground for ever more missionary societies to show a keener interest or even feeling somewhat compelled to engage in modern medical mission. Others, though, continued to hold that medicine had to be treated cautiously \textit{for exactly these reasons}: once admitted to the mission context, its successes would generate a dynamics of their own, bolster rather than counter the heathen’s orientation towards worldly goals, and divert funds and effort away from the spiritual work that mattered most.\textsuperscript{21} As Vaughan (1991:71; my italics) emphasises, healing thus remained

an area of ambivalence and contestation well into the twentieth century … The very effectiveness of some areas of practice of biomedicine was … sometimes a source of great discomfort to medical missionaries, for whom the healing of the body was seen as [nothing but; RB] \textit{a preliminary to the healing of the soul}.

There is no doubt that the ZM Jesuits subscribed to this last statement; indeed, the ultimate goal had to remain unchanged: salvation of souls. If medicine was to be used at all, then as a means, only, of pulling the heathen away from their old spiritual allegiances and towards new ones. When a ZM schoolboy dies from pneumonia, medicine is actually not mentioned at all; what the ZMR has to say (I,6:185), is this:

\textsuperscript{21} Cf. Foster (1970:55) quoting Archdeacon Walker in Mengo (see above, p212fn114).
[T]he child passed peacefully away … after receiving his Lord for the first and last time … [O]ne could not help feeling that the child was truly fortunate in being called away thus early, before the fairness of his innocence could be sullied by contact with evil.22

Baptism, or, in this case, Confession and Holy Communion in articulo mortis are so fortunate a way to die, that a medical cure – had it been possible – can indeed appear, not as the happily welcomed restoration of health, but as a jeopardy to this state of grace, by creating the opportunity to fall back into sin in a now on-going life. This is why in those who do not die, the watchfulness of priests and catechists is imperative, such “that the devil of paganism that has been driven out of them by baptism, does not return with seven others worse than himself” (ZMR VIII,115:134). Viewed from this perspective, “[w]e cannot help feeling that it is good for the little ones to be taken away in their innocence” (ZMR I,11:360) – for older ones, in a state of grace – even though “the grief of the bereaved parents is sometimes painful to witness.” (ibid.)

Living and working in this predicament, the Dominican Sisters are said to “have decided to give up hospital work … [for the; RB] sole, but all-sufficient reason … that this work has become too heavy a burden” (ZMR II,15:11). Here, one cannot help but rub one’s eyes in disbelief, as this comes from a group of missionaries whose declared highest and most cherished aim was to sacrifice their entire lives, with a track record of living up to the aspiration.23 The key to the puzzle follows in the next sentence: the Sisters’ resignation from nursing care is due to their “inability to meet the evergrowing requirements of the

22 The father of a terminally ill one-year-old child is quoted in the ZMR (VI, 89:317): “May God take her; she is innocent and pure now. If she lived she might grow up to be wicked, and that would break my heart;” cf. ZMR I,3:79; I,7:219; I,11:382 (“A Happy Death”); II,26:454; IV,51:169, on a “lad of vicious disposition, who … would probably have grown into a very bad man. Fortunately for him, he fell a victim to dysentery, and received the grace of Baptism on his death-bed after manifesting true sorrow for his past misconduct;” IV,59:506f (“A beautiful death”); VIII,115:150.

23 It would have been too candid, as it seems, to simply state as the reason for quitting, that the nursing work had served its purpose of endearing the Catholic mission to an (at least nominally) Anglican colonial administration (cf. p414fn125, above).
Hospital" (ibid.; my italics);24 these requirements, one may add, increasingly went beyond “comforting the afflicted, and .. smoothing the pillow of the dying,” as their earlier work is praised in the *Rhodesian Times* of 16 September 1901 (quoted in ZMR II,16:50; cf. II,27:515; IV,58:443; VI,93:437f). The ZMR does not explicitly name this development as the reason which speaks against the engagement of religious in professional medicine, as Archdeacon Walker had done; it is just stated as a fact that a hospital is “handed over to a staff of lay nurses brought from England to take charge of this institution” (II,16:50), creating the opportunity for the Sisters, as the *Rhodesia Herald* of 23 December 1901 puts it (quoted ibid.:51), of once again “devoting themselves entirely to education.”25 The time had not as yet arrived for an alternative option to be conceivable: to take on said lay nurses as staff under Dominican superintendence, as was considered good and feasible more than half a century later when the FMDM Sisters took over running the Wankie Colliery Mine Hospital, the aim being to collaborate with secular doctors, without ifs and buts, in curing whatever was curable, and in training local nurses.26

Both priests and nuns continued to attend to the illnesses of the converted as of the unconverted but, when Fr Sykes highlights “how far womanly virtues, informed by Catholic

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24 Elsewhere, the ZMR (VII,96:17) says that the Sisters, “as Religious, would not .. [have been; RB] able to comply with some of the new regulations” after the formation of a Hospital Board in Bulawayo, “the enlargement of the building and the introduction of a much larger staff of nurses” (ibid.); it is not specified in any way, which these unaccomplishable regulations had been.

25 Not quite so entirely: in 1914, the Sisters took over the running of an orphanage in Salisbury, thus “helping the least and most helpless of Christ's little ones.” (ZMR V,65:92) The context in terms of images is that of “the Great Master … [who] healed the sick and … gave sight to the blind” (ibid.) – and as the power to do so by miracle was not any more at their disposal, what remained were “pity and sympathy and consecration to the work of alleviating human suffering … to render the lot of the afflicted, the weak, the helpless and the abandoned more tolerable, and to lift off something of the heavy load of human misery.” (ibid.) To do this had also been (and would have continued to be) possible in nursing, but there was less contamination to be afraid of in orphan care, it seems, by the spirit of modern medicine: hubristic and despiritualising at the same time.

26 That hospital opened in 1955, and had an FMDM staff of 12 overseas-trained Sisters (nurse-midwives, physiotherapists, radiographers, pharmacy technicians; an FMDM doctor was part of the team for a year or two right at the beginning, and again in the mid-1980s). Formal nurse training started in 1956 as a three-year-course. Post-graduation, all nurses were bonded to work in the hospital for one year. The midwifery school opened in 1960 and ran a one year course concurrently with the three year course for general nurses (information provided by FMDM Regional Archive in Bulawayo, 28 September 2017; cf. Gelfand 1988:272f).
faith and Divine grace can radiate in their beneficent effects" (ZMR IV,54:310), he also very specifically delimits (ibid.:312; my italics) the scope of the nuns’ work: “They can cure, or prescribe remedies for, the little bodily ailments of their black charges.” The alleviation of minor sufferings is thus extolled, when not so long before hospital work, supposedly addressing bigger health problems, had been abandoned – an intriguing constellation, to say the least. The riddle’s solution may be found in the logic which underlies the Jesuits’ critique of government plans at the industrial training of Africans, a project they had pursued themselves since many years, though always embedded in moral and religious teaching:

of the new plan of an industrial training in isolation, they fear that “it may succeed only too well in turning out a new class of natives more covetous of the good things of [the] earth, better equipped with the means of getting them, and more determined in enjoying them without restraint” (ZMR VII,105:393). By contrast, they insist (VII,103:325),

we are .. told that man shall not live by bread alone. We cannot do without food, drink, raiment, but we are bidden not to seek after these things as the Gentiles seek after them, and in our unbridled eagerness to find them, to forget or turn our backs upon God’s Kingdom.

However, just as education could lead its charges astray, by furthering the “hedonism or pursuit of pleasure as the be-all and the end-all of existence” which Fr Sykes had lambasted earlier (cf. p482, above), so could medicine tempt people towards over-estimating physical health and well-being, the more these became technically achievable. For the ZM Jesuits, at the time in question, a genuinely Christian education was conceivable, one that would foster “willing recognition of and submission to the moral law” (ibid.:325), but was there a modern medicine whose spirit would be compatible with, rather than subvert Christianity? (cf. above, pp362ff)

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27 An example of what they wished to see as the outcome of their own kind of education, in which all secular training and achievement had a place allocated to it, honourable but delimited, within a Catholic spiritual frame, is given in a story about Two Educated Natives (ZMR VII,106:425ff). They are portrayed as belonging to “a new generation of men …, not merely sharper in brain and steadier of hand, but free from .. moral and spiritual rickets, disciplined in the externals of conduct and even more in soul and character.” (ibid.:425)
The image of medicine as all-powerful, as it seems so obvious in the diphtheria mortality-graph above (cf. p263), is what individual sufferers throughout the ages had always hoped to be a reality. At the same time, however, the threat to religion implicit in exactly this idea of all-powerfulness had always been noticed – and all the more so now that it increasingly became a reality. With the advent of secular modernity, science and technology truly conferred an ever-growing capacity to impose human will on matter, even if therapeutic medicine trailed behind other natural-science-based professions in this respect.

The *image* of control, though, was there with regard to medicine as well, and exerted a powerful influence on people’s minds, as is evident from the derision to which it was also exposed from early on: in a drawing published in the *Ulk* issue of 18 November 1890, for example, which presents scientific medicine as usurping a role that so far it had been the privilege of religion to occupy. The caricature (see next page) shows Robert Koch on horseback, a secular St George, and the caption satirises the imagined equation. Koch had by then just released his Tuberculin, for a while thought to be the miracle cure of tuberculosis. He wields a microscope tube for a lance, sits on a saddle labelled research, and the dragon he does battle with is Hydra Tubercul. Bacill. As Leven points out (1997:122; my transl.), “the target of the researcher is tuberculosis or its pathogenic agent, not the individual patient suffering from it, who does not appear in the picture” – an omission which seems significant enough in our context.

Some fifty years later, in 1943, Sigerist (1962:178) still hasn’t abandoned the grandiose idea of definitively eradicating disease; juxtaposing science and religion as mutually exclusive opposites, he pronounces in all seriousness as achievable what *Ulk* derides:

[W]e may face the future with confidence because we fill the gaps of our knowledge not with religious dreams or philosophical speculations but with scientific facts [or so

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28 *Ulk*: a 1872 to 1933 German satirical periodical.

29 The missionaries, after all, intended to save the souls of individual people. Merely as an aside, with a view to the applicability of the Koch approach in the mission field, it should be mentioned that in an African setting, as Saayman & Kriel have said (1992:45), healing is “not [about; RB] the physical illness (which is but a symptom) that has to be healed, but [about] the broken relationships among people.”
he claims; RB] … Young as medical science is, it permits us to be very optimistic as to the future. And the ultimate goal of medicine, the eradication of disease, distant as it may be, is no longer Utopian.
By contrast, the practice of health care as an act of charity, as practised by Catholic orders throughout the ages, is depicted in a photograph like the one below from around 1900, of a patient and his red cross nurse (whose place could well be taken – in fact for centuries *had* been taken – by a nun), wordlessly highlighting the caring and compassionate side of medical work. As Iliffe (1987:109; my italics) says of the French Sisters of Charity, their

“In a Field Hospital on the Tugela River.’, halftone photograph dating from the Second Boer War, c. 1900” (from Porter 2001:271)
vocation lay in the “care for the poor of France,” and of the Sisters of St Joseph of Cluny (ibid.), that “they brought to Africa a tradition of female [nota bene: not medical; RB] care which had been designed for the traditional poor of Europe, especially the incapacitated.”

Both sides of NAW medicine, compassionate care on the one, factually or merely supposedly powerful means of cure on the other, played their role in making it attractive, though not in equal measure to all missionaries: for themselves in case of need, and as a means of attracting the heathen towards their mission stations. In the ZM context, Fr Croonenberghs offered what he believed to be the curing side of medicine to King Lobengula and his family right from the start; the caring side, more readily suited to be dispensed by non-medical personnel, is represented by Mother Patrick and her band of Dominican nuns who tended to the advancing settler column. None of these Sisters was professionally qualified, but this did not prevent the first settlers from heaping praise upon them. Still, with the Jesuits’ aim achieved, of ingratiating themselves with the settlers and Cecil Rhodes in person, the project was not pursued, much less its scope expanded to include the local population as well; rather, the nuns reverted to their task as initially conceived, of teaching. Thus, neither the Jesuits nor the Dominican nuns, at that time, saw the provision of systematic health care to others as a role of theirs, nor did they at least attempt to secure such care by professionals, for themselves.

Varian (1973:25) describes how the Sisters “nursed the sick and suffering when there was no hospital, and only the bare ground of the huts to lie on;” cf. ZMR VI,91:377 on the Sisters’ daily medical routine. The publisher of Blennerhassett & Sleeman (1969), referring to Searle (Searle, C. 1965. History of Nursing in South Africa, 1652-1960. Capetown: Struik), emphasises that “unlike Sisters Blennerhassett, Sleeman and Welby who were trained and qualified nurses, Mother Patrick’s Dominican Sisters were not.” (ibid.: introduction without pagination; cf. Gelfand 1988:30 & 34, who mentions that Mothers Patrick and Jacoba took nursing degrees only in 1898, in Ireland) The services offered by the former, however, did not depend on a lot of medical training; Nightingale’s slim 1860 Notes on Nursing as bedtime reading would have been quite enough to be able to emulate their example, essentially, of providing clean blankets and food, “white napkins and little bunches of flowers.” (Blennerhassett & Sleeman 1969:219) In one place, describing their daily routine (ibid.:223ff), medicines (not specifying which) get mentioned just in one line, while breakfast alone, with “porridge, coffee, or tea, toast, eggs or rissoles,” etc., etc., is given seven. This is not to belittle the nurses’ beneficial work, but to identify it as not NAW-medical in a narrow sense: “In two or three days regular food and attention began to tell on our patients, who improved very rapidly,” they proudly report (ibid.:97), while not denying the loss of some 10% of them due to ‘fever’. (ibid.:285)
That modern medicine had found its incarnation in Koch the bacteriologist, in the above caricature portrayed as having soaked up within himself the image of St George, relegating the caring sister to an ancillary role at best, may ease our understanding of the reservations harboured by Catholic missionaries. Even those who went beyond the level of tender loving care in their own engagement with medicine, needed time to accommodate that side of NAW medicine which is so obviously intimately wedded to secular modernity, its outlook on life and way of being in the world: proactive, even aggressive, almost more interested in pathogenic microorganisms than in the people suffering from them; permeated by a can-do mentality, and relying on human means towards human ends in a world in which the Creator and His providence have been relegated to a lofty spiritual realm far from the realities of everyday life.

But as mentioned above: Koch is not merely depicted as a warrior, with all the attendant aggressiveness; he is presented as the St George of that new era, modernity. Is this, by way of a visual metaphor which portrays one of NAW medicine’s eminent protagonists, the bold claim that in our age, medicine has taken the place of religion? This is what Foucault posits: according to him, the modern NAW does not just assume one of its shapes in scientific medicine – also, as it were; he singles out medicine (2003:197f; my italics) as the very epitome of modernity, with this medicine’s ever-growing understanding of life, paradoxically, resting on the dissection of the dead body in pathological anatomy, thus with death as its terminus a quo of understanding:

For classical thought, finitude had no other content than the negation of the infinite, while the thought that was formed at the end of the eighteenth century gave it the powers of the positive … It was this reversal that served as the philosophical condition for the organization of a positive medicine; inversely, this positive medicine marked, at the empirical level, the beginning of that fundamental relation that binds modern man to his original finitude. Hence the fundamental place of medicine in the over-all architecture of the human sciences: it is closer than any of them to the anthropological structure that sustains them all. Hence, too, its prestige in the

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31 Cf. Foucault (2003:17); cf. also p399, above, on CMM reticence to enjoy the services of a resident medical professional.
concrete forms of existence: *health replaces salvation*, said Guardia. This is because medicine offers modern man the obstinate, yet reassuring face of his finitude; in it, death is endlessly repeated, but it is also exorcized; and although it ceaselessly reminds man of the limit that he bears within him, it also speaks to him of that technical world that is the armed, positive, full form of his finitude.

Foucault concludes (ibid.:198) that “[t]he importance of Bichat, Jackson, and Freud in European culture does not prove that they were philosophers as well as doctors, but that, in this culture, medical thought is fully engaged in the philosophical status of man.” In saying so, he takes up a thought developed by one of his teachers, Canguilhem (1991:103), namely, that the distinguishing mark of

nineteenth-century medicine … in relation to the medicine of earlier centuries is its resolutely monist character. Eighteenth-century medicine, despite the efforts of the iatromechanists and iatrochemists, and under the influence of the animists and vitalists, remained a dualist medicine, a medical Manichaeanism. Health and Disease fought over man the way Good and Evil fought over the World.

So long as this dualism remained alive, the medical man might vie with the priest for predominance – who would be called to the sickbed first, in case of existential need? – but the axe had not as yet been applied to the very root of the Christian worldview, indeed the worldview of all Abrahamic religions in which a distinction between the immanent and the transcendent is upheld, starting from the unquestioned premise of the existence of a world beyond, with an impact on the here and now. Canguilhem (1991:104) quotes Guardia32 who posits that in the case of van Helmont and Stahl, both of them eminent pre-19th-century medical men, it is still difficult

   to separate their scientific from their religious beliefs ...; it is certain that Van Helmont identified health with salvation and sickness with sin; and in his account of *Theoria medica vera* Stahl himself, despite his intellectual vigor, availed himself more than he needed to of the belief in original sin and the fall of man.

In the light of the development towards *resolute monism* it is less surprising than it might seem at first glance, that Catholics would reject, specifically, the spirit of *medical* science while embracing more easily the spirit, if one may call it that, of engineering or architecture. Havet, e.g. (1929:111; my transl.), can quote from the opening address of Pius XI at the Vatican Universal Missionary Exhibition:

> To be able to collect all the fruit of work and sacrifice, it is necessary to have the help of science which will shed light on and suggest the most suitable means. That is what we see in industry, in commerce, and right into the most material manifestations of practical life.

But, as Foucault highlights, in medicine, other than in, say, engineering, the subject becomes its own object of research, whose material results therefore cannot be separated as easily as in the other disciplines from the subject who has achieved them; therefore, burning questions arise from the factual results of medical-scientific inquiry, as to their meaning for human self-understanding. Who should be entitled to answer them? Leven (1997:139; my transl.), in any case, simply records as a historical fact that

> with the rise of medicine as a natural science in the second half of the 19th century, its power of interpretation [Deutungsmacht] has grown stronger and stronger. Not only the problems of infectious diseases, but all questions of health and disease since then pass for 'medical' questions.33

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33 Accommodating this development, the Zimbabwe Catholic Bishops’ Conference acknowledges the role of psychosomatic medicine, in its pastoral study paper, *Healing and salvation in the Church* (1989:17), and cautiously advocates against too much spirituality: “The Church has the power to exorcise evil spirits … [but; RB] has learnt through historical experience that the imprudent use of exorcism may be counterproductive and do more harm than good.” Gone are the days of decisions by “Lateran and other councils warning against recourse to ordinary medicine in place of spiritual remedies (Taylor 2007:39), although there is protest from some quarters, e.g., when the question is raised, “Psychology in, confession out?” (Zwaiwa 2009:9) Those however who do not want to give up on psychological science and biomedicine, but not on evil spirits either, have a question to answer – like Almquist, MD and pastor, Executive Secretary of the Department of World Missions of the Evangelical Covenant Church of America, who wants to see sound NAW medicine practised as well as “the laying on of hands and anointing, even exorcism, *where indicated*” (1968:227; my italics): who will decide, then, and according to which criteria, what *is* indicated?
Now, if indeed *all* questions of health and disease should have become medical, Leven may be understood as claiming, here, that henceforth this also includes the existential questions of life and death – that therefore the time had arrived when yesteryear’s spiritual authorities could be openly challenged, as to who rightfully should have a say when it came to these. To see their erstwhile edge in this field contested made pensive Catholics – I am inclined to say, necessarily – apprehensive about too much involvement with modern medicine, so they kept their distance, and the ZM Jesuits particularly so.

Throughout Chapters 5 to 7, received wisdom is challenged as regards the applicability to the *practice* of medicine, of the truly marvellous advance of the natural sciences in the 19th century, thus also the simplistic notion of obstinately wilful Catholic backwardness which refused to embrace medical progress while other denominations marched alongside it. But if the therapeutic miracles of modern medicine came far too late to ‘explain’ the beginnings of a modern medical mission in the way Grundmann and others try, how else to account for the latter’s inexorable ascendance between 1800 and the Great War? Once obfuscating presentations of the role of medicine as the *primum movens* in this process are cleared away, it becomes possible to take into focus the fundamental theologico-philosophical question that came to the fore ever more urgently during this time span, with as massive a bearing on theology as on medicine, but non-medical in itself: what was to have priority, salvation over health, or health over salvation? – which is the same as asking, who was to have priority over whom, the priest over the doctor or vice versa? This much one can say: once it has become a socio-cultural *fact* that *health replaces salvation*, a fundamental reshuffling of the cards has taken place. Thus, if one is to follow Guardia’s, Canguilhem’s and Foucault’s line of reasoning, and considering that Guardia’s original statement dates back to 1884, the ZM Jesuits were fighting a rear-guard battle right from the beginning of their mission enterprise – but fight they did, refusing to accept what Guardia took for a *fait accompli*.

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34 This is not to deny occasional Catholic awkwardness bordering on the absurd; cf. the odd permission to perform a Caesarean section “on a woman certainly dead, in order to baptize the offspring” (Brunini 1937:14) – supposedly because cutting open a dead woman does not amount to performing surgery?
For believers throughout the history of Christianity, medicine had held a promise, that of the restoration of health, maybe even that of temporarily averting death, a promise which in its most radically negative assessment had always been suspect of luring them away from what really counted: eternal salvation; thus St Bernhard’s, “[t]o consult physicians and take medicines befits not religion and is contrary to purity.” (cf. p4fn10, above) Now, for the first time in Christian history, this lure had to be seen in a novel context: no longer as related to the heathen, Jewish, or Muslim affiliation of many medical practitioners as during antiquity and the Middle Ages (believers all of them after all, if in the wrong gods); nor to suspicions of magical practices; nor to the unbelief which individual doctors had professed throughout the ages; but, as Taylor emphasises, as related to a pervasive sociological trend with an ever growing following, resulting in his above-quoted

one-line description of the difference between earlier times and the secular age: a secular age is one in which the eclipse of all goals beyond human flourishing becomes conceivable; or better, [where; RB] it falls within the range of an imaginable life for masses of people. (2007:19f)

Ohm (1935:62; my transl.) clearly spells out the implications this eventually had for medical mission work:

[E]specially since the Conference at the Mount of Olives … there are views which … separate the medical mission almost completely from evangelism. In circles which hold such views, the medical mission still retains the old name, but … is neither mission nor a means of mission. Here, the entire emphasis lies on ‘medical.’

Befitting this assessment, Hocking says of missionary physicians (Commission of Appraisal 1932:206) that “most of them are more interested in a broad social gospel than in church doctrines.” This he states against the background of, probably unknowingly, almost paraphrasing Guardia, though putting him in the conditional: “[i]t is as if ‘salvation’ had begun to take on a new meaning: men are to be saved, not for the next world alone, and not out of human life, but within human life.” (ibid.:61f; my italics) Thus, in the end, the humanitarianism of post-1789 modernity, as the secular off-spring of Christianity, has
become the ‘religion’ of our time which church-aligned Christianity, called "technically Christian" in Hemingway’s apt turn of phrase (1946:180), has ceased to be. As a result, as Hardiman puts it (2006:20), it became possible for genuine believers to feel “that missionaries should seek to exemplify a Christian way of life in their own persons through their compassion and good work. Medical work for its own sake provided an exemplary means towards this end.” It almost sounds as if earlier, non-medical missionaries had not done exactly this: exemplifying “a Christian way of life in their own persons through their compassion and good work.” They had done so by risking their lives on earth, to save the heathen and thus themselves, for all eternity. Only because salvation had taken on a new meaning, as Guardia had sensed early on, could it now appear like a matter of course that medical work was the exemplary means, when earlier, the preaching of the Glad Tidings itself had been.

What might in retrospect look like a fairly smooth transition from one paradigm to another, however, was anything but that; even in Protestant circles, Hocking says (Commission of Appraisal 1932:62), “the idea that the missionary’s task not only begins with the proclamation of the message, but also ends there, .. remained solidly entrenched in the minds of many missionaries.” Archdeacon Walker, to return to his individual example, (cf. above pp314ff), did not stand alone with his reservations: the ZM Jesuits fought valiantly in the same battle, not to be overcome as easily. While absent from the ZM, but still contributing to the ZMR, Fr Sykes makes it abundantly clear (IV,62:596) that “our devotion to the Holy Ghost must not stop at meditation and prayer, however good this may be.” No, he says, “we must proceed to act.” (ibid.) The modern mind imagines here (as I did myself on first reading this), that deeds will now be named which put devotion into practice – with medical care offered to my suffering neighbour as a preeminent contender. But, far from it, Fr Sykes continues (ibid.) that

   the deed that is required is the expulsion of sin from our souls, and the admission in its place of the Holy Spirit, … [the expulsion of; RB] that spirit of the world, which is

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35 Bosch’s “Christianity .. defined solely in terms of sacred activities at appointed times” (1980:209).

36 In the same vein, Vaughan (1991:72) says that “the domestic, British appeal of medical missionary work was found increasingly in its ‘benevolent’ rather than its evangelical role.”
so rampant and so widespread at the present day. In this spirit I include not only hedonism, mammon, or materialism, but the excessive craze for and indulgence in sport, recreation, amusement.

From this hedonism, and a “universal consecration to mere natural love of enjoyment” (ibid.), the Father moves on with ease to a condemnation of “the cult of the body in place of the worship of God, emptying churches and paganizing the world” (ibid.) – a cult of which modern medicine is both one expression and a promoting force, thus justifying all conceivable caution in engaging with it. This consequence, however, is not made explicit, though it is implied in the distance the ZM Jesuits’ keep from the idea of getting involved in professionally practised medicine, at their mission stations.

As has been elaborated in Chapters 2 and 8, with NAW modernity came a new understanding of humankind and its place in the world, to supersede that which had dominated for many centuries, and had formed a quasi-natural, unquestioned part of the Faith as understood and lived prior to the 1789 cataclysm. The ZM Jesuits were among those who tried to hold at bay new ideas which had come up since the Enlightenment – for them, no end to a so-called “self-imposed nonage” (cf. p115, above), and no switch from transcendence to immanence in their understanding of salvation. At the same time, though, as the children of modern NAW culture that they were, they brought to Matabeleland its understanding of the natural world with all its technological achievements. It was far from easy for them to steer a course which employed this superiority in worldly matters, so as to overcome the recalcitrance of the local population as they clung to their traditional beliefs and fought tooth and nail against adopting the Faith, while avoiding to introduce the concurrent hubris – the hubris, by now, of entire societies in the NAW, masses of people and cultural spokespeople to boot, imbued with an inner conviction that they could do, and could do well, without God. In this predicament, nonetheless, parts of the intellectual and technical armamentarium of the NAW were used (e.g., in Fr Law’s recordings, as the missionaries travelled north, of longitudes, latitudes, and elevations above sea level with
his watch, spirit level, and telescope; the telegraph; guns); and some NAW achievements were also imparted to the heathen (e.g., reading and writing skills; some arithmetic; the plough).

To tune into the ZM Jesuits’ mindset and gain an understanding of their attitude towards medicine, Chapter 8 addresses the crucial question which place in the scheme of things these men assigned to threats to physical health, well-being, and even life, matters which today plainly fall into the medical domain. In which way were those threats accommodated and dealt with? Indeed, medicine was not simply ignored – pills were both swallowed and dispensed – but any deeper engagement, any fuller immersion with the intent of becoming conversant with medicine’s inner workings and the logic behind its cutting-edge achievements, remained untried, almost throughout the entire period of time under investigation. As Superior of the ZM, Fr Depelchin kept asking for Brothers qualified in the crafts, from carpenters, blacksmiths and gunsmiths, to watch-makers; on occasion he asks for nursing sisters, but only once contemplates the usefulness of someone truly medically knowledgeable (“a father who understands .. medicine;” cf. p360fn38).

I have been unable to find anywhere in the ZMR, or in the Jesuits’ letters or diaries, an explicitly stated reason why, among all the professionals whose recruitment appeared so desirable to them, the MD is never mentioned. That is to say, to Foucault’s lucid train of

37 Fr Weld explicitly asks for such readings (cf. letter to Depelchin, March(?) 1879, in Gelfand 1968:58); already when announcing the ZM project, Weld had promised (1878:161) to “make whatever contribution to science [that] is in our power,” mentioning “meteorological … astronomical and geodesic instruments.”
38 25 years later, the list of perceived needs still is, “skilled gardeners, joiners, masons, smiths, tailors and shoemakers” (ZMR II,27:482).
39 His main idea being, throughout, to “be able to render material service to the King to get into his favour and by this means to open the way to spiritual things” (letter, Depelchin to Weld, 3 December 1879, in Gelfand 1968:162). Spillmann says in his 1882 account of the ZM that lay Brothers were supposed to instruct the locals in agriculture and the necessary crafts, while the Fathers would confine themselves to spiritual work. He is aware (ibid.:21) that “fever” had frustrated earlier Protestant efforts in the Zambesi area, but like Depelchin, when it comes to professionals as part of the ZM, he mentions by name (ibid.:23) “carpenters, blacksmiths, bricklayers, tailors, shoemakers.” Priests, evidently, would use the “sacred vessels and vestments” (ibid.), and it simply remains unsaid who should be in charge of and administer the medicines which are listed as to be taken along.
thought which ends in “la santé remplace le salut, disait Guardia” (cf. pp504f, above), I have not found a single matching statement from among the ZM Jesuits, in which the spiritual danger created by modern NAW medicine, specifically, and personified in the MD, is identified with equal conceptual clarity. The concerns raised about Fr Croonenberghs’ lack of spirituality (cf. pp362f, above) are as close as his confrères will get to the point of exposing medicine (of which among all of them he knew most) as a danger to the soul; we are thus not offered, from within the ZM, any more fundamental reflections on medicine as a profession and why to stay clear of it.\(^{40}\)

Canguilhem’s and Foucault’s analysis of the specifics of medicine among the natural sciences, however, offers an explanation from without: the said shift of emphasis from salvation to health, of which the dominance of modern medicine in NAW culture is living proof. Of men like the “mason, .. bricklayer, carpenter, blacksmith and shoemaker,” the ZMR (IV,54:284) can say that they will “free the Fathers for the spiritual duties of their calling and the care of the souls of those committed to their charge” (ibid.); medical professionals, though, would be competitors for those very souls, as indeed they proved to be in due course. While the ZM lay Brothers, “[b]y their devoted labours … make the work of the priest possible” (ZMR IV,62:582), as do the Sisters who besides teaching attend to the “little bodily ailments” (cf. p499, above) of the locals, the professional doctor no less than the priest “must win their confidence, [to] help them in their needs” (ibid.:581) – needs perceived as extending beyond little ailments and right up to existential threats – and the more the doctor does so successfully, the more he becomes the priest’s secular equivalent, which offers to those under their care a tantalising option: what to value higher, cure of the body or salvation of the soul?

\(^{40}\) In Fr Sykes’ condemnation of “hedonism or pursuit of pleasure as the be-all and the end-all of existence” (cf. p482, above), and of “the cult of the body” (p510, above), medicine or medical doctors are not mentioned by name. It thus remains conjectural if or how the Father wants his critique to be understood as extending in their direction without himself ever saying as much. Contextually, an extrapolation of this kind seems warranted, though, in that it captures a corollary of his train of thought.
9.1 CONTINUITY AND CHANGE IN ZM JESUIT THINKING

As I see it, the delay in the introduction of medicine to the ZM territory is traceable to the refusal of the Jesuits, even at the risk of losing their own lives, to be part of a trend which terminated, for vast numbers of people in the NAW, in the appreciation of earthly well-being as not just one legitimate end, but as the only end worth pursuing. Confronted with the theological threat implicit in Canguilhem’s diagnosis, of modern medicine’s “resolutely monist character” (cf. p505, above), these men shunned the promise implicit in its technical means, whether real or by then still imagined, and did not let it have any real traction in the life of the ZM. What Fr Depelchin did do (rather than applying for a papal indult for one of his confrères, to study medicine), Spillmann relates (1882:23; my transl.), was to bring along to his audience with Pope Leo XIII a beautiful banner with the image of the Most Holy Heart, … supposed to be the standard of the small band of apostolic combatants. His Holiness gave it his blessing and conferred on all who would devoutly pray before it three “Glory be to the Father”, one hundred days of indulgence.

The one goal that kept the ZM Jesuits going was the eternal salvation of the heathen, by baptising individuals and by planting the Church; to this end, as preaching the Word bore fruit so scantily, what was needed were prayers, self-sacrifice unto death, and trust in Providence. Beyond this, what men themselves could do, they did: teach the locals, especially the children of the elite (cf. p335, above); once converts had been made, school catechists. At the centre of all efforts, though, stood always, as Gale (1959:239) has been quoted before (cf. p415, above), “‘the one thing needful,’ education of the soul in the things of God; the knowledge of His existence and of the way of Salvation; the knowledge of prayer, and of the laws of God, and the teachings of the Church.” For the time under consideration in this thesis, all else was and remained secondary.

The socio-cultural climate prevailing in Europe, around the time when missionary activity in the lands controlled by the AmaNdebele set in, and against which the ZM Jesuits, no
different from the Catholic Church at large, took a stand, is vividly described by McLeod (1992:61; cf. above, p201):

[C]ities and industrial regions ... [saw] the alienation from their churches of a large section of the working class, and sometimes the adoption of socialism as a kind of substitute religion. At the same time, agnosticism was gaining ground in the middle and upper classes as a result of new intellectual developments, ranging from Darwinism to biblical criticism, and more generally because of the rising prestige of science, and the belief that the latter had superseded religion. A related development was the progress of agricultural and medical technology, reducing dependence on magic, which, especially in rural communities, was sometimes closely bound up with religion: ... At first sight then, the picture in the later nineteenth century is one of headlong church decline.

