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Special Issue Introduction:
Photographs as Sources for African Histories of Health and Healing

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ABSTRACT: This special issue explores the opportunities and challenges of using photographs to write histories of health and healing in colonial and postcolonial Africa. Since the late nineteenth-century introduction of photographic technology to Africa, it has been employed in a myriad of manners and settings related to health. Yet while photographs abound in medical histories of Africa—typically as provocative yet unexplored cover photos or illustrations—historians of health and healing in Africa have not systematically utilized photographs as historical sources that augment or contest analyses based on written sources. This special issue introduction proposes a set of tools that establish the intersection of visual, medical and African history as a productive analytic: (1) confronting the fiction of photographic transparency through contextualization, (2) close viewing of and ethical engagement with images, and (3) centering the fictions of photographic truth as historical subjects in themselves. These tools are demonstrated with reference to the contributions in the special issue, dealing, variously with colonial-era Kenya, Malawi, Mozambique, and South Africa.

KEYWORDS: African history, photographs, methodology, colonial health, photographic fictions, ethical methodologies, visual analysis

Over the course of the approximately 150 years since the introduction of photographic technology to Africa, it has been employed in a myriad of manners and settings related to health.¹ In colonial contexts, photographers captured medical encounters between missionary doctors or colonial medical officers and colonial subjects, and photographs were deployed in patient record keeping or as visual aids in the diagnosis of specific diseases and their documentation for scientific purposes. Throughout the twentieth century, as photography grew more mobile and accessible, photographs captured health systems in action, public health education campaigns, and the work of research institutions. Recent decades have added the proliferation of photographs depicting epidemiological and pharmaceutical interventions or focusing on community-level health practices, and humanitarian photography thematizing physical suffering due to famine, disease, or war—often for public consumption and global circulation. As a result, historians researching health-related themes are regularly confronted with depictions of everything from momentous events and prominent people to apparently mundane clinical work, offices, buildings, equipment, nameless patients, and staff—often “in the field”—as well as specimens and anatomy.

Yet historians of health and healing in Africa have not systematically utilized photographs as historical sources. To be sure, photographs abound in medical histories of

¹ On the history of photography in Africa, see David Killingray and Andrew Roberts, “An Outline History of Photography in Africa to ca. 1940,” *Hist. Afr.* 16 (January 1, 1989): 197–208; Wolfram Hartmann, Jeremy Silvester, and Patricia Hayes, eds., *The Colonising Camera: Photographs in the Making of Namibian History* (Cape Town: Juta, 1999); Anne Maxwell, *Colonial Photography and Exhibitions: Representations of the Native and the Making of European Identities* (New York: Continuum, 2000); Drew A. Thompson, *Filtering Histories: The Photographic Bureaucracy in Mozambique, 1960 to Recent Times* (Ann Arbor: University of Michigan Press, 2021); Hlonipha Mokoena, *The Nightwatchman* (Johannesburg: Wits University Press, 2025).

Africa, but typically as provocative yet unexplored cover photos and illustrations intended to complement rather than augment or challenge analyses based on written sources. As recently as 2013, Nancy Rose Hunt, discussing new methods and unexplored questions in the history of medicine in Africa, noted that “the visual and the medical have hardly intersected so far in our histories.”² More than a decade later, “hardly” remains the operative word—with a small number of exceptions, this intersection remains unexplored. As a result, medical historians of Africa have few theoretical and methodological tools with which to tackle the images they encounter.

This gap was the starting point for a workshop at the University of Basel that brought together early career and established scholars based at institutions in Africa, Europe, and North America who work at the intersection of visual, medical, and African history. Its aim was to explore the opportunities and challenges of using photographs to write histories of health and healing in colonial and postcolonial Africa, and together formulate a set of tools with which to equip ourselves and others wishing to establish this intersection as a productive analytic that moves the field of African history forward.³ This special issue presents the first original research and analytical tools to emerge from this endeavor. In what follows, we offer a brief overview of the rich scholarship on photography in Africa, and on African health and healing. We discuss the specific challenges posed by medical photographs’ ostensible

² Nancy Rose Hunt, “Health and Healing,” in *The Oxford Handbook of Modern African History*, ed. John Parker and Richard Reid (Oxford: Oxford University Press, 2013), 389.

