

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

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ABSTRACT

Many studies on missionary medicine pay no heed to the roles and functions that African medical auxiliaries performed in colonial mission hospitals and clinics. Instead, such studies focus largely on the activities and achievements of European doctors and nurses. Such studies relegate African medical employees to the lowest level of missionary hospital hierarchies and exhort Western doctors and nurses. As a result, there is little knowledge about the role African auxiliaries play in mission hospitals. This paper attempts to examine the role and functions of African auxiliaries who were employed at Chilonga Mission Hospital in Mpika district in present-day Muchinga Province of Zambia from 1905 to 1973. The paper submits that although the mission health centre employed only illiterate and untrained African auxiliaries who mostly performed menial jobs between the early 1900s and the late 1950s, it was these men and women who shaped the context in which missionary medicine was practiced. They maintained hygiene and security at the health institution, and they were also indispensable to maintaining the welfare of African patients. These auxiliaries also acted as interpreters and cultural brokers between European missionaries and African patients. They, therefore, shaped the ways in which medical missionaries and African patients communicated with each other.

INTRODUCTION

The role of African medical auxiliaries in colonial and missionary health institutions has often been overlooked in studies on European medicine in Africa. This is because most of such studies place emphasis on the medical activities of European doctors and nurses.¹ As Edward Andrew observes, Christian missionaries are portrayed as “visible saints, exemplars of ideal piety in a sea of persistent savagery”.² However, African medical auxiliaries far outnumbered European doctors and had greater contact with local patients.³ This paper explores why Catholic missionaries at Chilonga employed auxiliaries and the functions such employees performed from the early 1900s to the 1970s. The paper shows that during this time, medical missionaries employed two categories of auxiliaries. The earliest category consisted of illiterate auxiliaries and the second consisted of literate auxiliaries. Neither the illiterate nor literate auxiliaries received medical training in modern medicine.

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

This paper also reveals that auxiliaries’ functions were not static. It demonstrates that new auxiliary functions were introduced at Chilonga in the 1920s and 1930s when mission

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

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

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

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

DISEASE AND THE EMPLOYMENT OF ILLITERATE AUXILIARIES

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

Pneumonia was another common disease that afflicted African communities. According to Chilonga mission records, between 1915 and 1925, about 255 African patients were diagnosed with pneumonia each week.⁷ As the missionaries noted, the high incidence of the disease among Africans was a result of their constant exposure to the cold due to lack of warm clothing.⁸ Similarly, dysentery was a widespread affliction in the district. For instance, a missionary report of February 1925 indicates that there was a serious outbreak of the disease in villages around

⁴ Chilonga mission report, November 1915.

⁵ The Provincial Medical Officer's report, August 1954.

⁶ Chilonga mission dispensary, 1905-1915.

⁷ Chilonga mission diary Vol. 2 1915-1925 p. 83.

⁸ District Commissioner's report, March 1920.

Mufubushi, Chalabesa, Kaole and Luchembe.⁹ Colonial authorities blamed Africans for the outbreak. They attributed the disease to the failure of African villagers to observe simple rules of hygiene and to their filthy, overcrowded living conditions.¹⁰

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

Such health problems were compounded by maternal complications. Although pregnant African women initially preferred traditional treatment to Western medicine,¹⁴ they increasingly brought maternity cases to the attention of missionaries at Chilonga, especially after the Second World War.¹⁵ This was partly a result of the maternity campaign that Catholic missionaries mounted in African villages. This was because missionaries were eager to undermine the influence of local birth attendants and to minimize deaths among expectant African mothers. The failure or delay by pregnant women to seek urgent treatment often resulted in maternal deaths or serious disability. For instance, in July 1957, five women died of severe bleeding at the dispensary after they had delayed seeking medical attention at Chilonga.¹⁶ Christian missionaries at Chilonga often expressed concern at the large number of pregnant women brought to the institution after attempts to deliver at home had failed.¹⁷

⁹ Chilonga mission dispensary, February 1925.

¹⁰ Mpika District Commissioner's report, March 1924.

¹¹ Mpika District Commissioner's report, March 1945.

¹² Ibid.

¹³ Mpika District report, July 1956.

¹⁴ Mpika District Commissioner's Report, 14th November 1961.

¹⁵ Mpika District Commissioner's Report, March 1948.

¹⁶ Provincial Medical Officer's report, 22nd May 1925.

