This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

Visions of (Tuberculosis) Control: Medical Photographs in Mau Mau–Era Kenya

DANELLE VAN ZYL-HERMANN

SUMMARY: The 1950s were a decade of remarkable advances in tuberculosis research globally, with Kenya emerging as a key site for developing new control and treatment regimens. Yet historical source material and consequently medical histories are largely silent on the context of anticolonial war in which this work took place. This article argues that disease control efforts in postwar Kenya must be examined in the context of the Mau Mau uprising and uses photographs to probe the intersection of politics and health. Examining photographs of late colonial TB control initiatives, it highlights the stark contrast between these images and the concurrent realities and imageries of Mau Mau. Produced in contexts of omnipresent violence and deep uncertainty about Kenya's future, these medical photographs were instruments of colonial power and Western hegemony. Even as they reproduced a generic developmentalist vision of medical knowledge production, the specificities of Kenya's late colonial struggle reverberate throughout these images.

KEYWORDS: Kenya, Mau Mau, photographs, WHO, tuberculosis, knowledge production, disease control, political control

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

This article examines the apparent lack of intersection between tuberculosis control initiatives in late colonial Kenya and the context of extreme violence and widespread upheaval in which they occurred. The 1950s were a decade of remarkable advances in TB research and control globally, and recent scholarship has noted the centrality of Kenya during this period as a laboratory for testing and developing new control and treatment regimens.[1] Yet historical source material produced by medical officers, colonial officials, doctors, and researchers working in Kenya for the colonial government or the World Health Organization (WHO) is largely silent on the turbulent political context in which this work took place: the Mau Mau uprising, a protracted guerrilla war between Kikuyu-dominated anticolonial insurgents and British colonial forces. As a result, the political realities of postwar Kenya do not feature in medical histories, while conversely, historians of Mau Mau typically pay little attention to the impact of the war and the State of Emergency on matters of public health.

In the face of these documentary—and scholarly—silences, this article turns to visual evidence. I examine photos taken in the course of TB control initiatives related to prevention efforts and case finding, diagnostics, treatment, and research work. They feature patients, doctors, nurses, scientists, and other medical and laboratory staff, as well as landscapes, buildings, facilities, equipment, and specimens. Most show processes of examination—whether of a patient, petri dish, sputum sample, or X-ray image—in hospital, laboratory, community, or field settings. While TB patients or the potentially infected sometimes feature, these are not clinical photographs that seek to capture the presentation of tuberculosis disease. Rather, these images—diverse as they are—all seek to capture techniques and

[1] Christian W. McMillen, *Discovering Tuberculosis: A Global History, 1900 to the Present* (New Haven, Conn.: Yale University Press, 2015).

processes of disease control. Their intention in doing so, as I show, is to construct visual narratives of scientific optimism, the eminence of Western modernity and biomedical knowledge, and its transfer and application as evidence of progress and development. As such, they arguably have much in common with general colonial-era public health imagery and developmentalist representations of African medical personnel or patients. The key difference lies not in what these photographs depict but in the purpose and context of these photographs' production.

While the photographs presented here stem from a number of different sources and were taken with different audiences in mind, all were produced during the Mau Mau rebellion and its immediate aftermath in the run-up to independence. They therefore reflect a uniquely brutal and turbulent period in Kenya's history. Yet these photographs show no traces of the armed struggle, colonial suppression, and political upheaval during which they were taken—indeed, they refuse any reference to the political, emotive, or sensational. As such, they stand in dramatic contrast to the "sensationalistic images of terror"[2] in Kenya which circulated in the local and international press at the time: As Raymond Glazier has noted, Mau Mau was "the tabloid sensation of the mid-fifties" with the "mutilation of bodies inevitable in the nature of the major Mau Mau weapon, the 24-inch Kikuyu broadsword, [making] excellent pictorial shock material."[3] Colonial publications, too, pictured burned-out homesteads and blood-stained belongings—settler and Kikuyu—as well as severed limbs and mangled

[2] Marshall S. Clough, *Mau Mau Memoirs: History, Memory, Politics* (Boulder, Colo.: Lynne Rienner, 1998), 2.
[3] Raymond E. Glazier, "Review: The Myth of Mau Mau: Nationalism in Kenya by Carl G. Rosberg and John Nottingham," *J. Mod. Afr. Stud.* 4, no. 3 (1966): 384–87, quotation on 384.

bodies—animal and human.[4] This supported official colonial propaganda that framed Mau Mau as psychological pathology, an African "disease of the mind" manifesting in an atavistic regression into primitive aggression. In short, the war against Mau Mau was intensely visual. I do not reproduce these images here. But I consider the reality of anticolonial violence, counterinsurgency, and political instability to be omnipresent in the evidence I discuss, just as it would have been in the lived realities of those who produced these images and those pictured in them. This is because the overlap between war and tuberculosis interventions was not only chronological but also geographical. From the late 1940s, a series of surveys conducted by the Colonial Medical Service, later with the support of the WHO, showed that the capital city Nairobi and the surrounding agricultural districts and Kikuyu reserves of Central Kenya had the heaviest TB disease burden. These became the main focus of research and control interventions. These were also precisely the areas where Mau Mau hostilities were concentrated.

At first glance, it seems the medical photographic archive—like the medical documentary archive—is silent on the broader context of anticolonial war. Carine Zaayman, writing on archival silences and how these might be augmented or overcome, notes that "it is necessary to consider what is absent in order to place that which is present." She seeks to do so not with the goal of finding fragments with which to reconstruct that which is absent, but rather to draw attention to that which is omitted—that which, in the case of the archive, "lies just outside the text," yet has immediate bearing on it.[5] Similarly, in what follows, I read

---

[4] For instance, n.a., *The Mau Mau in Kenya* (London: Hutchinson, 1954).
[5] Carine Zaayman, "Anarchive (Picturing Absence)," in *Uncertain Curature: In and Out of the Archive*, ed. Carolyn Hamilton and Pippa Skotnes (Johannesburg: Jacana, 2014), 303–25, quotations on 319, 321.

these photographs in the presence of Mau Mau. I argue that although they do not picture political violence and social turmoil, late colonial struggles reverberate throughout the images. This analysis is inspired by Nancy Rose Hunt's deeper reading of visual sources to identify incidental "visual reminders of horrific [wartime] violence" that "remained part of daily life" decades after the event, and hence how the everyday may "[flicker] with history and memory, recognition and misrecognition, terror, guilt, and dread."[6] Although the context and images discussed here are quite different from those analyzed by Hunt for the Congo, this article similarly reads medical imagery intended to visualize tuberculosis control in Kenya for such "flickers" of much broader late colonial struggles. By critically approaching that which is in the frame—considering focus, arrangement, posture, positioning—alongside the context and intentions of the photographs' production as well as the texts that accompany them (where available), insight can be gained into that which lies beyond the frame. David Zeitlyn takes a similar analytical approach in an analysis of studio photography in wartime Cameroon, between 1960 and 1980. Like the photos presented here, the photographic archive analyzed by Zeitlyn contains no trace of the armed struggle of the time. Yet arguing that "echoes of the silence can be transcribed," he reads the displays of fashion and intimacy in the images as reflecting not only resilience in the face of conflict, but also modernist challenges to traditional power structures and repressive (post)colonial powers.[7]

---

[6] Nancy R. Hunt, *A Nervous State: Violence, Remedies, and Reverie in Colonial Cong* (Durham, N.C.: Duke University Press, 2016), 153.

[7] David Zeitlyn, "Intimacy in a Violent Context: Photographs of Intimacy from Mbouda (Cameroon) in a Time of Troubles," *Africa* 94, no. 1 (2024): 117–40, quotation on 118. I am grateful to David Zeitlyn for sharing this manuscript with me ahead of publication.

In what follows, I argue that TB control efforts in postwar Kenya must be examined and understood in the context of Mau Mau and its aftermath, and that photographs can be important historical sources for investigating the relation between the medical and the political in the face of the silences apparent in documentary sources. Indeed, following Christos Lynteris and Ruth Prince, I seek here to attend less to expected dynamics of domination and resistance, and more to what these photographs reveal about social processes, relationships, and bodies of knowledge.[8] This analysis requires careful contextual placement. For this reason, I first provide information on midcentury developments in tuberculosis control, notably the first emergence of antibiotic drugs and how existing practices of using colonial settings to test new therapies and applications saw Kenya become a key site of knowledge production and experimentation. Next, I discuss the context of anticolonial insurgency in which this occurred, the visuality of this violence, and the pathological explanations of Mau Mau advanced by the colonial administration, as well as the subsequent turbulence and uncertainty that followed the end of the Emergency and the transition to independence. Bringing these aspects together, I then outline the disconnect between the medical and the political contexts that is evident in historical evidence as well as in historical scholarship. I then turn to an in-depth analysis of three sets of medical photographs of tuberculosis control initiatives in Mau Mau–era Kenya to demonstrate how visual sources can offer new opportunities for probing the intersection of politics and health. My analysis pays critical attention to issues of framing, focus, and representation, intended meaning-making and visual narrative, and the relationship between the image and the information surrounding

[8] Christos Lynteris and Ruth J. Prince, "Anthropology and Medical Photography: Ethnographic, Critical and Comparative Perspectives," *Visual Anthrop.* 29, no. 2 (2016): 101–17.

it. Such analysis reveals how medical photography in late colonial Kenya was not simply a product of contexts of colonial power but also an instrument thereof.

TB Control and the Colonial "Laboratory"

Globally, until the mid-twentieth century, treatment for TB was confined to bed rest, improved diet, and exposure to fresh air, typically in dedicated sanatoria. For many patients, however, access to such institutions or withdrawing from the demands of everyday life in order to recuperate was not an option, and TB disease invariably led to death. A breakthrough came in 1943, when American-based scientists isolated streptomycin, a substance that offered the first effective chemotherapeutic treatment for tuberculosis.[9] TB was a disease of particular interest and urgency in the immediate post–World War II context, and the development of further drugs soon followed. However, safe and effective treatment regimens still needed to be established. This would require extensive trialing.[10]

The British Medical Research Council (MRC) established its Tuberculosis Chemotherapy Trials Committee in 1946 to work with U.K.-based physicians. Yet even more

---

[9] Alan Yoshioka, "Streptomycin in Postwar Britain: A Cultural History of a Miracle Drug," in *Biographies of Remedies—Drugs, Medicines and Contraceptives in Dutch and Anglo-American Healing Cultures*, ed. Marijke Gijswijt-Hofstra, Godelieve M. Van Heteren, and Elizabeth M. Tansey (New York: Rodopi, 2002), 203–27; Janina Kehr and Flurin Condrau, "Recurring Revolutions? Tuberculosis Treatments in the Era of Antibiotics," in *Therapeutic Revolutions: Pharmaceuticals and Social Change in the Twentieth Century*, ed. Jeremy A. Greene, Flurin Condrau, and Elizabeth S. Watkins (Chicago: University of Chicago Press, 2016), 126–49, quotation on 133–34.

