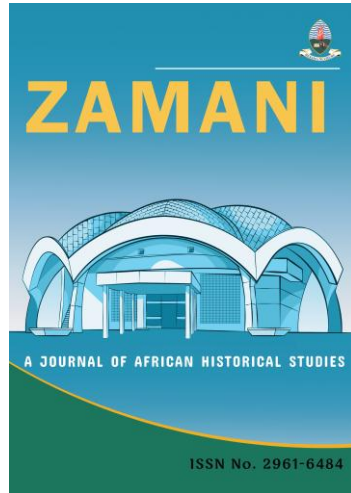


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Medical Mission Futures: German Protestant Missionaries and Modern Healthcare in Southern Highlands, Tanzania, 1891–1940.

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Abstract

The history of colonial missionaries in Tanzania is marked by a complex interplay between evangelical efforts and the provision of Western biomedicine, which functioned as crucial mechanisms for conversion and cultural transformation. Missionaries viewed the improvement of African health as a project aimed at attracting converts and propagating Christianity. However, the available data indicates that, instead of genuinely expressing interest in converting to Christianity, the majority of Africans primarily sought mission medical assistance for medical reasons while maintaining strong connections to their traditional beliefs and healing practices. This paper, drawing from archival documents, ethnographic accounts, and missionary writings, focuses on Southern Highlands of Tanzania to explore how Protestant missionaries of the late nineteenth and early twentieth centuries sought to integrate healthcare and religious conversion in their missions. This endeavour, however, did not unfold as missionaries had anticipated. It sheds light on the overlooked aspect of the failed trajectory of medical missionaries, often absent from the broader narrative of colonial medical histories in Tanzania.

Keywords: Protestant missionaries, medical mission, African responses, Southern Highlands, Tanzania

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Introduction

The arrival of missionaries in colonial Africa introduced a range of diverse social services, including medical care, education, agriculture, craft works, and religious services, marking a profound shift in community structure and resources. Since the 1960s, scholars studying the histories of missionaries' work have paid attention on various aspects: including the evolution of western medicine, the establishment of educational institutions, the achievements and difficulties encountered by missionaries, and the policies that influenced colonial health and social systems. In 1971, Marcia Wright made a significant contribution with her book 'Lutherans and Moravians in Southern Highlands of Tanzania' which examined the expansion of missions, the interaction between African societies and German

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missionaries, and the relationship between German missionaries and the colonial government. Building on this foundation, Klaus Fiedler, five years later, further added to the discourse by exploring African culture and the role of mission schools.¹

In 1981, Terence O. Ranger's seminal work, "Godly Medicine: The Ambiguities of Medical Mission in Southern Tanzania, 1900– 1945," explored the complex relationship between medical missions and the broader goal of developing a future Christian community in colonial Southeast Tanzania.² Thus, Ranger's analysis provided invaluable insights into the dual roles of medical and religious efforts in this region. However, such comprehensive research is missing for the Southern Highlands of colonial Tanzania.

This paper contributes to existing scholarship by examining how missionaries' efforts to use medical interventions as a tool for Christianization in colonial Tanzania did not unfold as anticipated. Drawing evidence from the Southern Highlands, specifically Mbeya and Njombe regions, it explores the roles of the Moravians and Berlin Mission Lutheran missionaries, who jointly entered the region in 1891 and became among the earliest German missionary groups to work in the area. Their contribution to the medical work has been widely acknowledged. However, it has been argued that their 'medical work is treated in an oddly cavalier manner in most missionary histories'.³

The presence of Moravians and Berliner Lutherans in the Southern Highlands during both the German, and later, British colonial periods marked the convergence of two distinct yet interconnected narratives: the propagation of Christianity and the introduction of Western biomedicine. For five decades following their arrival in the region in 1891 and subsequent forced removal in 1940 by the British colonial authority, German Protestant missionaries held the belief that Christianization and Western biomedicine must always go closely together. They expected that by introducing health programs among African communities, they would gain trust, win converts, and achieve their divine goal of mass

¹ Marcia Wright, *German Mission in Tanganyika, 1891–1941: Lutherans and Moravians in the Southern Highlands* (Oxford: Oxford University Press, 1971); Klaus Fiedler, "Christianity and African Culture. Conservative German Missionaries in Tanzania, 1900– 1940" (PhD Diss., University of Dar es Salaam, 1976).

² Terence O Ranger, "Godly Medicine: The Ambiguities of Medical Mission in Southern Tanzania, 1900–1945," *Social Science and Medicine. Part B: Medical Anthropology* 15, No. 3 (1981), 261–277.

³ Juhani Koponen, *Development for Exploitation: German Colonial Policies in Mainland Tanzania, 1884–1914*, (Helsinki and Hamburg: LIT, 1994), 466.

Christianization. However, to their surprise and dismay, throughout the entire period of their presence in the region, their vision was only partly realized; while some aspects of their mission took root, their primary aspiration for mass Christianization remained largely unfulfilled. They encountered an old and very well established traditional religious and healing system that frustrated their efforts. They witnessed Africans embracing mission medics solely for medical reasons, without necessarily adhering to Christian teachings. Without a doubt, the resilience of Africans in maintaining their traditional beliefs and healing practices became a determinant factor that shaped evangelism and the success or failure of medical mission endeavours.

Planting the Seeds of Faith: Evangelical Work in Southern Highlands of Tanzania

Before the formal onset of colonialism in the late 19th century, Africa, including East Africa had already witnessed interactions with European scientists, traders, geographers, and explorers. These early European visitors were motivated by a range of factors when coming to Africa, including trade, exploration, and scientific curiosity. While some of these individuals also engaged in Christian missionary activities, however, spreading the faith was not their primary objective during this period. The European presence in Africa began to take on a more organized missionary character during the Christian revival that occurred in Europe between 17th and mid-18th centuries. This revival sparked a renewed interest in evangelization, leading to the formation of organized mission groups with the explicit goal of spreading the gospel overseas. As a result, an increasing number of Christian missionaries ventured to Africa during this time. Following the formal colonization of Africa, various mission groups embarked on journeys to the continent from 1885, driven by a profound sense of Christian responsibility towards saving African societies. The Christian missions advance into tropical regions and coastal areas of East Africa was motivated by several factors, including the desire to end slavery, humanitarian reasons, and a strong Christian zeal to save the souls of heathen, and propagate the teachings of Christianity among African communities.⁴

Inspired by the accounts of earlier generations of explorers, missionaries, and traders who ventured into the interior of East Africa, mission societies in Europe became interested in propagating Christianity

⁴ Christopher Steed and Sundkler Bengt, *A History of the Church in Africa* (Cambridge: Cambridge University Press, 2004), 515.

among the people of Africa. Mission societies in Europe sought out idealistic young men who were eager to settle and establish mission posts within diverse communities of East Africa.⁵ The missionaries made their way to the coast of East Africa by sea and established several mission posts for evangelization activities. Initially, their activities were mostly confined to the coast, but later on, they expanded further inland. Zanzibar and Bagamoyo were crucial points of departure in the history of Christianity in mainland Tanzania before the mission groups moved inland.⁶ Between 1863 and 1888, countries like Britain and France had seven missions firmly established and operating on the East African coast. These included the Church Missionary Society (CMS), the Universities Mission to Central Africa (UMCA), the Society of Holy Ghost Fathers (HGF), Scotland Missions, and the United Missionary Church (UMC). These were among the earliest mission churches that operated before German colonial rule took hold.⁷

