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Being Seen to Care: Photographs, Audiences, and the Swiss Medical Mission in Colonial Mozambique at the Turn of the Twentieth Century

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ABSTRACT: From the earliest days of the Swiss Mission Romande's establishment in Southeast Africa at the end of the nineteenth century, photography, just becoming an accessible technology for the committed amateur, held a role in the everyday lives of missionaries. Patrick Harries has argued that Swiss missionaries' photographs of unfamiliar landscapes and cultural practices in this region "conserved and diffused the mixture of apprehension and excitement with which [they] viewed Africa." This paper takes up this claim to consider how photography and photographic ways of seeing mediated, and reflected shifts in, the specific ambivalence that missionaries felt toward the role of medicine in evangelistic work and the establishment of the mission within this region. The author suggests that by capturing African audiences *in* photographs, missionaries aimed to communicate the value of the "medical mission" for the real and imagined European audiences *of* those photographs.

KEYWORDS: photography, audience, medical missionaries, Mozambique, colonial medicine

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The written records of the Mission Suisse Romande, or Swiss Mission, have been a crucial resource for histories of present-day Southern Mozambique and Northeastern South Africa, the regions in which this organization was present and exercised influence from the late nineteenth century.¹ Texts written by missionaries and occasionally by their African converts have informed studies of Portuguese colonial expansion and African resistance to it, of the construction of ethnic identities, of transborder labor migration and of mine worker politics and culture, of anticolonial nationalist movements, of conversion and spirituality, of gendered relations of power and forms of history making.² Yet while scholars have occasionally drawn on these records to shed some light on practices of healing and on the consequences of colonial rule and extractive capitalism on public health, there has been little study of the medical work of the mission, especially in the regions under Portuguese control.³

Moreover, the considerable photographic record, mostly held in the mission's meticulously indexed archive in Lausanne, has been largely overlooked as a historical source

¹ Previously held in the mission's own premises, they are now deposited at the Archives Cantonales Vaudoises à Lausanne, under the collection title "DM-Échange et Mission" (hereafter DM).

² See, for example, Jan van Butselaar, *Africains, Missionnaires et Colonialistes* (Leiden: Brill, 1984); Patrick Harries, *Work, Culture, and Identity: Migrant Laborers in Mozambique and South Africa, c. 1860–1910* (Portsmouth, N.H.: Heinemann, 1994); Nicolas Monnier, *Strategie Missionnaire et Tactiques d'Appropriation Indigènes: La Mission Romande en Mozambique, 1888–1896* (Lausanne: Le Fait Missionnaire, 1995); Teresa Cruz e Silva, *Protestant Churches and the Formation of Political Consciousness in Southern Mozambique (1930–1974)* (Schlettwein, 2001); Heidi Gengenbach, *Binding Memories: Women as Makers and Tellers of History in Magude, Mozambique* (New York: Columbia University Press, 2005); Didier Péclard, Caroline Jeannerat, and Eric Morier-Genoud, *Embroided: Swiss Churches, South Africa and Apartheid* (Zurich: Lit Verlag, 2011).

³ The following focus on the mission's medical work in South Africa: Martina Egli and Denise Krayner, *Mothers and Daughters: The Training of African Nurses by Missionary Nurses of the Swiss Mission in South Africa* (Lausanne: Le Fait Missionnaire, 1997); C. F. van der Merwe, "Elim Hospital—The First 100 Years," *South African Med. J.* 91, no. 12 (2001): 1069–72.

worthy of close examination.⁴ Patrick Harries's study of the ways in which Swiss missionaries in Mozambique were self-consciously engaged in "producing 'scientific' knowledge" through works of entomology and anthropology—*Butterflies and Barbarians*—represents an important departure.⁵ Harries investigates the production and reproduction of images of the "savage" culture and "hostile" landscapes that the mission aimed to transform, arguing that such photographs "conserved and diffused the mixture of apprehension and excitement with which [missionaries] viewed Africa."⁶

The early and sustained importance of the Swiss Mission as a nonstate provider of medical care in Southern Mozambique means that its written and visual archive holds much potential to contribute to the rich scholarship on medical missions in African and other colonial spaces. This article focuses on photographs created by Swiss missionaries as they documented their early medical interventions. I place these images in the context of debates and concerns about the role and the reception of medicine in the mission field that were captured in letters and diaries, in formal reports, and in published articles for Swiss subscribers to the missions' journal. I argue that the images not only reflect concerns about the integrity and effectiveness of their work but also visualize missionaries' efforts to mitigate these anxieties. In this way, the photographs allow us to examine not only what missionaries sought to record but also the role

⁴ As Lowndes Vincente and Dias Ramos have recently noted, the Portuguese imperial context has generally been neglected in the critical scholarship on colonial photography. Medical and mission photography nevertheless remains absent from their edited volume. Filipa Lowndes Vincente and Alfonso Dias Ramos, eds., *Photography in Portuguese Colonial Africa, 1860–1975* (London: Palgrave Macmillan, 2023).

⁵ Patrick Harries, *Butterflies and Barbarians: Swiss Missionaries and Systems of Knowledge in South-East Africa* (Oxford: James Currey, 2007).

⁶ *Ibid.*, 112.

played by this technology, newly accessible to committed amateurs from the late nineteenth century, in shaping missionaries' understanding of themselves and their work, their representation of the work they sought to do, and how this shifted over time. I demonstrate how photographs taken in the 1890s by the Swiss missionary doctor Georges Liengme reveal his efforts to mitigate the mission's initial uncertainty about the role of medicine in evangelism and suggest that photographs by his successors in the early years of the twentieth century reflect the increasing acceptance of medical care as integral to mission work.

These were years of political upheaval in the region, as the Portuguese state was expanding its sovereignty through military conquest and committing its resources to growing the reach of effective administration, even though this did not entirely displace local power structures. The mission needed to navigate this changing political landscape to negotiate relations of patronage, or at least tolerance for their presence. The mission's offer of therapeutic expertise—potentially competing with as well as supplementing the work of other practitioners, both indigenous and colonial—played a role in that delicate negotiation. The Swiss missionaries who undertook medical work thus did so with a keen awareness of the scrutiny of these different observers.⁷

⁷ On the broader relationship between Portuguese colonial medicine and local populations in Southeast Africa, see Cristiana Bastos, "Medical Hybridisms and Social Boundaries: Aspects of Portuguese Colonialism in Africa and India in the Nineteenth Century," *J. Southern Afr. Stud.* 33, no. 4 (2007): 767–82; Rosa J. Williams, "Creating a Healthy Colonial State in Mozambique, 1885–1915" (Ph.D. diss., University of Chicago, 2013); Cristiana Bastos and Ana Cristiana Roque, "Medicine on the Edge: Luso-Asian Encounters in the Island of Chiloane, Sofala," in *Histories of Medicine and Healing in the Indian Ocean World*, vol. 2: *The Modern Period*, ed. Anna Winterbottom and Facil Tesfaye (London: Palgrave Macmillan, 2016), 171–95; Valdemir Zamparoni, "Leprosy: Disease, Isolation, and Segregation in Colonial Mozambique," *Historia, Ciencias, Saude-Manguinhos* 24, no. 1 (2017): 13–39.

A more geographically distant, but crucial, audience for that medical work, and for the texts and photographs through which missionaries were documenting it, was the mission council, based in Switzerland, which made decisions about where the human and material resources of the mission should be directed, and the Swiss congregations whose material and spiritual support they relied upon. Central to this article, however, is what the photographs reveal about missionaries' perception of the most immediate audience of their medical work: the rural and urban Tsonga-speaking African communities who came to the mission seeking a novel mode of healing and with whom, ultimately, the missionaries sought to share the gospel. This included not only the patients themselves, but also those who traveled with family members or who lived nearby who were observing missionary medicine in action. To describe missionary medicine in this regard as "performative" is not only a theoretical claim but also an empirical one. The photographs analyzed here show how, at moments, missionary medics understood themselves as performing to an audience, and used photography as a means to document this "performance" for another audience—the Swiss church and mission community who were supporting their work.

