

**The Psychology of Rebellion:
Colonial Medical Responses to Dissent in British East Africa**

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Introduction

When Europeans stopped dying of tropical diseases in great numbers, their anxieties seemed only to increase. The danger associated with warm climates ran deep, prompted by a history that was very real, but also imagined. The ‘tropics’ as an idea occupied an intellectual space that stretched beyond its geographic boundaries. The sensation of the tropics lived in both the literary and scientific imagination wherein, as Nancy Stepan has shown, symbols like the palm tree “became the ubiquitous sign of the tropics, images of it instantly signalling less a botanical species than an imaginative submersion in hot places.”¹ Tropical imagery found representation in both dream-like and nightmarish states—exotic, fertile, if not erotic, and it was more often than not, deadly, particularly to strangers. The mood of the tropics, highly prevalent in art and literature of the nineteenth century, was steeped in the experience of the stranger. However, such representations extended well beyond artistic motifs. The ‘stranger’ had a legitimate place within the expansion of imperial territories taking the form of the traveller, explorer, mariner, soldier, colonizer, anthropologist and eventually the settler. The danger of the tropics was borne out in official statistics and anecdotal accounts of the extreme mortality, particularly in West Africa, that Philip Curtin has characterized as “based on facts [but] facts misunderstood in Africa, reported “at home”, and repeated over several generations.”²

This paper introduces the ‘idea of the tropics’ as an organizing framework in tandem with another constructed motif engendering widespread and deep-seated fear—that is, the idea of madness, and more specifically the ‘epidemic’ madness of the collective. By introducing two contrasting case studies, both of which are part of a larger doctoral project entitled ‘The Psychology of the Tropics’, I will attempt to shed light on an intellectual environment that emerged within East Africa in the first half of the twentieth century that both shaped and then rationalized local, as opposed to Colonial Office, driven approaches to rule. One key element of this environment, I contend, lies in the resilience of outmoded ideas about the

¹ Nancy Leys Stepan, *Picturing Tropical Nature* (London, 2001), p. 19.

² Philip Curtin, ‘The White Man’s Grave: Image and Reality, 1780-1850’, *Journal of British Studies* (1961), p. 94.

tropical environment recast to fit twentieth century medical and social science sensibilities. With the growing understanding that prolonged or indefinite European rule was *physically* possible, as advances in the science of tropical medicine clearly suggested, intellectual engagement turned toward developing a psychological mastery of the region. In other words, once Europeans knew that it was possible to stay, far more intellectual energy was spent on proving that they should.

The first half of this paper is concerned with European anxieties related to ‘European-ness’ in the tropics. High mortality was not the only preoccupation of strangers to warm climates. Popular depictions also strongly captured the shadow of madness that accompanied travellers to foreign lands or those whose years spent in the tropics prompted a fetid degeneration of the body or mind or even the humanity of the tropical visitor. The literary representation of tropical madness was manifested in Conradian visions of the sort of outcast who would venture into the tropics only to be confronted with his degraded alter ego; the civilized turned savage. If the literary imagination produced such hearts of darkness, scientific reports from the field provided corroborative accounts and vital statistics for these ‘tropical invalids’, the majority of whom suffered not from purely physical or tropical diseases but from nervous debility often in the form of ‘tropical neurasthenia’.

The danger associated with the tropical climate will give way in the second part of this paper to a radically different ‘climate’ of concern for the British in East Africa. These anxieties suggested that it was the African, not the European, who was becoming ‘mal-adapted’ to an increasingly ‘civilized’ tropics. Many of these debates took place within the fields of medicine, psychiatry and social anthropology, all of which were concerned with the process of ‘acculturation’ or the more administratively defined ‘detrribalisation’ of the African. However, for my purposes here, I wish to focus on another series of observations and interventions that progressed over time in East Africa, and which may be introduced by a seemingly insignificant, bureaucratic memorandum from Tanganyika. It begins simply:

Sir,

I have the honour to forward for your information the attached letter and printed pamphlet in Ki-Swahili and English which purports to be a prediction of the end of the world.³

The ubiquity of prophetic and millenarian movements in East Africa created, on one level, a dynamic landscape of difference upon which a sparse, rigid and under-resourced administrative structure merely

³ TNA: 19882: ‘Mohammedan Prophecy’ (1931).

survived and yet strived to dominate. Whatever the optimism in the 1930s about the longevity of colonial rule, a sense of living as strangers could never be far away.

Prophetic speech and millenarian movements were not analysed as social phenomena by the British authorities despite the antiquity of prophets in most societies. Rather, individual prophets were assessed psychologically and the power they seemed to wield turned the attention to an alleged predisposition to pathology of certain classes of ‘natives’.

The psychological progression that I wish to map could not help but take place in the face of increased social tensions, rising African nationalisms, predictions of the end of the world—and the ultimate inevitability of decolonisation with a final shift in thinking to account for the ‘African in transition’ who was seen to be both a product of, and damaged by, his own environment. This study explores an intellectual environment that saw a transformation of medical ideas surrounding a tropical landscape to which Europeans could not adapt physically—to an increasingly ‘civilised’ tropics about which it was said the African could not adapt mentally.

RUINED

A short history of tropical ideas

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Benjamin Moseley’s 1787 medical treatise presented the first use of the term ‘tropical disease’ to connote those maladies met with during military expeditions to hot climates.⁴ Concerns about the ‘diseases of warm climates’ had been expressed for centuries. While mortality figures represented the most severe sanctions against exploration and colonization, a more insidious threat suggested that even those who might find their way home from tropical lands would do so all but ruined in body, mind and spirit. These unfortunates became the ‘climate struck’ whose experiences in the tropics rendered them unable to readapt to the British climate as they had become “morbidly sensitive to all changes of season.”⁵ Thus, the classic nineteenth century ‘invalid’, heretofore a victim of consumption or nervous sensitivity, was to re-emerge with a new persona as one who had become maladapted to his own land.

However, by the turn of the twentieth century, in his famous volume on tropical medicine, Patrick Manson was espousing the view that “germs were the direct cause of ninety-nine per cent of tropical

⁴ Nancy Stepan, *Picturing Tropical Nature* (London, 2001), p. 17; Benjamin Moseley, *A Treatise on Tropical Diseases; on Military Operations; and on the Climate of the West Indies* (London, 1787).

⁵ Alan Bewell, *Romanticism and Colonial Disease* (Baltimore, 1999), p. 278. Bewell is quoting James Martin, *The Influence of Tropical Climates on European Constitutions* (London, 1856).

disease” and that the “successful colonization of tropical lands is entirely a matter of knowledge and of the application of knowledge.”⁶ Despite this bold statement, the ‘father of tropical medicine’ conceded that the term ‘tropical disease’ was a rather misleading one, writing in the Introduction to the fourth edition of *Tropical Diseases* that as a descriptive term ‘tropical disease’ was “more convenient than accurate.”⁷ True tropical diseases, bounded geographically by the tropics of Cancer and Capricorn, were relatively few. In many cases it was clear that it was not the diseases themselves that were necessarily unique. Rather, it was the tropical environment that favoured the propagation of pathogens and exacerbated pathogenic conditions particularly in those bodies without the immunities conferred by racial or inherited characteristics or by some means of acclimatization.

In 1909, the new president of the Society of Tropical Medicine and Hygiene, Ronald Ross, addressed his colleagues, Patrick Manson among them, on the future of Tropical Medicine.⁸ In so doing, he called for nothing less than ‘an enquiry on the effect of disease upon history’. More to the point, Ross resurrected a very old concern, but one that would re-emerge to dominate medical discourse in the colonies under the new guise of the scientific application of research. Ross asked, “we are familiar with [disease’s] effect upon the individual—if not death, then the weakness, failure and poverty which so often dog the footsteps of sickness. What, then, must happen to whole nations diseased?”⁹

The crisis of neurasthenia in the tropics

In the Tenth Edition of *Manson’s Tropical Diseases*, Philip Manson-Bahr remarked that neurasthenia in the tropics had superseded tropical disease as a cause of disability in Europeans in the colonies.¹⁰ This extraordinary admission was followed by the conclusion that “from the practical point of view of Colonial Administration, neurasthenia is of greater importance than the majority of the tropical diseases with which this textbook purports to deal.”¹¹

⁶ Patrick Manson, Discussion, *Geographical Journal* (1898), quoted in David N. Livingstone, ‘Tropical Climate and Moral Hygiene: the Anatomy of a Victorian Debate’, *British Journal of the History of Science*, vol. 32 (1999), p. 95.

⁷ Patrick Manson, *Tropical Diseases*, 4th expanded edn. (London, 1907), p. xiii.

⁸ Ronald Ross is credited with the discovery of the malaria parasite in the gastrointestinal tract of the anopheles mosquito, thereby proving the theory of a mosquito vector for the disease. Ross won the 1902 Nobel Prize for his work on malaria. See W.F. Bynum and Caroline Overy (eds.), *The Beast in the Mosquito: the Correspondence of Ronald Ross and Patrick Manson* (Amsterdam, 1998).

⁹ Ronald Ross, ‘The Future of Tropical Medicine,’ *Transactions of the Society of Tropical Medicine and Hygiene*, vol. 2 (1908-09), p. 272.

