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'This Open Sore of the World:' The Legacy of Dr. David Livingstone, the First Physician Missionary: Hero and Adventurer

Audrey Provenzano

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‘This Open Sore of the World’
The Legacy of Dr. David Livingstone, the First Physician Missionary:
Hero and Adventurer

A Thesis Submitted to the
Yale University School of Medicine
in Partial Fulfillment of the Requirements for the
Degree of Doctor of Medicine

by

Audrey M. Provenzano

2010

Abstract**‘THIS OPEN SORE OF THE WORLD.’ THE LEGACY OF DR DAVID LIVINGSTONE, THE FIRST PHYSICIAN MISSIONARY: HERO AND ADVENTURER**

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At the end of the nineteenth century, Dr. David Livingstone became extraordinarily famous throughout Europe as the first physician-missionary. Livingstone embodied certain characteristics, adventurism and heroism, that Europeans found desirable and commendable. Livingstone issued a call for young men, particularly physicians, to follow him to Africa and continue his work. Using personal letters, journals, and other accounts of the physicians who followed Livingstone to Africa, specifically the region of Buganda, this paper explores how these themes of heroism and adventurism can be traced through the lives of the physicians who responded to Livingstone’s call. This paper traces these common themes of adventurism and heroism through the lives of missionary physicians in the region of Buganda, the lives of physicians of the British protectorate in Uganda, and the lives of physicians working in Uganda today. In undertaking international health work, Western physicians must recognize these commonalities we share with the Western physicians who came before us.

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Many thanks also to the Royal Geographic Society for permitting me to use the beautiful images from their Livingstone collection in this paper.

This piece represents a work in progress – I hope to continue researching and writing about the complexities of international work in Uganda and elsewhere in my future career.

Most of all, thank you to Dad and Dave; I am so thankful for your steadfast support and encouragement.

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Preface

As a preclinical student I spent one summer doing research in Uganda. Many other foreign medical trainees rotated at the hospital where I worked. They were not difficult to recognize, most of them having white skin and crisp white coats bulging with pocket guides and PDAs. When I was not occupied with data collection I would join a team on rounds, and there was one patient in particular who I tried to see each day.

Her name was Aiza. She was 14 years old, but she looked maybe 8 or 9. The team had watched her deteriorate over the past few weeks, giving lasix and digoxin to relieve the edema weighing down her legs and the wetness in her lungs, but everyone knew that she was dying. The American residents had taken a special interest in her case because she was so young and her condition so grave.

The day she stopped breathing was appropriately cloudy and gray. Her family's cries summoned the team to her bedside, where they reacted with the automaticity ingrained by years of training. A resident bent over her body, feeling for breathing and pulses, while another called for an intubation kit and mask. Two others pushed the bed away from the wall and slid her limp body up to the edge of the mattress. Chest compressions audibly cracked her ribs, and the plastic edges of the CPR mask covered her small features. The intubation kit arrived and soon a tube snaked out of her mouth, taped securely to her cheek. The resident running the code called out for epinephrine, in a calm voice but loud enough to be heard over the family's wailing.

Ugandan hospital staff and visitors attending to other patients gathered nearby, watching as the team worked intently. After some time, one of the visiting attendings, a

pulmonary specialist, tested her pupils with his penlight. No reaction. He checked for rectal tone, which was absent. Reluctantly the team stopped chest compressions and removed the tube from her throat. They gently replaced the pillow beneath her head and covered her small body with the blanket.

Many patients died during the months I was in Uganda, but I witnessed only this one code. American residents were the only participants. Later, I felt uneasy about what we had done. A part of me was glad that we had attempted to revive Aiza. She was so young and her family seemed almost rent apart with grief. Even in a hospital that overflowed with illness borne of injustice, her death seemed like a crime.

But I also knew that the odds of her taking one more breath on her own were inestimably small. CPR rarely works under the most ideal of circumstances, when a defibrillator and all of the necessary drugs are easily at hand. We had no defibrillator and few drugs. I wondered: what did her family understand about what we were doing? Did her family even want us to code their child? What did they think of us stopping? And what if, miraculously, her heart did start to beat again? What did the Ugandan staff think? The hospital simply did not have the resources to support a patient who was so sick and she surely would have slipped away once more. The last minutes of Aiza's life were chaotic and violent, invasive and undignified. I wondered whether anyone on the team really thought that we could save her, or if we had done this, perversely, to make ourselves feel better about all of the preventable illness and death we had seen.

In truth, I do not know what Aiza's family wanted or what they understood about our attempts to revive their child. Maybe they did want the tubes and the blows to her chest. Maybe seeing those measures brought them some sliver of comfort. I know that the

American residents tried to communicate with them, and that similar situations even in the United States are fraught with misunderstanding. But we, as foreign trainees are simply interlopers in the hospitals we rotate through abroad. When we participate in a drastic intervention such as a code, we become active players in what are surely the worst moments that any family could imagine. This is particularly true in a setting where codes are not typically performed and where white doctors are sometimes assumed to have powerful drugs and ready access to abundant resources. I wonder what Aiza's family really thought that we could do, and I fear that our involvement may have somehow worsened their pain on that awful day.

Furthermore, I wonder why we privileged Westerners feel that we have the right to travel to hospitals like Mulago, where the patients are so vulnerable and conditions are so austere with little preparation or ceremony in the first place. Dozens and dozens of other medical students and trainees from residency programs all over the US and UK were at Mulago that summer, most for a few weeks, some for a few months. Many, like me, had very little training and certainly nothing to contribute to the care of the patients. There is plenty of evidence that these international rotations are beneficial for trainees – we benefit from seeing disease and pathology that is not seen in the US, and grow personally from these experiences. But there is absolutely no evidence that patients benefit from the brief contact they have with US trainees.

So why, in a field such as medicine, where evidence dictates almost every policy, is this practice accepted? Why are we whites, in our crisp white coats from rich regions of the globe, simply accepted in a place like Mulago hospital? Why is it accepted for us to go and code patients in a hospital where no one else codes a patient? Many say that

these rotations are acts of solidarity, that we show our awareness of ferocious health disparities when we go someplace like Mulago hospital. Others say that for trainees who plan to spend their careers working in places like Mulago hospital, such rotations are essential for their training – and while that might be true, those trainees are certainly in the minority of students who go abroad to low resource settings. So could it simply be tradition? Could it be because white physicians have been going to Uganda to care for the poor and sick for 200 years? Who were these men who went before us? Did they make a difference for their patients? I wonder, because I am not at all convinced that any of us made a difference for the patients I met that summer.

We made a difference for Aiza, in a way. I am sure that every one of those residents has often thought of that day with deep sadness, as I have. But when I think of that day, it is also not without regret. Even I, as such a novice, knew that we could not save her. It might have felt wrong in that moment to let Aiza go peacefully, as I had seen Ugandan physicians do with other patients that summer. But replaying the scene in my mind of us standing around her bed, pressing on her chest in our crisp white coats with our Ugandan colleagues standing to the side also feels wrong.

After Aiza died, the residents removed the tubes and lines, redressed her, and tucked her back under the blankets. The moment they stepped away, her mother collapsed upon the bed, her head on Aiza's chest, her heaving sobs echoing throughout the silent ward. She pulled Aiza out of the blankets and cradled her in her lap, rocking her daughter slowly, pressing Aiza's cheek against her own. Aiza's father knelt on the floor and held each of Aiza's small feet in his hands, resting his head against her legs.

These few moments have stayed with me for two years now, as have the questions those moments and indeed, the whole summer, provoked in my mind. In this thesis, I try to uncover some answers. I will describe the physicians who went to Uganda before us, and try to understand how their legacy affects us when we go to Uganda today. I try to understand what we may have in common with these men. I try to understand why it seems so accepted for white, privileged medical trainees and professionals to go someplace like Mulago hospital, and participate however they wish in the care of such vulnerable people. To code a patient when no Ugandan physicians coded a dying patient that summer. I know, of course, that I will not be able to discover whether it was the right choice to code Aiza. But perhaps learning about who went before us and what their legacy may mean can help me make some sense of a few of these other questions.

Introduction

The first physician missionary, Dr. David Livingstone, gained fame for neither his passion for healing nor his abiding faith. No, Livingstone's feats of exploration planted the seeds of his fame, and in the twilight of his life that fame blossomed far beyond mere mortal renown. In the years before he died, Livingstone became a myth, a myth that lives on even now. As we shall see, this elevation had more to do with the social and political climate in Britain at the time than any one of Livingstone's considerable achievements. Nonetheless, the Livingstone myth took hold even as Livingstone still lived, and continues to play a role in Western ideas about white physicians in Africa.

We are told that a myth is often an origin story, an explanation of how something began. We are told that a myth is a "person...held in awe or generally referred to with near reverential admiration...a popular conception of a person...which exaggerates or idealizes the truth."¹ We shall examine the significance of Livingstone's role as the first physician-missionary, and how his status as a physician is so significant. We shall examine how Victorian Britain exaggerated and idealized aspects of Livingstone's life, how he came to be treated with such reverence, and indeed, how this mythical status evolved during his life and how it has been perpetuated after his death. For, while an exhaustive examination of the veracity and falsehood of each facet of the Livingstone myth is far beyond the scope of this work, this thesis oddly rests on the authenticity of that myth.

The reason for this is simple: the central figure in the Livingstone myth is a white physician. He traveled into the depths of unknown Africa in an effort to root out slavery,

¹ R. W. Burchfield, *The Compact Edition of the Oxford English Dictionary* (Oxford: Clarendon Press, 1987).

what he called “this open sore of the world.”² Livingstone sought to improve the lives of Africans with no motive for remuneration and at great personal risk. For this effort, Livingstone became famous, and eventually mythic, lauded by the British public as a hero and an adventurer. A hero for his unending courage, strength, and self-sacrifice in his efforts to end slavery and save Africans from that terrible scourge; an adventurer for his capacity to confront the unknown – unknown lands, cultures, languages, and diseases, and to thrive in that foreign environment. Not only did Livingstone travel to Africa to save Africans from slavery, he crucially called upon young British men to follow him to that continent. And indeed, waves of young, earnest, well-intentioned men did, hoping to themselves live out that myth of heroism and adventurism.

I will argue that elements of Livingstone’s legacy of heroism and adventurism can be traced along the paths of other British physicians who lived and worked in Africa after Dr. Livingstone. We will trace these themes through some of these men’s own writings, and through the words that others wrote about them and their work in Africa. Specifically, we shall focus on the region of Buganda, later Uganda and a British Protectorate. We shall examine how British missionary physicians and physicians of the British protectorate lived out these themes of heroism and adventurism. Finally, I will argue that Western physicians of the aid organization Doctors Without Borders, (Medecins sans Frontiers, or MSF) working in Africa today continue to embody elements of Livingstone’s heroism and adventurism. And further, that Dr. David Livingstone’s call to young European men to heal the ‘open sore’ of Africa, that call to duty he made only 150 years ago still has a potent effect on Western physicians working in Africa today;

² Tim Jeal, *Livingstone* (London,: Heinemann, 1973), 356.

both on how the West perceives those Western physicians, and how they perceive of themselves.

Dr. David Livingstone, the First Physician-Missionary: Hero and Adventurer

*“His mission...must not be allowed to cease...”*¹

- H.M. Stanley, on hearing of Livingstone's death

In April of 1874, throngs of Londoners filled the streets around Westminster Abby, straining for a glimpse of the cortege carrying the corpse of Dr. David Livingstone. After dying of fever on the distant continent where he spent more than half his life, the British public greeted Livingstone's remains with a hero's welcome.

Though silenced by death, never did Livingstone's voice speak louder to a European public horrified by the enslavement of Africans and eager for redemption after participating in such brutality in the West Indies. Simply outlawing the practice, as the British had done forty years previously, was not enough – the bloody trade continued to flourish under the supervision of Swahili and Arab merchants stationed in East Africa. In the last years of his life, Livingstone himself brought these horrible truths to the attention of the European public.

Like many Europeans born into poverty early in the nineteenth century, Livingstone lost much of his childhood to roaring industry, spending hours toiling in a cotton mill. He was born in 1813 to a working class family in Blantyre, Scotland. From dawn until eight in the



¹ James L. Newman, *Imperial Footprints : Henry Morton Stanley's African Journeys*, 1st ed. (Washington, D.C.: Brassey's, 2004), 94.

evening each day from the age of ten, he crawled beneath enormous spinning frames, piecing together broken threads.² The family of six (Mr. & Mrs. Livingstone, three sons, and a daughter) resided in a single room of a tenement owned by the cotton mill called Shuttle Row. The Livingstones and twenty-three other families lived in cramped squalor, the walkways around Shuttle Row brimming with garbage and human waste.³

Livingstone's father, Neil, brought home a pittance as a traveling tea salesman. A deeply religious Calvinist influenced by the Evangelical Revival sweeping through Britain at the time, Neil Livingstone had quit the cotton mill, unable to abide the coarse language of his fellow workers.⁴ Instead, he roamed the countryside, selling tea and spreading his austere brand of Christianity, condemning alcohol, cursing, and secularity.

David Livingstone attended the evening school provided by the cotton mill, and as he grew older he grew more curious about the world. At night he would intensely study Latin, Mathematics, and Botany, eventually incurring his father's wrath through his insistence on reading secular books. His father often beat him for reading about nature and science in particular.⁵ In his famous *Missionary Travels*, Livingstone allows us a boyhood glimpse of the unceasing determination and indefatigability that is so central to his adult character and indeed, the Livingstone legacy of heroism and adventurism. "I pursued the study of that language [Latin] for many years afterwards," he wrote, "with unabated ardour, at an evening school, which met between the hours of eight and ten. The dictionary part of my labours was followed up till twelve o'clock, or later, if my mother

² Tim Jeal, National Portrait Gallery (Great Britain), and Scottish National Portrait Gallery., *David Livingstone and the Victorian Encounter with Africa* (London: National Portrait Gallery, 1996), 14.

³ Ibid., 4.

⁴ Ibid., 15.

⁵ Andrew Ross, *David Livingstone : Mission and Empire* (London: Hambledon and London, 2002), 6.

did not interfere.”⁶ Thus, he educated himself, after fourteen hours of exhausting physical labor, and after two hours of classes, in a single fetid room shared with his entire family.

While David Livingstone and his father did clash in some instances, clearly Neil Livingstone’s religiosity deeply influenced his son’s beliefs and indeed, the course of his son’s life. One Sunday Neil Livingstone brought home a pamphlet by an Evangelist named Gutzlaff, who called for faithful young men to train as physicians and travel to China to spread the word of God to the sick and vulnerable. While this model of the physician missionary is now familiar and well established, Gutzlaff’s 1834 pamphlet was actually the very first instance where the faithful were ever recruited in this manner.⁷

David Livingstone read it and was inspired, although one wonders what exactly in the pamphlet spoke to him. Given his poor record of conversions throughout his career (it is said that Livingstone succeeded in converting only one soul during the entirety of his travels in Africa)⁸ and his childhood fascination with nature, many have speculated that here Livingstone saw an acceptable opportunity to escape his father’s severe household and enter the world of science.⁹ Ultimately, however, Neil Livingstone became convinced of his son’s desire to “spend his life in the service of the Redeemer among the heathen...”¹⁰ After two years of carefully saving his meager cotton-mill wages for tuition, David Livingstone enrolled in the medicine program at Anderson’s University in Glasgow in 1836. Over the next four years, Livingstone earned his medical degree from

⁶ David Livingstone, *Missionary Travels and Researches in South Africa; Including a Sketch of Sixteen Years' Residence in the Interior of Africa, and a Journey from the Cape of Good Hope to Loanda on the West Coast, Thence across the Continent, Down the River Zambesi, to the Eastern Ocean* (New York: Harper & Brothers, 1858), 3.

⁷ Ross, *David Livingstone : Mission and Empire*, 10.

⁸ Jeal, National Portrait Gallery (Great Britain), and Scottish National Portrait Gallery., *David Livingstone and the Victorian Encounter with Africa*, 13.

⁹ Ross, *David Livingstone : Mission and Empire*, 10.

¹⁰ Ibid.

Anderson's and became an ordained missionary. In 1840, however, Britain and China found themselves at war, so traveling to the Far East seemed unwise. After some discussion with the London Missionary Society (LMS), Livingstone set sail instead for South Africa.

Very little was known of South Africa at this time in Europe. Some have suggested that little more of South Africa was known to the people of Livingstone's Europe than to the Greeks.¹¹ A letter Livingstone posted just as his ship, the *George*, was about to set sail suggests he felt some excitement as well as some trepidation on the eve of his voyage to the opposite side of the earth. He wrote to his friend: "At length I am afloat and our vessel is fast getting under weigh in order to convey me away far from happy England... I am well pleased with our accommodation and passed as comfortable a night in my little berth as ever I did anywhere else..."¹² He shows a glimpse of his emotions with the next line, although he is characteristically circumspect in divulging his feelings, even discounting them as he shares them with his friend: "I don't attach much importance to the state of my feelings, but cannot refrain from alluding to them now in my present circumstances as I know you will feel with me. When I look back on all the way by which the Lord has led me I see nothing but manifestations of His Goodness and Paternal care...Remember me in your prayers..."¹³ This tone of vulnerability and humility is not often detected in Livingstone's words. It is difficult to even imagine the fear Livingstone must have felt, sitting on that ship, about to depart for a land so far away

¹¹ Jeal, National Portrait Gallery (Great Britain), and Scottish National Portrait Gallery., *David Livingstone and the Victorian Encounter with Africa*, 18.

¹² D. L. to B. P., from the ship "George" off Gravesend, 8 December 1840. Privately Held. Accessed via <http://www.livingstoneonline.ucl.ac.uk/view/transcript.php?id=LETT18>, 12/6/09.

¹³ D. L. to B. P., "George" off Gravesend, 8 December 1840. Privately Held. Accessed via <http://www.livingstoneonline.ucl.ac.uk/view/transcript.php?id=LETT18>, 12/6/09.

it might have been on another planet. This is an early example Livingstone's adventurism, of his desire for foreign and unknown experiences.

The LMS had been sending missionaries to South Africa for some forty years before Livingstone arrived in Cape Town in March of 1841.¹⁴ After the three-month voyage, Livingstone had yet 600 arduous miles inland to travel before reaching the mission station where he was to work with the famous missionary, Robert Moffat. Livingstone had actually met Moffat, a very well known missionary, in London about a year previously. They met once more in rural South Africa at the end of July 1841, as Livingstone arrived in the rural missionary settlement at Kuruman. The missionaries had set up their operations in a sparsely inhabited area, among a community of about 2,000 Tswana.

In a letter addressed to his parents and sisters, dated the 29 September 1841, Livingstone writes of his work and the people of the region. He comments on the love the Tswana show their children, and how he gained the favor of the community through his work as a physician: "I have a great deal of work in the way of helping the infirm and many of them seem attached to me on account of little attentions shewn [sic] to themselves or children of whom they are remarkably fond. Mothers are mothers I see all over the world..."¹⁵ Thus, caring for Africans was an important aspect of Livingstone's daily life in South Africa, and his skills as a doctor helped the Tswana accept him.

¹⁴ Ross, *David Livingstone : Mission and Empire*, 27.

¹⁵ D. L. to Parents and sisters, 29 September 1841, Kuruman. National Library of Scotland, MS.10701, ff,12-13; accessed via <http://www.livingstoneonline.ucl.ac.uk/view/transcript.php?id=LETT37> 12/6/09.

Livingstone also proudly reports his progress at learning the local language. “I am busy learning the language which is not remarkably difficult,...”¹⁶ he wrote. “I am never pleased with the progress I make, the natives do jumble their words so together and then they are so stupid at understanding if there is any blunder in my sentences. But I hope soon to overcome. I shall after returning live entirely amongst them and speak not a word of English, I must conquer.”¹⁷ Here again is a glimpse of the determination Livingstone first exhibited as a child, studying Latin and Botany late into the night after a long day of work at the mill.

This facility for learning languages would serve Livingstone well in the coming years, and his single-minded determination to learn African languages truly sets him apart from other missionaries of the time. Livingstone here describes a defining characteristic of his coming explorations and a crucial aspect of the Livingstone’s adventurousism – his desire to absorb the foreign culture of the African people with whom he lived, and to live apart from other Europeans. Indeed, he spent the majority of his explorations as the sole white leading a column of Africans into lands unknown to Europeans. This quality set Livingstone apart as an adventurer, as someone who sought out foreign experiences in terms of culture and landscape, and can be traced through the paths of physicians who followed him.

Along with adventurously seeking out foreign experiences, Livingstone consistently avoided working with Europeans. From the very beginning, Livingstone had difficulty working with his fellow British Missionaries, finding the remote Kuruman

¹⁶ D. L. to Parents and sisters, 29 September 1841, Kuruman. National Library of Scotland, MS.10701, ff,12-13; accessed via <http://www.livingstoneonline.ucl.ac.uk/view/transcript.php?id=LETT37> 12/6/09.

¹⁷ D. L. to Parents and sisters, 29 September 1841, Kuruman. National Library of Scotland, MS.10701, ff,12-13; accessed via <http://www.livingstoneonline.ucl.ac.uk/view/transcript.php?id=LETT37> 12/6/09.

mission an appalling failure, boasting only twenty converts after a forty-year presence among the Tswana.¹⁸ As noted Livingstone biographer Tim Jeal observes, “An inability to get on with white colleagues would be an oft-repeated motif in Livingstone’s story...”¹⁹ Thus, Livingstone built close relationships with Africans throughout his career, much preferring their company to that of other whites. As we shall see, at the end of Livingstone’s life, these friendships with Africans contributed to the Livingstone myth and helped build Livingstone’s reputation as a friend and advocate of Africans.

Also in the autumn 1841 letter discussed above, Livingstone foreshadows a dramatic event that would occur three years later and would eventually become a fixture of the Livingstone myth, contributing to Livingstone’s renown as a hero and adventurer. Livingstone wrote, as an endearing joke to his sisters: “Well, what shall I tell you about, I suppose Janet & Agnes would like a lion story or something of that sort that I can’t however give, for I have not dared to look one in the face...”²⁰ Lion attacks, while infrequent, did occur, as Livingstone goes on to describe: “A terrible fellow was shot a short distance from this and the sight of his dead body so (shall I say) frightened me I have no wish to have intercourse with his majesty again.”²¹ This wish, apparently, had no effect.