"Almost Forgetting to Breathe": Narrating Awed Audiences of Missionary Care

Emma Porta, newly posted as a nurse at a new medical mission station in Chicumbane, in southern Mozambique, wrote to her sister Marie in Switzerland, shortly after her arrival in 1909. Porta described a pastoral tableau of an outdoor operation conducted by missionary and doctor Adrien Secheyaye to remove a tumor from the hand of an unnamed African patient "under the tree, behind the shitolo [Tsonga *xitololo*: store]." Her assisting medical role was domesticated in her playful and macabre analogy: "In preparing the table for the instruments, etc., it felt as if I

was laying a picnic.” Rather than giving details of the operation itself, Porta’s narration to her sister concentrated on carefully describing the Chicumbane residents who attended the operation. She wrote vividly of awestruck “spectators” silently appearing “from the bushes,” each one timid at first and then slowly stepping closer, “neck outstretched, eyes as round as possible, mouth open, almost forgetting to breathe.” Her written sketch of the scene was compounded by her exclamation: “I wish I could have taken a photograph.”⁸

This brief story conveyed in a letter from one Swiss woman, far from home, is revealing of how photographic ways of seeing were shaping European missionary experiences of practicing medicine in Southeastern Africa at the turn of the twentieth century. It is possible that Porta had multiple readers in mind as she wrote; she would have known that letters that mission representatives sent to their family members or to the mission director were often published in the journal that shared news of the mission’s work with subscribing members of the church in Switzerland.⁹

Porta’s desire for a camera at hand tells us that the possibility of record making not only through the practice of letter writing but also through the newer technology of photography was shaping her experience of her new environment and her place in it. More than a century later, we might recognize this impulse to capture something through a photograph that we cannot quite convey through a written description. Without access to the necessary equipment, perhaps the

⁸ “Sous l’arbre, derrière le shitolo,” “En préparant la table pour les instruments, etc., il me semblait préparer un pique-nique,” “spectateurs,” “des buissons,” “le cou tendu, les yeux aussi ronds que possible, la bouche ouvert, oubliant presque de respirer,” “Je voudrais avoir pu prendre une photographie”; Porta to her sister, Marie, March 28, 1909, 1680A, DM.

⁹ Hand-transcribed copies of Porta’s letters to her sister are held in the archives of the mission, and some were extracted in the journal in later years.

idea of capturing this scene on a photographic plate or celluloid film shaped the visual form of her narration.¹⁰

Indeed, Porta ably constructs a vivid image for her reader, and it is worth focusing on what she was so keen to communicate. The spectacle that Porta was most concerned to share was not the operation itself, nor her own role in it or that of the mission doctor. Rather it was the wondrous, breathless, audience for it, made up of the prospective African patients and their families who had traveled to the new station in hope of novel forms of treatment or care. Representations of an awestruck African audience to missionary practice of biomedicine are not unique to Porta's letters, nor the mission for which she worked. Luise White, examining the written accounts that British Church Missionary Society medics in early twentieth-century Uganda produced in their fundraising publications, warns us to pay attention to repeating tropes of the reception of mission medicine to consider the desires or anxieties that these stories may reflect. She identifies recurring "formulas and . . . fantasies" that feature in mission narratives that included tales of spectacular biomedical interventions, "producing an imagined African subjectivity of awe and trust whatever the evidence." White notes that those stories were undermined not only by the alternative tropes of the malevolent collection of body parts and blood found in oral accounts of Baganda patients and their descendants, but also in the private records of mission medics, reflecting on the mixed reception of their medicines and their care.¹¹

¹⁰ In the same letter, Porta goes on to suggest her sister would be as delighted as she is to encounter the "pretty and picturesque [*joli et pittoresque*]" sight of the children, men, and women sitting on their haunches outside the clinic each morning, supporting her assertion with a careful description of details of their dress and bodily adornment.

¹¹ Luise White, "'They Could Make Their Victims Dull': Genders and Genres, Fantasies and Cures in Colonial Southern Uganda," *Amer. Hist. Rev.* 100, no. 5 (December 1, 1995): 1379–402, quotations on 1383 and 1390. In the records she examines, White finds a deeply gendered distinction between the self-

Another instance of that familiar “formula” can be found in the reminiscences of Adrien Sechehaye, the mission doctor alongside whom Porta worked, which he shared in the mission journal a decade later. In an appeal to help in the recruitment of medically trained missionaries, Sechehaye recollected naïve, reverential responses of his African patients to his work in rural Mozambique. He explained that the medications he prescribed were considered to produce “wonders” and the use of antiseptics and skin grafts “allowed the rapid cure of ulcers and wounds thought to be incurable.” Yet, he claimed, it was operations under anesthetic that had the greatest impact, transforming “any notions these primitives had of the limits of the possible.” Removing a tumor “was in *their* eyes a kind of miracle,” and the removal of cataracts was *misunderstood* as a process in which a new eye was produced. And that, he recalled, without apparent irony, “is how we managed to win their trust.”¹²

As White suggests, we must read representations such as those offered by Porta and Sechehaye, of early converts to mission churches, won through missionaries’ command of medical science, with skepticism. We can recognize how mission workers employed the established truism of the ill-formed understanding and wondrous reaction of “primitives” to biomedicine not only to flatter their own self-image as missionaries but also to win over

serving narratives produced by male mission doctors undermined by more nuanced accounts of African agency in directing the terms of care provided by female missionary nurses.

12 “Prodiges,” “permettaient de guérir rapidement les ulcères et les plaies réputées incurables,” “quelques notions de ces primitifs sur les limites du possible,” “était à leurs yeux une sorte de miracle,” “que nous sommes parvenus à conquérir leur confiance”; Adrien Sechehaye, “Le Médecin-Missionnaire Pionnier,” *Bulletin de la Mission Suisse Romande* 32, no. 418 (February 1921): 41–44, quotations on 42, emphasis added. Earlier mission accounts of awestruck African observers of biomedical care written for readers in Switzerland include Paul Berthoud, “Hôpital, Opération d’une Cataracte,” *Bulletin Missionnaire des Eglises Libres de la Suisse Romande* 6, no. 68 (October 1886): 126–28, and Georges Liengme, “Quelques Observations sur les Maladies des Indigènes des Provinces de Lourenço Marques et de Gaza,” *Bulletin de la Société Neuchâteloise* 8 (1895): 180–91.

prospective recruits to their cause. Indeed, the trope of a naïve, awed audience served the understanding that biomedicine, in the hands of mission medics, was profoundly transformative not only for those receiving it, but also for those observing it.

But this narrative took some time to emerge within the written records of the Swiss Mission. Missionary correspondence and reports during the first decades of its establishment reveal evidence of serious doubt about whether such a transformation was at work. Mission representatives debated whether too much attention to medical care and scientific vocation could be in conflict with evangelism.¹³ They expressed their frustration at the “ingratitude” of African patients and voiced uncertainty about how the medical work of the mission was being received. These concerns reflected wider suspicions of the depth of the capacity of Africans for rational understanding of scientific medicine *and* of their spiritual transformations. If awe was effected through misapprehension, what did that imply for the possibility of conversion?

I argue that both the narratives above and the photographs that missionaries produced to document their medical interventions that I consider below can be understood as means to construct evidence to address and attempt to mitigate those concerns and questions. In the following sections, I discuss the place of both medicine and photography within the first decades of the mission’s establishment in Southeast Africa. Focusing on photographs taken by the mission’s first formally appointed medical missionary, Georges Liengme, who established a small mission station inland at the seat of power of the indigenous Gaza state, Mandlakazi, in the

¹³ These debates were not confined to the Swiss mission, although by the late nineteenth century the concept of the medical mission began to be far more widely accepted. See, for instance, C. Peter Williams, “Healing and Evangelism: The Place of Medicine in Later Victorian Protestant Missionary Thinking,” *Stud. Church Hist.*, no. 19 (1982): 271–85.

1890s, I argue that these can be read as a means to confirm—for himself, and for those in the mission and the church at home with whom those images would be shared—that medicine was a crucial means for the larger spiritual mission. In a final section, I show that such efforts to confirm the value of mission work stretched beyond Liengme. Photographs of the work of his successors at the mission clinic in the coastal capital of Lourenço Marques a few years later indicate a continuing concern of representing the value and impact of mission medicine to audiences in Switzerland through photographs. But, I suggest, that concern diminished over time, as the worth of the medical mission could be demonstrated through other, more bureaucratic means.

