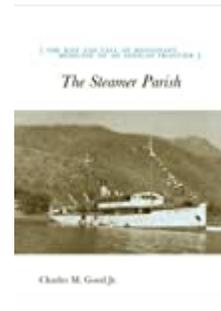


**Charles Good.** *The Steamer Parish: The Rise and Fall of Missionary Medicine on an African Frontier.* Chicago: University of Chicago Press, 2004. xx + 487 pp. \$80.00 (cloth), ISBN 978-0-226-30281-2; \$30.00 (paper), ISBN 978-0-226-30282-9.



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Since the early 1950s, the Lake Malawi region has attracted the attention of students of religion and religious history, particularly those of Christian missionary activities. That the area has received such attention is not surprising considering its association with Dr. David Livingstone, easily the most widely known missionary and adventurer to traverse the African continent in the nineteenth century. Indeed, as is generally known, many of the missions in question were inspired directly and indirectly by Livingstone.

The most recent study of Christian missionaries in the area is *The Steamer Parish* by Charles Good, whose previous work has largely been on disease and health care systems in Africa, mainly in Kenya and Uganda. This is what led him to study the medical work of the Universities Mission to Central Africa (UMCA), born within a few weeks of Livingstone's speech at Cambridge University on December 4, 1857, imploring his audience to take an active interest in Africa by following his footsteps as he returned to the continent, and by establishing a Christian mission in the Lake Nyasa (Malawi) region. The first mission party, led by Bishop Charles Mackenzie, was to locate itself at Magomero in the Shire Highlands, but, within a few years, six of the missionaries, including the bishop himself, died. For this and other reasons, the project had to be abandoned; the missionaries transferred

to Zanzibar, where they operated for the next twenty-five years before returning to the Lake Malawi area in 1885.

In chapter 1, Good sets out some of the themes and sub-themes of the book, one of the central ones being that, much as missionaries must be viewed as propagators of Christianity, their work in introducing ideas of western medicine and technology, which ultimately laid the foundation of modern public health in the area, has often been underestimated. The chapter examines this point, especially the convergence of the European ideas and approaches to disease and cure with the religions and therapeutic methods of the indigenous peoples amongst whom they worked. Good also discusses the extent to which the missionaries, coming out of an emerging Victorian view of Africa and African peoples, sought to change African thought and behavior in order to create a body of converts with westernized values. This leads him to chapter 2 in which he describes the situation in the nineteenth-century Lake Malawi region, which included the environment and peoples of the area; Scottish missionaries and their work; the slave trade; and Sir Harry Johnston and the first British colonial administration.

It is in chapter 3 that we are really introduced to the UMCA personnel and to the foundation that they laid in the area. The mission had returned to the Lake Malawi region from Zanzibar and, following the old trade routes,

had entered the interior from Lindi, where they took a westwards direction along the Ruvuma Valley, and as they progressed, set up stations in places such as Masasi. With the help and permission of chief Chiteji on the east coast of the lake, Likoma Island, a canoe hour away, was chosen as the main base, primarily for its good harbor and security; access to other coastal regions of the lake and to the eastern side of the area; and apparent proximity to the Scottish mission at Bandawe which had a qualified doctor (Dr. Laws, the station leader) who could attend to major medical problems.

The Reverends William Percival Johnson and Charles Janson, friends, led the UMCA project. The latter died a week before reaching Likoma, with the task of establishing the regional headquarters being left to Johnson. From Professor Good's description there is no doubt that the success of the mission, in spite of the initial odds against it, was due to Johnson, clearly one of the many unsung heroes of early missionary effort in Africa. After graduating from Oxford, he gave up a promising job and joined the UMCA instead. An incredibly humble person, Johnson shunned world possessions and spent most of his thirty-five years or so teaching and preaching along the eastern and southern lakeshore area. According to Bishop Thomas Fisher, Johnson lived on a lake steamer or "in a corner of the native dormitory boarded off—a horrible little black hole dark and unventilated in which he lived and worked" (quoted, p. 74). In spite of a progressive visual impairment, Johnson translated the Bible into ciNyanja (ciChewa). He also taught himself Arabic which enabled him to read the Quran, a particularly useful accomplishment considering the fact the he was operating in an area in which Islam was establishing itself and presenting some competition to Christian missionary endeavor. From 1882 to 1883, Johnson traveled extensively in the coastal area of southern Lake Nyasa and this convinced him to revive Bishops Mackenzie and Edward Steere's idea of a steamer that would, among other things, act as a health clinic and school or, as they put it, be a "Training Home of African Teachers." Such a facility would also minimize costs. A twenty-six-foot long and twelve-foot wide vessel, the SS *Janson*, named after Johnson's colleague, was built and transported in pieces to Matope on the upper Shire, where it was reassembled.