Three years later, on the 16 February 1844, Livingstone improbably survived a lion attack. Livingstone had moved to a region of South Africa called Mabotsa to start a new mission with Roger Edwards, another British LMS missionary. Characteristically,

¹⁸ Jeal, National Portrait Gallery (Great Britain), and Scottish National Portrait Gallery., *David Livingstone and the Victorian Encounter with Africa*, 23.

¹⁹ Ibid.

²⁰ D. L. to Parents and sisters, 29 September 1841, Kuruman. National Library of Scotland, MS.10701, ff, 12-13; accessed via <http://www.livingstoneonline.ucl.ac.uk/view/transcript.php?id=LETT37> 12/6/09.

²¹ D. L. to Parents and sisters, 29 September 1841, Kuruman. National Library of Scotland, MS.10701, ff, 12-13; accessed via <http://www.livingstoneonline.ucl.ac.uk/view/transcript.php?id=LETT37> 12/6/09.

Livingstone and Edwards did not get along well, and evidence of enmity between Livingstone, Edwards, as well as Edwards' wife is recorded in correspondence and journals from that time.²² On the night of the attack, Livingstone was out with Mebalwe, a Tswana and associate of the missionaries. A lion had killed few sheep in a nearby settlement, and their owners had called upon the missionaries for help, hoping that Livingstone or one of the white men would shoot the lion. Livingstone describes the event at length in his journals, and the episode featured prominently in his wildly successful 1857 memoir, *Missionary Travels*.

Livingstone and Mebalwe went out looking for the lion, hunting rifles in hand. Livingstone first tried to load his gun, and wrote: "When in the act of ramming down the bullets, I heard a shout. Starting, and looking half found, I saw the lion just in the act of springing upon me."²³ He goes on to describe the attack in great, grotesque detail: "I was on a little height; he caught my shoulder as he as he sprang and we both came to the ground below together. Growling horribly close to my ear, he shook me as terrier does a rat. The shock produced a stupor similar to that which seems to be felt by a mouse after the first shake of a cat. It caused a sort of dreaminess, in which there was no sense of pain nor feeling of terror, though quite conscious of all that was happening...the bullets he had received took effect, and he fell down dead...Besides crunching the bone into splinters, he left eleven teeth wounds on the upper part of my arm."²⁴ This injury to Livingstone's arm, and indeed, this entire moment has since become an integral aspect of the

²² Jeal, National Portrait Gallery (Great Britain), and Scottish National Portrait Gallery., *David Livingstone and the Victorian Encounter with Africa*, 23.

²³ Livingstone, *Missionary Travels and Researches in South Africa; Including a Sketch of Sixteen Years' Residence in the Interior of Africa, and a Journey from the Cape of Good Hope to Loanda on the West Coast, Thence across the Continent, Down the River Zambesi, to the Eastern Ocean*, 21 - 22.

²⁴ *Ibid.*, 21-22.

Livingstone myth, contributing to Livingstone's portrayal as a brave, strong, and heroic man. We will later return to this episode and further consider its significance at the time of the 1857 publication of *Missionary Travels*. We will also examine the significance of the lion attack to the Livingstone myth at the end of Livingstone's life and even after his death.

Immediately after the attack, the Edwards's took Livingstone in while he convalesced. As soon as he grew well enough, however, he naturally left their home in favor of living with an African family. Livingstone moved in with a neighboring Tswana family, and Mebalwe, who had also been wounded in the attack, continued to look after him while he healed. A few weeks later, he travelled to Kuruman for further recuperation under the care of Mrs. Moffat, wife of the famed Robert Moffat whom Livingstone had met in London. While there, it seems that Livingstone developed a relationship with Mary Moffat, the eldest child in the Moffat family. After three weeks in Kuruman, Livingstone proposed, and Mary accepted.

Like many marriages in the Victorian age, the union seems more the result of convenience and circumstance than a true partnership and was certainly not a passionate affair. Mary had certain qualities that likely appealed to Livingstone: she was born in South Africa, spoke Tswana fluently, and was accustomed to life in remote places, having spent only four years of her entire life in Britain. Livingstone had indicated on his missionary application years earlier that he did not plan to marry. Some have speculated that he only decided to start a family in the hopes that the African communities with whom he lived would more readily accept him when they saw him with a wife and

children, a more typical living arrangement in their society than a young man living alone.²⁵

The two married in January of 1845. In a frank letter to David G. Watt, a boyhood



Figure 1: Mary Livingstone, nee Mary Moffat

friend from Scotland, Livingstone gave a dispassionate assessment of his bride: “a little thick black-haired girl, sturdy and all I want...she is a good deal of an African in complexion, with a stout stumpy body.”²⁶ (Please see Figure 1).

In the coming years, Mrs. Livingstone proved remarkably fertile, conceiving and delivering four babies in just over five years, ultimately giving Livingstone six children. Dr. Livingstone demonstrated himself a less than ideal husband and father. As noted Livingstone biographer, Tim Jeal observes, “when they became a hindrance to his cherished plans, his family, and not the plans, had to be sacrificed.”²⁷ Failing to prioritize the needs of his family in the coming years, and the constant subordination of their needs and desires to his own agenda, also set him apart from other missionaries at the time. For most missionaries, building a family and raising numerous children steeped in faith was a crucial aspect of their ministry – but for Livingstone, clearly family life was not a priority. As the Livingstone brood rapidly grew, he mocked his wife, calling her “the great Irish manufactory”²⁸ and indecorously dragged his eternally pregnant wife and small children around the African sub-continent.

²⁵ Ross, *David Livingstone : Mission and Empire*, 48.

²⁶ Jeal, National Portrait Gallery (Great Britain), and Scottish National Portrait Gallery., *David Livingstone and the Victorian Encounter with Africa*, 24.

²⁷ Jeal, *Livingstone*, 107.

²⁸ Jeal, National Portrait Gallery (Great Britain), and Scottish National Portrait Gallery., *David Livingstone and the Victorian Encounter with Africa*, 29.

Right after their marriage, the two lived for a short time in Mabotsa, not far from Mary's parents in Kuruman. A year later, wife and days old infant in tow (their oldest, Robert, was born in January 1845), Livingstone pushed further north than any missionary previously had done, settling for a time in Chonuane. That small taste of adventurous exploration proved to only fuel Livingstone's thirst for adventure. In May of 1847, shortly after the birth of their second child, Agnes (affectionately called Nanee), Livingstone moved his family to Kolobeng, even further north. Mary delivered their third child, Thomas, in March of 1849. The boy was named after Thomas Steele, a British official with whom Livingstone had developed a friendship when he had travelled to South Africa on a hunting party a few years previous.

Mary conceived and carried the fourth child, Elizabeth, on Livingstone's 1850 expedition across a section of the Kalahari Desert. The conditions were miserable and all of the children developed fever, and their tongues turned black from dehydration. As Livingstone impassively complained to a friend in London, "When we got to the Ngami we found the fever raging...It seems destined by Providence to keep the inter-tropical Africa for the black races alone...It cuts off stout people first,"²⁹ although he makes no specific note of his family's illness and suffering on that trip. Livingstone's mother-in-law, however, irately reprimanded him, "A pregnant woman with three little children trailing about with a company of the other sex, through the wilds of Africa, among savage men and beasts!"³⁰ Mary delivered barely a week after the nearly nomadic family returned to Kolobeng, and then both the mother and the infant fell ill. Mary survived, but

²⁹ D. L. to M. S., Kolobeng, 9 September 1850, National Library of Scotland, Edinburgh, UK; accessed via: <http://www.livingstoneonline.ucl.ac.uk/view/transcript.php?id=LETT251>, 7/12/09.

³⁰ Clare Pettitt, *Dr Livingstone, I Presume? : Missionaries, Journalists, Explorers and Empire* (London: Profile, 2007), 28.

Livingstone and his wife buried little Elizabeth at just six weeks old. Livingstone grieved for his daughter, sadly admitting to his father-in-law that he “never conceived before how fast a little stranger can twine round the affections.”³¹

William, the Livingstone’s fifth child, was born in 1851, shortly before Livingstone sent his wife and children to Britain for a respite from the hardships of missionary life for a few years. Livingstone perhaps realized,



Figure 2: Dr. David Livingstone and his family

with the loss of his “little stranger,” how dangerous mission life could be for his family.

So, he sent them away. While in Britain, Mary and the children lived in desperate poverty, as Livingstone’s work did not earn him much income until the 1857 publication of *Missionary Travels*, and even then he never knew (or cared to know) how to parlay his notoriety into financial security for his wife and children.³² (Please see Figure 2). Mary delivered their sixth child, Anna Mary, in Kuruman, South Africa, after returning to Africa with her husband. Sailing back to Britain once more and returning a final time to South Africa after leaving Anna Mary with friends in Britain, Mary Livingstone attempted to follow her husband on perhaps his most famous expedition. Embittered by her husband’s repeated sacrifices of the family’s well being for his missions and his recurring abandonment, leaving her to deal with the children on her own without adequate financial support, Mary castigated her husband for his behavior once they

³¹ NLS, MS 10780(6), Livingstone to Moffat, 29 November 1851, as quoted in Ross, *David Livingstone : Mission and Empire*, 60.

³² Pettitt, *Dr Livingstone, I Presume? : Missionaries, Journalists, Explorers and Empire*, 29.

finally reunited. Livingstone was appalled to discover that while he explored Africa, Mary had become an alcoholic.³³ Consumed by malarial fever, Mary died alone near the Zambezi River in 1862, while her husband continued to travel northward, exploring Africa.

Shortly thereafter, another tragedy befell the Livingstone family. The Livingstone's eldest son, Robert, always a willful and unruly child, somehow became enmeshed in the United States' Civil War. How exactly this turn of events came to pass is unclear. It is known that after spending his adolescence playing hooky from various boarding schools and earning his father's derision and shame, Robert left Britain for South Africa in 1863 to join his father on the Zambezi expedition.³⁴ He arrived in South Africa penniless and without direction on how to find his father's station in the remote northern regions of the country, as his father's letters with these details either went awry or arrived too late. By some reports, out of financial desperation, Robert became a commercial sailor and was kidnapped and forced to join the war; by others, he felt compelled by a deep sympathy for the anti-slavery cause, passionately championed by his father, to join the Union army.³⁵ Upon hearing of his son's departure for America, David Livingstone offered a gentle and yet characteristically dispassionate appraisal of the situation: "my heart is sore – that bad boy has got into the American army and will be made manure of for those bloody fields."³⁶ In any case, Robert set sail for the United States in late 1863 or 1864 (the precise dates are unclear) and was wounded in battle soon

³³ Jeal, National Portrait Gallery (Great Britain), and Scottish National Portrait Gallery., *David Livingstone and the Victorian Encounter with Africa*, 50.

³⁴ Jeal, *Livingstone*, 279 - 80.

³⁵ Jeal maintains in his "Livingstone" that the boy was forced to join the army (Ibid. p 279-280); Ross supports the idea that Robert was deeply influenced by his father's anti-slavery views and joined to support the cause (Ross, *David Livingstone : Mission and Empire*. p 188-189).

³⁶ DL to J. Kirk, 8 August 1863 as quoted in Jeal, *Livingstone*, 280.

after arriving in America.³⁷ These painful circumstances seemed to change Robert's views of his father. He changed his name out of contrition for his dreadful behavior, writing to his father his conclusion that "to bear your name here would lead to further dishonours to it."³⁸ Robert died of exposure soon thereafter in a Confederate camp.³⁹

Regardless of the role of slavery in his son's death, David Livingstone's ardent condemnation of the slave trade became a central component of the heroic Livingstone myth throughout his life, and most especially after his death. As discussed above, Livingstone made terrible personal sacrifices, including the lives of two of his children and his wife, and many years of separation from his loved ones in his efforts to end slavery for the benefit of Africans, thus building his reputation as a hero. But the story of Livingstone and slavery actually begins back in 1840, six years after slavery was banned by the British Empire, and the prevailing public opinion in Europe at the time was strongly against the slave trade. At the time, Livingstone was still completing his medical and missionary training in London. In June of that year, Livingstone attended a lecture given by Fowell Buxton, a prominent antislavery activist.

Buxton boldly argued that Christianity and commerce could end both slavery and poverty throughout the continent of Africa. Africans, he contended, wished to buy European manufactured goods and did so at that time through the sale of other Africans as slaves. Buxton maintained that if successful European merchants could develop the trade of African products that Europeans desired, such as ivory or gold, slavery would simply evaporate, as Africans would seize the opportunity to work in legitimate trade

³⁷ Ross, *David Livingstone : Mission and Empire*, 190.

³⁸ Robert L to DL, undated, NAR as quoted in Jeal, *Livingstone*, 280.

³⁹ Jeal, National Portrait Gallery (Great Britain), and Scottish National Portrait Gallery., *David Livingstone and the Victorian Encounter with Africa*, 50.

rather than continue selling one another. Christianity, spread through good works and religious schools built to educate African children, would work in tandem with the new economic opportunities brought by British merchants, developing the Africans' moral sensibilities and thereby quashing the slave trade.⁴⁰ While this view was widely accepted throughout Britain (and notably by Her Majesty's Government),⁴¹ missionaries typically found trade and commerce to be "immoral" and wished to have nothing to do with financial dealings.⁴²

Buxton's arguments appealed to Livingstone, however, and the plight of slaves weighed heavily on him. While living in South Africa during the early to mid-1840s,



Figure 3: A set of chains used by slavers to bind the necks and hands of their captives, collected and brought to Britain by Dr. David Livingstone

Livingstone observed Boers (descendants of seventeenth century Dutch immigrants), kidnapping and enslaving the children of Khoisan people, who at the time were called "Hottentots." In *Missionary Travels*, he reflects on the terrible events that he had witnessed, writing that: "slavery is

⁴⁰ Ross, *David Livingstone : Mission and Empire*, 24 - 25.

⁴¹ Buxton heavily influenced Her Majesty's Government with this speech (Her Majesty's Consort, Albert, was in attendance), prompting the launching of the ill-fated Niger Expedition. The expedition proved a miserable failure, with many fatalities. Jeal, *Livingstone*, 22.

⁴² *Ibid.*, 23.

said to be mild and tender-hearted in some places,”⁴³ clearly implying that he had seen no mildness or tender-heartedness. He continues: “The Boers assert that they are the best of masters, and that, if the English had possessed the Hottentot slaves, they would have received much worse treatment than they did: what that would have been it is difficult to imagine. I took down the names of some scores of boys and girls ... but I could not comfort the weeping mothers by any hope of their ever returning from slavery.”⁴⁴ Deeply affected by the pain slavery caused in this community, Livingstone collected a set of chains that slavers used to bind the necks and hands of their slaves and brought them back to Britain (See Figure 3). He planned to use them as dramatic and powerful visual props illustrating the cruelty he had witnessed over the intervening sixteen years. When Livingstone eventually returned to Britain in 1856 to publish *Missionary Travels* and enjoy the European lecture circuit, he issued his first call for men to follow him to Africa and end slavery. It was not until then that the full weight of Buxton’s influence upon Livingstone’s thinking about the slave trade became apparent. We will return to this issue of slavery and its important role in the Livingstone myth later, but it is important to understand that this issue motivated Livingstone from the outset of his explorations in Africa.

At the time that he wrote these journal entries condemning slavery and collected the slavers’ chains, Livingstone resided in Kolobeng with Mary and his rapidly growing family. After spending three years there among the Kwena, Livingstone finally converted his one soul in 1848: Chief Sechele, the leader of the Kwena people. (Please see Figure

⁴³ Livingstone, *Missionary Travels and Researches in South Africa; Including a Sketch of Sixteen Years’ Residence in the Interior of Africa, and a Journey from the Cape of Good Hope to Loanda on the West Coast, Thence across the Continent, Down the River Zambesi, to the Eastern Ocean*, 73.

⁴⁴ Ibid.

4). Sechele showed an inclination for adopting European trappings, wearing a hartebeest suit and boots, but he resisted conversion because he feared the censure of his community.⁴⁵ Showing uncharacteristic patience, Livingstone made his case to Sechele over those three long years. Shortly after his baptism, however, facing strong disapproval from his people, Sechele resumed his previous life as a polygamist and forsook



Figure 4: The only convert - King Sechele of the Kwenya

Christianity.⁴⁶ This failure devastated Livingstone. In a letter to Robert Moffat, he professed, “the confession [Sechele’s return to polygamy] loosened all my bones. I felt as if I should sink to the earth or run away...no one except yourselves can imagine the lancinating pangs.”⁴⁷

Livingstone, never a traditional missionary from the outset,

judging from his relationships with other Europeans or with Africans, became dissatisfied with the traditional model of missionary work. In 1849 he wrote some letters to the LMS expressing this discomfort, but did not offer any concrete plans for a new path.⁴⁸ But clearly, Livingstone had new ideas percolating through his head as a result of his failure with Sechele.

Livingstone soon did find a new direction for his missionary efforts, however – to the north, on the bank of the roaring Zambezi River.⁴⁹ This new direction also provided him an avenue to remedy that great evil of Africa that he had witnessed over the previous ten years, and had yet to do anything concrete to remedy: slavery. Recalling the event in

⁴⁵ Jeal, National Portrait Gallery (Great Britain), and Scottish National Portrait Gallery., *David Livingstone and the Victorian Encounter with Africa*, 25.

⁴⁶ Ibid.

⁴⁷ D. L. to R. M., Kolobeng, 4 November 1849, as quoted in Jeal, *Livingstone*, 82.

⁴⁸ Ibid., 83.

⁴⁹ Livingstone was in Sesheke, in current-day Zambia.

his *Missionary Travels*, Livingstone wrote: “In the end of June, 1851, we were rewarded by the discovery of the Zambesi, in the centre of the continent. This was a most important point, for that river was not previously known to exist there at all.”⁵⁰ It is worth noting that Livingstone wrote these words while still, strictly, a missionary – the LMS supplied his small salary, and while travelling he introduced himself as a missionary. And yet, he writes about the reward of discovering a massive river rather than a new community ripe for conversion, and gleefully speculates about possibilities for trade, a topic most missionaries found repugnant. He continued: “The Portuguese maps all represent it as rising far to the East of where we now were; and, if ever any thing like a chain of trading stations had existed across the country between the latitudes of 12° and 18° South, this magnificent portion of the river must have been known before. We saw it at the end of the dry season, and yet there was a breadth of from three hundred to six hundred yards of deep, flowing water.”⁵¹

The reader can begin to hear the echoes of Fowell Buxton’s 1840 speech in Livingstone’s words. This river could become the path into Africa for both commerce and Christianity. Tim Jeal imagines Livingstone standing on the bank, asking himself: “If this river, as seemed clear beyond doubt, did flow on for a thousand miles to the east coast of Africa, would it not be possible for traders and missionaries to come up it as far as the great falls?”⁵² Another discovery soon spoiled Livingstone’s elation, however. He noticed that the Makololo, settled on the banks of the mighty river, wore clothes of woven European fabric. Livingstone knew there were Portuguese settlers living

⁵⁰ Livingstone, *Missionary Travels and Researches in South Africa; Including a Sketch of Sixteen Years' Residence in the Interior of Africa, and a Journey from the Cape of Good Hope to Loanda on the West Coast, Thence across the Continent, Down the River Zambesi, to the Eastern Ocean*, 54 - 55.

⁵¹ Ibid.

⁵² Jeal, *Livingstone*, 101.

somewhere in the region. After inquiring about the origins of the cloth, he deduced that the Makololo and another community living to the West of the Zambezi, the Mambari, were assisting the Portuguese in procuring slaves in exchange for European goods. The presence of slavers nearby his thundering highway, however dispiriting, only strengthened Livingstone's resolve to find a way to bring commerce and civilization to Africa down the Zambezi River and drive the slavers away.⁵³

At this point unencumbered by wife and children, Livingstone spent the next five years travelling thousands upon thousands of miles from Cape Town back to the Zambezi, and then trans-navigating the entire African continent between Loanda (in present-day Angola) and Quilimane (in present-day Mozambique). Livingstone sought a region where Buxton's vision could take hold – where European settlers could live and trade with Africans for goods instead of slaves, and spread the gospel through newly constructed churches and schools. In an 1856 letter written from the banks of the Zambesi, Livingstone built his case: "Trade is nearly quite stagnant though elephants (a source of ivory for trading) abound close to this and even lower down there is abundance of gold, coal and iron the country is fertile producing everything except tea. The river is magnificent. At the foot it was measured at 500 fathoms or 1000 yards and it is often broader, but becomes spoiled among the deltas near Quilimane. It is very deadly there too."⁵⁴ The deadliness to which he refers here are impassable falls and rapids, but there was another killer he knew could obviate the construction of his highway for commerce and Christianity: malarial illness.

⁵³ Ibid., 101 - 02.

⁵⁴ D. L. to W. O., 4 April 1856, Tete or Nyungwe on the banks of the Zambezi, National Library of Scotland, MS.10768, ff. 12-13, accessed via <http://www.livingstoneonline.ucl.ac.uk/view/transcript.php?id=LETT445> 12/12/09.

Livingstone also knew that he needed to find a region along the Zambezi free of malaria where Europeans could live. During these five years, Livingstone himself endured some twenty-seven bouts of malaria, one very nearly fatal, however, and perhaps gave up on this particular goal.⁵⁵ In an absurdly denialist letter to the LMS he wrote, “I



Figure 5:
Quinine tablets
marketed by
Burroughs
Wellcome as
Livingstone's
Rousers

apprehend no great mortality among missionaries, men of education and prudence who can, if they will, adopt proper hygienic precautions.”⁵⁶ In the coming years, Livingstone would experiment with a series of anti-malarial agents and eventually found that quinine in certain concentrations could control the cyclic fevers and rigors of malaria (Please see Figure 5).⁵⁷ This was an inexact science, however,

and in spite of his ministrations of the drug, Europeans continued to regularly succumb to malaria during this time period, including both Livingstone and his wife.