¹⁰ P.H. Manson-Bahr, *Manson’s Tropical Diseases* (London, 1935 [orig. 1856]), p. 604. Philip Manson-Bahr took over the editorship of *Tropical Diseases* from his father, Patrick Manson.

¹¹ P.H. Manson-Bahr, *Manson’s Tropical Diseases* (London, 1935), p. 604.

The emergence of neurasthenia, a psychological condition, as a crisis in the tropics sheds some light on the complex field of ideas that governed the presence of Europeans in the colonies both as settlers and civil servants on long tours of duty. The moral and intellectual character of neurasthenia lent itself well to wider discussions of one's place in society, particularly in a society undergoing rapid change or advancement. The debate surrounding tropical neurasthenia represents just one of the ways in which ideas about the tropics provided a new discursive framework in which unfashionable and archaic notions of racial difference and the dependence of Africans were renewed as scientific and credible.

In his address to the Royal Society of Tropical Medicine and Hygiene in December 1926, Dr. Hugh Stannus, a prominent physician with experience in British Nyasaland, chose 'tropical neurasthenia' as his topic in light of the debility it caused within the Colonial Service. Tropical neurasthenia was subject to furious debate, and its symptoms were meticulously described. According to Stannus, these symptoms might include "a sense of inferiority, apprehension, fear of disaster, alarm concerning general health, or dread of some organic disease of the heart, stomach or other organ, or fear lest he become insane."¹² Cases were documented and tallied officially, but despite the statistics there remained no consensus as to whether or not a truly 'tropical' version of neurasthenia existed or could be differentiated from neurasthenia as it had appeared in the 'civilized world'.¹³ While the debate over tropical neurasthenia continued, there seemed at least no doubt that neurasthenia in some form was a major factor in European invaliding in the tropics and was perhaps an even greater factor in the general quality of life for Europeans posted to tropical climates. Stannus displayed his cautious optimism for the future of European settlement in the tropics, but with an emphasis on the reality of conditions in the present.

Many so-called tropical countries may, in the future, under the guidance of the hygienist, become the heaven of men's dreams, but for the moment, there still remain many areas in the Tropics, with a capital T, where the tortures of hell, like the mycelium of a fungus, sap the moral fibre of the white man and leave him a victim of Tropical Neurasthenia.¹⁴

Neurasthenia made its first appearance in the United States in 1869 as the subject of two separate papers by neurologist George Beard¹⁵, who is generally credited with neurasthenia's 'discovery' and the lesser

¹² Hugh Stannus, 'Tropical Neurasthenia', *Transactions of the Royal Society of Tropical Medicine and Hygiene*, vol. xx, nos. 5 & 6 (1926), 328.

¹³ On the debate over the existence of a uniquely 'tropical' neurasthenia, see: J.W.D.M., 'Tropical Neurasthenia', *Indian Medical Gazette* (March 1928), pp. 150-151; T. Rowland Hill, 'Tropical Neurasthenia', *Lancet* (1943), pp. 332-333.

¹⁴ Hugh Stannus, 'Tropical Neurasthenia', (1926), p. 334.

¹⁵ George Beard, 'Neurasthenia, or Nervous Exhaustion', *Boston Medical and Surgical Journal*, vol. 80 (April 29, 1869), pp. 217-221. Beard's initial paper on neurasthenia was followed by his influential book, George Beard, *A Practical Treatise on Nervous Exhaustion (Neurasthenia) its Symptoms, Nature, Sequences, Treatment* (New York, 1880).

known psychiatrist, E.H. Van Deusen.¹⁶ Neurasthenia appeared as a new form of ‘nervous exhaustion’ or ‘nervous prostration’ with a vast array of symptoms that signalled a disease of the nervous system but without any evidence of organic lesion or apparent physical cause.

The impact of neurasthenia within Western psychiatry and neurology was anything but ‘tropical’, but its genesis, now mostly forgotten, was linked from the start to febrile illnesses and especially malaria. Van Deusen’s account in the *American Journal of Insanity* (1869) speaks at length about the possible role of malaria in the development of neurasthenia.

When the struggle is prolonged and under circumstances of a peculiarly depressing character, the nervous system is weakened and its functions become disordered, the secretions are more or less deranged, digestion is enfeebled, the patient becomes irritable and depressed, and serious intellectual disturbance ensues. Thus may malaria develop the morbid condition now under consideration.¹⁷

Van Deusen’s experience in a malarial region had familiarised him with the prolonged effects of malarial infection, and he remarked upon physicians’ in the tropics “constantly meeting with neuralgic and morbid mental manifestations, sometimes carried even to the point of maniacal excitement, all solely attributable to the effects of this strange poison.”¹⁸

Despite neurasthenia’s rapid rise in popularity as a diagnosis in the West, there were competing schools of thought as to what the disorder might actually represent. Theories put forward suggested that neurasthenia could be a form of ‘male hysteria’, an extreme case of fatigue, depression, or as Beard himself posited, a “prototype of many diseases, both physical and mental.”¹⁹ Although the classification of neurasthenia was often vigorously contested, particularly among neurologists, its relation to the upper classes as a disease of those members of society who shouldered the majority of ‘brain work’ and higher responsibilities helped to ensure the disorder’s prominence, particularly among those who were willing and able to pay for diagnosis and treatment.

¹⁶ Simon Wessely, ‘Neurasthenia and Fatigue Syndromes’ in German Berrios and Roy Porter (eds.), *A History of Clinical Psychiatry: The Origin and History of Psychiatric Disorders* (London, 1995), pp. 509-532.

¹⁷ E.H. Van Deusen, ‘Observations on a Form of Nervous Prostration, (Neurasthenia,) Culminating in Insanity’, *American Journal of Insanity*, Supplement to the Annual Report for 1867 and 1868, vol. 25 (1869), pp. 448-449.

¹⁸ E.H. Van Deusen, ‘Observations on a Form of Nervous Prostration, (Neurasthenia,) Culminating in Insanity,’ p. 449.

¹⁹ Simon Wessely, ‘Neurasthenia and Fatigue Syndromes’, pp. 510-511. The discussion of the various schools of thought surrounding neurasthenia is covered both by Simon Wessely and Edward Shorter, *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era* (New York, 1992). On the significant influence of George Beard see, Charles Rosenberg, ‘The Place of George M. Beard in Nineteenth-Century Psychiatry’, *Bulletin of the History of Medicine*, vol. xxxvi (1962), 245-259.

Quite apart from its early association with malaria—a factor that remained curiously absent in subsequent discussions of the disorder—the importation of neurasthenia to the tropics, in many ways, seems quite a logical progression as the typical ‘neurasthenic character’ appeared as an invalid for whom no discernible physical malady could be identified. While the physical symptoms of neurasthenia could be found quite commonly among elites in the United States and Europe, the more psychic aspects of the condition were found to be particularly suited to life in the tropical outposts of the British Empire.

The need to understand the potentially multiple causes of tropical neurasthenia was seen as critical to its prevention. At the very least, physicians needed to discern a predisposition for the condition among potential recruits to the service in order to ensure the “correct selection of the men allowed to proceed to tropical countries.”²⁰ Discerning the more resilient types of individuals was of concern to the colonial and missionary services alike. A statistically detailed study on the causes of invaliding from the tropics concerned primarily with missions concluded that the “capacity for ‘nerve strain’ is a real factor to be considered in passing candidates to go abroad, and therefore it would be wise to exclude those who have any decided taint of mental instability in their family history, also those of highly nervous temperaments.”²¹ The Surgeon General, R. Havelock Charles stressed that a predisposition to neurasthenia must be a consideration in the selection of men for the tropics where “the powers of resistance to such strain are greatly lowered.”²² Similar reasoning had been important during the First World War when disability and discharges for neurasthenia, also commonly referred to as ‘shell shock’, had reached epidemic proportions. In 1916, neurasthenia was responsible for 40 percent of casualties in combat zones.²³ According to Joanna Bourke, “if we exclude men sent home with wounds, neurasthenia was responsible for one-third of all discharges from the army.”²⁴

The obvious similarities between neurasthenia and the Victorian feminine malady, hysteria, created an uncomfortable challenge to the expectation of masculinity and stoicism of soldiers during even the most horrific combat situations.²⁵ However, terms such as ‘shell shock’ or ‘war neuroses’ reasserted the generally masculine character to the disorder even as the epidemic remained in some quarters as representative of moral cowardice. The symptomatic presentation of neurasthenia during the war also retained its class distinction very clearly. Officers, recruited from the higher classes, suffered from typically neurasthenic symptoms such as insomnia, heart palpitations, depression, nightmares and

²⁰ Hugh Stannus, ‘Tropical Neurasthenia’, (1926), p. 333.

²¹ G. Basil Price, ‘Discussion on The Causes of Invaliding from the Tropics’, *British Medical Journal* (Nov. 15, 1913), p. 1292.

²² R. Havelock Charles, ‘Neurasthenia, and its Bearing on the Decay of Northern Peoples in India’, *Transactions of the Society of Tropical Medicine and Hygiene*, vol. III, no. 1 (Nov., 1913), 9.

²³ Joanna Bourke, *Dismembering the Male: Men’s Bodies, Britain and the Great War* (Chicago, 1996), p. 109.