In 1891, the German government took over the administration of the colony from the German East Africa Company (GEACO), and made it a protectorate, and renaming it German East Africa, or *Deutsch-Ostafrika* (DOA), which included present-day countries such as Rwanda, Burundi, mainland Tanzania and a small section of Mozambique. At the beginning of German colonization, the territories of Kyela and Rungwe Districts were subject to a territorial dispute between the British and Germany colonial powers. The Livingstonia of the Free Church of Scotland had already been established in Northern Malawi, previously referred to as Nyasaland. The Scottish mission campaigned to extend their influence from northern Malawi to the northern end of Lake Nyasa, Rukwa and Lake Tanganyika, which was under negotiation. In August 1888, the Scottish mission established a mission station at a place called Kararamuka in Ukukwe, the former name of the Nyakyusa region or Kyela District.⁸ However, the Scottish did not win the negotiation, and the areas around the northern end of Lake Nyasa, including Kyela and Rungwe Districts, went into German possession under the terms made in July 1, 1890, at the Anglo-German Treaty.⁹ Therefore, from then on, German Protestant missionaries came to

⁵ Owen Chadwick, *Mackenzie's Grave* (London: Hodder and Stoughton, 1959), 9–26.

⁶ Steed and Bengt, *A History of the Church*, 510–11.

⁷ Steed and Bengt, *A History of the Church*, 517; Roland Oliver, *The Missionary Factor in East Africa* (London: Longmans, Green & Co., 1952), 11; Bartle Frere, *Eastern Africa as a Field for Missionary Labour: Four Letters to His Grace the Archbishop of Canterbury with a Map* (London: J Murray, 1874), 22.

⁸ David Kerr-Cross, "Notes on the Country Lying between Lakes Nyassa and Tanganyika," *Proceedings of the Royal Geographical Society and Monthly Record of Geography* 13, no. 2 (1891): 86–99.

⁹ Wright, *German Mission in Tanganyika*, 40.

understand that a substantial part of the new German territory was yet to receive Christian evangelization.

The Southern Highlands of Tanzania remained an unexplored region characterized by a unique environment, with cold uplands, fertile soil for agriculture, and undulating terrain with plenty water sources.¹⁰ Additionally, the hospitable nature of local people and the region's relative peace also attracted missionaries.¹¹ The presence of the Shire River, which flows out of Lake Nyasa and joins the Zambezi River in Mozambique, made the southwest border accessible. Moreover, the high population density, which had suffered greatly from the impact of slave raiding, made it a strategic location for the missions' activities.¹²

In September of 1891, Theodor Meyer led a group of Moravian missionaries to the foot of Rungwe Mountain, and established a permanent mission station.¹³ This station served as the center of their mission activities in the region. One month later, on October 2nd, 1891, the Berlin Mission under the leadership of Alexander Merensky established their mission station at Wangemannshöh, named after its longtime mission director, of which the locals in Unyakyusa referred to as Ipingamasi due to difficulty in pronouncing the German name.¹⁴

Medicine as a Tool for Evangelism

Unlike many other German missionary groups in colonial Tanzania, the Moravians and Berliner Lutherans made a deliberate choice to establish their mission stations in the Southern Highlands. This strategic decision positioned them at a distance from the administrative centers of colonial

¹⁰ David Kerr-Cross, "Geographical Notes on the Country between Lakes Nyassa, Rukwa, and Tanganyika," *Scottish Geographical Magazine* 6, no. 6 (1890), 285.

¹¹ Bishop Taylor Hamilton, *Twenty Years of Pioneer Missions in Nyasaland: A History of Moravian Missions in German East Africa* (Bethlehem, PA: Society for Propagating the Gospel, 1912), 8; Cross, "Geographical Notes on the Country" 285.

¹² For instance, in November 1893, Rungwe mission provided shelter to freed slaves, particularly women and children. For this see, Hamilton, *Twenty Years of Pioneer Missions in Nyasaland*, 76.

¹³ The first missionaries were Theodore Meyer (superintendent), Theophil Richard, George Martin and Johannes Häfner. See, Hamilton, J Taylor and Hamilton, Kenneth G., *History of the Moravian Church*, Bethlehem, PA: Interprovincial Board of Christian Education Moravian Church in America (1967), 597.

¹⁴ Interview with a retired Moravian Pastor, Mzee William Mwakikato, Iwambi-Mbeya, 29th February, 2023, and also Bibi Zena Mwambyale, Kalobe-Mbeya, 22nd February, 2023; Mdegella Owdenburg, Samwel Kilimhana, and Obadiah Kasumba, *Karne Ya Kwanza Ya Injili, 1891-191: Kanisa La Kiinjili La Kilutheri Tanzania Ukanda Wa Kusini* (Dar es Salaam: Dar es Salaam University Press, 1991), 16; Julius Richter, *Geschichte Der Berliner Missionsgesellschaft 1824-1924* (Berlin, 1924), 640-41.

authority. Their primary objective was not to gain access to the colonial network or seek military protection. Their mission was solely focused on religious and non-secular reasons.¹⁵ They also wanted to work in the remote areas that were hardly touched by 'European civilization' so that they could "prevent the negative influence of white settlers and plantation owners."¹⁶ While some missionaries were initially critical of the exploitative practices of colonial powers, the Moravians and Berliner Lutherans main focus remained on religious missions.¹⁷ By distancing themselves from colonial politics and economic agendas, these missionaries aimed at maintaining their independence and credibility among the local population.

From the early days of colonialism in Africa, missionaries believed that introducing Christianity to African societies would serve as means of civilizing the so called "pagan" population. They assumed that presenting the Bible would easily persuade Africans to abandon their traditional religions and embrace Christianity as the only alternative for saving their souls.¹⁸ However, this assumption proved to be unrealistic and reflected a lack of understanding of the complex social, cultural, and political factors that were at play within African societies.

While there was a prevailing notion that Africans lacked a structured religious framework, the reality on the ground contradicted such simplistic narrative. Moravians and Berliner Lutherans found themselves navigating through territories that John Mbiti described as being 'notoriously religious'.¹⁹ Upon entering Mbeya and Njombe regions, these missionaries' encountered communities deeply rooted in their indigenous spiritual practices. Among these practices were the religions of Kyala, Mbasi, and Lwembe which had significant devotees among the Nyakyusa and Kinga communities.²⁰ These traditional religions were not only widespread and

¹⁵ Majida Hamilton, *In Kolonialen Umfeld: Deutsche Protestantische Missiongesellschaften in Deutsch-Ostafrika* (Universitätsverlag Gottingen, 2009), 85.

¹⁶ Missionsblatt der Brüdergemeine (MB), Annual report 1891: 4; Paul Otto Hennig, *Die Mission der Brüdergemeine in Deutsch-Ost-Afrika*. (Herrnhut: Verlag der Missionsbuchhandlung, 1911), 11.

¹⁷ Max Montgomery, "Colonial Legacy of Gender Inequality: Christian Missionaries in German East Africa, Politics and Society," *Politics and Society* 45, no. 2 (2017), 240; Mdegella Owdenburg, Samwel Kilimhana, and Obadiah Kasumba, *Karne Ya Kwanza Ya Injili, 1891-1991*

¹⁸ Robert Slayer, "Mission History in Africa: New Perspective on an Encounter," *African Studies Review* 19, no. 01 (1976): 2.