By and large, Africans alone accompanied Livingstone on his journeys. He paid them with cloth and beads, or their chiefs would loan them to Livingstone in exchange for promises to return and settle in the region. When he passed

⁵⁵ Jeal, National Portrait Gallery (Great Britain), and Scottish National Portrait Gallery., *David Livingstone and the Victorian Encounter with Africa*, 35.

⁵⁶ D. L. to London Missionary Society, 10 December 1855, as quoted in Jeal, *Livingstone*, 35.

⁵⁷ Livingstone discusses this at length in his *Narrative of an Expedition to the Zambesi and its Tributaries*: “A remedy composed of from six to eight grains of resin of jalap, the same of rhubarb, and three each of calomel and quinine, made up into four pills, with tincture of cardamoms, usually relieved all the symptoms in five or six hours. Four pills are a full dose for a man -- one will suffice for a woman. They received from our men the name of “rousers”, from their efficacy in rousing up even those most prostrated. When their operation is delayed, a dessert-spoonful of Epsom salts should be given. Quinine after or during the operation of the pills, in large doses every two or three hours, until deafness or cinchonism ensued, completed the cure. The only cases in which, we found ourselves completely helpless, were those in which obstinate vomiting ensued.” David Livingstone and Charles Livingstone, *Narrative of an Expedition to the Zambesi and Its Tributaries; and of the Discovery of the Lakes Shirwa and Nyassa. 1858-1864* (London,: J. Murray, 1865), 73.

through cities, however, he would often stay with British officials. Through those visits and the letters he sent to the Royal Geographic Society chronicling his travels, the British public had become aware of Livingstone's remarkable journey and his extraordinary discoveries, in particular with his arrival at Loanda in 1855, after trans-navigating the breadth of the African continent.⁵⁸ Chief among the important discoveries were the great falls, Mosoisoatunya, called 'the smoke that thunders' by communities living nearby. Livingstone named them after Queen Victoria, and his famous drawing of the natural wonder appeared on the front leaf of his 1857 *Missionary Travels*, based on the drawing from his journals shown below (please see Figure 6). It is telling that Livingstone's measurements of both the height and the breadth of the falls miscalculated the true size by half, such was his desire for the river to become a highway for commerce and

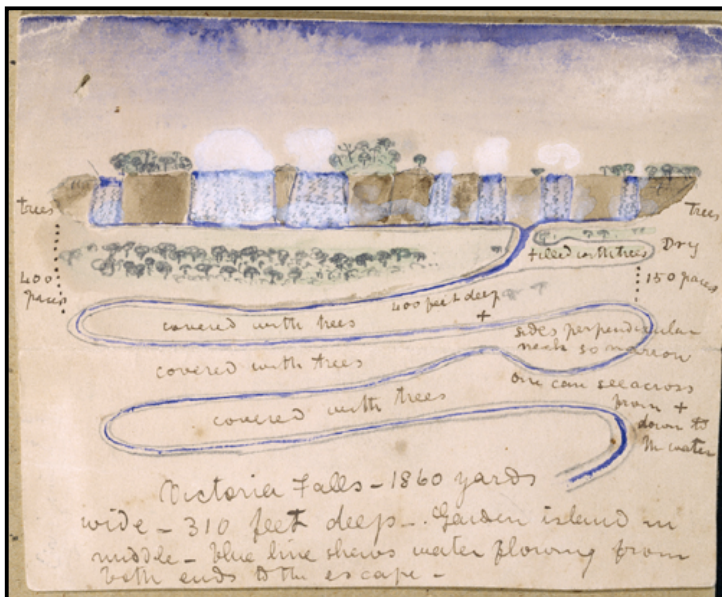


Figure 6: A sketch of Victoria Falls from Livingstone's diaries - note the measurements of the water scratched below the drawing.

Christianity.⁵⁹ After all his travels, Livingstone pinned his hopes for a new settlement of missionaries and merchants on the Batoka Plateau, just east of the magnificent falls he named for his queen.⁶⁰

Livingstone arrived in London in December 1856,

⁵⁸ Ross, *David Livingstone : Mission and Empire*, 109.

⁵⁹ Jeal, National Portrait Gallery (Great Britain), and Scottish National Portrait Gallery., *David Livingstone and the Victorian Encounter with Africa*, 35.

⁶⁰ Jeal, *Livingstone*, 157.

and Britain welcomed him home as a national hero. Tim Jeal compares Livingstone's trans-navigation of Africa, a continent that seemed distant and otherworldly to the Victorian public, to a present-day astronaut returning after trans-navigating a distant planet.⁶¹ But British esteem for Livingstone ran deeper than simple admiration for the man's bravery and endurance. Livingstone's fame grew not just for his "discoveries" in an Africa heretofore thought to be dry and barren, but also as an example of a pious and virtuous man of God. Newspapers described him as a "devoted" and "humble missionary."⁶² The editorial board of the *London Journal* went so far as to assert that Livingstone's mission represented an entirely different type of colonial endeavor: "Seldom have savage nations met with the representative of English Civilization in such a shape. He came not for conquest or for gold, but for the love of his fellow men."⁶³ Indeed, the word fame does not adequately describe the elevation in Livingstone's status that began on this first visit home. As Tim Jeal writes of his 1856 reception, "The Livingstone myth was in the making."⁶⁴

Victorian Britain proved fertile ground in which Livingstone rose rapidly to celebrity status. At the same time, the roots of the Livingstone myth readily found foothold and Livingstone's place as an enduring figure in British history was assured from the time of this 1856 visit. The reasons behind the growth of this celebrity and mythology are numerous and complex, relating to recent disturbances in the Indian colonies, the rise of industry in Britain, the effects of new technologies such as steam power and rapid wire communications, and the legacy of slavery in Britain, to name just

⁶¹ Ibid., 163.

⁶² Ibid., 164.

⁶³ *London Journal*, December 1856 Ibid.

⁶⁴ Ibid., 165.

a few.⁶⁵ An exhaustive analysis of each of the factors behind the rise of the Livingstone myth is beyond the scope of this work. The Victorian attitude toward slavery, however, is intimately intertwined with the growth of the Livingstone myth, so we shall focus on this facet of the story in exploring Livingstone's fame and the roots of his myth.

Victorian Britain remained deeply troubled by the country's previous involvement in the slave trade in the West Indies. The British had made millions of pounds off of slave labor on Caribbean sugar plantations before national outrage forced the government to outlaw the practice in 1834. But the British public still carried feelings of shame and regret over any involvement in slavery, and indeed, anti-slavery activists continued to campaign against the industry, which buoyed the fortunes of the nascent United States. Jeal writes of the British veneration for Livingstone: "...by praising him [Livingstone], the British public could feel pride without guilt, reconciling seemingly contradictory elements in a soothingly self-righteous combination of patriotism and Christianity, recalling for many the sense of moral superiority and national virtue experienced when Britain led the fight against slavery."⁶⁶ Thus, through support of Livingstone, the British felt that they were doing their part, in some way, to end the slave trade and to acquit themselves of any guilt in the matter. Embracing Livingstone, in a sense, meant embracing the fight against slavery once more.

Both the elite and the British every-man embraced the Livingstone story. Upon his return, Livingstone appeared at a series of parties and receptions with powerful and influential people, including Sir Roderick Murchison of the Royal Geographic Society,

⁶⁵ Pettitt, *Dr Livingstone, I Presume? : Missionaries, Journalists, Explorers and Empire*, 37.

⁶⁶ Jeal, *Livingstone*, 3.

where the packed audience stayed past midnight,⁶⁷ the great Evangelical Lord Shaftesbury of the London Missionary Society, and even Queen Victoria herself. His *Missionary Travels* earned him over 12,000 pounds and sold an incredible 70,000 copies, and the book boosted his fame ever further.⁶⁸



Figure 7: Livingstone's trademark blue consular cap

After the publication of the book, Livingstone truly became a celebrity in the modern sense of the word. The Victorian public could not get enough of him, and mobbed him each time he appeared in public, desperate to shake the great man's hand.⁶⁹ The crowds

recognized him by the blue 'consular' cap, which he wore everywhere (please see

Figure 7).⁷⁰ British Livingstone fans eagerly snapped up a wide variety of Livingstone-themed trinkets and memorabilia that flooded the market, such as umbrellas and matchbooks.⁷¹

⁶⁷ Ross, *David Livingstone : Mission and Empire*, 110.

⁶⁸ Jeal, *Livingstone*, 163 - 64.

⁶⁹ Ibid., 163.

⁷⁰ Pettitt, *Dr Livingstone, I Presume? : Missionaries, Journalists, Explorers and Empire*, 32.

⁷¹ Britons purchased Livingstone-themed umbrellas, matchboxes, and penny-portraits; racing enthusiasts even named a mare Miss Livingstone after the famous man's daughter. Please see Ibid., 36.

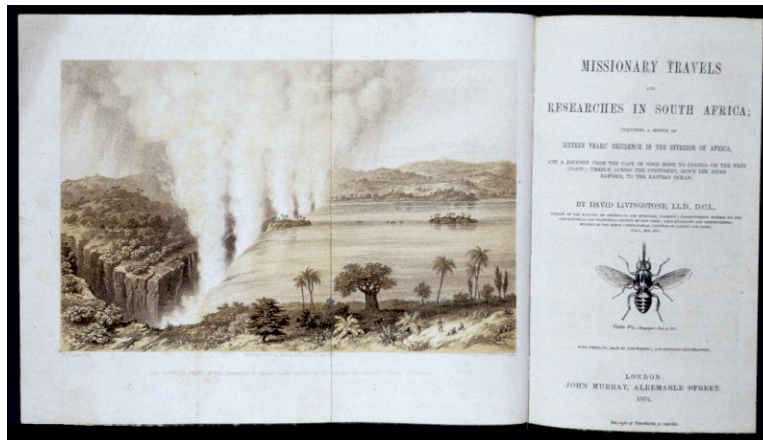


Figure 8: The Frontispiece of Livingstone's 1857 *Missionary Travels*, showing a pen and ink drawing of Victoria Falls based on the sketch in his journals

It cannot be understated how much the publication of *Missionary Travels* contributed to the foundation of the Livingstone myth. Consider Livingstone's 1844 lion mauling, for just one example of how Livingstone's story started to evolve into mythology with the publication of this book.⁷² Clare Pettitt, author of an important book about the power and meaning of the Livingstone myth writes that "the story of Livingstone's mauling by a lion in 1844, which left him with a broken arm, early became an important part of the

heroic iconography around

him."⁷³



Figure 9: The iconic image of the lion attack from Livingstone's 1857 *Missionary Travels*

⁷² Livingstone's *Missionary Travels* influenced many other important works of travel literature relating to Africa. Of note, Joseph Conrad read the book as a boy, and later declared that the book had a central role in his choice to travel to Congo and make a life first as a steamboat captain, and later, an author, and produced *Heart of Darkness*, arguably the most important work in shaping the perceptions of the African continent in the twentieth century. More recently, Barbara Kingsolver is said to have read Livingstone's *Missionary Travels* while writing her epic work *The Poisonwood Bible*, and based much of her mulish character Nathan Price on Livingstone himself. Ibid.

⁷³ Ibid., 27.

The story of the lion attack has a central place in *Missionary Travels*, and features a large illustration of the episode, showing an enormous and ferocious lion towering over Livingstone's limp body, his trademark Starkey's Bond Street cap tossed aside on the grass (please see Figure 9). Amusingly, while reviewing the images for *Missionary Travels*, Livingstone complained to his publisher that the drawing of the event was "absolutely abominable."⁷⁴ He declared that: "...it really must hurt the book to make a lion look larger than a hippopotamus."⁷⁵ Despite these reservations, he published *Missionary Travels* with that now iconic image, and the idea of Livingstone surviving the jaws of a vicious beast soon became an integral aspect of his story as a hero and adventurer.

Livingstone's most important appearance during this time, however, occurred at Cambridge University about a year after he arrived home. In a hall crowded with idealistic and passionate young men, Livingstone gave a lecture. He told of the horrors of slavery, pointing to the chains and shackles he brought back as proof of the horrors he had witnessed. He described the beauty and natural wonders of Africa, recalling the sublime falls he named for Britain's monarch. At the conclusion of his speech he looked out at the audience and paused, inspired perhaps by the youth in the room, hoping to draw them into his cause. He looked out at the young men and challenged them. "I beg to direct your attention to Africa,"⁷⁶ he shouted. "I know that in a few years I shall be cut off in that country, which is now open; do not let it be shut again! I go back to Africa to try

⁷⁴ Ibid.

⁷⁵ Ibid.

⁷⁶ David Livingstone, *Dr. Livingstone's Cambridge Lectures*, 2nd ed. (Cambridge: Deighton, Bell, 1860), 168. As quoted in Ross, *David Livingstone : Mission and Empire*, 121.

to make an open path for commerce and Christianity; do you carry out the work which I have begun? I leave it with you! ⁷⁷ In the months following this speech, the Universities at Oxford and Cambridge formed an official mission to Africa. In the coming years, the group would send dozens of men and many thousands of pounds worth of supplies after their hero, Dr. David Livingstone.

Livingstone's second expedition to Africa aimed to clarify the path along the Zambezi to the Batoka Plateau, where Livingstone hoped to set up his community of Christian commerce. The party set off from Britain on the tenth of March, 1858. The early exodus of much of the mission's crew offered further proof of Livingstone's disastrous inability to get along with Europeans. The mission's official chief of navigation, Norman Bedingfeld, fell out with Livingstone and left in a huff. After Bedingfeld sent official letters complaining about Livingstone's leadership to their benefactors in London, Livingstone responded with contemptuous disdain: "A pretty extensive acquaintance with African Expeditions enables me to offer a hint which, if you take it in the same frank and friendly spirit in which it is offered, you will on some future day thank me and smile at the puerilities which now afflict you," he sneered. Livingstone continued with a decidedly un-Victorian tone, skirting the edges of propriety: "With the change of climate there is often a peculiar condition of the bowels which makes the individual imagine all manner of things in others. Now I earnestly and most respectfully recommend you try a little aperient [sic] medicine occasionally and you will find it much more soothing than writing official letters."⁷⁸ Soon after Bedingfeld packed his things

⁷⁷ Livingstone, *Dr. Livingstone's Cambridge Lectures*, 168. As quoted in Ross, *David Livingstone : Mission and Empire*, 121.

⁷⁸ David Livingstone to Neil Bedingfeld, 6/28/1858, Wallis 1956, vol 1 p 18, as quoted in Jeal, *National*

and returned to England, others followed suit: Richard Thornton, the official geologist, and Thomas Baines, the official artist. Livingstone even had difficulties getting along with his younger brother Charles, who had come along as Livingstone's personal assistant.⁷⁹

For all the problems Livingstone had with the MaRobert, the small steamer brought to Africa from England and designed to explore a route to the Batoka Plateau along the Zambezi, Livingstone may have wished that Bedingfeld remained with the group. Progress was slow and discouraging as she greedily gulped down fuel and took on water after a few cataracts. She was run aground after just two weeks. After finding the aquatic route to the Batoka Plateau completely impassable, Livingstone suddenly decided to instead focus on establishing a center for commerce and Christianity at the River Shire, an area situated on a waterway that flowed into the Zambezi in present-day Malawi. The area seemed agreeable, the land fertile and waterways navigable.

Livingstone soon realized, however, that slave-traders based in Zanzibar and Kilwa had come to the same conclusion and made frequent raids through the area, capturing Africans to sell to Portuguese and Arab slavers.⁸⁰ Livingstone also knew that legitimate merchants would be reluctant to settle in an area prone to violence, so he wrote to the British government making a case for the establishment of a British colony in the area, with military protection, to clear the way for missionaries and traders. Russell, the Foreign Secretary at that time promptly rebuffed him and warned Livingstone not to

Portrait Gallery (Great Britain), and Scottish National Portrait Gallery., *David Livingstone and the Victorian Encounter with Africa*, 44.

⁷⁹ Ibid., 46.

⁸⁰ Ibid., 49.

interfere with the slave traders, as the Portuguese were important British allies.⁸¹

Refusing to give up on his dream of a roadway for commerce and Christianity to end slavery, Livingstone instead invited the mission from Oxford and Cambridge, whom he had inspired a few years earlier on that cold December evening, to set up their first settlement at River Shire.

Unmitigated disaster ensued. Two ethnic groups inhabited the area, the Manganja, who were routinely captured and enslaved, and the Ajawa, who dominated the area. The prominent Bishop Mackenzie, leader of the Oxbridge missionaries, planted the European group square in the middle of the conflict. He rescued some Manganja from the Ajawa, who were capturing Manganja to sell to slavers. Unrest among the Ajawa at this perceived theft quickly escalated to violence, and Livingstone shot six Ajawa to protect himself and his party.⁸² Soon after, fever gripped the small delegation from Oxford, and four died, including Bishop Mackenzie.⁸³ Livingstone, perhaps finally realizing the folly of his obstinacy, held his head in his hands and said, “this will hurt us all.”⁸⁴

Livingstone planned for the *Lady Nyassa*, a small-armed vessel and the vehicle of the final calamity of the Zambezi expedition, to transport himself and his few remaining companions up the River Shire to Lake Nyasa. After struggling to assemble the boat, she finally took to water in January 1863. By February, however, the boat ran aground, the water level deeply depressed after a terrible drought the year before. It is difficult to imagine the abject misery that followed for Livingstone’s small entourage. Through a

⁸¹ Ibid., 49 - 50.

⁸² Jeal, *Livingstone*, 241.

⁸³ Ibid., 249.

⁸⁴ William Garden Blaikie, *The Personal Life of David Livingstone, Chiefly from His Unpublished Journals and Correspondence in the Possession of His Family* (New York,: Laymen's Missionary Movement, 1880), 248 as quoted in , Jeal, *Livingstone*, 253.

combination of pushing and dragging and cajoling, the company forced the boat along the dry riverbed, progressing at the maddening rate of a mile per week.⁸⁵ The severe drought led to a famine in the area surrounding the river, and soon Livingstone and his party encountered dozens of corpses of people who had starved to death. This terrible atmosphere and the wretchedness of the work led to murmurings of mutiny, which finally came to pass when the party reached the Murchison cataracts in April. The rapids, utterly impassable in the boat, would require the group to disassemble the craft carry the pieces thirty arduous miles around the whitewaters, only to reassemble them again.

The demands that Livingstone made on his men were simply inhuman. It is telling that here, John Kirk, one of Livingstone's most loyal and dedicated European travel companions and financiers, chose to leave Livingstone. After travelling with the man for six years, Kirk could offer a pithy assessment of Livingstone's mind: "It is not of ordinary construction but what is termed cracked."⁸⁶ Kirk later wrote to a friend about his treatment at Livingstone's hands: "I find that in an underhand way Dr. L has given me no cause to thank him...He is about as ungrateful and slippery a mortal as I ever came in contact with, and, although he would be grievously offended to think that anyone doubted his honesty, I am sorry to say that I do. I think that the explanation to be that he is one of those sanguine enthusiasts wrapped up in their own schemes whose reason and better judgment is blinded by headstrong passion."⁸⁷ Blind, headstrong passion certainly characterized Livingstone's leadership of the final, pitiful months of the Zambezi expedition.

⁸⁵ Jeal, *Livingstone*, 263.

⁸⁶ *Kirk on the Zambezi*, p 482 as quoted in *Ibid.*, 264.

⁸⁷ *The Zambesi Expedition of David Livingstone 1858 – 1863*, ed. J.P.R. Wallis, London 1956, 2 vols. 228. As quoted in *Ibid.*, 265.

The final indignity came in July of 1863, at the hands of a mocking cockney laborer with a thick accent. Her Majesty's Government had recalled Livingstone's expedition. "Hallow you...chaps," he shouted. "No more pay for you after December, I brings the letter as says it."⁸⁸ At this point, the few remaining threads holding the expedition together completely dissolved. Livingstone, as always, refused to give up, and instead of returning to England directly, hiked some seven hundred miles up past the Murchison cataracts and around Lake Nyasa. Unable to find a buyer for the *Lady Nyassa* in Zanzibar and proving himself as mad on sea as he was on land, Livingstone sailed the tiny forty-foot ship to Bombay.⁸⁹ He left the boat and his few remaining loyal African followers in the port and returned to London in July of 1864.

Livingstone's second homecoming proved less celebratory than the first. An article appeared in *The Times* in January 1863 cataloging the failures of the expedition: "We were promised cotton, sugar and indigo...and of course we got none,"⁹⁰ the paper lamented. "We were promised trade; and there is no trade; we were promised converts and not one has been made. In a word, the thousands subscribed by the Universities and contributed by the Government have been productive only of the most fatal results."⁹¹ Livingstone's failure to follow through on any of his promises, as well as the news of the deaths of Bishop Mackenzie and many of his young followers seriously damaged Livingstone's standing, although not irreparably.

⁸⁸ D.L. to T. Maclear 5 November 1863, National Archives of Zambia. Jeal, National Portrait Gallery (Great Britain), and Scottish National Portrait Gallery., *David Livingstone and the Victorian Encounter with Africa*, 51.

⁸⁹ Jeal, *Livingstone*, 269.

⁹⁰ *The Times* 1.20.1863, as quoted in *ibid.*

⁹¹ *The Times* 1.20.1863, as quoted in *ibid.*

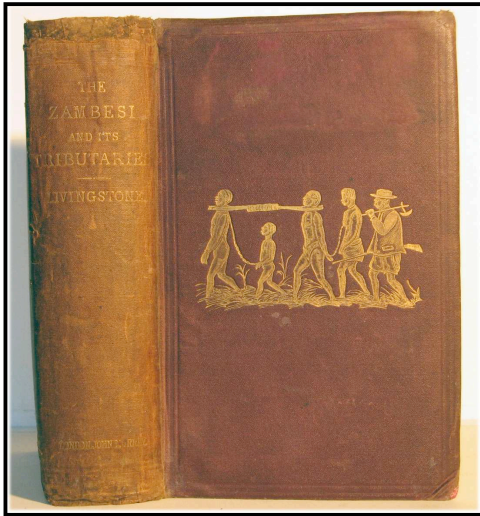


Figure 10: Livingstone's *Narrative*...note the image of slaves embossed on the cover

While in Britain, Livingstone spent most of his time writing his second book, *Narrative of an Expedition to the Zanzibar and its Tributaries* (please see Figure 10). Expeditionary social circles were abuzz with speculation over the source of the Nile at this time. John Speke, James Grant, and Richard Burton were the celebrated explorers of the day, and each had his own ideas on the matter. Livingstone had one as well, of course – he contended that the Nile began just

south of Lake Tanganyika. Livingstone's loyal supporter and benefactor, Sir Roderick Murchison wrote to him in January 1865, urging him to go back to Africa and prove his theory. Livingstone eagerly accepted, having only grown children who considered him a stranger to keep him in Britain, and his wife and eldest son recently dead.

