The colonial disease

A social history of sleeping sickness in northern Zaire, 1900–1940

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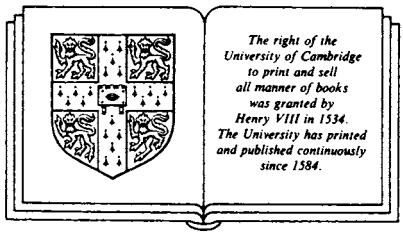

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Disease and medicine in the history of Africa

The historian can approach the subjects of disease and medicine in a number of ways. More traditional historians of medicine concentrate on the impressive scientific achievements in Western medicine, beginning their story with medical knowledge and practices of the ancient Greeks and Romans. Other medical historians are concerned with the social history of medicine although their focus remains on technical and scientific achievements. They discuss societal relations in connection with the development of medical science and they tend to be more critical and analytical than their more traditional colleagues. Both of these groups of historians are generally of the opinion that Western biomedicine is the correct path to pursue in the effort to salve and solve the ills of mankind. A number of twentieth-century works have dealt with the history of medicine in the African context. Most have been written by former colonial or missionary medics who often follow the more traditional approach and take the form of a celebration of man's intellectual advance as demonstrated by his increasing ability not only to comprehend his environment but to shape it to suit himself. Titles such as Gelfand's *Tropical Victory* and Ransford's *Bid the Sickness Cease* espouse this notion.[1]

What is needed now is for historians to begin to put such work back into its historical context. The study of medicine *in* history can result in a much richer view of man's past by pulling into the analysis the subjects of disease and medicine as two of the factors among many in the overall process of historical change. In this way, the roles of disease and medicine are fully integrated in historical explanation. A decision to limit the topic for investigation to either disease *or* medicine would result in quite different discussions.

In the mid-1970s, historians of Africa began to take into account the roles played by disease and medicine in the human past.[2] The historical studies have been accompanied by an increasing number of anthropological or ethnomedical studies. This approach was given great impetus

in 1977 when the Thirtieth World Health Assembly adopted a resolution to make traditional medicine a focus of research and study and urged governments to give 'adequate importance to the utilisation of their traditional systems of medicine.' The aim was to bridge the gulf between traditional and Western or biomedical systems in developing countries. In the same decade, taking their lead from scholars of European history, notably the 'Annales School' in France, African social historians examined topics such as malaria, smallpox and sleeping sickness. Several conferences were held on the subject with resulting publications.[3] It was no coincidence that such themes came under scrutiny in the decade which also witnessed the devastating droughts, famines and health disasters which continue to the present. It became obvious that no serious assessment of the African past could neglect the fundamental roles of health and disease and the responses to these phenomena by all those concerned.

This study of one disease, human trypanosomiasis, and the responses of both Africans and Europeans has resulted in a richer understanding of the social history of the former Belgian Congo.[4] Between 1890 and 1930 severe disruption of this region and dislocation of its human populations caused by intruding Azande, Afro-Arab traders and Europeans seriously affected ecological relationships. One result was outbreaks of epidemic sleeping sickness.

The human responses to this disease are an essential part of the history of the region. Firstly, this is true because of the observable effect of the disease upon demographic patterns. Secondly, but no less significantly, it is true because of the direct effect of sleeping sickness upon the formulation of early colonial administrative policy. The full brunt of public health policy fell upon northern districts which were perceived to be gravely threatened. For instance, Uele district had been identified early as an economic asset with great potential because of its natural and human resources. Important deposits of gold were discovered between 1903 and 1906 and most early observers commented upon the density of the population which would be an important labour reserve. The north was often referred to in glowing terms such as one of the most rich and interesting regions in the colony, or a vast garden. The British Consul at Stanleyville reported that the region was 'well-populated, [the people] more intelligent than usual and rich in products which attract traders' while another observer noted that 'The Welle basin belongs to the best watered and most fruitful of the countries of the Congo.'[5] The colonial administration believed that a demographic crisis brought about by

epidemic sleeping sickness could seriously affect the future exploitation of the district, for which a plentiful supply of labour would be vital. Thus, while most of the north never experienced epidemics of the magnitude of those in parts of Uganda or western Congo, it experienced the full shock of colonial efforts to contain and eliminate sleeping sickness.