Missionary as Doctor, Missionary as Photographer

The Swiss Mission was founded in the early 1880s, drawing support in Switzerland from four French-speaking cantons.¹⁴ Its work was initially focused among Tsonga-speaking communities from the coast of Southern Mozambique who had settled inland, in the northeast of what was then the Dutch Settler Republic of the Transvaal. Its first missionaries, Paul Berthoud and Ernest Creux, had both arrived in Southern Africa in the late 1870s with medical training: Berthoud had a medical degree; Creux spent a year training at a hospital in Edinburgh. But they were sent by the mission to serve in the first instance as evangelists, not as doctors, and they each expressed discomfort about the role that providing medical services played in their work in evangelizing.

¹⁴ For the early years of the mission in the Transvaal, see Péclard, Jeannerat, and Morier-Genoud, *Embroided* (n. 2), chap. 2 and the timeline in appendix 2.

In 1885, Paul Berthoud wrote to the mission council in Lausanne, stating frankly, “I do not take to the practice of medicine, it is not my vocation.”¹⁵ He insisted that his priority was to transform souls rather than to care for bodies, asking, “Would the fatigue and suffering be worthwhile if all our efforts resulted in no more than our caring for a miserable body destined to rot in the tomb?”¹⁶ Replying on behalf of the council, the chair acknowledged that they shared with Berthoud the belief that “the spiritual task comes before everything” and appealed to him not to lose sight of this: “We ask our dear brother to consider himself always as a missionary-doctor [*missionnaire-médecin*], and not a doctor-missionary [*médecin-missionnaire*].”¹⁷ A few years later, Ernest Creux expressed his own misgivings: “I do not see the spiritual results of this medical work. I evangelize to these patients, but their ingratitude, in many cases their demands, are, for my frame of mind and for my faith, a severe trial.”¹⁸

Both time and space were found for the practice of photography among and despite the many commitments of its representatives. In 1884, Paul Berthoud noted the many uses to which the main room in his small house in the first mission station at Valdezia was put. It was a dining room and a salon to receive guests, a room for consultations with patients, but “also a chemistry

¹⁵ “Je ne tiens nullement à faire le médecin, ce n’est pas ma vocation”; Paul Berthoud, “Missionnaire Médecin. Valdézia, 15 août 1885,” *Bulletin Missionnaire des Eglises Libres de la Suisse Romande* 5, no. 63 (December 1885): 279–80, quotation on 279.

¹⁶ “Vaudrait-il la peine de se fatiguer et de souffrir si tous nos efforts n’aboutissaient qu’à soigner un pauvre corps destiné à être enseveli dans la tombe?”; Berthoud, “Missionnaire Médecin. Valdézia, 15 août 1885” (n. 15), 279.

¹⁷ Paul Leresche to Conférence des missionnaires du Spelonken, December 8, 1885, AC 1084/8.1, “Letters to missionaries by P. Leresche. 1884–1895,” Archives of the Swiss Mission, Historical Papers, William Cullen Library, University of the Witwatersrand, Johannesburg, South Africa (hereafter ASM).

¹⁸ “Je ne vois pas de résultats spirituels de ce travail médical. J’évangélise ces malades, mais leur ingratitude, leurs exigences, dans bien des cas, sont, pour mon humeur et ma foi, une rude épreuve”; Ernest Creux, “Elim: État du Pays, 15 Mai 1891,” *Bulletin Missionnaire des Eglises Libres de la Suisse Romande* 8, no. 98 (August 1891): 292–95, quotation on 295.

laboratory or pharmacy, where one may make pills and prepare medications” *and* a darkroom “where on occasion, the photographic art reveals its mysteries.”¹⁹

A number of glass negatives made around 1900 depict missionaries with their photographic equipment and record something of the pleasure and fascination found in operating it.²⁰ In one image from Valdezia, we see Henri Berthoud, Paul’s brother and fellow missionary, showing a modern “box” camera on its tripod to his wife, Emmy, and to one of his adult daughters. In another we see his daughter preparing to take a photograph of Henri and his younger children.²¹ A photograph taken in Pretoria shows Ernest Creux’s daughter Lina removing a glass plate from an older-style large format camera, while another shows her mother apparently preparing to put her head below the camera’s dark cloth to compose an image.²² Even while photography was becoming more accessible, these were each valued pieces of equipment that required guidance from those with the appropriate expertise. These unusual images remind us that often in looking at a photograph in the archive, we cannot know who was behind the camera lens. But they also highlight that even where operation of the camera might be handed

¹⁹ “Aussi une sale de consultation, souvent c’est un laboratoire de chimie ou une pharmacie où il faut confectionner des pilules et préparer des drogues et où l’art photographique relève ses arcanes à l’occasion”; Paul Berthoud, “Valdézia, 17 Septembre, 1884,” *Bulletin Missionnaire des Eglises Libres de la Suisse Romande* 5, no. 57 (December 1884): 132–35, quotation on 133.

²⁰ The negatives are all attributed to one Transvaal missionary, Arnold Borel, and have been digitized for the University of California’s International Mission Photography Archive.

²¹ Arnold Borel, “Swiss Missionaries with a Camera, Valdezia, South Africa, ca. 1896–1904,” glass photonegative, 8.2 × 10.7 cm, University of Southern California Digital Library (hereafter USC/DL), <https://doi.org/10.25549/imp-m64244>; Borel, “European Woman Taking a Photograph, Valdezia, South Africa, ca. 1896–1904,” glass photonegative, 8.2 × 10.7 cm, USC/DL, <https://doi.org/10.25549/IMP-M64245>.

²² Borel, “Lina Creux Taking a Photograph, Pretoria, South Africa, ca. 1896–1911,” glass photonegative, 12 × 16.5 cm, <https://digitalibrary.usc.edu/asset-management/2A3BF1CEUXFG>; “Group of People in Front of the Mission House, Pretoria, South Africa, ca. 1896–1911,” glass photonegative, 12 × 16.5 cm, USC/DL, <https://doi.org/10.25549/imp-m61743>.

over to someone of a lower status within the mission hierarchy—a European woman, an African man or woman—it was likely done so under careful direction.

The influence of the Mission Romande reached across the northeastern colonial border, in territory claimed by Portugal on the Mozambique coast. Its presence was first established between 1881 and 1882, by a Tsonga-speaking convert of the Transvaal congregation, Yosefa Mhalamhala, and some members of his family.²³ But the small Christian communities that were established independent of European missionary “direction” in Mozambique very quickly became a point of concern for the mission council. From 1887, the council agreed to establish Swiss missionaries in the region and demoted the recently ordained Mhalamhala to the role of “evangelist.”²⁴ Suspicion of excessive “enthusiasm” within congregations persisted, with a concern that the representatives of the mission needed to compete directly and even publicly with local spiritual practitioners and practices, not incorporate them into the church.²⁵

The Swiss missionary Georges Liengme arrived in Mozambique with his wife, Berthe, in 1891. Liengme had completed his medical training with the support of the mission. In contrast to Berthoux and Creux, Liengme was sent by the mission council as a *medicin-missionnaire*, that is, as missionary doctor, not merely a missionary with medical skills. Liengme found the dual callings of mission and of medicine to be complementary. While, like Creux, he detailed a

²³ Harries, *Butterflies and Barbarians* (n. 5), 69–71; Adolphe Linder, *Os Suíços em Moçambique*, ed. Gerhard Liesegang, trans. Joaquim Falé (Maputo: Arquivo Histórico de Moçambique, 2001), 118–19.

²⁴ Harries, *Butterflies and Barbarians* (n. 5), 74–78.