[10] Helen Valier, "At Home in the Colonies: The WHO-MRC Trials at the Madras Chemotherapy Centre in the 1950s and 1960s," in *Tuberculosis Then and Now: Perspectives on the History of an Infectious Disease*, ed. Flurin Condrau and Michael Worboys (Montreal: McGill-Queen's University Press, 2010), 213–35, quotation on 214–15. See also Helen Bynum, *Spitting Blood: The History of Tuberculosis* (Oxford: Oxford University Press, 2012), 189–200.

than local settings, Britain's colonial territories presented opportunities for investigating drug therapies and their administration. Not only was TB more prevalent in such countries, and on the increase, compared to in Britain,[11] but as Helen Valier has noted, the absence of TB treatment for the majority of such populations "ensured that research programs in . . . poor countries were ostensibly less ethically problematic than those in the developed world."[12] Indeed, Helen Tilley has highlighted how colonial officials and scientists regarded Africa as a "laboratory," and how colonial power inequalities rendered African environments and peoples readily available research subjects for scientific inquiry and experimentation.[13]

A survey conducted by the Colonial Medical Service in 1948–1949 revealed that Kenya's African population had an average TB incidence of 11.1 per 1,000. In a population of over 5 million, this amounted to a total of 58,000 cases of TB,[14] with communities residing on the slopes of Mount Kenya the most heavily infected.[15] In the capital, Nairobi, the

---

[11] This point is made in Loys A. Reynolds and Elizabeth M. Tansey, eds., *British Contributions to Medical Research and Education in Africa after the Second World War*, vol. 10 (London: Wellcome Trust Centre for the History of Medicine at UCL, 2001), 68; also Valier, "At Home in the Colonies" (n. 10), 215.

[12] Valier, "At Home in the Colonies" (n. 10), 219.

[13] Helen Tilley, *Africa as a Living Laboratory: Empire, Development, and the Problem of Scientific Knowledge, 1870–1950* (Chicago: University of Chicago Press, 2011), specifically 1–2, 12–13; Helen Tilley, "Medicine, Empires, and Ethics in Colonial Africa," *AMA J. Ethics* 18, no. 7 (2016): 743–53. On medical research and experimentation in African colonial settings, see also Paul W. Geissler and Catherine Molyneux, eds., *Evidence, Ethos and Experiment: The Anthropology and History of Medical Research in Africa* (New York: Berghahn Books, 2011); Melissa Graboyes, "Introduction: Incorporating Medical Research into the History of Medicine in East Africa," *Int. J. Afr. Hist. Stud.* 47, no. 3 (2014): 379–98; Helen Tilley, "Conclusion: Experimentation in Colonial East Africa and Beyond," *Int. J. Afr. Hist. Stud.* 47, no. 3 (2014): 495–505; Melissa Graboyes, *The Experiment Must Continue: Medical Research and Ethics in East Africa, 1940–2014* (Athens: Ohio University Press, 2015).

[14] W. S. Haynes, "Tuberculosis in Kenya," *Brit. Med. J.* 1, no. 4697 (1951): 67–71, quotation on 69.

[15] Colonial Office, "Report on the Colony and Protectorate of Kenya for the Year 1949" (London: HMSO, 1950), 56.

situation was also serious. In every annual report since 1949, the Medical Officer of Health warned that TB among Africans was "the greatest single health menace in the city."[16] For a country in the thrall of rapid population and concomitant infection rates,[17] TB treatment and control was extremely limited. Kenya had one dedicated TB hospital—the Port Reitz Chest Hospital in Mombasa, established in 1950. With 150 beds, it served the entire population.[18] Only patients with a good prognosis were admitted.[19]

Before antitubercular drugs became available, treatment for African patients comprised monthly issues of cod liver oil and instructions for rest, improved diet, and isolation.[20] These were not easy to adhere to in communities dependent on peasant agriculture or wage labor. With the emergence of chemotherapy, the Medical Service started investigations into drug combinations and administration at Port Reitz.[21] It also launched

---

[16] "Tuberculosis Survey of Nairobi, 1958–1959," June 1959, KENYA-1201/0001 TUBERCULOSIS CONTROL (KENYA-4), Fonds ARC022, Records of the Project Files, 1957–1960, WHO Archives (WHO022_AFRO_KEN_035, digitized), 2. The following page notes that TB among Nairobi's European and Asian population did not appear to be serious.

[17] George Ndege, *Health, State and Society in Kenya: Faces of Contact and Change* (Rochester, N.Y.: University of Rochester Press, 2001), 132; E. Roelsgaard and J. Nyboe, "A Tuberculosis Survey in Kenya," *Bull. World Health Organization* 25, no. 6 (1961): 851–70, quotation on 852, drawing on information from the government of Kenya.

[18] Colonial Office, "Report on the Colony and Protectorate of Kenya for the Year 1950" (London: HMSO, 1951), 44.

[19] Colonial Office, "Report on the Colony and Protectorate of Kenya for the Year 1951" (London: HMSO, 1952), 58.

[20] Colonial Office, "Report on the Colony 1951" (n. 18), 58; also M. Clark, "Preliminary Report on an Investigation of Pulmonary Tuberculosis in an African Reserve," *East Afr. Med. J.* (September 1951): 355–79.

[21] Colonial Office, "Report on the Colony and Protectorate of Kenya for the Year 1952" (London: HMSO, 1953), 60; Colonial Office, "Report on the Colony and Protectorate of Kenya for the Year 1953" (London: HMSO, 1954), 65; P. W. Kent, "The Control of Tuberculosis in Kenya," *East Afr. Med. J.* 37, no. 7 (1957): 307–14; Haynes, "Tuberculosis in Kenya" (n. 14) offers revealing descriptions of the toxic effects suffered by some patients during the Port Reitz trials.

small-scale BCG vaccination campaigns and Mantoux testing.[22] These local efforts were soon joined by international initiatives. The British MRC started TB work in Kenya in the mid-1950s, launching studies on drug resistance and treatment regimens. Its work in Kenya would span more than two decades, also involving national surveys, bacteriological studies, and research into diagnostic methods and case finding.[23] A cooperation agreement between the colonial government and WHO to conduct a tuberculosis prevalence survey and chemotherapy research was signed in 1951, with UNICEF added in 1953,[24] although archival sources suggest operationalizing this took some time, with the project—known as the Tuberculosis Chemotherapy Pilot Project Kenya Colony, or Kenya-4—getting underway only in 1958.[25] This included the establishment of the Nairobi Chemotherapy Research

[22] Colonial Office, "Report on the Colony 1952" (n. 19), 59.
[23] McMillen, *Discovering Tuberculosis* (n. 1), 120; Wallace Fox, Gordon A. Ellard, and Dennis A. Mitchinson, "Studies on the Treatment of Tuberculosis Undertaken by the British Medical Research Council Tuberculosis Units, 1946–1986, with Relevant Subsequent Publications," *Int. J. Tuberc. Lung Dis.* 3, no. 10 (1999): S231–79.
[24] See "Plan of Operations for Tuberculosis Chemotherapy Pilot Project Kenya Colony," Draft III, hand dated November 8, 1952, WHO Archives (n. 16).
[25] This is evident from a range of documents on the operations of the project in the file WHO Archives (n. 16).

Centre in the same year.[26] In the early 1960s, WHO also launched a mass BCG vaccination campaign throughout Kenya.[27] This work continued amid and after decolonization in 1963.[28]

Thus, from the 1950s, Kenya became a key hub for TB research, embedded in what Valier calls an "international research network of a size perhaps unprecedented in the history of medicine" that also included Britain's former colony, India.[29] Indeed, the MRC-WHO tuberculosis research center in the Indian city of Madras (today Chennai) has received substantial scholarly attention;[30] the Kenyan case has been addressed, in part, by McMillen and Graboyes, respectively.[31]

---

[26] McMillen, *Discovering Tuberculosis* (n. 1), 120.

[27] This formed part of WHO's global BCG vaccination campaign between 1948 and 1983, despite inconclusive proof as to the efficacy of the vaccine. On the campaign, see Niels Brimnes, "BCG Vaccination and the WHO's Global Strategy for Tuberculosis Control 1948–1983," *Soc. Sci. Med.* 67 (2008): 863–73. On resistance to BCG vaccination in India, see Niels Brimnes, "Vikings Against Tuberculosis: The International Tuberculosis Campaign in India, 1948–1951," *Bull. Hist. Med.* 81, no. 2 (2007): 407–30; Christian W. McMillen and Niels Brimnes, "Medical Modernisation and Medical Nationalism: Resistance to Mass Tuberculosis Vaccination in Postcolonial India, 1948–1955," *Comp. Stud. Soc. Hist.* 52, no. 1 (2010): 180–209. On BCG research in West Africa, see Aro Velmet, *Pasteur's Empire: Bacteriology and Politics in France, Its Colonies and the World* (Oxford: Oxford University Press, 2020), particularly 142–69.

[28] Indeed, Ndege argues—much more broadly—that "it is continuity, rather than discontinuity, that best describes both the transition and the relationship between the health care system under the patronage of the colonial and postcolonial states." Ndege, *Health, State and Society* (n. 17), 12.

[29] Valier, "At Home in the Colonies" (n. 10), 214.

[30] In addition to Valier, "At Home in the Colonies" (n. 10), see Sunil Amrith, "In Search of a 'Magic Bullet' for Tuberculosis: South India and Beyond, 1955–1965," *Soc. Hist. Med.* 17, no. 1 (2004): 113–30; Sunil Amrith, *Decolonizing International Health: India and Southeast Asia, 1930–1965* (New York: Palgrave Macmillan, 2006); Bynum, *Spitting Blood* (n. 10), 214–29; McMillen, *Discovering Tuberculosis* (n. 1).

[31] McMillen, *Discovering Tuberculosis* (n. 1) discusses Kenya as part of a global history of TB control in the twentieth century, while Graboyes, *The Experiment Must Continue* (n. 13), includes a 1961 TB drug trial in Nairobi to discuss issues of consent and coercion. Both authors focus on MRC-run research projects.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

This occurred in the context of what historians have labeled the "second colonial occupation"—a great intensification of colonial government activity after the Second World War, which included unprecedented investment in African education, health care, and housing and sanitation. Cast in terms of "development," this was geared toward securing a stable colonial workforce and economy that could serve the needs of postwar Britain and was simultaneously deployed as evidence of the benevolence of colonial rule and a positive image of the empire. Yet these processes in fact served to galvanize popular anticolonial nationalism.[32] Disease control initiatives undertaken in this context echoed much broader emerging understandings of health as related to development, grounded in a confidence in Western biomedicine and technology as having the potential to transform societies.[33] Indeed, scientific research enjoyed great prominence in colonial development policies after 1940—planning and science were seen as the answer to problems in the colonies, and substantial research funds and independence were accorded to researchers working in these settings.[34] With regard to tuberculosis-related research and medical interventions, moreover, the

---

[32] D. A. Low and John Lonsdale, "East Africa: Towards a New Order, 1945–1963," in *Eclipse of Empire*, ed. D. A. Low (Cambridge: Cambridge University Press, 1991), 164–214; Joanna Lewis, *Empire State-Building: War and Welfare in Kenya 1925–52* (Athens: Ohio University Press, 2000); also Joseph M. Hodge, *Triumph of the Expert: Agrarian Doctrines of Development and the Legacies of British Colonialism* (Athens: Ohio University Press, 2007), esp. Introduction and chap. 7.