This is how the European situation presented itself; in this climate, as Barrow says (1982:225), “Owenites ... came to call themselves secularists, i.e. militant supporters of Reason against Religion: all religion they saw as a conscious imposition by kings and priests on the credulity of the masses.”41 So which were the conclusions to be drawn, which the steps to be taken, in the eyes of the missionaries who made Matabeleland their home? Marramao sums up the general direction taken by the Catholic Church in one phrase (1999:92; my transl.): a “return to tradition in turning away from modernity.” What had to be aimed for according to this view, he specifies (ibid.:86; my transl.), was a
delegitimisation of secular thinking by conservative theology ...: the triumphant attitude in which the National Secular Society proclaimed the ‘atheistic’ and ‘scientific’ worldview, made not only the Catholic church, but also wide sectors of

41 Cautioning, however, against a simplistic logic which sees credulous religion giving way to reason as people become ever more enlightened, Barrow provides empirical evidence of countercurrents in NAW culture, e.g., by pointing to the role of spiritualism in heterodox medicine (1982:247) which “helps make nonsense – at least in relation to Britain – of any ‘from-magic-to-medicine’ perspective. ... [S]ome natives of ‘Darkest England’ would, near the start of the twentieth century, have appeared more resistant ... to medical missionising than had their African fellow-sufferers.”
Christian culture perceive secularisation as a whole as the legitimate but fatal consequence of the ‘rationalistic’ thinking of the Enlightenment.

*Triumphant* seems not too strong a term; it actually reappears in Dorothy Porter’s rendering (1994:2) of the historian of medicine, George Rosen’s view that “[t]he story of public health was … one of triumph of knowledge over ignorance, cultural enlightenment over barbarism and the emancipation of modern society from the primitive bondage of disease” – reflecting, she comments (ibid.), “a mid-twentieth-century belief in the power of scientific logic to bring about the rational organization of society.” Decker (1879:284; my transl.), decades earlier, cannot but concede the reality of such unmitigated self-confidence as he describes the precarious position of the Catholic Church in her rear-guard battle over intellectual predominance in an increasingly secular world, where

in the hubs of our cities *the cassock* of the missionaries *is barked at*, the very *robe of black* which savage peoples kiss with pious respect … It is sad to think and painful to say: … *Catholicism is the enemy!* It must *definitively be crushed*: no matter what the consequences!

According to Weindling (1989:56), such sentiments knew no national borders in the NAW, applying to Germany as much as to the French and English speaking worlds:

Positive science was a secularizing weapon … Anti-Catholicism and not anti-semitism was the major obsession of the first generation of German Darwinians. Scientific objectivity was a weapon against papal infallibility. … Haeckel …

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42 Martin (2005:143) even speaks of an “aggressive Enlightenment” which by way of a “reaction formation” had identified religion “as a mainstay of resistance to change … linked … inherently to the darkness of the past.” However, rather than psychologising the reaction to a centuries-long historical experience with those who claimed (actually, still claim) to stand for and defend Catholicism, it might be more appropriate to acknowledge, first, how devastating this experience had been, as well as the *equivalence* of severity in Voltaire’s “Écrasez l’infâme”: the list of the Church’s victims is long, from Giordano Bruno to Latin American Liberation Theology, and the latter’s fate bears witness that popes right up to Francis continued to make every effort to stifle open discussion, wherever relations of power allowed them to do so.

proclaimed embryology as the ‘heavy gun’ in the struggle of science and religion in cosmic terms: ‘the trumpets of this gigantic struggle signal the dawn of a new day and the end of the long night of the middle ages.’

On which foundation, then, did the detractors of Catholicism expect civilisation to flourish, not just in the metropolises, but in particular in savage lands, once the one provided by the Church over the centuries would have been demolished? This is how Decker (1879:285f; my transl.) understands the vision of her enemies: “Genuine civilisation does not gain entry to barbaric races other than through science. No religious controversies; civilisation will be scientific and laicist, or there won’t be any. … [As] Victor Hugo … has written: Above all, no priests!”

Attempts to delegitimise this kind of thinking were made by the likes of Chateaubriand and Maistre: they set against it their dream of a return to an Ancien Régime cleansed of the aberrations and degenerations which had led to its downfall. An idealisation of the past was their response to the hated and despised socio-political dispensation of their place and time. Quite contrary to Troeltsch, who about a century after them would deliver his verdict (1966c:329; my transl.) that the “modern world is a heavy crisis of religion: that cannot be denied,” they perceived the modern world itself to be an existential crisis, but not one of religion. Like them, so the ZM Jesuits in their day clung to the denial of what would become Troeltsch’s diagnosis, and in line with the dominant trend in Catholicism they made this denial the foundation of their work. To them applies what Troeltsch attributes to 19th century Anglo-Saxon Christianity (which erroneously he takes to fall under this judgement in its entirety), namely, that it was simultaneously engaged in “an enormous world mission as never before, … [had; RB] completely purged itself of the Enlightenment and .. [had] kept at bay the modern spirit.” (1966d:649; my transl.) Not for the CMS’s Mengo, but certainly for the ZM, this does apply: the ends considered worth striving for were no different abroad from those to be pursued at home; and at home, Taylor says (2007:425), speaking of England and France, internal missions had the “clear aim … in, roughly, the nineteenth century .. to prevent the diffusion of the fractured metaphysical-religious culture of the upper crust and intelligentsia, for whom unbelief was a real option.”
Contradicting Troeltsch’s generalising claim about 19th century Anglo-Saxon Christianity, some missionaries like those of the LMS or WMMS managed early on to reconcile the seemingly irreconcilable. As Comaroff & Comaroff (1997:333) observe: while trying to persuade the “Tswana of the ultimate value of life eternal,” they could concurrently themselves view, and teach their fosterlings to view, “this-worldly order and well-being in medical terms.” They had thus progressed already then, towards an understanding of Canguilhem’s monism of medicine as a professional-heuristic principle, not as a general outlook on life to which the consumer of medical services, as if by necessity, has to subscribe when seeking treatment. This is Horton’s “kind of modern Western Christianity which co-exists, albeit a little uneasily, with scientific thought” (1967:58) – essentially the approach that has become a matter of course for most believers in the NAW today, Catholics included: a kind of mental double-entry bookkeeping (cf. Fernandez’ remark, fn60, below, on compartmentalisation).

When above the question was raised who would be called to the sickbed first, the priest or the doctor, it was about the differential value the caller would attribute to the worlds that the two stood for: the here and now, and the hereafter. However, even though the two professions appear in stark opposition here, there is in fact a strong undercurrent of developmental-historical continuity from one to the other. As Foucault emphasises, the doctor (as at other levels, the state) gradually took over a function within the social system which the Church had developed since antiquity and had assigned to her priests: that of the pastorate. Only that it “was no longer a question,” Foucault explains (1982:784), of leading people to their salvation in the next world but rather ensuring it in this world. And in this context, the word ‘salvation’ takes on different meanings: health, well-being (that is, sufficient wealth, standard of living), security, protection against accidents. A series of ‘worldly’ aims took the place of the religious aims of the traditional pastorate, all the more easily because the latter … had followed in an accessory way a certain number of these aims.

According to this view, doctors (and secular NAW nation states) today act within a conceptual frame created by the Church, that of the shepherd caring for his flock, the
sheep being the believers (then), and the individual patients or citizens (now).\textsuperscript{44} Here, however, the commonalities end; as Foucault specifies (1982:783), following John 10:11f, the church-defined pastoral role implies that the shepherd must be “prepared to sacrifice .. [himself; RB] for the life and salvation of the flock;” and in this role, the state never sees itself, and doctors hardly ever – but for the ZM context this is a provision of the utmost relevance.\textsuperscript{45}

Foucault looked deeper into the issue of (self-)sacrifice in \textit{Security, Territory, Population};\textsuperscript{46} there, under the heading of “the paradox of the shepherd,” he expands (2007:128) on the problem of the sacrifice of the shepherd for his flock, the sacrifice of himself for the whole of his flock, and the sacrifice of the whole of his flock for each of the

\textsuperscript{44} This, quite obviously, does not reflect the colonial situation: Foucault writes about a societal development in whose course the modern welfare state emerges – a development of which 19\textsuperscript{th} century Africa was not a part. So, not surprisingly, Vaughan finds that Foucault’s analyses tell us pretty little about something that they were never about: how colonialism ran state affairs, in Africa and elsewhere. Specifically, she stresses (1991:8ff) that according to Foucault, the modern state as a system does not anymore rely primarily on repressive force, while in pre-modern and also in colonial settings this was or still is the case. As regards the emergence of self-aware “individual subjectivities” (ibid.:11) – Taylor’s bounded individuals with an inner locus of control as described by Bandura (cf. p102fn78, above) – “there was a powerful strand in [colonial thinking; RB] …which denied the possibility that Africans might be self-aware individual subjects, so bound were they supposed to be by collective identities. If modern power operates through the creation of the ‘speaking subject;’” as according to Foucault it does, then, Vaughan concludes, “colonial power cannot be the power which Foucault is describing.”

\textsuperscript{45} Golder (2007:166) lists among Foucault’s elements of pastoral power the “principle of ‘sacrificial reversal,’ under which the pastor must be prepared to sacrifice himself in order to save his sheep …, [and also; RB] the principle of ‘alternate correspondence,’ according to which the merits of the sheep, and their prospects of salvation, are increased in inverse proportion to the failings of their pastor, and in turn the pastor rises in the eyes of the Lord (and will assure his own salvation) if he has struggled with a recalcitrant flock.” And such a flock the AmaNdebele most certainly were. As Bhebe records (1973:44), it “was almost a waste of time to speak to them about heaven and hell, as their reaction would invariably be, ‘Who has seen Heaven? Who has seen Hell?’ Nor was it uncommon for the Ndebele and the Kalanga, when the word of God was quoted, to laugh at it saying, ‘Amanga kodwa – It is all lies.’” Cf. ZMR (III,45:582), and Brain (1975:59), who quotes from a letter of Bishop Allard of Natal to de Mazenod of 10 June, 1860, that the Lord’s prayer “is recited as play-acting. [The Zulu; RB] .. turn everything to ridicule.”

\textsuperscript{46} Cf. its chapters 5 to 7, ibid., pp115ff.
sheep. What I mean is that, in this Hebrew theme of the flock, the shepherd owes everything to his flock to the extent of agreeing to sacrifice himself for its salvation.

And again (ibid.):

[T]he good shepherd thinks only of his flock and of nothing else. He does not even consider his own advantage in the well-being of his flock. ... All the dimensions of terror and of force or fearful violence, all these disturbing powers that make men tremble before the power of kings and gods, disappear in the case of the shepherd (pasteur), whether it is the king-shepherd or the god-shepherd.47

As such shepherds, the ZM Jesuits present themselves in their letters and in the ZMR, starting off from the general Christian precept that those who have, have an obligation towards those who have not. As Hufton & Tallett (1987:85) ask, had God not made the poor the means whereby the wealthy might obtain salvation? The elimination of the problem [of poverty, material as spiritual; RB] remained in his hands, not theirs. They were his agents in his absence, and would be judged by what they did with what they had at their disposal, rather than by their total impact upon the situation.

For the ZM Jesuits, Hufton & Tallett’s poor took the shape of the heathen of Matabeleland, and radically indeed did they interpret their shepherdly obligation towards the AmaNdebele as their wished-for flock, very much in line with the terms elaborated by Maistre and Gerbet (cf. pp425ff, above). In their attempt to expiate a group of recalcitrant peoples who wilfully shut their ears to the Good News, by sacrificing their health and even their lives, these men were not found wanting when it came to implementing the concept of vicarious suffering as championed by the two masterminds; in doing so they were certain of winning the heathen for Christ, if not through their preaching there and then, then in God’s own time, through the shedding of their blood. By comparison, Fr Weld’s response to criticism levelled from

47 See Mayes (2010) for a dissenting voice as regards the absence of terror and force posited here, in the shepherd-sheep relationship.
within the ZM against Fr Depelchin’s leadership, seems to represent a more modern way of thinking: what can human hands and minds achieve; how must proper assessment of situations (what are our means?), and thorough organisation (how do we reach our ends?) inform all undertakings?

Writing about the ZM for a wider audience, Fr Weld (1880) had anticipated an “enterprise .. full of difficulties, … difficulties to be overcome more by the help of God than by the labour of man” (ibid.:64); to be crowned by success, both the work done by those who were actually “wearing out their lives in this noblest of all causes,” and “the prayer of the humble and the unknown” (ibid.) were needed, and only through their joint effort would ultimately be “unlocked the treasures of Divine grace.” (ibid.) To this line of thought, Fr Depelchin sticks throughout the time of his superiorship, performing, as Roberts puts it (2009:xxvii), “as well as any man could have done in the circumstances;” meanwhile accommodating, however (as Frs Fuchs, Terörde and Law also do on the way to their graves), suffering and death as part of God’s holy plan for the ZM, thus as necessary steps on the way towards the conversion of the AmaNdebele. Fr Weld’s maxim (1880:63), following his order’s founder, that “[w]e have only to do our part, praying as if all belonged to God, and putting forth all our energies, as if the whole success depended on ourselves,” can well be found implemented in Fr Depelchin’s and his companions’ actions.48 The continued absence of visible success, though, leaves open an alternative option which Fr Weld chooses. While the early Fathers on the ground continue to do all they consider humanly doable, but nonetheless stand firmly by their belief that if suffering and death become their lot, this is how it has to be to win God’s grace, Weld moves bit by bit towards the alternative, which is to consider the possibility of human mismanagement – have truly all human energies been put forth? An early step in this direction is the appointment of Fr de Wit as Visitor, to “investigate complaints” about Fr Depelchin’s leadership (Gelfand 1968:41; cf p524fn54, below); notably, in his list of 22 suggestions for the Visitor to take along with him (Fr Weld’s diary, 24 November 1879; cf. Gelfand 1968:154ff), he confines himself entirely to such

48 The exception among the first group of ZM Jesuits is Fr Blanca, who from the perspective impersonated by Fr Depelchin “did not prove to be suitable for the rigours of missionary life in the interior and was a difficult companion” (Roberts 2009:xxxviii); he never penetrated any deeper into ZM territory than Tati, and was sent back to South Africa in 1880.
steps as one would consider “if the whole success depended on ourselves.” It is remarkable that he does so even before the first death of a ZM Jesuit, that of Fr Fuchs in January 1880. Did he, then, follow a double standard – ‘romantic’ when his audience was general or lay, but hard(er)-nosed when arguing within the Society?

Late in 1883, Fr Depelchin is finally relieved of his superiorship and in December of the same year, Fr Weld takes over the post himself. He has to act, in view of massive discrepancies in the assessment of the situation. Fr Depelchin had reported to his General, both before and after learning of Fr Terörde’s death (5 & 15 October 1880, in Gelfand 1968:348ff & 363ff), that “crosses abound on the Zambese” [sic] (ibid.:356), that failures no less than successes are “the work of Providence, the work of the finger of God, ... [that] it was necessary to have this work of the finger of God crowned by the cross” (ibid.:357; my italics), and that “soon, who knows? Very Reverend Father General, we will see marvels in this land of darkness and death.” (ibid.:364) In his letter to the Cardinal Prefect of Propaganda in September 1883 (ibid.:398), still as the Superior of the ZM, he sadly acknowledge[s] that during these first three years we have sacrificed many men. Already ten valiant missionaries, eight priests and two Brothers have died, victims of accidents, fever and the unhealthy climate.49 It seems to me that it is our duty to lessen as much as we can these sad sacrifices.

This he believes should be done through creating a “secure base” in healthy surroundings and within the sphere of influence of “a regular, civilised government” (ibid.), in Transvaal. He thus cannot be blamed for not contemplating the use of human means to human ends. But, irrespective of mishaps and deaths, he maintains (ibid.:399; my italics) that “it would be sad .. to give up a work which has begun so well, and which promises so much for the future.” On this, three of the ZM Fathers (all later arrivals) disagree; one, Fr Berghegge, reminds Fr Weld (letter, 1 November 1883, ibid.:421) that “Fath. Depelchin does not always tell the things like they are, but like he wishes they should be;” and as Fr Kroot was quoted above (cf. p486), “[t]he state of our Mission will not be promising as long we follow the plan,

49 This figure includes Jesuit deaths on the lower Zambesi, in Portuguese territory; under Fr Depelchin’s jurisdiction, seven had died (three of accidents, four in all likelihood of malaria).
followed until this moment. In Matabele country no prospect at all as long Lo Bengula keeps alive," continuing that "[at] Gubulawayo R.F. Croonenberghs can do no more than R.F. Prestage in Tati – – – spoil precious money, and a precious life." (ibid.:396) His conclusion (ibid.:397) is sobering, to say the least: "I feel almost inclined to give as my most modest opinion, that the plan itself of this Mission has been from the very beginning rather a misfailure. Excuse please my English!" To this, another newcomer, Fr Booms, agrees (cf. his letter to Weld, 10 August 1884, ibid.:421ff). Acting on such information, it would be Fr Weld’s decision, eventually, to close down the ZM in Matabeleland completely, a step which in 1886/7 Fr Prestage could avert only as far as Empandeni was concerned. However, a kind of thinking had gained the upper hand which, in Bosch’s assessment (1980:208), takes churches and missions to be bodies that must be run “like secular corporations. … Success must be demonstrable. Therefore the emphasis on growth in numbers.”

To say, however, that the early ZM Jesuits, by contrast, had not acted in a goal-directed manner, would not do justice to their exertions. They did proceed with a clear goal in mind, which was that His will be done: “Go ye therefore, and teach all nations” (Matt 28:19); answering to this call, “[t]hey … would be judged by what they did with what they had at their disposal, rather than by their total impact upon the situation,” as Hufton & Tallett have put it (cf. p519, above; my italics), which appears to me an utterly fitting description of the work of these men. If not their measurable impact on the situation (mission stations established; number of conversions) is used as a yardstick – as Weld seems to do – but rather, if as shepherds they had given it their best, and their all, then one must call the ZM, plain and simple, a success story.50 Among the AmaNdebele, BaTonga, and AbaGasa, who were obstinate indeed when it came to listening to the Word, a third of the early missionaries lost their lives in the line of duty – what more could the Lord ask of them, how

50 This understanding of having lived up to one’s vocation even when there is little evidence of success, remains alive and will later be used in the face of perceived African lack of thankfulness for health services received: Hardegger (1987:405; my transl.) quotes from the 1965 inaugural address of the new Würzburg Medical Mission director: “If all our work is done in following Christ, this also means participation in the lack of response to our helping. We only need to ask ourselves where the many people of Galilee were whom Christ had healed, when he was crucified. … [I]n medical mission service, one may not be dependent and in hope of thankfulness. It is about the seed and not about the harvest.”
could they answer the call to expiatory suffering and sacrifice any clearer? It would be just to say that they did what could be done, and in good conscience left all else to Providence. In this, they followed in the footsteps of Robert Moffat who, as Chennells reminds us (1977:51), had been convinced “[t]hroughout his career … that only the power of Divine Grace was sufficient to soften the hardness of the savage heart.”

Otto defines success as Weld had done before him, and identifies (1939:247; my transl.) as the probably “fundamental reason” for its absence in missionary enterprises like the early ZM, “the romantic understanding of mission, at the time, with its passionately enthusiastic missionary will, but also with its odd deficiency in realism, with the exorbitance of its plans and hopes.” He drives home his point (ibid.; my transl.) by quoting Comboni who, with Garibaldi’s *O Roma o morte* as his template, had pronounced, “‘O Nigrizia o morte! – Africa or death!’ This was genuine missionary romanticism.”

Fr Depelchin and most of his companions, however, did not see their undertaking with Otto’s eyes. While little can be said of conscious medical precautions taken, this is not true of the choice of drivers, oxen and ox-wagons, of maps and information gathered, and of language studies undertaken in advance, so as to be ready to communicate with the peoples to be encountered: the expedition was as well prepared as it could be, considering the time pressure created by the fear not to find lands and peoples where Protestants had arrived before them. Even with regard to medicine, some occasional intention was there: as Fr Law writes to Fr Weld, before setting out north (letter, 12 March 1879, in Gelfand 1968:53):

“I shall try to pick up what knowledge I can of medicine … Dr. FitzGerald of King W[illiam]s town has offered to teach me … and if we are delayed much longer I should think it might be well to avail myself of his offer.”

The primary objective, however, took precedence

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51 The English rendering of the term is “‘Nigritia’: ‘The former name of, and nearly co-extensive with, the region of the Soudan, whose Administrative Boundaries range from the Atlantic Ocean to the Red Sea, south of the Sahara Desert” (Webster's Universal Unabridged Dictionary).” From: [http://www.nigrizia.it/info/chi-siamo](http://www.nigrizia.it/info/chi-siamo) (accessed 28 October 2016).

52 Later, in Bulawayo, he will add (letter to Weld, 3 March 1880, ibid.:306): “[O]ften and often I have thought what a good thing even 6 months study of medicine w[oul]d be for missioners coming out here.” To his own detriment, this thought was never pursued: leaving on his final journey to the AbaGasa, he is grateful to a doctor who gives him some drugs – “a bottle of quinine” and sal volatile mentioned in the same breath – and nonetheless suffers from “fever” right from his departure (cf. his diary, in Law 1882/83, part iii:154 & ff).
when the opportunity arose to get going and enter their mission field “in advance of the Protestants,” as Fr Depelchin wrote to Fr Weld on 17 September 1879 (quoted ibid.:133).53

Thus, what in the eyes of the ZM Superior could be done in terms of human planning, and with time pressing, actually had been done.54 To venture into the virtually unknown on this foundation, convinced that they were following the Lord’s calling, and that suffering, possibly death, awaited them, was an expression of their depth of faith – not foolhardy in their view, and not ‘romantic,’ either.55 They could have described their exertions for their flock-to-be with the words Bishop Allard uses (letter to de Mazenod, 12 April 1861, in Brain, 1975:62), to justify Catholic mission work in a place where Protestants considered it a “great folly” – “the folly of the Cross is the wisdom of God.”

As for a modern medical mission: this was for the first 50 years of the ZM not considered an option – as I claim, because of NAW medicine’s very modernity; however, it eventually did become part of the Catholic missionary enterprise in Matabeleland, though only after

53 Evident throughout the letters written in those early years is the urgent pressure they felt upon themselves, to “do all what is in our power to reach these countries still free from the [Protestant; RB] ministers and before they corrupt the mind of those people” (letter, de Wit to Weld, 2 February 1880, approvingly rendering the view of Fr Terörde; in Gelfand, ibid.:201); cf. Gelfand quoting Depelchin to Weld (ibid.:74, 94, 197, 199, 203, 225f, 228 & 244), Depelchin to Fr General (ibid.:139 & 140), Croonenberghs to Notre Mère (ibid.:127), and Law to Weld (ibid.:130, 142, 143, 317 & 320). Before leaving for the ZM territory, Fr Depelchin (letter to Weld, 6 March 1879, in Gelfand, ibid.:52) describes the situation in these words: “[B]e it said to our shame, the Protestant Ministers alone are evangelizing the Kafirs and ensnaring them into their numberless heresies.” This worry remained with the ZM Jesuits for decades to come: cf. ZMR IV,55:324 & 56:377ff (56:378: “fierce competition … in propagating the Kingdom of God”); V,73:358 (“[e]verywhere Protestantism is on the march”); VI,84:130 & 89:302; VII,99:150 (“unless we rise … we shall find the field covered with Protestants”).

54 A dissenting voice from within is Fr Blanca’s. Cf. his letter to Weld, 27 November 1879 (in Gelfand 1968:157ff), in which he complains about poor planning as regards the purchase and change of oxen, and the sleeping arrangements on the ox-wagons; cf. also, letter, Depelchin to Weld, 6 October 1880 (ibid.:283ff). Roberts, in his introduction to Journeys beyond Gubulawayo, finds on Fr Depelchin’s side “stoic fortitude … vigour and courage … optimism and energy” (2009:xxiv); he apports criticism of their Superior’s leadership to Fr Croonenberghs (cf. ibid.:xxxviii), while Gelfand (1968:42) believes that Frs Croonenberghs and Law “held Depelchin in high esteem,” and that “complaints [were] made largely by Terörde that the missionaries .. were starving and sick with dysentery” ibid.:41).

55 Cf. the sermon preached by Bishop Ricards when the ZM Jesuits got on their way, pp618f, below.
the Jesuits had been replaced by the Marianhill missionaries, that is, after the time covered in this thesis. In Mashonaland, the Jesuits received early in 1930 "doctor Ruth Sandeman and two nurses ... into the Salisbury mission" (*Die missionsärztliche Bewegung in Europa und Amerika* 1931:72; my transl.; cf. above, pp411f). Incidentally, around the same time, Becker (1927b:73; my transl.) speaks of “a hospital mainly destined for natives .. being built at the main station of .. Jesuit priests” in the Congo. Outside the ZM, this change of approach had been on its way for a good number of years, but what did it entail on the ground, in Matabeleland? As in other areas of life, a gradual adaptation to and accommodation of the ways of the modern world? On the side of the missionaries, more pragmatism, less ‘romanticism’ and self-sacrifice? And did it imply a genuine re-orientation? With regard to the *practice* of medicine, one may deduce from subsequent developments that indeed this was so: as time went by, professional medicine made inroads at an ever increasing pace. In Matabeleland, e.g., the clinics-only era which had begun with the opening of Empandeni Clinic in 1933, ended shortly after the Second World War, and of the five hospitals then built, only two, St Paul’s and Fatima, were closed again during the War of Independence and have not been re-opened.⁵⁶ The other three, St Luke’s, St Anne’s, and St Patrick’s, continue to function to this day, obviating the need for government to build district hospitals in their respective catchment areas.

But here, we speak of the practice of medicine as a craft, in some sense as imagined by Lavigerie. It began as a worldly service for rural populations depending on missions as its provider, because the colonial administration catered almost exclusively for whites and urban, commercial or industrial areas. The growing feeling in the NAW, of an entitlement to health care for all, made of this administrative policy an injustice – in the eyes of the growing number of Christians, anyway, who like Pasteau and Havet (cf. p452, above) had come to re-interpret the Gospel as an exhortation “to protect, if one can, the life of one’s neighbour,” or, more medically put, when confronted with “diseases and suffering, ... not [to] remain indifferent.” The idea of attracting people to the mission station via the clinic or hospital was not abandoned, as a motivation for the Church to organise this service, but the medical work as such was increasingly set apart from the proselytising work of the missionary. Dr Davis-Ziegler, deployed by the Würzburg Medical Mission Institute and

working in the Archdiocese of Bulawayo since 1949, insisted on her role as an MD and nothing but that;57 socially, though, she was part of the mission community, a practising Catholic who lived on the mission compound (so would by the people around be perceived as “one of them”), while St Luke’s Mission was the owner of her hospital, thus the ultimate service provider. The other, more crucial qualification to be made is, that this was not only ‘healing without preaching;’ it was also medicine purely as an applied science, minus its spirit of scientific investigation – a spirit which rejects all externally imposed limits to inquiry58 – that had made its ascent and successful practical implementation possible in the first place. With this spirit, the Church had had difficulties through the ages: she had accommodated Galilei’s findings, eventually, but, never, that he had arrogated to himself the right to interpret Scripture, as he had done. More than in relation to any other natural science, the Church had needed time to make her peace with this disturbing, unruly spirit in medicine, for all the reasons presented above. In the end, though, she factually accepted Canguilhem’s resolute monism of modern medicine as its heuristic principle, as Protestants had done much earlier.59 This did not mean, thus the stand now taken, that thereby one had to subscribe without proviso to Foucault’s paraphrase of Guardia’s diagnosis as well: that in our era, health had replaced salvation.60

57 “Myself I have never preached; and have also never tried to steer my conversations with patients towards God or religion. On Sundays though, … I did ask mobile patients if they wanted to attend mass.” (Davis-Ziegler 2004:217; my transl.)

58 Thus, in any case, its self-understanding; for a critique, cf. Kuhn (2012), and Lewontin (1997).

59 There were other adaptations to the modern world as well: the non expedit of Pius IX, prohibiting Italian Catholics from participating in the emerging Italian nation state’s politics, was softened in 1904/5, and formally rescinded in 1919 (cf. Encyclopædia Britannica. [S.a.]); so was the prohibition to challenge the literal veracity of the Bible in ever so many factual details, now said to be of no spiritual relevance, e.g., whether or not Adam was the specific individual as whom Genesis portrays him, or, rather, as Paul VI can now contemplate, a name for “many men, who constituted the primitive human population.” (cf. p141fn24, above)

60 Fernandez speaks of a tradition in Christian Europe of “compartmentalization .. between religions and scientific understanding or … between personal and natural explanatory models,” commenting (1972:16) that “[m]issionaries, naturally enough, rarely bothered to communicate that intellectual compromise to Africans, though it might have been highly desirable for them to do so.” As he puts it (ibid.), they were after all “professionally committed to a mystical view of reality resting on a personal model of the universe.” For a recent attempt by a Lutheran theologian, challenged by Dawkins’ God Delusion, to be pragmatic about scientific monism without giving up on God, cf. Nürnberger (2010). For a critical look by a natural scientist, at the arbitrariness in our choice between monism and dualism, cf. Lewontin (1997).
Was this, after centuries of Church misgivings about medicine, a belated but happy ending like the one John Paul II wants to conjure up with regard to the Galileo affair, in his invitation (cf. p163, above) to “rejoice together that the world of science and the Catholic Church have learned to go beyond .. moments of conflict, understandable no doubt, but nonetheless regrettable?” Or is there, after all, a trajectory which links the early, ‘non-medical’ years of the ZM, its foundation by Jesuits in the ultramontane spirit of Catholicism at the time, with post-Independence developments as the ones Gappah deplores? (cf. p15, above)

I should like to make a point for an affirmative answer to this last question.61 This answer is not supposed to draw its strength from a critique of the actual medical work done since the 1930s, with individual patients in mission clinics and hospitals, nor from its earlier omission. Rather, my point of departure is the shift from medicine-as-nursing-care – Iliffe’s “tradition of female care” (cf. pp502f, above) – towards modern NAW medicine as provided by doctors: interventionist, aggressive, and ‘male’ irrespective of the provider’s gender. Once this medicine had been declared indispensable (otherwise it would be “as if one were to send a battery into the field and left the officers at home” – cf. p326fn98, above), i.e., once it was no longer primarily about caring for sick individuals (a task for well-meaning amateurs to dabble in), but about fighting disease(s), engaging in quasi-military campaigns with the aim of eradicating the enemy, the medical system-to-be had to be organised like a big machinery (as an army also is), where one cogwheel fits (and must fit) into the other. How was medicine practised in a Catholic missionary context, in Matabeleland, in this respect?

Here, the question arises how the workforce was recruited, and laudably, missions from early on made efforts to qualify locals. According to Gelfand (1973:119f), “a number of mission schools were [by 1918; RB] able to provide candidates to take up nursing and a

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61 This is obviously not meant to postulate an either necessary or sufficient cause-effect relationship between the historical ZM, and the woes of present-day Zimbabwe, but merely to identify a Jesuit contribution, first, towards the making of Rhodesia (which is to say, towards its functioning within the racist-colonialist frame in which it operated); but second, also, towards the unfortunate post-Independence developments which are Gappah’s topic.
number of suitable hospitals were built with facilities to train nurses.” The implementation of these plans took time, though: a European nurse appointed in 1926 to Waddilove Methodist Mission “appears to have been the first mission sister to train African nurses,” Gelfand says (ibid.:122; cf. 1988:90ff), calling this “the beginning of the Nursing Assistant Training in the Country” (ibid.:122f); by 1930, the number of mission hospitals that had joined in (none of them under the ZM, though), had increased to 15 (cf. ibid.:124), offering on-the-job training (as opposed to formal enrolment at a nursing school).

The first government nursing schools (for nursing assistants) were opened in 1935, in Salisbury and Bulawayo, after the said earlier, more informal training schemes at some mission hospitals.62 Initially, in the mid-20s, the prerequisite for enrolment had been primary school education up to Standard IV; in 1935, this was scaled up to Standard VI (cf. Gelfand 1976:116 & 138, and 1988:77f). There is no doubt that mission (as well as colonial-governmental) schooling did prepare black pupils who would then opt for a medical career, for a role in the health care machinery, as individual cogwheels within the established structures. They performed well, and over time at ever higher levels: as “African probationer nurses (to be known as nursing assistants)” (Gelfand 1976:116),63 as fully fledged nurses (initially only after training in South Africa, with the first ones from Rhodesia qualifying in 1939;64 in Salisbury and Bulawayo, this kind of nurse training was on offer from 1959 onwards; cf. ibid.:148ff), and eventually as doctors (the first one, Samuel Parirenyatwa, graduating in 1957 from Witwatersrand medical school).65

63 Registered from 1939 in the Native Nursing Orderlies Register (cf. ibid.:148).
64 In South Africa itself, according to Lunde (2009:346), the first black nurse had “passed the Cape Colonial Medical Council exam on 7 January 1908.”
65 In the 1930s, Dr Askins, then in charge of medical services in Southern Rhodesia, still felt that “it would [not] be wise to … train large numbers of natives as doctors. In other words I think we ought to have white doctors with native orderlies and native nurses under them.” (quoted ibid.:122) The Medical School in Salisbury started to train doctors in 1963, by then in affiliation with the University of Birmingham, and on principle students of all so-called races could enrol right from the beginning (of the first batch of graduates in November 1968, three were black, one Indian, and 12 white (information provided by one of the graduates, Dr W Legg, 8 November 2017).
9.2 THE ZM JESUITS’ EDUCATIONAL OFFER TO AFRICANS

The aspirations of the ZM Jesuits in the field of education have repeatedly been referred to throughout this thesis. They saw education, especially of the young, as an essential step towards successful evangelisation; its worldly side however, what may be called the transfer of academic knowledge and skills, only played the role of a means to that end, besides and secondary to the formation of a Christian character (cf. above, p499 & fn27). In fact, too much worldly education was seen as an outright threat, as a way of leading their charges astray (cf. above, p341fn8). In the vocational training of Africans, for the health sector in particular, the Catholic Church in Matabeleland got involved quite late, through the FMDM Sisters in 1956 at the Wankie Colliery Mine Hospital (cf. p498fn26, above), and at one of her own hospitals, first, at Fatima Mission in 1961 (cf. Gelfand 1976:143, and p371fn59, above). Up until 1930, the end of the time span covered here, the ZM was thus educationally active only in preparatory work for such vocational medical training, insofar as African children were educated at ZM mission schools.