¹⁷ Chilonga Hospital report No. CH/3/D12/02 of November 1959.

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

Because of the high rates of morbidity in Mpika, the Chilonga Mission Dispensary was flooded with patients from its early days. The number of patients who sought modern therapy at the dispensary rose from 624 in 1910 to 3,694 in 1918.²¹ The figures increased to 9,588 in 1930, 11,735 in 1939 and 38,437 in 1948.²² By 1956, as many as 4,300 medical cases were being attended to annually at what had now become a referral hospital.²³ The figure jumped to 8,436 by 1960.²⁴

Patients at Chilonga were always accompanied by their relatives. This led to overcrowding and poor sanitation at the hospital. A government official who visited the mission station as late as the 1960s noted that one problem which arises directly out of the increase in patients treated... is that of relatives and friends of patients in hospital, who in order to be near their relatives, insist on living and sleeping in the hospital grounds, large numbers crowding into the corridors and covered passages at night after the last medical and nursing rounds have

¹⁸ Interview with Prisca Mwaba former hospital orderly, Chilonga Mission Hospital, 20 January 2014.

¹⁹ Chilonga Mission 1899-1999.

²⁰ Chilonga mission report, September 1959.

²¹ Chilonga mission medical dispensary report, November 1924, p. 3.

²² Chilonga mission medical dispensary report, September 1951-1952, p. 5.

²³ Chilonga mission report No. CH/21/D2 of September 1959.

²⁴ Chilonga mission report No. CH/21/D3 of November 1960.

finished. The resultant unhygienic conditions which develop in the hospital grounds, pilfering of food, beddings etc, interfere gravely with the efficiency of the running of the hospital and particularly with the treatment of patients.²⁵

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

It was in response to the increasing numbers of patients and large volume of medical work shouldered by missionary nurses at Chilonga began to recruit local medical auxiliaries before 1914.²⁸ Apart from the need to increase personnel at the dispensary to cope with the heavy workload, missionaries also employed medical auxiliaries to assist them in disseminating the Gospel. Therefore, the earliest African employees were Christian converts who attended the Roman Catholic Church. Before the outbreak of the First World War, missionaries recruited the first two of such auxiliaries. Six more auxiliaries -- four males and two females -- were employed during the war itself.²⁹ These workers were all illiterate and none of them was trained in modern medicine even though they continued to work at Chilonga for many years.³⁰

The number of illiterate medical auxiliaries employed at the mission station increased from eight in 1930 to eighteen in 1945.³¹ This increase was necessitated by the expansion of the dispensary. By the 1930s, two large rooms were added to what had hitherto been a room-

²⁵ Chilonga mission report No. 35 May 1960.

²⁶ NAZ/MH1/02/107, Chilonga Mission: Staff report, November 1956.

²⁷ Chilonga mission diary Vol. 2 p. 68.

²⁸ Chilonga mission diary Vol. 1 1899-1914, p. 22.

²⁹ Chilonga mission report, June 1915.

³⁰ Chilonga mission diary Vol. 2, p. 69.

³¹ Chilonga mission diary Vol. 1, p. 22.

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

The employment of uneducated Africans at Chilonga Mission in the early days may also be explained in terms of the lack of European-style education in Mpika District. When the dispensary was opened in 1905, there was not a single modern school in the whole district. Indeed, it was not until 1926 that the first primary school was established in the area, and it was closed in 1928 due to lack of pupils.³⁵ This was because Africans then had little knowledge about the value of Western education and were highly skeptical of its usefulness.³⁶ Like most other people elsewhere in Africa, they saw modern education as an alien institution that would undermine their culture and values.³⁷ As such, they were reluctant to allow their children to attend the school. Pupil absenteeism and apathy adversely affected the running of the institution even after it was reopened in 1930.³⁸ Sometimes, only four pupils would attend it, and a few hours later, they would all disappear.³⁹ In view of this, it was impossible for the missionaries at Chilonga to find literate people in the local community.

Because of their illiteracy, the earliest African medical employees at the dispensary were never allowed to dispense medicine to the sick in the absence of European missionaries and did mostly menial jobs: providing security, cleaning wards, attending to and feeding the sick and

³² Chilonga mission 1899-1999.

³³ Ibid.

³⁴ NAZ/MH1/02/50, Provincial Medical Officer's report, 26th May 1939.