[33] Randall M. Packard, "Visions of Postwar Health and Development and Their Impact on Public Health Interventions in the Developing World," in *International Development and the Social Sciences: Essays on the History and Politics of Knowledge*, ed. Frederick Cooper and Randall M. Packard (Berkeley: University of California Press, 1997), 96–101; Linda Bryder, Flurin Condrau, and Michael Worboys, "Tuberculosis and Its Histories: Then and Now," in Condrau and Worboys, *Tuberculosis Then and Now* (n. 10), 3–24.

[34] Sabine Clarke, "A Technocratic Imperial State? The Colonial Office and Scientific Research, 1940–1960," *Twent. Cent. Brit. Hist.* 18, no. 4 (2007): 453–80; Sabine Clarke, "The Research Council System and the Politics of Medical and Agricultural Research for the British Colonial Empire, 1940–52," *Med. Hist.* 57, no. 3 (2013): 338–58.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

knowledge produced under these auspices was not intended to address the TB situation in Kenya only—it was always the intention that antibiotic regimens and treatment techniques developed in Kenya would also be applied elsewhere, particularly elsewhere in the developing world.[35] Postwar Kenya was, therefore, crucial to the story of global TB control.[36]

Mau Mau and Anticolonial Insurgency as Disease

Focusing on the medical activity and advances of the time, imbued so powerfully with Western understandings of development, risks losing sight of the fact that all of this occurred against the backdrop and in the immediate aftermath of intense violence and disruption in Kenya. Mau Mau remains one of the most contentious episodes in Kenyan history and has generated a vast scholarship.[37] The background to the war was decades of land dispossession and labor exploitation of Africans by white settlers, coupled with increasing population pressure on diminishing resources. This had a particularly stark impact on the Kikuyu who lived around Nairobi and its adjacent white settled areas, and hence were most impacted by white domination of labor and land. Mau Mau also had an element of internal conflict among

---

[35] McMillen, *Discovering Tuberculosis* (n. 1), 62–64; see also statements in Reynolds and Tansey, *British Contributions* (n. 11), 68–69.

[36] McMillen, *Discovering Tuberculosis* (n. 1), 62. Not only Kenya, also India and Native American reserves in the United States. Interestingly, this work has been largely forgotten: In its 2009 publication "A Brief History of TB Control in Kenya," the WHO all but effaces pre-1990 efforts at TB control in Kenya—an astounding move given the scale and intensity of operations in especially the 1950s and early 1960s, as shown by McMillen (n. 1) as well as Graboyes (*The Experiment Must Continue*, n. 13). McMillen notes how TB as public health concern has been "forgotten" and "rediscovered," leading to past lessons and advances being forgotten and mistakes repeated.

[37] For a good overview of the existing scholarship, see A. R. Baggallay, "Myths of Mau Mau Expanded: Rehabilitation in Kenya's Detention Camps, 1954–60," *J. Eastern Afr. Stud.* 5, no. 3 (2011): 553–78.

the Kikuyu related to social relations produced among the Kikuyu by the position of different individuals, communities, professions, and classes vis-à-vis the colonial state.[38] As in many colonial settings, these pressures and tensions came to a head in the aftermath of the Second World War as Kenyans' expectations of greater equality of opportunities and political reform were met, instead, by the policies of the second colonial occupation.[39]

In 1952, frustration and unrest erupted into violence in the Kikuyu reserve, the slums of Nairobi, and on white settler farms, where labor was mostly Kikuyu. While attacks of Europeans received most publicity, many more victims were in fact Mau Mau opponents. The British response was swift and hard. A state of emergency was declared in October 1952 and 180 Africans, believed to be directing the movement, arrested. The colonial army was buttressed, even receiving Royal Air Force support in fighting Mau Mau guerrilla forces.[40] From 1953, military efforts were bolstered by extensive counterinsurgency measures. In order to cut Mau Mau forest fighters off from essential support, the rural Kikuyu population was herded from their scattered homesteads throughout Central Province into "emergency villages." By the end of 1955, more than one million Kikuyu had been concentrated in 804 such villages surrounded by barbed wire and spiked trenches, heavily guarded (typically by Kikuyu in the loyalist Home Guard), governed by sirens and daily forced labor, and often overcrowded. Emergency villages remained the basis of Kikuyu settlement after the war.[41]

---

[38] David Anderson, *Histories of the Hanged: Britain's Dirty War in Kenya and the End of Empire* (London: Orion, 2006), prologue and chap. 1.
[39] Clough, *Mau Mau Memoirs* (n. 2), 28–29.
[40] John Lonsdale, "Mau Maus of the Mind: Making Mau Mau and Remaking Kenya," *J. Afr. Hist.* 31 (1990): 393–421, quotation on 394.
[41] Caroline Elkins, *Imperial Reckoning: The Untold Story of Britain's Gulag in Kenya* (New York: Henry Holt, 2005), 270, 272, 353; also Moritz Feichtinger, "'A Great Reformatory': Social Planning

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

Meanwhile, Mau Mau's urban support base was targeted through an extensive system of detention. In April 1954, Operation Anvil rounded up and screened most Kikuyu as well as Embu and Meru residents of Nairobi, deporting suspected Mau Mau to detention camps, while repatriating many others to the reserves.[42] The camp system—what Elkins terms "Britain's gulag"[43]—facilitated mass detention without trial and persisted throughout the Eemergency. Detainees were subjected to "rehabilitation," a process presented as transforming Mau Mau supporters into productive and loyal British citizens through reeducation and hard work, but in reality a system of detention marked by coercion, violence, and suffering.[44] At the time, colonial reports and debates on Mau Mau focused on the nature of the movement and the actions of the insurgents, not the government. From the local and international press to fiction writing, Mau Mau was represented in terms of "sensationalistic images of terror" and "lurid descriptions of 'oath rituals' and massacres."[45] Writers were taking their cue in this regard from official colonial propaganda, which framed Mau Mau as an "African disease of the mind" brought on by rapid modernization and manifesting as "African savagery." This interpretation effectively depoliticized the motivations of the insurgents by delegitimizing any claims to genuine grievances. It also justified the colonial government's forceful military action against insurgents and control of the population by casting these as efforts to "contain" the "Mau Mau disease," including through "screening" the population for "infection" and assigning the afflicted to camps for "rehabilitation." At the

---

and Strategic Resettlement in Late Colonial Kenya and Algeria, 1952–63," *J. Contemp. Hist.* 52, no. 1 (2017): 45–72.

[42] Clough, *Mau Mau Memoirs* (n. 2), 31.

[43] See the subtitle of Elkins, *Imperial Reckoning* (n. 41).

[44] Baggallay, "Myths of Mau Mau Expanded" (n. 37), 565.

[45] Clough, *Mau Mau Memoirs* (n. 2), 2.

same time, it left room for social and economic change, provided this occurred in a "controlled" and "orderly" manner, a "[Western-]guided transition" that would temper the otherwise "corrosive impact of unbridled Westernization."[46] While not the only discourse in which the movement was described,[47] such medical terms offered a "modern and quasi-scientific" explanation of and response to the rebellion.[48]

This pathological explanation was first formulated by Colin Carothers, a medical officer and self-taught psychiatrist who had worked at the Mathare Mental Hospital in Nairobi from 1938 to 1950.[49] In 1953, Carothers published for the WHO *The African Mind in Health and Disease*, a general work on African psychology that stressed the impact of the environment on mental capacity. Consequently, Carothers was hired as a consultant by Kenya's director of medical services to investigate Mau Mau.[50] In what would become a highly influential study, Carothers applied his environmental thesis to Mau Mau, introducing the metaphor of psychological disease by explaining the movement as the manifestation of "psychic insecurity" due to the pressures of modernization. This explanation, which legitimized the "rehabilitative" approach of the detention camps as an appropriate and

[46] Dane Kennedy, "Constructing the Colonial Myth of Mau Mau," *Int. J. Afr. Hist. Stud.* 25, no. 2 (1992): 241–60, quotation on 251.
[47] Lonsdale, "Mau Maus of the Mind" (n. 40), 393–421; A. S. Cleary, "The Myth of Mau Mau in Its International Context," *Afr. Affairs* 89, no. 355 (1990): 227–45; Kennedy, "Constructing the Colonial Myth of Mau Mau" (n. 46).
[48] Clough, *Mau Mau Memoirs* (n. 2), 41–42.
[49] Ibid., 35.
[50] Kennedy, "Constructing the Colonial Myth of Mau Mau" (n. 46), 254.

benevolent response to "the African in transition,"[51] was widely propagated by instruments of the Kenyan colonial Information Service.

Counterinsurgent strategies, combined with raw military force, saw the British steadily gain the upper hand in the course of 1954 and 1955. The capture of Mau Mau's forest leader Dedan Kimathi, in October 1956, marked a decisive turning point in favor of the colonial forces, and by the end of that year the British army was withdrawn from Kenya.[52] Meanwhile, the colonial regime instituted piecemeal economic and political reforms in an effort to promote and co-opt an emerging African middle class into the colonial order.[53] Even as the limited expansion of political rights provided new avenues for African nationalists to exercise political pressure, colonial officials were by no means considering imminent decolonization. As late as January 1959, Colonial Secretary Alan Lennox-Boyd expressed the conviction that Kenya would not achieve independence before 1975.[54]

Meanwhile, the everyday violence of colonial counterinsurgency measures—detention camps, emergency villages, and the State of Emergency—continued. This was graphically demonstrated in March 1959, when eleven detainees, branded "hardcore" Mau Mau, were beaten to death in Camp Hola.[55] The exposure of the massacre and ensuing scandal, accompanied by continued political pressure by African nationalists, placed the

---

[51] Lonsdale, "Mau Maus of the Mind" (n. 40), 410. The idea of the "myth" was first put forward by Carl G. Rosberg Jr. and John C. Nottingham, *The Myth of "Mau Mau": Nationalism in Kenya* (Stanford, Calif.: Hoover Institution on War, Revolution, and Peace by Praeger, 1966).
[52] Lonsdale, "Mau Maus of the mind" (n. 40), 394.
[53] E. S. Atieno-Odhiambo, "The Formative Years, 1945–55," 42–44, and Bethwell A. Ogot, "The Decisive Years, 1956–63," 48, both in *Decolonization and Independence in Kenya, 1940–93*, ed. Bethwell A. Ogot and William R. Ochieng (London: James Currey, 1995).
[54] Ogot, "The Decisive Years" (n. 53), 49–53.
[55] For details, see Anderson, *Histories of the Hanged* (n. 38), 326–27.

imperial government in an intractable position.[56] Colonial officials still believed Kenya would need British rule "for an indefinite period," but admitted that such a position had become "very difficult to maintain."[57] Under immense pressure, the colonial government lifted the Sstate of Eemergency in January 1960, abandoned the camp system, and committed to negotiations for a transition to African majority rule.[58] Even amid this shift in official priorities, colonial propaganda continued to be mobilized. In 1960, as the first negotiations took place, the British government published its official report on the rebellion that restated the myth of Mau Mau as violent African pathology. Through this "last major salvo of the British propaganda war," Clough argues, medical interpretations of Mau Mau retained their ideological force, even after independence.[59] Meanwhile, the final years of colonial rule saw Kenya gripped by severe crises. Settler opposition as well as division within African nationalists ranks fired uncertainty about the country's political future, and Kenya tumbled into economic crisis, with ensuing unemployment and social pressure exacerbated by the release of thousands of detainees from the camps.[60] Three constitutional conferences in London, punctuated by the release of Kenyatta in August 1961, paved the way for national, regional, and local elections in May 1963, the granting of self-rule on June 1, and the finalization of constitutional arrangements in September, but did little to effectively reconcile different approaches to uneven development among incoming African politicians. Full independence followed on December 12, 1963, and Kenya became a republic one year later,

---

[56] Ogot, "The Decisive Years" (n. 53), 60.
[57] Quoted in Frederick Cooper, "Modernizing Bureaucrats, Backward Africans, and the Development Concept," in Cooper and Packard, *International Development and the Social Sciences* (n. 33), 79.
[58] Clough, *Mau Mau Memoirs* (n. 2), 32; Lonsdale, "Mau Maus of the Mind" (n. 40), 394.
[59] Clough, *Mau Mau Memoirs* (n. 2), 42ff.
[60] Ogot, "The Decisive Years" (n. 53), 61, 64.

on December 12, 1964.[61] It remained to be seen how the new regime would manage its internal differences, navigate Kenya's troubled recent history, and respond to the demands of citizens.