Disregarding, for the moment, whatever transfer of knowledge was aimed at contentwise, one gets an idea of the character which Catholic schools wanted to form in their pupils, by listening to a settler group of lay Catholics from Natal petitioning, in 1850, their Bishop, the Right Reverend Aidan Devereux (quoted in Brain 1975). In the first place, their manner of approaching him deserves notice – reverential, humble (cf. ibid.:183); next, what, in their view (ibid.:184; my italics), must be instilled in the locals’ minds (what for the petitioners themselves, it seems, has already become a matter of course): “Where opinion on sacred things is inculcated instead of faith, the first principle of obedience is undermined and men cannot be good subjects.”66 Before contemplating the efforts of the ZM Jesuits in the educational field any further, this first principle needs a closer look. In this, my focus remains on the Catholic Church and the ZM Jesuits, in line with the topic of this thesis; but, as I hope will become clear in the following, the said first principle which eclipsed all others in Catholicism, kept other Christian denominations under its spell in almost equal measure.

66 Clark (2003:39f) speaks of the “manichaean worldview” of 19th century Catholicism, in which “the forces of ‘obedience’ – one of the cardinal virtues celebrated by the papalist camp – were ranged against the forces of ‘Satanic rebellion’ unleashed by the revolutions of 1789 and 1848.”
9.2.1 Excursus on a 19th-century Catholic understanding of proper education

“What actually is Christianity?”, asks Veuillot (1851:1; my transl.), editor of the French Catholic daily *l’Univers*, at the occasion of the annual public session of the Société Biblique Protestante. Juxtaposing the mother-church and those who have taken the liberty to separate themselves from her body, he answers: “It is authority. And what is Protestantism, actually? It is the free examination, and the Société biblique protestante is the practice of free examination pushed to its last and most inconceivable excess.” To avoid this kind of excess, the French Catholic Revival (of the same era that also saw the ZM come into being) tried to find the foundation of Christianity, according to Griffiths (1966:21), in revelation rather than the intellect, tradition rather than novelty, simplicity rather than complication. ... Science had claimed too much, and was thus refused too much. From a rejection of science we move almost naturally to a rejection of the use of reason and the intellect.

As Griffiths shows (ibid.:57), in some authors like Péguy or Verlaine this goes as far as a “plea for ignorance, for the lack of human knowledge; yet implicit in this .. is the feeling that this ‘ignorance’ we are seeking is in fact true knowledge.” But, whether its proponents like it or not, even for this anti-intellectualism a case has to be made, arguments have to be put forward, historical predecessors have to be invoked, i.e., the reasoning intellect, however much rejected, is employed after all. With reference to Bonald, Maistre and Donoso-Cortès, Griffiths says (ibid.:7) that “their [rationalist; RB] methods of reaching their opinions were not copied, [while; RB] the opinions themselves are quoted with approval” – i.e., their conclusions from earlier in the century came in handy (even if they had been reached in what was now considered a dubiously rational way of arguing Catholicism’s case), such that, e.g., “de Maistre’s political views … had immense influence in this period.” (ibid.) Still, “[r]ationalism in religion was suspect to all but a few” (ibid.) among the men of the Revival.

Gerbet had seen the essential difference between Catholicism and the remainder of Christianity (or rather, “Christianity”? in the former’s steadfast adherence to the Sacrament

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67 Article traced via the incorrect quotation in Gadille (1975:192).
of the Eucharist. To its celebration, and with specific reference to Africa, Mertens (1946:24; here and in the following, my transl.), adds the Sacramentalia, or Sacramentals, as an instrument not to be discarded in the conversion of lands "where the most diverse superstitions flourish." Are we going to offer, so Mertens’ rhetorical question goes (ibid.:25), “the usage of the sacramentals to peoples thus disposed,” upon their conversion? And his answer is decisively in the affirmative (ibid.): “without hesitation” – or so he claims. Such an offer is made, for example, in the ZMR (VII,101:253): “Do you want me to help you? You are in trouble. Well, I will send you a little medal, a medal of St. Benedict. If you wear that and say your prayers and ask Almighty God to help you, He will keep you from the power of the devil.” Outwardly displayed certainty notwithstanding, though, Mertens is aware of potential pitfalls; he frankly concedes (1946:25) that others will say, “ironically,” that with their conversion, Africans “will do scarcely more than change their gris-gris. They will use their [blessed; RB] medallions with the same dispositions with which they used their fetishes before.”

To this allegation, Mertens’ response consists in a change of topic: no longer the dispositions of the erstwhile unbelievers, now newly-converted, but the sacred objects or rituals themselves are taken into focus, and following Fr Charles we are assured that, even if an analogy may be construed between them and pagan fetishes, the two are not really

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68 According to the Constitution on the Sacred Liturgy proclaimed by Paul VI (1963:§60), Sacramentalia are “sacred signs which bear a resemblance to the sacraments: they signify effects, particularly of a spiritual kind, which are obtained through the Church’s intercession.” They have been instituted by the Church, not by Christ Himself, thus are part of ecclesiastical tradition, and encompass actions (e.g., making the sign of the cross), ceremonies (e.g., the blessing of palm leaves), and objects (e.g., medals, ashes).

69 These ironists are countered by qualifying them (ibid.:24) as “certain mandarins of intelligence [who; RB] manifest a certain instinctive defiance vis-à-vis the sacramentals … [, who] wish to remain, it seems, in a state of poverty as regards material means, to live more intensely the intimate life of the soul .. [, who] fear superstition and formalism.” Mertens is thus clearly aware of the concerns motivating the said critics, but decides to stand by the position of Pius XII, regardless, quoting him (ibid.) as stating that we must hold dear “not only the Sacraments … but also the sacramentals and all the different exercises of piety by whom (our Mother the Holy Church) gently penetrates and consoles the souls of the faithful with the spirit of Christ.” In this spirit, the ZMR (IV,62:596) promotes the “great external ceremonies and solemn celebrations … of the Church … the glorious ritual of High Mass … Processions … pomp and ritual;” cf. ZMR VI,84:132 on the Prefect Apostolic “vested in rochet, stole, cope and mitre, with pectoral cross and ring.”
the same: “The benediction of the Church confers – whatever our laicised world may think – a **real virtue**, beneficial and protective, onto these objects” (ibid.:25; my italics), because said benediction is given in the name of God, by His Holy Church. With regard to the usage of the sacramentals in the religious practice of African converts, the latter can therefore undergo an amazing duplication of their existence:

- when it is about their ‘heathen superstitions,’ Africans are characterised (ibid.:24) as “ignorant of the sciences,” and **therefore** (following the gist of the writer’s argument at this moment) **misguidedly** “convinced that they are surrounded by occult and invisible forces, … mysterious and evil.”70 As the ZMR puts it (V,71:325), “[f]rom early morning till night these rude children of nature are on the watch against some unseen influence.” Regarding the objectified magic used to protect themselves against these influences, those who have become Christians “have to be reminded that such charms are not to be worn.” (ibid.)

- **after** their conversion, the very same people, now Christianised, are said (Mertens 1946:25) **not** to be wrong to believe in invisible forces surrounding them because there are, in fact, God and His grace, His angels and saints, as are the demons. They are not wrong in imagining that there are material things capable of protecting them against misfortune, of aiding them in their necessary relation with the beyond, because the sacramentals exist. They only need to be properly instructed about the nature of the invisible realities.71

Thus, to speak in Charles Taylor’s idiom, the concept of a law-governed universe devoid of spiritual forces (at long last accepted by believing Christians in the NAW as a heuristic principle compatible with the existence of God), the transformation from porous- to

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70 “How could primitives believe that a visible, tangible object was at once its solid self and the manifestation of an immaterial being? How could a man literally see a spirit in a stone?”, is Horton’s paraphrase (1967:52) of Levy-Bruhl’s “exasperated, wondering puzzlement[s].”

71 Cf. Marx (p125, above) on the theologians distinguishing their own religion from all others, because theirs is true, the others’, fake.
boundedness, as well as the creation of a new kind of human being with an inner locus of control, are all not actually intended for exportation (cf. p617, below): the Africans are not supposed to become modern individuals in a modern world; they should just learn “to make reasonable, moral and spiritual usage of benedictions and blessed objects” (ibid.), i.e., exchange their fetishes for the sacramentals. “And,” Mertens adds (ibid.), “if they comprehend but imperfectly, if there are superstitious abuses, let us not be unduly disappointed. ‘Is there a people, writes Mgr. Landriot, that is religious without mingling into religion some grains of superstition?’”

So this is how a Catholicism in Mertens’ mould hoped to ‘solve,’ on African soil, the problems the Church had encountered with the ascent of NAW modernity: by preventing it from entering and taking root there in the first place. Such missionaries, as they interpreted their role, did not intend to create modern African individuals, capable to reflect on the world around them and on the Good News brought to them. In this they stuck to the developmental trajectory which runs from King David, via Emperor Constantine, down to the detractors of Galilei and beyond, with the simple exhortation put before the believer(-to-be): submit to what you are told is the truth, by those who must be in the know, in as much as it is their office to represent and interpret for you, Divine revelation. This Church is far

72 Cf. Sr Bullen’s account (in Tiernan 2008:43) of a consœur suspecting a ghost sitting in her bedroom. And what is one to make of the following story? On the ZM’s first trek north, Br Nigg loses his keys, and his confrères urge him to ask for St Anthony’s intercession; Fr Terörde remarks (in Spillmann 1882:61; my transl.): “He had barely finished his prayer when a Black man came by, asking if we had lost a ring of keys.”

73 A reasoning such as Mertens’ can hope to see the revitalisation of Christianity as emerging from Africa, just as Ratzinger’s reveries look towards the Russian-Orthodox Church (cf. p211fn113, above). These are instances of the nostalgia that wishes “to restore what once existed” (cf. Hoekendijk, p211fn113, above): that naïve popular piety which under the influence of secular modernity has withered away in the NAW, or attaches itself now to new-age pseudo-religions. In the established churches, it has been actively eroded by those “mandarins of intelligence” just mentioned disparagingly, the proponents of an ethicalisation of religion as described by Wendel (pp113fn97 & 118, above). From their perspective, the hoped-for Africanisation of Christianity appears as yet another attempt to turn back the clock, corresponding to Weber’s and Berger’s interpretation of the early Church and mediaeval Catholicism, in Wallis and Bruce’s paraphrase, as the “interruption, even reversal, of the process of rationalization [within Judaism; RB] which was reinstated on course by the Reformation.” (cf. above, p105fn81)
from assigning to herself a role in enlightening her charges, helping them to start thinking for themselves as Ngidi, Colenso’s Catechist, had done (see pp535ff, below).

On the Protestant side, at its very origins, Martin Luther had invoked the “Freyheith eines Christenmenschen,” giving a literal meaning to the new denomination, Protestantism. However, four centuries later, in Africa, this was not any more on the agenda of most Protestants, when they came to preach the Glad Tidings. According to Ustorf (1996:28; my transl.), “questions regarding the liberty of man, regarding his autonomy, not only with a view to his social lifeworld, but also regarding tradition and authority,” were missing completely or almost completely from the set of questions the missionaries exported from Europe into the world, “because they were inwardly rejected.” (ibid.) Accordingly, Griffiths’ “plea for ignorance” was not uttered in Catholic circles alone; quite the contrary, the idea that there was no need for biblical exegesis in view of “Christ’s words .. [being; RB] simple and clear” (Griffiths 1966:56), implying that there was neither need nor room for dispute, controversy, and dissenting views, was held perhaps as strongly among other denominations.

This, to my mind, is what the Colenso affair was mainly about – not, as Jarrett-Kerr still claimed quite recently (1989:151), about Colenso’s supposedly “disastrous foray into biblical criticism.” What was so disastrous about it? Jarrett-Kerr goes along with Matthew Arnold’s verdict of the 1860s, and grants (ibid.:152) that Arnold had

of course, a point. Colenso was a mathematician without much imagination, and singularly uninterested in poetry: hence those wearisome measurements of the Ark, the Tabernacle, the number of Israelites living in tents, and so forth. Arnold has

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74 In his 1520 De libertate christiana.

75 In saying so, I do not want to deny differences in approach: e.g., that Protestants offered translations of the entire Bible to their faithful – an indispensable prerequisite for reasoned discussions about the meaning of this snippet or that, in the light of Scripture as a whole –, a practice Fr Terörde considered utterly incomprehensible (cf. p553, below).

76 This comment is “singularly” off the mark, in that for orthodox believers, in Colenso’s day, Holy Scripture was simply a record of the truth – anything but poetic – which to contest by way of measurements does not seem inappropriate at all.
great fun with Colenso’s statistical methods of disposing of the books of the Pentateuch.

There is far too much unwarranted belittling and ridicule in this judgement. After all, Colenso’s Zulu co-translator of the Old Testament and undisputedly able Catechist, Ngidi, could not be ordained a priest because he harboured doubts about exactly such matters as the measurements of the Ark, thus was unable to declare his “unfeigned assent and consent to all and everything contained and prescribed in and by” the Anglican Book of Common Prayer, as clergy were supposed to do since 1662. Contained therein were also the Thirty-nine Articles defining Anglican faith, Article VI listing the canonical books of the Old and New Testament, the Pentateuch among them – with all those stories about “the Ark, the Tabernacle, the number of Israelites living in tents, and so forth;” Article VII stating unequivocally that “the Old Testament is not to be refused.” Measurements such as Colenso’s were in fact not so much wearisome as offensive, certainly when issuing from a black mouth, going by The Times which called Ngidi a “sort of coloured Spinoza … [who; RB] began to ask impertinent questions.” In a word, Colenso’s Bible criticism, pedestrian

78 According to Bray (ibid:546), “[p]enalties and disabilities prescribed in the Act were repealed by statute in 1844 and 1846, since when most of the rest has been removed as well,” but none of this benefited Ngidi.
79 Bray (ibid:288), quoting from The Forty-Two Articles, 1553: the Thirty-Eight Articles, 1563: the Thirty-Nine Articles, 1571.
80 The Times, 16 February 1863, quoted in Jarrett-Kerr (1989:146; my italics). What was wanted, thus, not only on the Catholic side, is expressed in a description in the ZMR (I,7:241) of three neophytes on the occasion of their baptism: “They knew their prayers perfectly, and answered all questions put to them with perfect correctness.” At the next higher level, in the formation of teachers and catechists, the educational thrust remained essentially unchanged: “[S]cholastic attainments in the native catechist and teacher are not the main requisites, but strong moral character and principle, trustworthiness, zeal, a deep appreciation of the importance of his duties and inflexible determination to carry them out perfectly.” (ZMR V,71:323) By contrast, “[i]ntellectual acumen” is listed in the ZMR (II,19:189) under “ornaments [which; RB] are not substantial,” compared to the “far more essential qualities of submissiveness, veracity, kindness, love of work, attention to duty, and honesty.” (ibid.) Cf. a ZMR editorial (II,29:561ff) in which, as regards the issue of higher education, doubts are expressed if “the natives generally are ripe for receiving what may be styled in their regard a liberal education” (ibid.:564); in harbouring these doubts the Jesuits see themselves in agreement with secular authority (cf. pp557f, above): “Neither the Government nor the Missionaries wish to raise up a smart set among the Aborigines.” Worries are expressed in particular about a scenario in which education would be
as it might appear from the heights of Oxfordian literary critique – without imagination and showing little interest in poetry, as the condescending assessment goes – had hit a sore spot, irritating especially as it had not been kept from an African convert. As Fernandez (1972:19) has said, ignoring the Colensos and Callaways who tried to embark on a different route, the “[m]issionaries … were never anxious to communicate the skepticism inherent in their own culture that sorely tried and perhaps invigorated their faith.”

Questions which it was not Ngidi’s privilege to ask – as a “sort of coloured Spinoza” supposedly punching above his intellectual weight – were very much a topic of debate in 19th century cultured Britain. As Ashton (1989) shows in a review of Froude’s Nemesis of Faith of 1849 and Ward’s Robert Elsmere of 1888, the literal truth of the Bible was a hotly contested topic among the educated public, and not merely of interest to professional theologians. The earlier novelist is still ejected from Oxford: Ashton (ibid.:72) speaks of a “banishment into the social wilderness, and the pronunciation of anathema on him by all religious parties.” Forty years on, “Ward stepped immediately, and permanently, into respected celebrity” (ibid.:73); such had been the change of intellectual climate. In the same predicament, John Henry Newman’s solution lay in wholehearted surrender to Rome. Alternative routes, taken by the likes of Comte and Renan with a Catholic background, by Carlyle starting from Calvinist persuasions, and also by the Anglican protagonists of Froude’s and Ward’s novels, end in different versions of post-church-going-Christianity, but this did not imply that they were denied respect, credibility even, in the longer run. The Zulu convert, however, was not acknowledged for the sincerity of his doubts, not in 1863 nor

dissociated from religion: “Godless education is disastrous enough to white children,” the ZMR says (II,29:564), and if a “generation of educated coloured infidels” were created, then in fact it would have been better “for the Kaffir that the white man had never appeared in the land.” (ibid.)

81 Colenso’s approach, of Bible criticism in communication with his African counterpart, was not the one taken by his fellow Anglican, Callaway; what set the latter apart according to Hexham (1996:442), was his “remarkable sympathy for African beliefs.” Hexham quotes Callaway’s conviction (ibid.:445) that “there is no people so degraded or dark among which there does not shine some spark of religious light,” and also (ibid.; my italics) that “[t]he Church is God’s messenger. But He has other messengers besides” – Callaway’s statement being broad enough to encompass Zulu spirituality as well as Roman Catholicism.

82 Cf. Reardon (1989).
later, in the way Tennyson had given credit to doubting *humanity*, in 1850, declaring that “There lives more faith in honest doubt / Believe me, than in half the creeds.”

The idea of engaging with Africans on an equal footing, as credible interlocutors on matters of importance (theological in this case), was anathema not only to overtly racist colonialists, but was difficult to accommodate for almost all missionaries as well. Does this also come to light in the rejection of Bible critique from the wrong (“coloured”) quarters? Jarrett-Kerr applauds Colenso’s efforts at defending the Zulus’ rights, sees him even approach the heights of literature, otherwise supposedly seldom reached: in his 12 March 1879 sermon on King Cetshwayo’s defeat of the British, and on their ideas about what to do in revenge, Jarrett-Kerr judges (1989:155) that “moral passion and brave judgement combined to produce what might be called the true rhetoric of integrity.” He thus offers, side by side, contempt for Colenso’s and Ngidi’s Bible-critical arithmetics, and praise of the former’s magnanimous fight for what a later age would call the locals’ human rights – i.e., fighting for them is valued higher than *capacitating* them in the way Colenso had done by encouraging Ngidi to think critically.

How to fight the Africans knew, with King Cetshwayo’s victory just one example; but with time, and forced to acknowledge military defeat, they began to recognise the advantages of embedding their on-going opposition against subjugation within the frame of a human rights discourse, eventually vanquishing their colonial masters not only and maybe not even primarily by military means – South African pianist Abdullah Ibrahim’s “Freedom comes from the barrel of a gun” – but aided by the secularised version of a weapon that had come along from the NAW together with those very masters: the equality of all

84 A line from the song, *Hit and run*, on his 1995 CD *Piano Solo*.
85 Cf. Ruether’s remark (1971:213) that the Black Panthers in the US voiced their “dissent from the dominant white society in the name of .. [the; RB] very principles proclaimed in the American Constitution.” Soyinka aims in the same direction with his critique of the *Négritude* movement’s vision of the “restitution and re-engineering of a racial psyche, the establishment of a distinct [African; RB] human entity and the glorification of its long-suppressed attributes … In attempting to achieve this laudable goal .., Negritude proceeded along the route of over-simplification. Its re-entrenchment of black values was not preceded by any profound effort.
humans before their Creator. In this sense, Kritzinger (1988:20, endnote 5) refers to Ndanbaningi Sithole’s rendering of the views of a black South African: ‘When Europeans took our country we fought them with our spears, but they defeated us because they had better weapons ... But lo! the missionary came in time and laid explosives under colonialism. The Bible is now doing what we could not do with our spears’.88

This development, however, was never intended, as the missionaries did not tire to assure the colonialists; nor was the effort made to impart to Africans the cultural capital needed to compete with and become the missionaries’ and colonialists’ equals, first as modern individuals as described by Foucault and Charles Taylor, then as national economies on the global stage, able to emulate, post-colonially, the example of Taiwan or South Korea. Following Jarret-Kerr (1989:146), the crucial pre-requisite for such capacitation was there,
the “reasoning powers” which made Ngidi ask “devastating questions about, for example, the cubic capacity of the Ark,” or King Shaka’s “extremely intelligent skepticism” (ibid.:149), as the foundation for a transfer of cultural capital in the way described by Bourdieu and Hage, above (cf. pp17f). However, not enough progress had been made in this direction prior to independence and majority rule, so it would seem in view of the experience accumulating over the past two decades (in South Africa) to a half-century (in most of subSaharan Africa), of failed post-Apartheid and post-colonial efforts at narrowing the gulf which separates Africa not just from the NAW, but from South and East Asian nations as well.

So why was this transfer of cultural capital not attempted, or, to be more precise, why was it done so insufficiently? It appears to me that with regard to education, the situation as it presented itself to both colonialists and missionaries had a catch-22 quality: the former needed trained locals for their own exploitative purposes, but did not want education to create Africans who could successfully challenge their rule; the latter had to think about how to immunise their converts against later apostasy, which would necessarily have to include the addressing of possible critical questions (as Colenso had done; cf. also pp609f, fn213, below) – but doing so might encourage their disciples to find the critique (of Catholicism by other denominations; of Christianity from a secular perspective) more convincing than their own message. This predicament was not confined to Africa; as Reinhard remarks (1976:571; my transl.), missionaries in China made the experience that the locals “quickly identified notorious weaknesses of the Christian doctrine.”90 Likewise, Brown reports (1960:206) that Africans “raised astute philosophical difficulties on which neither the bishop … nor Father Gerard satisfied them.”91 True intellectual sharpness among subSaharan Africans, in striking contrast to what many, Schweitzer among them, saw as their vain arrogance, has been commented upon by more than one observer. Bhebe (1973:52) describes the syllogism by which the AmaNdebele arrived at the

90 And, Hutchison (1987:140) adds, those “Chinese who went to the West for higher education … were coming back infected with critical views of the Bible.”
91 The existence of different Christian denominations was not helpful in this respect: “The disruption of the sixteenth century has immensely complicated the task” of the missionary, the ZMR says (VII,105:394), having “befogged and bewildered the heathen almost beyond the hope of a clear understanding of the claims of Christianity.” (ibid.)
conclusion that the missionaries had come to acquire riches: “The commonest argument was: ‘All white people come into our country to get rich. You are white men. Ergo.’”

Sr Bullen (in Tiernan 2008:83) tells stories like the following about a conversation between her and Sikhulaphi, a local girl staying with the Sisters: “I remarked: ‘There’s the rain again; all the amabele [a kind of millet; RB] will be spoilt and food will be scarce next year.’ ‘Who sends the rain?’ asked uSikhulaphi quite quietly.” And Hutchinson describes (1957:167) how Bantu men enjoyed and were accustomed to argument and discussion. Instead of finding human material readily receptive to his teaching, the missionary … found himself obliged to defend his faith against the reasoned arguments which his Bantu listeners brought against it.

He also refers (ibid.) to the report of a South African Select Committee on Aborigines, in which a Wesleyan missionary’s statement is quoted that their interlocutors “disputed every inch of ground with us; they were willing to go into inquiry, but … exhibited considerable powers of mind, and were not willing to receive any dogma until it was proved to their satisfaction.”

Brain (1975:58), finally, paraphrases Bishop Allard (Allard to de Mazenod, 12 November, 1859) who, under the heading of the sophistry of the locals, “tells the story of the young man who asked how the soul, which cannot be perceived by the senses, could suffer the torments of Hell fire. Allard felt that this revealed a lack of the … simplicity which he expected to find among savages.”

There was thus overwhelming evidence of the Africans’ ability to reason, a fact which the missionaries could have accommodated with more equanimity if they hadn’t found themselves, disconcertingly, unable to prove the superiority of their religion by means of an equally superior reasoning power. A wonderful and thought-provoking example is provided

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92 Cf. ZMR III,45:582.
93 Parliamentary Papers (1836, vii, 538).
94 This is not to say that thinking cannot lead astray: commenting on the Ballas’ attitude towards attempts at venereal disease prevention by behavior modification, a 1944 observer, “in exasperated tones,” calls them “a ‘painfully logical people’ whose fears of venereal disease had been allayed by the knowledge that a certain cure existed.” (quoted in Vaughan 1995:297)
by Livingstone, in his *Missionary Travels and Researches in South Africa* (1857:23ff), in the famous conversation between him, the MD, and a rain doctor, about the fundamental difference or otherwise between their respective professional approaches towards problem solving. Does only one of them operate in a conceptual universe governed by cause-and-effect relationships, or does this equally apply to both of them? Livingstone’s original narrative gives room to both sides to present their case. His own view is, that only his medicines have an effect, the restoration of health to his patients; his interlocutor, whilst acknowledging the usefulness of Livingstone’s drugs, makes the same claim for his own work, positing that with his medicines he brings about the rain without which nothing would grow. His conciliatory suggestion reads, “*We* do not despise those things which you possess, though we are ignorant of them. … *You* ought not to despise our little knowledge, though you are ignorant of it.” (ibid.:24)

In the *Popular Account of Missionary Travels and Researches in South Africa* (Whitwell Elwin’s abridged version of the original text, first published in 1861), the above remark is the rain doctor’s last word. It is *directly* followed by Livingstone’s conclusion that this is “their mode of reasoning, which is often remarkably acute.” (1875:21) This far, however, the rain doctor has done little more than make a bold assertion: your medicines work, and so do mine. The truly *reasoning* part of the conversation has been left out, and by omitting it in the process of abridgement, Livingstone’s acknowledgment of his interlocutor’s intellectual acuteness changes in tone: a conclusion which in the longer original version amounts to conceding, if somewhat reluctantly, intellectual equality, turns into a mere compliment made from a position of superiority. Why so? In the original battle of words, Livingstone gives the rain doctor a chance to respond to his, the natural scientist’s accusation that if in fact rain does follow upon his doctoring, it is because “[y]ou wait till you

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95 The *Popular Account* part of the title is the only pointer towards the fact that the original text has been considerably reworked – e.g., shortened by more than 200 pages (cf. Henderson 2015). Abridgement “from the larger work” is openly acknowledged on the title page of the 1875 *Popular Account of Dr. Livingstone’s Expedition to the Zambesi and Its Tributaries* (London: John Murray). There, the rain doctor does not appear at all, but when the resurrection of the dead becomes a topic, there is room for the natives to express their doubts with very down-to-earth, rational arguments. Naturally, Livingstone disagrees, but concedes that while “knowledge of the people is scanty, … their reasoning is generally clear as far as their information goes.” (1875:208)
see the clouds come, then you use your medicines, and take the credit which belongs to God only." (1857:24) To this, the rain doctor replies (ibid.:24f; my italics), “remarkably acute” indeed, that

I use my medicines, and you employ yours; we are both doctors, and doctors are not deceivers. You give a patient medicine. Sometimes God is pleased to heal him by means of your medicine: sometimes not – he dies. When he is cured, you take the credit of what God does. I do the same. Sometimes God grants us rain, sometimes not. When he does, we take the credit of the charm. *When a patient dies, you don’t give up trust in your medicine, neither do I when rain fails.* If you wish me to leave off my medicines, why continue your own?

Livingstone is hard pressed to find a reply. He cannot make his case by pointing towards as yet non-existent randomised trials proving NAW drug efficacy; in fact he was only too willing to avail himself of the drugs offered by traditional healers, and the promotion of his ‘Livingstone pill’ against malaria, with several useless substances in it alongside quinine, indicates an insufficient understanding of what its therapeutic efficacy actually rested upon96 (cf. also his giving up on quinine as a prophylactic measure97). All of this notwithstanding, however, Livingstone just knows – i.e., he is positively convinced without ever having been in a position to put his conviction to the test – that charms cannot bring about rain whereas NAW drugs do work. This is to say that all his thinking outside the religious domain rests upon the premise that the link between cause and effect must, by definition, be an inner-worldly, non-spiritual one – Canguilhem’s *resolute monism* – while the rain doctor always allows for God’s intervention, i.e., for His hand in creating the causative link (or else not doing so). *Both* interlocutors are caught in their respective universe of meaning, in the way described by Evans-Pritchard (1976:109) for the witchcraft belief of the Azande, in whose “web of belief every strand depends on every other strand, and a Zande cannot get out of its meshes … The web is not an external structure in which

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96 In Blaikie’s account (1880:482), “[t]he ‘pills’ which Dr. Livingstone often referred to were composed of resin of jalap, calomel, rhubarb [all of them laxatives unsuited to treat malaria; RB], and quinine. It was usually observed that active employment kept off fever.”

97 Gelfand (1964a:66ff).
he is enclosed. It is the texture of his thought and he cannot think that his thought is wrong."

Livingstone the missionary, no less than the rain doctor, believes in God, so he cannot and will not deny God’s existence or omnipotence (His ability to exert an influence on the material world, where- and howsoever He wishes), but all the same, in his NAW world of thought, true mastery is defined as depending on no will other than that of human actors themselves. At this point he chooses not to enter into a deeper discussion about the distinction discussed above (pp98ff), between magic (trying to force God’s hand), and praying (asking for something against the backdrop of Mk 14:36, “Father, all things are possible unto thee”98), but merely points at the physical distance, on the one hand, between whatever the rain doctor does and the clouds above, and the proximity of himself to his patients on the other – not a very convincing argument in the context of the natural sciences, nor theologically, if one grants God’s existence and omnipotence, and the possibility of His interference in worldly matters.

Not individuals clash here, but worldviews, and either one makes sense on its own terms.99 Livingstone insists, rightly, that he who wants to dominate nature (inner or outer, physical health or rainfall) is well advised to stick to the secular NAW conceptual frame of thinking: it concedes, ideal-typically speaking, human impotence where dominance has not been achieved,100 and relegates God’s actions, as an explanation for what happens in the material world, to the as yet unconquered part of it. To God falls only that which is beyond man’s reach; thus, in his year of first publication, Livingstone can still declare (1857:23), as a representative of the NAW, that He alone can “command the clouds.” Even before cloud-seeding, however, as the rain doctor points out (ibid.:24), the NAW aims at least at

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98 Earlier, his argumentation had aimed in this direction when he alluded to “the parting words of our Saviour that we can pray to God acceptably in His name alone, and not by means of medicines” (ibid.:24), but had hit the brick wall of a simple “but God told us differently.” (ibid.)

99 I therefore do not agree with Janzen (1978:38) when he calls this dialogue an “amusing exchange;” it is more to the point when he likens the relation between traditional medicine/rainmaking and NAW medicine to that between psychoanalysis and medicine, the latter two understood as on a par – equally valid approaches to different aspects of the human lifeworld, operating within different heuristic frameworks.

100 Pre-20th century medicine being the natural ‘science’ which sinned most against this principle.
circumventing this lack of control over the physical environment: in the absence of rainfall by importing grain from elsewhere, or by irrigation.\textsuperscript{101} In the rain doctor’s world, by contrast, God is all-powerful, and making Him do what man wants to see happening but cannot do by himself – to make rain fall – is not just desirable: it seems feasible.

Later NAW theory of knowledge, represented by the likes of Wittgenstein, Feyerabend, or Kuhn, will explicate why the rain doctor’s logic cannot be proven wrong (and definitely not, as one might be tempted to believe, \textit{easily}): because arguments considered heavyweight by the external critic hold little persuasive power on the rain doctor’s conceptual home turf, “when the language [which \textit{he} uses; RB] is well understood,” as Livingstone puts it (ibid.: 25). To his credit, he was honest enough to give sufficient space to the rain doctor, for the latter’s voice to come across truly powerfully, even at the price of exposing his own inability to prevail convincingly. One might suspect that, when Elwin cut down on the length of the original account, the bigger half of the debate was selected for omission not just to save some space, but also out of uneasiness about the very strength of the rain doctor’s logic.

In any case, Colenso did not stand alone when he acknowledged true intellectual sharpness among the locals. From this one might infer that they would have deserved to be given access to NAW thinking in all its breadth and depth, including biblical criticism, but also modern scientific reasoning as described by Horton (1967). This, however, did not happen. Science was taught in its results: the ‘facts’ of biology, physics, and chemistry, that which according to Sterne (1946:289) can “be learned by rote.” These were and still are part of any higher educational curriculum in Africa, not, though, the iconoclastic spirit of scientific reasoning, whose subversive nature would have undermined the Africans’ readiness to submit to authority in an all-encompassing sense: religious, social, and political.\textsuperscript{102} It is this exclusive focus on the results of science which Horton (ibid.:70fn3)

\textsuperscript{101} This is the spirit in which the ZM Jesuits set to work; cf. the ZMR on dams, pumps, and irrigation (I,3:80; I,8:256; I,11:379ff).