³ “Photographs as Sources for Writing Histories of Medicine, Health and Healing in Colonial and Post-colonial Africa” (University of Basel, May 19–20, 2022). The authors gratefully acknowledge the Swiss National Science Foundation (Scientific Exchanges grant no. IZSEZ0–202442), the Centre for African Studies Basel, and the Freiwillige Akademische Gesellschaft for their generous support of this workshop.

transparency of meaning, as well as by the ethical and affective dimensions of their use as reasons why these vibrant fields have not, to date, intersected in meaningful ways. From these reflections, we propose three tools that allow historians to turn these challenges into analytical opportunities for utilizing photographs as sources for histories of health and healing in Africa. These are (1) confronting the fiction of photographic transparency through contextualization, (2) close viewing of and ethical engagement with images, and (3) centering the fictions of photographic truth as historical subjects in themselves. We demonstrate each of these tools with reference to the contributions in this special issue. Finally, we consider future directions.

State of the Art: Photographs, Health, Africa

Over the past thirty years, photographs have become key sources of information for historians seeking to reconstruct and examine African's colonial and postcolonial past. Photographs, as sources in their own right, can provide valuable insight into historical change—whether related to material culture, social processes and practices, or attitudes and sensibilities. In employing visual evidence, historians recognize and reflect critically on photography as a complex and historically contingent practice, and images as polyvalent and often ambiguous objects.⁴ African medical history, meanwhile, is well established as a dynamic and original

⁴ On photographs as sources for African historical study, see Diana Wylie, "Introduction to Special Issue: Documentary Photography in South Africa," *Kronos* 38, no. 1 (2012): 9–21; Christos Lynteris and Ruth J. Prince, "Anthropology and Medical Photography: Ethnographic, Critical and Comparative Perspectives," *Visual Anthropol.* 29, no. 2 (2016): 101–17; Tina M. Campt, *Listening to Images* (Durham, N.C.: Duke University Press, 2017); Robert Gordon and Jonatan Kurzwey, "Photographs as Sources in African History," in *Oxford Research Encyclopedia of African History* (July 30, 2018); Patricia Hayes and Gary Minkley, eds., *Ambivalent: Photography and Visibility in African History*, Illustrated

field of scholarly inquiry. While its contours reflect the same historiographical “turns” that have shaped the discipline at large over the past century,⁵ the continent’s subjugation to European colonial rule, experienced by most parts of the continent between the 1880s and the 1960s, has produced scholarly emphases that arguably distinguish it from medical history writing more broadly. One such area is vernacular therapeutics and healing practices. This was stimulated by, on the one hand, the imperative of Africanist social historians to center African voices and perspectives in the study of the continent’s past and, on the other hand, the convergence of historical and anthropological approaches to issues of health.⁶ Moving

ed. (Athens: Ohio University Press, 2019); Lorena Rizzo, *Photography and History in Colonial Southern Africa: Shades of Empire* (London: Routledge, 2019); Jennifer Bajorek, *Unfixed: Photography and Decolonial Imagination in West Africa* (Durham, N.C.: Duke University Press, 2020).

⁵ For a helpful overview that tracks the historiography of African health and illness from the early twentieth century to the present, see Rebekah Lee, *Health, Healing and Illness in African History* (London: Bloomsbury, 2021), 2–7. This synthesis, in turn, draws on several landmark historiographical assessments and self-reflections by historians of African health and healing, notably Gwyn Prins, “But What Was the Disease? The Present State of Health and Healing in African Studies,” *Past and Present* 124 (1989): 159–79; Megan Vaughan, “Healing and Curing: Issues in the Social History and Anthropology of Medicine in Africa,” *Soc. Hist. Med.* 7, no. 2 (1994): 283–95; 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; Maureen Malowany, “Unfinished Agendas: Writing the History of Medicine in Sub-Saharan Africa,” *Afr. Aff.* 295 (2000): 325–49; Hunt, “Health and Healing” (n. 2).