Political and Medical Disconnect?

In key ways, late colonial development programs and counterinsurgency measures constituted two strategies toward the same goal, namely to thwart anticolonial sentiments and secure government control.[62] It was against this backdrop, in the same period, that Kenya became a key research site for TB control. This overlap was not only chronological but also geographical: TB research and control interventions commencing in the late colonial era were concentrated in the Nyeri, Kiambu, and Fort Hall (later Murung'a) districts in Central Kenya, to the immediate north of Nairobi up to the slopes of Mount Kenya. As we have seen, these constituted the areas with the heaviest disease burden. At the same time, the districts surrounding Nairobi were also logistically convenient sites for TB-related experimentation, due to their proximity to the capital. The WHO, for instance, expressly noted that for "economic and administrative reasons," locales for its project should be chosen close to Nairobi.[63]

Yet WHO documentation, colonial government files, and medical publications from this period contain only rare and incidental references to the reality of conflict and

---

[61] Ogot, "The Decisive Years" (n. 53), 68–69; Daniel Branch, *Kenya Between Hope and Despair, 1963–2011* (New Haven, Conn.: Yale University Press, 2011), 1–2.
[62] Ndege, *Health, State and Society* (n. 17), 133.
[63] "The Organisation of a Tuberculosis Chemotherapy Pilot Project in Kenya Colony," Memorandum 1956, RN/11/4 Tuberculosis Infectious Diseases 1944–1958, Nairobi, Kenya National Archives, 17.

displacement that formed the backdrop to TB control efforts. This is not for lack of opportunity, as health-related matters typically generated copious amounts of paperwork of various kinds. In some instances, these silences suggest practices of censorship. In the case of the colonial archive, for instance, extensive correspondence between district medical officers, officials at the Ministry of Health, or administrators in the Nairobi city council on tuberculosis control efforts during this period contain little reference to the realities of Mau Mau—these may conceivably reflect practices of self-censorship or inadvertent occlusion by health workers and colonial officials. Meanwhile, health-related archives pertaining to the District Commissioner's Office of Nyeri during this period are riddled with extensive gaps, suggesting deliberate post hoc censorship.[64] Indeed, recent scholarship has started to detail British policy on "doctoring" the colonial archive in the era of decolonization by destroying or shipping to Britain large quantities of sensitive material.[65] The WHO archive is much less fragmented, but silences nevertheless echo there too. Quarterly field reports on Kenya-4, for instance, were produced from the inception of the project and make up a significant part of the WHO archive. Yet these make no mention of the conflict. Two reports on tuberculosis

[64] In the collection for District Commissioners Office–Nyeri, Kenya National Archives, see for instance VP/8/5 Hospitals, Dispensaries and Maternity Homes, 1934–1972, which contains no documentation for the period 1950–1953 and 1957–1960; VP/8/6 Hospitals, Nyeri District, 1948–1963, with only very sparse documentation throughout the 1950s until 1962; VP/8/8 Provincial General Hospital—Nyeri and Karatina Dispensary, 1934–1964, with several gaps and then complete omission for the period 1956–1964.

[65] Mandy Banton, "Destroy? 'Migrate'? Conceal? British Strategies for the Disposal of Sensitive Records of Colonial Administrations at Independence," *J. Imperial Commonwealth Hist.* 40, no. 2 (2012): 321–35; Riley Linebaugh, "Colonial Fragility: British Embarrassment and the So-Called 'Migrated Archives,'" *J. Imperial Commonwealth Hist.* 50, no. 4 (2022): 729–56; Joel Herbert, "Dirty Documents and Illegible Signatures: Doctoring the Archive of British Imperialism and Decolonization," *Mod. Brit. Hist.* 35 (2024): 199–222.

control interventions in the Kiambu district mention the Eemergency only insofar as it led to the "grouping" of the Kikuyu population into emergency villages for "protection"—a policy that was "energetically pursued."[66] While one author euphemistically concedes that the "somewhat synthetic" villages were "of course 'heavily administered,'"[67] the policy is overall regarded as positive because of its apparent improvement of hygiene conditions and possibilities for more effective tuberculosis control.

Observing this sparsity of reference to the realities of Mau Mau in health-related archives, Christian McMillen, writing on TB control efforts in Kenya, concludes that medical initiatives seem to have been "little . . . affected by late colonial power struggles." Doctors and medical bureaucrats, he speculates, were not concerned with political developments, but "devoted to medicine, their research, the quotidian details of day-to-day operations." And although researchers understood that "the prevalence of TB was tied to social and economic conditions," they had no capacity to change such conditions and thus never commented explicitly on sociopolitical structures and approached TB as a strictly biomedical problem, seeking a technical solution.[68] John Iliffe, in his landmark work on East African doctors, notes similar silences in the reports of the Kenyan doctor Jason Likimani, who was working first in the Kajiado district hospital south of Nairobi and later in the capital itself during the Eemergency. Iliffe reads such silences alongside contextual evidence as reflecting Likimani's

[66] "Tuberculosis Survey of Kiambu, 1959," May 30, 1960, KENYA-1201/0001 TUBERCULOSIS CONTROL (KENYA-4), Fonds ARC022, Records of the Project Files, 1957–1960, WHO Archives (WHO022_AFRO_KEN_035, digitized), 1.
[67] "Kenya-4: Prospects for Tuberculosis Control," April 4, 1956, WHO Archives (n. 62), 8, 14.
[68] McMillen, *Discovering Tuberculosis* (n. 1), 123–25.

support for Mau Mau[69]—thus coming to the exact opposite conclusion to McMillen. Iliffe notes that, while no qualified African doctor is known to have actively participated in the movement, a number were drawn into providing medical care to detainees or members of the Home Guard or screening medical staff. Paramedical staff were considerably more involved in Mau Mau and many were detained, including ten laboratory assistants and sixteen Kikuyu medical staff at the Medical Research Laboratory. Conversely, medical workers, who were often associated with institutions opposed to the rebellion and who could be vulnerable in doing field work, were also Mau Mau targets and at least two were killed by Mau Mau bands.[70] In this way, Iliffe therefore offers at least a brief reflection on the intersection of politics and public health in this context. Lynn Thomas goes somewhat further in her research on reproductive health in twentieth-century Kenya, devoting a chapter to exploring how imperial and indigenous conflicts around female circumcision were heightened by the upheavals of Mau Mau.[71] In most cases, however, the political realities of postwar Kenya do not feature in medical histories.[72] This is surprising, considering that attention to the manner

[69] Likimani ran the hospital at Kajiado, the center of British administration in Maasailand, directly south of Nairobi, from 1952, before moving to private practice in Nairobi in 1958. After independence, he was appointed Director of Medical Services to the Kenyatta government in 1964, a position he held until 1978. John Iliffe, *East African Doctors: A History of the Modern Profession* (Cambridge: Cambridge University Press, 1998), 114, 119–20.
[70] Iliffe, *East African Doctors* (n. 69), 114.
[71] Lynn M. Thomas, *Politics of the Womb: Women, Reproduction and the State in Kenya* (Berkeley: University of California Press, 2003), 79–102.
[72] See, for instance, only brief contextual mention of Mau Mau in Ndege, *Health, State and Society* (n. 17), 132; Sloan Mahone, "'Hat On—hat Off': trauma and Trepanation in Kisii, Western Kenya," *J. Eastern Afr. Stud.* 8, no. 3 (2014): 331–45; Kirsten Moore-Sheeley, "The Products of Experiment: Changing Conceptions of Difference in the History of Tuberculosis in East Africa, 1920s–1970s," *Soc. Hist. Med.* 31, no. 3 (2017): 533–54.

in which colonial medicine was grafted onto a context of violence is a well-established element of imperial medical histories in Africa and beyond.[73]

In turn, historians of Mau Mau and the end of empire in Kenya have paid little attention to the articulation of these events with public health. Where the literature on Mau Mau does address issues of health, this mainly relates to the medicalized discourse employed in colonial propaganda pathologizing Mau Mau as an African "disease of the mind."[74] Anderson and Elkins do briefly refer to issues of health as part of their respective descriptions of the abysmal conditions in Mau Mau detention camps. The overcrowding, harsh physical labor, and poor nutrition that characterized life in the camps were fertile breeding grounds for a variety of infectious diseases, including typhoid, dysentery, and pneumonia.[75] Pulmonary tuberculosis is also noted as having been particularly rampant, and by June 1955 it had become such a problem that the colonial authorities decided to release prisoners with TB and repatriate them to their homes in the reserves. "Having incubated disease in the works camps," says Anderson, "the sufferers were sent home to spread it to their relatives."[76] But the relationship between the Emergency and public health has not been explored in any detail in existing scholarship.

---

[73] See, for instance, David Arnold, *Imperial Medicine and Indigenous Responses* (Manchester: Manchester University Press, 1988); Roy MacLeod and Milton J. Lewis, eds., *Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion* (London: Routledge, 1988); Shula Marks, "What Is Colonial about Colonial Medicine? And What Has Happened to Imperialism and Health?," *Soc. Hist. Med.* 10, no. 2 (1997): 205–19; Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Cambridge: Polity Press, 1991).

[74] Lonsdale, "Mau Maus of the Mind" (n. 40); see also Sloan Mahone, "East African Psychiatry and the Practical Problems of Empire," in *Psychiatry and Empire*, ed. Sloan Mahone and Megan Vaughan (Basingstoke: Palgrave Macmillan, 2007), 41–66.

[75] Anderson, *Histories of the Hanged* (n. 38), 318–20.