²⁵ For example, Georges Liengme, “À la conférence du Littoral. Rapport d’Antioka, 1892,” January 1893, 82H, DM. For discussion of Swiss missionaries deliberately seeking out public contests with local spiritual experts, see Monnier, *Strategie Missionnaire et Tactiques d’Appropriation Indigènes* (n. 2) and Heidi Gengenbach, “‘What My Heart Wanted’: Gendered Stories of Early Colonial Encounters in Southern Mozambique,” in *Women in African Colonial Histories*, ed. Jean Allman, Susan Geiger, and Nakanyike Musisi (Bloomington: Indiana University Press, 2002), 19–47, see discussion on 23–27.

disheartening ingratitude and mendicancy in his patients, he nevertheless noted that “I also find much encouragement in the satisfaction I have in studying and treating medically very interesting and varied cases.”²⁶ Alongside this professional curiosity, he was also a keen photographer. In his recent edited edition of the detailed journal that Liengme kept during the mid-1890s, Eric Morier-Genoud reproduces a substantial number of Liengme’s surviving photographs, noting their value as historical sources in conjunction with the journal.²⁷

The mission was tolerated by the Portuguese colonial authorities near Lourenço Marques, the growing southern port that in 1898 would become the new capital of the colony. By this time the mission council’s ambition was to extend their influence into the territory of the autonomous Gaza empire to the north, under the rule of *Nkosi* (Nguni: king/ruler) Ngungunyane.²⁸ In 1892, Liengme convinced the mission council that “a medical missionary will be the best placed to win the confidence of Goungounyane and open the door of his country to the gospel”²⁹ and secured permission to live at the seat of his royal power, Mandlakazi.³⁰ A successful cataract operation that Liengme had performed on the eye of a prominent member of the mission community,

²⁶ “C’est pour l’amour de Jésus que n.s occupons de ces pauvres gens. C’est ce qui m’encourage. Je trouve ainsi de nombreux encouragements de la satisfaction que j’ai à étudier et à soigner comme médecine des cas fort intéressants et variés”; Liengme, “À la conférence du Littoral” (n. 25).

²⁷ Eric Morier-Genoud, *Convertir l’Empereur? Journal du Missionnaire et Médecin Georges-Louis Liengme dans le Sud-Est Africain 1893–1895* (Lausanne: Antipodes, 2020), 18. Rui Assubuji also discusses Liengme’s photographs of Ngungunyane and his court in “Atlas of an Empire: Photographic Narrations and the Visual Struggle for Mozambique,” *Kronos* 46 (November 1, 2020): 172–94.

²⁸ This spelling of his name follows the English-language orthography. In Portuguese-language publications, his name is usually spelled Gungunhana. In the Swiss mission texts and in French-language publications he is generally referred to as Goungounyane.. Before becoming the Nkosi (in xitsonga: *Hosi*) he was known as Mudungazi/Mdungazwe.

²⁹ “Un médecin missionnaire sera le mieux placé pour gagner la confiance de Goungounyane et ouvrir la porte de son pays à l’évangile”; Georges Liengme to Paul Leresche, secrétaire général, January 21, 1892, 435K, DM.

³⁰ Referred to as Manjacase in Portuguese colonial texts.

“Tatana [father] Hendrick,” apparently proved significant when Hendrick accompanied Liengme on his first meeting with the Gaza ruler and was presented to him as living evidence of Liengme’s ability to “cure all sicknesses, even open the eyes of the blind.”³¹

Liengme settled at Mandlakazi, accompanied by his wife Berthe and their young daughter as well as a recent convert from a community near to Lourenço Marques who had joined the mission in its early years, Nhwandhisa Ximungana, christened Paulus, and his wife Elisabeth (née Xifadumela). Liengme trained Paulus in medicine and often depended on him in the provision of medical care. Liengme also recorded Paulus acting as translator, as Liengme’s representative in negotiations with Ngungunyane, and increasingly as colleague and friend. Elisabeth, meanwhile, took on the role of a *femme missionnaire* (missionary wife), setting up a small sewing school. Liengme eagerly captured many of these activities and interactions on camera, working with a clear awareness of how his photographic practice and equipment shaped the images he could create.

In July 1893, Liengme recorded in his journal that he had been visited by thirty patients, representing various communities and social stations, “nobles and subjects, the old, the young, Bangoni, Batchopi, Bathonga.” Tickled to have encountered such a number of “real characters,” he expressed his regret that he did not possess a cutting-edge *indiscret* camera using celluloid film

³¹ “Soigner toutes les maladies, même ouvrir les yeux des aveugles”; Liengme to Vergile Rossel, Berne, “Mémoire Justicatif,” January 3, 1896, 840, DM. Also see Liengme to Leresche, April 30, 1892, 435O, DM; Liengme, “Rapport sur la visite faite à Gungunyane en juillet 1892 à Mandlakazi, sa capitale (premier visite),” extracted in “Journal de Dr Georges-Louis Liengme,” 1641A/2, DM.

and that his photographic apparatus and the rigmarole involved in inserting new plates prevented him from capturing them in “more natural” poses.³²

A photograph taken in Lourenço Marques on his moment of departure to establish his new mission “station” at Ngungunyane’s court in October 1893 (figure 1) presents Liengme simultaneously as intrepid adventurer—protected by his legionnaires-style cap and what appears to be a rifle—and, as he straddles his donkey, a Christlike figure.³³ While Liengme is flanked by two young African men who are carrying a part of his luggage, these were a small fraction of the people who undertook that journey with him. In his journal, Liengme wryly compared the entourage made up of the small mission community and the porters employed to transport their luggage—forty-three people, plus infants and three donkeys—to a railway journey. The porters carried medical and photographic equipment alongside a heavy collection of biblical engravings and a harmonium with sheet music, tools for winning over souls through visual demonstration and aural performance. His wife and daughter Berthe and Berthelette were transported by *machila* (a hammock slung between two porters, with four more in reserve).³⁴

³² “Principaux, sujets, de tous vieux, des jeunes, des Bangonis, des Batchopis, des Bathonga,” “vrai types”; “20 Juillet 1893” in “Journal de Dr Georges-Louis Liengme,” 1641B/2, DM.

³³ Liengme’s account of the merits of donkeys as pack animals in a letter to the mission director reminds us of the practical dimensions of this mode of transport. Georges Liengme to Paul Leresche, October 24, 1893, 436A/9, ASM.

³⁴ Liengme, “Antioka, jeudi 4 mai 1893” in “Journal de Dr Georges-Louis Liengme,” 1641A/3, DM.



Figure 1. “Lourenço Marques: Dr. Liengme, en partance pour Mandlakazi, avec ses 2 garçons, en octobre 1893.” Un 2001A, DM, © DM-échange et mission.

That “train” itself was a spectacle, and the journey provided opportunities for Liengme to perform as a healer before new audiences. He described stopping at one settlement where he was approached to address a toothache, a request he was accustomed to receiving and well prepared to fulfil.³⁵ After the public removal of a molar, more requests for care were forthcoming; eventually, “I even conducted an operation in the open field, crouching amidst the thick grass.”³⁶

A less ambitious journey made some years later, in late 1894, between the port city of Inhambane and Mandlakazi was documented in another photograph (figure 2, year mislabeled in

³⁵ Paul Landau argues that when European missionaries in colonial Southern Africa offered tooth pulling it was especially popular, both because it was novel—removal of a part of the body was rarely, if ever, countenanced in Southern African therapeutics—and because of the rapid and complex negative impacts of extractive capitalism on Southern African dental health. Paul S. Landau, “Explaining Surgical Evangelism in Colonial Southern Africa: Teeth, Pain and Faith,” *J Afr. Hist.* 37, no. 2 (January 1, 1996): 261–81.

³⁶ “Je fis même une opération en plein champs, accroupi milieu d’une herbe touffue”; Liengme, summary of events titled “Fin Mai 1893” in “Journal de Dr Georges-Louis Liengme,” 1641A/3, DM.

the caption). Liengme is pictured in the forefront of the image, with pith helmet, typically used at the time by white explorers and settlers in the tropics, and wielding a walking stick. He appears to lead a train of at least five African men, arranged behind him in single file, carrying luggage on their shoulders and leaning to be visible to the photographer. The handwritten notes added alongside the images in the photograph albums in the mission's archive at some later point refer to the men accompanying him in both photographs as *ses garçons*—"his boys"—reflecting a wider patronizing and paternalist colonial discourse. It is worth noting that Liengme when describing such journeys in his letters and journal also used other terms to describe the men whose physical labor and pathfinding knowledge work he relied upon, naming them as *porteurs* (porters, carriers) and guides. It is clear from these written sources that their labor was often to be accessed only through difficult negotiations with powerful men, in which he drew to varying degrees of success on his relationship with the king and with his converts, and at considerable expense to the mission.³⁷

³⁷ See, for example, "Antioka, jeudi 4 mai 1893," "Fin Mai 1893," "Mardi 29 septembre" in "Journal de Dr Georges-Louis Liengme," 1641A/3, 1641B/1, 1641B/2 DM. For the journey to and from Inhambane, see "Décembre 1894. Voyage à Inhambane" in "Journal de Dr Georges-Louis Liengme," 1641B/3 and 1641C/1 DM. Here Liengme describes the men who carried his provisions variously as "les garçons" (the boys), "mes hommes" (my men), and "mes gens" (my people). He also notes that he needed to employ more than one guide en route.



