Asa Mudzimu

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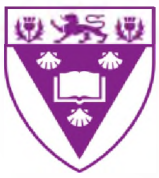

RHODES UNIVERSITY

Where leaders learn

Evictions, Migrations and Epidemiology in Gokwe during the colonial era

Thesis submitted in fulfillment of the requirements of a

Master of Arts Degree in African History by full thesis in the Department of History, Rhodes University

Supervisor: Professor E. Msindo

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If, however, there is a large a degree of overlap, what if anything, is specifically colonial about colonial medicine? This is not an easy question to answer. As Roy MacLeod and Milton Lewis remark in the introduction to Disease, Medicine and Empire, there is as yet no 'coherent agenda, let alone an agreed theoretical basis' to the field of imperial or colonial medicine. What they are concerned with is to show how 'medicine served as an instrument of empire, as well as an imperialising cultural force in itself. Thus, for MacLeod and Lewis, imperial medicine is about 'the experience of European medicine overseas, in colonies established by conquest, occupation and settlement.'

Shula Marks, (1997, p. 207).

DEDICATION

For my dad and mom,

And

In loving memory of late Cleto Zharare,

This Came Too Late, Rest in Peace!

ABSTRACT

Gokwe, being infested with tsetse and mosquito was seen as a 'diseased' environment by the Europeans. Thus, colonial anti-disease campaigns were introduced during the first decade of the 20th century. Initially, the campaigns sought to address economic challenges in the colony as they involved African relocations for the benefit of the Europeans. However, this study argues that these anti-disease campaigns were modified with time and space. The key thrust of the paper is to examine the imbrication between evictions, migrations and disease control in the context of colonial public health system. Apart from examining the development of Western medical practices in Gokwe the dissertation explores how this colonial public health system coalesced or clashed with African worldviews. Gokwe matters as a 'frontier' society in many senses. Given colonial efforts to occupy Gokwe and the influx of new evictees and migrants in the 1960s, the study depicts Gokwe as a frontier. The study sees evictions and displacements as programmes tailored to arrest tsetse and the associated diseases in the Zambezi Valley.

ACKNOWLEDGEMENTS

I would like to express utmost gratitude to my supervisor Professor Enocent Msindo. Enocent proved to be a very special mentor and advisor. His tremendous assistance, encouragement and guidance were just awesome. I am profoundly grateful for his companionship and unwavering support. Many thanks for always doing your best to sustain my studies. I have really benefited from your strong sense of professionalism tied with humbleness. Thank you for everything! I am very grateful. I also want to thank Amai Msindo and her family for accommodating me during my stay in Grahamstown, and the orientation she gave me in the Rhodes University's main library. The family made my stay in South Africa an awesome experience. I enjoyed being part of the family and I felt at home. Hopefully, this dissertation is worth your sacrifices you gave. *Tinotenda*!

My special thanks go to Dr. Joseph Mujere. You were a brother and a counselor during the time when I was working on this dissertation. You showed me that I was not alone in this stressing journey. You have been a great anchor to me. May the Lord be with you! I also wish to single out Mr. Munyaradzi Nyakudya. I wholeheartedly say thank you for going through all the drafts for this dissertation. You were so patient and diligent, and your comments were very critical. I also owe a profound debt to Mr. Innocent Dande, Dr. Anusa Daimon, Dr. Ivan Marowa and Dr. Kundai Tichagwa for their generous comments at various points in this progress. You saw the evolution of this dissertation, and you were with me morally until the end. I also want to thank Mukoma Luckson Mashiri and Amai Mufaro for their moral and material support. You were so helpful and encouraging throughout my study.

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As the footnotes bear witness, this study is based on sources most of which were oral testimonies and memories. I want to thank my research participants in Gokwe and all those who accommodated me when I was doing research.