[76] Ibid., 320.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

The striking chronological and geographical overlaps between TB control interventions and political turmoil challenge the lack of intersection suggested by written sources and in the historiography. Cooper, discussing the Colonial Office's postwar development policy geared toward creating an orderly and productive Kenya, notes that the "blandness of [this] fantasy makes sense only in juxtaposition to the ugliness of the round-ups, the horror of forced relocation of villages, and the psychologized terror of the detention camps."[77] Similarly, I argue that TB control efforts in postwar Kenya must be examined and understood in the context of Mau Mau and its aftermath. In what follows, I demonstrate that photographs can be important historical sources for investigating the relation between the medical and the political in the face of the silences apparent in documentary evidence. While the photographs stem from different sources and were certainly taken with different intentions and audiences in mind, all were produced during the Mau Mau rebellion or in the immediate postconflict context. In the case of the images stemming from the Kenyan Department of Information and WHO, respectively, I discuss a selection of images that are representative of the many more contained in the collections.[78] I include the captions as they appear in the archives, reading this as part of the images' intended meaning-making.

---

[77] Frederick Cooper, "Review Article: Mau Mau and the Discourses of Decolonization," *J. Afr. Hist.* 29, no. 2 (1988): 313–20, quotation on 317.

[78] See photographs for the period 1950–1963 pertaining to tuberculosis control contained in INF 156/10, Central Office of Information, The National Archives, London, and accessible via "Photo Library," World Health Organization, https://photos.hq.who.int/.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

Turner's Community-Based Research, 1956–1958

The activity around tuberculosis control in 1950s Kenya led to many research articles published in medical journals such as the *British Medical Journal*, *East African Medical Journal*, and *Tubercle*. These did not typically feature photographs. One exception is a 1962 publication by Peter Turner, the provincial physician for Coastal Province,[79] reporting on a trial of domiciliary treatment of pulmonary tuberculosis undertaken in the Nyeri district north of Nairobi between 1956 and 1958—that is, in the period when the most intense Mau Mau hostilities were coming to an end, but the Eemergency remained in place. With this study, Turner sought to contribute to debates about the potential efficacy of home-based treatment in "underdeveloped" countries, and he situated his findings vis-à-vis others such as the famous Madras trial. Turner concluded that "in certain parts of Kenya" effective home treatment was possible and that his results "strongly [support] the thesis that given good organization and good staff in the field home treatment can give excellent results even in the under-developed countries."[80]

Turner reported that conditions for home care in Nyeri were "favorable": not only was the area easily accessible and the climate temperate, but the Kikuyu were "the easiest patients to deal with" and were conveniently concentrated in villages. To be sure, he noted that this pattern of settlement was a recent development: the Kikuyu had been "grouped into

---

[79] On Turner's position, see McMillen, *Discovering tuberculosis* (n. 1), 286n48. I have not been able to find any further biographical or professional information on Dr. Turner, or further publications in his name.

[80] Peter P. Turner, "Home Treatment of Tuberculosis in the Nyeri District of Kenya," *Tubercle London* 43, no. 76 (1962): 76–82, quotation on 82.

villages . . . for their easier protection at the time of the Mau Mau insurrection." Turner mentioned overcrowding, with an average of 5.2 people living in each "hut." He attributed this to population growth and speculated that it "could be of some importance to the spreading of tuberculosis." Turner also noted the high rate of infection among men over sixteen years of age, speculating that this may be because men were the first to come for treatment, but also pointing to the return of the sick to the reserves for treatment.[81]

Turner's article includes two images intended to illustrate the setting in which his research took place (figure 1). The first shows neat lines of houses, cattle sheds, and crops on a hillside, making up what is identified "a typical Kikuyu village." No people are visible. The second is a tableau set inside such a village. It shows "good, well-built Kikuyu huts" in symmetrical lines, which stretch on seemingly endlessly beyond the image frame. In front of one house pose three women in identical white dresses, each with a child, and two men, in blazers and hats. The men stand a few paces removed from the women and children. The anonymity of the people serves to affirm them as "typical" and representative of Turner's study subjects. The caption notes that "the people in the picture are healthy and well-dressed." In front of several houses, white sheets lie stretched out on the ground, presumably laundry drying in the sun—but no other people are visible, and the neat paths running at right angles between the houses are deserted.

[81] Ibid., 77, 79.

FIG. 2
A typical Kikuyu village with crops (maize and sisal) in the foreground and cattle byres and rows of huts in the background.

FIG. 3
Good, well-built Kikuyu huts. The people in the picture are healthy and well-dressed. The men are village head-men.

Figure 1. Images and captions as they appear in Peter P. Turner, "Home Treatment of Tuberculosis in the Nyeri District of Kenya," *Tubercle London* 43, no. 76 (1962): 78.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

With these images, Turner presumably sought to illustrate the "favorable" conditions for domiciliary treatment in Nyeri. Yet despite stressing the importance of environment and organization to the successful outcome of this TB control intervention—and hence, his research—Turner made no mention of how British counterinsurgency measures shaped these factors that were so central to his study. He presents his research environment and community as "typical" and ordinary when in fact they were the very opposite. The people pictured in his second image would have been painfully aware of this, having experienced the brutality of forced relocation firsthand. Turner's framing normalized the brutality and disruption of villagization, while his description of the Kikuyu as "easy to deal with" and picturing of them as orderly and compliant concealed the coercion to which they had only recently been subjected. Furthermore, his article points to overcrowding and the return of tuberculous men to the reserves without reference to the fact that these circumstances were induced by force rather than choice. Indeed, his descriptions ("good, well-built," "healthy and well-dressed") reveal normative views around Western conceptions of order and appearance and—significantly for this context of disruption—legitimize their violent imposition on Kenyans.

Turner was certainly aware of the changes and upheaval of this period: his study saw him travel throughout Nyeri district each month for the duration of the period 1956 to 1958 to visit patients at fourteen district dispensaries. He also worked closely with district health assistants, who visited patients in their villages and reported back to him. Nevertheless, Turner presented Nyeri as a neutral testing ground defined only by its location in an "under-developed country." With no further information on Turner and his study available, explaining this evasion is a matter of speculation, but it certainly resonates with what Wenzel

Geissler has termed "knowing not to know while making scientific knowledge"—that is, not acknowledging, in either public speech or scientific writing, certain realities about the research site that are clearly open to experience, but remain "public secrets" in order for the research work to take place.[82] The photographs included in Turner's publication may augment the "unknowing" evident in his text, allowing us to "transcribe"—to return to Zeitlyn's formulation—the documentary silences so as to expose the manner in which British counterinsurgency and population control methods in the context of Mau Mau facilitated conditions for medical experimentation. This was the nature of the "laboratory" in which knowledge production on tuberculosis control, disseminated to imperial scientific networks through publications such as Turner's, took place. In the context of Mau Mau, medical field research into TB control not only obscured colonial violence but benefitted from the conditions it created.

TB Control and the Kenyan Department of Information, 1959–1960

While Turner's images were produced to illustrate the context of medical research to a scientific community, tuberculosis-related medical interventions during Mau Mau were also photographed for very different purposes. A set of photographs dated 1959 and 1960 in the National Archives, London, depicts various TB control initiatives under colonial government auspices. These photographs were produced by the Kenyan Department of Information (DOI), which was established in 1954 to produce pro-British propaganda in the context of

[82] P. Wenzel Geissler, "Public Secrets in Public Health: Knowing Not to Know while Making Scientific Knowledge," *Amer. Ethnologist* 40, no. 1 (2013): 13–34, quotation on 13; Geissler follows Michael Taussig, *Defacement: Public Secrecy and the Labor of the Negative* (Stanford, Calif.: Stanford University Press, 1999).

Mau Mau. Its aim was to publicize the benefits of British colonialism, mainly to Kenyans themselves, but also to an international audience. One of its approaches was to depict colonial rule as bringing progress and development and to contrast this with the regressive and destructive Mau Mau movement. Another approach was to depict Africans loyal to the British as prospering and to show the life options British rule offered. Once Britain gained control over the insurgency, the focus of DOI propaganda moved to highlighting colonial development programs and their benefits for the Kenyan population. The DOI produced a variety of media—statistics, leaflets, posters, pamphlets, newspapers, films, radio transmissions.[83] Hence, the images may have been printed in a newspaper or on a leaflet, possibly with a longer text.[84] Today, the images are found in the British Empire Collection of Photographs, which forms part of the records created or inherited by the Central Office of Information, responsible for government publicity and public information. In its archival setting, the collection is described as depicting "the geography and way of life in British Colonial and Commonwealth territories,"[85] while the particular file on Kenya in which these images appear, and from which I selected images related to TB, is said to depict "occupations

[83] Myles Osborne, "'The Rooting Out of Mau Mau from the Minds of the Kikuyu Is a Formidable Task': Propaganda and the Mau Mau War," *J. Afr. Hist.* 56 (2015): 77–97.
[84] For an example, see the discussion of figure 6 below.
[85] Records created or inherited by the Central Office of Information, INF, The National Archives, https://discovery.nationalarchives.gov.uk/browse/r/h/C160; British Empire Collection of Photographs, INF 10, The National Archives, https://discovery.nationalarchives.gov.uk/browse/r/h/C9326, both accessed April 26, 2022.

and services."[86] The current archival context therefore makes no mention of war or propaganda.

Various kinds of technologies related to prevention, detection, and treatment are deployed for tuberculosis control. From the 1950s, X-rays (including mobile X-ray units), microscopes, laboratory equipment for sputum culturing, and field kits for tuberculin testing and BCG vaccination were increasingly becoming part of the landscape of TB control in Kenya and increasingly operated and administered by African technicians. Several images in this collection focus on radiography in hospital settings. Two photos (figures 2 and 3) show Peter Mugubu operating X-ray equipment in the King George VI Hospital in Nairobi, and a third (figure 4) shows radiographers Jonah Kangila and John Okwanyo preparing their equipment, with a patient, chest exposed, ready to be X-rayed. Unusually for colonial-era photographs, each of the three African men are named and their ethnic or regional origins indicated. Mugubu, for instance, is identified as "a Kikuyu radiographer." No names or information is provided for the patients or other medical staff in the photos. The images appear as highly staged, with patients in poses apparently ready for imminent X-rays, and technicians demonstratively gripping their equipment, as though about to shift it toward the patient. The machines are intended as the main focus of the images and are centered in the frame, while the people appear frozen around the technology—the radiologist motionless in concentration, the assistants and patients quite static and blank.

[86] 220 photographs compiled by the Central Office of Information depicting occupation and Service, INF 10/156, The National Archives, https://discovery.nationalarchives.gov.uk/details/r/C1384058, accessed April 26, 2022.