³⁵ Chilonga mission diary Vol. 1, p. 15.

³⁶ Chilonga mission diary Vol. 7 1949-1956, p. 209.

³⁷ Peter Snelson, **Educational Development in Northern Rhodesia 1883-1945**, (Lusaka: National Education Co. LTD, 1974), p. 11.

³⁸ Chilonga Mission Diary Vol. 7, p. 209.

³⁹ Chilonga Mission 1899-1999, p. 42.

maintaining order.⁴⁰ But auxiliaries' functions at the dispensary were not restricted to these jobs alone. They also dealt with problems arising from patients and from patients' relatives who often accompanied the sick by relatives and sometimes argued with European medics over treatment. Patients sometimes refused to take medicine according to the prescriptions of white nurses.⁴¹ Moreover, patients' escorts insisted on staying with their sick relatives in the wards or somewhere near.⁴² European medics at Chilonga found this situation unacceptable, and they depended on local medical auxiliaries to persuade patients and their escorts to comply with treatment regulations and patients to take drugs according to prescriptions.⁴³

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

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

Illiterate African medical auxiliaries also acted as messengers and carried out other responsibilities from the beginning of the mission health institution to the late 1950s when their influence began to decline as the missionaries employed more and more trained auxiliaries.

⁴⁰ Interview with Prisca Mwamba, former ward attendant, Chilonga Mission Hospital, 22 January 2014.

⁴¹ Kalusa, "Disease and the Remaking of Missionary Medicine in Colonial North-Western Zambia", p. 46.

⁴² Interview with Majory Mutambo, former auxiliary at Chilonga Mission Hospital, 22 January 2014.

⁴³ Ibid.

⁴⁴ Northern Rhodesia Government (NRG) Health Department **Annual Report for the Year 1957**, (Lusaka: Government Printers, 1958), p. 11.

⁴⁵ NAZ/MH1/02/107, Our Lady's Hospital Chilonga, report by Sister Kieran Marie, August 11958.

They were often sent by missionaries to deliver mails to the Parish, the District Commissioner's office in Mpika and other Europeans.⁴⁶ Time and again, auxiliaries collected utensils from the Parish which were used at the dispensary. They also slashed grass around the dispensary, swept it, dusted furniture and, as they gained more experience, sterilized surgical equipment for missionary medical personnel.⁴⁷ Apart from mitigating the hardships that their European employers faced in the district, these auxiliaries ensured that missionary medicine was dispensed in a clean environment.⁴⁸

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

As J.M. Mellish and R. Parsons have observed about auxiliaries elsewhere, early African medical employees at Chilonga were involved in providing physical comfort to patients.⁵³ An informant recalled that auxiliaries repositioned bed-ridden patients who had broken their bones, helped them to get out of their beds and to do simple exercises, and led them around while

⁴⁶ NAZ/MH1/02/50, Chilonga mission dispensary: African staff, October 1952.

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

⁴⁸ Chilonga Mission Hospital: water and sanitation, 1958.

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

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

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

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

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

holding their hands if necessary.⁵⁴ In engaging in these exercises, auxiliaries not only contributed to their patients' speedy recovery but also turned the dispensary itself into a hospitable, caring institution, thereby easing local acceptance of missionary medicine.⁵⁵

From the outset of the dispensary, African medical auxiliaries were further assigned to carry out duties that fostered the welfare of the sick in many other ways. Under the supervision of the sister in-charge of the dispensary store, the auxiliaries collected rations from the stores and prepared food for patients. They also fed in-patients who were too weak to eat on their own as well as orphaned babies whose mothers had died during delivery.⁵⁶ Moreover, African medical auxiliaries ensured that there was enough drinking water in each ward and in the kitchen.⁵⁷ These tasks were fundamental to the patients' nutrition and recovery and to popularizing missionary medicine in the district.

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

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

⁵⁵ Ibid.

⁵⁶ The Provincial Medical Officer, Kasama, September 1958.

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

⁵⁸ Interview with Veronich Muntamba, former medical auxiliary at Chilonga Mission Hospital, 20 January 2014.

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

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

Mpika, was highly impressed with the high level of hygiene and sanitation at the institution.⁶¹ The DC, however, failed to mention that it was African employee who maintained hygiene and sanitation at the health institution.