As always, however, he insisted that his motivations to return to Africa were not simply for exploration. Livingstone saw his search for the source of the Nile as a step forward in his campaign to end slavery through the establishment of safe routes for commerce and the introduction of Christianity to the region. Livingstone insisted “the Nile sources are valuable only as a means of enabling me to open my mouth with power among men. It is this power which I hope to apply to remedy an enormous evil.”⁹² The slave trade, of course, constituted that evil.

⁹² Debenhem 1957, p 293-394, as quoted in Jeal, National Portrait Gallery (Great Britain), and Scottish National Portrait Gallery., *David Livingstone and the Victorian Encounter with Africa*, 57.

Livingstone sailed from England for the last time on 13 August, 1865. He sailed first for Bombay to retrieve the *Lady Nyassa*, still unsold, and several African companions who had traveled with him since his travails along the Zambezi. One young man, Chuma, freed by Livingstone's Oxford missionaries in 1861, had stayed at Livingstone's side since the Bishop's death. Livingstone had hired the other two, Susi and Amoda, to assist with the assembly and disassembly of the *Lady Nyassa* on the calamitous Zambezi expedition, and the two had remained with him for years.⁹³ These three men, most especially Susi and Chuma, would play important roles in Livingstone's death and further construction of the Livingstone myth. Livingstone also hired a number of Indian deckhands from the docks of Bombay (to whom he referred in his journals as Sepoys) and departed for Africa.

The party arrived in East Africa in March 1866 and was immediately beset by difficulties. Livingstone planned to make his way west along the River Rovuma and upon reaching Lake Nyasa to turn north in search of the source of the Nile, which he expected to find just south of Lake Tanganyika.⁹⁴ While the party included no other Europeans, as Livingstone preferred, he still complained bitterly in his journals about the laziness of his companions. Also, to further his goal in opening the Nile as a highway for commerce and Christianity, Livingstone attempted an experiment. He bought a collection of pack animals in Bombay and Johanna, hoping to discover which breed might survive the plague of the tsetse fly and would prove a suitable beast of burden for use along his highway of commerce and Christianity.⁹⁵

⁹³ Jeal, *Livingstone*, 269.

⁹⁴ Jeal, National Portrait Gallery (Great Britain), and Scottish National Portrait Gallery., *David Livingstone and the Victorian Encounter with Africa*, 58.

⁹⁵ Ibid.

Just two months later, in this May 1866 journal entry, Livingstone sounded frustrated and uncharacteristically contrite: “A camel died during the night, and the grey buffalo is in convulsions this morning. The cruelty of these sepoys vitiates my experiment, and I quite expect many camels, one buffalo, and one mule to die yet; they [the sepoys] sit down and smoke and eat, leaving the animals loaded in the sun. If I am not with them, it is a constant dawdling; they are evidently unwilling to exert themselves, they cannot carry their belts and bags, and their powers of eating ... are astounding.”⁹⁶ Livingstone continued to complain bitterly, frustrated with the sloth and slow pace of the men: “The Makonde villages are remarkably clean, but no sooner do we pass a night in one than the fellows make it filthy... if I remain behind to keep the sepoys on the move, it deprives me of all the pleasure of travelling. We have not averaged four miles a day in a straight line, yet the animals have often been kept in the sun for eight hours at a stretch. When we get up at 4 A.M. we cannot get under weigh before 8 o'clock. Sepoys are a mistake.”⁹⁷ The sepoys proved, indeed, a terrible mistake.

Things steadily unraveled as Livingstone moved inland. The sepoys continued to abuse the animals and morale among the crew deteriorated. The region swarmed with what Livingstone referred to as Arab slavers (Muslims hailing from the eastern coast of Africa), who left grisly evidence of the brutal trade in their wake. In this June 1866 journal entry, Livingstone described this horrific scene: “We passed a woman tied by the neck to a tree and dead, the people of the country explained that she had been unable to

⁹⁶ David Livingstone and Horace Waller, *The Last Journals of David Livingstone, in Central Africa, from 1865 to His Death : Continued by a Narrative of His Last Moments and Sufferings, Obtained from His Faithful Servants Chuma and Susi, by Horace Waller, ... In Two Volumes. With Portrait, Maps, and Illustrations* (London: John Murray, Albemarle Street, 1874). Accessed via the Gutenberg Project, <http://infomotions.com/etexts/gutenberg/dirs/1/6/6/7/16672/16672.htm>, 12/13/09.

⁹⁷ Ibid. Accessed via the Gutenberg Project, <http://infomotions.com/etexts/gutenberg/dirs/1/6/6/7/16672/16672.htm>, 12/13/09.

keep up with the other slaves in a gang, and her master had determined that she should not become the property of anyone else if she recovered after resting for a time.”⁹⁸ One can only imagine how seeing such cruelty further inspired Livingstone in his mission. He continued: “I may mention here that we saw others tied up in a similar manner, and one lying in the path shot or stabbed, for she was in a pool of blood. The explanation we got invariably was that the Arab who owned these victims was enraged at losing his money by the slaves becoming unable to march, and vented his spleen by murdering them; but I have nothing more than common report in support of attributing this enormity to the Arabs.”⁹⁹ While clearly repulsed, Livingstone curiously seems hesitant to lay these terrible crimes at the Arabs’ door; strange for a man so ready to blame others and readily proclaim his own righteousness on other occasions. Throughout the summer, men continued to desert Livingstone’s small party, and by August only twenty-three remained with him.¹⁰⁰ The diminishing size of the outfit meant that the group could carry fewer bundles of beads and cloth, items crucial to trade for food. Consequently, the men starved.

A month later, ravenous, the company accepted a gift of food from an unlikely source – a slave trader. Livingstone describes the encounter in his journal: “An Arab, Sef Rupia or Rubea, head of a large body of slaves, on his way to the coast, most kindly came forward and presented an ox, bag of flour, and some cooked meat, all of which were

⁹⁸ Ibid. Accessed via the Gutenberg Project, <http://infomotions.com/etexts/gutenberg/dirs/1/6/6/7/16672/16672.htm>, 12/13/09.

⁹⁹ Ibid. Accessed via the Gutenberg Project, <http://infomotions.com/etexts/gutenberg/dirs/1/6/6/7/16672/16672.htm>, 12/13/09.

¹⁰⁰ Jeal, National Portrait Gallery (Great Britain), and Scottish National Portrait Gallery., *David Livingstone and the Victorian Encounter with Africa*, 58.

extremely welcome to half-famished men, or indeed under any circumstances.”¹⁰¹ Given Livingstone’s life aim of opening Africa to end slavery, one wonders whether he hesitated in accepting such tainted gifts, but it appears that he did not. Indeed, in the coming years as his small band of men continued to shrink, and in particular after he lost his chronometers (a navigational device that allowed him to ascertain his longitudinal position from the stars), and his medicine chest, Livingstone traveled with a series of Arab slave caravans for protection and food.¹⁰² Limping along in this manner, however, Livingstone did still manage to show that Lakes Moero and Bangweulu were connected and the likely source of River Lualaba. He planned to keep following the Lualaba to Lake Tanganyika, which he maintained was the source of the Nile.¹⁰³

By the end of 1867, however, he had only nine men left, and was dangerously low on supplies. Instead of returning to Ujiji, where he had supplies stashed, in April Livingstone broke off from a slaving caravan and headed 150 miles south back to Lake Banweolo, hoping to officially confirm this body as the source of River Lualaba. Five men categorically refused to go with him, so he set off with only four men. After a miserable trek south, he accomplished his goal, of course, but became so ill and weak that his men were forced to carry him back to Ujiji in March of 1869. Livingstone found, disastrously, that his stash of supplies had been ransacked. No letters awaited him, and he

¹⁰¹ Livingstone and Waller, *The Last Journals of David Livingstone, in Central Africa, from 1865 to His Death : Continued by a Narrative of His Last Moments and Sufferings, Obtained from His Faithful Servants Chuma and Susi, by Horace Waller, ... In Two Volumes. With Portrait, Maps, and Illustrations*. Accessed via the Gutenberg Project, <http://infomotions.com/etexts/gutenberg/dirs/1/6/6/7/16672/16672.htm>, 12/13/09. Entry dated 14 July 1866.

¹⁰² Jeal, *Livingstone*, 310 - 12.

¹⁰³ Jeal, National Portrait Gallery (Great Britain), and Scottish National Portrait Gallery., *David Livingstone and the Victorian Encounter with Africa*, 58.

had only a few yards of cloth and a handful of chintzy beads with which to trade. Most crucially, his supplementary store of medicines was gone.¹⁰⁴

Over the next two years, Livingstone continued to fight a variety of illnesses (pneumonia, malaria, suppurating foot ulcers) and to search for the source of the Nile. At times, he seemed to lose his grip on reality, thinking that Herodotus had given the correct source of the mighty river in his *History* and that Moses had walked around the great lakes of Eastern Africa.¹⁰⁵ When his health permitted, he continued travelling with Arab slavers until he witnessed a terrible massacre of hundreds slaves at a town called Nyangwe in July of 1871. Livingstone's journal offers a description of those awful moments as gunfire forced the defenseless captives into the water: "A long line of heads in the river showed that great numbers [of people] struck out for an island a full mile off... as it was, the heads above water showed the long line of those that would inevitably perish. Shot after shot continued to be fired on the helpless and perishing. Some of the long line of heads disappeared quietly; whilst other poor creatures threw their arms high, as if appealing to the great Father above, and sank. One canoe took in as many as it could hold, and all paddled with hands and arms: three canoes, got out in haste, picked up sinking friends, till all went down together, and disappeared."¹⁰⁶ After witnessing those unspeakable crimes, Livingstone categorically refused to continue living with and accepting charity from the slavers. Instead, he decided to return to Ujiji and await the supplies he had requested from John Kirk.

¹⁰⁴ Jeal, *Livingstone*, 320 - 21.

¹⁰⁵ Jeal, National Portrait Gallery (Great Britain), and Scottish National Portrait Gallery., *David Livingstone and the Victorian Encounter with Africa*, 58.

¹⁰⁶ Livingstone and Waller, *The Last Journals of David Livingstone, in Central Africa, from 1865 to His Death : Continued by a Narrative of His Last Moments and Sufferings, Obtained from His Faithful Servants Chuma and Susi, by Horace Waller, ... In Two Volumes. With Portrait, Maps, and Illustrations*. Accessed via the Gutenberg Project, <http://infomotions.com/etexts/gutenberg/dirs/1/6/6/7/16672/16672.htm>, 12/13/09. Entry dated 15 July 1871.

While Livingstone starved and made camp with slavers, Europe had received no word of their hero since a few deserters from his party surfaced in 1866. They had sent word that the great man had died, which seemed to all the most plausible scenario, and which many in Europe believed.¹⁰⁷ Fans ached to know what really happened, however, and Livingstone's supporters sent no fewer than eight expeditions to find him.¹⁰⁸ In October 1871, someone finally did.

A mustached white man wearing a helmet with a bright red ribbon adorning the brim walked into his camp and gave the now infamous greeting: 'Dr Livingstone, I presume?' Livingstone, sounding uncharacteristically humble, describes these moments in his journal:

One morning Susi came running at the top of his speed and gasped out, "An Englishman! I see him!" and off he darted to meet him. The American flag at the head of a caravan told of the nationality of the stranger. Bales of goods, baths of tin, huge kettles, cooking pots, tents, made me think "This must be a luxurious traveller [sic], and not one at his wits' end like me." It was Henry Moreland [sic] Stanley¹⁰⁹, the travelling correspondent of the *New York Herald* ... to obtain accurate information about Dr. Livingstone if living, and if dead to bring home my bones... Appetite returned, and instead of the spare, tasteless, two meals a day, I ate four times daily, and in a week began to feel strong... I really do feel extremely grateful, and at the same time I am a little ashamed at not being more worthy of the generosity.¹¹⁰

Henry Morton Stanley, a journalist keenly aware of how to tell a story, resupplied Livingstone and played a crucial role in continuing the Livingstone myth. Stanley brought food, medicines, cloth, beads, and letters, reviving Livingstone and somewhat restoring his health. The two stayed for a few weeks in camp at Ujiji for Livingstone to

¹⁰⁷ Jeal, *Livingstone*, 337.

¹⁰⁸ Ross, *David Livingstone : Mission and Empire*, 239.

¹⁰⁹ Stanley changed his name on numerous occasions throughout his life, but came to be best known as Henry Morton Stanley, which is the name used in this paper.

¹¹⁰ Livingstone and Waller, *The Last Journals of David Livingstone, in Central Africa, from 1865 to His Death : Continued by a Narrative of His Last Moments and Sufferings, Obtained from His Faithful Servants Chuma and Susi, by Horace Waller, ... In Two Volumes. With Portrait, Maps, and Illustrations*. Accessed via the Gutenberg Project,

<http://infomotions.com/etexts/gutenberg/dirs/1/6/6/7/16672/16672.htm>, 12/13/09. Entry dated 24 October 1871.

rest and regain some strength. Livingstone told Stanley of the horrific massacre at Nyangwe, and Stanley told Livingstone of recent events in Europe.¹¹¹ After Livingstone recovered some, the two traveled together over the next five months, exploring the region just north of Lake Tanganyika. Characteristically, like all other white traveling companions, Stanley confided to his journal after some time that he found Livingstone's temperament difficult. Stanley wrote, "I have had some intrusive suspicions, thoughts that he was not much of an angelic temper as I believed him to be..."¹¹² Of course, none of these inner thoughts made it into Stanley's newspaper accounts of Livingstone's rescue.

The European public, and indeed, the American public ravenously consumed Stanley's news of Livingstone. Tim Jeal writes: "Within a week of Stanley's landing in England on 1 August 1872, the story of his meeting with Livingstone had swept all other items off the main news pages of all the major papers in Britain... Stanley made it a much better story by turning up in Britain and claiming that Dr. Livingstone was not only a great explorer... but near a saint."¹¹³ Stanley himself became instantly famous, for as James Newman, noted Stanley biographer writes, by finding Livingstone, "he'd [Stanley had] linked himself to a cultural icon."¹¹⁴ Lines of cheering crowds greeted Stanley's ship upon his return, and the queen herself sent him a letter of thanks, a bejeweled snuff-box, and a medal of heroism for his rescue of the beloved Livingstone. Stanley's lectures routinely sold out, and his book, *How I Found Livingstone*, became an immediate

¹¹¹ Newman, *Imperial Footprints : Henry Morton Stanley's African Journeys*, 58.

¹¹² Henry M. Stanley and Dorothy Stanley, *The Autobiography of Sir Henry Morton Stanley* (Boston,: Houghton Mifflin, 1909), 274.extract from diary, 3/3/1872, as quoted in Jeal, National Portrait Gallery (Great Britain), and Scottish National Portrait Gallery., *David Livingstone and the Victorian Encounter with Africa*, 67.

¹¹³ Jeal, *Livingstone*, 351.

¹¹⁴ Newman, *Imperial Footprints : Henry Morton Stanley's African Journeys*, 67.

sensation.¹¹⁵ The book went through three editions in its first year of publication.¹¹⁶ This reception shows that in spite of Livingstone's past failings, the European public remained staunch supporters of Livingstone and his mission.

Choosing to remain in Africa to continue his search for a path for commerce and Christianity, Livingstone remained unaware of this fanfare on his behalf. After bidding goodbye to Stanley, a well-supplied Livingstone and fifty-six men set out on his final journey on 25 August 1872. After so many years of illness, however, Livingstone's indefatigability waned, and by October diarrheal illness forced him to stop for a time. Impassable and in-navigable swamps surrounded Lake Bangweulu, where Livingstone and his men continued to wander throughout the winter and into the following spring. Scattered through his journal in these gloomy months are glimpses of humility and some recognition of the likely consequence of his poor health: "If the good Lord gives me favour, and permits me to finish my work, I shall thank and bless Him, though it has cost me untold toil, pain, and travel; this trip has made my hair all grey,"¹¹⁷ he wrote in February. Livingstone's health continued to decline; diarrheal illness evolved into incessant rectal bleeding, and by the middle of April he grew too weak to walk. Livingstone's men built a small house on the banks of the River Luapula, and settled him on a mattress of grass and sticks. On the morning of 30 April, 1873, his men found him dead.

¹¹⁵ Ibid., 68 - 85.

¹¹⁶ Ross, *David Livingstone : Mission and Empire*, 239.

¹¹⁷ Livingstone and Waller, *The Last Journals of David Livingstone, in Central Africa, from 1865 to His Death : Continued by a Narrative of His Last Moments and Sufferings, Obtained from His Faithful Servants Chuma and Susi, by Horace Waller, ... In Two Volumes. With Portrait, Maps, and Illustrations*. Accessed via the Gutenberg Project, <http://infomotions.com/etexts/gutenberg/dirs/1/6/6/7/16672/16672.htm>, 12/13/09. Entry dated 14 February 1873.



Figure 11: Inscription in the tree under which Livingstone's organs were buried. The inscription reads 'Dr. Livingstone, May 4 1873...(obscured).'

Susi and Chuma, loyal followers to the end, washed Livingstone's body and prepared it for the journey back to London. They made an incision down the front of Livingstone's torso and removed his heart and bowels, making note of a blood clot "as large as a man's hand"¹¹⁸ blocking his lower intestines. Jacob Wainwright read the funeral service as Livingstone's

heart and gut were buried in a flour tin beneath a nearby tree, where an inscription marked his resting place (please see Figure 11). The rest of Livingstone's remains were salted and left in the sun, his legs folded up against

his chest so that the body could be disguised as trading goods for the journey to the nearest port.¹¹⁹ A ship appropriately, if morbidly, called the HMS Vulture finally conveyed Livingstone's remains back to England in the spring of 1874. A crowd of mourners met the ship at the quay and unfurled a sign reading "To the memory of Dr. Livingstone, Friend of the African."¹²⁰

At Livingstone's April 1874 interment in Westminster Abby, the cathedral overflowed with dignitaries. The Queen herself followed behind Livingstone's casket. Livingstone's sisters and remaining children sat stiffly in the pews while a military guard fired 21-gun salutes to the fallen hero. The *Glasgow Herald* described the affair and the dead man's legacy for readers as follows: "Westminster Abbey has opened her doors to

¹¹⁸ Ibid. Accessed via the Gutenberg Project, <http://infomotions.com/etexts/gutenberg/dirs/1/6/6/7/16672/16672.htm>, 12/13/09. Entry dated 2 May 1873.

¹¹⁹ Ibid. Accessed via the Gutenberg Project, <http://infomotions.com/etexts/gutenberg/dirs/1/6/6/7/16672/16672.htm>, 12/13/09. Entry dated 2 May 1873.

¹²⁰ Jeal, *Livingstone*, 370.

men who have played larger and greater parts in the history of mankind; but the feeling amongst many this afternoon was, that seldom has been admitted one more worthy – one more unselfish in his devotion to duty – one whose sum of human knowledge and civilization – than the brave, modest, self-sacrificing, African explorer. The virtues which distinguished Livingstone are those which our country has always been ready to acknowledge, which our religion has taught us to revere, and seek to cultivate and conserve.”¹²¹ It is odd, reflecting on Livingstone’s utter failure to achieve his oft-stated goals: his inability to offer proof of even one converted soul, his failed attempts at finding his Christian highway, that Britain should so embrace him. Yet, the country did. They held him up as an example, as a hero and adventurer and worthy role model for their sons. Jeal attributes Britain’s embrace of Livingstone to the myth Livingstone came to embody, rather than the reality of Livingstone himself: “...Livingstone’s fame was not due so much to what he had done, nor even what he had been; the crucial factor was what he had come to represent. For he...had become a myth in his own lifetime...”¹²²

Indeed, *The Daily Telegraph* exhorted readers to continue Livingstone’s work with a moralistic and nationalistic plea: “The work of England for Africa must henceforth begin where Livingstone left off.”¹²³ In the years that followed, London publishing houses released an avalanche of over 100 Livingstone biographies, which further promoted Livingstone’s legacy as a hero and adventurer.¹²⁴ Hundreds of Britons did heed these exhortations, chief among them being Henry Morton Stanley, Livingstone’s rescuer at Ujiji, who led several expeditions into the African continent in the following years.

¹²¹ *Glasgow Herald*, 4/20/1874, As quoted in *Ibid.*, 371 - 72.

¹²² *Ibid.*, 3.

¹²³ *Ibid.*, 376.

¹²⁴ Pettitt, *Dr Livingstone, I Presume? : Missionaries, Journalists, Explorers and Empire*, 55.

In this literary frenzy, which greatly contributed to the propagation of the Livingstone myth and his legacy as a hero and adventurer, one of the bestselling books



Figure 12: Horace Waller (far right) with two of David Livingstone's children, Agnes and Tom Livingstone (left), as well as Abdullah Susi and James Chuma. This photograph was taken in June 1874 as Waller completed the manuscript for *Last Journals*.

was Livingstone's own *Last Journals*, heavily edited by his friend, Horace Waller.

Waller spent hours and hours with Chuma and Susi, two of Livingstone's African companions in his final days, taking down their recollections of Livingstone's death, and wove this into a narrative following the end of his compilation of Livingstone's journals (please see Figure 12). Susi and Chuma's involvement in the composition of the *Last Journals* lent an element of exoticism to the book – very rarely, if ever, did the Victorian literary market have the opportunity to read words influenced by the voices of Africans. Further, the very presence of Susi and Chuma in Britain, and their act of bearing Livingstone's body across continents seemed empirical proof to Livingstone's fans that he was, indeed, a true 'friend of the African.' In these ways, Susi and Chuma contributed to the construction of the Livingstone myth. Also, in the interest of preserving the dignity of the prim Victorian audience of the day, Waller removed or closely edited

Livingstone's numerous and graphic descriptions of his rectal bleeding, testicular edema, and various other failing bodily functions toward the end of his life.