\textsuperscript{102} As with the practically useful results of science versus science's all-questioning spirit, so with modern medicine: although it gained ever more importance over time as a part of the missionary endeavour, first as an ancillary tool to facilitate conversions, then increasingly as a means to avert physical harm and death as a goal worth pursuing in its own right, it was not employed to further a process of disenchantment in the
deplores – i.e., upon impersonal laws governing the material world while *deliberately disregarding the spirit of scientific investigation*: "Coming from Africa," he says,

this is something of a *cri de cœur*. In the authoritarian political climate of emergent African nations, there are particular dangers that this may be the outcome of ‘westernization’. For since the spirit of science … is essentially anti-authoritarian, there is a great temptation to take the preoccupation with impersonal models as the essence of science, and to reject the real essence as inconvenient.

It must be added, here, that Horton’s “authoritarian political climate” is not the result of decolonisation, as he may be understood in the above quotation: said “emergent African nations” only perpetuated what colonial regimes and missionaries alike had begun, namely, to let even the few selected for higher education, learn by heart the results of scientific inquiry (laws, facts), and to leave it at that. No spirit of iconoclasm for them to take in, no impertinent questions à la Ngidi to be asked. Plutarch’s educational maxim (in Goold 1986:259) that “the mind does not require filling like a bottle, but rather, like wood, it only requires kindling to create in it an impulse to think independently,” was understood only too well in its implications and therefore turned on its head: if independent thinking most definitely was not wanted, then filling African minds “like a bottle” with bits and pieces of information was all that the education of locals should aspire to.\(^\text{103}\)

How then, right at the beginning, did the AmaNdebele accommodate the knowledge of their conquerors? A case vignette by Faber Clarke (2010:205) is instructive, of Queen Lozikeyi’s Weberian sense (unsurprisingly, one might say). The threat was too eagerly felt, it seems, of Dr Koch usurping the place of and thereby becoming the new knight St George!

\(^{103}\) The intention to shield Africans from critical thinking is made explicit, e.g., when the ZMR (V,70:275) laments the “facilities for divorce of married persons amongst the European population” – the “very unfortunate effect upon the native mind” (ibid.) being that Catholic teaching on the indissolubility of marriage is undermined by the very “representatives of the dominant race … whom the native is taught to respect, … and who are the actual exponents of what the native believes to be Christianity” (ibid.): very unwelcome food for ‘native’ thought, indeed! How solid the foundation was on which the Jesuits’ own high esteem for submission to superior authority rested, may be judged from the following question: “[W]ho may know the mind of God if not the Sovereign Pontiff, the Vicar of Christ on earth?” (ZMR VII,101:264)
grasp of the colonial situation, of the white men’s knowledge of the world and of man’s place in it: she was, Faber Clarke says, not "looking for a new religion. She wanted the key to the ‘witch’s ways’ called education by English speakers."\textsuperscript{104} With this claim, Faber Clarke refers to a statement of Melwa Ntini, in an interview recorded by Sibanda (1998:214f):

> It suddenly dawned on our people that the whites had come to our country to stay put. ... So they decided to follow our conventional wisdom of learning the witch/wizard’s ways in order to survive her/his threat. So we went to school and churches to learn their tools, tricks and ways of survival so that armed with that knowledge we could ... hopefully defeat them and take back our land.

This is also how Bhebe (1973:46) may be understood when he speaks of the AmaNdebele “coming to terms” with the colonially-imposed alien culture: “The traumatic experience engendered by the loss of their king, and the clear demonstration of the white men’s technological superiority ... produced a strong feeling in Ndebele society of coming to terms with western civilization.”\textsuperscript{105}

There is a fine but crucial line between, on the one hand, learning “their tools, tricks and ways of survival,” where the understanding is that the learners, Ntini’s “we,” remain who they are and merely intend to use the foreigners’ knowledge, in the way Chief Mumia intended to use the arms he bought from the “Swahili and British, ... [as] a form of sorcery more powerful than that of his traditional practitioners” (cf. pp321f, above); and, on the other hand, the readiness to change: to incorporate into one’s own way of acting, living, \textit{being}, whatever it takes to become somebody else’s equal as regards defined abilities, or characteristics.\textsuperscript{106} Clearly, Ntini only speaks of the goal mentioned first: to learn the tricks

\textsuperscript{104} Cf. Chanock (1972:437).

\textsuperscript{105} However, for many years to come, blunt refusal to accept that the times had changed, ran alongside the readiness to accommodate: for as late as 1914, Bhebe (ibid.:50) presents evidence of cases where children were actively kept from going to school; cf. ZMR V,75:430 & 432.

\textsuperscript{106} An article on the utterly innocent topic of a football match between two teams of local boys (ZMR VIII,124: 410ff) describes how the new, in this case an imported game, can be conceptualised within a traditional frame: when it comes to ensuring victory, for one of the teams, which the Father “take[s] leave to describe as a band of savages ... the merit acquired by assiduous practice and disciplined skill counts for nothing. The
needed to “defeat them and take back our land” – so as to live again as before the colonialists’ arrival.\textsuperscript{107}

However, the superior power of the colonialists did not in fact arise on the basis of what, in common understanding, can be called a trick. To use an example from European history: so long as alchemists tried (as they did for centuries) to find out by which ‘trick’ (formula, ritual procedure, magic spell) some less precious metal could be transformed into gold, they failed. The beginning of mastery of the material word, in so far as the scientific knowledge accumulated by chemists and physicists contributes to this end, is marked by the insight that matter subdivides into immutable chemical elements which, forgetting about much later insight into nuclear fusion or fission, man cannot transform into one another: gold, i.e., wealth, must be created by other means. Bacon was right: “Nature cannot be conquered but by obeying her” (cf. p101fn76); therefore, Meyer-Abich identifies as “[t]he original contribution of science towards the intellectual development of mankind .. the recognition of what is not within our power … Science is originally about that which cannot be willed.” (cf. ibid., above; first italics mine)

As a general maxim, Engels (1996: part I, chapter XI) ascribes this insight to Hegel who, he says, was

the first to state correctly the relation between freedom and necessity. To him, freedom is the insight into necessity … Freedom does not consist in any dreamt-of independence from natural laws, but in the knowledge of these laws, and in the possibility this gives of systematically making them work towards definite ends.

Submitting to what is called “Sachzwang” in German – letting external reality, by virtue of its inner workings, dictate to us the ways how to do things – is the route to go if we want to achieve our own ends in the world out there. A worldview, though, which takes for granted whole issue is governed by the strongest charm on the field” (ibid.:410); as he sees it, the boys are “re-casting .. [the game; RB] in a mould entirely .. [their; RB] own.” (ibid.)

\textsuperscript{107} This, it has to be said, includes the side of Ndebele culture which well-meaning anti-colonialists would have difficulty to accommodate: cf. p486fn5, above, and p573fn160 & p591fn182, below.
that dictating to external reality is in fact possible – namely, by way of magic, if only executed properly – invites harbouring a suspicion which goes in quite another direction: if Africans did not become as powerful as the Europeans were, in spite of all the reading and writing skills, the baptisms, and the Gospel knowledge imparted to them, the missionaries must be withholding some secret knowledge, i.e., their “tricks;” the new thus continued to be understood within the framework of the old. This is how Fernandez understands the interaction between the West African Fang and their French missionaries. He points out (1972:18) that “[m]any missionaries succumbed to the temptation to credit .. [the] marvels of [NAW; RB] material culture to the Christian way of life, the bonnes nouvelles they were preaching.” More than anything else, he posits (ibid.:19), this stood behind “the thirst of the young Fang for more and more knowledge of the Word of God,” as one of the missionaries puts it (ibid.), their “astonishing zeal, always eager to penetrate further this mysterious science that gives this power to the white man.” But in the end, Fernandez observes (ibid.), locals came to view the Gospel as “in some respects a fraud because it yielded no material benefit,” and as their expectation to gain “powerful and material benefits from the new religion” (ibid.:24) continued to be in vain, they were “led to suspect that the missionaries had not been fully candid” (ibid.:26), cleverly managing to keep their tricks to themselves.108 Many Africans, Fernandez claims (1969:145), were convinced that secrets of great earthly value were being hidden from them. Frequently enough disenchantment with Christianity occurred because it failed to deliver the very this-worldly satisfactions displayed by its European adherents and understood as part of the bargain by those who converted. 109

108 Chanock (1972:436) reports that initially, converts had perceived “the Bible as a magical key to a new life and indeed it was not unusual for missionaries to present the Bible as a talisman. ‘I showed them a Bible,’ wrote Riddell …. ‘and told them that it was it that made our nation rich and powerful.” However, “as early as the 1890s,” Chanock continues (ibid.:437, quoting Macdonald, R. 1969. A History of African Education in Nyasaland 1875-1945, PhD thesis, Edinburgh), Africans felt that Europeans had “frame[d] elaborate and complicated adverse systems as a means of retarding their deserved development.” Cf. p324, above, on Colson’s comparable observation among the Batonga.

Harries (2001:419) gives an example of European magic *in actu*: an illiterate man is sent, for demonstration purposes, with a written note to the missionary’s home, and is given there what is requested in writing, without a word being exchanged on that particular item. This, the missionary reports in a letter to his Mission Council, the locals interpret to mean that “he who becomes master of the difficult art of writing will lack nothing because he will receive for free all that he will demand by letter from any white.”\(^{110}\) Harries gives the further example (ibid.:420) of a woman describing “the characters on the page of a book as the equivalent of the bones thrown by a diviner. For … [her; RB], a spirit inhabiting the page arranged the print in the same way as the ancestors arranged the diviners’ bones.”\(^{111}\)

All these examples acquire meaning on the basis of a conviction that magic is a real option; that the Europeans are superior magicians; and that the locals had to find out how the Europeans went about their tricks, so as to become equally powerful magicians. More or less clearly, the missionaries did notice the implicit fundamental misunderstanding, and tried to exploit it in their efforts at converting their African hosts. Their own worldview, obviously, was not “resolutely monist” in the way Canguilhem describes modern medicine (cf. p505, above), which made it difficult for them to teach the natural sciences in a way which would radically pull the rug from under Africans’ belief in magic, in so far as this was their way of acknowledging, if misguidedly as regards their belief-content, a world beyond the impersonal one governed by natural laws. However, as is evidenced today by teachers of the natural sciences cum believing Christians, this obstacle cannot be construed to be insurmountable. After all, as Hexham says (1996:441), the missionaries of the 19\(^{th}\) century themselves, “[w]hatever they may have preached about the origins of Christianity[,] .. all shared a common belief that the age of miracles was over and the world was governed by God’s natural law.” Was there not, then, an option available to the missionaries, to teach with the aim to enlighten, in spite of the route colonialism took, i.e., not to replicate modern capitalism in Africa, with Foucault’s speaking subjects as its citizens?


To this question, the ZM Jesuits’ answer was unequivocally in the negative, judging by their actions in the field of education as well as by virtually all they had to say about the topic. They chose to aim for an African future conforming to their idealised model of pre-1789 Europe, the intention being to *keep at bay* the destructive thinking that was the result, in their view, of the Reformation and Enlightenment; as Iliffe has also said of French female orders (1987:109), their members were “products of a reaction against the Revolution.” As has been stated before (cf. pp3fn6 & 8, & 211fn113), most other missionaries were as or almost as backward-looking in their approach, so it does not come as a surprise that Christianity, in Ranger’s paraphrase (1975:94) of Chanock’s analysis, “as a whole had a much less ‘modernizing’ effect than is usually assumed.” But the question remains what, *counter-factually*, would have been possible, had the Church not been so scared?

There can be little doubt that indeed she was: Brown (1960:262f & 261) bemoans the unfortunate development which saw locals “being employed more and more in the factories of the urban areas … The white mentality they met was materialistic, and many learned Communist doctrines and believed Communist promises.” In the 1920s, the ZMR (VIII,113:64) dreaded this same scenario, the spirit of modernity, here called materialistic, leading Africans towards “making shipwreck in the whirlpool of atheistic and revolutionary communism. This last we conceive to be the great danger ahead for educated natives.” Understandably, this was a threatening perspective for conservative Christians, and not conducive to their remaining relaxed when meeting Zulus who “raised astute philosophical difficulties” (cf. p539, above) in discussions about the truths of the Faith.

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112 Chanock (1972:433f) criticises the “concentration of historians on ‘modernizing’ elements” in Malawi’s colonial history, adding (ibid.:436) that “we are … still victims of the image which the [Scottish; RB] missions had of themselves and accept the missionary assumption that Christianity was a ‘modernizing’ religion.”

113 The bugbear reference to communist doctrines stands in an ominous tradition: “The feeling the papal statesman at the time of the Counter-Reformation had regarding the term, freedom of religion and conscience, roughly corresponds to what a loyal, state-supporting politician” – and for that matter, a state-supporting missionary – “feels today about terms like revolution, socialist state of the future, communism, anarchy, etc.,” is the comparison Troeltsch uses (1966b:287, fn; my transl.); he is drawing on Meyer, AO. 1913. *Nuntiaturberichte aus Deutschland, 17. Jahrhundert.* Berlin: A Bath.
But still, would there not have been an alternative approach, to expose African minds to the intellectual history of the NAW in all its breadth?\textsuperscript{114} Looking at much contemporary so-called development input coming in the form of education, teaching, training, and awareness creation – all on the assumption that what is needed, first and foremost, is the transfer of knowledge –, the question belongs less to an academic cloud-cuckoo-land than it might seem. Nonetheless is it hard to believe that Fernandez (1969:145) speaks altogether without an ironic undertone when he suggests that “[i]t would have been much better if the missionaries had come to Africa with the \textit{Principia Mathematica} as their ‘good news’ and Isaac Newton or Michael Faraday as their passionate pilgrims.” But then again, who knows? Looking at Colenso’s way of interacting with Ngidi, the point can be made that if NAW culture was taken to Africa – by the missionaries, at least, in the genuine belief that civilising was what Africans needed alongside the Gospel message – then inquisitiveness and the readiness to challenge authority, no matter how much the latter might be based on received wisdom, should have been among the cultural goods to be considered worth exporting.\textsuperscript{115} In Mokoena’s rendering (2008:332) of the (auto-)biographical narrative of one of Colenso’s pupils, Magema Magwaza Fuze, this is exactly what the bishop did, whose example Fuze himself emulates in demonstrating to his own readers “Colenso’s method of biblical hermeneutics by interpreting a few stories from the Bible and exploring their figurative rather than literal meaning.” In Fuze’s account, remarkably, the secret hidden from the locals that Queen Lozikeyi and the Fang had presumed to lie in some kind of magic (cf. above, pp545f & 548), takes on \textit{this}, a \textit{theologically-exegetical} meaning: as Mokoena quotes him (ibid.:328), Fuze sees Colenso’s European detractors cum fellow

\textsuperscript{114} The priest in charge of the ZM station at Umtali seems to have aimed in this direction: in the \textit{Begging Column} of January 1917 (ZMR V,75:448) he asks for “Catholic newspapers … for distribution among local Catholics,” but also for “Catholic books and pamphlets, doctrinal \textsl{and} controversial, for enquirers.” (ibid.; my italics)

\textsuperscript{115} Jouhy (2017), whose topic is education in still authoritarian though no longer fascist, post-WW II West Germany, explicitly raises the issue in a side note, of \textit{comprehensively} critical thinking as an educational goal to be aimed for in subSaharan Africa (cf. ibid.:169; also his denunciation of the “authoritarian-mechanical transfer of imported techniques and gutted fragments of the traditional cultural assets” brought along from the First World, quoted in Heyl 2017:124; my transl.). According to his educational credo which knows of no geographical restrictions, teachers should “value more highly the failed performance which is the result of high-risk thinking, than the rehearsed reproduction of given schemata of knowledge and thinking.” (ibid.:176; my transl.; cf. p563, below, on readiness to think outside the box as a prerequisite of science).
Christians asking, reproachfully, why he had “reveal[ed] their secret which should be known only by them and others should not be told,” thereby acting contrary to Leipzig Mission Director von Schwarz’ admonition that to impart “[s]ome European language and culture was good, but [that] too much of it … might ‘easily have disastrous consequences’.” (cf. p7, above)

On the medical side, Livingstone had shown his readiness, not just to go beyond the medicine he had been taught at home and use what the local *materia medica* offered, but also to reflect *together with* a local colleague on the merits and demerits of their respective approaches towards problem solving.\(^\text{116}\) When looking at his use of his medical knowledge – in cases where infertility was the presenting complaint laying open his limitations (cf. 1912:94f) – or with regard to guns (ibid.:184f), credit must be given to his intentions: “I had hitherto declined to deceive them.” This was not the usual approach of medical men, as Ranger has been quoted above (p336): “The European colonisers brought with them a biomedical understanding of disease but they did not communicate this effectively to Africans.” Examples to illustrate this point have been given, of missionary doctors who readily accepted to be perceived as miracle workers (cf., pp233fn44 & 322fn89, above).\(^\text{117}\)

Sadly, Colenso, Callaway, and Livingstone, each in his own way, were the odd ones out when it comes to the range of imaginable approaches that Europeans, and in particular missionaries in subSaharan Africa, could have chosen, regarding how and at which level to engage intellectually with their African interlocutors. As for the ZM Jesuits, their conditioning by the dominant form of 19\(^\text{th}\) century Catholic theology has already been mentioned (cf. pp128f, above), their formation in “the most rigid, the most neo-scholastic, the most ultramontane, the most centralised half-century in the history” of the Church – not quite the environment in which to have imparted and imbibe, as teachers-to-be, the

\(^{116}\) As Kritzinger (2008:764) has put it, “[t]he best way to honour an intellectual” – or, for that matter, a fellow-professional – “is to enter into dialogue with him or her,” which aptly describes the rain doctor’s and Livingstone’s approach towards each other.

\(^{117}\) Another exception to this rule was Dr Macvicar who, from the turn of the century onwards, set out to impart the scientific-medical knowledge he had brought with him from Scotland, to African trainee medical staff; in Livingstone’s footsteps, he also tried to disseminate scientific knowledge among the wider general public, as Lunde reports (2009:346ff).
pedagogical objective of stimulating critical thinking among their future pupils in the mission field, be they traditionalists, catechumens, or already converted. Befitting the assumed simplicity of his flock (cf. p540, above), this is how Fr Weisskopf in one of his letters (17 July 1881, in Roberts 2009:262) describes his teaching method:

Wearing surplice and stole, I kneel before the altar, slowly make the sign of the cross, and then recite aloud the *Pater*, the *Ave* and the *Credo*.118 After that, I turn round to face the people, and ask them to make the sign of the cross once more with me. It takes time to go over all this; but they do their best to imitate me. There follows a short lesson and I get some of them to repeat it aloud. … From time to time, I ask one or the other of them a question; then general repetition aloud. The important thing in all of this is … to treat them as one would children … We end by reciting the *Pater* together. How wonderful it would be if we could sing some canticles together – to the Holy Virgin, for example!

Very much in line with this approach, Fr Terörde writes to his brethren in Germany (5 March 1879, in Spillmann 1882:45; here and in the following, my transl.) that he studies Setswana from a Protestant Bible translation and adds: “How this quirky translation of the entire Old and New Testament is to serve the savages one can of course not see.” In those early days of the ZM enterprise, rather little input was considered necessary to effect a conversion, as the following example shows: a young black farmhand is eager to follow the lead of his German-Lutheran employer who, on 7 June 1879, has his children baptised as Catholics, only for the parents to follow suite and convert on the same day, after Fr Terörde has asked “the dear Lord to change the man’s heart.” (ibid.:83) Under the priest’s instruction, the farmhand knows (ibid.:84) “within a couple of hours the necessary things and the main issue of the Holy Communion,” and is admitted to the Sacraments. On the next day, they all attend mass and receive Holy Communion, and have afterwards

118 Though mass was said in Latin, the said prayers were in the vernacular; the ZMR (II,23:355) quotes Fr Prestage recounting that at Empandeni in the late 1880s, many could “almost say by heart in their own language the Our Father, Hail Mary and Creed. They also sing very well in their own language … the *Ave Maria Stella*” (cf. ZMR II;30:621). The *Missa Cantata* was sung in Latin, though, so it was about learning the “words first, and for young native children this is not so easy.” (ZMR VII,109:507; cf. Tieman 2008:35. For a list of what the catechumen should know of Christian doctrine, cf. ZMR VI,91:382).
explained to them (ibid.) the “ceremonies of Holy Mass.” The Father puts up pictures of the Heart of Jesus, and of Mary, and a “medal of the everlasting help” in their house, and leaves them a catechism for further self-instruction before travelling on. En route, in a day and a half, three adults have thus been made Catholics.

Over time, the awareness would grow that making those ‘Kaffir heathen’ Catholics, was not all that straightforward. The difficulties of Christianisation were actually appreciated very soon. Already in 1882, Spillmann refers to a Portuguese traveller’s doubts about the success of Protestant missionaries among the Bamangwato, after visiting them in the late 1870s: if King Khama were to be followed by a non-Christian successor, the population would, Spillmann quotes him (ibid.:119), “without further ado throw Christian teaching overboard, which they have not thoroughly comprehended, and return to polygamy.”

True to the initial approach, though, the goal of making the locals be good, rather than making them understand, remained unchanged: in 1903, Fr Hartmann still declares according to Sr Josephine (in Tiernan 2008:138) that “blacks at present can just be got into heaven [by baptism, preferably in articulo mortis; RB] and that is all. The young people are good while they are with the missionaries, but later on the difficulties come.” The missionaries’ task was to make people bend their neck under the right authority, the Catholic Church, which could be achieved only so long as a direct influence could be exerted, day in and day out. When it came to submission to authority versus making up

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119 According to the ZMR of July 1927 (VIII,117:190) “most of the older Fathers … frankly confess that in their first decade of missionary life they baptized adults far too soon, and in their second decade still too soon, and now in their third decade are wondering if they are guilty of the same mistake.”

120 Unaffected by such doubts, Fr Terörde maintains (ibid.:126) that “through the children may we expect an influence on the adults; unless the chief of a tribe were to convert to the Catholic church. Then it would become easy to lead the entire tribe to Jesus.”

121 Bending their necks, and bending their knees: a group of Catholics is described (ZMR VI,87:229) as walking 15 miles to the next railway station, because the Prefect Apostolic is passing through, “and, during the short halt of the train, as many as could do so, kissed his Reverence’s ring; then, when the whistle sounded, all went down on their knees for his blessing.” However, none of this is specifically about Africans: this is how lay Catholics the world over were supposed to feel and behave. So Chigwedere (2017:86) misinterprets the fact that local Catholics had to “recite certain things in Latin: they responded to the officiating priest in Latin, as in Europe. But they had no clue as to the meaning of the phrases and clauses they were reciting” – however, nor did the Catholic rank and file in Europe, and they need not, either.
one's own mind, the Catholic Church as an institution was thus consistently found defending the former principle against the latter;¹²² she kept siding with pre-1789 forms of life, of thinking and believing: fighting rear-guard battles against what was becoming the modern NAW. So how could the ZM Jesuits have enlightened others, when they weren’t themselves? And, as it seems, the majority of missionaries from other congregations was not fundamentally different in their outlook, either.

The group of lay Catholics mentioned above (cf. p529), in any case, leave no doubt about what they consider a Roman Catholic education deserving this name: it must “succeed in simultaneously instilling into the heathens the knowledge of the true faith and submissive allegiance to their temporal Rulers.”¹²³ On this basis, disregarding the obstacles created by racism as an integral part of colonial rule, graduating from a Catholic mission school did prepare Africans for a professional role in the colonial world, e.g., in its health sector: as nursing assistant, nurse or doctor, after attending nursing or medical school.¹²⁴ In saying so I speak of functioning within a (sub-)system, though, which is different from making it function (this latter role being one within the system and at the same time transcending it). In the first role, the rules of the system are taken as a given and just have to be adhered to (say, by a tray-nurse or a surgeon in operating theatre); in the second, the system itself

¹²² This is how Fr Depelchin praises his deceased confrère, Fr de Wit (letter, 1 May 1882, in Roberts 2009: 284): “This holy religious obeyed with the simplicity of a child.”

¹²³ Their language echoes Bishop Richards’ (cf. above, pp345 & 346fn19), as that of a succession of popes who, in their encyclicals, keep coming back to the images of themselves as benevolent fathers – stern if need be – and of the believers as children who are considered well-behaved so long as they are docile, and if they should disobey their father, have not made a reasoned choice to differ, but have simply lost their way, likely seduced by evil minds. Giving an example of the right frame of mind, Behrend (2011:157; my italics) quotes the Catechism of the Council of Trent which says of the Eucharist that “nothing more becomes the piety of the faithful than, omitting all curious question, to revere and adore the majesty of this august Sacrament.” This is expressed naïvely and to the point in equal measure, in an African teacher’s poem quoted with coy approval in the ZMR (IX,144:482): “The Jesuit Fathers came/To make us good and tame.”

¹²⁴ In Rhodesia between 1939 and 1970, close to 2000 Africans qualified as nursing assistants, according to Gelfand (cf. 1976:148).
becomes an object of reflection, and of intervention whenever the need arises, so as to maintain its integrity or possibly introduce modifications (e.g., by the same surgeon as above, but this time in his role as medical superintendent of the hospital). For this second role, professional (medical) knowledge cum obedience alone will not suffice. Better suited for the task in question would be a graduate of secular education as conceived by 19th century anticlericals, whose self-set goal, Kaiser says (2003:61), was “to educate responsible citizens by implanting in them a capacity for independent and rational thought and action.” From a different angle, Hage looks at the same two roles or qualifications when he states that “the national capital one needs to accumulate in order to maximise homely belonging to the nation is not the same as what one needs to accumulate in order to maximise governmental belonging.” (cf. above, p18) Looking at health care provision, one might rephrase: the cultural capital needed in order to belong to the medical staff of a modern hospital, as a nurse or doctor, is not the same as that needed to run the entire institution, let alone the ministry of health at provincial or national level. Did mission schools prepare for that second task? Could they, considering that their aim beyond making converts, as Cooper puts it (2005:144), was to promote a “social order far more hierarchical and traditionalist than that advocated at home and overseas by republican modernizers” – with Africans in missionary no less than in colonial-administrative reasoning supposed to occupy the ranks that were receiving orders, i.e., not meant to learn contemplating or discussing, let alone giving them? (cf. Charlotte Mansfield’s acclaim for a Catholic education in this mould, p341 above)

125 From a systems-theoretical perspective, Glanville (2004:1380) remarks that “[c]ybernetics has always been interested in the circularity in which the observer (used as a general term to cover agency) observes what is happening in some system and acts on that system.” While all acting in (inclusive even of non-acting) unavoidably implies acting on the system as well, irrespective of the place an actor occupies, the role of superintendent was chosen above as an example, to signify acting-on as a conscious, intentional activity.

126 “Rational,” to be sure, within the frame and limits of their brand of anticlerical liberalism.

127 On the input of colonial administrations and the Church, Cooper remarks (ibid.:144) that “the colonial rulers devoted few resources – teachers, doctors, engineers – to the cause” of civilising their subjects and lands, whereas “the inveterate foes [sic] of secular republicanism, the Catholic Church, sent a vastly larger body of men into the empire.” Thus, whatever republican modernisers might have “advocated,” could not have as much of an impact on colonial practice on the ground, as the principles of authority and submission preached by the Catholic Church and colonial administrators alike. As Cooper therefore points out (ibid.:143; my italics), although the exercise of power through “flogging, [and] collective punishment of villages and
Harries, from an Anglo-Catholic perspective and speaking of rural-colonial Tanganyika, describes (1945:124; my italics) what seemed to him an appropriate educational strategy for missionaries to pursue when aiming for a primary education of local children that would be of benefit to their father: *not* to teach “the names of the kings of Israel. But he will be truly benefited if he finds that his children have been taught *practical crafts* that will be of use to the village community.” Valid as his point is in the juxtaposition chosen, it also defines the limits which to transcend educationalists are not invited to contemplate, not even as a longer-term goal. Harries is clearly aware of problems beyond the level of good craftsmanship – e.g., the lowly standard of village life which makes even the production of sandals a foreign body: shoes for a barefooted world. Still, although he wants (ibid.) “nothing less than fulness of life for the Africans,” he neither sees nor creates a link between the pupils’ formation and such developmental issues as “raising the standard of life in African rural areas.” (ibid.) To his mind, these are “the acknowledged responsibility of [British-Colonial; RB] Government” (ibid.), i.e., of its (white) representatives in Tanganyika, and nobody else’s. Commenting critically on a colonial education in which this distribution of responsibilities was taken for granted, in neighbouring Nyassaland, Chanock (1972:438) remarks that a “brief and intermittent acquaintance with a rural mission school … did not produce men objectively capable of ‘taking the process of betterment’ into their own hands.” Such empowerment was not on the colonial agenda, nor on the missionaries’, neither at primary school level nor beyond – most certainly not in the ZM. The ZMR (VII,109:502) quotes approvingly a Wesleyan minister’s view that it is the missionaries’ obligation to point out social problems affecting the lives of their local flock, because the sheep (so to speak), though directly affected, constitute a “large mute constituency,” such that the “aspirations and disappointments of this large dumb proletariat” cannot possibly be voiced by those concerned themselves; and it was not intended that this state of affairs should change: in the ironical-derogatory wording of the ZMR (V,75:423; cf. VIII,117:192),

> [n]either the Government nor the Missionaries wish to raise up a smart set among the Aborigines. The aspiring Kaffir journalist and the black tub-orator, whose intellectual pride is as amazing to the white man as the white man’s is to the angels,

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kinship groups, from a Foucauldian perspective *should* have been supplanted by modern governmentality,” in colonial practice it was not.
are not yet with us, and it is part of the work of the schools to sterilize the germs that go to produce such portents.

When looking at post-Independence Zimbabwe, the question thus is, if or how the developments that Gappah frets about, examined against the backdrop of Bourdieu’s reflections on cultural capital – “what is called culture, cultivation, Bildung” (cf. pp17f, above) – can be traced back to the educational system in Rhodesia and later in Zimbabwe, governmental-colonial as well as -postcolonial, but also missionary, as to a considerable extent it was and to some still is?128 If, as is assumed here, the clinics, hospitals and ministry in question were always supposed to organise and deliver that kind of health service which has its origin in the modern NAW (pre-1980, in a comprehensive manner only for the few; post-1980, for everybody), then this entire sub-system within the state, post- no less than pre-Independence, needed to function, i.e., needed to be made to function in line with professionally defined standards.129 Examples would be, sterility in

128 “At the end of 1910 there were in Southern Rhodesia 213 schools for natives, all of them conducted by missioners, and 115 of these schools were annually visited by the Government School Inspector and received a substantial grant in aid” (ZMR V,63:4). – It is not intended here to gauge the relative impact of mission versus government schooling in bringing about the subjective constitution of educated black Rhodesians, later Zimbabweans – their cultural capital –, nor to determine the proportionate relevance of this subjective factor vis-à-vis the objective conditions of socio-economic reproduction in the colonial and post-colonial world. Rather, this is an effort at filtering from an intricate socio-economic and historico-cultural context, the contribution made of said subjective constitution of the educated towards today’s state of the health system (by extension: of the nation), and of Catholic mission schools towards creating that subjectivity. Thus, as for the Jesuits’ share of responsibility in bringing about the current state of affairs in Zimbabwe, so for this state itself: no attempt is made at finding the cause for Zimbabwe’s predicament; this is merely about identifying a crucial contributory factor, keeping in mind Musil’s cautionary yet also encouraging remark (1995:1106) that, “[w]henever a partial truth has been regarded as the only valid one, there has been a high price to pay. On the other hand, this partial truth would hardly have been discovered if it had not been overestimated.” While tracing one such partial truth I have tried not to lose sight of other factors such as, first and foremost, the lesser degree to which Rhodesia, then Zimbabwe, were transformed into a developed capitalist society. (cf. pp593ff, below)

129 Jackson (2005:196n6) mentions an incident in Parliament in 1981, which might cast some doubt on this assumption, at least as a consciously held conviction: in the context of renaming Andrew Fleming Hospital into Parirenyatwa Hospital, she quotes Zimbabwe’s first Minister of Health, Dr Herbert Ushewokunze, as saying, “‘All colonial relics should be removed.’ To this, one Rhodesia Front Member of Parliament, a Mr.
operating theatres, or prescription of drugs as per scientifically established criteria of efficacy; but also: procurement of drugs such that they are available for prescription when needed; maintenance of equipment such that it is ready for use at the opportune moment. Gappah (2008:14; my transl.) mentions the shortage of “surgical instruments and surgeons;” the task of their timely procurement or hire would in Zimbabwe fall to someone responsible at national level. However, the responsibility for simply ordering drugs from Government Medical Stores falls at clinics to the nurse in charge, at district hospitals to the staff member in charge of the pharmacy. These are the levels of which I can say from personal experience that it will not at all be extraordinary for the visitor of a Matabeleland health care facility, government or mission, to find the respective shelf in the pharmacy depleted, with no ordering having been done at all, or an order having been placed only after the last bottle of kinds of tablets that are needed on a regular basis, e.g., common antibiotics or anti-hypertensives, had been dispensed.130 This is not about governing an entire nation, but, rather than just functioning within one of its sub-systems while taking its existence for granted (e.g., prescribing Penicillin when indicated, presuming that it is in stock, ready to be dispensed), it is about working in and, if in a small way, on the system, in

Goddard, responded ‘Take your clothes off ...’,” where the more apposite reply could (should?) have been, ‘Then shut down the hospital rather than just renaming it.’