¹⁹ See John S. Mbiti, *African Religions and Philosophy* (Nairobi: East African Educational Publishers, 1969).

²⁰ Alexander Merensky, *Deutsche Arbeit Am Njassa: Deutsch Ostafrika* (Berlin: Buchhandlung der Berliner evangelischen Missionsgesellschaft, 1894), 8-9; Steed and Bengt, *A History of the Church in Africa*, 536.

popular, but also, they were deeply-rooted in the cultures of these societies. To the local people, especially among the Nyakyusa, these traditional religions were not seen as separate from their concept of worshipping God. Instead, they represented a way of communing with the divine in their own language and cultural context.²¹ However, the missionaries approached these indigenous beliefs with a lens heavily influenced by their own Christian worldview. They interpreted any African belief system that did not align with the Christian doctrine brought by missionaries as pagan or even Satanic and with no value.²² This led to the conflict between missionaries and local religious leaders. It became clear to the missionaries that Christianizing Africans who were deeply connected to their old and well-established traditional belief systems posed a significant challenge. This frustration was keenly felt by the German Protestant missionaries who had a vested interest in evangelism and promoting Christian values in Southern Highlands. African communities were not simply passive recipients of European ideas, but rather they actively assessed Christianity in relation to their existing beliefs and needs. They embraced Christianity when it became useful to them while maintaining connections to their traditional beliefs.

Confronted with the remarkable persistence of traditional African religious beliefs, missionaries had to explore alternative avenues for evangelism. They recognized the importance of presenting Christianity in a way that resonated with the Africans and was relevant to their daily lives. Then it became clear to the missionaries that providing healthcare programs could serve as a potential tool for both alleviating suffering and introduce Africans to Christian teachings. Furthermore, this approach was not universally accepted by all German protestant missionaries. Different missionary groups held different opinions on how to approach their work. Some missionaries believed that their main goal of spreading their religious message was more important than providing medical treatment to the local population. They thought that their primary mission was to preach the gospel and convert as many Africans as possible because they consider it was the most effective way to bring about spiritual transformation. They believed that Christian faith and prayer alone could overcome all obstacles,

²¹ Merensky, *Deutsche Arbeit Am Njassa*.

²² Simon Robert Charsley, *The Princes of Nyakyusa* (Nairobi: East African Publishing House, 1969), 8–9.

including ensuring the health of the people.²³ Furthermore, these missionaries argued that putting resources, time, and effort into medical activities could take away their attention of spreading the religious message. They were concerned that getting involved in medical practices might weaken the focus on religious instructions and hinder the overall mission's objective.²⁴

It is important to note that not all missionaries held the same view. Some understood that medical care was important. This group saw it as a way to show compassion and the love of God more practically. They believed that by taking care of people's physical health, they could build stronger relationships, gain trust, and have more opportunities to share their religious message. They also believed that treating the sick was an essential part of their mission, following the teaching of Christ about love, compassion, and taking care of others. They also placed great importance on the duty of caring for the sick, drawing inspiration from biblical teachings that highlighted its paramount importance. The text contained several verses that emphasized the significance of this responsibility. One such example is found in Matthew 25:35, 36 and 40, where it is emphasized the importance of treating those who are suffering.²⁵

By offering medical assistance to rural Africans, missionaries recognized that it was imperative to provide medical care to Africans, as 'treatment [of the sick, LK] put people in a receptive frame of mind to the message of the Gospel'.²⁶ Such an approach was instrumental for the missionaries in furthering their aims of converting Africans to Christianity.²⁷ Addressing the physical needs of the local population allowed missionaries to better engage with local communities, gain their trust, and as a result, introduce them to Christian teachings.

Throughout different times and locations across Tanzania, German missionaries established medical dispensaries and hospitals, including in the Southern Highlands. Among these were two major hospitals built in Ilembula and Kidugala in Ubena (now modern-day, Wanging'ombe District)

²³ Charles Good, "Pioneer Medical Missions in Colonial Africa," *Social Science and Medicine* 32, no. 1 (1991): 1; Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Stanford University Press, 1991), 35.

²⁴ C Peter Williams, "Healing and Evangelism: The Place of Medicine in Later Victorian Protestant Missionary Thinking," *Studies in Church History* 19 (1982): 271–285.

²⁵ See Chammah Kaunda and Isabel Apawo Phiri, "Health and Healing in African Christianity" in Isabel Apawo Phiri ed., *Anthology of African Christianity*. (Oxford: Regnum Books, 2016), 1149.

²⁶ David Hardiman, *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa* (Amsterdam: Rodopi, 2006), 25; Good, "Pioneer Medical Missions in Colonial Africa," 1.

²⁷ Hardiman, *Healing Bodies, Saving Souls*.

and Isumba in Unyakyusa (present-day Kyela District). The hospital in Isumba was later relocated to Kabembe and renamed Itete Hospital.²⁸ These medical facilities became a hub for local patients, who came from nearby as well as distant regions seeking treatment.²⁹ The provision of medical care was often accompanied by religious instruction, with missionaries using their interactions with African patients as an opportunity to preach the Gospel and win converts. Therefore, in this way, medical program served as a platform for missionaries to demonstrate their expertise in Western biomedicine while simultaneously promoting their primary purpose of evangelism, which had implications for the future of Christian communities in the region. In the Southern Highlands, the usefulness of mission medics was also evident during the initial phase of missionary work in the area, proved valuable in establishing ties with African communities. In the late nineteenth century, Alexander Merensky, a missionary, assumed the role of superintendent leader of the Berliner Lutherans in the region. He quickly gained a reputation as a skilled healer among the Nyakyusa people in Kondeland within the Southern Highlands. Erich Schultze recalled that “Merensky served not only as a missionary, but also as a doctor in Kondeland and soon became very popular. He himself tells us that before long, his tent was surrounded by a number of huts inhabited by patients who sought his art or awaited healing. He had to pull teeth, treat wounds, set broken bones, and administer medicines for internal diseases.”³⁰ Merensky’s medical skills became a cornerstone of Berlin Lutherans’ initial mission efforts to win converts. They were also fundamental in the early development of the Western healthcare system. Thus, his contributions in the future making were a double-edge sword in the region: creating a Christian community and establishing the cultural infrastructure of the western biomedical system.

As an experienced missionary who had previously served with the Berlin mission society in South Africa before relocating to the Southern Highlands, Merensky hoped that providing medical care would be a way to gain the trust of the indigenous population. In his account, he documented

²⁸ Andalalisye Mwaihabu, Danny Mwaijega, and Twisa Mwampeta, *Miaka 100 ya Injili 1891-1991*, (Mbeya: KKKT Dayosisi ya Konde, 1991), 16.

²⁹ Vaughan, *Curing Their Ills: Colonial Power and African Illness*, 55; Angetile Musomba, *Historia Fupi Ya Kanisa La Moravian Kusini Tanzania 1891-1976* (Dar es Salaam: Dar es Salaam University Press, 1990); David Clyde, *History of the Medical Services in Tanganyika* (Dar es Salaam: Government Press, 1962); Oliver, *The Missionary Factor in East Africa*, 210–11.