Early medical auxiliaries further notified the relatives of dead patients and accompanied corpses to the villages of deceased patients.⁶² At the same time, they offloaded medicines from carton boxes and arranged them on tables.⁶³ Evidence suggests that in spite of their illiteracy, auxiliaries often collected the right medicines. This amazed European nursing sisters who often wondered how illiterate auxiliaries were able to recognise the medicines.⁶⁴ Illiterate medical auxiliaries were able to differentiate one type of medicine from the other by merely looking at the shape, size, colour, and sometimes by tasting the drugs on the tip of the tongue, a risky practice that was not permitted by European missionaries.⁶⁵ In this manner, auxiliaries mastered medicine containers and rarely made mistakes. Consequently, they won the confidence and trust of their white employers.⁶⁶

Lastly, medical auxiliaries were cultural brokers who translated Christian medicine so that it became understandable to Africans. This point that has also been made by scholars who have recently studied missionary medicine in other parts of Africa.⁶⁷ In Mpika, medical auxiliaries appropriated words and terms from the local healing vocabulary to translate modern medical concepts. For example, they appropriate the terms *umuti* and *ukundapa* to express the English words “medicine” and “healing,” respectively. They also used such terms like *ukupima*

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

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

⁶³ Chilonga Mission Hospital: hygiene and sanitation, 1938.

⁶⁴ Mpika District Commissioner's report on the performance of African workers at Chilonga dispensary, November 1952.

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

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

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

to mean “diagnosing” and *bashing’anga* to mean “doctors” or “nurses”.⁶⁸ In appropriating local terms to express concepts in modern medicine, these auxiliaries established a means of communication between missionaries and Africans. But they also embedded into mission medicine the same meanings that Africans infused into their own medicine.⁶⁹ This meant that patients at Chilonga understood the new medicine in the same way the understood *umuti*.⁷⁰

TRANSFORMATION OF CHILONGA DISPENSARY AND LITERATE MEDICAL AUXILIARIES

In the 1920s and 1930s, the colonial government in Northern Rhodesia began to encourage medical missionaries in the colony to upgrade their dispensaries and clinic in order to improve medical services for Africans in the colony. To do so, Catholic missionaries at Chilonga mission began to employ literate auxiliaries at the dispensary in the 1920s.⁷¹ But inadequate funding prevented missionaries from employ many literate auxiliaries and from training them in modern medicine. Literate auxiliaries employed at the dispensary, therefore, were outnumbered by illiterate employees and it was not until well up to the late 1950s that medical training began in Mpika.

The need to employ literate auxiliaries increased after the Second World War when the dispensary expanded. In the 1952, the dispensary at Chilonga was upgraded to a forty-bed hospital and renamed as Our Lady’s Hospital.⁷² In 1956, it became one of the two referral hospitals in the Northern Province.⁷³ As a result, the new hospital was required to perform more complicated medical tasks and to deal with rising numbers of patients every year. This increased the problem of understaffing and the workload of medical missionaries in Mpika. Therefore, on 14 February 1956, the hospital’s Mother Superior asked the Director of Medical Services (DMS)

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

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

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

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

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

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

in Lusaka for authority to employ African auxiliaries who would be paid wages by the colonial government.⁷⁴ This was because of the poor financial standing of the missionaries at Chilonga. In 1957, the federal government approved the request on condition that such wages were paid only to literate medical auxiliaries. In April 1957, the government began to give Chilonga mission an annual medical grant-in-aid of £160 out of which the wages of literate and trained auxiliaries were to be paid.⁷⁵ The grant was increased to £170 in 1959,⁷⁶ £245 in 1960⁷⁷ and £320 in 1961.⁷⁸ The Federal government which assumed power in 1953 also began to defray the costs of drugs, surgical equipment and general equipment for the new hospital.⁷⁹ This was a major relief to the missionaries in Mpika who faced increasing pressure of work at the institution. The increase in grants-in-aid enabled Catholic missionaries to employ more literate Africans to beef up the staffing levels at the institution in the late 1950s.⁸⁰ In 1960 alone, seven new literate Africans were employed at the institution.⁸¹

Some factors contributed to the employment of literate Africans as auxiliaries at Chilonga Mission Hospital between the 1930s and 1950s. Firstly, the number of Africans educated in mission schools in Mpika and other parts of the colony began to rise, especially after the Great Economic Depression and the Second World War.⁸² Catholic missionaries took advantage of this to recruit educated auxiliaries in order to also lay a ground for the formal medical training of auxiliaries in modern medicine in future.⁸³ Furthermore, the federal government was willing to pay salaries to educated African medical auxiliaries employed at Our Lady's Hospital and other