Contents

ABBREVIATIONS

BHC	Benzene hexachloride
BSAC	British South Africa Company
CNC	Chief Native Commissioner
DDT	Dichlorodiphenyltrichloroethane
LAA	Land Apportionment Act
MP	Member of Parliament
NADA	Native Affairs Department Annual
NAZ	National Archives of Zimbabwe
NC	Native Commissioner
NLHA	Native Land Husbandry Act
TTL	Tribal Trust Land
UDI	Unilateral Declaration of Independence
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organisation
ZIPRA	Zimbabwe People's Revolutionary Army
ZHA	Zimbabwe Historical Association

GLOSSARY

- **Autochthons** – the aboriginals or original inhabitants of a place.
- **BHC** – benzene hexachloride is a wettable powder which mixes readily and evenly with water. This is an insecticide with a strong irritating odor. It can be seen as grayish-white film on the surface of sprayed walls.
- ***Bute*** – snuff
- ***Chisi chamambo*** – the resting days to venerate traditional authorities of a place.
- ***Chisi chemwedzi*** – the resting days following the setting of a moon to venerate spiritual world.
- **Chloroquine** – drugs used to prevent and treat malaria.
- ***Dara*** – a raised surface to store foliage.
- ***Dova*** – morning dew.
- ***Dunzvi*** – an official, usually a relative who is a messenger of a chief and usually leads ceremonies.
- **DDT** – dichlorodiphenyltrichloroethane, a poisonous chemical used to kill insects and pests, hence it is both an insecticide and a pesticide. It is toxic and colourless, crystalline, tasteless and almost odourless substance.
- **Epidemic** – circumstance in which a disease spreads and or affects people rapidly within a short space of time.
- **Epidemiology** – a scientific study of the occurrence of infectious diseases; how they are caused and transmitted.
- **Madheruka** – name given to new immigrants in Gokwe.
- ***Magocha***– locals who were employed to eradicate game.
- ***Magochamupani*** – new immigrants in Gokwe who claimed and cleared bush using fire.
- ***Madiro*** – the illegal expansion of land during for agricultural purpose.
- **Malaria** – the infectious diseases that is transmitted by anopheline mosquito.
- ***Manhweni*** – a local cattle disease in Gokwe which prevails during the transition from a dry to a wet season.
- ***Marutsi*** – vomit.
- ***Mashanga*** – dry stalk and foliage.

- **Mepacrine** – drugs used for malaria treatment.
- ***Mhiripiri*** **–** chilly.
- ***Mhondoro*** – lion or any respectable animals that are seen as serving and protecting the interests of the *svikiro*, king and all the people.
- ***Mhesvi*** **–** tsetse fly.
- ***Mhofu*** – eland.
- ***Mudzimu*** – ancestral spirits.
- ***Mutupo*** **–** totem.
- ***Mwari*** – God
- **Nevana** – a popular spirit medium in Gokwe.
- ***Nyong'o*** – a non fatal disease which is similar to malaria.
- **Quinine** – drug used to treat malaria due to plasmodium falciparum that is resistant to chloroquine.
- ***Ruware*** – a flat or dome shaped granite or dwala.
- ***Sango/shango*** – forest or jungle.
- **Shangwe** – a name used to refer to the autochthons in Gokwe.
- ***Shangwa*** – disaster or famine.
- ***Shava*** – eland.
- ***Svikiro*** – spirit medium.
- ***Utunga*** – a Shona name referring to mosquito.
- ***Zhizha*** – the proceedings from the fields, like mealie cobs, melons, reeds, beans and sweet reeds.