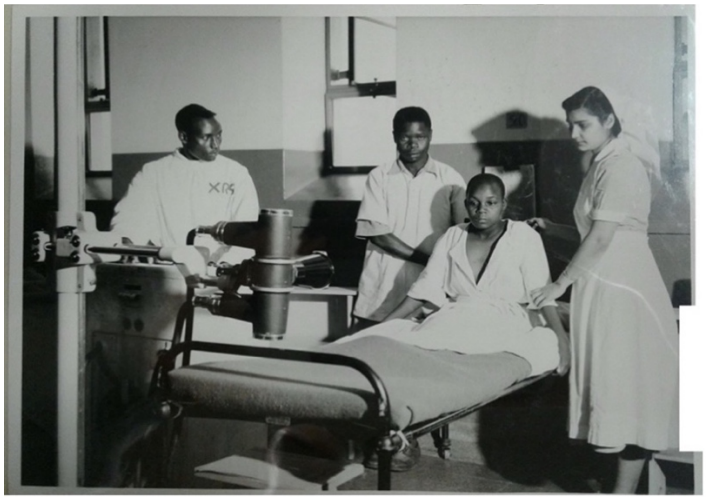


Figure 2. “A ward scene in the King George VI Hospital, Nairobi, where Peter Mugubu, a Kikuyu radiographer, is operating a portable apparatus.” 1960, INF 10/156/122 (Part 7), The National Archives, London, https://discovery.nationalarchives.gov.uk/details/r/C12267625.

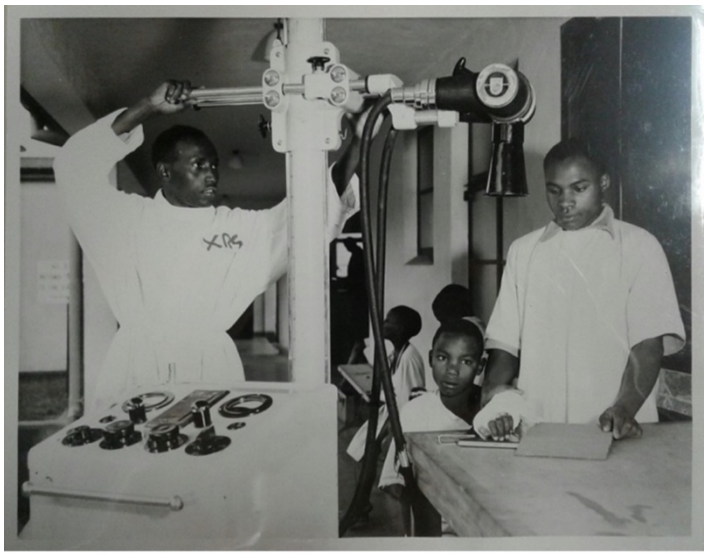


Figure 3. “A Kikuyu, Peter Mugubu, is one of the 4 trainees who have just completed their radiographers” course. He is seen here (L) handling modern X-ray equipment at the King George VI Hospital, Nairobi, where he spent some weeks for final study. 1960, INF 10/156/123 (Part 7), The National Archives, London.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

Figure 4. "Two of the African trainees who have completed their X-ray course at the Kisumu hospital. On the (L) is Jonah Kangila from Kimilili, North Nyanza, preparing a patient for X-ray, and (R) is John Okwanyo, a Kisii from South Nyansa, preparing to operate the X-ray instrument." 1960, INF 10/156/124 (Part 7), The National Archives, London.

A further set of images in the collection appear more spontaneous in nature. These show African medical officers during a mobile health unit visit to a rural Maasai community in the Kajiado district, south of Nairobi. In one, Dr. Yona Otsyula is shown administering an injection to a Maasai man, who is identified as a "warrior" (figure 5). In another, Rafael Ntore, a hospital assistant, is injecting a Maasai child, seated on her mother's lap (figure 6). It is likely these are instances of a Mantoux test, as part of TB screening of adults, and BCG vaccinations for children.[87] Indeed, in both images the syringe is centered in the frame, and

[87] This is confirmed by a chance discovery of this image in the archives of *The Standard* newspaper. Indications are that this image was published in the *East African Standard*, as the newspaper was known in the 1950s, with a caption reading "BCG against childhood tuberculosis being administered in the field. There is no substituted for vaccination and immunization, says the World Health Organization in the message for World Health Day tomorrow." At the time, the *East African Standard* was a British-owned pro-white settler daily. It cooperated with the government throughout the Mau Mau Emergency. See Peter Kimani, "The Standard: One Hundred Years of Chequered History," *The Standard,* November 30, 2018, https://www.standardmedia.co.ke/counties/article/2001304614/the-standard-one-hundred-years-of-history, accessed April 30, 2022; John B. Abuoga and Absalom

everyone pictured have their attention trained on it. As in the other images, therefore, the focus is on Western medical technology. In contrast to the stilted figures of the hospital settings, however, the field patients appear engaged and interested, variously displaying surprise and curiosity at what is taking place. Still, the Africans offering medical services are explicitly named while other figures remain anonymous. Centrally, these images juxtapose apparently educated, Westernized, modern, and medically trained Africans with ostensibly traditional and tribal Africans. This contrast is visually amplified by the crisp white medical coats of the health workers set against the robes and exposed skin of the patients, by the doctor's syringe and stethoscope juxtaposed with the Maasai iron rod, and by the hospital assistant's wristwatch on his otherwise bare arm contrasting with the copious and colorfully beaded necklaces, earrings, and arm- and headbands that adorn the mother and baby.

Mutere, *The History of the Press in Kenya* (Nairobi: African Council on Communication Education, 1988); Osborne, "'The Rooting Out of Mau Mau'" (n. 83), 80. The Standard Media Group archive contains envelopes with photos around specific themes—the envelopes are not formally catalogued. The images from this archive discussed here and below are contained in the envelope marked "Health Dis: Tuberculosis."

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

Figure 5. "Dr Yona Otsyula, medical officer of health for the Kajiado district, injects a Masai moran (warrior) during the visit to Olobelibel of the mobile health unit." June 1959, INF 10/156/2 (Part 1), The National Archives, London.

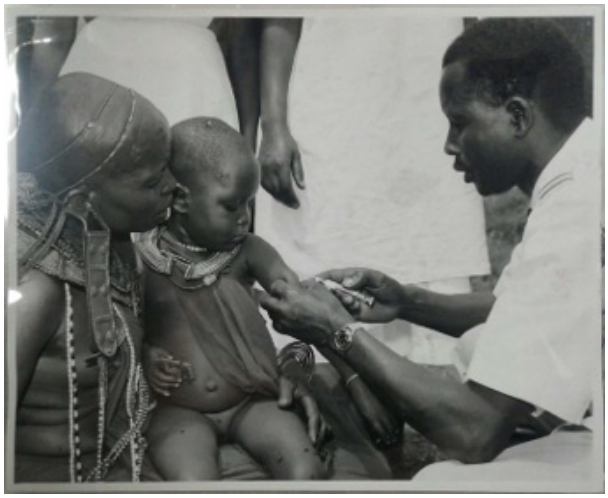


Figure 6. "Mr Rafael Ntore, hospital assistant, about to inject a Masai child patient when the mobile health unit visited Olobelibel in the Kajiado district of Kenya." June 1959, INF 10/156/3 (Part 1), The National Archives, London.

Despite the silences of the image captions and of the contemporary archive, the recent anticolonial turmoil of Mau Mau invariably "flickers" throughout these photographs, given the fact that they are pro-British propaganda tools. It is clear that these images seek to cast

colonial-directed public health in a positive light. The narrative throughout is that of development, progress, and improvement in Africans' living conditions—both in terms of the provision of health facilities and services to the broader population, and in terms of the life stories of individual African medical personnel. Bearing these propaganda purposes in mind, the way the captions augment the visual representations deserves closer attention. In addition to highlighting medical technology, the focus is drawn to the African medics—the beneficiaries of Western knowledge by virtue of their embrace of it—by explicitly naming them. The Africans receiving treatment are not named and portrayed as passive recipients. Additionally, these DOI-produced image captions consistently include ethnic identifiers. This is particularly meaningful given the fact that anti–Mau Mau propaganda portrayed the movement as a "disease of the mind" resulting from the breakdown of "tribal" life. By discursively and visually highlighting ethnic identities, these images perhaps seek to demonstrate a restoration of order. Moreover, in the case of the African medics, the suggestion seems to be that their training in medicine and resultant incorporation into the ostensible rationality, objectivity, discipline, and universality of biomedicine has seen them move beyond primarily identifying with such primordial associations. Hence the ability of biomedicine to not only control disease but also facilitate controlled African advancement is demonstrated. For a fragile government in a postconflict society, this was important posturing. Arguably, these images visually demonstrate what Cooper has called "the dualism in British thinking about African society—imagining the modern while fearing the primitive."[88]

[88] Cooper, "Review Article" (n. 77), 29.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

The African health workers centered in the images are portrayed as commanding a certain expertise and competency, and applying this in the appropriate context, namely providing medical services to other Africans: the radiographer is working not in Nairobi's European hospital but in the King George VI "native" hospital (figures 2 and 3); the doctor is not vaccinating settler children (figure 6). It is conspicuous that British colonial medical officers are never pictured—it was the intention of this propaganda material to highlight the role and agency of African medical personnel. Indeed, the colonial state remains obscure in these images, present only by implication as providing the framework for the pictured activities and, of course, as having initiated the production of the photographs. As a result, the colonial state may appear here as a silent yet omnipotent, coherent force—a desirable representation amid the reality of the fragility of colonial rule at this point. Thus, read in the context of Mau Mau, the visual narrative of such propaganda material in fact reveals much more than intentioned. Rather than demonstrating the extent of African advancement in the colonial health services, the images reveal the limits thereof. In the wake of Mau Mau, public health and disease control functioned as areas in which existing racial hierarchies could be maintained.[89]

[89] Oral testimony attests to the prevalence of racist attitudes and practices in colonial medical and scientific circles. A senior specialist in Kenya's Medical Service during this period noted, "When I arrived in Nairobi in 1955, I was shown around . . . by the Director, who said, 'If an African puts his head above the ground, stamp on it.'" George Nelson, Senior Specialist in Parasitology in the Kenya Medical Service's Division of Vector-borne Diseases from 1955 to 1963, quoted in Reynolds and Tansey, *British Contributions* (n. 11), 9–10.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

Kenya-4 in Images Commissioned by the WHO, 1959 and 1964

The final set of images stem from WHO's tuberculosis control work in Kenya. The images are located in the WHO's Photo Library,[90] where they are classified by WHO Regional Office and by health subject. Twenty-eight images (a selection of which are discussed below) correspond to the classification for tuberculosis in Kenya and were all produced amid the end of the Eemergency and transition to independence. The photos, taken "in the field" by photographers commissioned by the WHO, depict various elements of TB control and come with descriptions and captions.[91] Typically, the commissioned photographers took a large number of photographs, of which only a few were actually printed, published, or circulated.[92] These selected images appear in the Photo Library, and it is likely that the descriptions and captions that accompany them were added for publication purposes. Most likely, these images appeared in the WHO's magazine *World Health.*[93] Archival material suggests that the WHO also actively distributed such commissioned images to commercial and scientific magazines concerned with a particular topic.[94] In this sense, these images may be seen as

---

[90] Available online, see "Photo Library," World Health Organization, https://photos.hq.who.int/, and "List of Fonds," World Health Organization, https://www.who.int/archives/fonds, both accessed April 26, 2022.