²⁴ Joanna Bourke, *Dismembering the Male*, p. 109.

²⁵ Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830-1980* (London, 2001), p. 171.

disorientation. The rank in file, however, displayed the physical symptoms generally associated with hysteria—paralysis, mutism, contracture of a limb or limping—thus illustrating a more feminised and impotent class of patient.²⁶

W.H.R. Rivers, an ethnologist, but also the most influential military psychiatrist during the First World War, explained the class differentiation in neurasthenia as the contrast between the ‘simple’ versus ‘complex’ mental lives of combat soldiers and officers, stressing that the low ranking soldier would exhibit simpler mental training, and a heightened suggestibility and dependence.²⁷ The battle to retain neurasthenia as a disorder of superior stock continued for some time after 1918 when the war-related epidemic subsided and another form of masculine service was institutionalised within the Colonial territories.

One such military case found his way into the Colonial Service in the Uganda Protectorate, only to find himself once again before a Medical Board after displaying signs of serious mental disturbance. The medical report refers to two previous occasions of mental problems; a discharge from the Army in 1918 due to ‘nervous debility following influenza’ and a previous ‘nervous breakdown’ of lesser severity than his condition in Uganda.²⁸ A Medical Board proceeding from Zanzibar diagnosed neurasthenia for an official of the Education Department who was said to be experiencing forgetfulness, sleeplessness, paranoia regarding poisoning, and a ‘wild-eyed’ look.²⁹ In this case neurasthenia was the penultimate diagnosis following a list of previously endured ailments, including 1 case of catarrhal jaundice, 1 case of colic, 4 bouts of malaria and 4 bouts of influenza. Influenza, in particular, was widely acknowledged as an inciting cause in neurasthenia, although some quarters held that other infections such as typhoid or even the use of vaccination could lead to its onset. According to Simon Wessely the acknowledgement of neurasthenia’s ‘post-infective’ character grew alongside the ‘microbiological revolution’.³⁰ The worldwide pandemic of influenza experienced in 1918-19 sits interestingly aside the overwhelming numbers of soldiers invalided as neurasthenics during the First World War.³¹ While a greatly debilitated physical state may have had a role to play, a more compelling argument by Elaine Showalter suggests that the neurasthenia epidemic was a mass physical response, like feminine hysteria, to a deeper psychological

²⁶ Elaine Showalter, *The Female Malady*, p. 174.

²⁷ Elaine Showalter, *The Female Malady*, pp. 174-75.

²⁸ PRO: CO 323/1060/1: Proceeding of Medical Board, Entebbe, 26 April 1929.

²⁹ ZNA: AJ/12/12: Proceeding of Medical Board, Zanzibar, 8 May 1939.

³⁰ Simon Wessely, ‘Neurasthenia and Fatigue Syndromes’, p. 521.

³¹ One contemporary analysis of neurasthenia as a diagnosis suggests that the condition may have at times represented a post-viral fatigue state following influenza epidemics. See, Ruth E. Taylor, ‘Death of Neurasthenia and its Psychological Reincarnation: A study of Neurasthenia at the National Hospital for the Relief and Cure of the Paralysed and Epileptic, Queen Square, London, 1870-1932’, *British Journal of Psychiatry*, vol. 179 (2001), pp. 550-557.

collective resistance to the war.³² In the military, early attempts to differentiate genuine neurasthenics from ‘malingerers’ feigning illness gave way to increased acceptance of the diagnosis based in part on the sheer size of the population affected and the preponderance of officers and the upper classes in the hospital wards.³³ The class make-up in the military wards prompted the rationale that the “serviceman [with] ‘higher ethical conceptions’ meant that he could not run away: he simply ‘cracked’.”³⁴

In G. Basil Price’s 1913 study on the causes of invaliding from tropical posts, neurasthenia appears as a greater threat to the European in Africa than malaria, though this refers to the end result of invaliding, not the overall impact of malaria which certainly would have affected the vast majority of Europeans at some point during their service. Malaria, when tallied in tandem with blackwater fever, did trump neurasthenia in numbers of cases invalided as the Price study indicates, but by this time malaria was a known ‘enemy’ and engendered less psychological uncertainty and dread.³⁵

Nervous disorders were more insidious and one could generally not assume them to be either short-lived or curable. Such preoccupations would engage a civilian public increasingly concerned with matters of physiology, pathology, wellness and recuperation, and prompted endeavours like the Open Air Movement and even a journal, *The Invalid*, concerned with ‘Hygiene, Treatment, Nursing, Diet, Sanatoria, Health Resorts and Travel’.³⁶ The association between health and recuperation, and travel or relocation was also central to colonial thinking as Dane Kennedy’s study of British hill stations during the Raj has shown.³⁷ Throughout East Africa similar assumptions came into play as debilitated or ‘unstable’ officers were transferred temporarily from tropical posts in places like Zanzibar to Kenya’s highlands as a means of restoring their health and mental well-being. The Kenyan ‘white highlands’ comprised the most arable and valuable land, but also symbolised the kind of physical space deemed necessary for white, but not Gikuyu, constitutions. From the 1920s to the 1940s various colonial governments were still attempting to discern the effects of altitude and the requirements necessary for the provision of health resorts. The annual public health report for Tanganyika in 1924 reiterated the high demand for one or two ‘health resorts’ to be placed along the central railway line on sites with adequate altitude and a ‘healthy bracing climate’.³⁸ Similarly, the Meteorological Service in Kenya was engaged with “climatic factors on the

³² Elaine Showalter, *The Female Malady*, p. 175.

³³ Joanna Bourke, *Dismembering the Male*, pp. 111-112.

³⁴ Joanna Bourke, *Dismembering the Male*, p. 110.

³⁵ Blackwater fever is associated with falciparum malaria and characterized by the massive destruction of red blood cells resulting in the presence of blood (or blood pigment haemoglobin) in the urine.

³⁶ The first issue of *The Invalid* appeared in July 1905. It subsequently altered its title to *The Invalid and The Holiday-Maker* (June 1906).

³⁷ Dane Kennedy, *The Magic Mountains: Hill Stations and the British Raj* (Berkeley, 1996).

³⁸ Annual Report of the Medical and Sanitation Department, Tanganyika Territory, 1924, p. 15. The report uses the terms ‘health resort’ and Sanatorium interchangeably.

physical and mental health of Europeans residing at high altitudes in the tropics, such as the highlands of Kenya.”³⁹ The Director of Medical Services from Basutoland remarked that during his visit to East Africa he observed that the “children from Eldoret convent whom I saw in Tanganyika were a particularly healthy lot.” Basutoland, he continued, was known as the ‘Switzerland of South Africa’. The ideal climate in the mountains meant that they experienced “no tropical diseases of any sort as you have in Kenya.”⁴⁰

By the Second World War the influx of Europeans into East Africa as soldiers or interned prisoners of war provided a renewed opportunity to assess the impact of the tropical climate on unaccustomed European constitutions. In Uganda, a memorandum from the Medical Department included the optimistic observation that “both Poles and Italians have much improved in health since their arrival in this country and have shown that Europeans can be rapidly acclimatised to tropical conditions.”⁴¹

Mark Harrison has proposed that the British military’s shifting ‘culture of command’ had an impact on the debility caused by malaria by attaching “greater importance to medicine as a managerial resource” and in so doing, heightening the acceptance and proper use of anti-malarials among troops.⁴²

However, the health maintenance of African or African-American troops serving in the tropics was another matter. Beliefs about the innate constitution of soldiers of African descent meant that these ‘children of the tropics’ were targeted for service in tropical campaigns based upon a their presumed immunity to disease and their adaptability to the tropical environment where the majority of troops were required.⁴³ The ideas surrounding the natural acclimatisation of Africans to the tropical environment was strongly supported by purported evidence gleaned from the extensive African involvement in European military campaigns despite the overwhelming contradictory evidence presented by the severe mortality suffered by African porters and Carrier Corps.

Related to the theory of racial immunity to disease were assumptions regarding predisposition to infection. Nineteenth century thinking about disease causation linked external catalysts of disease with the general condition of the body.⁴⁴ Early in the twentieth century medical theory was increasingly cautious about ascribing innate predisposition to physical or mental diseases based solely upon race, however,

³⁹ KNA: MOH/2/38: International Climatology Commission Sub-Commission on Medical Climatology, 21 June 1937.

⁴⁰ KNA: BY/15/5: Re: Effect of Altitude. DMS, Maseru, Basutoland to DMS, Nairobi, 23 April 1948.

⁴¹ UNA: SMP/J/1/29: Review of Medical Events, 1944, Uganda Protectorate, 28 March 1945.

⁴² Mark Harrison, ‘Medicine and the Culture of Command: the Case of Malaria Control in the British Army during the two World Wars’, *Medical History*, vol. 40 (1996), p. 438.

⁴³ Warwick Anderson, ‘Immunities of Empire: Race, Disease, and the New Tropical Medicine, 1900-1920’, *Bulletin of the History of Medicine*, vol. 70 (1996), p. 94. The reference to the ‘children of the tropics’ is from Nathaniel S. Shaler, ‘The Future of the Negro in the Southern States’, *Popular Science Monthly*, vol. 57 (June 1900), p. 151.