MAP

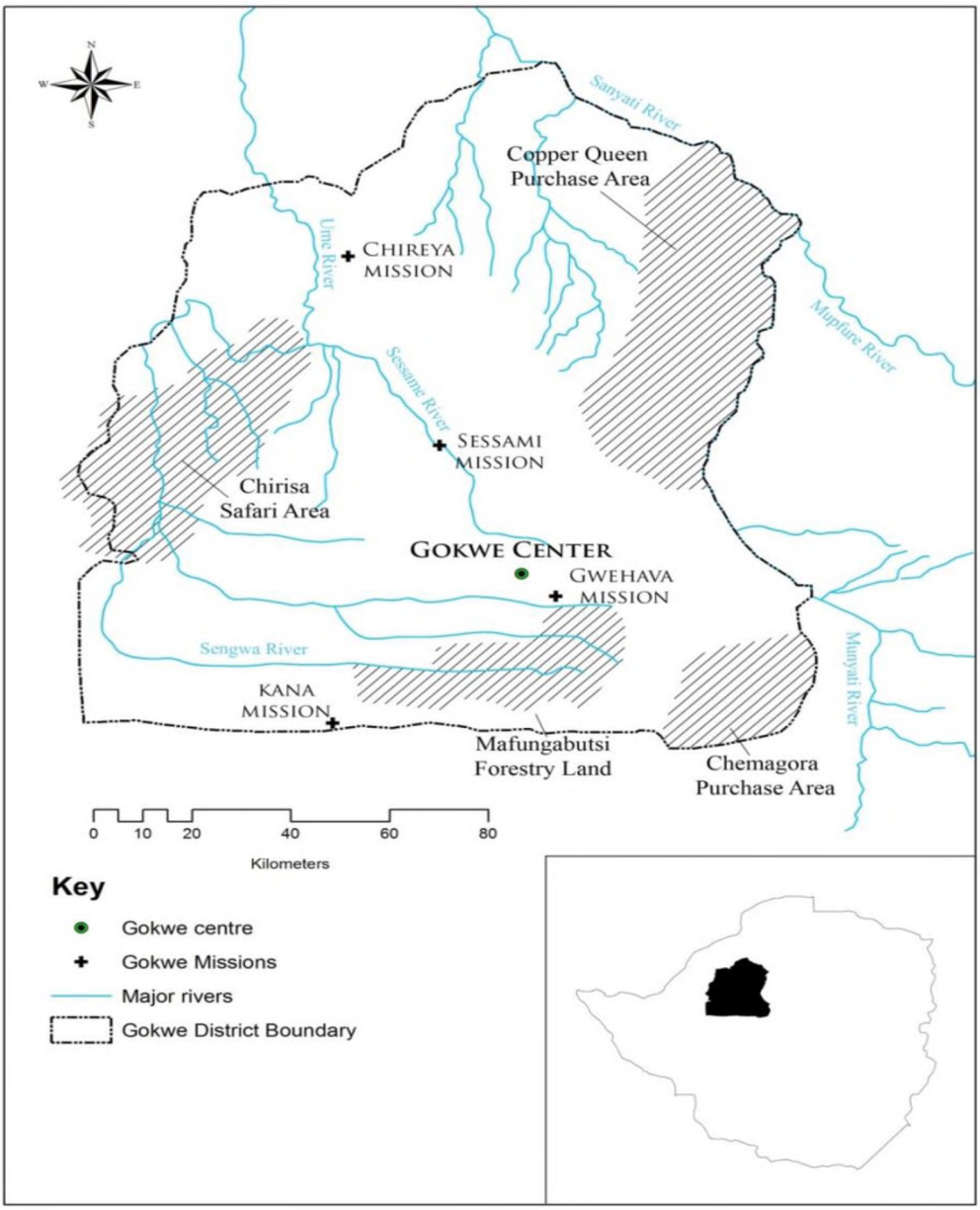

Figure 1: The map of the of colonial Gokwe district

CHAPTER 1
THE COLONIAL STATE AND DISEASE ERADICATION CAMPAIGNS

Introduction

The ecological and climatic conditions that prevailed in Gokwe, a district in northwestern Zimbabwe, shaped its administration throughout the colonial period. These environmental challenges included tsetse and mosquito infestation, high temperatures, poor soils as well as unpredictable rainfall patterns.[1] Wolmer has shown how European representation of certain geographical spaces has had far-reaching consequences on the way in which these areas and the respective inhabitants have been treated, eliciting conflicts and struggles over symbolic and cultural meaning.[2] Thus the colonial state and the European settlers perceived Gokwe and similar regions generally as diseased areas. For instance, in 1917, the Surveyor General in Salisbury described the northwest region of Zimbabwe as backward and isolated. He concluded that it was going take several years before 'the tide of European settlement invaded the district.[3] Due to similar reasons, the 1930 Land Apportionment Act left large parts of the northwest region unassigned. During the same period, Ford notes that he overhead a private conversation between two Rhodesian Members of Parliament who were flying across the northwest region. The rains had just started and the landscape was having fresh green foliage. The white Rhodesian MP said to his black counterpart, 'Look at that. You are always grumbling because you haven't enough land. Why don't you come and take this?' The black MP responded, 'If it had been any use at all, you people would have had it long ago.'[4]