³⁰ Eric Schultze, *Der Njassabund: Bilder Aus Der Weiblichen Liebestätigkeit Der Berliner Mission in Deutsch-Ost-Afrika* (Berlin: Berlin Evang. mission society, 1912), 41.

that “in this way we won the friendship of many people here, and such a labour of love obliged them to be grateful.”³¹ That perspective is closely reflected in the views of Erich Schultze, a missionary pastor in the region, who argued that the medical care provided by the Berlin Lutherans “bears good fruit for the spread and rooting of the Gospel in Njassaland” and that “throughout the whole country a mission station is regarded as a place where help can be found by those who need it.”³² Esme Cleall’s study observed that the use of mission medics was a strategy to “ingratiate people to Christianity who were otherwise suspicious of it” and “provide an ‘object lesson’ of Christian benevolence that would be welcomed and appreciated.”³³

In addressing both the spiritual and physical aspects of African communities, missionaries came to realize that, apart from preaching the gospel amidst the backdrop of African cultural beliefs and lifestyle, it became clear that the success of missionary work demanded that all missionaries in the field possess specialized skills. From then on, the idea of a missionary became known as “the man in whom the preacher, the doctor, and the colporteur are rolled up in one.”³⁴ Therefore, missionary who were sent to the field were required to have diverse skills aimed at effectively serving the community to which they were assigned.

Therefore, it is clear that missionaries believed that through the alleviation of physical suffering, they could pave the way for spiritual transformation. Their efforts were motivated by a vision of mass conversion, hoping that communities would embrace Christianity in large numbers due to their medical interventions. The rationale behind this approach stemmed from the belief that by offering what was termed as ‘all-round therapy’ addressing both physical and spiritual needs, it would open doors for spiritual conversion.³⁵ However, the reality often differed from this idealistic perception of missionaries. While health programs certainly played a significant role in missionary activities in the region, their impact on mass Christianization was not as straightforward as initially envisioned. Instead of serving as a direct way to spiritual conversion, these programs primarily served as a means to gain access to communities and established

³¹ Merensky, *Deutsche Arbeit Am Njassa*, 198; Schultze, *Der Njassabund*.

³² Schultze, *Der Njassabund*, 90–91. Nyasaland constituted a segment of the Southern Highlands region present day Kyela and Rungwe Districts.

³³ Esme Cleall, *Missionary Discourses of Difference: Negotiating Otherness in the British Empire, 1840–1900* (New York: Palgrave Macmillan, 2012), 94.

³⁴ Periodic Accounts of Moravian Church, Vol 1, No 8 (London: Moravian Church and Mission Agency, 1891).

³⁵ Hardiman, *Healing Bodies, Saving Souls*, 19–50.

relationships with individuals who might otherwise have been hesitant to engage with missionaries.

Missionaries understood these limitations on their influence, as articulated by Marcia Wright. She noted that:

... the Moravians missionaries at Rungwe preached the gospel ... a rigidly anti tribal terms, and that, even after many years of missionary work, a number of them doubted if an African could remain a faithful Christian in their village without having first stayed for an extended period on the mission station.³⁶

Similarly, missionaries initially gained influence among the Africans who settled in the mission communities. Most of these people were foreigners and marginalized groups, such as freed slaves, fugitive from other regions, orphans, abandoned wives, and others who were excluded from their families or society due to social and physical disabilities or misfortune.³⁷ This inadvertently delayed the missionaries' broader articulation and exposure of the host culture, particularly the social norms, customs, and beliefs of the communities in the colonial Southern Highlands.³⁸

'Platzordnung': Shaping the Future of Medical Missionaries

During the initial phase of evangelization, which missionaries considered their primary purpose, there was little interest from the local community which they sought to engage with. At the beginning of evangelization, the missionary's religious influence was confined to a small circle of social outsiders who were socially marginalized and sought refuge, land, and employment opportunities at the mission stations.³⁹ Overtime, however, missionaries came to realize that beyond the confines of their mission outposts, the power and influence of paganism was completely intact.⁴⁰ Motivated by their commitment to their vision for mass evangelization, missionaries began to regard the conversion to Christianity as a serious matter not to be taken lightly.

³⁶ Wright, *German Missions in Tanganyika*, 43; Musomba, *Historia Fupi Ya Kanisa la Moravian*, 33.

³⁷ Monica Wilson, *Good Company: A Study of Nyakyusa Age-Villages* (Illinois: Waveland Press, 1987), 171.

³⁸ Klaus Fielder, *Christianity and African Culture: Conservative German Protestant Missionaries in Tanzania, 1900-1940* (Leiden: Brill, 1996), 50.

³⁹ Wright, *German Mission in Tanganyika*, 51, 64

⁴⁰ Carl Paul, *Die Mission in unsern (unseren) Kolonien. Erstes Heft: Togo und Kamerun. Zweites Heft: Deutsch-Ostafrika*. (Leipzig. Fr. Richter. 1898/1900), 278.

They saw conversion as a journey that went beyond just agreeing to Christian teachings. When Africans embraced Christianity, they were encouraged to let go their traditional beliefs and mindset. The goal was to help Africans understand Christian beliefs, develop spiritually, and adopt behaviors and thoughts that aligned with Christian values. Missionaries believed that for Africans to fully embrace of Christianity, it was imperative for them to disengage from their cultural traditions and ways of thinking perceived as contrary to Christian principles. By guiding Africans towards a transformation of heart and mind, missionaries believed they were facilitating a genuine and lasting conversion to Christianity.

Therefore, in realization of their goal for evangelism, missionaries had to guide Africans through the process of conversion, which required sweeping changes in African life and culture. In ensuring that Africans moved away from their cultural traditions and way of thinking, missionaries implemented a set of regulations known as '*Platzordnung*,' a German term meaning 'place order,' within the confines of their mission stations where Western medicine was introduced. From the year 1897, these rules were first enforced at Ikombe in Langenburg, present-day Kyela District.⁴¹ The enforcement of *Platzordnung* marked a significant shift in the lives of Africans residing in the mission stations.

However, throughout that period until the turn of twentieth century, the enforcement of these laws in other stations within the Southern Highlands of Tanzania required clearance from the district authorities. They were required to report any revisions or conflicts in the stations to the government.⁴² Due to the overall authority that overseeing the operation of colonial social and economic enterprises, the colonial government wanted to stay informed about any rules or laws introduced by the missionaries to the local population. This approach allowed the government to prevent any confrontation or disputes that could weaken the authority of European colonizers in the eyes of the local population.

In all stations and among the converted Africans who lived nearby, it was required to comply with these rules. A few selected men and women from the converted Africans were chosen to report any member who violated the mission regulations to the missionaries. Under the umbrella of *Platzordnung*, missionaries sought to govern various aspects of daily life within the mission stations. Diligence, frugality, and punctuality were

⁴¹ Nauhaus to Langenburg station, 12 January 1897; von Elpons to Ikombe Mission, 23 September 1897 all in TNA, IXA6.

⁴² Wright, *German Mission in Tanganyika*, 80.

viewed as essential virtues in the Christian life.⁴³ Things such as the practice of non-religious music, traditional dances, drinking of local beer, initiation ceremonies for young people, divination, and superstitious customs were rejected.⁴⁴ In mission communities congregations were encouraged to embrace practices symbolizing their new Christian identity, often aligning with European standards of cleanliness, hygiene, housing, and time management.⁴⁵ Moreover, the *Platzordnung* explicitly stated that the practice of traditional healing and cultural beliefs within the station's boundary was prohibited for Africans.⁴⁶ These regulations were not only about maintaining order within the mission stations but also about challenging traditional beliefs and practices, particularly in the realm of healing systems.