⁶ See, for example, John M. Janzen, *The Quest for Therapy in Lower Zaire* (Berkeley: University of California Press, 1978); Steven Feierman, “Struggles for Control: The Social Roots of Health and Healing in Modern Africa,” *Afr. Stud. Rev.* 28, no. 2/3 (1985): 73–147; Murray Last and Gordon L. Chavunduka, eds., *The Professionalisation of African Medicine* (Manchester: Manchester University Press, 1986); Gloria Waite, “Public Health in Pre-colonial East-Central Africa,” *Soc. Sci. Med.* 24, no. 3 (1987): 197–208; Steven Feierman and John Janzen, eds., *The Social Basis of Health and Healing in Africa* (Berkeley: University of California Press, 1992); Harry G. West, *Kupilikula: Governance and the Invisible Realm in Mozambique* (Chicago: University of Chicago Press, 2005); Karen E. Flint, *Healing Traditions: African Medicine, Cultural Exchange, and Competition in South Africa, 1820–1948* (Athens: Ohio University Press, 2008); Stacey A. Langwick, *Bodies, Politics, and African Healing: The Matter of Maladies in Tanzania* (Bloomington: Indiana University Press, 2011); Melissa Graboyes, *The Experiment Must Continue: Medical Research and Ethics in East Africa, 1940–2014* (Athens: Ohio University Press, 2015).

beyond a focus on disease or the history of biomedicine in Africa, scholars active in this area have effected a dramatic broadening of our understandings of health and healing in Africa through attention to local forms of knowledge production, the interrelation of issues of health with social, spiritual, and political concerns, and the everyday realities of therapeutic multiplicity, choice, and improvisation—including, in most recent years, attention to the landscape of global health in Africa.⁷ Methodologically innovative scholarship emerging from African environmental histories has brought to light the complex historical relationships between human agency and social and environmental determinants of health.⁸ While issues of power relations resonate throughout these topics, power forms the central preoccupation of a second area of inquiry that receives particular emphasis in African medical history writing, namely the relationship between biomedicine and colonialism. From structuralist/materialist,⁹

⁷ Julie Livingston, *Debility and the Moral Imagination in Botswana* (Bloomington: Indiana University Press, 2005); David L. Schoenbrun, “Conjuring the Modern in Africa: Durability and Rupture in Histories of Public Healing between the Great Lakes of East Africa,” *Amer. Hist. Rev.* 111, no. 5 (December 1, 2006): 1403–39; P. Wenzel Geissler, ed., *Para-states and Medical Science: Making African Global Health* (Durham, N.C.: Duke University Press, 2017); Clapperton Chakanetsa Mavhunga, *The Mobile Workshop: The Tsetse Fly and African Knowledge Production* (Cambridge, Mass.: MIT Press, 2018); Abena Dove Osseo-Asare, *Bitter Roots: The Search for Healing Plants in Africa* (Chicago: University of Chicago Press, 2019); Kalle Kananoja, *Healing Knowledge in Atlantic Africa: Medical Encounters, 1500–1850* (Cambridge: Cambridge University Press, 2021).

⁸ Jill R. Dias, “Famine and Disease in the History of Angola c. 1830–1930,” *J. Afr. Hist.* 22, no. 3 (1981): 349–78; Nancy J. Jacobs, *Environment, Power, and Injustice: A South African History* (Cambridge: Cambridge University Press, 2003); William Beinart and Lotte Hughes, eds., *Environment and Empire* (Oxford: Oxford University Press, 2007).

⁹ Randall M. Packard, *White Plague, Black Labor: Tuberculosis and the Political Economy of Health and Disease in South Africa* (Berkeley: University of California Press, 1989); Shula Marks and Neil Andersson, “Industrialization, Rural Change and the 1944 National Health Services Act,” in *The Social Basis of Health and Healing*, ed. Steven Feierman and John M. Janzen (Berkeley: University of California Press, 1992), 131–62; Maryinez Lyons, *The Colonial Disease: A Social History of Sleeping Sickness in Northern Zaire, 1900–1940* (Cambridge: Cambridge University Press, 1992); Kundai Manamere, *Malaria on the Move: Rural Communities and Public Health in Zimbabwe, 1890–2021* (Athens: Ohio University Press, 2025).

and from social constructivist angles,¹⁰ historians have investigated how medical ideas, practices, and institutions served the colonial project, the detrimental effects thereof on African communities, and how these persist or are replicated in the postcolonial present.¹¹ This includes the potency of racialized and pathologized representations of African bodies and environments. But the productivity of this area reaches beyond highlighting dynamics of oppression and resistance: centering African actors—such as healers, field assistants, technicians, or health workers—fruitfully uncovers much more complex dynamics of, for instance, negotiation, translation, and mediation.¹²