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

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

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

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

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

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

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

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

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

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

mission hospitals.⁸⁴ This is perhaps because the government wanted to improve the health of Africans to undermine their opposition to the Federation of Rhodesia and Nyasaland. Literate African auxiliaries were also perceived as people who could easily assimilate concepts in modern medicine as they would possess some prior knowledge of science by the time their medical training began. Lastly, Chilonga-based missionaries, like other medical missionaries elsewhere, believed that literate Africans would embrace and appreciate the superiority of Western medical power.⁸⁵

For all these reasons, Catholic missionaries preferred to employ literate blacks even though some illiterate workers continued to work at the dispensary. The missionaries considered Africans with Standard II education as the most suitable candidates for employment. Thus, for example, out of the six new auxiliary workers employed at the hospital in 1962, four were literate.⁸⁶ Such auxiliaries at Chilonga performed a number of duties that their illiterate counterparts were not allowed to do. Because they were literate, the new medical auxiliaries were permitted to administer oral medicines to patients even in the absence of missionaries, although this was against the existing code of medical practice in the colony.⁸⁷ According to this code, it was illegal for untrained Africans to administer any drug to patients in the absence of a qualified doctor or nurse. This code was reinforced on 15 September 1958, when the Health Secretary forbade African auxiliaries in all health institutions in the colony from carrying out surgical works if a European surgeon was not present.⁸⁸

Literate auxiliaries discharged many other functions which Catholic missionaries at Chilonga did not also permit illiterate employees to do. The former were, for example, allowed to prescribe non-restricted drugs for common diseases such as malaria, headache and the cold.⁸⁹ Unlike, uneducated auxiliaries, literate auxiliaries also screened patients on arrival at the hospital. It was impossible for most European missionaries in Mpika to screen patients because

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

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

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

⁸⁷ NAZ/MH1/02/107, Circular minutes No. 16/03/7DS, 26 August 1958.

⁸⁸ NAZ/MH1/08/08, Circular minutes No. 754/03/DS, 15 September 1958.

⁸⁹ Chilonga Mission Hospital: African employees, 1959.

of the language barrier. Most of them did not speak or understand the local language well. This led to misunderstandings between missionaries and Africans due to their conflicting medical norms and values.⁹⁰ During the screening exercise, literate auxiliaries collected background information from the patients, which proved vital to the building up of patients' cases. This information was used by missionary doctors and nurses as a basis for diagnosis and prescription of treatment.⁹¹

Unlike their uneducated counterparts, literate auxiliaries also observed patient's conditions and interpreted them to the European doctors and nurses, prescribed drugs for patients and explained the basic rules of hospital hygiene.⁹² Their other duties from which illiterate workers were excluded included assisting white nurses with patients' admission and writing vital information on patients' admission cards. In addition to this, literate employees assisted white nurses in weighing patients, taking and recording patients' temperature, urine samples, and height and collecting specimens for investigation.⁹³ Though untrained, these literate auxiliaries also carried out other tasks that needed more skill such as terminal disinfection and sterilizing instruments. Both of these jobs were beyond the scope of their jurisdiction literate but informants remembered that such employees performed them well.⁹⁴ Hildah Mwamba, a former literate auxiliary at Chilonga Mission Hospital confirmed this when she remarked that she and several of her acquaintances did many types of jobs that required skills.⁹⁵ She remembered that because of these auxiliaries were called "*bachibombombe*", meaning they were general workers who performed many different tasks on a daily basis.⁹⁶ C.T. Rautenbach's makes similar observations in his study of the medical duties of African nurses in South Africa.⁹⁷

⁹⁰ Interview with Anthony Chileshe.

⁹¹ NAZ/MH1/02/118, Provincial Medical Officers report to the DMS, Lusaka, May 1962.

⁹² NAZ/MH1/01/38, Our Lady's Hospital Chilonga, performance of African employees, September 1962.

⁹³ NAZ/MH1/02/118, Chilonga Hospital report No. 25, April 1958.

⁹⁴ Interview with Mulenga Chandalala, former auxiliary at Chilonga Mission Hospital, 20 January 2014.