Throughout the colonial era, the state implemented a number of policies which were meant to eradicate diseases in Gokwe. For the first half of the 19th century the colonial state was preoccupied with tsetse eradication in Gokwe. This policy was largely centered on game

[1] G. T. Ncube, A History of North-Western Zimbabwe, 1850 – 1950s: Comparative Change in Three Worlds, MPhil Thesis, History Department, University of Zimbabwe, (1993), pp. 7-12.
[2] W. Wolmer, *From Wilderness to Farm Invasions: Conservation and Development in Zimbabwe's South-East Lowveld*, (James Currey: Oxford, 2007), p. 1.
[3] NAZ, NGB 2/7/1, Miscellaneous, Surveyor General in Salisbury to Chief Native Commissioner (CNC), Salisbury, 4 July 1917.
[4] J. Ford, *The Role of Trypanosomiases in African Ecology: The Study of the Tsetse Fly Problem*, (Clarendon Press: Oxford, 1971), p. 347.

destruction and forest clearance. However, there were a number of developments that took place in Zimbabwe after the 1950s which ensured the diversification of colonial public health projects and also the need to ensure that Gokwe district became more habitable. Among these developments were the eviction of the Africans from Rhodesdale and Zambezi valley to Gokwe, the influx of new immigrants from the south and the introduction of community development in African rural areas by the state. It is against this background that the study examines the interface between evictions, displacements and disease control in the context of colonial public health practices. It also assesses the role and position of colonial disease eradication campaigns in Gokwe within the context of ongoing scholarly debates. The study acknowledges that African perception of, and their responses to the scourge of malaria and trypanosomiasis in Gokwe were very complex and varied. This African agency reveals the interplay of colonialism and African indigenous knowledge systems in disease eradication projects.

It is important to highlight that disease eradication campaigns were connected to colonialism. The history of colonial campaigns against tropical diseases in Africa, cholera in the Philippines, yellow fever in Havana, or malaria in India seems to bolster the notion that centralised political power are a prerequisite for implementing efficient health policies. Generally, scholarship on global health and health systems maintains that society's reaction to an epidemic, and society's ability and willingness to implement health reforms depends largely on the power and influence of strong and centralised governments.[5] Colonists and missionaries in Africa believed that since 'it had been Europe's responsibility to heal the wound caused by slavery, so it had become its duty to cure physical illness and moral sloth.'

> During the colonial era, mission doctors exercised a powerful hold over the Western imagination. They worked with sick people in remote parts of the globe, treating maladies that were seen to be as much social as physical. They laboured not only to restore health to the bodies of 'natives', but also to save their souls.[6]

During this era, the European medical officers were portrayed as heroic figures that were carrying out dangerous tasks of curing the Africans. Thus, a mission 'jungle doctor' was portrayed as

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[5] R. Packard, 'Review of Epidemics and Ideas: Essays on the Historical Perception of Pestilence', T. Ranger and P. Slack (eds.), *The Journal of Interdisciplinary History*, Vol. 25, No. 4, (1995).

[6] J. and J. Comaroff, *Of Revelation and Revolution: The Dialectics of Modernity on a South African Frontier*, (Chicago University Press: Chicago, 1997), p. 324; J. Lowe, *Medical Missions: Their Place and Power*, (Fleming H. Revell Company: New York, 1887), p. 218; D. Hardiman, 'Introduction', in *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa*, D. Hardiman (ed.), (Editions Rodopi B.V.: Amsterdam, 2006), p. 1.

combating 'witchcraft, superstition, ignorance and degeneracy, with disease being both a natural and a socio–cultural force.'[7]

It is largely acceptable that colonial states in Africa intended to undermine traditional healing systems. In Gokwe, the state embraced public health practices that would weaken and replace indigenous knowledge systems relating to disease control. This raises more questions than answers. Did the colonial medical officials really understand the health challenges that were faced by the Africans? Did they know African worldviews as relating to perceptions of diseases? Was the colonial state really central in providing health services and colonial medicine to the Africans? Using Gokwe as a case study, this study grapples with these to understand the centrality of the colonial state in eradicating diseases and shaping the African worldview in Gokwe. The dissertation makes an attempt to expand on these and other questions, and argues that colonial medical interventions in Gokwe were basically narrow in scope. Disease eradication campaigns tend to downplay local worldviews and were not prepared to accommodate African agency in their repertoire. The colonial state wanted to prove the inferiority of indigenous medical practices and to replace it with a scientific colonial medicine.