⁴⁴ Christopher Hamlin, ‘Predisposing Causes and Public Health in Early Nineteenth-Century Medical Thought’, *Social History of Medicine*, vol. 5, no. 1 (1992), p. 51.

researches conducted within the tropical territories further promulgated theories that highlighted the evolution of biological traits as a result of extreme and degrading environmental conditions. Thus, the ‘Negro’ was said to show definite immunity to yellow fever and a lessened predisposition to malaria due to the “distaste on the part of the mosquito for the negro’s skin, possibly on account of its offensive emanations or its thick dense character, or both.”⁴⁵ In some cases, a low level infection might even be seen as a source for good. The presumption that neurosyphilis was rare in Africans was thought to be related to the action of malarial fevers against the spirochaetal invasion of the nervous system in late-stage syphilis. A senior medical officer in Kenya had even posed the question to readers of the *East African Medical Journal* as to whether or not African ‘medicine men’ in Tanganyika sent their cases of ‘general paralysis of the insane’ to malarial regions as a means of indigenous fever therapy.⁴⁶

The tensions associated with European versus African adaptation to the immediate environment, often found expression in East Africa with calls for multi-disciplinary investigations that could relate the mental and physiological status of the African to the tropical African environment. While some research interest was directed toward understanding the straightforward relationship between disease and environment, including climatic conditions, other research endeavours increasingly emphasised the relationship between disease, the physical and social environment, and an assessment of the ultimate potential of tropical peoples. A long treatise on public health appearing in the Kenya Medical Department’s Annual Report for 1933, called for the practical application of research in the tropics with an ultimate view to discerning the potentially damaging effects of a rapidly changing environment on the African, and the related enquiry into the African’s ultimate ‘educability’.

The question Ronald Ross put before his colleagues in 1909—what, then, must happen to whole nations diseased?—continued to resonate and was buttressed by a growing body of scholarly literature. The classic Hippocratic texts as well as the more modern medico-historical writings on malaria’s devastation of ancient Greek and Roman societies were familiar and often-cited examples of the capacity of tropical disease to degrade whole civilisations.⁴⁷ Thus, the powerful image afforded by the triumph of science over disease, and malaria in particular, as the response to a scourge that once undermined great civilizations was evoked often in such scientific circles and seemed to signal the enormity of the scientific mission.

⁴⁵ Thomas W. Jackson, *Tropical Medicine, with Special Reference to The West Indies, Central America, Hawaii and the Philippines* (London, 1907), p. 247.

⁴⁶ James Sequeira, *Kenya and East African Medical Journal* (Sept. 1929) p. 177.

⁴⁷ Influential texts include those by W.H.S. Jones; *Malaria, a Neglected Factor in the History of Greece and Rome* (Cambridge, 1907), which includes an Introduction by Ronald Ross; *Malaria and History* (Liverpool, 1908); *Malaria and Greek History* (Manchester, 1909).

Part II:
Agitators and Epileptics

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On Christmas Eve 1911, the District Commissioner of Machakos wrote a lengthy sworn statement as a witness to the ‘recent outbreak of mania’ that had infected his region of the East African Protectorate.⁴⁸ He proceeded to describe the events in almost breathless detail and identified the main perpetrators whom he fully intended to deport. They were Siotune wa Kathuke, an old woman and a widow, and Kiamba wa Mutuaovio, described as a native man from a neighbouring sub-division who, although a professional rival of Siotune’s, might also be described as a partner in crime.

Siotune’s agitation of the District Commissioner began some months earlier with her possession by a spirit from the spring from which she drew water. Several deaths in the location prompted a series of exorcisms by Siotune and with each ceremony the ‘mania’ continued to spread. Kiamba wa Mutuaovio then entered the picture offering his ‘latter day prophecies’ and these two working simultaneously were said to have “obtained the most extraordinary domination over the people and rivalled each other in the extravagance and presumption of their demands.”⁴⁹ More specifically, the DC complained that the proclamations of these ‘two neurotics’ so disrupted normal patterns of work that it had become impossible to obtain porters or collect the Hut Tax. Of the two, Kiamba’s claims were the most fantastical. He threatened those who would not listen to him that “he would cause their villages to sink into the ground and create a lake on the spot where these stood.”⁵⁰ Kiamba also told the people that he would soon remove all the Europeans from the territory.

The ‘mania of 1911’ presents an introduction to the uses of medical or psychological language in primarily non-medical contexts in order to highlight the intellectual and political roles psychiatric ideas played in colonial governance in East Africa. The larger project in which this analysis sits is concerned with mapping the transformation of European anxieties about the dangerous physical climate in the tropics to gradually increasing anxieties about a socio-political climate represented here by East African prophetic movements, rising nationalisms, and while outside of the scope of this paper, the British

⁴⁸ KNA: DC/MKS/10B/8/1: Memo from K.R. Dundas, District Commissioner, Machakos to Provincial Commissioner, Nairobi, 24 December 1911.

⁴⁹ KNA: DC/MKS/10B/8/1: K.R. Dundas.

⁵⁰ KNA: DC/MKS/10B/8/1: K.R. Dundas.

response to the Mau Mau emergency in Kenya in the 1950s with its unprecedented official policy of psychological ‘rehabilitation’ for the nation.

In the years preceding the first World War, cases of ‘epidemic hysteria’ like the one described by District Commissioner K.R. Dundas, were documented by officials and anthropologists and would be recalled and reconstituted for years to come as ‘remembered evidence’ for the view that the African population was highly susceptible to psychic epidemics just as they were to the epidemics of tropical disease that routinely plagued them and that often warranted colonial intervention. Thus, psychological disturbances came to be seen increasingly as ‘infectious’ and ‘epidemic’ and as such they could be expected to spread rapidly if not monitored carefully and controlled when necessary. The ethnologist Gerhard Lindblom, working in the Kamba region in 1911 and 1912, also witnessed the Machakos ‘outbreak’ which he documented in his 1920 monograph, writing “time after time remarkable psychical disturbances of a religious character pass like epidemics over the Kamba country, only to disappear as suddenly as they came.”⁵¹ Lindblom described these symptoms as infectious hysteria and claimed that the attacks were triggered by the sight of a European wearing a pith helmet. Lindblom described the convulsions as:

The afflicted one fell to the ground, writhing as if suffering from violent cramp, moaning and groaning. The natives in the neighbourhood of Machakos tried to avoid the attacks—when they saw a European in the distance—by wrapping their blankets over their faces till he had gone by.⁵²

C.W. Neligan photographed a woman experiencing such a ‘fit’ and described the event as both an hysterical condition and a ceremony conducted to relieve the symptoms, and known locally as *Kijesu*.⁵³ C.W. Hobley’s ethnology of the Kamba also remarked upon *Chesu*, which he describes as a form of ‘infectious mania’ prompted by the sight of a pith helmet or a “fez cap such as is worn by civilized natives.”⁵⁴ A review of Hobley’s monograph noted that the ‘periodic epidemics of a nervous disease known as *Chesu*’ experienced by the Kamba corresponded psychiatrically “in a remarkable manner to the malady known as *Latah* among the Malays, and which has been supposed to be confined to people of that stock.”⁵⁵

⁵¹ Gerhard Lindblom, *The Akamba* (Uppsala: 1920), p. 238.

⁵² Gerhard Lindblom, *The Akamba*, p. 239.

⁵³ C.W. Neligan, ‘Description of Kijesu Ceremony among the Akamba, Tiva River, East Africa’, *Man*, vol. 11, (1911), p. 49.

⁵⁴ C.W. Hobley, *A-Kamba and Other East African Tribes* (Cambridge: 1910), pp. 11-12. Hobley also uses the term *ki-jesu*, and like Lindblom, speculated as to the term’s origin as either the Kamba pronunciation of ‘Jesus’ [jesu] or derivative of the Kamba word for ‘knife’ [kisu] as knives were instrumental in the ceremony to relieve the hysterical symptoms.

⁵⁵ T.A.J., ‘Book Review; *A-Kamba and other East African Tribes* by C.W. Hobley’, *Man*, vol. 11, (1911), p. 62. *Latah* was documented primarily among the Malays and was classified as a ‘culture-bound’ syndrome or in some cases, a syndrome caused by culture-contact. See Chapter 2 for a discussion of *Latah*, Amok and other conditions related to the process of ‘acculturation’.

Lindblom's monograph also referred specifically to the actions of the District Commissioner, K.R. Dundas whom he characterized as believing that the 'mental unrest' of 1911 was directed against the government. The initial political or social impetuses for the disturbances were obscured by the extraordinary presentation of the mass psychological 'symptoms'. "I have forgotten what the affair was all about" Lindblom wrote, "but it is certain that it was only a case of one of these periodical psychological anomalies. However, the over-excited minds soon calmed down in prison, and when the leaders were removed, the whole thing died away."⁵⁶

The question of leadership, particularly over a population that was highly 'suggestible' was often at the heart of the analyses of prophets and visionaries. K.R. Dundas described Kiamba wa Mutuaovio, the main perpetrator of the 1911 outbreak, as having "the same sleepy look as the rest of these Kamba neurotics, of whom there are a most extraordinary number in the tribe, and is probably a person of epileptic tendencies."⁵⁷ The DC's diagnosis did little to discredit the movement, however, as he admitted "the fact that the promoters are epileptics and neurotics gives the necessary importance to their utterances and gains the people's credit."⁵⁸ Whether or not some prophets, or these in particular, were epileptic, as claimed by the District Commissioner is of course highly questionable, although not altogether impossible. But the significance of the label is that it attached the problem very neatly to troubled or 'unbalanced' individuals and denied the existence of other sources of social tension that the prophecies were responding to and that would not disappear with the deportation of the two 'witch doctors'.