130 Cf. Hardegger (1987:96). Looking at Zimbabwe as a nation, it is easy to source reports about the non-availability of drugs in the periphery due to macro-economic constraints for which the medical fraternity cannot be blamed (cf. Kwaramba 2014; Zhangazha 2015; Mudadigwa 2016). Anecdotal reports on managerial deficits within the health care system itself, as a cause for lower level non-availability of what nationally actually is in stock, are much harder to come by; for one such, in which the Harare Hospital CEO is targeted, cf. Muguti (2016). A weak correlation between national and peripheral on-shelf drug availability in 1997/98, thus well before the general melt-down that Gappah writes about, is an incidental finding of Hongoro’s 2001 study of hospital performance in Zimbabwe. Wide discrepancies in the availability of essential drugs at six Provincial Hospitals, with between as much as 36 or only 7 percent never out-of-stock (cf. his table, ibid.:128), indicate dependence on factors other than national availability: on managerial malperformance at some level, ultimately of the pharmacists in charge. Summarising his study’s findings, Hongoro remarks that “[h]ospital staff appears apathetic about hospital performance” (ibid.:ii), charitably adding his non-substantiated assumption that this is “because of lack of appropriate incentives.” (ibid.) His very next sentence (ibid.; my italics), more comprehensively, lists “lack of management capacity and skills, inappropriate internal organisational and management structures, and staff reward systems.” In view of his considering “negligence” as another factor contributing towards low quality performance (ibid.:131), however, reward-making does not seem an appropriate top contender for the list of remedial measures to be taken.
the sense of keeping it functional: ordering drugs for later dispensing, when what is still on the shelves will likely have been used up in the foreseeable future.

Neglect of the system’s up-keep at all levels has indeed gotten worse since the general decline has set in which is Gappah’s topic, but it did not begin then (cf., e.g., p23fn40, above, on the neglect of the Bulawayo water supply services, and Hongoro 2001, fn130, above). So how do Catholic mission schools come in, here? Did they play their part in laying the groundwork, in local pupils’ minds, for what is necessary to keep modern systems going? This thesis is not about missions as part of the educational system, and no new empirical material was gathered to answer this question. Still, a good bit of information can be extracted from what has been said on the stance of the Catholic Church, thus of her missionaries in Matabeleland, vis-à-vis modernity – and very little of it suggests that the ZM Jesuits saw a role for themselves in preparing the ground for modernity as a system to take root. Quite the contrary, it was the ultramontane agenda to turn back the clock at home, and in the colonies to prevent a development from getting under way in the first place, which supposedly had begun with the Reformation, had led to 1789, industrialisation, urbanisation, and secularisation in Europe. These missionaries firmly rejected Troeltsch’s thesis (1966c:336, my transl.), that modernity is our period of the world, out of which no-one can extract himself by the scruff of his own neck. Even the remnants of the old world … are most profoundly permeated by

131 It would be interesting to sieve autobiographical material of African ex-pupils of mission schools, regarding the gist of the teaching offered there. The curricula will only give an impression of the material content of what was taught in, say, the natural sciences; the ability of graduates from these schools, to enter as well as qualify from regional and overseas universities, attests to the fact that they had learned ‘enough’ for this purpose. But what about their qualification to keep systems going, including the readiness to expose malfunctioning structures as well as people for what they are: malfunctioning? – and this not just high up (e.g., a government that sparks hyperinflation through outrageous spending habits: Gappah (2008) mentions “war veterans’” pensions from empty coffers, and the Congo war), but at the grass roots as well: e.g., the nurse in charge of drugs who does not order in anticipation of future demand. It is this latter aspect which is sadly ignored when Todd et al. (2010) analyse the contributing factors towards the decline of Zimbabwe’s health care system.
its spirit, which is why ‘conservatism’ cannot be construed as a uniform, radical principle in its opposition.

Determined not to go along with this assessment, as Etherington (2005b:264) points out, “nineteenth-century missionary theory accorded a special place to self-sufficient agriculture and village life, perversely idealizing a way of life that was already disappearing in Europe;”¹³² perversely and anachronistically, but understandably so, as the missionaries aimed at keeping alive the mindset that goes with this kind of village life, though it was already “pitilessly torn asunder” in the NAW, by the forces of modernity, as Marx and Engels say (cf. p72, above). However, taking up Troeltsch’s train of thought, Landau (1996:265f) identifies even in the very “missionaries’ attitudes to African arcadia” the seed of its destruction: they “revered their lost plowman’s England, even when, finding communal health explicitly bound to the land in Africa, they tried to unbind it. They pined for what they were trying to wreck.”¹³³ Nonetheless, with regard to consciously conceived educational input, in Behrend’s paraphrase (2011:156) of Fernandez (1978), “missionary Christianity was essentially ‘pre-Enlightenment’, obscuring from converts the essential achievements of Western Enlightenment.”¹³⁴ But one’s achievements are another’s

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¹³² The ZMR (VIII,118:236), speaking of Northern Rhodesia, holds that “the most secure basis for the building up of a nation is a large class of intelligent, prosperous and contented peasants who are the owners of the soil which they till. It is into such a class as this that we must transform the natives;” this they felt encouraged to attempt, based on their belief that “[t]he native is an agriculturist, and his place is on the land.” (ibid.:237; cf. VIII,124:391)

¹³³ Cf. the editorial in the ZMR (VIII,123:355ff), with a critique of capitalism for “[t]he worship of Mammon which … has done so much to shake the stability of our civilization in Europe” (ibid.:357), for wanting “to snatch quick profits from the mines and from an extensive cultivation of the land” (ibid.), while the missionaries “promote[d] intensive cultivation of the land and .. foster[ed] home industries” (ibid.), because “[t]here is more dignity in digging a field to support a happy family than in digging in a gold mine … It is just the number of happy, industrious families in a country that is a measure of its true wealth.” (ibid.) Cf. also the reference to “the evils of Capitalism” (ZMR IX,140:374) which had “prepared the way for the Communists by proclaiming to the world that economic wellbeing and happiness are one and the same thing.” (ibid.:376)

¹³⁴ Fernandez mentions (1978:197) “the rational-technical, that is, positivistic scientific control of the world on the one hand and the acceptance of a diversity of cultural worlds and a pluralistic society on the other.” Regarding this diversity, I have personally experienced the missionaries’ pedagogical impulse in action, to keep doubt-inducing material away from their converts: as late as the 1980s my housekeeper at a Catholic mission station in rural Tanzania was surprised not to see me attend Sunday mass, arguing that she had
aberrations; as Pius X (1907b:§39) had said: “The error of Protestantism made the first step on this path; that of Modernism makes the second; atheism makes the next.” (cf. p208fn108, above) Therefore, when the results of scientific inquiry were taught at secondary school level – e.g., in physics, Newton’s laws of motion, electromagnetism, the laws of thermodynamics; in chemistry, the periodic table; in biology, Mendel’s laws, what the Catholic Church approved of, in the words of Leo XIII (1879:§29), was the material output of science: the laws of nature identified and, on this basis, the “many inventions [that] draw such universal admiration to themselves” (cf. p202, above), but not the (at crucial moments) iconoclastic, anti-authoritarian spirit of inquiry which had made it possible to get there. Garvey (1994:33), referring to Lavigerie’s ‘Règlement du scolasticat,’ gives the example of the future White Fathers who as students for the priesthood were “limited in their resources to an approved textbook and were expressly forbidden to seek after knowledge that was new. They were not .. encouraged to express or discuss doubt.” The Magisterium of the Catholic Church, incidentally, is not the only ‘governmental’ authority to make the distinction between results and methods: as Nanda (1998) has pointed out, so did the Communist Party leadership of Mainland China when

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135 At St Aidan’s College in Grahamstown, run by the ZM Jesuits, a “Physical Laboratory is started with a simple set of appliances for experimental work” in 1898 (ZMR I,2:70); the convent boarding school at Wynberg, run by Dominican Sisters, has “a large physical and chemical laboratory ... with ... modern scientific appliances” (ZMR I,10:351); at the St George’s Boys’ Public School in Bulawayo, run by the ZM Jesuits, an “important advance ... [is made; RB] by the institution of a course of science” in 1903, starting with chemistry and geology, and anticipating to include “physics, and ... higher mathematics.” (ZMR II,21:252)

136 Paraphrasing Knapp (1977), this is how Bosch (1980:208) also characterises the “selective conservatism” of certain evangelicals who “lament the increasing secularisation of all areas of life and, on the other hand, accept all the technical products and achievements of secularisation as proofs of ‘divine providence’.”

137 More than a century later, Ramachandra (1996:144f) – not Catholic, but Anglican – can approve of the Enlightenment as “a summons to have the courage to think for oneself, to test everything in the light of reason and conscience, to dare to question even the most hallowed traditions. That robust determination remains operative as perhaps the central thrust of modern culture.” His approval does not keep him from maintaining the concurrent livability, by one individual, of enlightened thinking and fidelity to the Faith. Cf. Fernandez, p526fn60, above, on compartmentalisation.
quelling the Tienanmen Square protests. She quotes (ibid.:294) Chinese physicist Fang Lizhi positing "an ‘epistemological connection between science and democracy and dissent’;" as she herself puts it, "between antiauthoritarianism and doing good science," asking pointedly (ibid.:305), “[w]hat other way of knowing has made an icon out of iconoclasm?” This, she concludes (ibid.:294), “explains why the protesters at Tienanmen Square demanded democracy and science together.” The Chinese leaders, as we know, would have none of this, but as Leo XIII had done, this does not prevent them from holding the results of science, and the economic use to be made of them, in the highest regard.

In the pages of the ZMR, education is at times explicitly made a topic, and when this is the case, the Jesuits try to steer a middle course between the extremes, that which considers “the black man … intended by Providence to be a hewer of wood and drawer of water, [who; RB] should be given no education at all” (ZMR IV,51:163), and the other, “that the Native, being a human being, is the equal of the white man, and should be treated and educated as such.” (ibid.) As has been said above with regard to slavery, the Catholic Church did not waver when the question was asked, human being or animal? The African is pronounced as having a soul, as worthy of salvation as any white man’s. Regarding the intelligence of the locals, the Jesuits vacillated, to some extent due to confusion about what the issue was, “natural ability, as distinguished from actual attainment” (ZMR VII,104:358), or attainment itself: at times incontrovertible evidence in favour of intelligence is presented, e.g., the ability to “acquire so quickly … other native dialects.” would “the average Englishman,” the ZMR (IV,54:304f) asks, “master Dutch with the same ease and rapidity?” On other occasions, the ZMR (ibid.:298) speaks of the locals’ “crass stupidity

138 As the ZMR of April 1934 was quoted above (p151fn45), “the black man is here for much the same reason as the white. If he has an equal right to live, he has an equal right to a decent living which includes a fair chance of making the most of what is in him.”

139 Cf. Weld (1880:12).

140 Of their children, the Empandeni Sisters observe (ZMR V,64:68; cf. VI,88:279): “They are not quick at lessons, but they can tell everything worth knowing about their Kaffir corn, the different edible roots and wild fruits, the ways of sheep and cattle etc..” The signs of mental sharpness in their own world are thus clearly perceived, in spite of their combination with a lack of intellectual ease in an alien setting: as the ZMR states elsewhere (V,75:423), the “raw native when first set to use the appliances of civilization is as much at sea as a raw English schoolboy when he is first put upon Euclid or Cæsar” (cf. ZMR VIII,125:446: “our way of looking
of mind,” even contemplates as possibly correct the supposed finding of a smaller average brain size in Africans (cf. ibid.:299).\textsuperscript{141} In the end, sense prevails, and “their level of intelligence” is said to be not “appreciably below that of the uneducated and illiterate European” (ibid.:300).\textsuperscript{142} In 1930, an editorial (ZMR IX,127:1) puts matters straight: it is wrong to argue “that, because a backward race can show no accomplishments it has no capabilities;” it holds, therefore (ibid.), that indeed

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\text{[o]n the score of actual achievement in everything that distinguishes a civilized man from a savage, there can be no question that the black races of South Africa are inferior to the white even in a greater degree than the ancient Britons … were inferior to the Athenians of the age of Pericles. Yet achievement is one thing and the power of achievement another. A backward race may be the coming race.}
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Without using a term of their own equivalent to Bourdieu’s \textit{cultural capital}, this is actually what the ZMR (ibid.) refers to in its claim that it means asking too much of “a native taken from the veldt to be equal to the European, after two or three years spent at a Mission Station” – when at the same time one can find, after “fifteen hundred years of Christianity at things often seems just as queer to them as theirs does to us”). There also lies an acknowledgement of true intelligence in owning up to “the scandal which … divisions [between the different Christian denominations; RB] create in the mind of the intelligent native convert” (ZMR V,65:100; cf. VII,105:394) – divisions whose origin and understanding Catholic missionaries tried hard to keep from their converts, and even from themselves (cf. Fr Sykes’ explanation (ZMR V,65:100f) that “the responsibility lies not with us but with those who, three hundred and fifty years ago, split off from the centre of Christian and Catholic unity”).\textsuperscript{141} Cf., though, ZMR VI,81:73, where the brain-size-‘argument’ is critiqued for its internal inconsistency, and ZMR VI,89:301 which, undeterred by “anthropometrical gentlemen,” states that “the black races of South Africa … are capable of what we call civilization.”\textsuperscript{142}

\textsuperscript{141} As the ZMR (IV,58:439) puts it, “[t]he wise man recognizes the fact that the native is a human being, and, however intellectually and socially inferior to the white, capable of being raised far above the state of savage barbarism in which his ancestors lived.” Soon, the Jesuits find the Government coming to their support, with a “special ordinance relative to Native Education in Rhodesia … [which; RB] recognizes the advisability of educating the native.” (ZMR V,66:117f; cf. VII,104:358) In the Jesuits’ conclusion there was “no evidence that the native cannot develop his intelligence by European instruction; the balance is the other way. Evidence is there all too much,” the writer feels compelled to add, though, “of the results of knowledge devoid of virtue, of learning poisoned by pride.” (ZMR VIII,115:147)
and five hundred of civilization” (ibid.), Europeans who have just about mastered the basics of the three Rs. The Jesuits’ conclusion from all the above is to focus on essentials, to educate the African by, first of all, “teach[ing] him the things necessary for salvation and to repeat them again and again” (ZMR IV,53:265); to avoid the mistake ascribed to certain Protestant missionaries, of “fill[ing] the mind of the raw Kaffir with a large amount of book-knowledge … [which will; RB] make him over-weening in his pride” (ZMR IV,54:301; cf. pp535f, above); rather, to “instil into their charges the dignity of labour, and not to educate the head at the expense of the heart.” (ibid.; cf. ZMR VI,90:343)\(^\text{143}\) The Jesuits thus have a clear perspective in mind, which is that for all practical intents and purposes,

the blacks are, and must for generations to come remain, the inferior race. It is our duty to raise them from the state of barbarism and heathenism; but they should also be taught to submit cheerfully to the destiny so long ago foretold, ‘a servant of servants shall he be unto his brethren.’ (ZMR IV,51:164)\(^\text{144}\)

With this statement, we have moved from science and education into the realm of politics, and there can be no doubt that there, the Church has, ever since her integration into Constantine’s empire, consistently opted for a top-down relation between the traditional authorities placed above (so long as she herself figures prominently among them), and the

\(^{143}\) The distinction between “book-knowledge” and Bourdieu’s “long-lasting dispositions of the mind and body” (cf. p17, above) is at the centre of an editorial in the ZMR (V,63:3ff) on the Report of the South African Native Affairs Commission of 1905, which endorses the Jesuits’ own conviction that “a purely secular education would .. be disadvantageous to the blacks.” (ibid.:5) The ZMR quotes (ibid.): “Moral and religious instruction should be given in all native schools … to mould their characters, and to fit them for a new standard of life … The difficulty of teaching morals apart from religion has not yet been satisfactorily solved by ourselves, and the two cannot be dissociated in the case of the native” (cf. ZMR VII,110:534). Issue V,63 also reports (ibid.:21) on a Catholic mission school where “both boys and girls are not merely taught to read and write and cypher, but, which is of far greater importance, .. are taught, both by word and example, to lead really good and useful lives” (cf. ZMR VI,79:2 & 91:367ff). Looking towards home, the ZMR (VIII,121:301) adds: “Education divorced from religious and moral discipline has done enough harm in Europe to be a warning – if indeed such could be needed.”

\(^{144}\) In a wording somewhat less offensive to modern ears this becomes: “They are human beings with human feelings, and therefore they must not be regarded or treated as insensate animals. They are capable of learning, capable of improvement, and therefore it is our duty to lift them up.” (ZMR IV,62:610)
subjects, believers and believers-to-be, in submission: throughout a history of conversions by force, in close collaboration with the Hispanic colonial empires, and up to her resistance to the advent of modernity, from the Treaty of Westphalia to the French Revolution and beyond.\[145\] This is the very relationship the colonial authorities themselves favoured in dealing with their subjects.

In all of this, the 19th century Church owns up to no longer putting her trust in the project which she had pursued in the NAW for almost an entire millennium: to make over the ordinary layman and -woman, such that out of inner conviction they would adhere to the standards of behaviour defined as proper and right by the Magisterium, even in the absence of external enforcement. For the NAW, her change of mind came too late: there, a development had been set in motion and had run its course, as a result of which NAW citizens pursued goals in life according to inner convictions, even if these did not find the approval of the Church. As for the colonial authorities, they had never contemplated banking on such an internalisation strategy. As a result, both sides favoured an approach

\[145\] Early in the 20th century, the ZMR (IV,53:249) saw the ousting of the Portuguese monarchy, and the establishment of a secular republic, as set in scene by a “revolutionary gang,” labelled “the infidel Government under which Portugal groan[s].” (ZMR VIII,114:114) Closer to our day, looking at Fidel Castro (who was excommunicated), and Generals Franco and Pinochet (who were not), it is plain to see that not overthrowing a government in office, democratically elected or otherwise, but only a concurrent curtailment of the Church’s influence will make her turn against the usurpers of secular power. Oppression, mass torture, mass murder even, will not suffice, so long as the new authorities leave the Church untouched and call themselves Christian. Even post-Vatican II, on the most secularised of continents, Europe, there are up to today places where the Church demonstrates that she has not truly renounced her will to impose herself. On the surface aligned with democratic persuasions, she will confine herself to voicing her ethical reservations against medically induced pregnancy terminations only in those countries where she has lost the power to turn her will into law. Where imposition still seems a viable option, e.g., in Eire or Poland, she will make every effort to do so, indicating that a genuine change of heart on her part has not come about. Likewise, when the ZMR appreciated that the (Protestant) government under which its territory fell “maintain[ed] a position of equitable neutrality in regard to the missionaries of the different denominations” (VIII,123:358), it spoke as a beneficiary and there is every reason to suspect that it would have taken a different view, had it operated under a Catholic monarch. (cf. pp423fn9 & 389f)
towards locals which did not aim for the emergence of a subjectivity among Africans which, if historically delayed, would correspond to that in the NAW.\textsuperscript{146}

There was, in a word, no intention to push forward in colonial lands a development which would eventually bring forth Foucault’s \textit{speaking subjects} (cf. fn44, above), Taylor’s buffered selves who have “confidence in .. [their] own powers of moral ordering.” (cf. p65, above)\textsuperscript{147} The process of ever more internalisation (throughout most of the 2\textsuperscript{nd} millennium, of God’s laws; since the 16\textsuperscript{th} century, increasingly, of the laws of the land), to instal, if one puts it ideal-typically, \textit{inner motivation} as the driving force behind behaviour and actions, when before submission to external pressure had played that role, was not to be replicated

\textsuperscript{146} Cooper has asked (2005:143) “what one is to make of the fact that the first census in Kenya that counted indigenous people was conducted only in 1948, and that before then officials showed no interest in taking one?” His answer is that “[c]olonial states did not necessarily want or need to see individual subjects …; they belonged in tribes and could be governed through the collectivity.” From a moral perspective, this invited criticism, at least if the collective and its superior where non-Christian: Harries (2001:410) quotes Junod, the Swiss Protestant missionary mentioned before (cf. p323fn91), according to whom indigenous Mozambiquans’ “morality did not depend on ‘clearly conceived’ laws but on ‘the will of the community .. [because; RB] the feeling of being right or wrong is above all determined by the attitude of the group’. They ‘readily submit to the will of the superior’, he complained, irrespective of the ‘real moral value’ of a decision.”

\textsuperscript{147} Donham (2001:136) presents Comaroff & Comaroff (1991 & 1997) as holding the contrary view – one, I should like to emphasise, not borne out so far by post-1980 developments in Zimbabwe, nor post-1994 in South Africa: that among the Tswana, the “[m]issionaries molded new subjects in the Foucauldian sense with new concepts of … being-in-the-world.” However, were the missionaries truly successful “in the inculcation, among Tswana, of the values and conventions of modern European culture,” as Comaroff & Comaroff claim? (1991:254, quoted in Donham 2001:138) Donham disagrees, suggesting that “what the missionaries were successful at was exemplifying the notion of the ‘modern,’ not necessarily of instilling capitalist hegemony itself.” (ibid.:141) I go along with this assessment, as with the logic of his “counterhypothesis: [that] there was no capitalist hegemony in South Africa during the nineteenth and for most of the twentieth century” (ibid.:142). Donham alludes (ibid.) to the material precondition of such a hegemony, namely, of the workers’ prior separation “from the means of production, most especially land,” thus making them dependent exclusively on the sale of their labour power. The Tswana, no doubt, did find themselves “drawn into a conversation” with the alien colonial culture (Comaroff & Comaroff 1991:xii, quoted in Donham 2001:136), but if this was, as the Comaroffs claim (ibid.; my italics), “the culture of modern capitalism,” is more than debatable (cf. Schumpeter arguing to the contrary, below, pp596f & fn193). As for the protest against colonialism being couched in Christian terms, as Comaroff & Comaroff (ibid.) correctly state in trying to underscore their point, cf. pp537f, above.
on colonial soil. From the Church’s perspective, this endeavour, laudable as it had been in its intent, had lent itself to abuse in too many ways: conjuring up, as Pius VI and IX had deplored (cf. p107fn86, above), such ideas as freedom of conscience, the human right to think, say, write, and print whatever one thought, and to act accordingly in the political arena; making humankind the master of its own destiny irrespective of whether or not God, through His Holy Church, approved of the self-set goals.\textsuperscript{148}

The efforts aimed at creating that odd creature, the believer who \textit{out of inner conviction} does as told, had paved the way towards the creation of modern NAW subjects with the said, utterly unintended consequences.\textsuperscript{149} Now, both the colonialists, who were themselves products of this process, i.e., subjects with an inner locus of control (often remaining only nominally Christian), and the Church as well, settled for the less dangerous goal of merely training in one way or another, but not fundamentally making over the \textit{pre-modern} subjects whom they found in those lands which the former carved out their colonies, and where the latter proselytised. Their respective intentions were, to create obedient workers with some technical knowhow \textit{and} profoundly pious believers, to function mainly, though in the longer run not exclusively, on the lower rungs of the colonial system (e.g., nurses, not doctors), as of the Church (e.g., catechists, not priests\textsuperscript{150}); to function, that is, with a clear awareness of having ‘natural’ masters above them from whom to receive directions: work-related, political, spiritual, and otherwise, as had been the case with lower-class Europeans in the

\textsuperscript{148} This critical view was not confined to the Catholic Church: as Harries observes (2001:411), late 19\textsuperscript{th} century Swiss Protestant missionaries shared her “fear of the way in which individuals in Europe had interiorised many of the ideas and images carried by the written word. Rationalism, materialism and revolution were the offspring of writings that had subverted the Church and ruptured her hold over social life.” Some Protestants had come round, then, to holding reservations not unlike those the Catholic Church had held all along (herself including, however, Protestantism itself in her list of ‘subversions’).

\textsuperscript{149} I speak of an odd creature in the sense that although the rules were supposed to be internalised, the subject was not to have a say in setting them: \textit{giving agency} to the subject (as regards upholding the canon), while at the same time \textit{withholding agency} (as regards the canon’s making).

\textsuperscript{150} By 1926, though, the ZMR (VIII,111:12) harbours hopes “that the time is not far distant” when the first converts will be ready to be sent to the newly opened seminary for native priests at Mariannhill. There “English, Latin, Mathematics, History, Geography, Physics, [and] Physiology” (ibid.) constituted the secular part of the curriculum. (The first three students for the priesthood left from Triashill in 1927; cf. ZMR VIII,117:188).
pre-1789 world. In MacGaffey’s assessment (1972:67), of the doubtlessly particularly extreme case of Belgian colonial practice, the Congolese were trained to operate but not to understand or to develop European machines and techniques imported readymade … All public education .. emphasized rote learning and the observance of rules …; analytical reasoning was not encouraged because, according to the theory of ‘the Bantu mentality,’ Congolese would not be capable of it for many generations.

In the end, colonial educators (and also the missionaries) got what they had bargained for: underlings; more or less voluntarily playing the game, with or without an understanding of its rules, and always only as dictated to them. It became part of the justification of

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151 In this sense, Donham (2001:135) calls Apartheid – as was colonialism – “[r]esolutely anti-modern in resisting universal rights,” while at the same time it eroded local tradition and promoted modernity in many other ways. This latter role, he remarks (ibid.:141), the missionaries (also) took on, ironically so in that their “movement itself was a rejection of modernity at home.” One instance of such a modernising input was “[t]heir encouragement of the plough, with its far-reaching consequences for the traditional form of sex division of labour,” as Hutchinson (1957:163) has noted. Speaking of indigenous Argentinians in a later era (from the 1930s onwards), Miller (1970:14) portrays the missionaries as “agent[s] of secularisation” with regard to a naturalistic explanation of “the everyday experiences of human existence” (ibid.:15); material welfare as depending on human agency rather than upon “a proper relationship of balance with the animistic world” (ibid.:17); “learning as a natural process, dependent primarily upon one’s willingness to concentrate and cogitate rather than insights revealed through dreams, visions, or contacts with spirit beings” (ibid.:18f); and the coexistence, in their teaching, of the Genesis account of God’s creation of the world, and “a Copernican universe … based upon physical laws and natural cause and effect relationships.” (ibid.:19) Cf. Salvaing (1983) on the paradoxical role of 19th-century missionaries in West Africa, their preaching in a spirit of modernity which they rejected at home, up to the point (ibid.:272; my transl.) of letting them “equate Christian ‘liberty’ and the ‘liberalism’ of the ‘bourgeois’ society of their age,” in contradistinction to African oppression and injustice.

152 Fittingly, this is how Junod (1913:269) describes the outcome of primary education in southern African mission schools: “The wild buffalo has been made a prisoner! On his neck a yoke has been placed. … The wild buffalo has bowed its neck with wonderful readiness!”

153 This is a description of colonial Africans’ performance within the alien system imposed by colonialism. The same Africans appear in a very different light when their resistance to this system comes into focus, a resistance that drew its motivational strength from pre-colonial, non-European roots. This could not have been otherwise in the First Umvukelo/Chimurenga of the late 1890s; however, in Chanock’s analysis, the
colonial rule that Africans needed European superiors because they were not able to think for themselves, occasioning scorn and ridicule because instructions had to be given down to the minutest detail for a job to be done properly.\textsuperscript{154} The colonial overlords, however, did not acknowledge this for what it was: not entirely, but \textit{to a considerable extent} the result of their own doing. They conveniently ignored that colonialism had happily latched on to the local population’s own, pre-colonial \textit{and pre-modern} tradition which demanded submission to the king without ifs or buts; that by deposing him and installing themselves in his place, they had only changed the authority to submit to, but were actively retaining the principle as such. Well aware that the AmaNdebele resented colonial rule and had only been beaten into submission, colonialism as a system consistently stuck to this principle, to secure white dominance. Against this backdrop Chennells has said (1977:43) that genuinely “educated Africans presented a real threat to settler dominance … [and] it was convenient for the economy of settler society that the blacks be regarded as having limited potential.” Not surprisingly, therefore, he records that missionaries, as the ones offering education to Africans, were \textit{ipso facto} viewed with suspicion by the settlers. More important in our context, however, is his added comment (ibid.; my italics) that “few missionaries seem .. to have deserved this hostility. … [T]hey, as much as any secular group, had created an image of the incorrigible savagery of the Ndebele, and the almost hopeless primitiveness of the Shona.” There were thus not just the settlers who tried to convince themselves that the subdued local population had “limited potential,” Chennells says, but likewise \textit{there were few nineteenth-century missionaries who would have claimed any more for them} (ibid.; my italics); the creation of Foucault’s speaking subject, in any case, was neither on the colonial nor on the missionary agenda.\textsuperscript{155}

\textsuperscript{154} Cf. Blennerhassett & Sleeman (1969:217): “In no case was it safe to send even a cup of milk over to the hospital by a native. He was pretty sure to give it to the wrong person;” and again (ibid.:248): “If a boy has been accustomed to wash cups before plates, and you reverse the order, he will spend the day in a state of bewilderment.” (cf., though, the sharp observations in the ZMR with a very different gist, fn140, above)

\textsuperscript{155} As regards the Catholicism of the day, though it confronted ‘injustices’ in the colonial system (cf. p597 fn194, below), it was for this reason ill-equipped to challenge the colonial order itself.
Looking at this point for a moment beyond the frame of mind of 19th century missionaries, it turns out that crucial facets of Chennells’ above statement remained valid after the turn of the century, and *mutatis mutandis* even in the post-colonial era. Thus, taking stock of 200 years of Christian medical missions with a view to their indigenisation, Jansen (1995:298) presents just one early instance (from colonial Asia), where a novel approach, devolution, was deemed necessary, the “transference of the responsibility for the care of the sick upon the shoulders of Chinese Christian physicians;” to this end, his 1924 source (quoted ibid.) speaks of “equipping .. such leaders for their new task,” via “the training up of a Christian consciousness in all matters concerning the ‘redemption of the body’." In general, though, Jansen concedes (ibid.:299) that “indigenization was very seldom incorporated into the aims of medical missions.” Regarding true leader- and ownership, his own reference (ibid.:302) to a more recent “gradual development from traditional missionary work to the style of missionary partnership” remains all too vague, and when he quotes Foucault, it is not with reference to the latter’s idea of the *speaking subject* – understood here as an *indigenous* speaking subject. How then were medical missions meant to achieve the goal pronounced at two ecumenical consultations in Tübingen, in 1964 and 1967, in Jansen’s wording (1999:379) of “linking the responsibility for health care to the local churches?” He agrees, it seems, with McGilvray’s assessment that in spite of these and many further consultations, it is “difficult to point to any radical change in the attitude of churches to their ministry of healing.” In line with secular trends in health care, Jansen does see medical missions as also developing, from a curative to a more preventive, from a local to a more global approach. Regarding its implementers, though, he has little to say about the capacitation of local cadres to *lead*, and in his self-portrayal as one of those who as “our brother’s keeper [must] .. in solidarity with less privileged nations … face global health problems” (1999:387), the *acting moral subjects* remain the medical missionaries from the NAW, their ethos still Schweitzer’s of almost a century earlier. As for the relationship between medical missionaries and the indigenous population (including indigenous, NAW-trained medical professionals), roles and self-understanding on either side thus were not submitted to a radical re-appraisal, not even post-colonially. Apart from this, it remains an unanswered question how Jansen’s open-minded 2001 re-evaluation of traditional medical systems that

continue to co-exist with NAW medicine, undertaken as it is from an academic-anthropological perspective, can or does impact on medical missionary professional praxis (cf. pp605f, fn205, below). As has been stated before (cf. pp12f, above), it seems easier to engage with and genuinely accommodate (parts of) traditional African thinking – forthrightly labelled heathenish and superstitious by earlier missionaries – in the lofty realm of theology, rather than in areas of life, medicine among them, where such changes of perspective must have “immediate, practical-instrumental relevance and applicability.”

Coming back to Chennells’ verdict above that the missionaries did not expect too much of their charges, I believe that this in fact constituted a welcome pretext for them: to try and withhold whatever was unpalatable to them (e.g., as Jesuits), from the modern North Atlantic world of ideas. However, irrespective of their attempts, the fight for the overthrow of colonialism went ahead under the banner of democracy and the equality of all human beings irrespective of skin colour or tribal affiliation, of equality before the law and every human’s right to determine by whom to be governed – a category error if ever there was one, as subsequent history shows (cf. Mutasa’s remark on Mugabe’s kingship, p579, below, and the matching, long history of post-Independence bogus elections; cf also

157 Unsatisfactory as it may be, my own reflections on medical mission go no further than following the course of its conceptual development up to this point, observing that it has not, right into the present, transcended in a fundamental way the reasoning of some of its earlier protagonists, namely, of those who managed to negotiate, on theological turf, the transition from (only) saving souls, with medicine at best a possible means to this end, to a holistic approach in which medical missionaries can opt for a division of labour and confine themselves to their area of expertise, the healing of bodies, leaving their patients’ souls to the Fathers (cf. p448, above). My focus remains on the question why medical services in our part of the world, also in mission settings, have deteriorated so much over the last decades, under black African direction and stewardship, identifying a lack of cultural capital and managerial competence (on the proportionate relevance of this factor, cf. above, p558fn128). Would it (also) take, as quoted above for an Asian setting, a “training up of a Christian consciousness in all matters concerning the ‘redemption of the body’” – that is, the body of our neighbour – for African medical professionals to live up to their task? Should one anticipate a development in the direction of Sr Brink’s and Dorothee Sölle’s tentative excursions towards a “Religious Life … beyond the Church, even beyond Jesus,” towards the “dissolution of metaphysical faith .. [through; RB] its secular realisation” (cf. above, p111fn93), thus even towards a future medical mission without God? I find it difficult enough to pronounce a view on such matters, but the answers lie definitely beyond the scope of this thesis.