Missionaries maintained the view that adherence to *Platzordnung*, or the prescribed order of European Christian life, was essential for the stability and success of the mission system.⁴⁷ Therefore, locals at the stations were encouraged to maintain order and embrace the European model of life as a better way of living. In one way or another, these regulations granted missionaries a degree of control over Africans healing systems in the stations, posed a direct threat to the authority and autonomy of traditional healers, elders, and chiefs. Traditionally, these figures, who had long held significant power and influence over the community health and healing systems, found their roles increasingly challenged by the presence of missionary.

Consequently, communities guided by chiefs, elders, and local healers, ensured that the medical influence of missionaries remained confined to narrow areas of social life. They wanted the missionaries to care for those who were already sick, rather than trying to make a broad change in society which were intended to prevent the occurrence of illness. Therefore, the missionary's spheres of influence were more limited within the mission stations. Within these stations, they exercised a degree of control over the converted Africans and those living nearby, such as former slaves,

⁴³ Wolfgang Gabbert, "Social and Cultural Conditions of Religious Conversion in Colonial Southwest Tanzania, 1891-1939," *Ethnology* 40, no.4 (2001): 291-308, here 295

⁴⁴ Wilson, *Good Company*, 88-89; Wright, *German Mission in Tanganyika*, 161; Gillian Gollin, *Moravians in Two Worlds: A Study of Changing Communities* (Columbian: Columbian University, 1967), 17; Gabbert, "Social and Cultural Conditions," 295.

⁴⁵ In addition to displaying a Christian identity, the adoption of these European standards was also seen as a solution to medical issue of unhygienic living conditions. See Schultze, *Der Njassabund*, 86-87.

⁴⁶ Wilson, *Good Company*, 88-89; Wright, *German Mission in Tanganyika*, 161.

⁴⁷ Berlin Mission to Governor, May 1909 in TNA, IXA 3a.

abandoned wives, individuals who wanted to liberate themselves from customary social obligations and also those who sought access to medical care, education, and other forms of support.⁴⁸ Thus, missionary authority over Africans was limited by the broader social structures and the discretion of local leaders.

Despite the missionaries' endeavours to enforce their principles and impose the European model of life on the locals, their mission of mass Christianization through medical missions faced considerable obstacles. This was especially apparent among missionaries in the Southern Highlands, where their reports explicitly stated that the introduction of Church principles led to a noticeable diminishment in attendance at Sunday services.⁴⁹ In 1927, a significant portion of African Christians, particularly older men, displayed resistance to living under the principles advocated by the missionaries. Reports from the missionaries indicated that Christianity was particularly attractive to younger men and women. Despite its appeal to younger generation, Christianity faced resistance among certain segments of the communities, notably the male elders. These elders were deeply connected to traditional customs and societal structures, found themselves at odds with the Christian doctrine. Their reluctance to embrace Christianity stemmed from the perceived threat it posed to their established status and way of life. In particular, the concept of monogamy advocated by Christianity clashed with the traditional practice of polygamy, which was integral to the social standing of male elders, and this influenced the elder generation to hesitate embracing Christianity.⁵⁰ The resilience of locals in adhering to their traditional beliefs left an impression on missionaries like Martin Priebusch, who was stationed in Ilembula during the 1920s. Priebusch remarked that despite the efforts to educate and convert Christian Africans, they often reverted to their traditional practices when left alone in their villages.⁵¹

While the mission medical practices implemented around the mission stations adhered to these *Platzordnung* rules; missionaries were disappointed to observe Africans sought medical care at the mission

⁴⁸ Wright, *German Mission in Tanganyika*, 86; John Iliffe, *A Modern History of Tanganyika* (Cambridge: Cambridge University Press, 1979), 228.

⁴⁹ Berliner Missionwerk, hereafter BMW, 1/6008 in Evangelisches Landeskirchliches Archiv in Berlin, Martin Priebusch annual report at Ilembula Station, Vol. 4. (1905-1939), 413.

⁵⁰ Gabbert, "Social and Cultural Conditions," 304.

⁵¹ BMW 1/6008, Martin Priebusch annual report at Ilembula Station, Vol. 4. (1905-1939), 413.

stations solely for medical reasons.⁵² Patients and their families adhered to mission rules while under medical care, yet upon recovery and return to their village, they reverted to their traditional beliefs and customs despite missionary pressure.⁵³ It later became apparent that many Africans only complied with missionary regulations when traditional medicine failed, and they had no choice but to turn to Western medical knowledge.⁵⁴ Thus, it can be argued that these missionaries' endeavours encountered resistance, with acceptance of missionaries' rules and principles being dependent on the desire and the need for Western medical assistance.

Failed Trajectories of Mission Medicine

The failed trajectories of medical missionaries are intertwined with the portrayal of African traditional medicine in archival documents and missionary reports. Throughout the missionaries' accounts, traditional healing practices are often demonized, characterized as primitive, evil, and associated with witchcraft.⁵⁵ The self-illusion of medical missionaries was driven by their primary goal of spreading Western medicine and Christianity. Thus, they approached the local healing systems with scepticism. As a result, their efforts to introduce Western medical knowledge met with failures, as local population maintained strong ties to their healing methods. Despite the best intentions of mission medics, they often lacked cultural sensitivity and failed to recognize the deep-rooted significance of traditional healing within African communities.

Mission reports tended to overlook the extent to which traditional healers were sought out for support by Christians. The reason for that can be attributed to the prevailing cultural perspective that influenced missionary activities during the colonial period in Africa. Missionaries, shaped by their cultural biases, actively promoted the concept of European superiority. Hence, they viewed Western medicine as more advanced and superior, while underestimating the value of African healers and indigenous beliefs within the framework of European biomedicine.

Paul Gröschel, a Lutheran missionary from Berlin stationed at Bena-Hehe Synod⁵⁶ in Jacobi, provides insights into how missionaries began to appreciate the knowledge of traditional medical practices, especially in

⁵² Musomba, *Historia Fupi Ya Kanisa La Moravian*, 11.

⁵³ Paul, *Mission in unsern Kolonien*, 262.

⁵⁴ Musomba, *Historia Fupi Ya Kanisa La Moravian*, 76.

⁵⁵ Iliffe, *A Modern History of Tanganyika*, 549.

⁵⁶ The term Bena-Hehe Synod is employed in mission files to refer to stations located in today's Njombe and Iringa regions.

maternal health, when faced with a serious illness affecting a missionary's wife. Gröschel describes an episode that unfolded upon his return from a Christmas journey to Bulongwa and Ikombe stations in January 1899. While passing through Manow station, he received a warm welcomed from Brother Källner. To his surprise, Gröschel discovered that Brother Källner's wife, who had recently given birth, was in a critical condition. According to Gröschel, later that evening, an experienced African midwife was called to attend a sick missionary wife. Interestingly, it turned out that this was not the first time the same local midwife had successfully attended to the health needs of a missionary spouse.⁵⁷

As the integration of Western biomedicine into mission strategies aimed to propagate Christianity and attract converts, Africans initially embraced the concept of medical mission driven by a desire for physical well-being. However, the efficacy of mission medics came under scrutiny as local communities began to assess its limitations and failures. At first, communities in Southwest Tanzania viewed mission medical work with hope. Yet, as time passed and the promised benefits failed to materialize for certain diseases, scepticism arose. In regions like Mbeya and Njombe, like in other communities in Africa, traditional healing practices held strong cultural significance. When mission medics failed to fully meet the local expectations, communities turned to traditional healers who were perceived to have deeper understanding of indigenous illness and remedies.