This rich body of scholarship demonstrates the creativity and rigor with which scholarship of health and healing in Africa has made use of oral, ethnographic, and material

¹⁰ Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Stanford, Calif.: Stanford University Press, 1991); Nancy Rose Hunt, *A Colonial Lexicon: Of Birth Ritual, Medicalization, and Mobility in the Congo* (Durham, N.C.: Duke University Press, 1999); Samuel Coghe and Jonathan Sadowsky, *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria* (Berkeley: University of California Press, 2023).

¹¹ Paul Farmer et al., *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).

¹² Walima T. Kalusa, “Language, Medical Auxiliaries and the Re-interpretation of Missionary Medicine in Colonial Mwinilunga, Zambia, 1922–51,” *J. Eastern Afr. Stud.* 1, no. 1 (2007): 57–78; Simonne Horwitz, “‘Black Nurses in White’: Exploring Young Women’s Entry into the Nursing Profession at Baragwanath Hospital, Soweto, 1948–1980,” *Soc. Hist. Med.* 20, no. 1 (2007): 131–46; Mari Webel, “Medical Auxiliaries and the Negotiation of Public Health in Colonial North-Western Tanzania,” *J. Afr. Hist.* 54 (2013): 393–416; Vanessa Noble, *A School of Struggle: Durban’s Medical School and the Education of Black Doctors in South Africa* (Scottsville: University of KwaZulu-Natal Press, 2013); Abena Dove Osseo-Asare, “Writing Medical Authority: The Rise of Literate Healers in Ghana, 1930–70,” *J. Afr. Hist.* 57, no. 1 (2016): 69–91; Markku Hokkanen, *Medicine, Mobility and the Empire: Nyasaland Networks, 1859–1960* (Manchester: Manchester University Press, 2017); Clement Masakure, *African Nurses and Everyday Work in Twentieth-Century Zimbabwe* (Manchester: Manchester University Press, 2020).

evidence alongside the written sources of the African past.¹³ Why, then, have historians of health in Africa to date not utilized photographs as sources in a more concerted manner? How might we go about doing this, and what opportunities could it offer for moving the field forward?

The Problem: (Medical) Photographic Transparency

As anyone who has asked students to interpret a photograph as a historical source can attest, our familiarity with the photographic form does not necessarily equip us to critically interrogate it. The visual common sense of photographs—that is, not only their familiarity but their ostensible transparency of meaning—can form an obstacle to the work of historical analysis. This is because, from our present historical location, we inescapably “think photographically,”¹⁴ and the process of understanding a photograph therefore seems easy, immediate, and intuitive. For historians, the apparent transparency of the photographic image poses the additional challenge that it appears to provide unmediated access to a moment in the past. But the apparent visual certainty of the photographic is at best unstable. “The photograph,” in the words of Susan Sontag, “is a thin slice of space as well as of time.”¹⁵ This “slicing” always hides more than it reveals: when the photograph is taken, a diachronic

¹³ On the challenges of historical sources in African history writing, see Toyin Falola and Christian Jennings, eds., *Sources and Methods in African History: Spoken, Written, Unearthed* (Rochester, N.Y.: University of Rochester Press, 2003); John Edward Philips, ed., *Writing African History* (Rochester, N.Y.: University of Rochester Press, 2005).

¹⁴ Susan Sontag, *On Photography* (New York: Picador, 1973), 97.

¹⁵ *Ibid.*, 22.

process is reduced to a static moment and, both by choice and by chance, certain things will always be omitted from the frame.