[91] In the context of the COVID-19 pandemic, it was not possible to access the WHO archive on-site. This discussion therefore analyzes the photographs and captions as they appear in the WHO Photo Library, and additionally cites scanned material supplied by the WHO from its Photographic Archives.

[92] Email communication from Reynald Erard, WHO Records and Archives, July 27, 2022. This is also evident from the background information to the photographers. See BACKGROUND_KENYA_TB_ALMASY, Subfonds Photographers 1959, and BACKGROUND-AFRICA-TB-HENRIOUD, Subfonds Photographers 1964, both in Photographic Archives, Fonds ARC012–2, WHO Archives (WHO_RAS_BACKGROUND_KENYA_TB_ALMASY_JKP1_1959, scanned, and WHO_RAS_BACKGROUND_TB_HENRIOUD_JKP1_1964, scanned).

[93] Email communication from Reynald Erard, July 27, 2022, WHO Records and Archives.

[94] "Memorandum: IUT Quarterly Newsletter 'T,'" February 18, 1964, WHO Archives.

akin to those discussed above: like Turner's, they were produced to demonstrate the settings in which TB control interventions took place; like the DOI's, they were produced to publicize and promote health-related development work in Kenya to broader audiences. A crucial difference, of course, is that the work pictured in this collection took place under the aegis of the WHO rather than the colonial state.

The 1959 images by photographer Paul Almasy show laboratory work, TB patients in hospital settings, and mass TB screening in a village using mobile X-ray equipment. An image titled "Research work in the Tuberculosis Project Laboratory, Nairobi" shows a scene from the research facilities set up by the WHO as part of the Kenya-4 project (figure 7). It depicts an African technician preparing growth cultures in a protective hood, sterilizing a glass container over a flaming Bunsen burner with one hand while preparing to insert the contents with a pair of metal tongs in the other—a sterile and strictly regimented procedure. It is not clear whether he is preparing the culture medium or already adding the infectious samples, nor whether the hood is equipped with a ventilation system.

Figure 7. "Research work in the Tuberculosis Project Laboratory, Nairobi." 1959, HQ31106, WHO Photo Library.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

Like the DOI image of Rafael Ntore (figure 6), this picture was also found in the archives of *The Standard* newspaper. Accompanying text suggests it was published in *Baraza* ("Forum"), a Swahili weekly newspaper owned by the *East African Standard*. *Baraza* was a government-controlled publication founded in 1939 "to supply suitable information to African readers."[95] With a circulation of 28,000 in 1950, it was the most popular African newspaper.[96] The photographer has centered the technician's hands while the image caption emphasizes research, so that the focus falls on skill and precision rather than the man's identity. Indeed, in conventional colonial mode, the man is not named, and the camera angle obscures his face in favor of a focus on his hands. Clearly visible is his upright posture and worn yet neatly tied white laboratory overall. Nevertheless, his features are faintly reflected in the sloping glass panes of the fume hood, as is a window on the far side of the room and the trees beyond it, all contrasting the implied universality of medical science and Western research practices with the specificity of local realities.

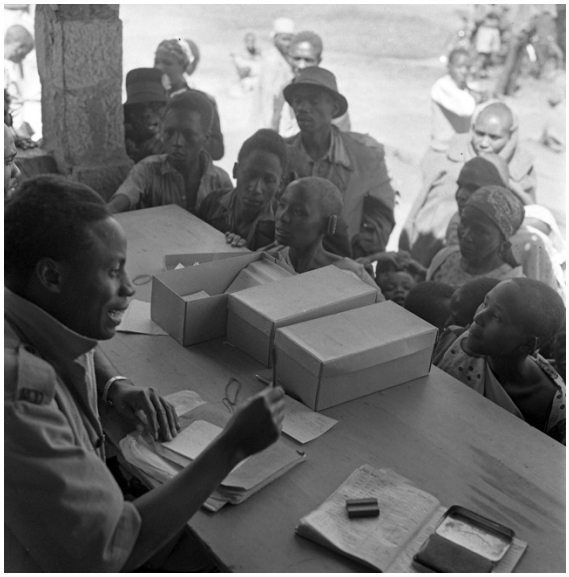
The local context of rural Kenya is the starting point, and the authority of Western technology the culmination of a five-part series of images depicting a mobile X-ray unit's visit to the village of Lusigetti, west of Nairobi in the Kaimbu district. The first three images (figures 8–10) together bear the caption "The village of Lusigetti, 30 kms from Nairobi. The villagers assemble for examination." In succession they show a panorama of the village, stretched out on a plain; followed by a view of a small crowd waiting by a building in the midday sun; followed by the same crowd, now lined up, apparently queueing before the building. The figures at the front of the queue are shrouded in darkness as they move out of

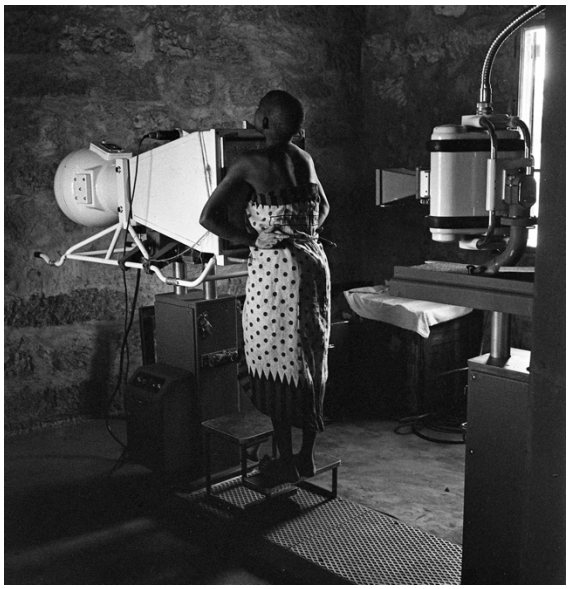
[95] Fay Gadsen, "The African Press in Kenya," *J. Afr. Hist.* 21, no. 4 (1980): 515–35, quotation on 516.
[96] Ibid., 518, 528.

the sunlight, but one can be seen clutching a card close to her face. The last two images (figures 11 and 12) show a uniformed man seated at a table on the building's veranda, issuing cards while the waiting people peer on; followed by the only indoor shot, showing a woman flanked by X-ray machines and hunched forward to have her chest radiographed. The latter two images share the caption "Examination of the villagers of Lusigetti by a mobile team; an individual card is established for each person. Each person undergoes complete examination including x-ray."

Figures 8 and 9. "Examination of the villagers of Lusigetti." HQ31098 and HZ31099, WHO Photo Library.

Figure 10. “The village of Lusigetti, 30 kms from Nairobi. The villagers assemble for examination.” 1959, HQ31100, WHO Photo Library.





Figures 11 and 12. “Examination of the villagers of Lusigetti by a mobile team; an individual card is established for each person. Each person undergoes complete examination including x-ray.” 1959, HQ31101 and HQ31102, WHO Photo Library.

Appearing in this sequence, the images evoke a set of meanings similar to the DOI photos of health workers tending to Maasai patients in the field—a rural setting, a traditional and ignorant yet curious public who willingly subject themselves to the technologies of Western medicine, mediated through a correspondingly trained fellow Kenyan. Presumably,

the visual narrative is intended to convey the breadth and depth of the WHO's capabilities, bringing science and medicine to the farthest corners of rural Africa and reaching each and every villager for the purpose of TB control. The anonymity of the villagers and health officials centers the processes rather than the people, while the juxtaposition of the rugged environment with the radiography equipment again serves to glorify technology and its power to control disease. In this way, the visual narrative resembles that of Turner: an effort to present a typical example of disease control work—this time by the WHO. Yet, as in Turner's case, the context was not at all typical or neutral. Indeed, read in another register—one much more familiar to the Kenyans pictured here—these images evoke the political context of Mau Mau. The layout of Lusigetti (figure 8) clearly resembles that of the Nyeri village pictured in Turner's article (figure 1). It features the same lines of identical houses and row of stubby sisals characteristic of the emergency villages. Additionally, the image by Almasy shows a fenced area and what may be tents in the distance, resembling the typical pattern of labor camps. Moreover, the practices of assembling people for registration, screening them for infection, and classifying them accordingly for the purposes of disease control directly evoked counterinsurgency efforts and the medicalized language used to legitimize such coercion. In 1959, the same year as the Hola massacre, and after many years of repression, such efforts at political control would have been much more familiar to the inhabitants of Lusigetti than the WHO's recently developed TB control initiatives. Indeed, while these photographs make no reference to their political context, they were taken during the ongoing Sstate of Eemergency. The normality of political control and coercion under these conditions may well have facilitated the smooth operation—pictured here—of the WHO's newly introduced Kenya-4 project.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

The Kenyan political landscape was shifting rapidly by the time the WHO commissioned Didier Henrioud to produce another set of photographs on Kenya-4. The images by Henrioud are dated 1964; archival documentation indicates that they were likely produced in late 1963 and by February 1964 at the latest[97]—they were, therefore, produced in the heady days surrounding Kenya's independence on December 12, 1963. Henrioud's photographs (figures 13–18) depict Africans reading X-rays, examining the in vitro growth of TB colonies, testing sputum cultures, preparing culture media, and repairing X-ray equipment—often while explicitly or implicitly receiving training from European WHO experts. There are also several images of the mass examination (through mobile X-ray), vaccination, and testing of children in school settings. European WHO employees do appear in these images, mainly instructing and supervising African trainees. The Europeans are consistently named, and their country of origin indicated; with one exception, Africans are not named. Presumably what was at stake here was to demonstrate the extent of international cooperation that the WHO facilitated through projects like Kenya-4: the fact that experts from the Soviet Union worked alongside colleagues from Western countries with the common goal of alleviating the TB burden in Africa was evidently deemed more important than naming the Kenyans involved in the same work.

[97] "Memorandum: IUT Quarterly Newsletter 'T'" (n. 94).

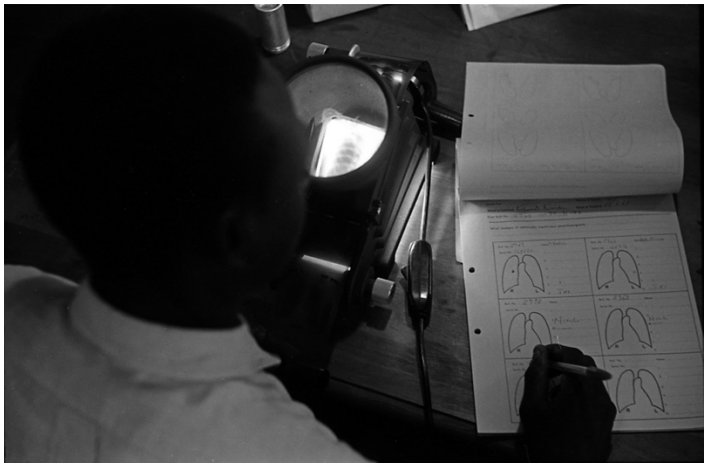


Figure 13. “X-ray film reading.” 1964, HQ31064, WHO Photo Library.