158 Cf. Solidarity Peace Trust (2005), and fn162, below.
p23fn41, above, on the customary valuation of authority and submission, in Zimbabwe today). Marx and Engels’ dictum (2010:25) comes to mind, that “[t]he ruling ideas of each age have ever been the ideas of its ruling class.”\textsuperscript{159} But as colonial rule itself, so these ideas – \textit{nothing but ideas} – had come from without, and subjacent to them lay what I’d like to call the driving force behind the resistance to colonialism: a memory still fresh in the locals’ minds, like a festering wound, of having been robbed of their best land;\textsuperscript{160} then, subjugated by force into serving alien masters. With just minor modifications, Chanock’s description of the Nyassaland situation (1972:439) applies to the ZM territory as well: “[I]t seems an error to overemphasize peripheral new ideas at the expense of central old ones especially as the basis of the old society, production methods and land tenure, remained relatively unaffected.”\textsuperscript{161}

\textsuperscript{159} The ruling class and the ideas I refer to, here, are British or European: one of the weaknesses of the \textit{local} ruling class in Rhodesia (or South Africa) being that its ideas regarding race in all its ramifications, could not be upheld in good faith, in the context of the dominant, original NAW worldview.

\textsuperscript{160} In the case of the AmaNdebele, of other sources of subsistence as well: when Jameson, according to Sauer (1973:220), sometime between May and October 1893 expressed “his resentment at the conduct of the Matabele in killing inoffensive Mashonas,” he was told by a Ndebele chief “that the \textit{right} of the Matabele to kill Mashona, who could not or would not pay the annual tribute, had never been questioned and remained intact.” (ibid.:221; my italics) Fr Law tells us of a 12-year-old boy whom he asks “what he [woul]d do when a man. His answer was characteristic of one of the Amandebele. ‘I will go out with the Impi [regiment; RB] and invade the Amaholi [slaves; RB] and take their cattle’.” (letter to Weld, 1 June 1880, in Gelfand 1968:251; cf. Fr Croonenberghs, in \textit{Diaries of the Jesuit Missionaries … 1959:32}) In other words, those fighting against colonial rule in Matabeleland were the men or the descendants of men who had told Carnegie (1894:18) that “[w]e are warriors; beyond our country live the cowards, the dogs, and the slaves. We are men; those yonder are but slaves and dogs, and must be treated as such” – not quite the cultural background and basis for an estimation of all humans, irrespective of tribal affiliation or social standing, as having equal rights, and a right to self-determination. This is not to single out the AmaNdebele as repugnant, but as just taking for a natural given the right of a stronger man (e.g., a king) or tribe (themselves), to impose their will and act accordingly. – As King (1989:66; my italics) quotes one Maori warrior recalling how they subjugated the Chatham Islanders: “[W]e took possession … in accordance with our customs and we caught all the people … Some ran away from us, these we killed, and others we killed – but what of that? \textit{It was in accordance with our custom.}”

\textsuperscript{161} Porter (2012:21) concurs: “You would need a very compliant native population to Westernise to a significant extent with means as slender as . . [those which colonial officers had at their disposal; RB]. Most Africans weren’t compliant. Simply controlling them was hard enough, and could generally be done only by abandoning any notion of changing them. This meant ruling ‘indirectly’, as it was called: with the help of African collaborators, and through their own customs and beliefs.” (cf. Harnischfeger 2000:100)
Thus, as the majority of the population, for good reasons, had never stopped resenting their subjugation under white minority rule, plans and actions which aimed at ousting the UDI regime did represent, broadly speaking, their will. Still, as is obvious from post-Independence developments to the contrary, the liberators could in this case easily ‘respect’ the will of the majority for the simple reason that they both wanted the same thing: an end to colonial rule, to start with in the sense of a change in the echelons of power. This prompts Gappah in her analysis of what happened since 1980, to give the lie to the understanding “that the take-over of power from the colonial masters was the same as granting people life in a democracy.” (cf. above, p15) And she is right: with the installation of majority rule (defined as black leaders for a predominantly black population), the question was not answered who should represent this majority, nor how, technically, its representatives were to be chosen.162 Nor is it all that clear which policies these representatives were supposed to implement after their election. What would the end of colonial rule mean, in practical terms, beyond black faces for white ones at the helm? Surely, neither the electorate nor the leaders of the anti-colonial struggle ever intended to end up with the problems of Zimbabwe’s more recent past and present, as Gappah describes them. However, in view of their empirical facticity, it may be useful to contemplate Chanock’s proposal (1972:436) of “an alternative model” for the transition from the colonial to a post-colonial dispensation,

162 Almost a century earlier, the ZMR (III,43:508) had described how on electing a new paramount chief, the locals were “so afraid to speak out their mind before those who may rightly or wrongly make them suffer afterwards for their vote.” As history unfolded, already the first ‘free’ elections in 1980 witnessed pungwes in the run-up, nightly gatherings where villagers where told for whom they had to vote. As Kriger (2005:4) points out, the ZANU leadership itself years later acknowledged that their guerrillas had been instructed not to leave the rural areas (to gather in assembly points as stipulated by the Lancaster House agreement): the cadres remained on site, to make sure the electorate voted as told. Their methods, Kriger (ibid.) quotes the British Observer Group, “extended from brutal ‘disciplining murders’ as examples of the fate awaiting those who failed to conform, to generalised threats of retribution or a continuance or resumption of the war if the ZANU (PF) failed to win the election.” Mutandiri (2009) has recorded the use of intimidation in elections ever since. Cf. the Catholic Commission for Justice and Peace (2009:17ff), which traces deliberate intra- and extra-party violence back to the pre-1980 military struggle: “ZANU ‘ndeye ropa’ (the party that sheds blood) is a very distinct characterization of the party that its leaders and ardent supporters proudly sing and recite.” (ibid.:18)
one which would not force the changes which have taken place into a value based version of modernity ... We would then be able to regard the nationalist movement ... for what it was – a mass movement in a peasant country – and to depart from our fascination with the rhetoric of the ‘new men’ and examine the reactions of the ‘old.’

Chanock’s country of reference is Nyassaland/Malawi; he emphasises (ibid.:434) that his focus on “the role of the educated elite in a peasant dominated country; on the influence of urbanization in a country with no cities; on the influence of industrialization in the most rural part of Central Africa.” However, after several decades of post-Independence developments in Zimbabwe, one may question if his cautious qualifications are all that necessary: if the extent to which Southern Rhodesia differed from Nyassaland, having been much more exposed to the British version of colonial modernity, and become more urbanised and industrialised, really sufficed to make for a qualitative difference in the long run. Here as there, the population resented colonialism as the imposition of an alien system, forcing them to comply with and submit to alien rules. But would not post-colonial economic development, if it were to materialise, depend, as Chanock says (ibid.:433; my italics), on “a continuation and intensification of the alien pressures introduced by European domination” – to be brought about by leaders (the erstwhile leaders of the struggle for independence?) with a genuine commitment to a “modernizing ideology?” (ibid.) But who among the leaders, much less among those led, genuinely held that commitment? Was not the struggle for independence fought with the intention to undo the colonially imposed alien system, implying a return to the status quo ante? (cf. above, pp545ff & 572ff)

Above (p557), Chanock’s comment on the educational situation in Nyassaland has been quoted, that a “brief and intermittent acquaintance with a rural mission school ... did not produce men objectively capable of ‘taking the process of betterment’ into their own hands.” He continues (ibid.:438):

163 Chanock (ibid.:440) refers at this point to Marx’ letter to Engels of 14 June 1853, in which not the restitution, but the destruction of the traditional village structure and “of the ancient industries” is identified as the necessary precondition of modernisation, supposed to come about by way of robbing “these villages of their self-supporting character.” (I quote from https://marxists.catbull.com/archive/marx/works/1853/letters/53_06_14.htm; accessed 22 May 2017)
Perhaps the substance of what remained from contact with learning by rote, church discipline and biblical doctrine was a respect for the many new rules which had to be observed to achieve the promised rewards within the authoritarian structure of colonial society, rather than the provision of an ideological base for innovators.

9.3 CODA

Chanock’s description of the very limited kind of education the majority of the population was meant to receive, does not rule out another, different one for the very few: for those who made it into secondary school, who graduated from university, and would become the leaders of the movement for independence: subscribing, at least in their programmatic announcements, to said “modernizing ideology” with the aim of economic development. Indubitably, the goals of independence and economic development can go together, as is evidenced by the case, e.g., of South Korea as it emerged from under the Japanese colonial yoke, while the case of North Korea demonstrates that the link is not a necessary one. In the light of what has in general been said about education in colonial Africa and the resultant cultural capital (cf. pp17ff & 538f, above), but even more so in the light of the actual performance of post-colonial political leaders across subSaharan Africa, including Zimbabwe, it seems reasonable to call into question their “desire” for transformation which Chanock (1972:433; my italics) 45 years ago simply took for granted – or if not their initially held desire, then their readiness and ability, to follow through on its implementation.164 This

164 Gordimer (1973), writing around the same time, still credits the president of her fictional, newly independent central African nation with that desire for transformation to be realised by all means, even the (temporary) suspension of democracy, or at the (temporary) expense of the improvement of the workers' and peasants' lot, deliberately depriving them of an independent union. She lets another fighter for independence voice that same desire, rejecting though the president's readiness to accept unreservedly, as the only possible foundation for the development towards national prosperity, the reality of exploitation inherited from colonialism – the two characters impersonating, respectively, the capitalist and socialist development paradigm. In the end Gordimer leaves it to a white ex-supporter of the independence drive, now the country's attorney general (ibid.:386), to spell out the necessities of capital accumulation: “In African states the economy can only be developed to the detriment of the workers. For a hell of a long time to come. … I don't care what political creed or economic concepts you want to name, the realities of production and distribution of wealth remain the same, just the same, right through the continent. … [Only the; RB] sacrifices squeezed
is how I read Kabou’s statement (1991:132; my transl.) that “whoever has lived and worked in Africa knows that this continent has, above all, problems of organisation, of motivation, of control and of production, which no political ideology can solve.”

Here, Thabo Mbeki’s *African Renaissance* of the late 1990s is a case in point, illustrating – if two decades of subSaharan Africa’s further losing ground in global comparison are anything to go by – that not yet another set of clever ideas, yet another “political ideology” is required, but that productive performance will (or rather, sadly: would) make all the difference. It has to be said in Mbeki’s favour, that he does not deny this; all the more revealing, then, is his reception, e.g., by Bongmba, a fellow African and obviously very sympathetic of his *renaissance* idea. Bongmba’s 25-page-long reflections on it (2004) paradigmatically exemplify the aptness of Kabou’s criticism: his article’s outstanding features are verbosity and an utter lack of substance as regards what practically needed to be done for Mbeki’s project to succeed. Revealingly, a South African, Pixley ka Isaka Seme, is quoted (ibid.:308) as having urged the same “Regeneration of Africa” and extolled the same “pride in my race” as Mbeki and Bongmba himself, as far back as 1906. Seme, Bongmba says (ibid.:308f) “decried European colonisation; Mbeki … decries the colonial project, the neo-colonial project, and the abuses of the post-colonial project. Thus, they call for a new kind of existence and a new race-consciousness.” But what must be done? Bongmba (ibid.:309) gets no further than Africa needing “a regeneration and Renaissance that will revitalise .. its civilisation, and take Africa into a new era as a strong partner with out of the European working classes in the nineteenth century enabled Western economies to reach the point where they could acknowledge the demands of the poor bastards who’d sweated their guts out.” It is only at the margins of the novel that the emerging upper class of Africa’s independent future makes an appearance: the characters who will have taken centre stage four decades later, in Moeletsi Mbeki’s critique of a rentier upper crust of greedy consumers cum non-producers. (cf. fn186, below)

165 I quote Kabou where she focusses most clearly on the materially productive side of an economy as what is missing in Africa, both factually (excluding mineral extraction) and as a vigorously pursued goal. The main thrust of her argument is psychological, though (cf. ibid.:32ff), aiming in the direction of (educated) Africans being confronted, “regardless of what the problem is … almost always with a solution which not only has been invented in the West, but on top of this has been widely adopted by other parts of the world.” (ibid.:35; my transl.) This, she claims (ibid.; my transl.), has created a permanently demotivating feeling of humiliation, because “the necessary efforts centre precisely around those conflictual areas which are dominated by devaluing images” in which Africa carries the stamp of inferiority.
the other nations of the world.” The one material prerequisite which is mentioned approvingly is there without anybody doing anything: “Africa is richly endowed with natural resources.” (ibid.) A second one is named only in passing, as having drawn “[c]ritical responses:” as if to validate Kabou’s negative verdict on African elites (as Moeletsi Mbeki’s; cf. fn186, below), it is Thabo “Mbeki’s emphasis on economic recovery and development [which] indicates his focus on industrialisation.” (ibid.:306) Beyond this, nothing is said about who would mine the natural riches, who would convert the raw materials into finished products of a globally competitive quality and price – but words are piled upon words: that the anticipated renaissance has “a spiritual and humanistic aspect, … [that] Africans must draw on their moral resources to revitalise Africa … [that the] Renaissance project must be seen as a moral project” (ibid.:309), and so on ad infinitum.166

Bongmba’s article has been rendered in more detail than is warranted by its substance, to exemplify an approach characterised by its voluntarism: as if it were up to the author to decree what should be the sufficient conditions of success for Mbeki’s project, he focusses on its moral-cultural-psychological aspects, and goes along with said “critical responses” in choosing to push aside its hard economic core. The project’s foundering may be taken to indicate that he was not the only one to do so. We thus witness a current-day, real-world example of the mentality which Durkheim described as in some measure still existing in the NAW of his day, erroneously assuming that it was on its way out (cf. pp57f, fn6, above):

If the principle of determinism is solidly established to-day in the physical and natural sciences, it is only a century ago that it was first introduced into the social sciences, and its authority there is still contested … [which is why; RB] veritable miracles are believed to be possible there. It is admitted, for example, that a legislator can create an institution out of nothing by a mere injunction of its [sc. his] will, or transform one social system into another, just as the believers in so many

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166 Sadly, South Africa’s ranking as regards per capita GDP finds no mention, much less an explanation (global IMF placement 2016: rank 88; Zimbabwe: rank 165 – when both are rich in natural resources; by comparison, the Netherlands, a nation with essentially no natural resources except natural gas, but as the other two a territorial state, though a much smaller one, occupies place 13; figures taken from: https://en.wikipedia.org/wiki/List_of_countries_by_GDP_(PPP)_per_capita#cite_note-IMF_2016-5; accessed 21 November 2017).
religions have held that the divine will created the world out of nothing, or can arbitrarily transmute one thing into another. (my italics)

And to some extent, the belief in such ‘miracles’ at the political-administrative level is not even unwarranted: the successful refusal of Zimbabwean politicians to make their holding office dependent on the public vote, is a case in point – enforcing non-accountability towards the electorate in line with Thomas & Thomas’ classic dictum that, “[i]f men define situations [here: forged ballot counts; RB] as real, they are real in their consequences.” Up to the latest developments in November 2017, the office of the president had in this way taken the place of the king and of his colonial successors: Winter (2013) quotes “[o]ne of Mr Mugabe’s closest associates, Didymus Mutasa, [who; RB] once told the BBC that in Zimbabwean culture, kings are only replaced when they die ‘and Mugabe is our king’.”

The *African Renaissance*, though, was supposedly not about who manages to cling to which top post in spite of a dramatic economic decline like Zimbabwe’s, but, centrally, about the future performance of African economies in the global arena. Considering this, it seems sensible to look at the issue of *dependence*, generally speaking, of human decision making, actions and their outcome, on factors external to the human will: upon regularities, conditions or circumstances not open to a leadership’s *fiat*. Of Europe’s transition from the Middle Ages to modernity, Groethuysen (1968:93) says that once

man had constituted himself his own master, God no longer reigned save over nature, but the material kingdom would soon have its ‘constitution,’ too. The natural laws would rule the movement of the stars and of all that took place here below; and God, as a good constitutional monarch, would let the law prevail, taking care not to interfere (cf. above, pp57f, fn6 & p195 on the emerging concept of natural laws).

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167 Kings die or are replaced in a palace coup, as has happened recently in Zimbabwe; still, ‘elections’ are (also) in order, so long as they are in fact acts of public acclaim, confirming the legitimacy of those who hold power, and who are not meant to be challenged, much less to be voted out of office. The constant drift in Zimbabwe as in neighbouring countries towards life presidencies is an indicator of how leadership (although ‘voted’ in) has indeed much in common with kings who rule in accordance with God’s will (thus cannot be replaced at the people’s whim).
This readiness of the Lord to *let the law prevail*, Zimbabwean politicians by and large do not share, interpreting their having taken the place of the colonial masters as a licence to decide arbitrarily as they deem fit, in Durkheim’s sense, above: not only when ballots are rigged, but also in the much wider sense which Kabou refers to in her complaint about a deficit in *organisation* and *control*, where she has in mind the entire country: its economy, its infrastructure, and also its health service (cf. pp20f, above, where President Museveni addresses the same issue under the heading of “discipline”). Both organising something, and its subsequent control in following through, are possible only based on the assumption of regularities, of the intrinsic laws of whatever is the matter in question: these must be acknowledged and adhered to, be that in mastering the natural environment in which a society finds itself, through technology (e.g., rainfall patterns and the need of dam-building; cf. p23fn40, above), or in its economy, or in its health care provision.\(^{168}\)

However, this has not become a matter of course for politicians in Zimbabwe. Politics may interfere at any moment, haphazardly; that is, the nation does not live in a law-governed universe as described by Groethuysen. If Zimbabwe’s president is a king, as Mutasa puts it, then he is not a monarch *under* a constitution: e.g., the distinction between the executive, legislative, and judicial spheres is not taken for granted; even if constitutionally enshrined, it is constantly contested by the executive, almost in the way Zimbabwean youngsters speak of themselves as future parents (cf. p23fn41 above). In local understanding, the *father-figure* president might be defined as he who stands above the law – any kind of law, even the rules of common sense, as when Mugabe declared the day after Nelson Mandela’s release from prison a national holiday, on a Sunday evening, with chaos resulting at my then workplace on Monday morning, when half the staff knew and the other half didn’t.\(^{169}\) The same principle of no-laws-nor-rules-can-tie-me-down forms the

\(^{168}\) Grove, e.g., ex-CEO of Intel Corporation, has said (2015:xiv) of companies (but with equal applicability to national economies): “[Y]our company has no choice but to operate in an environment shaped by the forces of globalization and the information revolution. Companies today basically have two choices: Adapt or die.”

\(^{169}\) In this, he stands in a genuinely colonial tradition: Jennings (2002:84; my italics) quotes the example of the UMCA bishop to Zanzibar who, after admonishing his missionaries to stay in bed when down with fever, continues: “I don’t as a rule lie myself up but *I am above laws and regulations*, and don’t wish to hold myself up as an example.” – As these lines are written, the current US president might be used, with good justification, as an example of an NAW politician trying to act in the same manner; however, different from
background to a joke told in Zimbabwe after a solar eclipse in the early 2000s: in it, not the
president but his minister of tourism is made fun of for supposedly having suggested, in
view of the many visitors drawn to the country by the event, that it be repeated annually.

The grain of truth in this joke, though here a politician is targeted, holds for the public
imagination as well: not even the laws of nature have that iron quality which leaves no
option but to submit (domination being achieved only indirectly, by accepting them as
inviolable and making use of them; cf. p101fn76, above). When the Bulawayo Chronicle
titles, *Goat delivers kid with human features* (Netsianda 2004:2), and the idea is mooted,
by “elders in the area … [of] witchcraft while others said the kid was a product of bestiality,”
the laws of nature, in this case, of reproduction, are being called into question, not by just
anybody, but by those whose opinion carries the weight of age and wisdom. The
enlightened journalist leaves the last word to the District Veterinary Officer: “absolutely
nothing unusual …, it is only a disease called hydrocephalus,” he is quoted (ibid.) – but the
headline stands, as do the different perspectives, side by side, for the reader to choose
with which to align. Bunting (2006:24) reminds us, at this point, that ‘enlightened’
Europeans have little reason to make fun of ‘backward’ Africans:

> Women giving birth to animals, geese grown on trees, even a recipe for how a dirty
shirt could produce mice: this is all nonsense to us, but it indicates how for hundreds
of years the process of generation was a profound mystery. … As Cobb rightly
points out, ‘the gulf between our present understanding of the natural world and that
which existed in the 17th century is so deep that it requires a huge effort to build a
mental bridge back to those times.’

If such times, in Zimbabwe, are not simply a matter of the past but are still alive for masses
of people, it should not come as a surprise that local politicians can ignore the inner logic of

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170 In Taylor’s description (1963:79) of the subSaharan African situation of some four decades earlier, in a
“personalized universe, where all that happens happens through the working of the creative intelligence of
some ‘human’ agency, everything becomes arbitrary.”
whatever subject – its intrinsic regularities – without becoming the laughingstock of the nation, much less seeing their fitness to hold public office called into question.\textsuperscript{171} As a pervasive trait in all sectors and \textit{at all levels} of society, a take such as this on the world and how it functions, cannot remain without consequences: where neither the world itself nor the figureheads of the polity are perceived (or see themselves) as constrained by impersonal laws – those of nature, those governing economic performance, or written law – the authorities need not live in fear of public challenges (e.g., for flouting the constitution), nor become nervous about themselves for plainly ignoring, e.g., that economic recovery cannot be decreed, not by a party, and also not by a president cum quasi-monarch.

However, four decades into Zimbabwean Independence, not only is there no such criticism forthcoming from the general public, the vast majority of the population; it is also not voiced, conspicuously, by the smaller segment with high standards of formal education. In saying so I do not ignore widespread criticism of the state of affairs in Zimbabwe, at a party-political level, or in the independent press. My argument goes in another direction: following Gappah, I have in mind “problems of organisation, … of control and of production, which no political ideology can solve” (cf. p577, above; my italics) – problems whose technical solutions must not, if they are supposed to work, run counter to the laws of logic, to the natural laws of the universe, or, so long as the current world order prevails, to the laws of capitalist production and exchange. The natural voice of criticism \textit{at this level} would be well educated, middle-class professionals in their respective fields of expertise, whom one might call ‘apolitical’ technocrats; with a view to the nation as a whole, it is the absence of critical interference from these quarters which characterises the situation in Zimbabwe (an example from South Africa for this kind of criticism is given on p22fn39, above).

Here, studies undertaken by the Harare based Research & Advocacy Unit (RAU) provide helpful background information. The RAU conducted focus group discussions with young middle class Zimbabweans, mainly women, to hear about any active participation of theirs in politics, to shape the nation’s future. The participants were drawn from “key strategic places in business, the corporate sector and in civil society” (2016:18; the RAU ([S.a.]/2016?) specifies: “university educated, employed and earning above $600 per month as

\textsuperscript{171} For examples with regard to averting mass starvation, cf. Sokwanele (2005).
per the World Bank definition”). This is the kind of people whom I have in mind when I reflect upon managerial issues at mid- and senior level (with the tacit assumption that the quality of managerial performance of less educated cadres in the health system, e.g., senior nurses, pharmacists, or district hospital administrators, would not be any better).

Their interviewees, the RAU reports (2016:18), said that now was “not the time to be a bystander. ’If you are going to wait for the environment to be conducive for you to see what you want you might be waiting for a long time. It is important to do what you can, what you are comfortable with but it is important to do something.”’ This statement, however, about the perceived need to become active, sits uncomfortably alongside other, contradicting ones; as the RAU puts it, “[t]he women in this research said that as Zimbabweans we have a saviour mentality, constantly on the look out for someone to get us out of situations” (ibid.:14); “[o]thers stated they will not participate in any political demonstration, be it for or against the current government. They are taking the wait and see attitude, waiting to take advantage of the situation when it changes.” (ibid.:17; my italics) The RAU, in line with its focus on national politics, records as its interviewees’ self-assessment that “Zimbabweans complain a lot and expect other people to fix their problems, and hence do not take part in national processes. This challenge was especially for the middle-class, both men and women.” (ibid.:11)

The reasons for such passive bystanding are identified quite candidly: married women, apart from declaring that getting involved in any kind of violence was strictly to be avoided, “mentioned that they have careers, and children to protect” (ibid.:10); the unmarried, that political activity would lessen their chances of finding a husband. While women “were more concerned about … keeping their families safe from harm, … [men] were more concerned with bread and butter issues and providing for their families. They referred to this as a ‘social cost benefit analysis’ whereby they had to determine what gives me the quickest return for me and my family with the lowest risk.” (RAU [S.a.]2016?)

“How do we expect to change the system if we are constantly watching from the sidelines and not participating?”, the 2016 document asks (ibid.:11), and it is unclear if the RAU paraphrases an interviewee’s question, or gives its own comment. The eventual summary,
though, is the RAU’s: “There is a sense that as long as their families are okay with their amenities: as long as they have boreholes and water tanks, generators and inverters, their children go to good schools, and there is food on the table, they will not engage.” (ibid.:19) Its conclusion [S.a.] is that

Zimbabwean women, like Zimbabwean men, do not show the characteristics of active citizens, and young middle class women in particular have strong reservations about participating in politics. These young women even avoided registering as voters or voting, rather using the time to catch up with family and friends.”

In this light, Zhangazha (2016) claims that we are dealing with a Zimbabwean middle class which is

comprised of those that work largely for the ruling establishment and its offshoot companies or private businesses that continually curry the state’s favour. It is .. very atomized/individualistic and keen on consumerism/materialism. It is not a harbinger of new ideas and innovation because its reliance on the patronage of the comprador bourgeoisie limits its capacity to think beyond its belly.

I find much insight and clarity in the RAU interviewees’ self-assessment. In view of the topic of this thesis, though, something beyond their rejection of party-politicking is of particular interest which, deplorably from my perspective, the RAU did not pursue: as its focus is so unequivocally on the world of politics, narrowly defined, the implications of a statement which points away from party politics have not been probed any further, namely, “that elections will not bring about the required changes so something else: something new has to be tried to secure the future and the future of their children. More comprehensive engagement is required to include all sectors of society.” (RAU 2016:18f; it is unclear again: is the RAU drawing its own conclusion, or is it still paraphrasing?) What is stated, this much is clear, is this: party politics is not the domain from where to expect substantial societal change. But does the “more comprehensive engagement” have to come from, or must it happen in “all sectors of society”? Here, the wording that it is “required to include all
sectors of society” is tantalisingly imprecise. All sectors, naturally, will also include those sectors in which the interviewees hold salaried posts; but of their workplaces, we have only heard that “[t]hese women are determined to make a name for themselves in their respective professions” (2016:20), and that they “have careers” to pursue (ibid.:10).

To avoid “damage to one’s reputation” (ibid.:6), one may assume, would therefore be advisable. Otherwise, there is nothing but deafening silence about the workplace as the one domain where politics and professional life intersect – politics here not understood as party politics, but as the repercussions of decisions ‘higher up,’ on all professional systems’ proper functioning, including health care. It is here, then, on their professional home turf, that interviewees needed to speak up in their capacity as professionals, to keep going or to bring back on track the services their system or workplace is supposed to provide: independent of elections, concerned in a so to speak apolitically-practical way about the quality of services in their respective field of work (which does not rule out having the common weal at heart). This is how one could interpret the statement that “[m]ore comprehensive engagement is required to include all sectors of society;” however, as it seems, neither the RAU not its interviewees have anything to say about this, the RAU not probing, the interviewees not bringing up this topic spontaneously.\(^\text{172}\)

Considering the far bigger numbers of Africans who, in post-Independence Zimbabwe as compared to colonial times, have attained high levels of education and academic qualifications, it is this silence of theirs which brings me back to Taylor’s rejection of the subtraction theory of modern secularism, and to his insistence that a new kind of individuals had to come into being, for the project of secular modernity to be successful across the NAW: individuals living in a depersonalised universe ruled by natural causes, where conscious agency pertains only to humans (this condition understood, at least, as a heuristic principle); and, crucially, these individuals feeling strong within themselves, capable to decide on the course of their personal and professional lives as well as, jointly, on the course of their polity, willing (and feeling secure enough within themselves to dare) to become active in its implementation. The creation of this kind of people was never on

\(^{172}\) My comments are based only on what was published, as I had no access to the original interview transcripts.
the missionary, nor on the colonial agenda. The question by how much their number has gone up since the end of the UDI era is beyond the scope of this study; what can be stated is that such individuals have not until now made a sufficiently numerous appearance to have a noticeable impact, certainly not in Matabeleland mission hospitals and clinics, and judging by its performance, not within the government health sector, either.

The impact of widespread inattention from the top, to rule-governed processes and such internal requirements as determine the smooth working of the entire Zimbabwean nation as a system, is there for everyone to see, on condition this is what one is ready to take note of and call by its name as Gappah does; this includes the malfunctioning of sub-systems like health care as a result of governmental/ministerial failure to perform (leading to, e.g., the nationwide non-availability of drugs; cf. Truscott 2009; Physicians for Human Rights 2009; Kwaramba 2014; Zhangazha 2015; Mudadigwa 2016). Less easy to identify are poor performance and its causes within hospitals and clinics, which (beyond the oft-bemoaned lack of nurses’ compassion) may be perceived as fathomable only by professionals, not the general public. However, the functioning of the health care system at all its levels is not in fact an intrinsically medical issue, but a managerial one: that of being geared towards the goal-oriented upholding and optimising of the system’s performance (cf. pp558ff, above); of taking it as a matter of course that right down to the smallest mission clinic, whenever something goes wrong, the source of the aberration must be traced, implying secondarily the identification of somebody’s responsibility through their non- or malperformance. If this kind of troubleshooting does not happen; if systemic failure is not seen, in the first place, as an impersonal issue that needs to be analysed, where structural deficits need to be identified and rectified;\textsuperscript{173} if the place of such analysis and critique, once it cannot be avoided any longer, is taken by personalised finger-pointing which, however, is considered highly inappropriate by all parties involved (as a hostile act, so to speak, to be evaded as long as possible), then a deficit of planned system-maintaining input, to keep the wheels

\textsuperscript{173} Only in the most recent past, speaking of politics and the nation as a whole, has the new President of Zimbabwe, Mnangagwa, stated in his inauguration speech that “[w]e must accept that our challenges as a nation emanate in part from the manner in which we have managed our politics, both nationally and internationally.” (‘Zim is open for business’ 2017)
The ensuing deterioration may be subjectively more tolerable, for people who perceive themselves as unable to make a difference through their own acting, anyway, who feel rather like powerless bystanders when it comes to re-adjusting the system; the thought then does not even come up – naturally as it were – that ‘we are to blame ourselves’ for not having acted to stem the tide. However, whether or not those involved (e.g., medical staff) perceive the situation as if it were not man-made, as if a functioning system were just the outcome of its own self-perpetuating momentum, they are in fact right in the middle of the resulting mess and suffer the consequences when they need some system-provided service (e.g., health care) themselves; of this, they are quite aware then, bemoaning in private that ‘things have gone wrong.’

If this is an appropriate description of the Zimbabwean situation, also in the health sector, it is another way of saying that the necessary critical mass of professionals is not around, with sufficient cultural capital under their belt which would translate into an urge to keep the system going by their active intervention whenever the need arises, and with the self-confidence and inner strength to stand up against obstacles in their way. The deficit referred to here, is not primarily one of insufficient academic knowledge (with the attendant solution strategy of more formal education, masters courses in management, or the like),

174 Newell, in an article on Pentecostal churches in contemporary Ivory Coast (2007:462), sees the faithful in a field of “tensions between individual agency … on the one hand and social obligations to kinship and collectivity on the other.” In my understanding, he falls short of plumbing the problem in its depth when he contrasts (ibid.) “encroaching neoliberal individualist ideologies of ‘modernity’ and the local prioritization of kinship and other obligations of reciprocity over individual agency,” in that he confines to the fairly recent era of neoliberalism what has been an issue – no doubt becoming more pressing with the passage of time – ever since individualising modernity arrived on African soil.

175 Kuwaza (2017; my italics) quotes from a study which claims “that most Zimbabwean employees lack business acumen, research skills, innovation, and financial literacy, business report writing skills, critical thinking, numerical reasoning, people … [and] time management.” A statement like this, however, does not address the question to which degree the said skills are simply missing or are not put to good use, in the light of the worldview transpiring from the RAU studies, above (cf. pp582ff), and to which degree something more fundamental is amiss, not an isolated skill or technique, but an underlying general predisposition which as accumulated cultural capital would make using such skills feasible. After all, both "innovation" and “critical thinking” can only be described as skills if the entire mindset, the outlook on life that forms their indispensable background, the yes-we-can-belief in oneself, is unquestioningly taken for a given. Cf. also Nguwi (2014).
but, as Hage paraphrases Bourdieu, one of the said professionals’ “habitus’ – .. [their; RB] historically acquired structure of the personality” (cf. above, p18), with characteristics such as inner locus of control and sense of agency, characteristics that make for professionals with whom Obama’s “yes, we can” slogan reverberates, and who just will not put up with a man-made, continuously downward spiral in their field of work. The colonially-created systems below the political level, one of them health care, cannot thrive without this type of professional, under whichever dispensation, pre- or post-Independence; they owe their current crumbling state, as I see it to a significant extent, to such women and men not making up a sufficient proportion of the workforce. With colonial instruction-giving fallen away – adding a new meaning to the term independence\textsuperscript{176} – and with too few proactive system-maintainers around, the thrust is missing to boost economic output, keep water and electricity supply going, roads maintained, and health care functional.

The situation is made worse by the fact that Zimbabwe is not an equivalent of the Europe of pre-modernity, because what in the case of Europe then still lay ahead (i.e., fully fledged modernity), now already \textit{exists} as a functioning system in many places around the globe – thus exists also for Zimbabwe (e.g., as an economic competitor, but also as an ideological challenge). In pockets, in uneasy cohabitation with pre-modernity, modernity is a reality even \textit{inside} the country (as would have been the case in Europe for a long transitional period). We find modern technology employed within pre-modern structures: tractors in subsistence farming, hospital x-ray facilities in areas where not just a traditional herbalist, but a spiritual healer may be the first port of call and the acknowledged authority from whom to seek information and explanation for other than banal illnesses.\textsuperscript{177}

The fact that pre-modern mindsets, nurtured in and emerging from pre-modern familial and village settings, exert a strong pull on the attitude and behaviour of individuals who find themselves within modern structures and must act therein (e.g., nurses with a rural background working in operating theatres in Zimbabwe), replicates what happened in

\textsuperscript{176} Cf. my encounter with a nursing student related above, pXIII.