In the medical field, photographic transparency presents a particularly powerful fiction. First, because it intersects with claims to scientific objectivity and accuracy: photographs’ “realist insistence”¹⁶ means they are often mobilized as robust evidence of disease, causation and cure, as rendering routes of infection, vectors, and pathogens visible and knowable, in this way constituting rather revealing conditions of health or illness. Second, because it coincides with the moral claims of medicine as inherently benevolent, detached from ulterior motive or interest, photographs of medical care and public health interventions present self-evident evidence of “good work,” powerfully suggesting that the hypocritical cannot coexist with the Hippocratic, and thus resisting critical interrogation. Third, because it is complicit in the objectifying tendencies of medical science,¹⁷ photographs can render visual, and thereby extend and naturalize, the medical gaze that reduces patients to body parts and elevates treatments and technologies over identity, experience, and well-being—including for purposes of classification and control. In short, the problem of photographic transparency—the fiction that photographs, particularly medical photographs, “speak for themselves”—may impede historians of health and healing in Africa from critically deploying photographs as sources.

¹⁶ Edwards quoted in Hayes and Minkley, “Introduction: Africa and the Ambivalence of Seeing,” in Hayes and Minkley, *Ambivalent* (n. 4), 24.

¹⁷ See Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (1963; New York: Routledge, 2010). These interdependencies are explored across a broader historical scope—albeit, predictably, without any reference to Africa—in Axel Fliethmann and Christiane Weller, eds., *Anatomy of the Medical Image: Knowledge Production and Transfiguration from the Renaissance to Today* (Leiden: Brill, 2021).

The Problem: Affect and Ethics

But beyond this common sense, it may also be that the deep discomfort of engaging with health-related photographs from the continent—produced amid the historical and continuing asymmetries of power and wealth produced by colonialism in Africa—makes historians reluctant to center them as historical sources. In colonial contexts, photography typically imposed and reinforced binary understandings that coded “non-Western” subjects as primitive, exotic, ignorant, and in need of development, and “Westerners” as modern, scientific, and superior. Health-related photography added associations of disease and infection to perceptions of “natives” and their environments and disseminated tropes of heroic and resourceful white doctors and humanitarians helping passive Black victims. The result is that working with colonial-era health photography in Africa is often emotionally disturbing and ethically fraught. Ethics and affect are provocatively and sensitively addressed in the work of Julie Livingston, one of the few historians who has started to explore the intersection of African, visual, and medical history.¹⁸ In her analysis of a set of clinical photographs from Botswana’s only cancer ward in the capital, Gaborone,¹⁹ Livingston

¹⁸ In addition to Livingston, Nancy Rose Hunt—quoted earlier—has experimented with the role of photographs in writing African histories of health, offering predominantly methodological reflections. See Nancy Rose Hunt, “An Acoustic Register, Tenacious Images, and Congolese Scenes of Rape and Repetition,” *Cult. Anthropol.* 23, no. 2 (2008): 220–53; Nancy Rose Hunt, “Suturing New Medical Histories of Africa,” in *Carl Schlettwein Lectures*, vol. 7 (Münster: Lit Verlag, 2013). See also Jennifer Beinart, “Darkly through a Lens: Changing Perceptions of the African Child in Sickness and Health, 1900–1945,” in *In the Name of the Child: Health and Welfare 1880–1940*, ed. Roger Cooter (New York: Routledge, 1992); Rory du Plessis, “Photographs from the Grahamstown Lunatic Asylum, South Africa, 1890–1907,” *Soc. Dynamics*, 40, no. 1 (2014): 12–42; Brandwyn Poleykett, “Pasteurian Tropical Medicine and Colonial Scientific Vision,” *Subjectivity* 10 (2017): 190–203.

¹⁹ Julie Livingston, “Figuring the Tumor in Botswana,” *Raritan* 34, no. 1 (2014): 10–24, quotations on 11, 12, 23. The historical and contemporary intersections of global health inequalities, colonial extractive economies, and discourses of racial difference are examined in greater depth in Julie

describes how, during the ethnographic phase of her research, “I decided I wasn’t prepared to navigate the ethics of photographing patients. I just didn’t feel comfortable asking sick people to let me capture their image. . . . In fact, I went to great lengths to ensure that patients were not in usually busy spaces before I took photos of the equipment, physical space, and staff for my book.” Yet, when she is gifted a set of clinical photographs by the resident oncologist, Livingston does dare to engage the images as part of her effort to understand the sensory and affective dimensions of the cancer epidemic rapidly unfolding across Africa. These anonymous photographs “depict the bodies, but not faces, of cancer patients with egregious and disturbing tumors,” are “highly objectifying,” and “represent a long history from the transatlantic slave trade forward, when black people were understood by slave-owners, missionaries, doctors, and anthropologists to *feel* less than their white counterparts.” She connects this historical undercutting of African humanity, compounded by historically produced inequities in the resourcing of African health facilities, to the scarcity of opioid analgesics available to African patients. Livingston does not reproduce these images in her work, but she uses them to put forward a compelling argument about the relationship between photographic figuration and experience: that, paradoxically, for some “desperately ill people suffering from a disease that threatens to erase them,” their photographic objectification actually facilitates the maintenance of a semblance of personhood.