These biographies further shaped and perpetuated the Livingstone myth, promoting Livingstone as a man larger than life, attributing him with qualities far beyond those any flawed human could possess, and certainly refusing to recognize any of Livingstone's many flaws. We can clearly see one example of how writers perpetuated the Livingstone myth through the story of Livingstone's last moments. Most accounts of his death report that Livingstone's men found his body kneeling beside his bed, his hands clasped in prayer. This pious detail acted as a perfect capstone to a life story of a heroic, adventurous physician-missionary.¹²⁵ But, as Clare Pettitt points out, when one closely and objectively reads the words of Chuma and Susi in Waller's notes, this representation of his death seems an exaggeration. Waller's notes read: "Dr when he died had on trousers The boy said he fell asleep & when he woke he still saw him in this position & got alarmed he was kneeling on his bed with his head on the pillow [sic]."¹²⁶ It sounds more likely that in fact, Livingstone died doubled over in pain, kneeling forwards on his bed, head resting on his pillow, with his hands clasped over his stomach rather than clasped in prayer. Considering the descriptions of severe rectal bleeding he recorded in his diaries and the enormous clot that Susi and Chuma removed from his gut after his death, it seems quite plausible that instead Livingstone died in terrible pain from the violent throes of an intestinal obstruction due to the clot rather than dying while at prayer.¹²⁷ Regardless, it does not actually matter how he died or in what position he

¹²⁵ Jeal, *Livingstone*, 366.

¹²⁶ Horace Waller's personal notes, as quoted in Pettitt, *Dr Livingstone, I Presume? : Missionaries, Journalists, Explorers and Empire*, 55.

¹²⁷ *Ibid.*, 55 - 56.

finally lay. The significant point here is that Horace Waller, and then after him dozens and dozens of other biographers after him manipulated and accepted the details around his death to perpetuate this perception of Livingstone as a pious man, heroically sacrificing his life for the welfare of Africans, and even dying in the act of prayer.

Another example of this mythmaking, of this exploding of events in Livingstone's life is Livingstone's infamous 1871 meeting with Henry Morton Stanley in Ujiji. As discussed above, at the time that Livingstone's supporters read the words "Dr. Livingstone, I presume?," screaming from the newspapers, most had assumed that Livingstone was dead. After all, the last rumors of him came from deserters who had left him four years before and no less than eight search parties sought the famous man. And yet, the story of Stanley, a journalist, in his jungle fatigues and cap with a red ribbon finally finding Livingstone seemed so astonishing, so incredible that supporters wondered if it could be believed. Pettitt writes: "So much of the enduring iconic power of the meeting derives from the suspicion and uneasiness it produced at the time... Many in 1872 thought there was something fishy about the story – that it was so sensational it might turn out to be a fraud or a lie."

For many Britons who were questioning the role of British imperialism in the world given the difficulties the British Empire was experiencing in the Indian colonies and other places around the globe at this time, the story of Stanley's finding Livingstone had an almost perfect absurdity. It was a beautiful, instantly iconic representation of how lost the British themselves had become. Pettitt writes, "The ultimate irony is that the meeting has survived as iconic of a kind of absent-minded British imperialism precisely because it was first *ironic*. In the 1870s it was in fact used to question and to poke fun at

grand notions of ‘empire,’ but slowly the irony has dropped out and we are left with just two men in the jungle clearing.”¹²⁸ And the story endured throughout the twentieth century. We discussed above how newspapers and books in the 1870s and 1880s instantly chronicled and mythologized that moment, including Stanley’s own bestselling volume *How I Found Livingstone*. New technologies soon partook in the storytelling. The first film of the meeting was released in 1925, a silent film called simply *Livingstone*, needing no further description and mythologizing the jungle meeting through images.¹²⁹ Some fifteen years later, two more films centering on Stanley’s meeting with Livingstone were released: one in Britain in 1935, and another starring none other than Spencer Tracy, was released in Hollywood in 1939.¹³⁰ Over the years, the meeting, and in particular the infamous question: “Dr. Livingstone, I presume?” has been woven into Western popular culture in songs and plays and television shows, in dozens of instances, further promoting the Livingstone myth.¹³¹

¹²⁸ Ibid., 69 - 70.

¹²⁹ Ibid., 117.

¹³⁰ Ibid., 120.

¹³¹ There are dozens and dozens of examples of the story of Stanley finding Livingstone influencing popular culture. Here are a few: In the film *The Hitchhiker's Guide to the Galaxy*, Arthur Dent dresses up as Dr Livingstone at a fancy dress party; A 1936 British film *David Livingstone*; In 1939, a popular film called *Stanley and Livingstone* was released, with Cedric Hardwicke as Livingstone and Spencer Tracy as Stanley, portraying the works Livingstone did in Africa. "Dr. Livingstone, I Presume" is a song written by Artie Shaw and recorded by Artie Shaw & His Orchestra in the early 1940s; A different song entitled "Dr. Livingstone, I Presume" appears on the 1968 Moody Blues album, *In Search of the Lost Chord*; In the series pilot of the television show "Remington Steele", the soon to be Remington Steele (played by Pierce Brosnan) says "Dr. Livingston, I presume" upon identifying Murphy Michaels in a photograph he has made; *Mountains of the Moon* is a 1990 film in which Livingstone is portrayed by Bernard Hill; "What about Livingstone" is a song by Swedish group *lpop goes the weazel*; In 1997, a made for television movie called "Forbidden Territory: Stanley's Search for Livingstone" was produced by National Geographic. Stanley was portrayed by Aidan Quinn and Livingstone was portrayed by Nigel Hawthorne; "Doctor Livingstone" is a song by Crowded House which is on their *Afterglow* album (1999); The fish seen in the background of Captain Picard's ready room in the popular television series *Star Trek The Next Generation* is named Livingston after the famous explorer; The fifth season episode of *Star Trek: Deep Space Nine* is entitled: *Doctor Bashir, I Presume?* where we learn that Dr. Julian Bashir received genetic enhancements as a young boy; In the Get Smart reunion movie, "Get Smart Again", Max says "Dr. Hottentot I Presume;" A video game was released for the Nintendo Entertainment System entitled "Stanley and the Search for Dr. Livingston;" A video game was released for the ZX Spectrum and other 8-bit

For a third example of how the Livingstone myth grew during his life and after

his death, let us once more consider

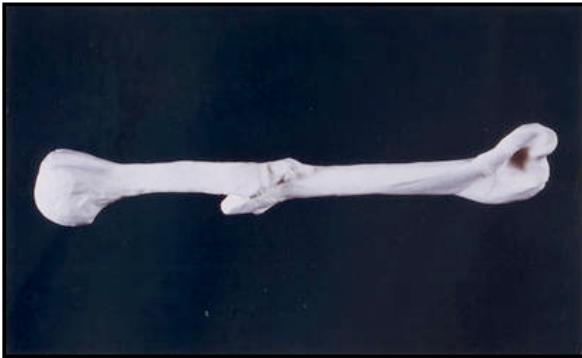


Figure 13: A cast of Livingstone's left humerus, used to identify his remains.

Livingstone's 1844 lion attack. We have already discussed the central role the lion attack played in *Missionary Travels* in establishing Livingstone as a hero and adventurer, as well as each of the other

Livingstone biographies that poured onto the market in the 1860s. This continued

after his death. In 1874, the very year of Livingstone's burial at Westminster Abby, W.H.G. Kingston, a writer of popular novels for boys, published *Great African Travelers*. The book prominently featured Livingstone and the lion attack. In fact, the lion attack became so much a part of Livingstone's identity that after Livingstone's death, physicians used the damage to the left humerus to verify the authenticity of his remains when they arrived in London.¹³² Indeed, a cast of his damaged left humerus bone lies on display at the Royal College of Surgeons in Edinburgh to this day (please see Figure 13). Furthermore, in 2004 at the Livingstone Museum in Scotland, officials unveiled an enormous bronze statue showing Livingstone trapped in the jaws of a massive lion.

computers called "Livingstone Supongo"^[27] ("Livingstone, I presume" in its UK release); In the video game *Far Cry 2* a trophy/achievement called "Dr Livingstone, I presume" is awarded for entering every square kilometer of the map of a fictional region of Africa; In Wilbur Smith's action/adventure book *The Falcon Flies* Dr Livingstone is portrayed as Fuller Balyntine the great explorer of the interior of Africa; In the Telex song "Café De La Jungle" from the album *Looking For Saint Tropez*, the words "Dr Livingstone, I presume?" are repeated; In the *Garfield Comics*, the line "Dr. Livingstone I presume" is often used in coincidence with Garfield running amok amongst Jon's plants; The 2009 History Channel reality series, *Expedition Africa*, documents a group of explorers attempting to traverse the route of Stanley's expedition in search of Livingstone; In March 1974, on pop group ABBA's second album *Waterloo*, the song "What about Livingstone" heralds the explorer as a pioneer. From http://en.wikipedia.org/wiki/David_Livingstone, accessed 1/21/10.

¹³² Ross, *David Livingstone : Mission and Empire*, 48.

Tellingly, Ray Harryhausen, an American special effects designer from Hollywood California,¹³³ created the statue and gave it to the center because he “wanted to bring heroes back into fashion.”



Figure 14: Statue of Dr. David Livingstone under attack by a lion, unveiled in 2004 at the Livingstone Museum in Scotland.

Harryhausen claimed, “heroes are inspirational figures, and David Livingstone was certainly one of those.”¹³⁴ These images perpetuate the archetype of the brave, heroic and larger than life African explorer surviving against a natural world attempting to swallow him whole.

So, this is how the Livingstone myth grew - how small details of Livingstone’s life became idealized and exaggerated. Livingstone became larger than life to Victorian Britons, and indeed, mythic, to generations of British who came after. He came to

¹³³ Mr. Harryhausen was married to Miss Diana Livingstone-Bruce, a descendant of David Livingstone. Jeal, *Livingstone*, preface xiv.

¹³⁴ As quoted in Pettitt, *Dr Livingstone, I Presume? : Missionaries, Journalists, Explorers and Empire*, 28.

embody the archetypal hero-adventurer: the man so heroic and self-sacrificing that he died in the act of prayer while seeking to end slavery; the man so adventurous that he could subsist in the wilds of Africa alone for years on end, surviving only through his own resourcefulness and ability to cope and adapt to foreign surroundings; the man so heroic and strong that he could withstand the attack of a lion. Livingstone, the mythic, the first physician missionary: the first hero-adventurer. Livingstone inspired generations of British physicians who went to Africa after him, responding to his call. We shall see that these men, missionary physicians and physicians of the Ugandan protectorate, and even physicians of MSF, continued to live out the themes of heroism and adventurism that Livingstone first embodied. These men were portrayed and perceived as self-sacrificing, courageous, and strong. They were portrayed and perceived as adventurers for their capacity to confront the unknown - unknown lands, cultures, languages, and diseases, and to thrive in that foreign environment.

The Reflection of Livingstone's Legacy in Uganda's Physician Missionaries

"The patient threaded his way up the very narrow ward we had in the hospital in those days, avoiding table and stools, and as he returned there was a great light shining on his face, for he could see. He fell on his knees and called me God."

- A.R. Cook¹

Henry Morton Stanley, the journalist-explorer who found Livingstone in his darkest hour, met Mutesa, the King of Buganda in 1875, nearly a year to the day after he helped carry Livingstone's casket into Westminster Abbey. Stanley and Mutesa stood by the shore of Lake Victoria, appraising one another. British explorer John Hanning Speke had brought word of the natural beauty and the richness of the Buganda Kingdom to

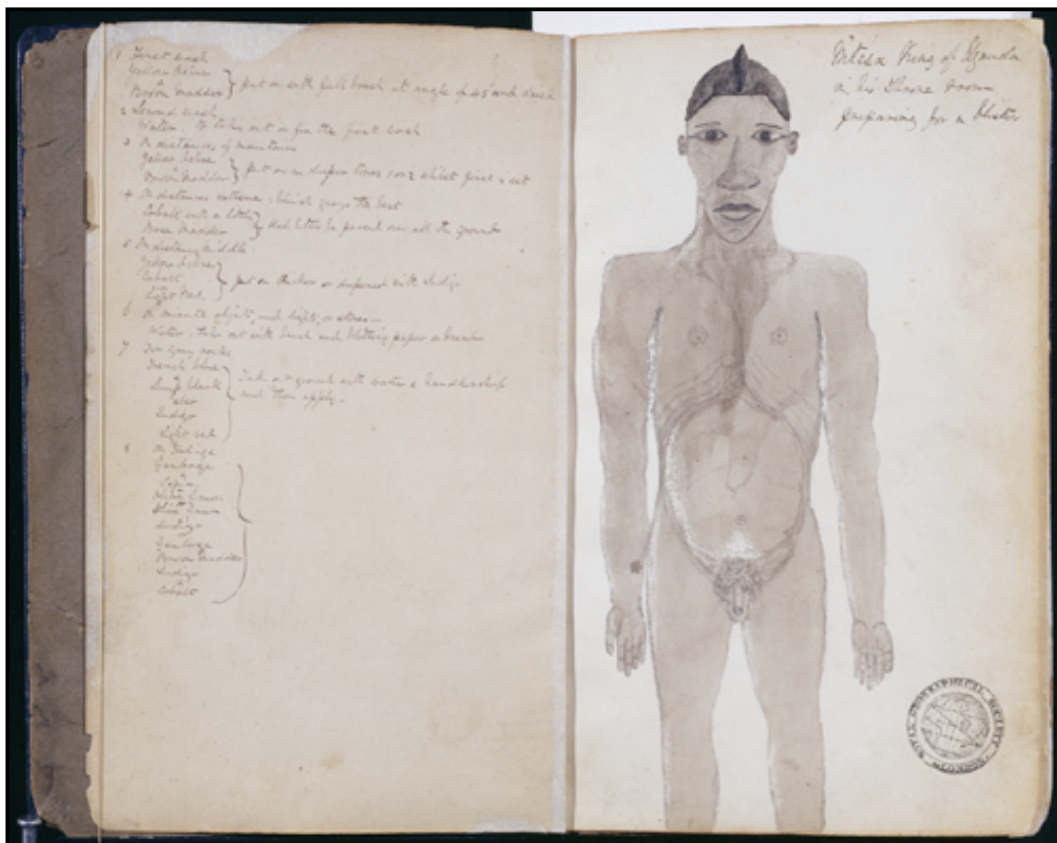


Figure 14: Drawing of Mutesa, King of Buganda, from John Hanning Speke's journals.

¹ Albert Ruskin Cook, *Uganda Memories, 1897-1940* (Kampala, [Uganda]: Uganda Society, 1945), 50.

Britain a decade before. Stanley returned to fulfill Livingstone's dream of bringing commerce and Christianity to Uganda, the land of source of the Nile. Of Mutesa, he wrote in his journal, "In this man I see the possible fruition of Livingstone's hopes."² Stanley also sent an appeal for missionaries to *The Daily Telegraph* and *New York Herald*, encouraging the faithful to come to Uganda.³ Not just any faithful, either – Stanley wrote: "It is not the mere preacher that is wanted here. It is the practical Christian tutor who can teach people how to become Christians and cure their diseases...this is the man who is wanted."⁴ Those letters are widely recognized as the first steps in bringing the British Empire to Uganda.⁵

This was the twenty-fifth year of Mutesa's reign, and he would rule for ten more until his death. His successor, Mwanga, ferociously resisted the influence of whites in Uganda, sending agents to kill and drive out dozens of European missionaries, including Albert Cook, who we will discuss at length below. One of Mwanga's chiefs advised him: "When you see running water you may expect more to follow...better stop it at the source."⁶ Mwanga already knew, however, of the habits of white men through the Arab slave traders that passed through his territories. "I am the last king of Buganda," he confided to one early missionary. "The white men will take my country after my death. While I am alive, I know how to stop them. But, after me, there will be an end to the line of the black Kings of Buganda."⁷ Mwanga's comments proved prescient, as the British claimed Uganda a formal protectorate some ten years later in 1894.

² Cedric Pulford, *Eating Uganda : From Christianity to Conquest* (Banbury: Ituri, 1999), 23.

³ Thomas Pakenham, *The Scramble for Africa : 1876 - 1912* (London: Weidenfeld & Nicolson, 1991), 28.

⁴ New York Herald November 1875, as quoted in W. R. Billington, "Albert Cook 1870-1951: Uganda Pioneer," *Br Med J* 4, no. 5737 (1970).

⁵ Pakenham, *The Scramble for Africa : 1876 - 1912*, 28.

⁶ Mackay, *Loc cit*, as quoted in *Ibid.*, 299.

⁷ Fr Lourdel quoted Dawson, 371, as quoted in *Ibid.*, 307.

Albert Cook arrived in Uganda as a missionary physician in 1896, twenty-two years after Livingstone's death. The Church Missionary Society (CMS) sponsored Cook's career in Uganda, and was the largest missionary program active in Uganda at the time, but many other British organizations had also responded to Stanley's 1875 letters.⁸ The Church of Scotland Missions also had a presence in the country, as well as the stricter and more conservative evangelical missionary groups White Fathers and The Mill Hill Fathers.

Born in 1870, Cook grew up in Hampstead, England. Both faith and medicine held a central place in the Cook household. One of Albert Cook's grandfathers worked as a clergyman and a favorite uncle a hymn writer, while his father worked as a physician. Cook had two brothers and a sister, and by all accounts, all three of the Cook sons proved tremendously bright and went on to higher education. As a result of Albert Cook's lifelong habit of meticulous journal-keeping, we know that he read a great deal about Livingstone. Cook studied medicine at Cambridge and in his final year of studies, read Henry Morton Stanley's *How I Found Livingstone* over a family holiday on the continent. It seems that he was an eccentric young man, as over the holiday he developed the odd habit of renaming Swiss cities with the names of African cities.⁹ In his memoirs, he printed a copy of Stanley's letter to *The Daily Telegraph* requesting missionaries for Uganda, and even refers to and quotes a passage of Livingstone's diaries while reflecting on the salubrious effects of traveling in Africa shortly after his arrival.¹⁰ Thus, Cook had

⁸ Ann Beck, *A History of the British Medical Administration of East Africa, 1900-1950* (Cambridge,: Harvard Univ. Press, 1970), 18.

⁹ W. D. Foster, *The Church Missionary Society and Modern Medicine in Uganda : The Life of Sir Albert Cook, 1870-1951* (Newhaven, East Sussex: Newhaven Press for the Author, 1978), 34.

¹⁰ Cook, *Uganda Memories, 1897-1940*, 24.

some personal knowledge of Livingstone's story and clearly Livingstone's legacy influenced his thinking as a young man.

Nine days after completing his medical training, Albert Cook enrolled in the Church Missionary Society (CMS) and registered to go to Uganda. Cook's mother, Harriet, was elated at her son's decision to become a missionary doctor, as she believed that "the highest calling was winning souls for Christ."¹¹ It is important to note, however, that it was not simply his family's religiosity that shaped Albert Cook's thinking in joining the CMS. As W.D. Foster, a contemporary of Albert Cook's who worked as an administrator in the British Protectorate in Uganda points out, the atmosphere of Victorian society at the time had "a large and influential section which could not abide two institutions – heathenism and slavery."¹² He contends that this disgust for slavery and heathenism "bred a race of imperialists whose fervour for empire equaled that of the most eager merchant-adventurer,"¹³ and that these larger societal trends also influenced Cook's choice to go to Uganda. Of course, Dr. David Livingstone's legacy helped create this social atmosphere of intolerance for slavery, certainly, and thus helped launch Cook's career in Uganda.

Cook embodied heroic and adventurous elements of Livingstone's legacy from the start of his career in Uganda. Two heroic themes in particular consistently rise to the surface throughout Cook's own letters and memoirs, his mother's descriptions of his work, and biographical works about Cook.¹⁴ The first theme is of Cook as the bearer of

¹¹ Foster, *The Church Missionary Society and Modern Medicine in Uganda : The Life of Sir Albert Cook, 1870-1951*, 23.

¹² Ibid., 11.

¹³ Ibid.

¹⁴ A note about sources used in this section: Cook, *Uganda Memories, 1897-1940*. is a version of Cook's memoirs edited by the literary branch of the CMS, edited and re-published because Cook's original memoirs were apparently so boring they were almost unreadable. Albert Ruskin Cook, *A Doctor and His*

great responsibility, a lone physician facing down an unending tide of disease, taking on more work than any normal man could endure. Taking on this great responsibility, meeting this great need out of a sense of duty and moral rectitude painted Cook as a hero, both in his own eyes and the eyes of others. The second heroic theme is that of privation – that Cook suffered materially and made many personal sacrifices for his work on behalf of the people of Uganda. Just as Livingstone had before him, Cook eschewed the comforts of life in Britain in order to bring Christianity to the hundreds and thousands of African souls in need. Similarly, these same sources consistently disclose themes of adventurism throughout Cook's life. Specifically, Cook's bravery and valor in facing the unknown: an unknown terrain full of fearsome beauty and ferocious animals, unknown and sometimes hostile cultures, as well as unknown and sometimes fatal disease.

Cook set off for Uganda in 1896, a single young man with fervent ideals. He went to live alone far off in a largely unknown place, separated by oceans and continents from his family and friends because he believed in the legacy of Dr. David Livingstone. Cook acknowledges his solitude and dedication to his mission in his journal jokingly, upon hearing of his brother's engagement. He wrote that he felt "just a little proud at being the only unengaged or unmarried son [in the Cook family]." ¹⁵ He continues: "I regard myself

Dog in Uganda (London: Religious Tract Society, 1903). is a small volume that Harriet Cook, Albert Cook's mother, wrote about her son's work. She drew heavily on her son's personal letters as source material for the volume, but unfortunately did not cite the letters. When quoting from these letters in this paper, I will indicate that they are from uncited letters and were found within this volume. Foster, *The Church Missionary Society and Modern Medicine in Uganda : The Life of Sir Albert Cook, 1870-1951*. is a book about Sir Albert Cook by W.D. Foster, Cook's close friend and a fellow CMS officer. Foster often quotes from Cook's diaries and letters, but again, does not indicate the exact dates or locations that these sources were used. Again, when quoting these sources I will indicate that they are uncited within this volume, but will give the page they are found upon in Foster's work.