Figure 2. “Dr. G. Liengme et ses garçons entre Inhambane et Mandlakazi, 1895.” Un 2001A, DM, © DM-échange et mission.

Such “self-portraits” bear examination for what they might tell us about the self-image that the subject seeks to project.³⁸ Given his amateur photographer credentials, we can imagine that while someone else stood behind the camera lens—a fellow missionary, his wife Berthe Liengme, or one of his African Christian colleagues—these were likely taken under Liengme’s careful direction. Later printed and pasted into a mission photo album, they show how Liengme was crafting a photographic record of himself as a singular hero, setting out to forge the

³⁸ This point is insightfully made by Morier-Genoud in his reading of another portrait that Liengme presumably staged himself, in a pensive pose in the small temporary Mandlakazi mission: Morier-Genoud, *Convertir l’empereur?* (n. 27), 335.

Mandlakazi settlement, even as in his journal and his letters to his superiors he narrated—presumably far more accurately—a more collective effort.

In contrast to these aggrandizing self-portraits, Liengme documented the various people who had come to settle with him and to collaborate in his project in formally composed portraits. These included his wife and child and also the Christian converts who were working and living alongside him. For example, figure 3 shows “the Christians who accompanied Dr Liengme,” including Paulus and Elisabeth Ximungane (center) and also Berthelette, the Liengmes’ daughter (bottom right).



Figure 3. “Chrètiens ayant accompagnè le Dr. G. Liengme à Mandlakazi, avec au milieu, Paulus Ximungane et sa femme.” Un 2001B, DM, © DM-échange et mission.

While the framing is not quite symmetrical, suggesting a little miscalculation in its creation, the careful posing of standing and seated subjects organized to neatly fit into the frame followed a

familiar convention. It resembled both the studio portraits of missionaries before their departure from Switzerland and the outdoor photographs taken on the occasion of arrival at new mission stations. The formal, long-sleeved clothing worn by the adults was a visible signifier of conversion to Christianity. We can see that Bethellette and Paulus are wearing shoes and that others in the group are barefoot, suggestive of the differences in status among those pictured. Liengme's written records tell us that he saw both visual representation and the spectacle of performance as a means to conversion. He presented evangelism as a process of winning over his audiences. In his journals, Liengme recorded the first day in which he attempted to convey the story of the gospel to the king and his court, drawing on his heavy engravings, as a significant moment in the strengthening of the mission's influence. He had previously recorded his visual approach to teaching the Gospel through these images in his services, explaining that "words do not suffice" for communicating abstract ideas to "these people."³⁹ This was also the moment he introduced his wife and daughter to the court, and he noted that it was Berthe Liengme's playing of the harmonium that had been carried so carefully that was the "coup de theatre."⁴⁰ In July 1895, by which time the Portuguese and the Gaza empire were at war, Liengme noted his delight with his new Eastman Kodak that allowed him to take more "natural photographs." As Ngungunyane's court focused on military preparations, he felt "in a hurry" to capture as many vistas and portraits as he could, including pictures of some of the *makosekasi* (Tsonga : queens).⁴¹

³⁹ "Des mots ne suffisent pas pour ces gens"; July 18, 1893, in "Journal de Dr Georges-Louis Liengme," 1641B/2, DM

⁴⁰ August 21, 1893, in "Journal de Dr Georges-Louis Liengme," 1641B/2, DM.

⁴¹ "Photos naturelles," "pressé"; "Mandlakazi Juillet 8–14, 1895" in "Journal de Dr Georges-Louis Liengme," 1641C/2.

A number of photographs pasted into an album in the mission's archive appear from their labels to have been taken on that occasion. Despite Liengme's comments, figure 4, labeled in the album "Among the Queens," does not look like it has been entirely "naturally" arranged. The photos show Berthe Liengme at her harmonium at the center, and six of Ngungunyane's wives behind her, some of their children likely forming the rest of the small audience in the frame. While Berthe appears absorbed in her playing, it is not clear that she has won over all of her audience; some are watching her, while others glance elsewhere or are curiously observing Liengme and his camera.



Figure 4. "Chez les Reines, 1894–5." Bis 2001C, DM, © DM-échange et mission.

Competing for Bodies and Souls: Healing Expertise Before an Audience

Liengme's colleague, Henri-Alexandre Junod, advised the Portuguese authorities that Liengme wielded significant influence at the court of Ngungunyane and was thought to be "a formidable sorcerer" thanks to his training in hypnosis as a medical therapy.⁴² But reading Liengme's own detailed record of his time at Mandlakazi, it is not clear whether his influence was as great as he hoped or as dangerous as the Portuguese feared. While he appears to have been welcomed for the esoteric knowledge and healing skill that he promised and to have successfully maintained Ngungunyane's patronage, Liengme's writing describe the work of the many other ritual experts on whom the Gaza ruler also drew.

Liengme developed an awareness of the wider scope of the specialist knowledge and practice that local experts could provide for the king and that he could not contribute either in his capacity as evangelist or as medical doctor. Notably, his fascinated description of a ritual through which Gaza soldiers were prepared for conflict, which he observed in 1895, employed a vocabulary that rendered that expertise comparable to, if not commensurate with, his own, where he gave an account of the distribution of a "special medicine" from "that native pharmacy" by a "doctor-diviner," whose actions he compared to those of a "pastor."⁴³

On various occasions, Liengme also photographed local healing practitioners at work. His image of "a sorcerer throwing his bones" (figure 5) shows a diviner (*n'anga*) seated across

⁴² "Un sorcier redoutable"; Henri Alexandre Junod, "Entrevue de Junod avec le secrétaire de M. Ennes, au sujet du Dr. Liengme," December 7, 1895, 1127B, DM. The therapeutic use of hypnosis was the subject of Liengme's thesis: Butselaar, *Africains, Missionnaires et Colonialistes* (n. 2), 101. Junod, like Liengme, was expelled from Portuguese territory.

⁴³ "Médecine particulière," "médecin sourcier," "cette pharmacie indigène," "pasteur"; Liengme, "'Nbengouloulou' ou cérémonie pour faire prendre à l'armée entière la 'médecine de guerre' (écrit par G.L. en 1901)," reproduced in "Journal de Dr Georges-Louis Liengme," 1641C/1, DM.

from his client, while a standing audience of four men observe his divination via the casting of a collection of small significant objects, including animal bones and shells (*tinloho*). It also features Liengme's shadow, inadvertently documenting his own presence in the audience.



Figure 5. “Le sourcier jetant les osselets, Mandlakasi 1892–95.” Bis 2001B, DM, © DM-échange et mission.

Whether this image reflects Liengme's fascination with—and potentially his respect for—a fellow expert or only enacts an exoticizing gaze on a practice and belief system he considered to be rooted in superstition, it certainly records Liengme sizing up his competition.⁴⁴

⁴⁴ A short time later, Liengme's friend and colleague Henri-Alexandre Junod published an ethnographic article on Tsonga divination, noting, “The diviners know well that they are not charlatans, but that they base their prophesies on their objective revelations [les devins entendent bien n’être pas charlatans, mais

It also provides context for interpreting two photographs of Liengme's medical practice in the outdoors. In one (figure 6), Liengme, dressed in white, appears to be examining a baby carefully placed before him in front of the small, square grass building that served as his clinic. Behind him, his Christian assistants are identifiable by their white shirts. In front, an audience is gathered, seated on their haunches, including three Nguni aristocrats, identifiable by their headwear, seated on the left of the frame some distance from the other onlookers.