In contrast to Livingston’s work, the papers presented in this collection all include the photographs that they analyze. Much time was spent at our workshop talking through precisely these issues. As we set out below, ethical deliberation is integral to the methodology

Livingston, *Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic* (Durham, N.C.: Duke University Press, 2012).

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we propose for using photographs as sources for medical histories of Africa. It is therefore with great circumspection that we share these images here.

The Opportunities: Three Tools for Analyzing Health-Related Photographs of Africa

Like Livingston's text, the articles in this special issue demonstrate both the challenges and the opportunities offered by centering photographs as sources for writing African histories of medicine, health, and healing. We present four papers spanning the late nineteenth century to the present, focusing on Mozambique, South Africa, Kenya, and Malawi, respectively. In addition to their chronological and geographical diversity, these articles deal with a broad scope of health-related photographs—from clinical photographs and public health propaganda to institutional and personal photography, reflecting different degrees of formality, from the highly staged to apparently incidental snapshots. This section proposes practices with which to equip historians wishing to explore this intersection of the visual, medical, and African, and demonstrate their application in our contributors' research.

1. Confronting the Fiction of Photographic Transparency through Contextualization

Instructing historians to contextualize their sources may seem banal in the extreme, but it is the first, essential, step in moving beyond the purely illustrative deployment of photographs to confront apparently commonsense meanings. We must attend closely and explicitly to issues of production and purpose, circulation and audience, as well as repurposing and photographic afterlives. The labeling or classification of images—by their producers or

institutions, in a photo album or in a publication, but also subsequently by artists and archivists—affects not only our ability to locate them in time and space, but, crucially, how the image itself was and is read. Our authors therefore attend closely to the immediate contextual framing of photographs by their captions, how these can serve to attach and detach meanings in ways intended to shape our viewing and understanding. This allows them to draw on, without becoming constrained by, the information surrounding a photograph, recognizing that these “stabilizing associations”²⁰ may provide insight into the provenance of the image, but primarily reflect the photographer, institution, or archivist’s interpretations and intentions. Equally, we should consider a particular photograph in the context of the wider photographic archive in which we encounter it—noting where it employs or departs from the shared visual vocabularies and grammar of that collection. Broader historical placement is similarly essential in order to bring to light the imperatives and power relations shaping photographic production, circulation, and consumption.

Rosa Williams positions a collection of photographs and snapshots produced by Swiss medical missionaries in colonial Mozambique in the context of the mission’s internal self-doubt as well as its institutional position within the shifting political landscape in this region at the turn of the twentieth century. This allows her to explore the multiple audiences the missionaries imagined as witnessing their medical and spiritual work, and how photography and photographic ways of seeing shaped their ways of relating to these various audiences. In her article on mid-twentieth-century clinical photographs from Cape Town’s medical school, Michaela Clark highlights the very different, yet professionally connected, scientific circuits

²⁰ Jeffrey Mifflin, “Visual Archives in Perspective: Enlarging on Historical Medical Photographs,” *Amer. Archivist* 7, no. 1 (2007): 35.

for which these images were produced and in which they circulated: in segregationist South Africa, the photographs presented evidence of racial difference, understood as visually obvious and medically significant; at the same time, as they circulated globally as instructional material, often unmoored from their context of production, they served as evidence of the universality of medical knowledge. Once we recognize these contextual contradictions, Clark argues, we can move beyond ostensibly commonsense readings of what these images show and interrogate how racial signification operates in medical realms. The article by Danelle van Zyl-Hermann similarly insists on close attention to the broader political context of health-related photographs. Focusing on photographs of hospital- and field-based tuberculosis control interventions in 1950s Kenya, she argues that viewing these images in the context of their production—the violence and state suppression associated with the Mau Mau rebellion—means we can read them beyond the illustrative, as evidence of the conditions of scientific knowledge production and of colonial epistemologies. Chimwemwe Phiri's article, in an analysis of photographs of skin color variation from colonial Malawi, taken for the purposes of medical research, focuses on the forms of connection and the disconnection between the early twentieth-century context of their production and the postcolonial present in which they have been adapted and reproduced for artistic purposes. This historical placement of these photographs, she argues, opens avenues for examining the relationships between race, colonialism, and biomedicine in the past and present and invites critical reflection on the instrumental and extractive dimensions of photographic and medical research and artistic practice.