Epilepsy, in both the popular and scientific imagination, has had a close association with 'excessive religiosity', explosive, even homicidal behaviour, and also with genius.⁵⁹ From Mohamed to Simon Kimbangu, the folklore surrounding the great prophets has generally included an 'initatory illness' motif as a marker for the onset of a greater spiritual awareness and the power to prophecy. Often this illness was characterised as epilepsy or a seizure of a similar nature although this might also be characterised simply as 'a loss of reason' following some other event such as the delirium associated with high fever. The seventeenth century Kongolese prophetess Dona Beatriz Kimpa Vita suffered an illness, symbolic death and then a return to consciousness or 'resurrection' as Saint Anthony.⁶⁰ The popular mythology surrounding the Congolese prophet Simon Kimbangu offers several variations on his emergence.

⁵⁶ Lindblom, *The Akamba*, p. 240.

⁵⁷ KNA: DC/MKS/10B/8/1: Memo from K.R. Dundas, District Commissioner, Machakos to Provincial Commissioner, Nairobi, 24 December, 1911.

⁵⁸ KNA: DC/MKS/10B/8/1: K.R. Dundas.

⁵⁹ Matthew Woods, *In Spite of Epilepsy; Being a Review of the Lives of Three Great Epileptics--Julius Caesar, Mohammed, Lord Byron--The Founders Respectively of an Empire, a Religion, and a School of Poetry* (New York, 1913).

⁶⁰ John K. Thornton, *The Kongolese Saint Anthony: Dona Beatriz Kimpa Vita and the Antonian Movement, 1684 - 1706* (Cambridge, 1998).

Generally he is assumed to have suffered first a traumatic illness or a 'fit', a loss of consciousness, and finally the appearance of visions and voices.⁶¹ Nontheta Nkwenkwe fell victim to the Influenza pandemic of 1918 before recovering to a spiritual renewal that she interpreted as the need for a societal regeneration in the aftermath of so many deaths.⁶² Missionaries also recognized traumatic experiences as initiations into the realization of salvation. Christian converts and the newly saved were, as Richard Waller points out, "required to give evidence of personal conviction, and for many this seems to have emerged out of dramatic or disorienting incidents. They expected salvation to be an equally traumatic and socially alienating experience for their converts."⁶³

The long history behind the association between mental or neurological disturbances, generally thought to be epilepsy, and a shamanic or prophetic calling is multifaceted. On the one hand, persons suffering from what we would define neurologically as seizures, or perhaps, psychoses, could exhibit behaviour sufficiently outside the norm to warrant a culturally-defined label as seer, diviner, or prophet. In this case, while not all prophets or seers will actually suffer from a neurological condition, many individuals who do suffer from such conditions might be labelled as divinely touched or specially gifted. Levi-Strauss suggested that "normal thought cannot fathom the problem of illness, and so the group calls upon the neurotic to furnish a wealth of emotion heretofore lacking in focus."⁶⁴ While not necessarily contradicting this, Roland Littlewood, an anthropologist and psychiatrist, asserts "if epileptic fits are believed to be a consequence of possession, then all episodes of possession, including voluntary possession for the purposes of prophesying, are likely to be marked by fits."⁶⁵

Terence Ranger relates the phenomenon of prophets to the social turmoil resulting from epidemics that developed during the late nineteenth and early twentieth centuries in southern and eastern Africa, describing such movements as responses to an internal breakdown of indigenous public health orthodoxies and confidences.⁶⁶ In this regard, Ranger departs from much of the early literature on millenarianism (as a reaction to external pressures) in his assertion that African societies saw the need to transform *themselves* rather than acting to preserve their existing (or past) ways of life against colonial

⁶¹ Marie-Louise Martin, *Kimbanu: An African Prophet and his Church* (Oxford, 1975).

⁶² Robert R. Edgar and Hilary Sapire, *African Apocalypse: The Story of Nontheta Nkwenkwe, a Twentieth-Century South African Prophet* (Johannesburg, 2000).

⁶³ Richard Waller, 'They Do the Dictating and We Must Submit', in Thomas Spear and Isaria N. Kimambo, (eds.) *East African Expressions of Christianity* (Oxford, 1999), p. 85.

⁶⁴ Claude Levi-Strauss, *Structural Anthropology* (New York, 1963), p. 181.

⁶⁵ Roland Littlewood and Maurice Lipsedge, *Aliens and Alienists: Ethnic Minorities and Psychiatry*, 3rd edition (London, 1997), p. 202.

⁶⁶ Terence Ranger, 'Plagues of Beasts and Men: Prophetic Responses to Epidemic in Eastern and Southern Africa', in Terence Ranger and Paul Slack, (eds.), *Epidemics and Ideas: Essays on the Historical Perception of Pestilence* (Cambridge, 1992), pp. 241-268.

intervention. Of course it should also be said that epidemics during this period did prompt particularly intrusive and authoritarian government policies and restrictive control measures. Many of the ‘cults’ or societies that were under observation by the colonial government were scrutinised more stringently because they stood in direct opposition to measures imposed during human and animal epidemics. Cattle vaccinations were particularly resented, but so too were measures to enforce cement latrine building or government mandated agricultural practices.⁶⁷ The presence of an influential sub-group in the society, such as a prophetic or religious sect, gave a representative voice to resentments that were already commonly felt. In effect, such groups acted as ‘media’ in the face of unpopular restrictions and controls.

The spirit-exorcism cults that were spreading throughout the Kamba region during this period were, according to J. Forbes Munro, reactions to “an extensive range of moods associated with social deprivation in tandem with the psychological tensions associated with changing female status”.⁶⁸ Indeed, there is ample evidence throughout history of populations utilizing the idiosyncratic actions of a prophet or charismatic leader as a platform upon which societies might, as Roland Littlewood describes it, “rework their own preoccupations”.⁶⁹ In addition, people had very few effective alternative forms of redress. To some extent the deportations of troublesome Kamba prophets may have appeared to the government to ease the crisis but these deportations took place alongside social and economic reforms, which eased some of the pressures on the region and, in effect, rendered the prophets’ interventions at least partially successful.

In the case of Siotune wa Khatuke and Kiamba wa Mutuaovio, both were deported to the coast on the charge of prejudicing the peace and good order. According to the District Commissioner, it was their credibility based upon the local observation of their ‘neuroses’ that made them especially influential and therefore politically disruptive and dangerous. Of the two, Siotune was considered to be the least dangerous and was described as “not a genuine medicine woman, but [one who] dabbles in divination and in rainmaking and generally prescribes in times of trouble and disaster.”⁷⁰ The government deemed that she was eventually discredited for prophesying the end of the world, which hadn’t come in 1911. For this, a temporary deportation order was considered sufficient. Kiamba wa Mutuaovio, on the other hand, was taken more seriously by the District Commissioner. He was described as both a “budding medicine man

⁶⁷ KNA: ARC (MAA) 2/5/105: Elijah Masinde Trial and Deportation, Kakamega, 1948. One charge against Masinde was in leadership in his sabotage of the government campaign to enforce the destruction of the weed ‘kwekwe’. The trouble also resulted in an assault against the government agricultural officer.

⁶⁸ J. Forbes Munro, *Colonial Rule and the Kamba* (Oxford, 1975), p. 113.

⁶⁹ Roland Littlewood, ‘Psychopathology and Religious Innovation’ in Dinesh Bhugra, (ed.) *Psychiatry and Religion* (London, 1996), p. 191.

⁷⁰ KNA: DC/MKS/10B/8/1: Memo from K.R. Dundas, District Commissioner, Machakos to Provincial Commissioner, Nairobi, 24 December 1911. See also J. Forbes Munro, *Colonial Rule and the Kamba*, pp. 114-116 for a description of this.

of great promise” and a “most dangerous man” and the District Commissioner wanted him out for good.⁷¹ After a show of force by the Kings African Rifles and a series of imprisonments and deportations, the mania of 1911 died down and there followed a few years of relative calm.

The prophet Ndonye wa Kauti

In 1922 another disturbance appeared in the Machakos District of Kenya in the form of Ndonye wa Kauti, a poll-tax evading prophet who preached about the arrival of a ‘European God’ who would banish the existing Europeans from the land and end the tax system. One of the earliest references to his activities exists in the form of a handwritten note from District Officer, R.G. Stone who warned that the new rumours emanating from the Ukamba region “bears the look of a recrudescence of the 1911 trouble.” His safari to discern what the trouble was about, he said, was an “endeavour to nip in the bud any likely hysterical outbreak.”⁷²

While locally Ndonye was considered at first a minor prophet, his arrest and the government’s unsuccessful attempts to have him certified as a ‘lunatic’ gave him a much-needed boost in credibility. His case is fascinating, in part, because more of the African responses to his prophecy can be gleaned from the records than is usual. His eventual followers reported that they came to listen largely because he was predicting the complete removal of Europeans. While it was no innovation to describe the benefits of the demise of colonial occupation, the authority inherent in the prophecy—even with its fantastical elements—offered a platform upon which the community might voice their own discontent and envision either a return to the old ways or, as Ndonye foretold it, a reversal of fortune such that the European would be removed but replaced with a wealth of material goods and technologies. As part of the government campaign to legally detain him a series of sworn statements from village headmen were taken to document what the British saw as his bizarre claims, anti-government rabble rousing, and dangerous influence over the people.