¹⁵ Cook's personal diaries, uncited, as quoted in Foster, *The Church Missionary Society and Modern Medicine in Uganda : The Life of Sir Albert Cook, 1870-1951*, 80.

as being married to Africa!”¹⁶ A few years after writing this, however, he married a fellow CMS missionary and nurse, Miss Katharine Timpson. The two were deeply in love and worked side by side at Mengo Hospital, which Cook founded, and traveled throughout the Ugandan countryside on itinerant medical missions for decades afterwards. Two daughters followed, the first born in 1906, and the family later adopted a son.

Aside from privations of companionship and society, Cook wrote often of the material privations he endured in the service of Africa. In this passage from his memoir, he writes of the reaction among his travelling party when the mail arrived: “On February 2nd the up-country mail to Uganda overtook us and the arrival of the native mail runners transformed the quiet camp into something of a pandemonium. Every tent disgorged its inhabitant and the CMS mail bags were hastily opened, and all postal material belonging to the twelve members of our party abstracted, Her Majesty’s mailmen looking on with some interest as they saw their loads considerably lightened...to enjoy a mail to the full one needs to be deprived of letters for a couple of months.”¹⁷ The material privations the Cook suffered were not limited to the conditions in Uganda.

Cook earned substantially less than he would have had he practiced in Britain. The CMS started salaries at 600 pounds per annum, and slowly graduated to a maximum of 900 pounds per annum.¹⁸ Cook shared his concerns about physicians in CMS service with his close friend and a colonial administrator, W.D. Foster, especially his discomfort over the inequity in treatment of retired CMS clergy and retired CMS physicians. Foster

¹⁶ Ibid.

¹⁷ Cook, *Uganda Memories, 1897-1940*, 38.

¹⁸ Foster, *The Church Missionary Society and Modern Medicine in Uganda : The Life of Sir Albert Cook, 1870-1951*, 192.

writes of these conversations, “when a doctor retired from the CMS, he was not as well placed as a clergyman who could be found a comfortable parish and for whose children there were many closed funds to help with their education. The doctor had to buy a share in a practice and work much harder at an age when he should be taking life more easily.”¹⁹ Foster quotes Cook as saying, “it is no good shutting our eyes to the fact, for the fact it is, that keen, Godly, young doctors are deterred from offering [sic] to the CMS...”²⁰ Thus, in spite of the material and social privations of making a life in Africa that prevented many others from joining the CMS, Cook endured these hardships and flourished. These sacrifices contributed to Cook’s eventual recognition as a hero. He recognized these qualities within himself, and others saw these qualities within him. Specifically, we will examine his mother’s words on the matter and those of W.D. Foster, a fellow CMS missionary, and how the larger British society recognized these heroic qualities in Cook.

Cook’s administrative duties at Mengo Hospital grew quickly. WD Foster writes that by 1906, ten years after Cook’s arrival, “the administration of the growing Mengo Hospital gradually became more and more of a burden to Albert; he wrote so many business letters that he now hardly ever wrote a private letter to anyone but his mother.”²¹ Cook and Katharine offered treatment at Mengo Hospital for fees scaled to the patient’s income, although attendance at religious services and tutorials were the only true requirements for admittance to the hospital.²² Charitable donations from the CMS largely provided the capital necessary to build the hospital and care for patients.

¹⁹ Ibid., 196.

²⁰ Cook’s personal diaries, uncited, as quoted in Ibid.

²¹ Ibid., 128.

²² Pulford, *Eating Uganda : From Christianity to Conquest*, 169 - 70.

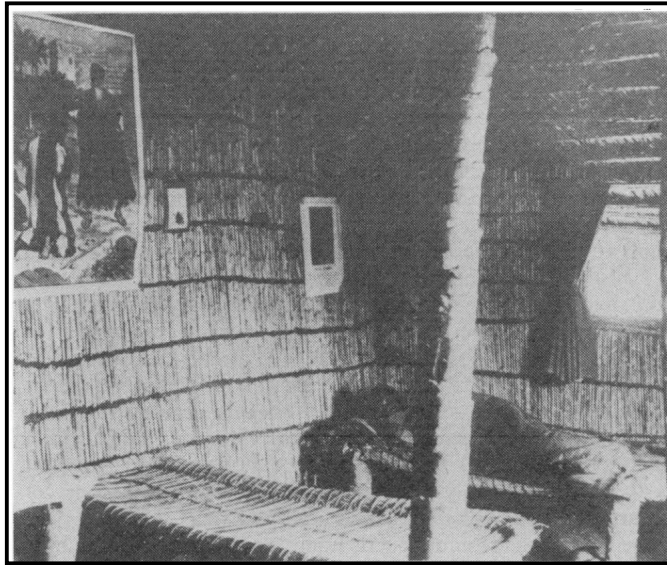


Figure 15: Dr. Albert Cook's Mengo Hospital in its early stages around the turn of the century, with reed walls and Gospel posters.

Just as Cook's administrative tasks grew, his clinical duties also rapidly blossomed. Early in his memoirs, Cook described his work at Mengo hospital, at that point a modest structure of dried reeds with drawings of scenes from the gospels hanging from the walls. Just three weeks after opening his practice in 1896, Cook routinely saw almost 100 patients per day. He wrote in his journals, which were eventually compiled in *Uganda Memories*: "A busy day as usual, saw 80 patients...there were at that time no trained assistants of any kind. The Nursing Sister and myself had to do everything."²³

Some pages later, Cook describes his morning rounds: "To examine and treat at all adequately one hundred to one hundred and fifty people in the morning is a serious matter."²⁴ A few years later, Cook and his wife Katharine went on one of the many itinerant medical missions they undertook throughout their careers. Between themselves and several trained assistants, they saw a truly staggering number of patients over two

²³ Cook, *Uganda Memories, 1897-1940*, 47.

²⁴ *Ibid.*, 93.

weeks. Cook wrote: “By the time we had to leave...we had seen two thousand and seventy-eight patients, and performed fourteen operations.”²⁵

These details about the vast numbers of patients under his care over years and years of work in Uganda are recorded meticulously in Cook’s journals. In fact, even Cook’s friend Foster admits that such minutiae made the journals rather “dull.”²⁶ However tedious, the fact that Cook consistently took down these figures shows how significantly Cook viewed the quantity of patients he treated. These figures offered proof of the burden Cook carried, both to himself and to others, and provide the foundation for Cook’s eventual elevation to a hero of Livingstone’s model.



Figure 16: Dr. Albert Cook, left, at work in the OR of Mengo Hospital. Katharine Cook, his wife, is serving as anesthetist for the patient.

For Cook, however, the sheer volume of patients he saw was not the only important feature of his work. As he wrote of his early tenure at Mengo Hospital: “It soon became evident that Uganda with its little known diseases was a professional man’s

paradise. The range of surgical, medical, gynaecological, and obstetric cases was immense, and work in every specialty lay open to the keen researcher.”²⁷ Cook goes on to fill nearly that entire page of his memoir with further descriptions of the varieties of

²⁵ Ibid., 147.

²⁶ Pulford, *Eating Uganda : From Christianity to Conquest*, 172.

²⁷ Cook, *Uganda Memories, 1897-1940*, 49.

unknown pathology he saw in Uganda, establishing himself as an adventurer in Livingstone's model – a physician seeking out the unknown.

The weight and range of Cook's responsibilities in Uganda did not escape the notice of others. In fact, Cook's mother, Harriet Cook, wrote a book about her son's heroic efforts meant to inspire faithful youngsters to enter the CMS and to serve abroad. She wrote: "Dr. Cook's daily work at this time often brought him face to face with rare and anxious cases. Such must always entail a strain on the doctor, even in England, where specialists and consultants can be called in; but the strain is far greater in Africa, where the whole responsibility rests on one."²⁸ Clearly, here Harriet Cook is giving recognition to the burden of patient care that falls on her son's shoulders, a burden that is much greater than the burden a physician in Britain would carry. This is one example that illustrates how Cook became built up into a heroic figure, just as Livingstone had.

Much of the slim volume draws from personal letters Cook wrote to his mother over his years in Uganda. She quoted this letter, emblematic of Cook's other descriptions of the burden of patient care resting on his shoulders – Cook wrote: "There seems no time for writing, hardly for eating, the sick press upon one. The other day, after seeing ninety-five, tired out, I looked out of the door to find how many more were there, and found some thirty-five were waiting..."²⁹ This consistent emphasis on the large volumes of patients under Cook's care and the added burden of practicing in Uganda contributed to Cook's status as a heroic physician in Livingstone's image.

Cook's diaries consistently document his enjoyment of not only this aforementioned volume of work and level of responsibility, but also his use of technology

²⁸ ———, *A Doctor and His Dog in Uganda*, 123.

²⁹ Cook's personal letters and diaries, uncited, as quoted in *Ibid.*

to elevate his own status in the eyes of his Ugandan patients – to make himself seem even more heroic. On an itinerant mission in the region of Toro in July 1898, Cook describes this phenomenon with enthusiasm: “I saw nearly two hundred patients. In the afternoon did four operations. One was an immense lipoma (fatty tumor), very easy to remove from a surgical point of view, but imposing from its size. The King was present at the operation, and a good many onlookers. Their presence may seem surprising but I deliberately invited them, for I knew that an anesthetic would amaze them...The natives saw the patient anaesthetized without comment but when they saw me cutting into the flesh, and the blood flowing, and yet the man showed no signs of pain, they were very much astonished, and some jumped to the conclusion that I had killed him. However when the tumour was removed and the wound stitched up and bandaged, the effects of the anaesthetic passed off and the supposed corpse sat up, their wonder knew no bounds.”³⁰ Clearly, Cook enjoyed the elevation in status that this feat of technology afforded him. In fact, Megan Vaughan, an important historian of colonial medicine, points out that Cook was not the only missionary doctor to use such tactics to elevate himself in the eyes of his African audience. Vaughan asserts that “the removal of huge and disabling tumours remained occasions for the dramatic display of the powers of European surgery beyond this early phase of missionary medicine, and many medical memoirs are illustrated with photographs of such tumours.”³¹ Thus, many European physicians, not only Dr. Albert Cook, used technology to promote their own heroicism in front of African audiences.

³⁰ ———, *Uganda Memories, 1897-1940*, 104.

³¹ Megan Vaughan, *Curing Their Ills : Colonial Power and African Illness* (Cambridge: Polity Press, 1991), 59.

On another occasion, Cook reflected on the psychological differences in the effects of Western medicines such as digitalis and technologies such as x-ray have on patients in Uganda and on patients he might treat under different circumstances in Europe: “These are commonplaces in England, but miracles to the natives here.”³² Thus, while Cook’s work in Uganda demanded that he make sacrifices and endure certain hardships, the level of gratification among his patients, and the esteem with which he was regarded brought him fulfillment he could never have found at home in Britain.

While on that same 1898 trip to Toro where he anesthetized a patient for an audience, Cook described some of the dangers of his life in Uganda: “It is not safe to go out a dozen yards from the house after dark, without a light and gun or stick. A lion took a man close by the house the other day... Only tonight, sitting out as the dusk was coming on, I heard a lion roaring round. These beasts are so bold, they sometimes try and force their way into the house.”³³ Descriptions of Cook facing such dangers, so foreign and unknown to a European, promoted Cook as an adventurer in Livingstone’s image. This reference in particular, harkens back to Livingstone’s lion attack.

Cook also directly compares his adventurous experiences in Africa to those of Livingstone: “On July 15 we had a real bit of Livingstone Africa... the roads had fallen out of cultivation. For nearly nine hours we were making our way along a footpath barely six inches wide, so narrow there was hardly room to swing one foot clear of the other.”³⁴ Animal attacks and impassable roads were not the only adventurous, unknown phenomenon that Cook and his companions encountered in Uganda: “Mwanga and the rebel chiefs were on the war path, ravaging the country we had to travel; and the

³² Cook, *Uganda Memories, 1897-1940*, 53.

³³ Ibid., 104.

³⁴ Ibid., 101.

government, not unreasonably, insisted that we should travel with an armed escort. We could not refuse, but they allowed us to take Baganda soldiers.”³⁵ This passage illustrates Cook as a brave adventurer in the face of myriad unknown dangers. The officers of the British protectorate soon put down Mwanga’s revolt, capturing him and his few remaining men in 1899. Mwanga died in exile three years later, alone, ill, and defeated.³⁶ The British inaugurated Daudi Chwa, his one-year-old son as their figurehead kabaka, or King of Uganda, and after that point Cook no longer required armed guards on his itinerant missions.

Cook also found fulfillment and built his reputation as a hero through his secondary mission in Uganda – that of bringing Christianity to a ‘heathen’ people. Cook’s journals contain numerous references to Livingstone’s mission of opening Africa to Christianity, and how Cook worked to carry this mission forward. In this excerpt from a letter to his mother, Cook specifically alludes to working for God, his ‘Master,’ and what joy this brought him: “If asked what the predominating key-note of my life here was, I think I should answer, ‘happiness...’ There is joy in seeing a whole nation emerge out of darkness into light. There is joy in personal work for the Master among the sick. There is keen joy in my professional work. So you see there is happiness whichever way one turns.”³⁷ And on another occasion Cook wrote of his travails: “The work is so happy – one’s heart dances and brims over with the joy of it all, of relieving suffering and preaching Christ to weary hearts.”³⁸ In yet a third example, Cook stood atop a mountain overlooking the Ugandan countryside and wrote: “Beyond, to the West, was the

³⁵ Ibid., 97.

³⁶ Pulford, *Eating Uganda : From Christianity to Conquest*, 163.

³⁷ Cook’s personal letters and diaries, uncited, as quoted Cook, *A Doctor and His Dog in Uganda*, 42.

³⁸ Cook’s personal letters and diaries, uncited, as quoted in Ibid., 161.

commencement of Stanley's green forest."³⁹ Please note, Cook called it *Stanley's* green forest – this shows how Cook saw himself as the direct legatee of Livingstone and Stanley, the first men who came to Africa and called for other European men to follow, bringing Christianity and commerce. He continues, dreaming of a future Africa, converted to Christianity: "It looked like a dark green carpet, stretching away till it was lost in the haze. One was filled with awe as one thought of it, peopled only by the Batwa (dwarfs) [sic], and not one soul in all that vast region, stretching 200 miles West to the Congo, who had ever heard the name of Jesus... Yet one day, and perhaps not so far away, these plains and hills and valleys shall become vocal with the praises of Jehovah..."⁴⁰ All of these passages clearly show that Cook embraced the call of Stanley and Livingstone in bringing Christianity to Africa. Cook heroically took on the tremendous burden and dangerous adventures that his life as a physician missionary brought him, and his faith sustained him.

Cook's reputation as a hero grew quickly back in England, with medical professionals in particular taking notice of his efforts. In a February 1903 edition of *The Lancet*, a short article chronicled the damage a recent storm had done to the fledgling Mengo Hospital. "The hospital contained 70 beds and during 1901 had 1070 in-patients, and out-patients made 76,840 visits. It will thus be seen that a great work was being done in this hospital...the work of the medical missionary in relieving this suffering is good and we earnestly hope that it may flourish more and more."⁴¹ Thus, Cook started to build a reputation as a heroic physician among British medical community from the very start of his work in Uganda.

³⁹ Cook's personal letters and diaries, uncited, as quoted in Ibid., 102.

⁴⁰ Cook's personal letters and diaries, uncited, as quoted in Ibid.

⁴¹ "The Medical Mission in Uganda," *The Lancet* 1, no. 1 (1903).

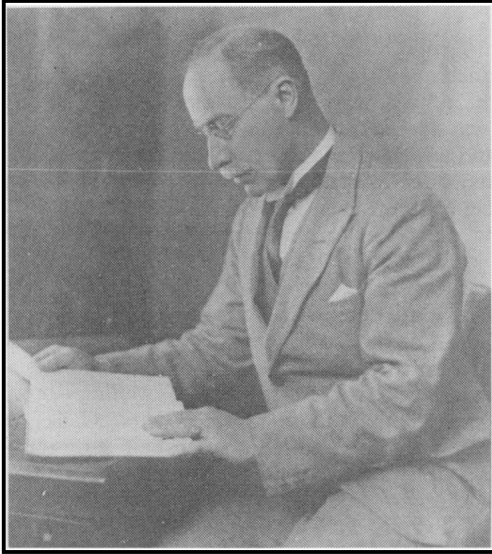


Figure 17: Dr. Albert Cook at work at his desk.

Over the years, Cook and his wife Katharine put forth a great many educational initiatives, mostly Christian in nature but also several medical training programs. Cook had great facility with languages, again showing his adventuresome qualities and willingness to immerse himself in an unknown culture. During the course of his career, Cook published a book

of Ugandan proverbs with Christian parallels in Luganda, the language spoken in the region surrounding Mengo Hospital.⁴² He also published a medical phrasebook in Luganda language and in 1917 started a medical assistants training program.⁴³ The medical assistants program evolved into Makerere Medical School, which admitted its first four students in 1924, and began accepting students from all around East Africa in 1930.⁴⁴

All of these efforts led to widespread recognition of Dr. Albert Cook as a national hero in Britain, beyond just the medical or missionary community. The British Government recognized his heroic efforts in Uganda on several occasions. Cook received the Order of the British Empire in 1918, and shortly thereafter the Companion of the Order of St Michael and St George (another order of chivalry), and finally received knighthood in 1932. After that time, the British public knew him by the appellation “Sir Albert Cook.” Further, leaders in Britain so admired Cook that they held him up as a role

⁴² Pulford, *Eating Uganda : From Christianity to Conquest*, 171.

⁴³ Billington, "Albert Cook 1870-1951: Uganda Pioneer," 739.

⁴⁴ "Medicine in Uganda," *Br Med J* 1, no. 4750 (1952).

model for their children. In the forward to his mother's book about Cook, *A Doctor and his Dog in Uganda*, CMS executive Eugene Stock wrote that he hoped the slim volume would inspire young Britons to join the CMS and further carry forward Livingstone's vision for Africa: "There appears no limit to the possibilities of Christian enterprise from Uganda as a centre. The one question seems to be this: Is the Church at home ready to find the men and the means? I trust that, through God's blessing on Dr. Cook's unstudied but graphic narratives, hearts may be stirred, prayer stimulated, and fresh candidates for African service called forth."⁴⁵

Thus, Cook spent his life in the service of Africa, and his government and fellow Christians magnified his words to call forth still more men in service of Africa. He retired in 1934, and spent the next four years travelling and relaxing with his wife until her death in 1938. Cook passed in 1951, living in Kampala until the end. After his death, mourners recognized his scientific accomplishments in increasing the understanding of sleeping sickness and venereal diseases, his role in the establishment of the medical school at Makerere University, and his efforts in bringing the Christian faith to Uganda. Noting that Cook went to Uganda in response to Stanley's 1875 appeal, an obituary published in the *Journal of the Royal African Society* referred to Cook as "*the famous medical missionary,*" as if no other individual could fit such a description.⁴⁶ On the centennial of Cook's birth, 1970, the *British Medical Journal* published a tribute, stating that "[Cook's] place as the founder of modern medicine in Uganda is now more secure than ever..."⁴⁷

Thus, Cook's legacy as a hero and adventurer, so dependent upon Dr. David

⁴⁵ Cook, *A Doctor and His Dog in Uganda*, 7.

⁴⁶ "Arthur Williams Physician Who Played a Major Part in the Development of Medicine and Medical Training in East Africa," *British Medical Journal* 331 (2005).

⁴⁷ Billington, "Albert Cook 1870-1951: Uganda Pioneer," 738 - 40.

Livingstone's before him, had become fixed in the British imagination and continued to feed the motivations of physicians who went to Uganda after him.

The Reflection of Livingstone's Legacy in the Physicians of the Ugandan Protectorate

*“Uganda is a fairy tale. There are good and bad fairies; many people believe that there are a lot of the latter about in Uganda today. But traditionally the end of a fairy tale is that everybody lives happily ever after. I still believe that such a conclusion will one day be reached in Uganda.”*¹

- B.E.C. Hopwood

At the turn of the century, there were approximately equal numbers of British citizens and British missionaries working for the Imperial British East Africa Company (IBEAC) living in Uganda, comprising a total of about eighty individuals.² While physicians made up only a small portion of these Britons, those doctors had already made quite an impression upon Ugandan society. Indeed, a physician newly arrived in Uganda remarked: “The labours of our predecessors had familiarised the native mind with the beneficial results of European medicines, and indeed every white man was looked upon as a *musawo*, or doctor...”³

With Mwanga exiled, the British Empire stepped into a power vacuum, installing the infant Daudi Chwa as a figurehead kabaka. The IBEAC also stepped in, playing a role in the governance of Kenya and vast swathes of the east African coast. The company eventually took on the administration of all British trade interests in the region in 1893. Initially, the British had little interest in east Africa itself – for the most part, the Empire hoped to use east Africa as a link, bound with rail-ties, between other European central African interests and Mediterranean shipping lanes.⁴ The next year, however, the British

¹ David J. Bradley, Kenneth Kirkwood, and E. E. Sabben-Clare, *Health in Tropical Africa During the Colonial Period* (Oxford ; New York: Oxford University Press, 1980), 158.

² Pulford, *Eating Uganda : From Christianity to Conquest*, 169.

³ Cook, *Uganda Memories, 1897-1940*, 50.

⁴ Beck, *A History of the British Medical Administration of East Africa, 1900-1950*, 11.

foreign office took over east African interests, and in 1904 Britain declared Uganda a formal protectorate. Thus began a rocky 60-year marriage.⁵

Initially, the British medical service in Uganda grew directly out of the administrative structure of the IBEA. The company had hired physicians to care for British employees and their families who lived in east Africa, and when the government acquired IBEA assets, they absorbed these doctors.⁶ The fledgling medical service of the protectorate published the following triage guidelines prescribing the order in which patients should be given clinical priority, based largely on IBEA policies, in 1902:

- a) government employees
- b) wives, children, and household of all white officials
- c) wives, children, and slaves of coloured employees
- d) the 'bona fide savage inhabitants of the country'⁷

The attitude toward the white administrators varied within the various communities of Uganda, with many Ugandans displaying hostility to the Europeans. Medical workers were more accepted, however, especially those who made it a habit of working through the list of priorities for care listed above and offering care to Ugandans.⁸ In the early days of the protectorate, doctors endured difficult working conditions. As Ann Beck points out, at the turn of the century "the days of Livingstone were gone,"⁹ and public support in Britain for routing out slavery and bringing Christianity to the heathen had waned. The

⁵ Ibid., 7.