Basing on an analysis of Gokwe district, the thesis argues that the majority of pioneering medical historians have eulogised the creativeness of colonial medicine and they ignored the shortcomings of colonial public health projects. These scholars neglected African agency prior to the introduction of colonial medicine and during the colonial days.[8] Departing from diverse conceptual and historiographical interpretations, including social history of medicine and cultural theories, it is not an exaggeration that colonial public health practices were very narrow in scope.[9] The establishment of a private clinic by Cleto Zharare in Gokwe along Nembudzia-Mashame road provides a need to question the centrality and effectiveness of colonial states in disease eradication campaigns. The Zharare Clinic was established to serve the Africans who were facing health challenges in Gokwe during the 1960s. In this vein, Africans were not exclusively depended on colonial medical practices during the colonial era.

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[7] M. Vaughan, *Curing their Ills: Colonial Power and African Illness*, (Cambridge: Polity Press, 1991), p. 158.

[8] L. Gann and P. Duignan, *Burden of Empire: An Appraisal of Western Colonialism in Africa South of the Sahara* (Pall Mall Press: London, 1967).

[9] Alan Jeeves, 'Health, Surveillance and Community: South Africa's Experiment with Medical Reform in 1940s and 1950s', *South African Historical Journal*, Vol. 43, No. 1 (2000), pp. 245-246.

The colonial state perceived the Gokwe district as a 'frontier' region. The definition and discourse of a frontier is highly contested. It was first adopted by Turner in 1893 when he described how American westward expansion developed some free and untouchable lands in the western parts of America.[10] Firstly, through the colonial eyes, Gokwe was seen as an uncomfortable primitive region, a frontier which needed serious state attention for it to be 'tamed'. In this study, the frontier concept has been borrowed to problematise colonial perceptions of Gokwe as a graveyard prior to and during colonial medical interventions. Secondly, the tsetse-free southeastern parts of Gokwe district were largely owned by European farmers.[11] With large evictions and displacements during the mid-20th century, Gokwe remained a frontier, a space where people of diversifying backgrounds mingled. Frontier has been seen as a space where social orders underwent significant adjustments as new comers in that space 'forged new identities and norms in order to adapt to the new environment they encountered.[12] Similarly, Gokwe was 'characterised by diversity, complexity, experimentation and newness' mainly as a result of forces of migration and exchange practices at various levels of interaction.[13] In the 1960s, Gokwe still proved to be a frontier as it created a buffer zone to contain tsetse in the lower Zambezi game area. The study adopts McGregor's concept which imagines a frontier as a 'two-dimensional space; a zone in which a state is undergoing consolidation and, more fundamentally being made.'[14] The frontier notion is however problematic. It expresses colonial connotations which imply that such places were either vacuum or thinly populated prior to colonial intervention. Above all, it gives a false impression that areas like Gokwe were populated as a result of colonial interference.

Most early colonial literature on medical history have tended to focus on the state-oriented disease eradication campaigns without paying attention to local agency. The Africans in Gokwe exercised agency in ways that disrupted, co-opted and altered the colonial public health projects.

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[10] F. J. Turner, 'The Significance of the Frontier in American History', Report of the American Historical Association, (1893), pp. 199-227.

[11] G. T. Ncube, A History of North-Western Zimbabwe, 1850 – 1950s, p. xviii.

[12] I. Kopytoff, 'The Internal African Frontier: The making of African political culture', I. Kopytoff (ed.), *The African Frontier: The reproduction of traditional African societies*, (Indiana University Press: Bloomington, 1987), p. 7; J. Alexander and J. McGregor, 'Modernity and Ethnicity in a Frontier Society: Understanding Difference in Northwestern Zimbabwe', *Journal of Southern African Studies* , Vol. 23, No. 2, 1997).