Waita wa Ndunda, a former Headman of Kilungu stated:

As proof of Ndonye’s influence, I know that, even while Ndonye was in goal [sic], women went in very large numbers to work his garden, as they said he had assured them that he would return very shortly quite unharmed by Government. When he was released, without receiving any punishment, people went mad & really believed that he was all-powerful!⁷³

⁷¹ KNA: DC/MKS/10B/8/1 K.R., 24 December 1911.

⁷² KNA: PC/CP/8/2/4: Note to Mr. Traill from R.G. Stone, Machakos, 3 April, 1922.

⁷³ KNA: PC/CP/8/2/4: Statement of Waita wa Ndunda, 24 September, 1922.

A statement by the Tribal Retainer of Kilungu voiced a similar claim. “Most of the people of Kilungu, to this day, believe that Ndongye is the Government’s master and that he will soon return again...If Ndongye is released again I have no idea what will happen, as all the people will go mad.”⁷⁴

Ndui wa Matolo, a headman from Kilungu, stated that he joined a gathering to hear Ndongye speak after hearing people ‘sing his praises’ after he had brought rain and in light of what he had said about the white men. Ndongye spoke of a god called ‘Simiti’ (cement) who would come from above. The Europeans would soon leave the country and Ndongye would rule and would abolish the tax. He also said that a telegraph line and books would be sent to him from above.⁷⁵

Ndeti wa Kibai, a headman and former government interpreter, described an encounter between Ndongye wa Kauti and R.G. Stone.

Ndongye “was asked whence his chieftainship was derived and he replied from “Bwana Jesu,” whom he said he had met in the road, and from whom he had received a pencil, which was placed behind his ear. Mr. Stone took the pencil and informed Ndongye that the pencil came from America. A house was being built in his village and Mr. Stone asked him what it was for, and he said that it was a house for the reception of pencils, books and other European articles. He added that when it was finished, he would build a house of stone, iron, and underneath would floor it with cement (SIMITI). He was asked where these materials would come from and he said “From above”. He also said that the house would be used as a hotel for Europeans. Asked where these would come from, he replied that the Europeans would be replaced by Europeans from the land of “SIMITI”. He was asked what “SIMITI” was, and he said the material with which houses are built. He was placed under arrest and taken to camp.”⁷⁶

Munyoki wa Mutiambui a member of the African Inland Mission said that Ndongye described three gods; The God, Bwana Jesu, and Simiti. He claimed that he was building a house to receive “books, clothes, rifles and a telegraph line. The telegraph line will reach from this house to God and will provide a means of communication between us.” Ndongye claimed that he would soon take charge of the country and “change the whole Administration...and everything will revert to its old state.” Munyoki then asked if he had received anything from God. “He then went into his house and after a few minutes, returned with a pencil, of the type one buys in shops. He stated that this came from Heaven.”⁷⁷

⁷⁴ KNA: PC/CP/8/2/4: Statement of Kithuku wa Kibungo, 21 September, 1922.

⁷⁵ KNA: PC/CP/8/2/4: Statement of Ndui wa Matolo, 22 August, 1922.

⁷⁶ KNA: PC/CP/8/2/4: Statement of Ndeti wa Kibai, Iveti location, 22 August 1922.

⁷⁷ KNA: PC/CP/8/2/4: Statement of Munyoki wa Mutiambui, 4 September 1922.

To British officials, Ndonge wa Kauti's claims were completely outlandish in their specificity. They were consistent, but 'read' as delusional. Despite his clearly anti-government stance in speeches and his denouncement of the tax and labour laws, he was approached initially as a 'religious maniac' not as a political ideologue or agitator. While the Administration was used to, and even accepting of, the 'backward' belief in witchcraft and a reverence for the spirit world, Ndonge's utterances substituted a reverence of spirits with his own empowerment by divine intervention. Most significantly to the government, this power was not only 'divine', but also absurdly anti-British.

Although Ndonge wa Kauti caused enough trouble to warrant close monitoring by the government, his public proclamations and gatherings never resulted in an organized movement. In effect, the keen government interest in Ndonge's activities stemmed from recollections of the 1911 'epidemic' and an assessment of what its reoccurrence that might mean for the region. Ultimately the official record pointed to the fact that any "ideas that he is not in his right mind may be dismissed", stressing that the Medical Officer observing him was unable or unwilling to certify him as insane.⁷⁸ Rather, Ndonge wa Kauti was viewed as a menace whose preaching represented a direct antagonism to the government by urging non-payment of the tax, the withdrawal of all Europeans, and the assertion of his "own superiority to Government, and eventual suppression of Government."⁷⁹ For whatever reason, the Ndonge wa Kauti movement failed to take hold. The written record depicts an unfolding drama of observation, hope, the consideration of evidence presented by both Ndonge and the British, and ultimately doubt about his true purpose and powers. John Lonsdale has documented the 'scepticism of the Kikuyu' amidst similar prophetic encounters. The Kikuyu, he writes, "like other people, feared the future, paid for its divination and yet mistrusted their diviners; they thought them, rather like professors, to be mere slaves to fashionable theory."⁸⁰

For the myriad of prophetic movements that did take hold in East Africa, there were scores of others that failed to incite larger movements. The case of Ndonge wa Kauti represents an unusually well-documented case of the latter. The reaction to his prophecies were most likely prompted by what district officials believed they were about to see, particularly as the Kamba were recalled, and even documented officially, as being predisposed to an infectious loss of reason.

⁷⁸ KNA: PC/CP/8/2/4: Memorandum of Acting District Commissioner, Machakos, 17 October 1922.

⁷⁹ KNA: PC/CP/8/2/4: Memorandum of Acting District Commissioner, Machakos, 17 October 1922.

⁸⁰ John Lonsdale, 'The Prayers of Waiyaki: Political Uses of the Kikuyu Past' in *Revealing Prophets*, p. 243. My thanks go to John Lonsdale for drawing my attention to this particular point.

Ultimately, Ndonge wa Kauti came to be seen by the British as sane and therefore rationally seditious. Despite the attention paid to him by district officials, Ndonge wa Kauti does not fit the bill of a charismatic leader holding sway over the people, although this was certainly what the administration feared. In his case, the Kamba, while clearly interested, continued to collect evidence of the legitimacy of his claims and to scrutinise his prophecies in direct contrast to the statements made by the colonial government. The government's inability to hold the prophet in any form of legal custody increased his credibility tremendously, a point that was not lost on the Chief Native Commissioner as he deported Ndonge wa Kauti to the Kenyan coast.⁸¹

Prophets and the Millennium

The nature of the colonial response is an illustration of the unique influence of even minor prophets. While the colonial administration often saw such movements as non-political in their structure and intent, their actions clearly had serious political and economic implications. Prophet movements occupied an uncomfortable terrain. They were neither fully political entities, such as the Kikuyu Central Association (KCA) or the Bukusu Union of the 1940s, nor were they completely religious in character such as 'traditional' African 'paganism' or the 'successful' conversion to Christianity. The pathologization of prophets and their followers came naturally within an intellectual framework that saw the 'semi-educated' or the 'semi-converted' African as straddling contradictory worlds leaving them virtually on the brink of mental breakdown. These 'detransformed' Africans, at the centre of debates on educability and the potential for self-governance, were assessed increasingly in psychiatric terms. Law-breakers, anti-government militants, and the politically subversive fell within the realm of government understanding and there were measures to deal with such disturbances. In contrast, the potentially mad, 'religious maniac' was unsettling in different ways and prompted official speculation into the collective psyche of the African subject and emphasized the need for a more psychologically informed approach to governance.

Prophetic movements, whatever their primary intent, did cause economic upheaval. Religious restrictions that forbade modern encumbrances or the espousal of a return to traditional values may on the face of it appear benign, however, in the colonial context, such a social withdrawal could mean the refusal to pay poll taxes, refusing to be called as conscripted labour in the fields or as porters or soldiers, or a rejection of government mandated veterinary or agricultural measures.

⁸¹ In 1927 Ndonge wa Kauti's case came up for review with some administrators and the local headmen advocating for Ndonge's return to Ukamba though this was met with some opposition in part due to the presence of anti-government sentiment and activities in neighbouring districts which might be agitated further by the re-emergence of the prophet.