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2. Close Viewing: Thick Description and the Ethics of Engagement

As historians, we are happily familiar with the injunction for “close reading” of our sources to enable “thick description.” Yet the fact that photographs have not, to date, been consistently integrated into the source bases of historians of African health and healing but instead used mainly as convenient illustrations shows that these injunctions have often not been applied to photographs. We need to not only carefully contextualize our photographic sources and destabilize any seemingly commonsense meanings, but also engage in close viewing of our images—to observe with care and deep attention. We must conscientiously attend—as we would do with textual or oral material—to the visual narrative, framing, perspective, silences, main actors, suggested relations, normative claims, and so forth. In-depth and productive analysis can unfold only in the iterative dialogue between contextualization and close viewing, supporting our interpretive claims with detailed description of the images that we draw upon as evidence. Indeed, bearing in mind the ways dominant epistemologies shape images, and images in turn structure perception and impact observation, several papers note, and then go beyond, the way photographs document the photographer’s worldview and gaze. Examining the explicit and/or implicit framing of disease control (Van Zyl-Hermann), care (Williams), anatomy and pathology (Clark), and genetic variation (Phiri), our authors critically consider photographs’ intended meaning, signs, symbols, and devices, while guarding against employing a kind of researchers’ ventriloquism or, conversely, treating dominant epistemologies and colonial agents as homogenous. In the case of Mau Mau-era public health photography, Van Zyl-Hermann’s close viewing reveals the traces of colonial counterinsurgency measures in these images. Read together with image captions, she exposes how doctors, colonial officials, and

international organizations sought to normalize coercive practices, legitimize the maintenance of the race-based status quo, or depoliticize late colonial health interventions. Williams's close viewing, in turn, reveals moments in which the ostensible epistemological and moral superiority of Western biomedicine was being undermined or sidelined, captured on camera.

Carefully, conscientiously, guarding—as our choice of words indicates, close viewing is not simply an analytical imperative but also an ethical imperative. We have discussed how the creation and circulation of health-related photography, and clinical images in particular, raise uncomfortable yet consequential questions—for instance, about where and by whom images of patients and of injured or ill bodies may be made or may be seen. We must remain mindful of “the perception that photographs of people somehow contain or capture their subjects, and that they therefore carry a burden of care.”²¹ This burden falls to the historian, and as Livingston highlights, it is all the heavier in the context of the power imbalances inhering in the history of biomedical healthcare and research in Africa. It is therefore incumbent on us to reflect on the very process of close viewing itself, attending to our positionality as viewers, and the potential consequences of our analysis for our subjects, our readers, and ourselves. As some of our contributors demonstrate, this may include observing and coming to terms with our own visceral responses. This is perhaps most central in the paper by Phiri, who reflects on her positionality as a Black researcher “whose own life has been shaped by the legacies of colonialism” and as a Malawian who is always anticipating “that I could encounter my ancestors and see aspects of my own heritage” in her photographic sources. For her, these affective dimensions demand further critical

²¹ Suzannah Biernoff, “Medical Archives and Digital Culture: From WWI to *BioShock*,” *Med. Hist.* 55 (2011): 330.

engagement, prompting her to interrogate her photographs with a wide range of questions that go to the heart of human subjectivities and power relations.

3. Centering Fictions of Photographic Truth as Historical Subjects in Themselves

The previous two steps already yield rich analytic potential—but we can and should go further. While insisting that a photograph can never speak for itself, we should consider the implications of the powerful fiction that it may do so. This means turning photographic transparency on its head, critically interrogating claims to scientific objectivity or medical altruism as historical subjects in themselves, and seeking to locate, historically, specific processes through which such fictions have operated and purposes they have served.