As in other regions of Africa experiencing the often brutal colonial conquest during the same period, the disruptions inflicted upon African societies in northern Congo resulted in ecological crises which affected every aspect of life including food production, social relations and individual existence. Often the result was devastating epidemic disease as well as increased incidence of endemic diseases. Sometimes the epidemic diseases were totally new to the environment while in other cases the epidemics resulted from disruptions to the environment which allowed endemic diseases to flare to epidemic proportions.[6]

Thus a study which deals with social upheaval and ecological disruption, the subsequent outbreaks of human sleeping sickness, and the responses to that crisis in northern Congo is an important contribution to an understanding of the history of early colonialism. For many peoples in northern Congo, their first and perhaps most vivid meetings with the new European colonial administration were directly related to the issue of sleeping sickness. Those early confrontations were often accompanied by an array of regulatory measures with which the administration hoped to avert what it considered to be a potential disaster. The regulations often in turn profoundly disrupted the lives, practices and beliefs of local African societies. This one disease and the responses to it by Europeans, both the colonial administration and the new group of tropical medicine researchers, is a fundamental part of the social history of northern Congo. It is not surprising that by the early twentieth century, many African peoples perceived the increased incidence of disease as a kind of biological warfare which was part of the recent overall upheaval and chaos brought about by European military conquest and the roughshod tactics which accompanied early implementation of colonial authority.[7]

Rarely, if ever did early colonial authorities consider the possibility that Africans not only possessed some ideas about the ecology of sleeping sickness but had gained fairly effective control of their environment.

It is a curious comment to make upon the efforts of colonial scientists to control trypanosomiasis, that they almost entirely overlooked the very considerable achievements of the indigenous peoples in overcoming the obstacle of

trypanosomiasis to tame and exploit the natural ecosystem of tropical Africa by cultural and physiological advancement both in themselves and their domestic animals.[8]

The European colonials assumed that they would succeed where Africans had failed and that they would transform the continent by conquering the problem of tsetse and the trypanosome. Most colonials believed that much of the backwardness they saw in African society was attributable to endemic diseases such as sleeping sickness, a fact they thought could help to explain the lack of the use of the wheel and the attendant need for human porterage, or the lack of animal-powered ploughs, mills and the like. Such an understanding had important implications. The present recrudescence of sleeping sickness in epidemic proportions in several foci touched upon in this study is a sad reminder of the continuing problem of the tsetse and the trypanosome. The warning is repeatedly made that surveillance is the key to preventing

> the tragic resurgences of disease as have occurred over the past two decades [since independence] in Zaire, Southern Sudan and more recently Uganda. The history of epidemics at the beginning of this century alone indicates the potential threat which the disease poses today.[9]

We can learn much about the contemporary reappearance of this disease by examining its history in a specific region which was highly prized for its potential food production and for its numerous labourers. Five main themes are illustrated in this study. The first examines disease as a cause of historical change. Historians seek to identify wider patterns in human history and in that way they hope to make sense of the otherwise bewildering range of empirical data which they amass in their studies. It is particularly tempting to cite causes and their effects within a series of events and thereby to attempt to find satisfying explanations for the jumble of events which make up life. Disease as a factor in historical change is an attractive explanatory device as it often provides an apparently logical sequence of circumstances and events following one another as cause and effect.[10] By focusing on sleeping sickness in the history of northern Congo, I have been able to reveal wider patterns in the political, economic and social history of the region and show how disease affects the totality of human experience.

The second theme concerns epidemic disease as a 'mirror' of history. Is it a means by which to examine the essential strengths and weaknesses or social structures, such as classes, and their relations? It has been argued that at times of severe stress, as during disease epidemics, both the

structures and relations of a society are sharply reflected in the varied responses of people to the crisis situation.[11] This view holds that during an epidemic the true nature of social relations in all their subtlety is clearly revealed. The present crises in many societies occasioned by the AIDS pandemic are a startling example of the ways in which a disease can unmask otherwise imperceptible class relations. Epidemic sleeping sickness in colonial Africa, like cholera in nineteenth-century Europe and plague in the Middle Ages, gave occasion for the reflection of a whole gamut of relationships among Africans and Europeans.