In the face of clearly subversive or illegal actions, why then did the British government characterize the problems in the way that they did? A clear contrast can be made with Tanganyika, which appears to have had fewer prophet movements, or certainly fewer that caused the British administration such trouble. However, the government reacted to the political environment in Tanganyika with primarily political, not psychological, language. Terence Ranger suggests that one reason Tanganyika addressed socio-economic conditions in more realistic terms was that the government feared another Maji-Maji uprising. He writes, the:

thinking of administrators and settlers, especially in Tanganyika after Maji-Maji and in Rhodesia after the Ndebele and Shona risings of 1896-7, was dominated by the fear of the repetition of such outbreaks. This fear had many and complex effects, but among other things it led to certain concessions to anticipated African discontent as well as to military and police contingency-planning.⁸²

Until the Mau Mau emergency in the 1950s, the British government in Kenya endured no singular crisis of rebellion on such a scale.

However, from the mid-1940s, the activities of even more formidable prophets began to threaten the colonial sense of security and order far more than any cases of witchcraft ever did, and officials began to employ increasingly medicalized explanations for criminality and dissent. Such definitions were far preferable to economic and political analyses and fit nicely within modern ideas in social psychology and even eugenicist thinking that characterized whole societies in terms of their social health. Therefore, these modern prophets often suffered from ‘delusions of persecution’, ‘obsessive religiosity’ or ‘religious mania’. Their presence created yet another circumstance for medical and political authorities to clash. The most significant example of a mass movement that caused such dread and political upheaval was that of Dini ya Msambwa, and its many off-shoots, which preceded Mau Mau by nearly a decade.

The Divine Inspiration of Elijah Masinde

Elijah Masinde was already in jail for his activities when he was examined by a doctor and said to have become certifiably insane. He was sent to Mathari Mental Hospital in Kenya in 1945, diagnosed as a religious maniac. Masinde’s particular brand of mania was seen as especially dangerous to the welfare and stability of the community. He was accused of abusing the chiefs and native authorities, of breaking up meetings and generally inciting his disciples to take action against Europeans. The Provincial Government classed him as a ‘very dangerous political character’ and claimed that his ‘obsessive

⁸² T.O. Ranger, ‘Connexions Between ‘Primary Resistance’ Movements and Modern Mass Nationalism in East and Central Africa, Part I’, *Journal of African History*, ix, 3 (1968), p. 443.

religious mania' had caused him to undertake anti-European propaganda and in some cases to take action to evacuate all non-natives from his location."⁸³

In truth, Elijah Masinde was not just any 'religious maniac'. He was the founder and leader of Dini ya Msambwa, a popular religious movement which sought primarily to protect or reclaim lands that were being encroached upon by white settlers in the region. It was one of the largest movements of its kind and was closely monitored by the government. The African Affairs Annual Report for 1948, while not the earliest reference to Elijah Masinde, refers to the organisation as having 'originated' at Mathari Mental Hospital. The report held that the prophet;

apparently found sufficient leisure during his period as a certified lunatic to frame a political policy to fit his pronounced tendency to violent religious mania, and on his release in 1947 had immediately set about the task of stirring supporters into action under the guise of religious fervour. By the end of 1947 his followers numbered thousands who, though they had not his excuse of a previous history of mental illness, showed themselves quite ready to adopt the principles devised in his aberrant brain.⁸⁴

After two years confinement in Mathari, Masinde's case created a further political panic when the mental hospital's Visiting Committee indicated it was prepared to recommend his discharge. Upon the threat of his release the Provincial Commissioner made clear the problem to J.C. Carothers, the Resident Psychiatrist at Mathari:

[this] location is the one area of this Province where there is considerable political activity at present; and knowing the particular form of this man's mania, it would be a fatal administrative error to allow him to return to his home at the present time. I must therefore advise that he be *not* released at present...in a few years the political issues may well sort themselves out and become stabilized, when it may be possible for Elijah to return to his family.⁸⁵

What is striking about the medical case of Elijah Masinde is that the factor most influential in deciding his discharge from the mental hospital was not based upon his diagnosis or a presumed return to sanity, but on the perceptions or 'delusions' of his family and the wider community. Carothers stated that Elijah would most likely retain his 'persecutory attitude' and 'peculiar religious ideas' for the rest of his life. However, if it could be shown that his family were to acknowledge his 'mental abnormality' then it might

⁸³ KNA: PC/NZA/2/7/97: Letter from Provincial Commissioner, Nyanza to Medical Officer in Charge, Mathari, E.R.N. Cooke, 11 June, 1946.

⁸⁴ African Affairs Annual Report for 1948, Kenya Colony, p. 2.

⁸⁵ KNA: PC/NZA/2/7/97: Letter from Provincial Commissioner, K.L. Hunter to Medical Officer in Charge, Mathari Mental Hospital, J.C. Carothers, 11 December, 1946.

be possible for him to return home. If, on the other hand, they continued to view Elijah as divinely inspired, it seemed likely that he would never be discharged from the hospital.⁸⁶

Elijah Masinde's case came under the newly designated 'special category criminal lunatic' and while the charges under this special designation varied, Masinde was clearly not the only political detainee to be certified in this way. In 1947, one of Masinde's followers, Daniel Wekanda, was arrested with the assistance of the Brigadier in charge of the Salvation Army. He was sent across the country to Mathari where he remained for three years on the charge of "singing and preaching, quoting the Bible and assaulting Europeans."⁸⁷ In 1950, the Acting Specialist Psychiatrist, E.J. Foley⁸⁸, who had replaced J.C. Carothers, wrote to the District Commissioner asking for his views regarding the return of Wekanda to his location as he had been 'well behaved and rational since his admission' to the mental hospital. Not surprisingly, the response was swift and emphatic. With the unfortunate case of Elijah Masinde fresh in their minds, including evidence that Masinde returned to his illegal activities immediately after his release from the hospital, the authorities wrote a forceful statement to Mathari referring to the hospital's own medical reports:

It would be most unwise to allow this man out of your control. From the medical report at the time it is apparent that he was imbued with all the dangerous traits of a member of the *Dini ya Msambwa*. It is felt that this fanaticism might erupt again if he were allowed to return to his district and to hear of recent occurrences. This is a risk which we cannot afford to run and I must therefore urge you to delay his release until present situation has been clarified and becomes quiescent.⁸⁹

In the following week the Provincial Commissioner again reminded Dr. Foley that 'all subsequent Dini ya Msambwa activities' could be attributed directly to the fact that J.C. Carothers and the previous hospital Board of Visitors had refused to continue to detain Elijah Masinde. Wekanda's case took an interesting turn four months later with his escape from Mathari. The hospital's letter informing the District Commissioner shows some attempt to be reassuring, stating again for the record that Wekanda had been 'well behaved and rational for some considerable time' and although he was presumed to support Dini ya Msambwa, he was, in fact, a Roman Catholic.⁹⁰

⁸⁶ KNA: PC/NZA/2/7/97: Letter to B.J. Hobson, 8 May, 1947.

⁸⁷ KNA: PC/NZA/2/7/97: Lunacy Cause No. 30/47, Daniel Wekanda, 1 April, 1950.

⁸⁸ E.J. Foley served previously as the psychiatrist in charge of Dodoma Mental Hospital, Tanganyika.

⁸⁹ KNA: PC/NZA/2/7/97: Letter to Ag. Specialist Psychiatrist from District Commissioner, Nyanza Province Kenya, 8 May, 1950.

⁹⁰ One month later Daniel Wekanda was caught by police and returned to Mathari. It is unclear from the records what happened to him after that.

Again, the question that lingers in the case of Elijah Masinde and his followers is why psychological explanations, or in extreme cases committal to the mental hospital, became the most logical or attractive solution to the problem. Certainly abusing the authorities, making threats, occupying land, inciting protests, and assaulting Europeans were charges sufficient to send Masinde and other followers of an anti-European movement to prison without any of the legal complications encountered in attempting to keep him and others certified as lunatics. Clear political statements regarding conditions in which local people found themselves were sometimes recorded but were largely ignored or overshadowed by analyses that attempted to diagnose the African's psychological status. A report by District Officer, C. Campbell in Kakamega describes his interview with a young Dini ya Msambwa adherent.

I had a long talk with Eriya after convicting him and formed the impression that he was a D.Y.M. religious fanatic, as well as being slow and simple minded. He is a man of about 25 years of age who has knocked about the Kitale farms doing periodic work including, with his smattering of education, some school teaching. He is ex-C.M.S. but left it as he found the D.Y.M. more attractive. His reasons for continuing with the sect are that the Europeans have been ruling them for 50 years and have not improved their lot. A man can only earn 9/- or 10/- a month on a farm, which is insufficient to feed and clothe his family....Eriya is mentally unbalanced and made no effort to withhold information about his beliefs and actions. He is too slow witted and simple minded to be considered as a leader.⁹¹

Despite the obvious political and economic opinions offered by the young man, the District Officer was determined to evaluate the clearly stated views in psychological terms, despite being quite willing to record the sentiment that 50 years of colonial rule had not improved the common lot.

Dini ya Msambwa did not engender the same fear and mythology that Mau Mau ultimately did but its 'fanatically' religious overtones and successful collective action provoked similar expressions of white shock that consistently warranted psychological profiles and classifications. Elijah Masinde seems to represent a maturation of prophetic responses to colonial rule and his success helped to set the stage for the characterization of the 'deranged' charismatic leader who could lead the less sophisticated masses into frenzied collective, if not nationalistic, action. 'Fanatics' themselves were, in strictly medico-legal terms, not necessarily 'lunatic' but they were often close enough and in any case their role in destabilizing the mass psychology of their followers was potentially a threat to the stability of the region or even the government. In these cases, religion or 'religiosity', particularly if it was deemed 'traditional', became a risk factor for mental instability.