\textsuperscript{177} We also find the ideology of human equality and parliamentary democracy, of elections legitimising a government, etc., as the officially endorsed yardstick of good governance, in a country whose current leader (only recently brought in by a coup d’etat) has supposedly been anointed by God: after Mugabe’s demotion, this is now, according to Vice-President Chiwenga, also true of Mnangagwa (cf. Manyiwa 2018).
Europe in centuries gone by.\textsuperscript{178} In the NAW today, the pre-modern mindset, where it survived, fights a hopeless rearguard battle with modernity which has safely entrenched itself and determines macro-structure.\textsuperscript{179} Modernity does not have to fear any challenge to its dominance (US evangelicals and their likes notwithstanding), while in Zimbabwe weak modern structures at all levels (where they were put up in colonial times and still manage to survive) are at constant threat from a pre-modern roll-back.

Not to have played a role in the formation of pupils who would develop into professionals, willing and capable to stem this tide, is a failing that the Catholic Church cannot be exonerated from; the ZM Jesuits contributed, intended and unintended at the same time, towards the bundle of factors which have co-caused, as an ensemble, the downturn which Gappah described in 2008 (and which in the ten years since has not come to a halt), of Zimbabwean politics, economics, and society, its health system included. Seeing that the Catholic Church does not own up to her failing, much as it is historically understandable how this came about, gives little hope for a contribution towards change in the future to originate from her side. A renovation of Zimbabwean society, if it were to happen, would not take place because it had been fostered by and had received vigorous support from the Church: not indirectly, via her approach towards the formation of future professionals at her schools, but also not directly, through her acting on the political scene – not so long as it remains a holy cow for her to stay in reasonably good books with the powers that be, even

\textsuperscript{178} These nurses are quite capable to act in sync with everybody else when they find employment in Europe; it thus only \textit{appears} as if a (pre-modern) mindset of theirs straightforwardly determined their behaviour at their workplace. However, rather than testifying to their mental ‘backwardness,’ their behaviour shows, in my view, an acute awareness of the prevailing set of rules, enabling them to go against an inclination to act in pre-modern ways if this is demanded (e.g., when working in Europe); but if, in Zimbabwe, their micro-setting, their work environment, demands on principle what the macro-setting factually contests (or is indifferent to), options arise and choices may be made according to inclination. The complexity of this situation reveals how superficial and short-sighted all development programmes are which already from the outset contemplate exit ‘strategies,’ as if after some isolated, technical input the system itself could be left to its own devices.

\textsuperscript{179} Bultmann (1988:16fn15; my transl.) distinguishes “the \textit{superstition} into which the belief in spirits and miracles has degenerated .. [as] something entirely different from what as \textit{belief} it once has been. It depends on … the worldview according to which people factually live. This, however, is determined [in the NAW; RB] by science, and dominates people through school, press, radio, cinema, and generally, technology.” Cf. above, pp343fn13 & 531ff, esp. 533fn72, on superstition.
at the cost of propping up a status quo no matter how bad.\textsuperscript{180} This is obviously not a case of the Church putting into practice her alleged \textit{option for the poor}, but rather, of her continued preference for submission, to be practised by those who suffer.

Looking at a renewal of Zimbabwean society, not from the angle of the possible contribution of the Church, but with a focus on health care provision and the role of all those who in the health care system fill posts with (also) a managerial responsibility, I do not see much reason for optimism. A liberating societal renewal from within, after the 2017 coup d'état, was always highly unlikely, irrespective of the outcome of the July 2018 elections. Since then, there has been no significant opening up of space, for criticism of a technical-managerial nature to appear less risky in the eyes of those middle class professionals who would have to be its mouthpiece. I cannot think of any sociological processes currently under way that would make it reasonable to anticipate, on the side of

\begin{footnote}
\textsuperscript{180} When in 2007 Zimbabwe’s Secret Service exposed the then Archbishop of Bulawayo for acts of serious moral misconduct, at any rate by Catholic standards, with the clear intention to embarrass and get rid of the most vocal internal critic of ruling party politics, the Catholic hierarchy swiftly opted to accept his resignation, thereby offering a hand of conciliation to the (Catholic!) mastermind of the Gukurahundi massacres of the 1980s, and of torture, maimings and killings as his means of staying in power. Subsequently, the Church in Zimbabwe has largely complied with what President Zuma once requested of the South African clergy, as quoted by \textit{news24} (\textit{Zuma urges Tutu ...} 2014): "'My understanding is that bishops and pastors are there to pray for those who go wrong, not to enter into political lives,' Zuma told journalists after the Anglican archbishop emeritus last month questioned the calibre of the country's leaders." What Zuma expects of the churches is the supposedly non-political position criticised by Bosch (1980:207): "The more the gospel is proclaimed as an otherworldly reality, the more the existing order is uncritically upheld." Saying this in South Africa \textit{in 1980}, was to challenge those who spoke of the heavenly Kingdom, to those who lived under Apartheid – and then, Bosch’s criticism quite certainly found Zuma’s approval, if he was aware of it. A Johannesburg social worker (quoted in Schäfer 2016/17:19; my transl.) expresses what it means to extend the same challenge to the post-Apartheid present: "If the church does not become the voice in the dark, she will be swallowed by the dark. Our society needs more people who are ready to take a risk." – In Zimbabwe, the discrepancy could not be starker between an exhortation such as this, and the reality on the ground; the scenario Kato envisions (1975:173), of “African Christians ... pour[ing] libation before a political leader,” came true at the latest in July 2017, when the ZANU youth secretary declared that Mugabe “is our Messiah, just like Jesus Christ ... Jesus, when he came, liberated the world and when President Mugabe came, he liberated us in this age . . . we honour God, then Jesus Christ and President Mugabe.” (quoted in Jena 2017) The stance of self-declared \textit{African} Christian churches and theologians in such contexts would be well worth exploring.
\end{footnote}
these professionals, a growing feeling of inner strength and capacity to influence the course of events, as in Taylor’s account has happened in the NAW in previous centuries. However, only such stronger individuals could be expected to muster the courage to voice their criticism which, innocently technical-managerial as it may be perceived from without, is or would be seen as highly ‘political’ in a cultural setting where the superiors who are in charge of and responsible for the state of affairs, are (almost) always right, implying that therefore, affairs either cannot be that bad, or at least that the causes must be external; quite exceptional in this respect – but coming from the top – is the recent national (self-) criticism by President Mnangagwa (cf. fn173, above).

Submission to authority was in place, as an overarching principle, in the days of King Lobengula; neither colonial rule, which only replaced him as a person but not this attitude, nor the brand of Christianity favoured by the ZM Jesuits, ever laid an intellectual foundation on which a liberating, selfcritical root-and-branch renovation of Zimbabwean society could flourish. Neither the economics upon which the King’s rule rested, nor that of the colonialists, depended on Foucault’s speaking subject; the colonialists were happy to take over the system of absolute obedience, of submission of all and sundry to the King, as the rule now defining the relationship between them and the indigenous population. The Catholic hierarchy, and likewise the ZM Jesuits, were ill-equipped to confront this attitude.

“Here all is slavery and bondage; vassalage marks the motions of every mortal but the monarch,” Chennells (1977:53) quotes Moffat,181 cautioning though that as regards the King’s abominable cruelty, the same few stories keep reappearing in the literature of the time, and that “Baines, who provides the most detailed account of life among the Ndebele, makes no mention of such incidents.” (ibid.:58)182 But even as he discounts the narrative of Lobengula’s personal cruelty183 as, probably, less fact than myth, Chennells does speak

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182 This is not entirely supported by the ZM Jesuits’ accounts; cf., e.g., the example given by Fr Law, p465fn79, above, and Fr Croonenberghs witnessing the whipping and stoning of “two young slave girls, barely 14 years old,” by the King’s wives, because they had tried to run away. (Diaries of the Jesuit Missionaries … 1959:32)
183 The ZMR (VIII,126:457) conjectures that “though he could be ruthless enough, [he; RB] was a tyrant rather by necessity than inclination.”
(ibid.:54; my italics) of “a highly conservative militarist society” on the Ndebele side, and on that of the Jesuits (ibid.:61), of a “congregation with a strong centralized authority which expects and receives unquestioning obedience, organized on a military pattern and attached to a hierarchical church.” A democratic seedling, if ever one had been planted in the soil of Matabeleland, was thus unlikely to put down roots, find nourishment and thrive: not in the humus left behind by pre-colonial tradition, and not in the one brought along by the ZM Jesuits, in the form of their educational input, either.

Coming back to the question raised right at the outset of this thesis – did diocesan authorities do all they could to halt the decline of mission health institutions along with the rest of Zimbabwe (cf. Foreword, pfXf) – my conclusion from a wider historical perspective is this: much as Church officials, behind closed doors, might blame the government for the sad state of affairs in Zimbabwe, regarding the nation in general, and the functioning of the health sector in particular; much as they might find macro-economic reasons (and not inappropriately so) for the difficulties faced by mission hospital administrations in keeping their institutions going: for the poor state of her hospitals and clinics, rather than just blaming the state, the Church must take a sizeable share of the responsibility herself. She has not nurtured the growth of the kind of people who, as professionals, as citizens, or as believers, would have felt an inner readiness, strength and commitment to challenge their worldly authorities early on: for human rights abuses which do not fall short of those committed by the colonial regime;\(^{184}\) and also, for an abysmal failure to perform in the interest of the common good, politically as well as economically, with well known repercussions on health care. As a result, there were too few mission staff around to make a real difference when it came to accepting what could not be changed in the short term and on the big political stage, while at the same time trying to lessen its impact, locally.

My thesis could end with this statement, were it not for two reservations which I have repeatedly alluded to; these I want to explicate again, to leave no doubt about the limits of the Church’s responsibility. One is socio-economic; the other, the issue of the worldview that Zimbabweans, like their forebears who fought in the first Umvukelo/Chimurenga, are entitled to choose and subscribe to, as the rock upon which they want to build their lives.

9.4 LIMITS TO THE CHURCH’S RESPONSIBILITY

9.4.1 The socio-economic frame delimiting all educational activities, irrespective of educators’ intentions and goals

Anthony Giddens’ foreword (2005:xii) to Parsons’ translation of Weber’s *Protestant Ethic and the Spirit of Capitalism* neatly sums up the two things which a “rationalised capitalistic enterprise implies …: a disciplined labour force, and the regularised investment of capital. Each contrasts profoundly with traditional types of economic activity.” This is a statement, not just about individual capitalist companies, but about capitalism as a system organised within the frame of nation states, and I have argued throughout this thesis that neither the colonial administration of Rhodesia nor the post-colonial one of Zimbabwe has consistently worked towards this goal, nor has the population, for understandable reasons, been keen to see this happening. Giddens (ibid.) next refers to

the experience of those who have set up modern productive organisations in communities where they have not previously been known. Let us suppose such employers, in order to raise productivity, introduce piece-rates, whereby workers can improve their wages, in the expectation that this will provide the members of their labour force with an incentive to work harder. The result may be that the latter actually work less than before: because they are interested, not in maximising their daily wage, but only in earning enough to satisfy their traditionally established needs.

With regard to subSaharan Africa, Kabou (1991:157; my transl.) makes exactly this point when she quotes fellow African, Bourgoin,185 who emphasises that the “wish to have good relations with others is more important than money,” that African workers “work to live, but don’t live so as to work,” and that indeed “everywhere there is an abundance of spontaneous testimonies rejecting money in favour of ‘having a good time’.” Here, Museveni’s remark on discipline (cf. pp20f, above) comes to mind. “A parallel phenomenon exists,” Giddens continues (ibid.),

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among the wealthy in traditional forms of society, where those who profit from capitalist enterprise do so only in order to acquire money for the uses to which it can be put, in buying material comfort, pleasure or power. The regular reproduction of capital … is foreign to traditional types of enterprise. It is associated with an outlook of a very specific kind: the continual accumulation of wealth for its own sake, rather than for the material rewards that it can serve to bring … This, according to Weber, is the essence of the spirit of modern capitalism.

This world of capitalism has not been forced upon sub-Saharan Africans. The exploitation of the local labour force took place under a system of keeping wages, i.e., the cost of labour, below the costs of its reproduction, through retaining pre-modern forms of production: for centuries, this had been outright slavery, e.g., in the Western hemisphere; or in the Belgian Congo of the 19th century, forced labour, extorted with the most brutal violence, alongside unmitigated slavery – literally working people to death (cf. above, p154fn50). In British dominated South Africa, almost from the beginning of British involvement, another model prevailed; this also holds for Rhodesia until Independence and even beyond: that of keeping alive a ‘subsistence’ agriculture too unproductive to secure a decent living under the new dispensation (e.g., with colonially-imposed taxes, but also with newly acquired, heretofore unknown needs). This forced especially men to join the colonial cash economy, but left open the option of pushing them back into the ‘Native Reserves’ whence they had

186 Cf. Moeletsi Mbeki’s derisive characterisation (2009:14) of African political elites as the “non-producers who control the state,” who display an “aversion to becoming involved in industry, whether manufacturing or mining, or in agriculture” (ibid.:25), and are “incapable of addressing their [countries’; RB] political and developmental challenges” (ibid.:154): “a rentier class … parasitic on the limited productive capacity in their countries.” (ibid.:174) Futile, in this view, to expect from elites such as these decision-making based on a clear understanding of the indispensability of competitiveness in the production of goods and the provision of services, both by individual companies and by entire nations; of standards of performance which would make local production a challenge to the Malaysias, Indonesias, or Vietnams of this world, not to mention the NAW or Mainland China; cf. fn219, below. In Mbeki’s analysis, the concern of this political class about investments (so far as it exists), into productive industries, infrastructure, an efficient administration, and also the creation of a competitive labour force, is eclipsed by their narrow focus on the extraction of personal revenue.


188 Of the Cape, Britain first took control from 1795 to 1803, then permanently from 1805 onwards; British legislation against the slave trade was passed in 1807, followed by the Abolition of Slavery Act in 1833.
come, once they became a liability through inability to work, advanced age, or disease. However, this also implied that the members of the workforce never became entirely dependent on selling their labour-power in the marketplace of a truly capitalist economy, precisely because their families in the rural areas continued to cover part of their reproduction costs. This modicum of independence from the labour market on the part of the workers distinguished the colonial workforce from its NAW counterpart; in Europe, centuries earlier, the peasantry had been chased from the land, forcing now landless masses of people to put up with the dire predicament that as owners of nothing but their labour-power, they had to sell it of their own ‘free’ will, or face starvation.

19th century colonialism in sSA, this much is obvious, did not produce an indigenous proletariat in Marx’ sense of the word, in equivalence to what had happened in the NAW; not, anyway, in such numbers as to make its existence as a class the foundation of the national economy. Concurrently, however, colonialism also forestalled the emergence of an indigenous class of capitalists, whose post-Independence political representatives would have the development of the nation at heart (like its infrastructure, schools, etc.), and also

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189 The ZMR (VIII,118:235) gives a very clear account of what the idea was: that whites would “supply the capital and the brain power, and the million of blacks will be a kind of machine costing its employer so much a month as long as it is in service” – and only as long as that. As Bucher notes (1980:26), “[t]he Rhodesian government regarded the Tribal Trust Lands as the true home of all Black people. Urban Blacks who were unable to find employment in town were urged to return to their rural villages;” he adds (ibid.) that meagre returns from this land often made it impossible for peasant families “to live on the income which they derive[d] from agriculture.” In the euphemistic description of a Rhodesian government report of 1961, every full member of a (Shona) community, “because the land and its resources belong to the community, ... has an inalienable right to a reasonable share [of land; RB] according to his requirements.” (quoted in Hughes 1967:5) Irrespective of whether or not this land could truly sustain those who worked it, Hughes comments as an aside that “this type of tenurial system gives any tribal community a powerful mechanism for enforcing conformity to tribal mores.” (ibid.:7)

190 Looking at these reproduction costs, a 1969 South African government official is quoted in Kritzinger (1988:149): “This African labour force must not be burdened with superfluous appendages like wives, children and dependants who could not provide service.” A clear distinction is made, here, between the costs of keeping a labourer alive and working, and the reproduction costs of the entire labour force, which includes the costs incurred by preparing for the moment when said labourer has to be replaced, e.g., due to old age, by his son. (cf. above, p154fn50, where the reproduction of the slave labour force is seen in the same light).

191 Cf. pp351ff, especially fn28, above.
be determined to subjugate the population to the demands of capitalist production: all in the interest of the expansion of production, and to establish the nation as an international economic player. As colonialism did not bring forth, among the indigenous population, capitalists as the owners of the means of production, with the mass of the population ‘ready’ and bound to sell their labour-power so as to make a living – Marx’ exploiters and the exploited – it was not the re-creation of the NAW capitalist system on African soil, in spite of the crassest (pre-capitalist) exploitation taking place. The departure of the colonialists as individuals did therefore not leave behind a scenario where an alien, colonially-implanted economic and cultural system had sufficiently entrenched itself (objectively as well as subjectively, in the minds of sufficient numbers of Africans), to continue functioning. Only if this condition had been met, would sub-systems like health care have continued to grow as if by their own momentum: propelled by those running them, further eroding and eventually replacing local predecessors, now under a post-colonial political dispensation. Thus, irrespective of whether or not imperialism itself is an atavism as Schumpeter has posited (1919:49), this much is true: national imperialisms/colonialisms did not create socio-political conditions in their conquered African territories which were typical of an emerging capitalist economy.

192 As an offshoot in the world of ideas, of these deficits at creating a ‘proper’ capitalism, “there are no Human Rights in the Third World, for structural-historical reasons, so to speak,” as Geiss (1996:70; my transl.) paraphrases Heinz, who himself points out (1986:133; my transl.) that “in no country of the world are Human Rights a very old topic,” the NAW not excluded. In the Third World however, he feels bound to add, (ibid.:135; my transl.), we find not even “such an important [preceding; RB] development in the history of ideas as the Enlightenment with its rejection of divine overlordship, and the separation of religion and state.” On the genesis of Human Rights as a conscious idea, cf. Hunt (2007).

193 This need not imply that colonial conditions were not “explicable solely as a result of capitalist relations of production,” as Schumpeter believed (ibid.:76; my italics), taking recourse at this point to pre-capitalist/feudal mindsets outliving the factual disappearance of matching relations of production. To exemplify my point: the principle of the free exchange of equivalents as the dominant form of exchange in capitalist economies must be taken as just that – as a ruling principle which all actors in the market place try to violate as best they can, buying cheaper and selling dearer than is warranted by the value of their own and others’ goods. In the colonies, the development in the direction, at least, of an exchange of equivalents was something to be regretted: “Some thirty years ago trading was a very different matter from what it is at the present day,” says Carnegie (1894:64). “Then, in the ‘good old days,’ you could buy from the natives a sheep for a few beads, an ox for a strip of calico, and an elephant’s tusk of ivory for a snuff-box.” Later, after the deposition of King Lobengula, it was not any more on a basis of ignorance of true value, but simply of brute force, that cattle
From the perspective of the Catholic Church, the non-emergence of a genuinely capitalist mode of production on African soil did not appear in a negative light. As Max Weber has put it (1970:371), she anyway was “pleased with patriarchal labor relations … [and felt; RB] that the relation between a lord and a serf, rather than the bare commercial conditions created by the labor market, can be developed and penetrated ethically.” As a consequence, Gründer says (2013:37; my transl.), “the missionaries on the ground saw their ‘colonial contribution’ … in the ‘education for work’ of colonially conquered peoples (ora et labora)” – decidedly modern in this respect – “and for ‘subservience as subjects’” – this representing the complementary pre-modern side of the missionaries’ worldview. Indeed one must admit that it neither was nor is the task of the Church to push for the abolition of patriarchal labour relations, so as to further the long-term development of national economies towards modern capitalist standards; for market forces to reign supreme and production to be unleashed; for the workers to become at the same time *forced and free* to sell their labour-power as their only commodity. Why would she, considering all that she deplores about economic modernity? The then ZM Jesuits stood in opposition to *excesses* of colonial exploitation;\(^\text{194}\) otherwise, however, they had no incentive to challenge the colonial economy as such, especially not for colonialism being a system of exploitation *without* the establishment of properly capitalist labour relations.

were confiscated by the police, Sauer says (1973:247), and “sold in public at what were known as ‘loot sales.’ The prices realised were derisory – good, fat, full-grown oxen and cows being sold at 7s. 6d. per head.” Schumpeter himself gives another example: if the workers of a colonised land are subject to a monopoly of the capitalists of the colonising nation, who are the only buyers of their labour, then wages are not exposed to the pressure of competing capitalists from other nations, and may remain below the level a free market would dictate. To this, all but the benefiting capitalists will object in the name of the free market, but the unilateral advantage of the capitalists of the colonising nation will carry the day; the same applies to their selling their own products above world market prices, in ‘their’ colonies, shielded from external competition.

\(^{194}\) For example, Sr Josephine reports from Empandeni (in Tiernan 2008:27), that “a mine agent had been round collecting men for work … The poor people hate going, but they are afraid to refuse so Fr Bick only succeeded in bringing back one.” An editorial of the ZMR (II,21:243ff) “utterly condemn[s] forced labour” (ibid.:244), and also the whitewashing of employment relationships: “To the great majority of white people in South Africa the native is only an animated pick or shovel, born to do the white man’s work, and as such he is generally regarded by his white superior;” cf. ZMR III,34:123ff & III,41:434ff. For the ZMR arguing the case against early Apartheid as “disgracefully unjust,” cf. VIII,113:63 & f.
With her reservations vis-à-vis capitalism, the Church did not stand alone. Weber, for example, trying to get a grasp of its spirit, was not enthused by his findings. To characterise the modern dispensation, he took up the image which the Israelites had used for the Pharaonic corvée system from which they had fled, the *iron cage*; as Giddens says (2005:xviiif),

> [t]he latent passion of Weber’s account may be glimpsed in the comments on Puritanism and its residue with which *The Protestant Ethic* concludes. The ‘iron cage’ is imagery enough to carry Weber’s distaste for the celebration of the mundane and the routine he thought central to modern culture. He adds .. a quotation from Goethe: ‘Specialists without spirit, sensualists without heart; this nullity imagines that it has attained a level of civilisation never before achieved.’

Max Weber’s contempt for the modern NAW brings me to a point which is aptly summed up in Taylor’s question (cf. pp55f, above), “what constitutes a fulfilled life? what makes life really worth living?” Economic progress at all cost is not on the Church’s agenda, and in this respect Christianity does not stand alone among the religions. Chatterjee (1986), presenting within a Hindu cultural and religious context the political thought of 19th century Bengali writer Bankimchandra Chattopadhyay, offers the following excerpt from the latter’s reflections (ibid.:57; Chatterjee’s transl.):

> ‘Knowledge is power’: that is the slogan of Western civilisation. ‘Knowledge is salvation’ is the slogan of Hindu civilisation. The two peoples set out on the same road bound for two different goals. The Westerners have found power. Have we found salvation? … Europeans are devotees of power. That is the key to their advancement. We are negligent towards power: that is the key to our downfall. Europeans pursue a goal which they must reach in this world: they are victorious on

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195 Speaking of a not-so-distant past when Occident and Christian were terms that without fail went together, the ZMR (VIII,123:356) insists that “[t]he need of making a fat living did not, to anything like the extent to which it does now, distract men’s minds from the consideration of the further questions how, having the living, we ought to live and why we are alive at all.”

earth. We pursue a goal which lies in the world beyond, which is why we have failed to win on earth. Whether we will win in the life beyond is a question on which there are differences of opinion.\textsuperscript{197}

All Europeans are lumped together here, to which the ZM Jesuits would have objected in their day, and indeed, their goal was also \textit{salvation}, if differently understood. As for them as individuals, they did not prize it any less highly than Hindu civilisation does, of which their personal sacrifices are ample proof. The further course of the mission movement with a growing role for medicine in it, as of NAW Christianity in general, is nonetheless evidence that Chattopadhyay’s generalising description of Western civilisation is spot-on: Christian religion in the NAW was in the longer run not able to extricate itself from the drive towards power, from the aspiration to unmitigated human mastery of the physical world, and as Taylor convincingly argues, Roman Christianity had been instrumental in setting this development in motion, in the first place.

In Matabeleland as in almost all of subSaharan Africa, the issue of forcing the local population onto this developmental path, that of NAW-defined, power-hungry modernity, was factually circumvented in colonial times, by colonialists and the Church alike, if for different reasons. The colonialists wanted a manual labour-force to exploit, not a local proletariat that might stand up to them as did its brethren in the NAW;\textsuperscript{198} nor did they want indigenous capitalists as their competitors. The missionaries, on the other hand, wanted all heathen to come into the fold of \textit{unquestioning} belief. Capacitation proper and genuine enlightenment thus ran counter to the intentions of both. All talk of the enduring credulity and bigotry of the local population thus was and is an exercise in shedding crocodile tears – as if maintaining this state of mind had not been intended all along.\textsuperscript{199}

\textsuperscript{197} For the intellectual confusion resulting from neglect for the criterion of power, its valuation and attainment or otherwise, cf., e.g., Udoidem’s comparison (1987) of the intellectual output of Africa and of the NAW.

\textsuperscript{198} Even so, the ZMR notices (VIII,113:64) that in South Africa, as time went by, and following the logic of capitalist production in spite of all local specifics and constraints, the black worker “learnt from the white labourer the value of union and co-operation, and there is a strong and growing desire among them to band together for mutual support and advantage.”

\textsuperscript{199} The truly minor degree to which this may be called an overstatement comes to light in the following sentence of a government official, quoted approvingly in the ZMR (VI,89:313):“We shall not strive to make
As history unfolded, what the colonialists never intended did not come about, unsurprisingly, all by itself: the makeover of a sufficiently large segment of the local population in the way Taylor (2007:228; my italics) spells out for the NAW, where the training in a disciplined, sober, industrious life came to be widespread enough that for lots of people this became a second nature, from which individuals would deviate, but which was not under perpetual threat of being cast off and abandoned.200

Taylor describes here not just the modern working morale – as if merely contrasting the so-called industrious, modern European with his less workaholic predecessor (or the equally so-called lazy native); he puts before us the entirely new form of life that emerged in the NAW (cf. pp54ff, above). The discipline and sobriety he speaks of extend from a manner of thinking to an attitude of doing all that can be done, in relying on humanity's own means: believing that “the power to impose order on self and world is God’s power in us” (ibid.: 233); striving to extend this human power's reach ever further; an ever larger segment of the population arriving in the end at an “exclusive humanism … as a more and more viable spiritual outlook” (ibid.:234) on life: people who, as regards their “highest spiritual and moral aspirations … could conceive of doing without God in acknowledging and pursuing them.” (ibid.)

poor imitations of white men, but to add a little more education, a little more knowledge of craftsmanship and organized industry to whole tribes;” for a list of what was to be taught, from mat-making to pottery, with agriculture figuring prominently, cf. ZMR VI,90:344f.

200 In the NAW, after the “successful inculcation of a disciplined, industrious and productive form of life … [this] came to be seen as ‘natural’ … [indicating; RB] the confidence that West European élites were beginning to have in the orders that they had been building. They felt secure enough in them to begin to see them as first, rather than second nature” (Taylor 2007:229). My nursing student (cf. pXIII, above), it seems, felt differently; in the NAW, though, even where the memory of a pre-industrial world and time has remained alive, as Craig (2017:32) describes for the Glasgow descendants of early 19th century evictee small-scale farmers from rural Sutherland, it is no longer coupled with an intention to turn back the clock. In a letter referring to Craig’s article, rather, Paul Sutton reports (London Review of Books 39(12), 15 June 2017, 6) that these descendants, if they are male, can “demonstrate their continuing contempt” for one of the then chief evictors, in a Glasgow “traditional Gaelic music pub …, by pissing on him in the urinal dedicated to his memory” – an act as laden with meaning as with present-day practical irrelevance.
The question, then, which Zimbabweans as a nation have to answer, is this: which kind of society do we want to live in? Emmerson Mnangagwa’s 2018 over-arching presidential campaign slogan – “Delivering the Zimbabwe you want” (see photo on next page) – will not suffice for an answer (there are, however, other posters which promise what ZANU(PF) believe it is that people want, like re-opened factories and trains for public transport).

Recast in the terms of Hulme’s metaphor (cf. p31, above): if “[e]very man has inside himself a kind of rock on which he builds,” which is the rock upon which Zimbabweans want their society to be erected? The decision, following Wittgenstein (cf. p31, above), is purely a matter of choice, and Chattopadhyay names two such choices – power or salvation – making it quite clear that one cannot have both at the same time. Driving an upper class BMW is a nice, enjoyable experience, as most Zimbabweans will agree; but it is a very different matter to live and work under such capitalist conditions of production as bring forth BMWs, though in the end, only what has been produced can be consumed, and in the long run (speaking of entire societies) only by those who through their work have acquired the necessary means to buy. Whether owning a BMW is worth living and working as people do in the NAW (i.e., under the constant pressure which they have come to accept as ‘normal’), is at the same time a serious question and one that cannot be answered on rational grounds. Mutatis mutandis, this applies to all the items on Gappah’s list (cf. p15, above), “electricity, water, medical supplies, textbooks and teachers,” sewage systems and tarred roads – without which even owning a BMW is not all that much fun.
Most societies for whom NAW science and the related techniques are culturally alien, still quite obviously want to share its superior mastery of the material world – use aeroplanes rather than donkey carts, guns rather than spears.\footnote{Cooper (2005:131) lists “health facilities, education, decent pensions … [and] useful commodities from elsewhere” as the concrete meaning of modernity, to African minds, in the mid-20th century.} In the medical field, this pragmatic approach has led to the worldwide adoption of techniques like Caesarean section for obstructed labour or antibiotic medication for pneumonia. Even so, I should like to emphasise once again that it remains a serious if widespread misconception to consider the NAW language invented by, e.g., Newton, as more successful in the physical world than ancestor-speak because it has more truth to it. This latter idea can only stick so persistently in the minds of people, in spite of Rorty’s compelling arguments to the contrary, because their thinking is firmly rooted in the tradition of the NAW; who therefore experience problems in accommodating his statement (1989:6) that “the fact that Newton’s vocabulary lets us predict the world more easily than Aristotle’s does not mean that the world speaks Newtonian.” The difficulty in appreciating this line of thought does not stem from any weakness inherent in it. Rather, it is due to the by now deeply ingrained, thus hard-to-unlearn NAW habit of thinking, according to which the very ability to master and control the world, is not just one criterion among others: in the Western tradition it has come to be regarded (to the seeming exclusion of all others) as the only one that ‘really’ counts.

It is worth noticing that Chattopadhyay presents power and salvation as perspectives that may both be chosen, but carefully avoids committing himself towards one or the other’s superiority: he simply contextualises what success means, by specifying the basic value judgements according to which it is measured in either setting. His detached and balanced assessment stands in stark contrast to NAW naïvety and lack of learned consideration when mistaking ease of prediction and control, for proof of unqualified superiority. The criteria we happen to have opted for are the ones which make sense to us; still, the initial leap of faith was not taken because of their superiority. As Wittgenstein (1980b:104) has said, “[c]ausality stands with the physicist for a style of thinking. Compare in religion the postulate of a creator. … God is one style; the nebula another. A style gives us satisfaction; but one style is not more rational than another.”
In Christian theology, the position which comes closest to this facet of Wittgenstein’s reasoning is fideism, in that it deliberately makes no attempt to prove, by adducing external criteria, the unprovable: that there is a God. One might say that after Kant’s and Hume’s destruction of philosophical arguments for the necessity of His existence, fideism itself became a necessity, but the tradition, Edwards says (1995:318),

goes back at least as far as Blaise Pascal … who, in a famous passage in his *Penseés*, asserted that ‘the heart has reasons which reason knows not of’. Pascal’s heart, needless to say, told him that there is a God … It did not occur to him that other people’s hearts might tell them very different things and that we would then have the problem of whose heart is to be trusted. Rousseau, too, was a champion of faith and the heart. ‘I have suffered too much in this life not to expect another’, he wrote in a published rebuttal of Voltaire’s *Poème sur le désastre de Lisbonne* – ‘all the subtleties of metaphysics will never make me doubt for a moment the immortality of the soul and a beneficent providence. I feel it, I believe it, I want it, I hope for it, I will defend it to my last breath.’

What makes fideism interesting from the viewpoint of this thesis, is not its philosophical soundness or otherwise. Edwards (ibid.) comments that “[s]ceptics have generally not been unduly impressed by such outbursts and have dismissed fideism as nothing but a species of wishful thinking;” one may, however, simply acknowledge that Pascal and Rousseau *had* ‘reasons of the heart’ to believe what they did believe (as anybody else has theirs), and following Wittgenstein, one may desist from even contemplating the question whether they were ‘right’ or ‘wrong’ (as if some such de-contextualised verdict could ever be made).\(^{202}\) Obviously, in the fideist language game, they *were* right; in others, they could be anything from partially right (e.g., in other Christian vocabularies), to utterly incomprehensible (e.g., in the vocabulary of Newtonian physics). To go beyond stating such truisms, one would

\(^{202}\) The ZM Jesuits very clear-sightedly noticed (ZMR IV,58:468) that “it is exceedingly difficult to induce a native to give up his superstitious practices. He cannot be reasoned out of them. You may demonstrate their absurdity and futility … but, precisely because they rest on no rational foundation, you cannot get him to acknowledge their foolishness.” In arguing thus, obviously, they did not apply to themselves Luke’s question (6:41), “And why beholdest thou the mote that is in thy brother’s eye, but perceivest not the beam that is in thine own eye?”
have to immerse oneself into the praxis of Pascal’s or Rousseau’s life and social world, with the aim of trying to understand why they could believe and feel as they did.