In his annual report, missionary Carl Nauhaus recounted an incident involving a converted Christian who held a close relationship with the local chief. This individual developed a tumour on his forehead and sought medical assistance at the mission hospital. However, the health practitioner advised him that since the tumour was not causing any pain, it would gradually disappear with the medication.⁵⁸ However, despite the medical advice, the man found the tumour on his forehead unpleasant due to its appearance, and he perceived the missionaries' treatment as ineffective. As a result, he turned to a local healer for alternative assistance. The healer prescribed a ritual involving cursed bones and beef to be placed on the man's forehead. Additionally, the healer convinced him that the origin of his illness was spiritual and that the cure lay within the same spiritual realm. Subsequently, the man embraced this belief and underwent the ritual believing it to be the remedy for his illness.⁵⁹

⁵⁷ Paul Gröschel, *Zehn Jahre Christlicher Kulturarbeit in Deutsch-Ostafrika, Vol. 4* (Berlin: Buchhandlung der Berliner Missionsgesellschaft, 1911).

⁵⁸ BMW, 1/5965, Ikombe-Matema, Tagebücher, Bd. 3 (1901–1939), 5.

⁵⁹ BMW, 1/5965, Ikombe-Matema, Tagebücher.

Another incident comes from Sister Elise Franke, a dedicated missionary who embarked on a mission in 1901. She relocated from Cameroon to Mwakaleli in Unyakyusa to address the pressing need of midwives and nursing services in the Southern Highlands. With her commitment to serving the African population, she assumed the role of the sole nurse for the 15 Lutheran mission stations scattered throughout the region.⁶⁰ Her commitment to provide essential medical care to the African population became a beacon of hope for the missionary medical work in the region. Between 1901 and 1905, while focusing on general healthcare, she encountered difficulties in treating an African patient afflicted with goitre. Despite her best efforts and medical knowledge, she found herself unable to effectively address the condition, left her deeply troubled and frustrated. She lamented, 'I feel sorry for myself, and even more so for the teenage girls who come to me suffering from goitre. They always leave with sad faces.'⁶¹

In fact, this kind of incident prompted local communities to reconsider their healthcare options. Regardless of whether individuals had embraced Christianity or not, traditional healers assumed a paramount role when Western medical intervention failed to meet people's expectations.⁶² Traditional healers, drawing upon centuries of indigenous knowledge and practices, emerged as vital figures in offering alternative remedies and treatments for diverse illness. Their methods, often deeply rooted in cultural traditions and passed down through generations, presented a holistic approach to healing that resonated with many Africans.

Furthermore, the persistence of traditional beliefs among the converted Africans who lived in the mission communities posed a significant challenge for missionaries, led to frustration and conflict. This struggle was exemplified in an incident at Lupembe station in 1929, shortly after Easter, a missionary Neuberg tried to stop Christian Africans from participating in traditional magic performance.⁶³ Missionaries, motivated by their goal of mass Christianization, encountered resistance as they sought to discourage converts from engaging in their traditional religious practices. Despite the implementation of Church principles and baptism of some Africans, the majority of people in the Southern Highlands remained firmly in their traditional belief systems.

Moreover, the influence of the mission on the local population became more significant when missionaries began collaborating with the colonial

⁶⁰ Schultze, *Der Njassabund*, 17.

⁶¹ Schultze, *Der Njassabund*, 82.

⁶² BMW, 1/6007, *Tagebücher Ilembula*, Bd. 3 (1936–1947), 2.

⁶³ BMW, 1/6008, *Neuberg mission report at Lupembe Station*, Vol. 4. (1905–1939), 101.

government during the vaccination campaigns against epidemic diseases. This partnership with the colonial medical services provided the ideal opportunity for the expansion of medical evangelism among the locals.⁶⁴ The Moravians and Berliner Lutherans in the Southern Highlands had a distinct advantage during vaccination campaigns because they had already established relationships with the local communities through their religious and medical work. During the smallpox outbreak of 1899, Gröschel, revealed that within one year of his arrival in Kidugala, missionaries were able to vaccinate 20,000 local Africans.⁶⁵ This effort allowed them to establish direct contact with thousands of individuals who were open to new therapies.⁶⁶ Similarly, in Ilembula in Njombe, during the time of the missionary Martin Priebusch, a significant number of people, around 1,200, were vaccinated against smallpox.⁶⁷ This successful effort not only controlled the spread of smallpox but also served as an opportunity for the missionaries proselytize the Christian gospel.

Locals who settled near the mission stations missionaries succeeded in vaccinating; however, the situation was different for the outstations, with some people not willing to get vaccinated. However, there is no complete statistical data available. In the stations of Berliner Lutherans in Lupembe, Ilembula and Jacobi a total of 1,064 were treated.⁶⁸ Missionaries used the medical opportunity to prove to the people that they were good friends of the community. At the turn of twentieth century, when smallpox broke out in Muhanga in Uhehe region, missionaries collaborated with the colonial government to vaccinate 1,000 people.⁶⁹

The success of vaccination campaigns helped missionaries' gains prestige and acceptance among the local people in Njombe area. This recognition also caught the attention of colonial officers, who believed that

⁶⁴ Walter Bruchhausen, "'Practicing Hygiene and Fighting the Natives' Diseases': Public and Child Health in German East Africa and Tanganyika Territory, 1900-1960." *Dynamis: Acta Hispanica Ad Medicinae Scientiarumque Historiam Illustrandam*, 23 (2003), 87; Wright, *German Mission in Tanganyika*, 72; Ann Crozier, *Practising Colonial Medicine: The Colonial Medical Service in British East Africa* (London: Bloomsbury, 2020), 61.

⁶⁵This is the largest number of people that the missionaries have vaccinated in the Southern Highlands over one year during their five decades of stay in the region. See Gröschel, *Zehn Jahre Christliche Kulturarbeit in Deutsch-Ostafrika*, 39-41.

⁶⁶ For an account of the Kidugala vaccination campaign, see Gröschel, *Zehn Jahre Christliche Kulturarbeit in Deutsch-Ostafrika*.

⁶⁷BMW, 1/6023: Station Lwamate Bericht 1. Lupembe Tagebücher 1914- 1935, Bd. 2 (1914), 2.

⁶⁸Carl G Mirbt, *Mission und Kolonialpolitik in den deutschen Schutzgebieten* (Tübingen: Mohr, 1910), 167-168; Groschel, *Zehn Jahre christlicher Kulturarbeit in Deutsch-Ostafrika*, 42-43.

⁶⁹ Paul, *Die Mission in unsern*, 280.

providing medical assistance was an effective way to gain the trust of Africans.⁷⁰ This led to encouragement from the German military officer, Tom von Prince for the establishment of a mission station near Lupembe and Ngosingosi chiefdoms. The colonial government aimed to utilize the mission's newfound trust to increase its influence in the region. However, it is important to note that all of these vaccinations were accompanied by the missionaries' teachings eroding the traditional beliefs and practices of the locals, which were often seen as incompatible with the Christian and European way of life.