⁶ Ibid.

⁷ Bradley, Kirkwood, and Sabben-Clare, *Health in Tropical Africa During the Colonial Period*, 148.

⁸ Beck, *A History of the British Medical Administration of East Africa, 1900-1950*, 17.

⁹ Ibid., 9.

doctors scrounged for medicines and materials, and had no clerical support to help with recordkeeping or correspondence.¹⁰

But, while the days of Livingstone may have passed for the British public, his influence lived on in the hearts of physicians recruited to join her majesty's medical service and sent to serve in Uganda. The voluminous, meticulous records of the British Empire leave us with a remarkably clear picture of these physicians. These men continued to live out the themes of heroism and adventurism first put forth by the famed and even mythical physician-missionary, Dr. David Livingstone. As heroes, these men showed courage, strength, and self-sacrifice in their efforts to bring healthcare to Africans. As adventurers, these men showed a capacity to confront the unknown: unknown cultures, diseases, languages, and landscapes. There are many sources to draw on to support these assertions. We will first examine evidence from the selection criteria put forward by the colonial medical service. We will also look at the close ties between the personnel of the colonial medical service and missionary physicians in Uganda, and how these two groups shared these ideals of heroism and adventurism, and how these connections maintained the important element of faith in tying all of these men to Dr. David Livingstone. Additionally, we shall explore the memoirs, publications, and obituaries of several physicians of the British protectorate, illustrating their heroism and adventurism.

At the outset of the British colonization of east Africa, to ease the bureaucratic burden, the East African Colonial Medical Service administered medical services in Kenya, Uganda, and Tanzania. The overwhelming majority of Britons recruited to serve

¹⁰ Ibid., 13.

in this region were young men, most in their late twenties.¹¹ Regulations required the physicians to be British citizens, and the majority of these young doctors earned prestigious medical degrees from the most august of educational institutions, Oxford and Cambridge. This contributed to the perception of the colonial medical service as esteemed and exclusive.¹² Young men from the most elite medical institutions proved a fertile applicant pool from which to select men fitting the image of a heroic and adventurous physician.

Applicants were evaluated in three broad categories: physical criteria, social criteria, and ideological criteria. Regulations mandated applicants to submit a photograph became with the application form, and the images were used “to rule out any physical peculiarities or degenerate signs,”¹³ as it was widely believed that men of poor or weak constitution could not survive the rigors of a tropical climate or the physical exertion that a life in Africa required. This idea that only strong, vigorous men could survive a professional life in a place like Uganda perpetuated the idea of colonial physicians as adventurous men, who could not only survive, but thrive, in a foreign and taxing landscape.

Evaluators had very specific ideas of what sort of social standing and ideological views were appropriate for acceptance to her Majesty’s medical service. A model entrant would be educated at public schools (meaning expensive, exclusive educational environments) and have “impressionistic ideals,” and would uphold “upper-middle class

¹¹ Anna Crozier, *Practising Colonial Medicine : The Colonial Medical Service in British East Africa* (London ; New York: I. B. Tauris, 2007), 111.

¹² Ibid., 108.

¹³ Ibid., 34.

British values,”¹⁴ with a pedigreed family staunchly supporting the primacy of the British Empire. Crozier notes that in exchange for this support of the Empire, a career in the colonial medical service “immediately conferred upon participants a certain amount of valour that might not have been achieved with such immediacy within the home context.”¹⁵ Thus, the men of the colonial medical service were a highly select group, brought up steeped in the ideals of service to God and service to country, primed to believe that a life in the colonial medical service would be a life of heroic adventure. In turn, the type of men enrolled in the colonial medical service perpetuated the idea of the colonial physician as a valourous, heroic man, intrinsically more so than any physician practicing in Britain, even if he came from the same prestigious universities and the same aristocratic families.

Both in terms of recruitment base and ideological worldview, the colonial physician movement grew out of the missionary physician movement, and the two institutions remained intimately intertwined throughout the first half of the twentieth century, sharing Livingstone’s ideals of heroism and adventurism. As Ann Beck observed: “One wonders why so many medical officials chose tropical East Africa when they could have lived an easier life in a temperate climate and under less burdensome conditions. Some of the doctors came by accident and relished the challenge. Others came out of a sense of duty and tried to ignore the difficult circumstances of their work. Others chose deliberately the insecurity of an undeveloped country. In a sense, most of them had a missionary streak in them, whether they were in government service or in a religious establishment. To fight disease under the conditions prevailing in East Africa

¹⁴ Ibid., 35.

¹⁵ Ibid., 59.

before 1945 bordered on the miraculous.”¹⁶ This missionary “streak,” or religious legacy among the colonial medical service officers reached back to even the first missionary physician and model hero adventurer, David Livingstone.

Robert Moffat, the grandson of Livingstone’s father-in-law, the famous missionary Robert Moffat, served in the crown’s East African Medical Service as its first Principle Medical Officer (PMO),¹⁷ a fact which one Medical Officer (MO) proudly featured in a book about the history of that service.¹⁸ As Crozier writes, “it was felt proper that MOs would be aware and proud of this tradition stemming from its brave medical missionary beginnings.”¹⁹ Ernest Cook, the nephew of the famous missionary Albert Cook joined the Colonial Medical Service after a few years of work with his uncle at Mengo Hospital.²⁰ Many young colonial recruits were the offspring of missionary couples who wished to return to a childhood home in East Africa after years of study in Britain, and saw the colonial medical service as a more lucrative and convenient way to make a life abroad.²¹ Many young men actually applied to both the colonial medical service and missionary organizations. William Ansorge, whom we will return to below, served in the Crown’s medical service only after being rejected from the CMS.²² A significant minority of colonial physicians even studied to become ordained priests after retiring from the medical service.²³ Thus, a connection to Livingstone through faith remained a central element in the worldview of physicians who chose to travel to Africa as servants of the British colonies.

¹⁶ Beck, *A History of the British Medical Administration of East Africa, 1900-1950*, 206 - 07.

¹⁷ *Ibid.*, 9.

¹⁸ Crozier, *Practising Colonial Medicine : The Colonial Medical Service in British East Africa*, 60.

¹⁹ *Ibid.*

²⁰ *Ibid.*, 57.

²¹ *Ibid.*, 60.

²² *Ibid.*

²³ *Ibid.*, 61.

As Anna Crozier, an authority on the East African Medical Service observed, “religion, adventure and professional heroism all had their parts to play in stimulating interest in the Colonial Service and helped to justify the less than satisfactory pay and dislocation from family and familiar society.”²⁴ Hundreds of young men, about to depart for posts deep in Africa, shared this quality of adventurism and sought to deal with the fear of their impending ‘dislocation.’ One way that many of these men tried to deal with their fears was through the purchase of protective equipment, designed to help shield themselves from the terrors of the foreign environment they were about to experience. One medical officer, late in his career, amusedly reflected on the shopping trips that these young men would embark on before departure, recalling this tradition as “the purchase of an incredible amount of quite useless junk.”²⁵ He goes on, writing: “Every young man going out to Africa bought, for instance, a portable Berkefeld filter, an object called a Lord’s lamp, another kind of lamp.... We bought, too, vast pith helmets, spine pads, cholera belts, and the Lord alone knows how much other junk.”²⁶ Perhaps the most telling line of this discourse is his concluding thought: “For the truth is, we all felt like a lot of young Stanleys and Spekes and the more exotic and peculiar the things we bought, the more we felt like intrepid explorers bound on some romantic ‘Mission to the Interior.’”²⁷ Clearly, the young men departing for service in the African medical service shared these ideals and qualities of adventurism. Indeed, some inwardly compared themselves to famous African explorers who had first opened the continent to Europe. They saw the

²⁴ Ibid., 59.

²⁵ A. H. M. Kirk-Greene, *Glimpses of Empire : A Corona Anthology* (London: I.B. Tauris, 2001), 279.

²⁶ Ibid.

²⁷ Ibid.

foreign aspects of their new lives, manifested through new environments and cultures and diseases as a fundamental quality of their experience in Africa.

Furthermore, Crozier asserts, “the intrinsically philanthropic nature of the work [as a colonial physician] meant that it was intimately associated with positive ideas of Christian morality as well as being dynamically connected with a new, potentially life-threatening, medical specialism, that of tropical medicine.”²⁸ Thus, colonial physicians were imbued with positive associations and seen as heroes for their willingness to put the needs of Africans before their own. Importantly, this emerging field of tropical medicine afforded many of these young ambitious men the opportunity to publish cutting-edge material and afforded them a further opportunity for adventurism, to continuously encounter something new and foreign in their professional lives.

We will examine evidence to support this assertion from a range of sources, relating to several men who served in the Crown’s medical service throughout the twentieth century. First, we will return to William Ansorge, who joined the East African Medical Service at the turn of the century, only after a rejection from the CMS.

Ansorge’s memoir, *Under the African Sun*, opens with a description of his heroic and adventurous expedition into Uganda, telling of the weeks-long journey he took through unforgiving Ugandan terrain to reach his post and of the brutal slayings of European missionaries who came before him. “The caravan route from Mombasa to Port Alice, a distance of some 800 miles, was practically a mere footpath. Not a few hardships and dangers had then to be faced....barely three years ago two caravan parties were

²⁸ Crozier, *Practising Colonial Medicine : The Colonial Medical Service in British East Africa*, 59.

massacred by hostile natives.”²⁹ Ansorge is emphasizing to his readers the danger and hardship that he faced in his work. These heroic elements of his experience were clearly significant to him personally, and he chose to feature these events prominently in the opening pages of his memoir.

Ansorge closes the preface with the pregnant statement: “There is an indescribable fascination in African travel and adventure, which draws one again and again to the Dark Continent, though not a few Europeans have found it their grave.”³⁰ Here, Ansorge again alludes to the adventure and exoticism that drew him to Africa, in spite of the terrible danger that a life on that continent brought to his doorstep. When Ansorge reached Kampala, as fits the model of a hero, he took on more work than any normal man could endure: “During the four and a half months I held the appointment I was absolutely single-handed, and had to perform all the duties which now are subdivided amongst quite a number of officers and clerks.”³¹

Ansorge reflected on the other physicians he came to know in Kampala, acknowledging their heroism in the service of others. Recognizing the close ties between the staff of the colonial medical service and missionary physicians at the time, Ansorge wrote of physicians serving in the White Father’s association: “These hardy missionaries devote their life to the cause; as a rule, they die out here...the church mission society grant a full year’s leave to their missionaries after every five years of work, but these white fathers have no restful leave of absence to look forward to.”³² A few years into his service, the colonial administration sent Ansorge to the rural region of Fajao to set up a

²⁹ William John Ansorge and Ernst Hartert, *Under the African Sun; a Description of Native Races in Uganda, Sporting Adventures and Other Experiences* (New York,: Longmans, Green, 1899), 1.

³⁰ Ibid., 3.

³¹ Ibid., 120.

³² Ibid., 132 - 33.

medical station. Ansorge describes the dangers that the threatening environment posed to his health: “Crocs [sic] and hippos [sic] swarm in the river, and lions infest the neighbourhood. Instead of a healthy station, the climate must try every white man’s constitution, if stationed here for any length of time; death and danger surround him by land and by water, and all his energies are called forth to guard against them.” Again, Ansorge’s recognition of the danger his surroundings posed to him paints him as an adventurer, surviving against all odds in a harsh, foreign, and forbidding environment.

After this brief discussion of the medical station at Fajao and a passing description of a leper colony he set up at Mahaji,³³ Ansorge devotes the remainder of his considerable memoirs to lengthy descriptions of his participation in various African game sport. Entire chapters are dedicated to elephant hunting, lion hunting, rhinoceros hunting, and hippopotamus shooting, respectively. Ansorge then goes on for dozens of pages, describing the wildlife of the Ugandan plains, including various species of gazelle and antelope. A chapter about reptiles follows, and then finally, the huge volume concludes with a section filled with drawings of dozens and dozens of African insects and birds.³⁴ The fact that Ansorge devoted such large portions of his memoirs to the wild game and foreign natural environment he encountered in Uganda is significant, as it shows how much he valued his experience in Uganda as an adventurer.

As time went on and British interests in the African colonies grew, the Colonial Medical Service took a greater interest in issues of public health among Africans, rather than making the care of Europeans their highest priority. The new field and specialty of tropical medicine emerged as British priorities shifted toward providing care to Africans.

³³ Ibid., 209.

³⁴ Ibid. Please see table of contents.

In the early stages of this shift of priorities, the Crown's physicians implemented a few modest policies aimed at controlling malaria, as much for their own benefit as that of Africans. They took quinine, of course, and also saw that brush was cleared from any living areas, receptacles for standing water were emptied or oil spread over the surface of immovable water sources.³⁵

Soon, however, a deadly and indolent illness found foothold in the northern region of the colony, Entebbe. Rumors of hundreds of people mysteriously falling ill with stuporous fatigue, progressing inexorably to madness, seizures, and death found their way south to the physicians in Kampala at the turn of the century. Between 1904 and 1907, this disease killed a staggering 200,000 Ugandans and not a few Europeans.³⁶ The search for the source of and a cure for the disease, called Sleeping Sickness, greatly changed the role of British physicians in Uganda, expanding their primary responsibilities to the care of Africans and the study of a new field of scholarship, that of Tropical Disease. Sir Albert Cook and his brother, John H. Cook first reported the disease to the British government and requested manpower and funds with which to fight the epidemic.³⁷ In response, the British government sent a series of physicians: Dr. A.D.P. Hodges, Dr. Ray Lankester, and Dr. Aldo Catellani among many others, but infighting among the burgeoning tropical medicine community and inadequate funding for their efforts resulted in little progress.³⁸

In light of this failure, the ongoing epidemic forced the British government to candidly reassess their goals for the colonial medical service and drastically expand

³⁵ Beck, *A History of the British Medical Administration of East Africa, 1900-1950*, 31.

³⁶ Bradley, Kirkwood, and Sabben-Clare, *Health in Tropical Africa During the Colonial Period*, 148.

³⁷ Beck, *A History of the British Medical Administration of East Africa, 1900-1950*, 34.

³⁸ *Ibid.*, 37.

public health efforts aimed at preserving the health of Africans. In a very frank assessment of British interests in Uganda, H.R. Tate, a colonial administrator wrote a few years later: “our native population is incomparably the most valuable asset we possess in British East Africa. Exploitation in the future as continued in the past is certain to result in big dividends for a term of years but failure to safeguard the health...of the native population is a policy of sacrificing the future for the needs of the present and can only end in our ultimate exposure as unjust stewards and in the fate reserved for those who are adjudged unworthy of their trust.”³⁹ Thus, the British began to invest in public health measures aimed to benefit their African subjects, although with the motive of further enriching themselves through the labor of Ugandan subjects. Nevertheless, public health measures improved. As Ann Beck writes, “In 1914 Kenya and Uganda had reached a stage of minimum health standards for the European community. A plan had been conceived to expand the European style of life in East Africa.”⁴⁰

Dramatic increases in funding did follow this recognition of the need for specific health provisions aimed at Africans. Medical expenditures in Uganda hovered around ten to fifteen thousand pounds per annum in the first two decades of the twentieth century, more than doubling during the first world war, and then rising to seventy and then to well over one hundred thousand pounds per annum in the 1920s.⁴¹ The number of Ugandan patients seen in colonial hospitals increased considerably as more money flowed to the colonial health-posts. In 1909, only 35,905 Ugandans were seen in the Crown’s Ugandan

³⁹ Annual Report, Province of Kenya, 1918-1919,” File PC/CP 4/1/1, KNA (Nairobi), p. 145, as quoted in *Ibid.*, 78.

⁴⁰ *Ibid.*, 59.

⁴¹ *Ibid.*, 221.

hospitals, but by 1928, over half a million Ugandans were served in these institutions each year.

Thus, the colonial medical service in Uganda expanded significantly throughout the twentieth century. As more medical officers streamed into the region from Britain over the decades, however, Livingstone's legacy of adventurism and heroism continued to influence those physicians, and did not diminish. Colonial medical recruits continued to harbor these qualities, and the colonial medical service continued to cultivate such ideals in the men recruited to join the service. An advertisement published in a 1938 issue of the *British Medical Journal* promoting a career in the Colonial medical service encouraged this heroic image, declaring to potential applicants: "In few other branches of human activity can the work so surely be its own reward."⁴² A 1961 advertisement touted the challenges that a career in the colonial medical service presented, portraying the obstacles of colonial administration as "some of the most complex and, at the same time, most fascinating problems facing the world," specifically owing to the difficulties that life in a foreign tropical climate presented, such as facing down unknown disease and unpredictable weather.⁴³

In terms of specific examples of this continuation of the notions of heroism and adventurism into the mid-twentieth century, we will examine the life of Dr. Arthur Williams. Williams joined the Colonial Medical Service in 1931 and lived and worked in Kenya but mostly Uganda until after the dissolution of the protectorate. Born in 1905, Williams grew up embracing the wilds of rural Northumberland. As a boy, Williams

⁴² C. Jeffries, *The Colonial Empire and its Civil Service*, Cambridge, 1938, p. 154; as quoted in Crozier, *Practising Colonial Medicine : The Colonial Medical Service in British East Africa*, 61.

⁴³ Quoted from British protectorate pamphlet, as quoted in Beck, *A History of the British Medical Administration of East Africa, 1900-1950*.

loved playing outdoors and exploring temperate marshes full of myriad plants and animals.⁴⁴ As a young man, he longed for the opportunity to travel and did not particularly relish the idea of joining his father's practice, though his family expected him to take on this role.⁴⁵ Instead, Williams gave up a life of relative comfort and ease in England, making a life instead in Uganda, because he felt "captivated and drawn by the idea of East Africa."⁴⁶ Depictions of Africa in popular literature as a place of adventure and excitement attracted Williams to a life as a physician in Uganda.⁴⁷ He applied to a number of missionary organizations after his education at the elite Cambridge University. A deeply religious man, he toyed with the idea of becoming a missionary and elected not to after realizing that most missionary organizations would not allow him to marry and to serve.⁴⁸ So instead, he enrolled in her Majesty's medical service.

Thus, Williams spent forty years in the colonial medical service. Throughout his career, Williams continued to display a sense of adventurism and heroism that tied him to the very first missionary physician, Dr. David Livingstone. In the obituary published after his death in 2005, colleagues remembered his passion for the wilds of Africa, and how he loved "to explore the northern shores and islands of the huge freshwater expanse of Lake Victoria, many of the islands being uninhabited at that time and often thickly forested. The lake hippos were benign, often just a couple lazing in a bay during the daytime, their nocturnal foraging ashore preceded by much grunting...crocodiles were fairly common in those days they tended to be nocturnal fish eaters and spent their days sunning on off-

⁴⁴ "Arthur Williams Physician Who Played a Major Part in the Development of Medicine and Medical Training in East Africa."

⁴⁵ Crozier, *Practising Colonial Medicine : The Colonial Medical Service in British East Africa*, 57.

⁴⁶ *Ibid.*, 1.

⁴⁷ *Ibid.*, 66.

⁴⁸ *Ibid.*, 53.

lying rocks.”⁴⁹ The British government and the public certainly embraced Williams as a hero. For his efforts in patient care, in building Mulago Hospital, and developing the facilities for and curriculum of Makerere medical school, the Queen honored him as a Commander of the British Empire (CBE). This recognition cemented Williams as a national hero in Livingstone’s image, a self-sacrificing physician putting the needs of Africans ahead of his own interests. The medical community saluted Williams’ achievements in Africa as well, printing a full-page obituary hailing his accomplishments after his death in 2005.

Williams left Uganda in 1971, just as Amin seized power in Kampala. Nine years earlier, Ugandans had held free elections (or at least as free as British machinations would allow), and Ugandans had dissolved the British Protectorate. Williams’ stay beyond the expiration of official British interest in Uganda was not atypical. Many other physicians stayed on after the end of the British rule in Uganda, for example, Dr Roy Billington. Billington was a missionary colleague of Albert Cook’s, and he continued to see patients at Mengo Hospital until Amin’s terror also forced him back to Britain in 1971.⁵⁰

Hundreds, even thousands of physicians followed in Dr. David Livingstone’s footsteps. While he went to Africa to heal the “open sore of the world,”⁵¹ as he called slavery, he established two unending themes, adventurism and heroism, that continued to characterize the work of Western physicians travelling to Africa in his wake, even past the termination of the British government’s involvement in Uganda.

⁴⁹ "Arthur Williams Physician Who Played a Major Part in the Development of Medicine and Medical Training in East Africa."

⁵⁰ Pulford, *Eating Uganda : From Christianity to Conquest*, 201.

⁵¹ *Ibid.*, 22.

Are We All Livingstones?

*"The one thing tyrants and aid workers have in common is their liking for being posed next to children."*¹

- Dr. Rony Brauman, former President of the French section of MSF

The terror of Dictator Idi Amin barred foreigners from Uganda for the entirety of the 1970s, but Western influence, particularly in the medical sphere, soon returned to the region. In the 1980s, epidemiologists described an exotic and poorly understood disease killing gay men and injection drug users in New York and California. Unaccountably, the disease also raged through the Ugandan countryside, wasting fat and muscle from the bones of previously robust young men and women. That disease, of course, was Acquired Immunodeficiency Syndrome (AIDS).

The emergence of AIDS and the absolute devastation left in its wake have been major motivating factors for the waves of Western doctors travelling to Uganda and other impoverished regions of the world over the past twenty five years. The epidemic has drawn hundreds of Western-based multi-national organizations, non-governmental organizations, academic institutions, and faith-based organizations to Uganda. Many of these groups employ Western physicians and other medical professionals as researchers, educators, and in the provision of care to the sick.² Indisputably, some of these organizations have done important work, providing succor to the suffering and making significant contributions to our understanding of Human Immunodeficiency Virus (HIV)

¹ David Rieff, *A Bed for the Night : Humanitarianism in Crisis* (New York, N.Y.: Simon & Schuster, 2002), 25.