The third theme, medical imperialism as a facet of colonialism, forms the thesis of a number of recent studies.[12] For instance, Martin Shapiro asserts that Portuguese colonialists quite consciously used medicine as a 'tool for domination'. Based upon his Algerian experience, Frantz Fanon propounded this view of Western medicine within the colonial situation. It was his contention that colonised peoples often rejected proffered medical assistance simply because acceptance was too costly in terms of personal and group identity. Nancy Gallagher has shown how there was an inevitable power struggle among medical specialists as those with power and authority in matters of health in Tunisia came into conflict with the Western, biomedical tradition of the French.[13]

Another strand of this theme to be tested in the Congo case is the suggestion that 'the development of tropical medicine was undoubtedly seen as one of the most important initiatives in "constructive imperialism"', an idea closely related to the view of medicine as a 'tool' of suppression. The significant difference is that while it might be sensibly argued that 'constructive imperialism' was not the primary motivation of European presence in Africa, colonisation was accompanied by undeniable benefits for many African peoples. Western biomedicine must be considered an outstanding example of such benefits. In the Congo, where religious missions were obliged by the State to provide education and medical care, the theme of medicine as a form of imperialism offers rich possibility.[14]

The fourth theme concerns the conflict between prevention and cure in public health planning. This takes us into the wider realm of the political economy of health. What political and economic factors affected the development of public health provision and policy in the Belgian Congo? The issue of prevention versus cure remains to the present an often emotional topic of debate in *both* the developed and the developing world. This debate naturally leads to analyses of the 'political economy' of disease and medicine and it, too, plays a major role in the

story of sleeping sickness in northern Congo. Thomas McKeown's provocative study best sets out the major thrust of this approach by raising and examining the propositions that 'the improvement of health during the past three centuries was due essentially to provision of food, protection from hazards and limitation of numbers' and 'improvement in health is likely to come in future, as in the past, from modification of conditions which lead to disease, rather than from intervention in the mechanism of disease after it has occurred'.[15] For instance, it has been suggested that the retreat of plague, cholera and leprosy from temperate areas was more often than not due to economic development and changes in standards of living rather than to any specific measures taken against them.[16]

Tensions between proponents of preventive versus curative tactics manifested themselves in the early Belgian Congo in response to sleeping sickness. That tack leads naturally to a consideration of the impact of the nineteenth-century European public health movement on new African territories. Concern by the state for the protection of the health of its citizens had become an important aspect of public administration in Europe. Examination of the factors involved in the health and disease of a society can assist in the attempt to understand the social production of disease as well as medicine. Again, this is seminal to an understanding of the sleeping sickness epidemics and medical responses in the Congo.[17]

The fifth theme concerns the ecology of disease, a most important subject today for development agencies, agricultural and health experts concerned with sub-Saharan Africa. As mentioned earlier, the relationship between man and his environment is germane to any understanding of the epidemiology of trypanosomiasis. Ecology is the science of the habitat while medical ecology is the study of the 'web' of relationships formed by a disease or a disease complex in its physical, biological and social environment. 'Each element in the disease complex, including man himself, is inescapably bound up with the geographical environment.' The ecology of disease is inextricably linked to the political economy of health and the occurrence of 'crises' in history. Andrew Learmonth finds it useful to analyse the total ecology of disease in order to avoid a too anthropocentric view. Man is thus seen in his relation to disease pathogens, other hosts and the physical environment.[18]

While this approach places man within the total context which may also include disease, most importantly it regards man as a participant whose actions affect and sometimes radically alter the balance of relationships. Thomas McKeown underscored this important point with his

central thesis that medical science and services have been misdirected because of their fundamental assumption 'that the body can be regarded as a machine whose protection from disease and its effects depends primarily upon internal intervention'. He continued: 'The approach has led to indifference to the external influences and personal behaviour which are the predominant determinants of health.'[19] It is clear that a study of disease patterns must take into account the cultural, social, political and economic context as well as the natural history of the organisms concerned. This concern with the total ecology of disease is not new. Indeed, since antiquity, there has been observation of the relations between geographical location and disease. However,

> studies on medical geography were practically neglected when with the discovery of bacterial infection it was erroneously believed that to understand the epidemiology of an infection all that was needed was to know its causal germ, no importance being ascribed to the study of the environment.[20]

This was a view with important consequences for Congo history, as we shall see. First, let us turn to a brief survey of the unique origins of the Belgian Congo and a look at the broad outlines of its political economy.