Despite providing medical care, which exposed missionaries to many sick individuals, Brother Kretchmer noted that in Rungwe, there was no clear indication that illness made people more likely to embrace Christianity. This observation becomes evident when one observes the statistics of vaccinations and Christian conversions in four major stations: Wangemannshöh, Kidugala, Lupembe, and Ilembula from 1899 to 1913. In 1904, there were only 60, 9, 0, and 1 African Christians in these stations, respectively. By 1914, these numbers had significantly increased to 650, 114, 277, and 235, respectively. However, the increase in Christian converts does not align with the number of people vaccinated. For example, in Kidugala alone in 1899, approximately 20,000 people, mostly women and children, received smallpox vaccinations.⁷¹ The actual number of Christian conversions in the same year did not match with the number of the vaccinations.

The background reason for this is that the majority of Africans who sought mission medicine, upon improvement, returned to their homesteads and continued to use their healing systems. This trend was noticed in 1928 by Martin Priebusch, a missionary stationed at Ilembula. He observed that despite receiving Western medical care and embracing Christian teachings during their stay, many individuals continued to adhere to their traditional healing practices upon returning to their homesteads.⁷² Therefore, it can be argued that African responses to medical mission suggest that the acceptance of Western medical practices and Christianity did not always result in the complete abandonment of indigenous healing traditions.

⁷⁰Ann Beck, "Medicine and Society in Tanganyika 1890-1930: A Historical Inquiry," *Transactions of the American Philosophical Society* 67, no. 3 (1977): 10.

⁷¹Gröschel, *Zehn Jahre ChristlicherKulturarbeit in Deutsch-Ostafrika*, 41, 45-46.

⁷²BMW 1/6008, Martin Priebusch annual report at Ilembula Station, Vol. 4. (1905-1939), 410; Periodic Account. 8, No. 96, (1913), 648; Hamilton, *Twenty Years of Pioneer Missions*, 647-648.

Archival documents further confirm that missionaries were aware of this dynamic and recognized the importance of providing ongoing guidance and support to Christian converts upon their return to their villages. The missionaries understood that the process of conversion and integration into Christian communities required careful attention to cultural sensitivities and traditional beliefs. As such, they emphasized the need for continued care and supervision to ensure that Christian converts could navigate the complexities of reconciling their newfound faith with their cultural beliefs.⁷³

Furthermore, the outbreak of the Maji Maji War, which lasted from 1905 to 1907, placed considerable stress on missionaries operating in the colonial Southern Highlands of Tanzania and significantly complicated their evangelization efforts. The conflict disrupted established missions, hindered outreach, and created an atmosphere of uncertainty that frustrated missionary's attempts at mass conversion among African communities. As the rebellion intensified, missionaries stationed in Njombe were drawn into the conflict, and their activities faced significant disruption. Lutheran Berlin mission stations became central points of anti-colonial resistance. Notably, Maji Maji fighters actively targeted these mission outposts. The station at Milow in the Ludewa District, west of Songea, fell under rebel control, while others, including the station at Yakobi, were completely destroyed. The unrest in Njombe also extended to broader colonial structures, with several tax collectors being killed.⁷⁴ This chaotic period not only disrupted the missionaries' logistical and spiritual efforts but also posed a significant obstacle to the colonial project of cultural and religious transformation.

Nevertheless, this war revealed that, despite the missionaries' evangelical work in the years leading up to the conflict, their efforts were built upon illusions and misconceptions about African religious systems. When the war began, many people embraced the belief that *Maji* medicine could turn bullets into water, reflecting a widespread adherence to traditional African religious practices.⁷⁵ Missionaries, such as Pastor Gröschel, stationed in Yakobi during the war, found themselves vulnerable to rumours that locals were mobilized and organized for action under the power of *Maji* medicine. While Maji Maji medicine was reportedly not used

⁷³ Christian Schumann, *25 Jahre Berliner Mission in Deutsch-Ostafrika, 1891-1916: Ein Rückblick* (Berlin Missionsgesellschaft, 1916), 57.

⁷⁴ Gröschel, *Zehn Jahre christlicher Kulturarbeit in Deutsch-Ostafrika*, 163–168.

⁷⁵ Heike Schmidt, "(Re) Negotiating Marginality: The Maji Maji War and Its Aftermath in Southwestern Tanzania, ca. 1905–1916". *The International Journal of African Historical Studies* 43, No. 1 (2010), 27–62; Juhani Koponen. 'Maji Maji in the Making of the South' in *Tanzania Zamani*. *Journal of Historical Research and Writing* 7, No. 1 (2010): 1-58.

in the areas around Berlin mission stations, however, 'the magic medicine is a welcome explanation for the missionaries been to explain their own failure [in mass conversion]'.⁷⁶ The inability to achieve mass Christianization became evident during the war, as locals continued to believe in Maji medicine despite years of mission interaction. Altogether, the conflict underscored a deeper issue: the missionaries' failure to understand African spirituality and the resilience of indigenous religious beliefs, which hindered their goal of replacing these beliefs with Christianity.

Conclusion

This paper sheds light on the complexities surrounding the failed endeavours of medical missionaries in the colonial Southern Highlands of Tanzania. It explores the divergent paths taken by medical missionaries who aimed to Christianize the region through health programs but ultimately found themselves confronted with a reality that defied their expectations. It is true that medical mission played a crucial role in the history of Southern Highlands of Tanzania, by facilitating the spread of Christianity. However, it remains unsurprising that majority of African Christians even to date continue, albeit discreetly, to seek explanations for their misfortunes such as barrenness, accidents, sickness, and deaths, and other unexplained phenomena, from African traditional healers. This paper has argued that, the enduring reliance on traditional healing practice can be attributed to the persistent influence of indigenous belief systems among Africans. Despite embracing Christianity, many individuals maintained strong cultural and spiritual ties to their traditional customs. Traditional healers deeply embedded within local communities and possessing deep knowledge of indigenous healing methods, remained the preferred choice for medical treatment among local population.

References

Oral Sources

Interview with a retired Moravian Pastor, Mzee William Mwakikato, Iwambi, Mbeya, February 23, 2023.

⁷⁶ James Gibling, "Taking Oral Sources Beyond the Documentary Record of Maji Maji: The Example of the 'War of Korosani' at Yakobi, Njombe" in James Gibling and Jamie Monson, *Maji Maji: Lifting the Fog of War*, African Social Studies Series, (Leiden and Boston: Brill, 2010), 259-291.

Interview with Bibi Zena Mwambyale, Kalobe, Mbeya, February 22, 2023

Archival Sources

Evangelisches Landeskirchliches Archiv in Berlin, Berlin, Germany.
The National Archives of Tanzania (TNA), Dar es Salaam, Tanzania.

Published Sources

Beck, Ann. *Medicine and Society in Tanganyika 1890–1930: A Historical Inquiry*. Philadelphia: The American Philosophical Society, 1977.

Bruchhausen, Walter. “Practising Hygiene and Fighting the Natives’ Diseases’: Public and Child Health in German East Africa and Tanganyika Territory, 1900-1960.” *Dynamis: Acta Hispanica Ad Medicinæ Scientiarumque Historiam Illustrandam*, 23 (2003).

Chadwick, Owen. *Mackenzie's Grave*. London: Hodder and Stoughton, 1959.