Figure 6. No title. Un 2001C, DM, © DM-échange et mission.

In a second image (figure 7), the caption provided on the back indicates that he is examining an infected foot. Liengme is pictured in the foreground seated on a box similar to the one the baby is placed on in the previous image. Liengme's face is obscured by the hat that

qu'il croient baser leurs oracles sur ses révélations objectives].” “L’art divinatoire,” *Bulletin de la Société Neuchâteloise de Géographie* 9 (1896): 57–83, quotation on 83.

shields him from the sun, while that of his seated patient is obscured by shadow. A young boy and three men surround them, one bending over to watch Liengme at work.

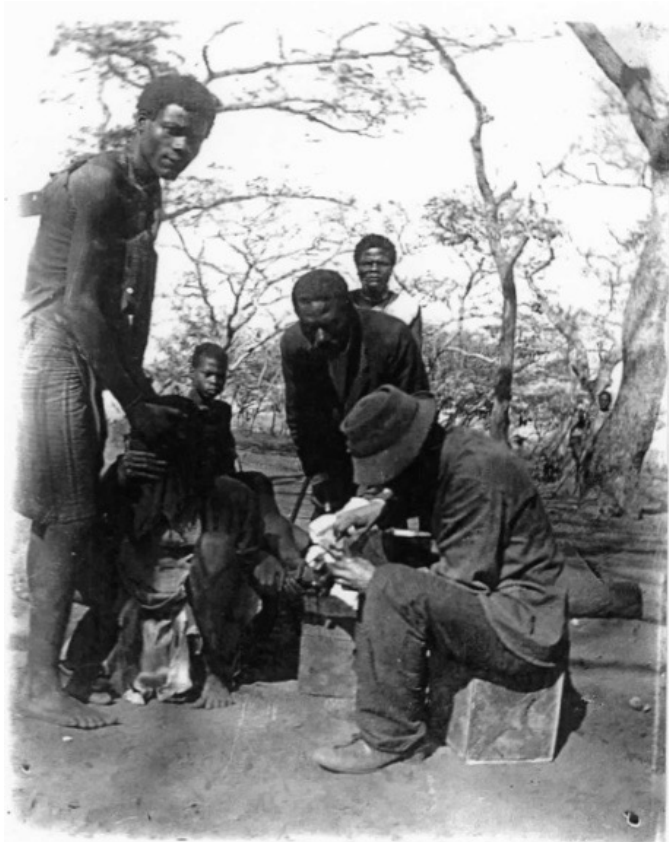


Figure 7. “Le D. G. L opère un pied infecté, Mandlakazi. 1893–95.” Bis 2001B, DM, © DM-échange et mission.

These photographs do suggest that just like the diviners he photographed, Liengme drew a curious audience for the medical services he offered. But they also tell us something about the way Liengme sought to capture that audience through photograph. In each image, his medical activity is the focus of the composition, conveying not clinical order but medical adventuring in challenging, outdoor conditions. Photography itself relied upon the light provided outside,

perhaps leading to that staging. In both photographs, some members of the pictured observers are evidently also an audience for the act of photography itself, looking directly into the lens and perhaps at the person operating the camera, rather than focusing on the doctor. A pair of photographs (figure 8) stand out as a dramatic visual record of publicly staged medical care in action, unusually—and so far as I am aware, uniquely in the mission’s archive—in the hands of an African member of the mission.



Figure 8. “La dent.” Un 2001C, ca. 1893–95, DM, © DM-échange et mission.

In the left-hand image, labeled on the back “Pulling teeth in Mandlakazi,” we see Paulus Ximungana, in a crisp white collared shirt, his sleeves rolled up, standing over a man seated on the ground. Ximungana has a contraption in his patient’s mouth and is grasping the back of his head, with another man behind him, perhaps ready to assist. In the background, we see a crowd of what appear to be men and boys with cloth and skins wrapped around their waists, watching

the procedure. If this was the staged performance for the shot, a second, slightly blurred, and less carefully framed photograph, labeled on the back “Dr Liengme to the rescue,” shows Liengme, turned away from the viewer, his face obscured by a hat, who appears to have rushed into the frame to take over, presumably having handed over control of the camera. Liengme’s hands are in the mouth of the patient whose head tilts all the way back. A member of the crowd visible in the first photograph is now in the foreground, to support or to hold the patient still, and the rest of the crowd appear to have moved closer to the action.

In this sequence of images, the public removal of a tooth is recorded as a visual narrative, supported by text that at some later point captured the imagination of the person who assembled the album, producing typed captions: “Paulus can’t do it. . . . The doctor steps in.” In the first calmly posed image, it appears that Paulus’s impressive capacities as a colleague to Liengme were being represented both for the gathered audience and for an imagined audience of the photograph itself. The second image appears to capture an upset and conveys an unusual sense of movement, potentially evidence of Liengme—or the troublesome tooth—undermining his own staging, but also depicting him as the expert practitioner.

The small Christian community remained at Mandlakazi for only three years, winning only very few converts. Its work was interrupted by the Luso-Gaza war in 1895. The Portuguese warned Liengme of their planned attack on Mandlakazi, ordering him to leave. Liengme refused. After the settlement had fallen to the Portuguese, he was expelled under suspicion of collaboration with the enemy power. He soon returned to Southern Africa but remained outside the borders of Portuguese territory, joining the northern Transvaal branch of the mission to found a hospital there in 1899.

Accounting for the Medical Mission: Caring for the Sick in Lourenço Marques

Despite Liengme's forced departure from the mission field, the conclusion of the Swiss Mission was that there was value in continuing and expanding the medical mission. In 1900, the mission council were persuaded to appoint another medical missionary, Dr. Adrien Secheyaye, to work in Mozambique, initially to establish a clinic in Lourenço Marques. The clinic consisted of a single room that served as operating theater and also accommodated patients, who were responsible for cleaning and preparing it. With no consulting room, examinations were conducted outside on the veranda.⁴⁵ A photograph (figure 9) depicts that initial somewhat improvised clinic established by Secheyaye. According to its caption, it shows Secheyaye and his male Swiss assistant Adrien Clerc "car[ing] for the sick."⁴⁶ Secheyaye stands on a veranda, as if onstage, and appears to be performing an examination, his hands on the face of a patient. The procedure is carefully observed by her companion, immediately to her left, who places a comforting—or perhaps restraining—hand on her back. Adrien Clerc, Secheyaye's Swiss male assistant, stands below and seems to be surveying the audience. Like Secheyaye, his presence in the image is highlighted by the brightness of his white shirt and apron. Three African women sit on the veranda, as if waiting their turn to be examined. Meanwhile, three African men, in neat blazers and shirts, lean against the veranda. Their apparent comfort in the setting suggests they are perhaps members of the mission, evangelists, or teachers. In the foreground onlookers are seated:

⁴⁵ Secheyaye in *Bulletin de la Mission Romande* 13 (1900): 326, quoted in Adolphe Linder, *Os Suíços em Moçambique* (n. 23), 133.

⁴⁶ The image appears to have been labeled some years after the photograph was taken. It dates the events pictured to 1910, while the building and the presence of Secheyaye indicate it was taken before 1906.

men in more worn jackets or shirts and women in *capulanas* (woven cotton wraps).

Significantly, a number of women are also wearing a blouse (*kimao*) covering their shoulders and arms, suggesting the adoption of the mission's emphasis on Christian modesty.⁴⁷ All watch the missionaries at work. Only a child is caught looking away, toward the camera.