² S. Bechange, "Determinants of Project Success among Hiv/Aids Nongovernmental Organizations (Ngos) in Rakai, Uganda," *Int J Health Plann Manage*.

and AIDS. For example, The President's Emergency Plan for AIDS Relief (PEPFAR), while certainly controversial, has provided indisputably life-saving treatment for 145,000 Ugandans with HIV,³ and since 1988, researchers from Makerere University, Johns Hopkins University, and Columbia University have collaborated on the now famous Rakai Project for the express purpose of researching and understanding HIV/AIDS. This collaboration has resulted in the publication of hundreds of groundbreaking peer-reviewed articles.

All of this is to recognize that the circumstances surrounding Western medical intervention in Uganda and other African countries are now quite different than they were in Livingstone's time. Still, Livingstone sounded a clarion call to end slavery, to draw Westerners to Africa and heal that continent's 'open wound' only one hundred and fifty years ago. One hundred and fifty years is truly not very long, and the effects of his declaration of Africa's great need for help from the West are still alive. As Megan Vaughan, a noted historian of Africa, wrote: "David Livingstone was the great nineteenth-century hero of British missionary medicine in Africa. As an explorer-cum-healer, he had performed a dual role...he had 'opened up' large parts of central Africa, and, finding Africa 'wounded' by the slave trade, had then called for the 'wound' to be healed."⁴ Vaughan goes further, asserting that Livingstone's dispatches from the continent helped to create the perception in the West that Africa was a perpetually suffering continent, in constant need of ministrations from the West: "From Livingstone

³ <http://www.pepfar.gov/countries/uganda/index.htm>, accessed 1/16/10.

⁴ Vaughan, *Curing Their Ills : Colonial Power and African Illness*, 57.

onwards, reports from Central and Eastern Africa insisted that the continent was ‘sick’ and suffering...”⁵

Tens of thousands of men, including thousands of physicians responded to Livingstone’s challenge and have left us an exhaustive record of their work. As we have seen, those physicians showed remarkable uniformity in two defining themes of their experience – heroism and adventurism. Livingstone’s cry continues to echo on, as physicians are now called to respond to the true scourge of HIV/AIDS upon the poor and vulnerable in Uganda and other places in Africa and around the world. As we respond to this undeniable need, truly it is worth examining our experience in the context of the doctors who went before us, for we do share these thematic elements in our experience. We, too, are adventurers and heroes.

Recently I looked through some of the letters I wrote home from Uganda two years ago. I found one that I wrote early that summer. “I have been going on rounds and have already learned so much clinical medicine I can't believe that it's only been two weeks. Part of the reason for this is that pathology here is not like pathology in the US. People here come to the hospital as an absolutely last resort, so they come very, very late in their disease state. Thus, the pathology is grossly visible and totally different than anything I have ever seen in the US or read about in a textbook.”⁶ In this matter-of-fact enthusiasm, there is an unmistakable echo of Cook’s declaration of Uganda as a “professional man’s paradise.” Certainly I would have agreed with his description of Mengo Hospital as I wrote those words about Mulago Hospital, and certainly I sound similarly adventurous, thirsting after experience with new and exciting diseases.

⁵ Ibid.

⁶ AMP to PLP Kampala, Uganda, 25 June 2007.

Even in my application essay, I catalog this dramatic manifestation of disease chief among the reasons I wanted to go to Uganda: “I will have the unique opportunity to work with physicians who face a flood of disease every day,” I wrote. “And until very recently, did so without the benefit of any ARV’s [treatment]...it is not possible for me to appreciate these challenges by simply reading about them on paper.”⁷ Again, these words are reminiscent of the physician adventurers who went before me, eager to confront and understand unknown disease. The desire to confront an unknown culture, too, ties present day medical professionals to those who went before us. Another student hoping to travel to Uganda wrote in his application: “the real cultural experience is one that broadens the scope of both my imagination and understanding beyond the narrow confines of what I’ve heard and read, no matter how much I listen and read before traveling.”⁸

Adventurism encompasses a desire and capacity to confront unknown cultures as well as unknown disease, and again, this is an example tying the adventurism of present-day medical professionals to Dr. David Livingstone.

Heroism, too, imbues my descriptions of the Western physicians I saw working at Mulago that summer. This excerpt from a letter home describes the bold and decisive actions of a British surgeon visiting for six weeks, on leave from his regular post at a London hospital. He improvised quickly with the few materials available to save this patients’ life. I wrote: “the other day I saw a resident improvise a pericardiocentesis (draining fluid from the tissues surrounding the heart—this is a very dangerous condition for the patient as the fluid restricts the beating of the heart) with an IV cannula and a

⁷ AMP Downs application 2007.

⁸ Anonymous, Downs Application 2007.

foley bag (the patient is doing much better now).”⁹ While it is important to note that I did, too, refer to the Ugandan interns and residents with similar reverence and shades of heroism, this does not alter the fact that I saw and described this Western interloper as a hero, just as Western society has seen Western physicians travelling to Uganda for generations before.

There are other examples of present-day heroic and adventurous Western physicians caring for patients in Uganda. Consider the physicians of Doctors Without Borders (Medecins Sans Frontiers, or MSF, <http://www.msf.org>), a medical humanitarian organization dedicated to providing medical care for patients in danger around the globe. The group operates in three regions of Uganda, providing treatment for patients with HIV/AIDS and tuberculosis. An MSF advertisement seeking physicians with expertise in HIV and TB reads: “Looking for adventure? Doctors Without Borders needs HIV and TB specialists to work in 35 countries, doing patient care, training, and management.”¹⁰ Here, the organization itself embraces the characterization of their physicians as adventurous. Another MSF advertisement, this one for a campaign seeking donations, boldly stated: “We have two billion people in our waiting room.”¹¹ How could MSF make themselves seem any more heroic than by asserting that the lives of some two billion people depended on their organization? David Rieff, a journalist and outspoken critic of the humanitarian aid movement, scoffs at the claim in the ad: “The implication was clear. If given the resources, they could save them all. They must have known this was nonsense.”¹² In using hyperbole to promote their cause, to make themselves seem

⁹ AMP to PLP Kampala, Uganda, 15 July 2007.

¹⁰ <http://sciencespeaks.wordpress.com/2009/05/22/tb-and-hiv-specialists-needed/> accessed 1/11/10.

¹¹ As quoted in Rieff, *A Bed for the Night : Humanitarianism in Crisis*, 277.

¹² Ibid.

heroic, MSF perpetuated this theme of heroism that can be traced back to Dr. David Livingstone.

A few MSF physicians keep journals relating their experiences on the MSF website. A German physician working in a refugee camp in Darfur wrote this entry, describing the burdens of patient care he faces each day. He writes: “In the first weeks we saw up to 200 or 250 people in a single day. There was just a local doctor and myself at the time. We worked ourselves to the limit each day, but still we have been forced to send as many as 200 people home at the end of the day.”¹³ These words sound remarkably similar to the heroic Sir Albert Cook’s descriptions of the lines of patients waiting outside the doors of Mengo Hospital just over one hundred years ago. The similarities continue, as this physician reflects on the level of responsibility resting on his shoulders and the fact that he is the sole care provider for his patients, that there are no specialists to whom he can refer difficult cases. He writes: “In Germany, I work as a general practitioner in a country village. I think it has prepared me well for the work I am doing here with MSF in Darfur. Even in a village at home you have to have a broad medical knowledge and be able to do everything, diagnosing mild to severe problems and even doing small surgeries. The big difference is that at home, there is always the possibility of referring a patient to a hospital or a specialist when you don't know what to do anymore. That is something that you just can't do here. You have to deal with all the problems that come your way.”¹⁴ These are the exact same sentiments that Sir Albert Cook’s mother expressed, describing the burdens of her son’s heroic work, in her 1903 publication *A*

¹³ <http://www.doctorswithoutborders.org/news/article.cfm?id=1073&cat=voice-from-the-field&ref=related-bottom>, accessed 1/14/10.

¹⁴ <http://www.doctorswithoutborders.org/news/article.cfm?id=1073&cat=voice-from-the-field&ref=related-bottom>, accessed 1/14/10.

Doctor and His Dog in Uganda.¹⁵ Thus, specific aspects of these themes of adventurism and heroism can be traced forward to Western physicians working in Africa today, in some instances with strikingly similar details spanning one hundred and fifty years.

Why does this all matter? Some may argue, with merit, that the commonalities that Western physicians currently working in Africa and the missionary doctors and the colonial doctors from years past share are, to a great degree, a matter of self-selection. Individuals who choose to travel across oceans to other countries and enjoy immersion in another culture are likely more adventurous by nature than doctors who choose to practice at home. And few who read the online journals of that MSF doctor working in Darfur could doubt his genuine desire to simply deliver the best care possible to all of his patients, to provide some kindness and succor to people who are truly suffering, and few would suppose that he harbored any ulterior motive in delivering this care. Many might call him heroic. In fact, the Nobel committee honored MSF with the esteemed Nobel Peace Prize in 1999 for their efforts to care for those in need of medical care in regions of conflict around the world.

Even Vaughan concedes this point, with this analysis of white Western physicians who published memoirs after spending years in Africa delivering care to African patients: "...this does not mean that many of these ...[doctors]... were not, in their way, truly heroic figures, who worked with humility and humanity in very difficult circumstances. Rather it is that when faced with the task of summarizing their lives for a European audience they found themselves locking into, reproducing and conveying long-standing images of Africa as the 'dark continent' which held a fearful attraction."¹⁶ She continues,

¹⁵ Cook, *A Doctor and His Dog in Uganda*, 123.

¹⁶ Vaughan, *Curing Their Ills : Colonial Power and African Illness*, 176.

“the difficulties facing the doctor, nurse and medical assistant in rural Africa are very real ones, but the European doctor-hero literature is not, by and large, concerned with the political economy of health in Africa so much as with constructing an image of that ‘Africa’ through a narrative of biomedical endeavour.”¹⁷ Thus, without intention, Western physicians currently working in Africa, who may be heroic in their own way, can perpetuate harmful, tired and false tropes about Africa.

Indeed, the theme of heroism has become deeply engrained in Western perceptions of Western medical professionals providing care to Africans. As Vaughan observes, “The white doctor in Africa is an enduring hero-figure of Western culture. From Livingstone through Schweitzer to the more recent figures of doctors and nurses working in the famine camps of Sudan and Ethiopia, there is a continuity in the images associated with the European biomedical endeavour in Africa.”¹⁸ So even as there is continuity in the details of how these physicians write about their experiences, there is continuity in the images of these physicians that are perpetuated in our imaginations, and indeed, continuity in the images beamed back to the West through online journals, advertisements, movies, and even the news.

Some might ask again, so what? Why does it matter that Western physicians currently working in Africa share these characteristics with Dr. Livingstone? As we discovered above, these similarities can be easily understood and explained away. But the characteristics that present-day Western physicians working in the poorest regions of the world share with their missionary and colonial predecessors are truly significant. These themes that Livingstone established continue to color the relationships that Western

¹⁷ Ibid., 155.

¹⁸ Ibid.

physicians build with Ugandan and other African patients, and can negatively influence their relationships with their colleagues, Ugandan medical professionals and African medical professionals from other countries. Let us further consider the implications of the legacy of Dr. Livingstone and subsequent missionary and colonial physicians upon the staff of MSF.

To fully appreciate this point, we must first understand some context surrounding the origins of MSF. A group of French physicians founded MSF in 1971 after the Biafran war in Nigeria. At that time, the Swiss International Committee of the Red Cross (ICRC) was the largest and most active humanitarian organization working in war zones around the world. At that time, and indeed, to the present day, the ICRC maintained a very strict policy of complete neutrality in relation to any conflict in which they worked. The organization claimed that their neutrality was essential for the safety of their workers and the effectiveness of their mission of providing aid to those in need in wartime. The ICRC endured withering public criticism, humiliation, and even accusations of complicity in the holocaust after it was revealed that the group gained knowledge of the extermination of millions in the gas chambers at Auschwitz in 1942, and then chose not to share this information with the Allies so as not to compromise their neutrality.¹⁹

The ICRC again maintained this neutrality throughout the Biafran war, just a short thirty years later. During that war, militants constructed blockades preventing the delivery of food aid to civilians, and instead took the food to feed their troops. This resulted in a terrible famine. While the exact details of how many innocents died of starvation versus disease, when exactly the ICRC gained knowledge of the blockades and which of the warring parties bears most blame for these tragedies is now disputed, but

¹⁹ Rieff, *A Bed for the Night : Humanitarianism in Crisis*, 76.

hardly matters. A faction of enraged French physicians emerged after the war and castigated the ICRC for their failure to publicize the effects of the blockades and once again, accused the organization of complicity, through its neutrality, in the murder of civilians and even of genocide.²⁰ Many of these critical voices joined together to form *Médecins Sans Frontières* (MSF) in 1971.

Thus, MSF declares itself an independent organization rather than a neutral one. They see *temoignage*, or witness, as an essential element of their mission. “Witnessing (*temoignage*),” they write, “consists of: the presence of volunteers among populations in danger, motivated by concern for the fate of fellow human beings and a willingness to be at their side and listen to them, as well as to carry out medical work among them; and the duty to report on the situation and on the fate of these people. Where MSF is present as a witness to massive and repeated violations of human rights and/or humanitarian law (such as forced population displacements, *refoulement* [forced return], genocide, crimes against humanity and war crimes), then MSF may ultimately be forced to make public denunciations.”²¹ In this process of witnessing and denouncing and speaking out, however, inherent judgments are made, judgments that cannot be made in a vacuum. These judgments, as they are made by human beings, simply cannot be devoid of the weighty burdens of culture and history. As Ethnographer Peter Redfield asserts while reflecting on what he calls this “motivated truth” of MSF, “no form of cultural expression remains simply untouched by history.”²²

²⁰ Ibid., 81-84.

²¹ Peter Redfield, “A Less Modest Witness: Collective Advocacy and Motivated Truth in a Medical Humanitarian Movement,” *American Ethnologist* 33, no. 1 (2006).

²² Ibid.

MSF itself has recognized this problem - that the very act of witnessing and reporting is fraught with heavy cultural and historical baggage. Furthermore, the question of exactly who conveys those reports to supporters of MSF and indeed, the rest of the world, has been a troublesome one for the organization. Overwhelmingly, the voices that shape, manipulate, and carry that message of witness are Western, privileged and white. MSF freely admits that they manipulate the voices of those they claim to represent for the benefit of the organization. One former MSF spokesperson said: “As a head of mission noted to me in Uganda, ‘Information can kill other information.’ Rather than constantly talking about a situation, she stressed the importance of choosing a moment and having convincing arguments and figures at the ready to make an impact.”²³

But it is not only choosing that certain moment to speak out and spinning the message of MSF that complicates this notion of witnessing, for those techniques are not unique among advocacy organizations. The more important question is that of who conveys MSF’s message to the rest of the world. Redfield observes that “... an inherited politics of race, class, and citizenship lies beneath patterns whereby largely European expatriates appear more easily as agents of truth, transmitting the less mobile voices of largely non-European victims. At rhetorical moments, the entire, complex transnational organization disappears into the nominal image of a biomedical doctor, historically not only white but also male.”²⁴ Thus, intentionally or not, MSF has latched onto and perhaps perpetuated the idea that white Westerners are the authority on the medical situations in places such as Uganda or Darfur. The influence of Dr. David Livingstone and those men

²³ Ibid.

²⁴ Ibid.

who followed him lives on in enduring images of an MSF medical relief worker as a white, male, biomedical doctor.

Furthermore, there are deep tensions between these archetypal white, male, biomedical doctors from the West and physicians from the countries where MSF does its work. Each year, MSF hires hundreds of Western physicians (whom they call “expats”) and sends them to regions around the world where MSF perceives that there are vulnerable people in need of care. For example, the German MSF physician with the online journal discussed above is an ‘expat’ employee. But in fact, the great majority of MSF health professionals and other employees are citizens of the countries where MSF works (MSF calls these employees “nationals”). MSF took note of tensions between these two groups of workers, and in 2005 commissioned an internal study of the issue. Olga Shevchenko, a social scientist working for the organization, published part of the data from that study, which documented some of the problems between “expats” and “nationals” within MSF. Shevchenko quotes a variety of national employees at an MSF conference in Luxemborg dedicated to discussion of these thorny issues. “Despite their prevailing numbers, the national staff is not prominent in MSF’s public representations of its activities, or in the popular understanding of how the organization works,” the report reads. “More importantly, as some national members of MSF who participated in the Luxemborg conference pointed out, their knowledge and expertise are frequently undervalued within the organization itself. In one of the most poignant moments of the

conference, a Liberian physician rose to exclaim: “We too are human beings! We too have an education! We too have experience and can take responsibility!”²⁵

It is not only national MSF employees who perceived this problem. Some expatriate MSF employees recognized a consistent, systemic under-appreciation of national employees. Shevchenko’s study goes on, quoting a Western MSF expatriate employee: “‘our attitude towards our national colleagues is all too often characterized by racism and arrogance, and an extraordinary degree of ignorance,’ one of the most senior MSF members declared, and ‘our attitude to all kinds of ‘local’ knowledge and expertise is not much better.”²⁶ Thus, even in a humanitarian organization based on the very idea that every human being has inherent worth and certain, immutable dignity, the voices of Western physicians are oftentimes given more weight than their due.

The reasons for this are numerous and complex, and certainly are not limited to the historical legacy of Dr. David Livingstone and other Western physicians working in the regions where MSF now works. But that history is certainly still alive for many. MSF expatriate physicians revealed in numerous interviews that the historic relationships their home countries have with former colonies still connects them with those countries in a unique way. Shevchenko writes: “Members of MSF from such countries as Belgium, France, and the United Kingdom, as one of them put it, have ‘a passion for...Africa...that comes from our colonial past,’ including family ties that connect them with earlier generations of men and women who went to Africa as missionaries, physicians, colonial administrators, or commercial agents. ‘I feel like I am marching in their steps in a way,’ a

²⁵ Olga Shevchenko and Rene C. Fox, “‘Nationals’ And ‘Expatriates’: Challenges of Fulfilling ‘Sans Frontières’ (‘Without Borders’) Ideals in International Humanitarian Action,” *Health and Human Rights* 10, no. 1 (2008).

²⁶ Ibid.

Belgian member of MSF told us.”²⁷ Clearly, elements of Dr. David Livingstone’s legacy, and a desire to carry out his exhortation to heal the ‘sore’ of Africa still draws men and women to work as physicians on that continent.

Another example of how Livingstone’s legacy still influences the interactions between Western physicians and patients in Uganda and other poor countries can be appreciated through examination of the explosion of research that HIV/AIDS has brought to the African continent. There are hugely complex power dynamics between white, educated, powerful Western researchers, and poor, vulnerable patients in a place like Mulago hospital in Kampala. Myriad factors affect these power dynamics: money, language, culture, sex, race, education, stigma, life experience – but again, history plays a part. History has a central role here. About fifteen years ago, in recognition of these power dynamics and the pungent influence of history upon the present, a group of Ugandan physicians and health professionals met to set out new ethical guidelines for clinical research on Ugandan people.

As discussed above, waves of Western researchers seeking to understand the burgeoning HIV epidemic had flocked to Uganda since the 1980s. This group of Ugandan medical leaders met to discuss the ethical challenges that these Western researchers posed to Ugandan people and most especially to Ugandan patients. The group deliberated at length, and finally delivered a report a year later. “Researchers, scientists, and physicians in Uganda,” they wrote, “have become increasingly aware of the need to develop a systematic approach to reviewing bio-medical research conducted in their country. Much of this awareness and their concern stems from Uganda’s high seroprevalence of human immunodeficiency virus (HIV) and the consequent large influx

²⁷ Ibid.

of research monies and HIV researchers from developed countries, including the United States and Great Britain.”²⁸ The conference report goes on to recognize the role of history, and specifically the role of previous Westerners in creating the tensions between the researchers and research subjects: “The imposition of research on a community was perceived by some Ugandans as a demonstration of foreign imperialism, reflective of British colonialism, encouraging control of the less sophisticated by the privileged. Uganda’s history of tyranny...may also contribute to discomfort with scientific research in general and ‘foreign’ research involving human subjects in particular.”²⁹ Thus, the historical legacy of colonialism complicates the question of allowing foreign physicians perform research in Uganda today – this history of Western hegemony over Ugandans is still very much alive in the medical sphere.

²⁸ S. Loue, D. Okello, and M. Kawuma, "Research Bioethics in the Ugandan Context: A Program Summary," *J Law Med Ethics* 24, no. 1 (1996): 47.

²⁹ S. Loue and D. Okello, "Research Bioethics in the Ugandan Context. Ii: Procedural and Substantive Reform," *J Law Med Ethics* 28, no. 2 (2000): 166 - 67.

Conclusion

“History is a guide to navigation in perilous times. History is who we are and why we are the way we are.”

- David McCullough ¹

This is indeed a perilous time for many, most especially for those millions of souls around the world with HIV or resistant strains of tuberculosis and without access to a doctor or life-saving medicines. Western medical institutions such as MSF have responded to that peril, sending thousands of physicians to Uganda and other regions of the world to care for the sick. As we have seen, Dr. David Livingstone’s declaration of the slave trade in Africa as the ‘great sore’ of the world, and his legacy as a hero and adventurer continues to influence the work of those Western physicians in Uganda and other regions of Africa to this very day.

While we Western physicians respond to the peril of HIV/AIDS and health inequality around the world, as is surely our responsibility, we must also follow McCullough’s charge. We must claim the remnants of Livingstone’s legacy that are still alive within us. We must recognize the history that has helped shape who we are and in part defines why we are the way we are, and use that information to help us navigate these challenges. We must keep our history in mind as we go on rounds in places like Mulago hospital and choose to code a dying patient. I think, perhaps, that the memory of the futile efforts to save Aiza has stayed with me so intimately in part because the white faces and white coats grouped around her bed somehow seemed tragically emblematic of this unrecognized history.

¹ <http://www.goodreads.com/quotes/show/113207>, accessed 2/1/10.

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