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

⁹⁶ Interview with Hildah Mwamba.

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

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

From the early days of their recruitment, literate auxiliaries were also in closer contact with patients than white missionaries. Besides monitoring changes in patients' conditions, auxiliaries also transferred patients to the wards, escorted them to see white nurses and doctors and observed any unusual signs or behaviour among patients towards the nurses.⁹⁹ Furthermore, they worked as wound dressers. They cleaned patients' wounds, applied the ointments, pads and bandage. A mission record shows that through observation, imitation and repetition, these auxiliaries became so competent health care givers that there was no need for European nurses to supervise them.¹⁰⁰ By the late 1950s, their competence was a source of much delight among their white employers.¹⁰¹

Literacy meant that auxiliaries understood medical issues and the operation of the mission hospital better than illiterate auxiliaries. This enabled them to adapt to European medical work regime in the hospital. Since they were able to read and to understand English well, they communicated with missionaries much more easily and effectively than illiterate

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

⁹⁹ Interview with Anthony Chileshe.

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

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

employees.¹⁰² These auxiliaries read labels on the medicine packs, boxes and bottles, and they were able to follow the instructions on the labels. Time and again, missionary medics stressed the need for auxiliaries, particularly those who handled medicine, to carefully read and adhere to the instructions on medicine containers. Their ability enhanced what Peter Hendricks call as dispenser effectiveness and patient compliance.¹⁰³ This means that literate auxiliaries dispensed missionary medicine correctly. This improved the quality of the provision of medicine at Chilonga and won educated African employees the admiration of colonial medical authorities. In 1960, the DMS stated that “there has been ... a very great improvement in the quality and capability of African medical auxiliary staff employed in missions and despite a diminution in the total number of this category employed, the volume of work achieved has greatly increased”.¹⁰⁴

Some of the duties of these auxiliaries contributed to the physical comfort to patients. Just like illiterate workers, literate auxiliaries took care of patients’ needs at the hospital, and shared their employers’ belief that patients’ physical comfort was part of the healing process.¹⁰⁵ Peter Chola Chilufya, who worked at Chilonga mission Hospital in the 1950s and 1960s, testified that it was “the core business of every worker, whether Black or White, literate or illiterate, to offer comfort to patients whatever the cost. Should a patient complain, he added, the *Bwana* (white doctor), would not spare anyone”.¹⁰⁶ Maintaining the physical comfort of patients was one of the primary functions of auxiliaries. In this way, they offered a valuable contribution to the patients’ comfort, which is fundamental to healing.¹⁰⁷

¹⁰² Our Lady’s Hospital Chilonga, mission medical report, Thursday, 6 May 1960.

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

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

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

¹⁰⁶ Interview with Chola Chilufya.

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

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

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

Literate African medical auxiliaries were to play very important functions after Zambia became independent in 1964. At independence, the country faced a severe shortage of medical personnel.¹¹⁴ The shortage of health personnel became acute because many qualified European medical personnel left the country and relocated to Europe, Southern Rhodesia or South

¹⁰⁸ Observations by Mpika District Commissioner, 26 July 1958.

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

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

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

¹¹² Ibid.

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

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

Africa.¹¹⁵ This situation affected both government and mission hospitals. Consequently, more Africans with formal education up to Standard II were recruited by the new African-led government both in government and missionary hospitals, including the one at Chilonga. This led to a sharp increase in a number of literate African auxiliaries employed at the mission hospital.¹¹⁶ This was meant to fill the gap left by European medical workers. Furthermore, the new government called for the training of all Africans working in mission and government hospitals who had Standard II education¹¹⁷

THE SIGNIFICANCE OF UNTRAINED AUXILIARIES

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

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

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

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

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

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

CONCLUSION

This paper has attempted to examine the functions performed by African auxiliaries in the practice of missionary medicine at Chilonga mission hospital from its early years to the 1970s. It has highlighted the roles and functions of early African auxiliaries at hospital and how such roles and functions changed and impacted on the provision of missionary medicine. The paper has demonstrated that although the earliest African auxiliaries at Chilonga mission were illiterate and untrained, they nonetheless largely influenced how Christian medicine came to be practiced. They not only ensured the welfare of patients but also helped in translating and making mission-based medicine understood by African patients.

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

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

¹²⁰ *Ibid*, p. 65.

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