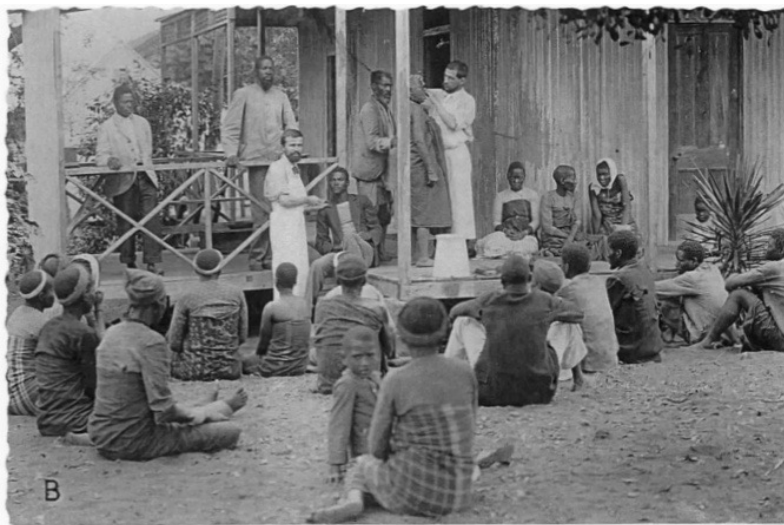


Figure 9. “Dr. Secheyaye et M. A. Clerc soignant les malades, Lourenço Marques.” Bis 2006C, DM, © DM-échange et mission.

This image shows for an audience in Switzerland visible signs of a growing Christian community watching and waiting for medical care in a rather more orderly fashion than the observers in Mandlakazi. The limits of the mission's physical facilities are also visible—the absence of a proper working space indicated by the outdoor examination. In 1908, another

⁴⁷ In one letter, Porta described the transformation of a young woman convert reflected in her dress, “She put on a kimao and a headscarf, outward signs of the change taking place within her [Elle a mis un kimao et un mouchoir sur la tête, signes extérieurs du changement qui s'opère en elle].” Porta to her sister Marie, March 30, 1910, 1680C, DM.

mission doctor, Henri Garin, arrived in Lourenço Marques to direct the expansion of the clinic into a hospital. Sechehayé, in turn, departed with his wife and children and with Emma Porta to establish a hospital at Chicumbane (alternatively, Chikhoumbane), close to the former settlement at Mandlakazi. In the wake of the defeat of the Gaza empire, and the rapid expansion of the reach of the Portuguese state into Southern Mozambique, Sechehayé was wary of the need to forge effective relationships not only with both local Tsonga-speaking communities but also with Portuguese settlers and functionaries of the colonial state. An initial plan to locate the medical mission near to the existing rural station at Antioka was ruled out because of the recent establishment of a Portuguese medical clinic nearby. Sechehayé highlighted that this would undermine the supply of a “white clientele” to be charged at a higher rate.⁴⁸ Nearer to the coast, the mission was permitted by a local chief, Chakubola, to occupy the sacred territory where the former, female, chief, Chicumbane Bila, had been killed seeking to defend her people from conquest by the Gaza empire.⁴⁹

Sechehayé put together a proposal for the new mission station, which included a detailed budget for building both a clinic, to be built first, and used as both consulting and living space,

⁴⁸ “Clientèle blanche”; Sechehayé, “Rapport sur l’établissement d’une Mission Médicale dans le Nord du Littoral à Messieurs Les Membres de Conseil de La Mission Romande” (Mission Suisse Romande, 1 May 1907), AC 1084/60.7.1, “Mozambique. Correspondence, memoranda and reports,” ASM.

⁴⁹ This origin was recalled in 1976 by Natala Sumbane, a prominent teacher in the mission, whose parents were early members of the Chicumbane congregation and who was fostered by Emma Porta after her parents’ deaths in the 1918 flu pandemic. “Histoire de la Vie de mes Parents,” translated from Tsonga to French by Juliette Morier-Genoud and Bertha Meier, July 9, 1976, 1893, ASM. For Sumbane, the building of the medical mission on this land transformed it from a space of sacrifice to “a source of life to form new men [un source de vie pour former les nouveaux hommes].”

and eventually a separate mission house.⁵⁰ The mission bulletin announced a special subscription dedicated to the founding of the new station.⁵¹

In 1907 one of Sechehayé's missionary colleagues produced a report advising that it was crucial to strengthen the quality of the medical training for women joining as auxiliary missionaries, advising that the mission was no longer answerable only to "the patients themselves or the black chiefs" for any mistakes made in the medical field, but were also being closely observed by the colonial authorities.⁵² In fact, for these Portuguese colonial officials, while the ideological content of the educational provision of the mission was treated with suspicion, the content and quality of the mission's medical services were not in doubt. Rather, when the medical work of the mission was acknowledged by administrators, it was to highlight the role those services played in strengthening the mission's ties to—and thus influence over—the communities in which they worked, and the risk that dependence on provision of medical care by a foreign entity might potentially undermine Portugal's claim that it had the capacity to administrate its territories effectively.⁵³

⁵⁰ Sechehayé, "Rapport sur établissement d'une Mission Médicale dans le Nord du Littoral à Messieurs les Membres de Conseil de la Mission Romande," May 1, 1907, AC 1084/60.7.1, "Mozambique. Correspondence, memoranda and reports," ASM. Sechehayé provided a budget of a total cost of 37,000 ChF (£1,470), including transportation and furniture (conversions are approximate; in his budget calculations, Sechehayé used both pounds and francs, using an exchange rate of 1:25).

⁵¹ "Pour le Bilène," *Bulletin de la Mission Romande* 20, no. 254 (May 1907): 69.

⁵² "Les patients eux-mêmes ou les chefs noirs," "les soins aux malades"; William Benoît, "Annexe au P.V. de la Conférence du Littoral les 27–30 Mars 1912. Rapport sur la préparation des auxiliaires," Matoutouéne, 1912, AC 1084/51.1.2b (file 3), "Conférences 1911–1913," ASM.

⁵³ Francisco Roque de Aguiar, "Relatório do Administrador da 1ª Circumscrição, Marracuene," in *Relatórios acerca das Circumscrições das Terras da Coroa. 1907* (Lourenço Marques: Imprensa Nacional, 1908) 5–33, see discussion on 15–16; Jayme Julião de Andrade Azevedo Redondo, Chefe do Serviço de Saúde, "Assistencia Medica," 1912, P. 130/13, Maço 81 (19), Caixa 108, Repartição de Saúde, Arquivo Histórico de Moçambique, Maputo.

The hospitals at Lourenço Marques and at Chicumbane both quickly became popular in their respective diverse urban and rural communities. They collected payments from all their patients but charged Africans far less than the local European and Indian residents who also sought out the mission's medical services. Alongside the buildings that the mission constructed for worship, the physical grounds of the hospitals themselves and the medical care provided within them also became means through which the work of the mission was made visible. In 1910, Porta described the celebrations to inaugurate the new hospital building at Chicumbane to her sister Marie and was delighted to inform her that one of the visiting missionaries from a nearby station had photographed it draped in flags for the occasion.⁵⁴ The new building included a "room for the whites," to be used by patients that mission reports recorded as "white," "hindu," or "*métis*." Ideally, they too would be exposed to the spiritual message of the mission. In 1912 the room was supplied with copies of the New Testament in Gujarati and Portuguese, although Sechehaye acknowledged that "it is difficult to have an influence on this category of patient."⁵⁵ As the mission began to develop its bureaucratic practices, medical missionaries also accounted for their contribution to the mission in quantitative terms. Mission station annual reports included data on numbers of patients seen and hospitalized, operations performed and income received from patients. Increasingly medical work could not only pay for itself but also contribute an

⁵⁴ Emma Porta to her sister Marie, September 11, 1910, 1680C, DM. In 1912, Porta described the celebrations to inaugurate the mission's new chapel, which included a tour of the small hospital for all the members of the mission community who volunteered to help in constructing it along with visiting African evangelists. Emma Porta to her sister Marie, September 6, 1910, 1680C, DM.