Charles, Good. “Pioneer Medical Missions in Colonial Africa,” *Social Science and Medicine* 32, no 1 (1991): 1–10.

Charsley, Simon Robert. *The Princes of Nyakyusa*. Nairobi: East African Publishing House, 1969.

Cleall, Esme. *Missionary Discourses of Difference: Negotiating Otherness in the British Empire, 1840-1900*. New York: Palgrave Macmillan, 2012.

Clyde, David. *History of the Medical Services in Tanganyika*. Dar es Salaam: Government Press, 1962.

Crozier, Ann. *Practising Colonial Medicine: The Colonial Medical Service in British East Africa*. London: Bloomsbury, 2020.

Fielder, Klaus. *Christianity and African Culture: Conservative German Protestant Missionaries in Tanzania, 1900-1940*. Leiden: Brill, 1996.

Frere, Bartle. *Eastern Africa as a Field for Missionary Labour: Four Letters to His Grace the Archbishop of Canterbury with a Map*. London: J. Murray, 1874.

Gabbert, Wolfgang. “Social and Cultural Conditions of Religious Conversion in Colonial Southwest Tanzania, 1891–1939.” *Ethnology* 40, no.4 (2001): 291–308.

Giblin, James. “Taking Oral Sources Beyond the Documentary Record of Maji Maji: The Example of the ‘War of Korosani’ at Yakobi, Njombe” in

- Maji Maji: Lifting the Fog of War* edited by James Giblin and Jamie Monson. Leiden and Boston: Brill, 2010.
- Gollin, Gillian. *Moravians in Two Worlds: A Study of Changing Communities*. Columbia: Columbia University, 1967.
- Gröschel, Paul. *Zehn Jahre ChristlicherKulturarbeit in Deutsch-Ostafrika*, vol. 4. Berlin: Berliner Ev. Missionsgesellschaft, 1911.
- Hardiman, David. *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa*. Amsterdam: Rodopi BV, 2006.
- Hamilton, Majida. *Mission im kolonialen Umfeld: Deutsche protestantische Missionengesellschaften in Deutsch-Ostafrika*. Göttingen: Universitätsverlag Göttingen, 2009.
- Hamilton, Taylor. *Twenty Years of Pioneer Missions in Nyasaland: A History of Moravian Missions in German East Africa*. Bethlehem, PA: Society for Propagating the Gospel, 1912.
- Hennig, Paul Otto. *Die Mission der Brudergemeine in Deutsch-Ost-Afrika*. Herrnhut: Verlag der Missionsbuchhandlung, 1911.
- Illiffe, John. *A Modern History of Tanganyika*. Cambridge: Cambridge University Press, 1979.
- Kaunda, Chammah and Phiri Isabel Apawo. "Health and Healing in African Christianity" in *Anthology of African Christianity* edited by Isabel Apawo Phiri. Oxford: Regnum Books, 2016.
- Kerr-Cross, David. "Geographical Notes on the Country between Lakes Nyassa, Rukwa, and Tanganyika." *Scottish Geographical Magazine* 6, no. 6 (1890).
- Kerr-Cross, David. "Notes on the Country Lying between Lakes Nyassa and Tanganyika." *Proceedings of the Royal Geographical Society and Monthly Record of Geography* 13, no. 2 (1891): 86–99.
- Koponen, Juhani. *Development for Exploitation: German Colonial Policies in Mainland Tanzania, 1884-1914*. Helsinki and Hamburg: LIT, 1994.
- Koponen, Juhani. 'Maji Maji in the Making of the South'. *Tanzania Zamani: A Journal of Historical Research and Writing* 7, No. 1, (2010): 1–58.
- Mbiti, John S. *African Religions and Philosophy*. Nairobi: East African Educational Publishers Ltd, 1969.

- Mdegella, Owdenburg, Kilimhana Samwel, and Kasumba Obadiah. *Karne ya Kwanza ya Injili 1891–191: Kanisa La Kiinjili La Kilutheri Tanzania Ukanda Wa Kusini*. Dar es Salaam: Dar es Salaam University Press, 1991.
- Merensky, Alexander. *Deutsche Arbeit Am Njassa: Deutsch Ostafrika*. Berlin: Buchhandlung der Berliner evangelischen Missionsgesellschaft, 1894.
- Mirbt, Carl G. *Mission und Kolonialpolitik in den deutschen Schutzgebieten / von Carl Mirbt, Geh. Konsistorialrat und Professor in Marburg, Tübingen: Mohr, 1910*.
- Montgomery, Max. “Colonial Legacy of Gender Inequality: Christian Missionaries in German East Africa, Politics and Society.” *Politics and Society* 45, no. 2 (2017): 225–268.
- Musomba, Angetile. *Historia Fupi Ya Kanisa La Moravian Kusini Tanzania 1891–1976*. Dar es Salaam: Dar es Salaam University Press, 1990.
- Mwaihabi, Andalalisye, Mwaijega Danny, and Twisa Mwampeta. *Miaka 100 ya Injili 1891–1991*. Mbeya: KKKT Dayosisi ya Konde, 1991.
- Oliver, Roland. *The Missionary Factor in East Africa*. London: Longmans, Green & Co., 1952.
- Paul, Carl. *Die Mission in unsern Kolonien. Erstes Heft: Togo und Kamerun. Zweites Heft: Deutsch-Ostafrika*. Leipzig: Fr. Richter, 1898/1900.
- Periodic Accounts of Moravian Church 1, no 8. London: Moravian Church and Mission Agency, 1891.
- Ranger, Terence O. “Godly Medicine: The Ambiguities of Medical Mission in Southern Tanzania, 1900– 1945.” *Social Science and Medicine. Part B: Medical Anthropology* 15, no. 3 (1981): 261–277.
- Richter, Julius. *Geschichte der Berliner Missionsgesellschaft 1824–1924*. Berlin: Berliner Missions, 1924.
- Schmidt, Heike. “(Re)Negotiating Marginality: The Maji Maji War and Its Aftermath in Southwestern Tanzania, ca. 1905–1916.” *The International Journal of African Historical Studies* 43, no. 1 (2010): 27–62.
- Schultze, Erich. *Der Njassabund: Bilder aus der Weiblichen Liebestätigkeit der Berliner Mission in Deutsch-Ost-Afrika*. Berlin: Berliner Missionsgesellschaft, 1912.

- Schumann, Christian. *25 Jahre Berliner Mission in Deutsch-Ostafrika, 1891–1916: Ein Rückblick*. Berlin: Berliner Missionsgesellschaft, 1916.
- Slayer, Robert. "Mission History in Africa: New Perspective on an Encounter." *African Studies Review* 19, no. 1 (1976): 1–16.
- Steed, Christopher and Bengt Sundkler. *A History of the Church in Africa*. Cambridge: Cambridge University Press, 2004.
- Vaughan, Megan. *Curing Their Ills: Colonial Power and African Illness*. California: Stanford University Press, 1991.
- Williams, C Peter. "Healing and Evangelism: The Place of Medicine in Later Victorian Protestant Missionary Thinking." *Studies in Church History* 19 (1982): 271–285.
- Wilson, Monica. *Good Company: A Study of Nyakyusa Age-Villages*. Illinois: Waveland Press, 1987.
- Wright, Marcia. *German Mission in Tanganyika, 1891–1941: Lutherans and Moravians in the Southern Highlands*. Oxford: Oxford University Press, 1971.