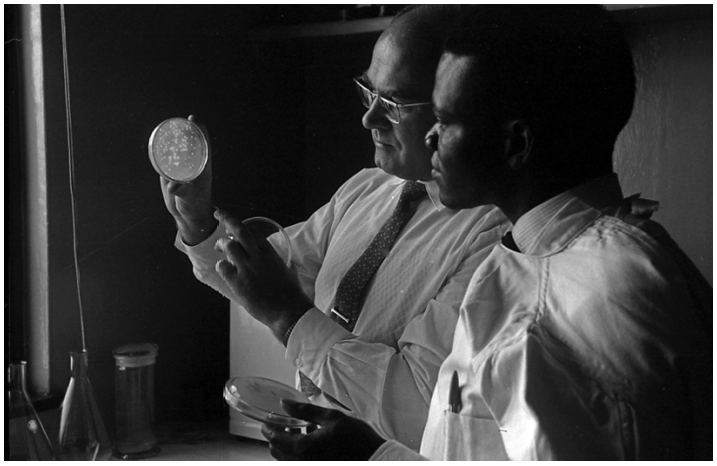


Figure 14. “Examination of growth of cultures on Petrei’s [*sic*] dish at the Nairobi center. Left, Dr Mikhail P. Zykov (USSR) Head of WHO laboratory, and Mr Gaya, his national counterpart.” 1964, HQ31060, WHO Photo Library.

Figure 15. “Seeding of sputum on culture media, Nairobi center.” 1964, HQ31056, WHO Photo Library.

Figure 16. “At the Nairobi TB Chemotherapy Center laboratory, a technician is filling bottles for the preparation of culture media.” 1964, HQ31054, WHO Photo Library.

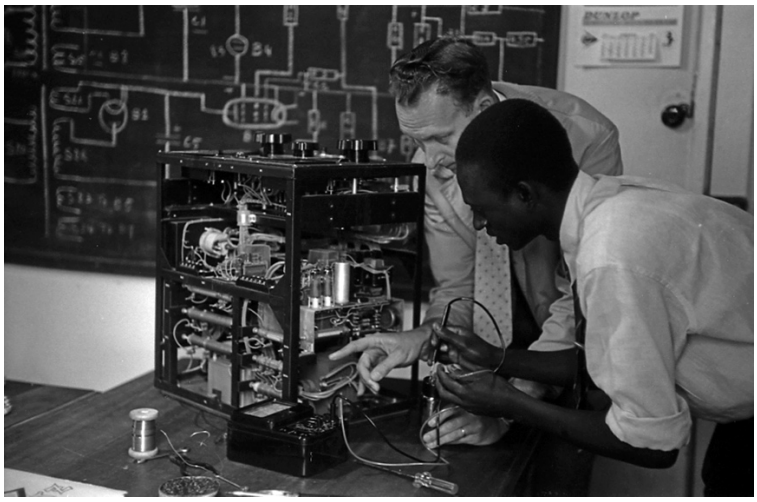


Figure 17. “At the TB Chemotherapy Centre Laboratory in Nairobi, Kenya, trainees learn to repair X-ray equipment under the supervision of WHO X-ray technician Mr van Hoegaerden (Belgium).” 1964, HQ31049, WHO Photo Library.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

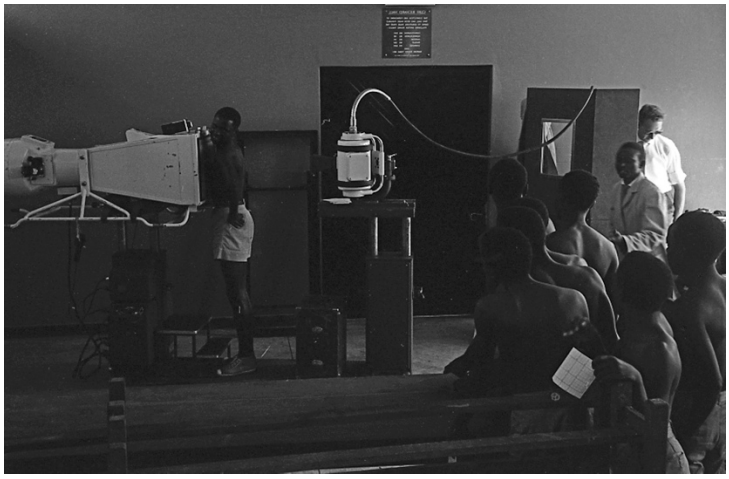


Figure 18. "Mass examination of the children in a school in Nairobi, Kenya. The children are registered, then X-rayed." 1964, HQ31035, WHO Photo Library.

In these high-contrast black-and-white photographs, light skins, crisp laboratory coats, backlighted X-rays, translucent petri dishes, gleaming glass implements, and technical equipment contrast sharply with black skins and dark backgrounds. Similar to other photographs examined above, the photographs often center medical technology. Henrioud pictures a TB screening at a Nairobi school using mobile X-ray technology (figure 18). Like the woman in the Lusigetti series, a young man is shown pressing his chest against the machine. As in Lusigetti, the machine is out of place here, emphasizing this "spectacular technology" and the reach of biomedicine "in the field." In the hospital and lab images, technical equipment and the performance of scientific work are highlighted. The demeanors of the photographed persons typically exude concentration, their actions perform the deployment of scientific knowledge and skill, their settings attest to order, sophistication, precision, and the controlled conditions associated with Western science.

Neither the images by Almasy nor those by Henrioud make any reference to the postconflict and imminent-independence contexts of their production. They are defined only by the fact that they depict WHO work on tuberculosis control in "Africa." Indeed, a longer

explanatory text accompanying Henrioud's photos in the WHO Photo Library notes how "assisted by WHO, several African governments made great efforts to find out how serious the problem of TB was. . . . WHO pilot projects and surveys were carried out to find the groups in the population with the highest rates of tuberculosis and to see which would be the most effective TB control method."[98] "African governments" is the only vague, quite ambiguous, reference to the context in which Kenya-4 was taking place. On the eve of Kenyan independence, such framing was arguably an effort to present the WHO's work as apolitical: whether under imperial or independent rule, WHO interventions remained unaffected and continued apace. On a general level, this offers a visual demonstration of the continuities between the eras of colonial and international health identified by scholars of global health and development.[99] In the Kenyan case specifically, this continuity highlights the fact that Kenya-4 was agreed and operationalized in the midst of Mau Mau and implemented during the Sstate of Eemergency. As the Lusigetti images so vividly demonstrate, counterinsurgency measures would necessarily have shaped these interventions and, even as hostilities ceased, would continue to reverberate through disease control initiatives.

---

[98] Text appears alongside all Henrioud's 1964 photographs in the WHO Photo Library.

[99] Cooper and Packard, *International Development and the Social Sciences* (n. 33); Frederick Cooper, "Writing the History of Development," *J. Mod. Eur. Hist.* 8, no. 1 (2010): 5–23; James L. A. Webb Jr. and Tamara Giles-Vernick, "Introduction," in *Global Health in Africa: Historical Perspectives on Disease Control*, ed. Tamara Giles-Vernick and James L. A. Webb Jr. (Athens: Ohio University Press, 2013), 1–21; Paul Farmer, Jim Y. Kim, Arthur Kleinmann, and Matthew Basilico, *Reimagining Global Health: An Introduction* (Berkeley: University of California Press, 2013); Randall M. Packard, *A History of Global Health: Interventions into the Lives of Other Peoples* (Baltimore: Johns Hopkins University Press, 2016).

Moreover, the political context and accompanying power relations can also be "transcribed" from these photographs in another register. The processes of Western knowledge transfer they depict echo the ongoing transfer of political power from the British to Kenyans as well as the incorporation of Kenyans into an international community, which was underway as these photographs were taken. As these photos and captions attest, the knowledge that was being transferred and was, therefore, to govern future activities in the medical and scientific realm was defined and regulated from outside Kenya by international agencies such as the WHO and the Western epistemologies that dominated it. This had been the case before independence and would continue uninterrupted despite the transition to African rule. Even as political control was transferred, epistemological control remained elusive.

Conclusion

In the face of the silences in documentary sources, photographs can be important historical sources for investigating the relation between the medical and the political. The images discussed here show—quite literally—what tuberculosis control looked like in Kenya of the late 1950s and early 1960s, a period of extreme recent violence, fragile state control, and uncertain futures. In contrast to the dramatic and violent imagery of Mau Mau "terror" that characterized local and international reports at the time, the photographs discussed here refuse any reference to the political, emotive, or sensational. Across these years, disease control is visualized as an ostensibly apolitical activity characterized by scientific objectivity and progress. In this way, the photographs along with their accompanying texts serve to depoliticize health and health-related interventions in late colonial and early independent

Kenya. By projecting neutrality and benevolence via a scientific framing, they serve to separate the work of doctors like Turner and projects like Kenya-4 from the context of conflict and turmoil in which they invariably functioned. In this way, the disconnect between the political and the medical identified in historical sources, and consequently replicated in scholarship, is revealed as intentionally constructed rather than real. It is, in fact, active and being made visual in these photographs.

The depoliticization of health and medical research in visual mode is arguably all the more powerful given the claim to scientific objectivity inherent in medical photography. In this way, medical imagery obscures colonial power relations and violence that invariably impacted and shaped health-related interventions. Late colonial medicine therefore emerges not merely as outcomes or products of the colonial situation but as contributing forces that shaped and co-constituted this context by depoliticizing health and obscuring power struggles behind a veneer of benevolence and objectivity. In the case of Kenya, specifically, the photographs analyzed here do not explicitly reference this political situation. Nevertheless, they flicker—to return to Hunt's idiom—with the realities of Mau Mau and the struggle for Kenyan independence. These photographs suggest the specific ways in which counterinsurgency measures such as the emergency villages in fact facilitated opportunities for disease control interventions and medical knowledge production. This article has shown how these images portray late-colonial struggles for "control"—whether in the laboratory, the hospital or the field—in more than one sense: disease control, but also political and epistemological control.

*

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

DANELLE VAN ZYL-HERMANN is a postdoctoral researcher and lecturer in African history at the University of Basel, Switzerland, and a research associate with the International Studies Group at the University of the Free State, South Africa. She has published extensively on the politics of race, class, and identity in late and post-apartheid South Africa, including *Privileged Precariat: White Workers and South Africa's Long Transition to Majority Rule* (2021). Continuing her interest in moments of social change and political transition, her current research focuses on the politics of knowledge production in late colonial and early postcolonial Kenya, and the political economy of African resources in the context of post–World War II reconstruction and development.

ACKNOWLEDGMENTS: My sincere thanks to Reynald Erard and the staff of the WHO Records and Archives for their support in conducting this research. I also acknowledge the WHO for kindly granting permission for the reproduction of images from the WHO Photo Library. Many thanks, furthermore, for valuable feedback received from participants at the workshop "Photographs as Sources for Writing Histories of Medicine, Health and Healing in Post/colonial Africa" (University of Basel) and at the joint seminar of the Institute of Health and Society and the Institute for Social Anthropology (University of Oslo). I am grateful, finally, for the comments provided by the anonymous reviewers as well as the *BHM* editors. The research was generously funded by the Swiss National Science Foundation (grant no. CRSII5_183577).