⁵⁵ "Il est difficile d'avoir une influence sur cette catégorie de patients"; Sechehaye, "Rapport sur la Mission Médicale de Chikhoubane Année 1912," November 6, 1912, AC 1084/60.3.3 (3), ASM.

income to the mission.⁵⁶ Still, Garin and Secheyaye consistently dedicated space in their annual reports to reflecting on the function of medical work for the mission's evangelizing goals, implying that this was not yet considered self-evident. In his report for 1909, for example, Secheyaye suggested that the teachings of the mission were being embraced by members of the local community who "consulted their sorcerers in vain" and recognized the superiority of biomedicine to their "so called doctors." He suggested that reason won them over—the explanation that their illnesses were caused by "debauchery and drink," and that in seeing the error of their ways, they were prepared to find their savior.⁵⁷

In a glowing account of Garin's work in Lourenço Marques written for the mission's journal in 1908, Secheyaye made familiar comments on the spiritual importance of the medical mission: "Medical work appears to us to be an important adjunct to the spiritual, for, among these rudimentary peoples, one must begin by taking care of the body to arrive little by little at the soul."⁵⁸ But the vision of "care" in the new urban clinic was distinct from the more improvised approach that had been taken in the absence of this orderly built environment. Secheyaye described "the modest hospital" as a carefully ordered, clean, and functional space. He walked the reader through the facilities: a consultation room with a small laboratory and

⁵⁶ When the building was completed at Chicumbane in 1910, the final costs had exceeded the budget by 11,270 ChF (£450), but the mission could cover more than a third of that cost with income earned at the clinic in its first two years. By 1912, the Lourenço Marques hospital was bringing in enough income to cover its own costs and most of Chicumbane's outstanding debts: "Compte de l'Établissement Médical de Chikhoumbane," 1910, 116E, DM; "Rapport du Conseil de la Mission Romande sur la Gestion en 1912," *Bulletin de la Mission Romande* 26, no. 328–9 (July–August 1913): 201–67, see 243.

⁵⁷ Secheyaye, "Rapport sur la Station de Chikhoumbane 1909," October 31, 1909, AC 1084/60.7.3 (file 3), "Mozambique Church, station reports, Chikhoumbane, 1908–1936," ASM.

⁵⁸ Adrien Secheyaye, "Mission Médicale de Lourenço Marques," *Bulletin de la Mission Romande* 21, no. 265 (April 1908): 101–6.

pharmacy area attached, the operating theater, Adrien Clerc's bedroom, and a room for housing white patients. African patients were accommodated beyond the small hospital buildings in "cabins" or "shelters" where they would be accompanied by relatives who provided food for them.

Sechehaye also presented the clinic to his Swiss readers as a shining example of not only care but also ordered scientific modernity, in the absence of proper provision by the colonial state. He presented it, with considerable exaggeration, as the only outpost of "scientific medicine" between the Transvaal to the west, "the country of the Zulus" to the south, and the "unlimited" region to the north.⁵⁹ Illustrating Sechehaye's account is a photograph titled "At the operating room" (figure 10). It shows an unnamed African woman, dressed in a patterned capulana and white kimao, lying on the operating table and looking into the lens. Standing behind her, named in the photograph's caption, is Garin, in a loose shirt, his sleeves rolled up. He is flanked by a white-aproned "medical assistant" Adrien Clerc and nurse Louise Urech, dressed more stiffly in a fitted long-sleeved dress under a white pinafore. In the foreground is Garin's wife Sara, her high-necked dress also covered by a white pinafore.

⁵⁹ "Pays des zoulous," "illimitée"; Sechehaye, "Mission Médicale de Lourenço Marques" (n. 57). In fact, there was a busy, if dilapidated, colonial hospital that had been operating in Lourenço Marques since 1878, and construction of a new modernized hospital, including laboratory, was underway. Three further small colonial medical posts existed in the southern region of the colony (south of the River Save); two other colonial hospitals, one at the former capital in Mozambique Island and one in Beira, under the direction of the chartered Mozambique company, and five further colonial medical posts were in operation across the colony. See Williams, "Creating a Healthy Colonial State in Mozambique" (n. 7), chap. 2.

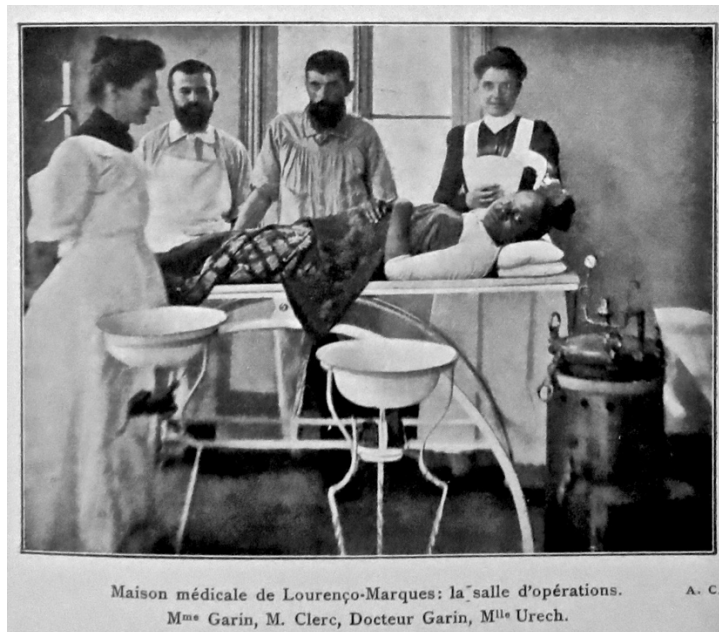


Figure 10. Published in *Bulletin de la Mission Romande* 21, no. 265 (April 1908): 105.

This photograph departs from those in more improvised settings in that it does not include an African audience, with the possible exception of the unnamed photographer. The only implied audience for this image was subscribers of the mission journal, the staged image perhaps produced specifically to accompany Sechehaye's text.⁶⁰ The publication of this photograph was almost contemporaneous with Porta's account to her sister with which I began this article, of an awestruck audience for medical care in a rural clinic in formation. But perhaps as the mission's medical care was becoming regulated—through its clinical facilities as well as its formal accounting—images and narratives of wide-eyed African audiences, awestruck by Western medical care, were no longer considered crucial to communicate the transformative work of the

⁶⁰ This photograph was also reproduced two years later in a celebratory account of the mission's first three decades: D. P. Lenoir, *La Mission Romande: Son Développement, ses Resultats, son Avenir* (Lausanne: Georges Bridel et co. Editeurs, 1911).

medical mission for readers in Switzerland—or indeed, for missionaries themselves. Medicine had more securely established its utility to mission work.

Conclusion

In a 1918 report reflecting on ways to better prepare missionaries before their departure, the secretary of the council of the Swiss Romande Mission, Arthur Grandjean, drew on his own experiences in service in Mozambique in the 1890s, and insights gained as the reader and respondent to countless letters and reports home. Grandjean described missionary service as beginning with a cultural encounter where “one finds oneself in the presence of a population where one must learn not only the language but also the way of seeing things, of reasoning, of feeling; a complete study of practical psychology is imposed on those who are called to exercise their influence on this race.” He acknowledged that concern about that capacity to understand the perspectives of those you were there to teach was common in a new missionary. “The first year in Africa is always punishing,” he suggested, “not only because one has to adapt to the new circumstances and one has not yet mastered the language, but also because one still does not understand the native mind and because one has the terrible impression that the message of the Gospel that one seeks to convey meets only with an echo.”⁶¹

⁶¹ “On se trouve en présence d’une population dont il faut apprendre non seulement la langue, mais aussi la façon de concevoir les choses, de penser, de raisonner, de sentir c’est tout une étude de psychologie pratique qui s’impose à ceux qui sont appelée à exercer une influence sur cette race,” “la première année en Afrique est toujours pénible, non seulement parce qu’on doit s’adapter à ces circonstances nouvelles et qu’on n’est pas encore maître de la langue, mais aussi parce qu’on a l’impression pénible que le message évangélique qu’on cherche à lui transmettre ne trouve pas d’écho”; Arthur Grandjean, “La Carrière d’une Demoiselle Missionnaire: Etude donnée à la Lemana de Neuchâtel par M. Grandjean,” April 20, 1918, 91D, ASM.

Grandjean conveyed his confidence that the task of “understand[ing] the native mind” and of thus enabling true spiritual transformation was achievable. But his observation that this doubt preyed upon the minds of missionaries bears out in the written records that they kept, where confident assertions about the impact they had on African souls appear alongside questions about how meaningful the reception of their missionary work was.

The photographs discussed here show that these questions were all the more pointed where missionaries were engaged in medicine. I suggest that this tension between assurance and doubt may have shaped the photographic images that medical missionaries produced, which sought to capture for an audience at “home” the effectiveness of their care. Missionary medical interventions could be captured on film in ways that evangelism itself could not, even as medical work and medical care remained subordinate to that larger goal.

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