The southern Lake Malawi area was primarily inhabited by the Mang'anja (Nyanja) who were known as successful agriculturists. Those on the lakeshore and along the Shire River were also known as fishermen. It was also a region into which the Yao had begun to move, first as traders and, in the second half of the century, as set-

tlers. Some came as partners of the Swahili-Arab slave traders on the East African Coast. As Good states, the missionaries tended to sympathize with the Mang'anja who, because of fear of falling prey to Yao slavers, had come to live in stockades; it was also Mang'anja territory that Yao settlers targeted, emerging as powerful and economic operators. Johnson was to work with both peoples as delicately as possible, and within five years had established outstations on the eastern coastline of the lake from Nkope Bay, in the south, to Manda north of Likoma. He visited the stations regularly, thanks to the SS *Janson* and, from 1899, the bigger and more modern SS *Chauncy Maples*, named after the Rev. Chauncy Maples, another friend and colleague of Johnson who was the first Bishop of Likoma and had drowned in Lake Nyasa three years earlier.

Medical work did not start until 1894 when a doctor worked at Likoma briefly. He was replaced by the Rev. John Hine, also a qualified doctor who, apparently, was not interested in this aspect of his duties; when appointed Bishop in 1896, he concentrated on spiritual leadership, putting little effort into health-related matters. It seems, therefore, that one cannot really write of medical missionaries in the context of the UMCA until 1899 when Dr. Robert Howard arrived and began to lay the foundation of a health system. By the 1930s many stations, including those on the periphery, had health clinics run by missionary nurses or by African assistants. With the advantage of details on local diseases gathered by other doctors in the area, mainly from the Scottish missions, Dr. Howard adopted an anti-malaria strategy, and in conjunction with colleagues at Blantyre mission, embarked on an anti-smallpox vaccination program.

Professor Good shows that although work in the field of health was conducted out of the conviction that western medicine was good for Africans, it was not an entirely altruistic program. Like missionary work in other parts of Africa, it was viewed as a key means to convert people to Christianity: the efficacy of western medicine and the technology that went with it was expected to prove the power and mystery of the Christian message. But again, as in other parts of the non-western world, UMCA missionaries had to contend with established indigenous therapeutic methods that were also closely tied to belief systems, and both were considered impediments to Christian work. However, as Good points out, much as the Africans took to western medicine, it was not accepted universally. Many remained suspicious of western medicine, and even those who availed themselves of it continued to straddle the two systems of treatment.

Missionaries had to face this reality. It would have been informative if the author had gone into more detail on the nature of the internal debates on this matter within the UMCA mission circles in the Lake Nyasa region and with those in England. More specifically, we would be interested in the type of tension the issue caused and, if at all, whether this led to modifications, or indeed, to a hardening of attitudes towards this aspect of African life. This is important, especially when one considers that African and European therapeutic systems continue to clash but at the same time often work together in Malawi. This does not represent a failure in medicine, nor does it necessarily confirm the resilience of indigenous practice. Simply, it reflects the practical realities which western practitioners, on the one hand, and their African counterparts and their patients, on the other, have come to accept.

In chapters 8 and 9, Good assesses the UMCA as a medical mission and comes to the conclusion that, like other missions, it set a basis for a health system which the colonial government was to build on, but the Anglicans' efforts cannot be described as a real success. First, the center remained at Likoma, which was not easily accessible from different parts of the mission's field; yet for a long time this remained the base of the only doctor and the home of the central medical stores which supplied medicine and equipment to all hospitals and health clinics. Unlike the Scottish missions, which often had as many as seven doctors in the country, the UMCA had only one doctor for most of its first forty years in the region. The mission relied heavily on nurses and local assistants to manage the clinics and even the larger medical facilities, such as those at Kota Kota and Malindi. Good blames the policy organizers in England for not devoting enough money to medical work, and for insisting that their European personnel in the field had to be single, because this discouraged married people from considering the possibility of working in the region. He cites the example of Dr. Howard, who had to leave after ten years of invaluable service because he married one of the nurses in the mission.

More details on the contribution of individual Africans who were part of this missionary endeavor would have helped to highlight the role of the indigenous peoples and would also have shown the African mind and predicament at this time, particularly their position as mediators between western and local custom and tradition. Some of these Africans were ex-slaves, and in many ways were marginalized in their new African-missionary environments. How did this situation place them as purveyors of western medicine, religion, and cultural values? Although Good interviewed some African clergy, laity, and others who worked in the missions or who are descendants of such people, there is a glaring absence of details on those who worked with the Rev. William Johnson and other early English missionaries. The Rev. Augustine Ambali, part of the UMCA since the 1880s; Nicholas Faranji; and Yohana Abdallah, ordained a priest in 1898, are good examples of such Africans, and yet they are mentioned only in passing. I enjoyed reading about English missionaries, including Johnson, Jansen, Maples, Hine and Howard, and this whetted my appetite for more on their African auxiliaries who, surely, were crucial to the success of the UMCA. I wonder if Professor Good would have appreciated their role better if he had read Professor Richard Stuart's 1974 University of London Ph.D. thesis, a pioneering study of the UMCA in the Lake Malawi region.[1] Neither it nor any of Stuart's published works feature even in a footnote in the book under review. Having carried out his research in Malawi in 1971-72, Stuart was able to interview many elderly people directly connected with the early UMCA missionaries.

Although dense in places, and despite some of the reservations observed above, this is an important book, and an excellent addition to the historiography of this part of Africa.

#### Note

[1]. R.G. Stuart, "Christianity and the Chewa: The Anglican Case 1885-1950" (Ph.D. diss., University of London, 1974).

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