Recognizing this, several of our contributors demonstrate how to productively utilize the scientist's scrutiny, doctor's observation, or epidemiologist's surveillance without normalizing this gaze. With this move, photographs emerge both as historical documents and as sources for the process of the documentation. Dynamics of reduction, choice, and omission come into focus, revealing the process by which photographic truth is constructed. In this way, we can explore, in turn, how the fiction of photographic truth hides as much as it reveals, always selectively omitting certain things from the frame. We can uncover meanings that in fact challenge or are paradoxical to the intended message, and reveal ambivalences, ambiguities, and alternative agencies.

Williams's starting point is not itself a photograph, but a desire for one—to capture an imagined “wonder” invoked in the African audience of European biomedical care that invokes the evidentiary power of the photograph in not only recording but constituting this event; in contemporary terms, “pics or it didn't happen.” The central fiction here is that the

photograph can capture and communicate a process through which biomedicine, like evangelism, effects progress, through aweing and convincing (or converting?) its audiences. Through her inclusion and close analysis of the photographs, she exposes the limits to that fiction not just for the historian but also for the photographs' original audiences. Clark forcefully centers the fictions—still so contemporary—that race is visually self-evident and medical knowledge universal. She shows how racial identity and its implications are simultaneously made conspicuous and elided in these images. Rather than common sense, its meanings—social, visual, practical, medical—are exposed as deeply instable in their historical context. Van Zyl-Hermann explores the fiction that medical work—whether research or public health campaigns—is always self-evidently benevolent and progressive. She shows from a range of photographs how disease control was deeply entangled with political control in 1950s Kenya, and that claims to inherent objectivity and neutrality were intentionally constructed visually to detach tuberculosis-related health interventions from the fraught context in which they operated. Through her autoethnographic methodology, Phiri exposes the manner in which the apparent “objectivity” of medical photography conspires in the fiction that African patients may be reduced to Black bodies whose images can be circulated, materially modified, and discursively reframed with unproblematic legitimacy.

Together, these articles demonstrate the potential and opportunities of engaging photographs as sources for writing African histories of health and healing, while taking seriously the challenges involved in doing so. We see many more areas—some already touched on in the margins of these papers—where the analysis of photographs may productively expand or augment important directions in the existing historiography. Historians of African environmental health, for instance, may look to how photographers

have intentionally and unintentionally recorded causes and consequences of environmental and economic transformations on African lives and ways of life, providing evidence of the workings of social determinants of health in Africa's past.²² A deeper engagement with photographic archives may also expand historical understanding of the sphere of health and healing beyond biomedical boundaries via the close viewing of the visual documentation and representation of indigenous African practices of diagnosis, divination, and protection, of healing and curing, and of interventions to create or maintain healthy living environments.²³ Studies of the place of African labor and expertise in histories of medicine and healing in Africa could also be expanded, not only by considering the ways African health workers, healers, and medical intermediaries have been documented on film and the visual narratives and fictions this sought to serve, but also by uncovering the role of African photographers, field workers, and studio assistants in the production of photographic archives of health.²⁴ Our hope is that historians will test and refine the analytic tools proposed here, purposefully incorporating photographs into their repertoire of historical sources to move the intersecting fields of histories of photography, of Africa, and of health and healing forward.

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²² Sarah Ehlers, "Picturing the Effects of Pesticide Use: Practices of Photographic Evidence in Postcolonial Africa, 1970–1980s" (paper, "Photographs as Sources for Writing Histories of Medicine, Health and Healing in Colonial and Post-colonial Africa," University of Basel, May 20, 2022).

²³ Oluwafunmini Raheem, "'He Took Me by the Hand and Led Me into the Spirit World': What Photographs Can Tell Us about Susanne Wenger's Traditional Healing in Nigeria" (paper, "Photographs as Sources for Writing Histories of Medicine, Health and Healing in Colonial and Post-colonial Africa," University of Basel, May 19, 2022).

²⁴ Sloan Mahone, "Writing about Tropes in the History of Medical Photography in Africa" (keynote, "Photographs as Sources for Writing Histories of Medicine, Health and Healing in Colonial and Post-colonial Africa," University of Basel, May 19, 2022).

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