9.4.2  Et si le Zimbabwe refusait le développement?

I have chosen the title of Kabou’s 1991 book as the last headline of this chapter, with just a minor adaptation: what if Zimbabweans, in the manner suggested by Chattopadhyay, Wittgenstein, and fideism, just decided not to go along with the NAW way of defining success in the world, and of doing things accordingly? I have above asked what impact the Church might have tried to have by way of an enlightening educational input, i.e., what she could have done in spite of objective, socio-historical conditions determining that in the colonies, the creation of Foucalt’s speaking subject simply was not the order of the day. I want to end by considering the same question, now from the subjective perspective of the people concerned, the people of Zimbabwe who have to live with the choices they make.

Writing as I do while living and working in Bulawayo, grappling with the many and often daunting problems of daily life here (and maybe even more so with the fact that, in my perception, our problems are kept alive primarily by the very people who suffer from and rightly complain about them), my heart sinks when I look at the gulf that separates NAW modernity as described throughout these pages, its intellectual culture and economics as well as the subjectivity of the people who keep it going, from the NAW pre-modernity out of which it grew – because of the many similarities between our local situation, and Taylor’s account of said European pre-modernity. In Matabeleland, most people, nurses and doctors among them, can (and many do) engage in a language game in which the notions of witchcraft and of spiritual forces like ancestral spirits, carry a meaning. Using such

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203 One might thus argue that the missionaries did not try to achieve what realistically speaking was not achievable, anyway. To this, Kritzinger’s answer could be what he says in the context of attempts at the conversion of white oppressors in the Apartheid years: that “a missionary attitude does not resign itself to a deterministic view of history; instead, it attempts to accomplish what seems humanly impossible.” (1990:45)

204 In Behrend’s analysis (2007:54), “in Africa modern Christianity has not put an end to witchcraft and the occult but instead provided a new context in which they make perfect sense;” e.g., as the ZMR (VIII,121:303) quotes a local Christian, “the [ancestral; RB] spirits are like the Saints, who intercede for us with God.”
notions, sentences can be constructed that make sense, i.e., they can be and indeed are validated by other sentences in the same language game.

My main reason for concern in this context is not that health professionals would contemplate spiritual causes when diagnosing medical (e.g., mental) disorders, as part of their clinical practice. It is true that sentences which refer to such an aetiology carry no meaning in the language game of NAW medicine, except as part of the description of a patient’s beliefs (in spiritual entities which, as NAW reasoning takes for a given, in fact do not exist); it is nonetheless worth remembering that in sub-Saharan societies whose publicly endorsed language game allows for demons as aetiological agents in sensible discourse about certain diseases, the course of schizophrenia is often more benign than in the Western world (cf. Machleidt & Peltzer 1994). Thus, incompatible with biomedicine as a witchcraft or spiritual aetiology of diseases is, it may still be useful to work with it, to the benefit especially of psychiatric patients and all those with functional complaints, in a way similar to Evans-Pritchard’s use of the poison oracle. (cf. p32, above)

205 The incompatibility of traditional African and modern NAW diagnostic and therapeutic paradigms, needs to be reflected upon with a view to daily medical practice. Jansen (2001) falls decidedly short of this goal when simply juxtaposing modern and traditional approaches: he leaves the practitioner of NAW medicine without guidance with his admittedly non-judgemental side-by-side presentation of “Western scientific medicine” (ibid.:77 & ff) and “African ethno-medicine” (ibid.:74 & ff), subdividing the latter in two branches, one which uses herbal remedies, the other attending to matters of “ancestor cult, magic and witchcraft” (ibid.), an approach which he finds taken up by AICs in close emulation of pre-Christian African tradition. Already regarding herbal medicine Jansen calls it an “open question” (ibid.:85) how to “guarantee the quality, safety and efficacy of … herbal preparations” (ibid.; my italics). These criteria are obviously of equally pressing concern with regard to a witchcraft- and spirit-focussed medicine: speaking of the “diagnostic art of AIC healers,” Jansen observes, e.g., that “often … the healer gives the sick person a piercing look and knows by intuition from which disease he/she is suffering.” (ibid.:82) To his credit, Jansen regrets (ibid.:85) “as a retired medical missionary .. that in the past we overlooked the significance of African medicine and healers, … [that in] our mission hospitals we were used to seeing [only; RB] the negative (toxicological) side effects and delays in treatment by people who could have been healed in an earlier phase of their sickness.” Still, his experience with tuberculosis (ibid.:86: “the “witchcraft concept was an obstacle in getting the health .. message across”) replicates mine (see p6, above), and while it befits the anthropologist (or the missionary) to put NAW medicine in its place by treating it as just one ethnomedical system among others, simple openness towards traditional treatment options does not suffice as a guide to practical decision-making for NAW-trained doctors, mission or otherwise. Emulating Jansen’s self-criticism, they may be ready to concede that their own
Beyond the ways, however, in which incompatible disease concepts impinge directly on the doctor-patient relationship, my point here is that local professionals who themselves genuinely believe in spirits, do not just work with the concept: a pre-modern belief in spiritual forces that impinge directly on our lives, rather, points towards an altogether different outlook on life, self, self-efficacy, and an internal or external locus of control (Bandura 1977; Strecher, DeVellis, Becker & Rosenstock 1986), thus towards a very different level of confidence at being able to make a difference through one’s own actions, at the workplace as in life in general. Matabeleland is far from being the pre-modern scenario that it was a century and a half ago, but a widespread belief in extra-human spiritual forces, and the concurrent idea of humanity’s limited power to control its lifeworld, have remained alive, while at the same time they are anathema to NAW modernity. So how do local (medical) professionals navigate between such contradictory narratives in their working life? How many (or how few) of them manage to compartmentalise in the way Fernandez describes that NAW Christians have learnt to do? (cf. p526fn60, above) Too few, this thesis says, from the viewpoint of (health) systems maintenance. 

A distinction seems relevant at this point which Durkheim has made, between what are taken to be simple, or else to be complex, difficult-to-fathom matters. There is, he says (1915: 204), nothing “supernatural in the fact that a ship sails or a hunter catches game, etc. .. [A]mong .. [the] events of daily life, there are some so insignificant and familiar that they pass unperceived: they are not noticed and consequently no need is felt of explaining them.” In a similar vein, Cassirer (1946:279) paraphrases Malinowski, “that in all those medical system all too often has not much to offer, but still are bound by their professional ethics of primum non nocere: they must therefore insist that at times only they can make a difference (e.g., with tuberculosis), and also, that their own shortcomings are not eo ipso proof of others’ healing power (especially when these others are not ready to submit their diagnostics or therapy to outside scrutiny). Being non-judgemental thus does not by itself create a practicable “medical pluralism” (ibid.:71), and cannot on its own serve as foundation for a new understanding of the relationship between NAW medicine and its traditional African and AIC counterparts, offering guidance to NAW-trained medical professionals, whether government- or mission-based, as to how the acknowledgement their own limits of competence can translate into a feasible and ethically sound practice of collaboration with and referrals to traditional colleagues. 

206 Asked differently, for how many have traditional beliefs simply degenerated into superstitions, as Bultmann says of the belief in spirits in the NAW? (cf. fn179, above)
tasks that need no particular and exceptional effort, no special courage or endurance, we find no magic and no mythology." That in ordinary life much is done without conscious reflection upon it, implies that it will simply be done such that the necessary conditions of success are met, prompting observers from the NAW to jump to the conclusion that the locals reason "just like we do," in the erroneous, universalist assumption that all human reasoning is more or less the same. They overlook that when those others do reason consciously (i.e., whenever they feel the need to reason about something considered sufficiently extra-ordinary), then their kind of reasoning may turn out to be very different indeed from what said observers would be happy to describe as "our own."(cf. Wittgenstein on the rules according to which people make sense of the world, p32fn58 & 59, above)

As has been described above (cf. pp281fn6 & 335fn111), general anaesthesia or the successful surgical removal of a tumour had miraculous qualities for 19th century Africans, but procedures such as these with all the involved medical handicraft have entirely lost any air of wonderousness for African graduates of nursing and medical schools. Speaking of these cadres and medical interventions, Durkheim could begin a sentence today with the same words as 1915, that there is nothing "supernatural in the fact …" that a patient wakes up after general anaesthesia and reports that he remembers nothing of his operation. Such things have become commonplace and are not worth puzzling about. But what have been termed ex-colonial systems (cf. p22, above) are quite a different matter: a national economy bound to survive in a capitalism-dominated global setting, or, as addressed in this thesis, a national health care system with its many levels and branches, including its mission hospitals and clinics. This multi-layered, highly complex system full of superiors and subordinates is way more than the sum total of medical activities like giving injections, cutting people open and stitching them up again: already at the level of co-ordinating these, the system has broken down in the example given above (pXIIfn3: if no-one bothers, or if subordinates do not dare to call a radiographer out of her meeting, she cannot be blamed for not attending to an emergency). If professionals do not – cannot or dare not – perform according to system-immanent rules and standards in management and administration, as they are used to do in the operating theatre, then chances are that too little will be done too late, for the never explicitly expressed reason that success is up to powers beyond these
professionals’ control, anyway. It is not relevant in this context, how such powers are understood: as spiritual or only too human (e.g., the said president as a king with his minions: and even into the dread before this ‘king’ some spiritual component might enter; cf. fn177 & 180 above), or just, for lack of a better term, as impersonal-environmental (in the sense of something being in the air): what affects professional performance in the end, is the principle of not thinking and acting within a narrative frame based on the conviction, both of Obama’s, “Yes, we can,” and of, “If I won’t do it, it won’t get done.”

However, when deciding which developmental path a nation should take, there is not just black or white, but any number of shades of grey between the two extremes: of aiming for a clean cut with the traditional past, wholeheartedly embracing NAW modernity, or on the other hand, of sticking unreservedly to what at the appropriate moment is called ‘our culture.’ In keeping with Isaiah Berlin’s insight that in the real world, cultures as well as individuals manage to accommodate incompatibilities, Zimbabwe’s future will in any case remain what at present it already is, a mixture of tradition and modernity. Over the last two decades, though, and less visibly so even before, what Fernandez calls the *organising metaphor* (cf. above, p120fn111) has at crucial moments been a traditional one: the president a king who may decide following his whim; the projected basis of society, in

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207 If this were to be called ‘unconscious reasoning,’ the term would not be used in Freud’s dynamic sense, but in the way Flusser (1995:137ff & passim) does when he describes the style of reasoning as something which the thinking subjects themselves simply may never dissect and consciously analyse to the point where they reveal to themselves its implications, in the way I try to do here.

208 With this last point I refer to John Taylor’s observation (1963:46f) that “individuality or character … [or] temperament” are regarded, in “European thought … as inherent in, and inseparable from, the interior being of a person. Africans, however, seem more inclined to argue that since these proclivities and aptitudes are things which the man experiences, they must be external to him.”

209 Taylor (1963:177, quoting Wilson, M. 1959. *Communal Rituals of the Nyakyusa*. New York NY: Oxford University Press) gives an instructive example of a conversation between three Christian African professionals, “in which loss of a job was attributed to a curse.” Their interlocutors’ suggestion that an unsatisfactory work performance might be the explanation, is not actually rejected as wrong; rather, “our friends expressed surprise. ‘I had not thought of that’ said the clerk.”

210 A king cum entourage who extract revenue from the population for consumptive purposes, not a dictator cum vanguard who force the population onto a modernist developmental path, as happened in South Korea, Taiwan, and Mainland China, inter alia.
terms of its material reproduction, the subsistence agriculture of old, for the majority of the population.

It is worth remembering here what Fernandez has said (1969:140) about the formative years of life of the members of African Indigenous Churches, that “[e]xcept for the very few Africans who have spent all their lives on missionary compounds .. [their; RB] primary experience … is that of village life and of African culture and religion coming to terms with western religion.”

So in the end, it all comes down to Marx’ insight (cf. p29, above) that what people are, “coincides with their production, both with what they produce and with how they produce. The nature of individuals [which includes their way of thinking; RB] thus depends on the material conditions determining their production” – the merely fictional alternative being the quixotic scenario remarked upon by Marx (cf. p613, below), according to which, supposedly, “knight errantry .. [is] compatible with all economic forms of society.”

The outcome of missionary-scholastic formation were Christians of more or less devout inclinations, accepting “without any great difficulty,” as the ZMR (VIII,117:189) continues, “a thin veneer of Christianity … [and wearing; RB] a little of the garb of Christianity for respectability’s sake, just as they are keen to wear the coat and trousers and hat and boots of civilization.” But is it imaginable at all that the outcome could have been reflecting Christians cum modern individuals in an NAW meaning of the term, considering the “material conditions determining .. production” in these individuals’ lifeworld?

Could the teaching and enlightening of many Colensos, Callaways and Livingstones have made all the difference? After all, by the time children begin to attend formal education, Hulme’s “rock” (cf. p31, above), Wittgenstein’s “bedrock” (cf. ibid.), the foundation of all their thinking, has long been laid.

As a result, the ZMR claims (VIII,117:189), it becomes “a task utterly beyond the power of mere man” to “mould the life of the people afresh, to root out of their being superstitions that have twined themselves round the fibres of their senses since the days of their father Ham.”

To consider it highly unlikely that such a development could have come about, is not to invalidate Nanda’s point (1998:305) that science, if not a sufficient condition of a “humanistic rearrangement of meanings,” may nonetheless be a necessary one – a point which may be made with respect to education in general as well.

The ZMR (VIII,121:310) found its own metaphor to acknowledge that “for the essential things in education the home is more potent than the school:” the formation of children from pagan surroundings at a missionary school was such an up-hill battle because in had “to be engrafted on to a stock which supplies it with the

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Bishop Callaway’s conversion efforts have above been described as starting off from a positive appreciation of African spirituality. Etherington describes (1987: 90f) how, towards the end of his career; when the hoped-for results did not materialise, he evinced less and less of the open-mindedness which had distinguished his early .. work … His insight that Nguni economic life, community health, and religion were bound together by a complex internal logic was a two-edged sword. When he failed to change the peoples’ [sic] economy and religion by argument, his thoughts turned to drastic surgery. Gradually he dropped his opposition to white settlement … [and] decided, [that] it was better to let whites impose a more efficient economic system.

Evidence for the foundation of the outlook on life, not in ‘racial’ belonging, but in the material production and reproduction of people’s lives comes from unexpected quarters: the Africaans-speaking community of South Africa. Ranger (1995:264), paraphrasing Phillips, reports on a “sharp division between the three Afrikaans churches in South Africa – who believed the [influenza; RB] pandemic to be a punishment from God – and the Anglican church, which held it to be a purely natural calamity.” One cannot help but note, as Phillips does, “the similarity between Afrikaner and African responses, suggesting … ‘a wrong kind of sap.” (ibid.) The ideal solution, dreamt of but known to be out of reach, was something like the Paraguay reductions from the 16th century onwards, unreachable because their isolation from indigenous evil as well as from the corrupted and corrupting “spirit of worldliness as communicated … by white men” (ibid.:312) just could not be had in Rhodesia. Still, the earliest up-bringing should be in “a purely and intensely Catholic neighbourhood … [w]here the faith is in the air” (ibid.) – this was when the “stock” would be formed. The insight had also grown, however, that thereafter mere reliance on submission would not suffice: “The control of the school may be complete while it lasts, but experience seems to show that there is a degree of dependence on another’s control which is no longer helpful in forming habits of self-control.” (ibid.; my italics) Here, Bourdieu’s habitus and Bandura’s self-efficacy come to mind: aiming in their direction, the ZMR muses (ibid.; my italics) that what needs to be achieved is that “degree of isolation which is best adapted to strengthen young converts in the faith and, at the same time, to forestall the dangers of a sudden change of environment.” In this, a cautious deviation from Lavigerie’s rigorously indoctrinating approach towards education (cf. p562, above) announces itself. Less isolation was needed to build resilience of character, exposure to “books and pamphlets, doctrinal and controversial, for enquirers.” (cf. p551fn114, above)

correspondence in their structural position in South African society’.” (quoted ibid.:265) Just as much as ‘secular’ views could be and were held, already in antiquity (cf. pp 56 & 210, above), so now with the Colensos, Ngidis, and Callaways: their intellectual stance was thinkable for the few, but without support in the colonial world’s mode of production and entire cultural set-up, never became a mass phenomenon on either side of the colonial dividing line. As for the Africans, Harries (1945:122) very clearly says that,

[s]o long as the economic life of the people remains as it is, a life of deep poverty in a country where the people have to live a hand-to-mouth existence, dependent for their food upon the vagaries of harsh climatic conditions, subject to constant famine …, there can be no doubt that the old way of life is bound to prevail.

In this country, rural Tanganyika, even “the sins to which they are generally prone have the occasion in the adverse circumstances of their existence,” he adds (ibid.:124), and does not anticipate any major change “so long as these people are subject to the same squalid conditions of primitive and abject poverty” (ibid.). Following Chanock one must add at this juncture that the predicaments of working in the colonially-introduced commercial farming and mining economy, superimposed on but not replacing the traditional form of production, were ill-suited to break the firm hold of the “old way of life” on the hearts and minds of the majority of the population, on their attitudes, feeling and thinking.

Fr Biehler writes in the ZMR (VII,96:66): “I have no other object in view than the material improvement of the native homes, which should result in spiritual improvement … My twenty-seven years of teaching religion … have not had the success I hoped for … As long as the natives continue to live in their wretched homes, there is no hope of moral improvement” (cf. also Father Biehler’s Native Industrial Training at Empandeni, ZMR VII,99:172ff). This the ZMR (VII,105:391ff) cannot allow to stand unopposed, though: the industrial training planned by the government is denounced for “crowd[ing] out the religious training” (ibid.:393) when, so the ZMR insists (ibid.:392), it is only the “immersion into the Christian life – a prolonged baptismal rite, so to speak – out of which we may hope to see the native come forth a new creature.” But of this immersion, in its turn, it is admitted that it cannot be an entirely spiritual exercise: “The keeping of the Law of God under Bantu conditions of home life, demands heroic sanctity all the time; and, therefore, these conditions of life must be changed … We have .. to make Christianity reasonably possible.” (ZMR IX,144:498; my italics)
The socio-economic and cultural preconditions which would make the modernist way accessible to and psychologically liveable for this majority, have been outlined above: up to today, these conditions have in fact never existed here. Ordinary Zimbabweans therefore do not choose, in an NAW-defined sense of the word, but just put up as best they can with what comes their way – an attitude befitting a pre-modern mindset. But what is the choice of the educated, of the professional segment of the Zimbabwean population? Can they be absolved from decision-making for the functioning of their respective workplaces, or for the future of their country? So far, they have also decided to keep quiet (cf. the RAU interviews above, pp582ff).\textsuperscript{216} In doing so, they have opted for a traditionalist \textit{organising metaphor} as their guide – which has taken the nation, e.g., in health care, to the point where we have no more NAW-standard services to speak of, for the penniless, and pockets of private health care in major cities, for the elite.\textsuperscript{217} This is the as good as factual, though undeclared new status quo, equivalent to the fenced off, privately policed residential areas inside South African cities, where municipalities cannot keep crime under control any more: living in a sub-Saharan country, but enjoying services which as a system it can no more provide.

While Gappah looks at the history of the anti-colonial liberation struggle and its post-Independence consequences, to explain the dismal state Zimbabwe has meanwhile been in for a good number of years (cf. above, p15), I have tried to look deeper and further back, at the fatally restricted way in which the ZM Jesuits alongside the colonial administration introduced NAW modernity to Matabeleland, thereby creating the historical background conditions for, e.g., the health care system’s lowly level of current functioning: systems were put in place (then to primarily serve the white population according to NAW standards); Africans were trained to be a part of the workforce, a few even with high technical competence, but none educated to be systems managers \textit{qua speaking subjects} in a Foucauldian sense.

\textsuperscript{216} Except for those, that is, who have made politics their profession and are daring enough to aim for the replacement of the current top brass – whatever this would mean \textit{for the country}, in the longer term.\textsuperscript{217} The other way to opt out are flights abroad, for medical check-ups or operations: e.g., to South Africa (Mnangagwa, late in 2017, for a case of suspected poisoning), or Singapore (Mugabe, since many years).
The question has been raised above (cf. pp37ff), which degree of incompatibility of narratives that govern different aspects of personal, professional, and societal life is still (or is not any more) compatible with worldly success as defined in some of these narratives themselves. Giving an example of failure from the literature, Marx remarks (1986:59n34) that “Don Quixote long ago paid the penalty for wrongly imagining that knight errantry was compatible with all economic forms of society.” Bultmann feels (1988:16; my transl.) that “one cannot use electrical light and the radio, make use of modern medical and clinical means in cases of illness, and at the same time believe in the world of spirits and miracles of the New Testament.”218 The politicians who did their part in effectively destroying the commercial sector of Zimbabwean agriculture (followed by its manufacturing industry), from 2000 onwards, and fly to London, Johannesburg, or Singapore to have their medical needs attended to, say without so many words that two of their narratives – the political one of ‘black ownership’ of the land and its assets in the way it was implemented, and the private one of what is a vital part of leading a good life: to have one’s health needs catered for at NAW standards of quality – have become incompatible to such a degree that they cannot be entertained inside the same country anymore.219 Their narrative of a successful post-2000 “Third Chimurenga” thus shares the fate of George Bush’s “Mission accomplished,” which quickly foundered because it was incompatible with other narratives that could not be silenced by his administration, of plain disaster in the wake of his Iraq invasion.

What kind of self-perception, expressed in self-referential narratives and in corresponding attitudes and behaviours, would Zimbabweans need, so as to proactively exert a noticeable

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218 For a critique of Bultmann’s demythologising thrust see Kee (1986:75ff).

219 Matsika (2014:4f) has some figures on Zimbabwe to demonstrate the compatibility or otherwise of goals in the domain of material goods. Imports for “US$ 7.48 billion against .. exports of just US$ 3.88 billion” in 2013; a contribution of the manufacturing sector towards exports of about 27% as against an erstwhile nearly 50%. Referring to countries “from China, South Korea, German[y] … [which] make and export more things than they buy … [to] Turkey, Indonesia, Thailand,” she has a clear question for Zimbabweans and especially Zimbabwean politicians, namely, “how do we grow the cake before we rush in with knives to get a piece” – but in her experience, local politicians continue to answer by hauling groceries back home from official trips to Johannesburg, when at the same time, with regard to the decrease in domestic manufacturing, “the response of the government has been a big yawn.” Her comment is very straightforward: “If an individual spends more than they earn, mainly on consumer goods, we see it as reckless spending.”
influence on their country’s further course of development, from the level of government to that of their workplace? In which relationship of good fit or friction does the narrative stand which describes the economic reality of sub-Saharan Africa north of the Limpopo as a patchwork of islands of capitalist-industrial production, superimposed on subsistence farming as the dominant way of reproduction of the majority’s livelihood, to the aspirations of Zimbabwean professionals as regards their standard of living? Which role does the narrative of neo-colonialism, and of the colonial legacy as something to be abolished, play vis-à-vis that of a good life, defined as ever so many goods and services that are ‘NAW’ in their origin, historically as well as, to a large extent, regarding their place of production even today? It is up to the Zimbabwean middle and upper classes, to politicians, church leaders, and academics, to position themselves with regard to questions such as these, and to decide what they want; in the intellectual tradition of Chattopadhyay, of Hulme, Wittgenstein, and Rorty, every society, no different from every individual, chooses, whether that choice is consciously made or not, the rock they want to build on. There is no God’s eye view from which to judge on right or wrong in this matter, but from the moment the choice has been made, as Hulme has said, rational cogitation has its place: on specific rocks, some buildings can be erected but not others; so opting for or against economic modernity does have implications, e.g. for health care, in one way or another.220

220 As Martin (2005:150) rightly says, “it is difficult to conceive of a post-modernity not based on modernity.” Indeed, on the consumptive side, other-than-modern societies may move directly from pre- to post-industrial, but this will remain a parasitic phenomenon – parasitic on industrial production elsewhere and not a viable option for an entire society, but only for its upper crust looting national assets and feeding on developmental aid scraps falling from the table of industrial societies, be they NAW or China, in exchange for their services as mercenaries and stooges behind the desks and microphones of power. All talk of “indigenous modernities” (Robins 2003:265) suffers from a lack of economic-conceptual clarity, from not differentiating properly between modernity qua capitalist production, and so-called indigenously-modern “bushmen’ in the Kalahari desert experiment[ing] with cyber-technology tracking systems in order to reinvent a sustainable hunter-gatherer lifestyle.” (ibid.:266) These hunters want to remain true to the organising metaphors (cf. above, p120fn111) of their old way of life and of reproducing themselves, and just adopt a new tool from an alien world for that purpose. This is simply about the fact, then, that virtually all societies throughout history continuously ‘modernise’ in the sense of making use of goods produced outside their perimeter – nothing much to harp about, one should think. Here Cooper’s warning applies (2005:114) that “it is not clear why an alternative modernity should be called a modernity at all. If any form of innovation produces a modernity, then the term has little analytic purchase.”
In the tradition of Wittgenstein and others, but with an African context in mind, Carothers, in John Taylor’s rendering (1963:55; my italics), deliberately avoids all claims that the European approach to life is better; it is achieved at a cost. … It may not even be more true … But this approach has tremendously increased man’s power to bend the world to patterns of his choosing and is achieved by peoples whose conscious thought is governed by such principles.221

At his point, Taylor (ibid.) proceeds by quoting a black Rwandan Catholic priest’s critical remark that “[t]his mentality, founded on reason, on the scientific discipline, is directed towards the possession of the world.”222 Taylor had earlier (ibid.:32f) referred to the same priest where he finds in African civilisation as in that of biblical times, none of Europe’s “obsession with efficiency,” and highlights approvingly “the irresponsibility of Africa, her timeless existence, her freedom.” Historically correct this critic continues by insisting that “Christ had no watch” – Christ whom he describes as “walking through the dust from one village to the next, drinking water from the wells, delighting in the movements of the sower, the radiance of the setting sun, the flowers of the field.” We are left wondering if the very priest, in his personal life, manages to emulate the Lord’s example, with no need for a watch himself, as neither a 10.45am appointment at a private surgery,223 nor a 19.55pm Kigali to Paris flight figure in it.

The detrimental material implications of decisions taken by Zimbabwe’s political class in recent history, are there for everyone to see, not least in clinics and hospitals, governmental and mission alike.224 However, with regard to her health facilities, the Church must ask herself what it is that she did not do in the past, to further the formation of individuals who would stem that tide at their workplace, if indeed they are unhappy with the

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223 Even at a quite lowly level of sophistication, his medical work-up there could include, among the laboratory investigations, an erythrocyte sedimentation rate, to be read after exactly one, and again after two hours.
course the country has taken. There surely must have been those who did try during the last two decades, but the outcome of a *general* disintegration of the health services – with only a slight difference between government- and mission-owned facilities\(^{225}\) – is evidence, to my mind, that they could be sidelined, not finding the support they needed from a critical mass of their colleagues on site, nor from (what should have been) opinion leaders at all levels and in all sectors of society – health care being just one among them.\(^{226}\)

The decision to focus, next to preaching the Word of God, on education, and to keep professionally practised modern medicine away from their mission stations, so my final conclusion goes, was taken because through education, the ZM Jesuits hoped to pass on and inculcate in their charges their own preference for docility and submission of the rank and file, and also their appreciation of suffering and voluntary sacrifice as part of the God-given natural order. An undue appreciation of medicine would have meant, in their eyes, to pander to the gradual but relentless drive in the NAW towards worldly well-being as the paramount concern of humankind; they felt that in the boundless quest for bodily health, eternal salvation was getting pushed aside. With time this obstacle was overcome: Catholic theology adapted slowly and cautiously to the mainstream of NAW culture under the heading of the wholeness of the human being, now emphasising that the Lord Himself had become flesh (cf. pp449ff, above), thereby making the inner dynamics of medicine somewhat less of a threat. But when modern medicine, practised by its professionals, was at long last taken on board at Catholic mission stations in Rhodesia, from around 1930, it was only used as a craft, to cure and thereby to attract the local population to the mission station of which the hospital was a part, and to discredit and denigrate traditional medicine.

\(^{225}\) That there still *is* a difference is not so surprising in the light of some continued donor support to missions, which government hospitals do not get – owed to the donor argument that it cannot be their role to compensate locally for mismanagement by government at the national level.

\(^{226}\) I want to pre-empt at this point the counter-argument that a *general* disintegration might be taken as proof of a development that just could not be curbed locally. However, during my time in office as Director of Diocesan Health Services, a ‘natural experiment’ – that some of our health institutions operated under expatriate leadership – clearly showed that said disintegration did not have to be accepted without resistance: with initiative, self-confidence and readiness to think outside the box, at least partially successful counter-measures could be taken. It was this experience which got me wondering why not all our hospitals and clinics managed to keep up standards in the way some did, to an appreciable degree?
(the ‘witch doctor’). Medicine was not given a role in that never-to-be, all-encompassing educational effort that would have fostered the kind of scientific inquisitiveness which, so the Church and with her the ZM Jesuits believed, had spun out of control in the NAW. God forbid that Africans might follow the inner logic of modern medicine and make the fateful step towards using its monism as a heuristic tool – only one step away from letting it become a challenge to the very foundation of Christian religion itself (cf. Pius X’s timid overestimation of the power of modernity, and his concurrent underestimation of that of religion, p208fn108, above). To forestall this, the Jesuits extended Gambetta’s maxim, “L’Anticléricalisme n’est pas un article d’exportation” (cf. above, p128fn122), to include as equally unsuited for exportation Fang Lizhi’s “epistemological connection between science and democracy and dissent” (cf. p563, above), the link that Nanda creates (ibid.) “between antiauthoritarianism and doing good science.”

Throughout the period of their engagement with the AmaNdebele, the Jesuits thereby contributed towards the creation of a Rhodesian, and in its continuation of a Zimbabwean sinister educational tradition (with almost no indication in their writings that their approach towards education would change, as towards the practice of medicine it eventually did\(^{227}\)). Generations of African pupils went through a scholastic character formation in this tradition, developing that attitude in which over the last decades ever so many Zimbabweans have deplored the national developments which have resulted in ever less quality service provision, including in health care, but have not acquired the wherewithal, Bourdieu’s habitus, that would enable and empower them to take appropriate counter measures at their workplace (cf. p583 above, on Zimbabweans waiting for others to bail them out).

With her preference for docility and submission, as preached from the pulpit and taught in her schools, the Catholic Church is ill qualified to bemoan, e.g., in pastoral letters, the consequences in daily life which all except the richest and most powerful now have to put up with.

\(^{227}\) I say almost, because the ZMR does carry the occasional remark to the contrary (cf. p551fn114 & fn213, above); I am unaware of an impact of such musings on what and in particular how Africans were taught.
APPENDIX

FROM BISHOP RICARDS' SERMON ON 16 APRIL 1879, ON THE EVE OF DEPARTURE OF THE ZM JESUITS FROM GRAHAMSTOWN

“[A] few extracts” (Law 1882/83, part iii:133) of the bishop’s sermon are provided, from an article in “a Grahamstown newspaper, of April 1879” (ibid.:131), which itself speaks of a “little band of Christian heroes, who at the voice of Christ’s vicar have left home and country, and all things, for savagedom and privations of every kind, and it may be torments and death, if so they can carry to the natives the glad tidings of salvation” (ibid.:132):

That love which springs directly from the supernatural motive of faith, that charity which loves God above all, for His own sake, and the creature for the sake of God, is the only charity which here below can aim at the high perfection of enduring all things. Yet, if there be one virtue more needed than another, in an apostle of Jesus Christ, in one who goes forth to the ends of the earth at the call of God, to teach the lowest of His creatures, it is surely this, … to leave home and friends and all things, … to leave all these things – to leave them without regret – without one longing look, and to leave them forever. Ah! yes, no motive but disinterested Christian charity can inspire resolution enough for sacrifices like these. But this, my brethren, is not all; to go forth into the wilderness of savagedom …; to settle down in the midst of enemies, perhaps, or at least, among beings incapable of appreciating the motives of Christian devotion, suspicious, crafty, treacherous, ever ready at some sudden irrational impulse to turn on the gentle hand that caresses them; … to meet with stupid ingratitude, if not absolute ill-treatment and blows, to suffer persecution even unto death, and in the midst of all this, to have no one near to encourage or sustain the failing spirit; and clearly understanding all this, calmly and deliberately to make this choice; what, I say, but disinterested charity, what, but patient enduring charity, that love that is in Christ Jesus, can direct the determination, and govern the feelings and inclinations of the true missionary?
Such is the spirit which sent forth Xavier to distant China and Japan, and enabled him, at the close of a life of trials and difficulties without number, calmly and peacefully to resign his soul to God when he died a lonely exile on the desert sands. Thank God! my brethren, the missionary spirit is still as vigorous as it was in the ages of faith. The Holy Father has only to say the word “Go,” and hundreds of his devoted children are ready at his call, to face dangers of every kind, hardships, poverty, disease, death, … deeming it their highest honour to be accounted worthy to suffer, in obedience to Christ’s Vicar, and for Christ’s dear sake, all the tribulations it may be His blessed will to send them. How edifying it is, my brethren, to witness in our midst, the manifestations of this spirit of disinterested charity! …

Let us pray, then, dear brethren, that the Fathers who are leaving us to-day, may go forth to their work, with hearts filled with courage and confidence. … Let this be their prayer; “O dearest Lord! teach us to be generous, to serve Thee as Thou deservest; to give and not count the cost; to fight and not to heed the wounds; to toil and not to seek for rest; to labour and not to seek reward other than the feeling that we do Thy Holy Will. (ibid.:133ff)
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