⁹¹ KNA: DC/NN/10/1/5: Memo on Dini ya Msambwa. C. Campbell, District Officer, Kavujai, December 1949.

Official reports warned that Dini ya Msambwa could become a 'larger disturbance than Mau Mau' because it was "a combination of the almost universal pagan African spirit worship and many of the not dissimilar Old Testament beliefs and ceremonies learnt in Christian Missions."⁹² The British administration held that such psychological chaos could be caused by an amalgamation of conflicting (modern/civilised versus primitive/pagan) beliefs and that this new social temperament posed a significant threat. The Kenya Intelligence Report of 1954, recording the continuing threat of Dini ya Msambwa, stated the DYM had;

the great advantage of being started by what we call a lunatic. It could appeal not only to the pagan but also the semi-educated "Mission boy" as well as to the tribesman converted to a nominal Islam close to the beliefs of the Prophets...like any other belief-movement, it could be used by well grounded political agitators.⁹³

In one brief paragraph, the Kenya Intelligence Service managed to corral the full range of colonial anxieties—the 'lunatic' origins of a social movement, African 'paganism', the unpredictability of the semi-educated and the semi-converted, the spread of Islam, and the power of apocalyptic prophecy. Adherents to these primitive cults or sects were unpredictable in ways that more sophisticated political movements, even dissenting ones, were not. The exiles' conversion to Islam, while not politically beneficial to the state seemed, at least, rational. The Assistant District Commissioner in North Kavirondo reported on Mohamedan attempts to take control in Kenya. Although Islam itself is not pathologized, the comments paint a picture of chaos as an account for the increasing appeal of Islamic conversion.

my Interpreter, Jairo, a C.M.S. Jalu, informed me that Mohamedans had been very active in all locations of the District. He stated that an intensive proselytising campaign commenced in May last and was still active; Wanga was fast embracing Islam, and Marama was following suit in spite of our Christian "loyalist" Joseph J. Malama; Mwanza, our "harmless" Islamic fanatic, had run amok in his district; Murunga an ardent Mohamedan but Joseph's favourite brother, had also taken a hand in things; heathens and luke-warm Christians were being snapped up fast; Mumia, a supporter of Government and a nominal follower of the Prophet, was being driven to distraction in his premature senility.⁹⁴

The African attraction to the Old Testament was thought to have created such a perversion of religiosity that hysteria was its most likely outcome. Still, under these conditions, it was not Christianity itself that was perceived to be under attack in the rhetoric of the cults, but the entire Colonial state, which might

⁹² PRO: CO 822/809: Dini ya Msambwa, Memorandum by the Kenya Intelligence Committee, October 1954.

⁹³ PRO: CO 822/809: Dini ya Msambwa, Memorandum by the Kenya Intelligence Committee, October 1954.

⁹⁴ KNA: DC/NN/10/1/2: Memo from Assistant District Commissioner, 'Mohamedan or Anti-European Movement in North Kavirondo', 25 September 1926.

also include missionaries in the sense that they were equally complicit with European occupation. Interestingly, the ‘African traits’ that were often the most worrying to the British sense of order were mirrored, and in fact, preceded by the ‘evangelical fervour of middle class revivalism’ of the Protestant missions. As Richard Waller notes for the Africa Inland Mission (AIM), “the mission had as its central tenets of belief a conviction of the sole efficacy of salvation through a personal experience of Christ and an acceptance of Divine Revelation in matters great and small, the inerrancy and primacy of Scripture, and an absolute abhorrence of ‘modernism’...”⁹⁵ Repeatedly, Christian mission dogma was thrown back at the missions and the government by African converts inside burgeoning spiritual movements, who if nothing else, knew their scripture.

In the early 1930s the Watu wa Mungu sect, whose members were Kikuyu, were arrested for manufacturing large quantities of arrows in violation of the Native Arms Ordinance. In their defence they quoted the Bible. The statement of the presumed leader, Kagana wa Chege, accompanied the police report and was laden with scripture. Kagana stated he was born on the Kikuyu reserve and became a convert to the Africa Inland Mission. He worked as a labourer on European farms but eventually became a forest squatter. He was literate in Kiswahili. He claimed that in 1932 he had a series of dreams during which a voice called out to him that he should read specific verses of the Bible which he found were related to hearing God’s word in dreams and prophecies. In his final dream he was told to read the 7th Psalm:

God judgeth the righteous and God is angry with the wicked every day.
If he turn not, he will whet his sword; he hath bent his bow, and made it ready.
He hath also prepared for him the instruments of death;
he ordaineth his arrows against the persecutors.

Kagana stated that he had not returned to the Mission since he first heard the voice. The knowledge to create a poison from the forest had also come to him in a dream and as a result he began making poisoned arrows, which he stockpiled awaiting for the inevitable message about their purpose.

A report to the Commissioner of Police in Nairobi claimed that members of Watu wa Mungu “all have a peculiar and wild facial expression and appear to be slightly deranged. Whether this is a result of their faith or whether they were previously unbalanced and so adopted the faith readily, is not known.”⁹⁶ The report proposed several possible explanations for the emergence of the cult—including they were “merely natives who are suffering from a form of religious hysteria”; they were “concealing some other activities

⁹⁵ Richard Waller, ‘They Do the Dictating and We Must Submit’ in Thomas Spear and Isaria N. Kimambo (eds.), *East African Expressions of Christianity* (Oxford, 1999), pp. 84-85.

⁹⁶ KNA: PC/CP/8/7/3: Memorandum to Commissioner of Police, Nairobi, 21 May 1934.

under the guise of religious faith”; or lastly that they were “simple minded individuals who are being used, without their knowledge and by means of deception, by cleverer politically minded Africans for the purpose of creating unrest.”⁹⁷ Of all the possibilities, an outbreak of religious hysteria was deemed to be the most probable cause by the authorities.

Early colonial attempts at understanding or quashing these prophetic movements seem in retrospect to be somewhat flailing and haphazard. Responses were largely local and the disturbances were still seen as the manipulations of unbalanced but clever individuals. Historians of the period generally agree that the Dini ya Msambwa and Mau Mau movements were not directly linked, nor did one movement simply evolve into the other. However, British officials made the obvious comparisons between the two, often citing the psychological impact that both movements had on the population as a whole. Terence Ranger points out that early primary resistance movements were essentially backward looking whereas the later nationalist movements were modern and forward looking and rejected completely many of the values of the prophet cults. Despite these differences, he suggests that these early movements helped to ‘shape the environment in which later politics developed’.⁹⁸ Perhaps a more compelling question might be whether the colonial administration’s inability to recognize such ‘rebellious types, neurotics and fanatics’, for what they were lead to what the Colonial government during the explosive Mau Mau uprising would acknowledge as a complete failure to ‘see it coming’.

Conclusion

The idea that one could ‘mal-adapt’ to the environment is a recurrent theme that runs throughout this larger research project. The ‘tropics’ provide the most vivid framework for an illustration of the resilience of ideas from antiquity set against the sensibilities of rapidly changing modern times that sought to define and apply scientific thinking and models of progress. For centuries tropical spaces were presumed to cause widespread degradation as evidenced not only by the experience of the explorer and colonizer, but also by the perceived characteristics of indigenous peoples. While not all areas have been illuminated in this paper, the use of ‘the tropics’ as trope; psychiatry as ‘venue’; and emerging scientific disciplines as ‘voice’, gives rise to an intellectual and social history that does not seek to show clear lines and demarcations, steady progress, or a uniformity of ideas, but rather suggests that the intellectual climate was as hazy in East Africa as the natural climate had long been presumed to be.

⁹⁷ KNA: PC/CP/8/7/3: Memorandum to Commissioner of Police, Nairobi, 21 May 1934.

⁹⁸ T.O. Ranger, ‘Connexions Between ‘Primary Resistance’ Movements and Modern Mass Nationalism in East and Central Africa, Part II’, *Journal of African History*, v. ix, no. 4 (1968), p. 631.

In the first half of the twentieth century, with colonial rule asserting a growing confidence and expertise, the presumption that Europeans were mal-adapted physically to the tropics gave way to a growing body of locally generated evidence and literature that suggested it was the African, in an increasingly ‘civilised’ tropics, that was becoming ‘mal-adapted’ not physically, but psychologically. The dread once associated with the dangerous tropical climate also gave way to post-war depictions of an increasingly inhospitable socio-political climate. I suggest that the pathogenicity of the environment—the idea that places themselves were diseased—was never abandoned psychologically. Rather such ideas were subsumed in a set of resilient, age-old beliefs that attached as much importance to ‘place’ as to politics.

A loosely defined ‘colonial mind’ can be shown to have made a series of intellectual transitions from anxieties about white settlement in the tropics, to more confident assertions that Africans, not Europeans would experience increased instability as a result of civilisation’s triumph over the tropics. A few decades later, and following the trauma of two World Wars, the spectre of African independence throughout the Empire altered once again a colonial discourse that sought to explain, in intellectual terms, both the European and the African’s proper place in East African territories once imagined to be British.