

INTRODUCTION

The growing literature on colonial medicine in Africa has begun to indicate a shift from large scale analytical discussions of the history of biomedicine and the social construction of disease to emphasise the peculiarities of individual diseases and epidemics as well as the institutions set up to control them. This article is an addition to these microhistories in an endeavour not only to broaden the scale of observation of the functions of colonial medicine but to allow these histories to speak for themselves. It is essentially a case of how disease control in colonial Africa was able, at times, to transform the lives and landscapes of African peoples in ways that reflected little about the diseases or the people in question, than it did the imperial mindset that informed the administrators. Today the name Ngomahuru (translated as Big Drum) in Zimbabwe, is often associated with a mental asylum in the Masvingo province. Perhaps even more so with a common joke about a mental patient there who, in a relay race on the annual sports day, disappeared into the nearby bush with the baton instead of handing it over to the next athlete. The irony is, however, that Ngomahuru only became a mental institution in 1969; it had existed since 1929 as a leprosy hospital or leprosarium. The infrastructure and amenities now at Ngomahuru - including the sports fields - were not designed with mental patients in mind, but lepers. Ngomahuru acquired greater international fame in the 1930s when its first Medical Officer, Dr Bernard Moiser, and several Leprosy Associations in the United Kingdom and Nigeria, lobbied for it to be turned into a British Empire leprosarium. This paper is less concerned about the management of leprosy in Southern Rhodesia than it is about what was left at Ngomahuru after the dream of the British Empire leprosarium had failed. Apart from this infrastructural legacy it is also necessary to appreciate how the people living in the vicinity of Ngomahuru perceived this unfolding process on their ancestral landscape - a process in which they became mere observers. It is a fact that Ngomahuru meant something totally different to the local people settled in Chishanga, as they called the territory where the institution was established. To them Ngomahuru was a sacred mountain and the land around it traversed by important spirits of the Mhizha, a Venda group who had moved there from the Limpopo region a century and a half before. Politically, the territory had belonged to the Mapanzure lineage, a Karanga group (a branch of the Shona people) who had conquered Chishanga in the first half of the nineteenth century, co-existed with the Mhizha, and incorporated Ngomahuru as part of one of its provinces. It was a region nourished by rivers drawn from a central watershed controlled by the ruling Mapanzure people and revered not only as their gadzingo (political headquarters and ancestral burial ground) but as the headwaters of most of the important rivers in the Chishanga country. Establishing a leper asylum there without the approval of any of these powers, or their participation, was both a desecration of this spiritual sanctuary and an affront to the authority of its custodians; equally, it was a contamination, in a literal and metaphoric sense, of the Chishanga waters. The politics of the failure of this imperial project are, however, much more intricate. The government of Southern Rhodesia in principle could only pledge its support if an ambitious project such as this was self-sustaining financially. On the strength of this ambivalent government attitude, Moiser acquired some measure of autonomy and expended much effort and time trying to create a natural environment conducive for leprous British citizens to recuperate and less on the management

of the disease among the African lepers confined at Ngomahuru. Slowly he turned his hand to everything at Ngomahuru, from medical and laboratory work, trying criminal cases, building, pest control, to road and farm management. In short, he gradually came to personify the emergent Ngomahuru Leper Settlement. In the end however, a 'slum' emerged among the African lepers alongside this 'little England' - enough to excite the anxiety of the government that quickly appointed a Commission of Inquiry to investigate the situation there in 1945. The commission was quick to point to Moiser's 'incompetence' but observed quite keenly the contradiction inherent in attempting to run an 'imperial standard' leprosarium in a cash-strapped Southern Rhodesia. However, it underplayed the dilemma in which a medical officer such as Moiser and other medical personnel in British colonial Africa often found themselves - that of advancing 'imperial medicine' in tropical Africa in the face of elaborate bureaucratic control by administrative officers who were also 'serving the empire'. In the long run, the project was never self-sustaining and Moiser was blamed for 'incompetence', in other words, allowing primitive and unhygienic conditions to prevail at a government institute, just short of bringing Western medicine into disrepute. Before considering these issues it is necessary to investigate how the leprosy establishment came to be established at Ngomahuru in the first place.