[13] A. Ogundiran, 'The Making of an Internal Frontier Settlement: Archaeology and Historical Process in Osun Grove (Nigeria), Seventeenth to Eighteenth Centuries', *African Archaeology Review*, Vol. 31, 2014.

[14] J. McGregor, *Crossing the Zambezi: The Politics of Landscape on a Central African Frontier*, (Weaver Press: Harare, 2009), p. 10.

Due to land grabbing, evictions and displacements we have in Gokwe, a clash of fundamentally different perceptions of epidemics. The small south-eastern portion of the Gokwe district which was relatively fly-free was occupied by Europeans.[15] The autochthons and the new immigrants were relatively distributed across the district. The study observes that Gokwe was an assorted community. As such, there was a complex perception of diseases. African discernment of the value of colonial public health projects was also diverse. Ranger and McGregor suggest that historians' attention should be drawn to examining indigenous understandings of and response to disease, with an emphasis on social, cultural and economic as well as narrowly medical factors of the locals.[16] This is a point of departure for this study which examines the introduction of colonial medicine and the colonial 'script of action' regarding disease prevention and treatment in such a complex society. Some of the colonial measures like the eradication of game and forest clearance received mixed feelings, where some people argue that this was draconian, while others are of the view that it was so helpful in ameliorating tsetse, mosquito and the associated diseases. According to Gonde, the eradication of game 'helped to reduce tsetse here but at the same time, this was done to fulfill the white settler's economic ambitions. They were looting ivory, hides and other products from the game for the use in industries.'[17] Again, clinical measures and the distribution of quinine and chloroquine were not homogeneously welcomed by the Africans. This understanding is crucial in examining the local agency and African worldview within the colonial framework.

Gokwe district is located in Zimbabwe's Midlands Province. During the colonial period Gokwe was initially known as Sebungu district, which was established on the 15th of March, 1898. Sebungu and the adjacent Mafungabutsi districts were later amalgamated in 1901 to form Sebungwe-Mafungabutsi.[18] This was then shortened to Sebungwe on 21 February 1907. Sebungwe was renamed Gokwe on 18 January 1957.[19] Gokwe is delimited by Sanyati River to the east. To the south it is adjoined by Chemagora African Purchase Area and Nkayi Districts of Matabeleland

[15] G. T. Ncube, 'A History of North-Western Zimbabwe, 1850-1950s', p. xviii.

[16] See J. McGregor and T. Ranger, 'Displacement and Disease: Epidemics and Ideas about Malaria in Matabeleland, Zimbabwe, 1945-1996', *Past and Present: A Journal of Historical Studies*, No. 167, (2000).

[17] Interview with Fema Gonde by the author at his homestead, Chief Nembudziya, 7 April 2016.

[18] NAZ, GN 27/1957, Gokwe. Now Mafungabutsi is a third largest indigenous forest in the country, and is chiefly dominated by mopane woodland, see S. Maravanyika, 'Local response to colonial evictions, conservation and commodity policies among Shangwe communities in Gokwe, Northwestern Zimbabwe, 1963-1980', *African Nebula*, Issue 2 (2012), p. 3.

[19] *Ibid.*

North. Binga and Kariba districts border the region to its western and northern boundaries, respectively. Its climatic characteristics vary from being arid to semi-arid, with a savanna type of vegetation. During the early colonial era, a combination of factors such as unpredictable rainfall patterns, high temperatures, long winter spells and tsetse and mosquito manifestation tended to discourage human settlement. For this reason, Gokwe has been described by many scholars as a 'silent region' not only because it had been marginal to pre-colonial African state systems which had established themselves in western Zimbabwe, but also the north-west remained peripheral to the Rhodesian colonial polity before the 1940s.[20] Northwestern Zimbabwe mainly came to be inhabited by people from various language and ethnic groups largely as a result of different phases of colonial displacements and resettlements.[21] The period after the Second World War saw the colonial government intensifying displacements of Africans from their previous settlements into Gokwe.

Political and moral economy of colonial medicine in Gokwe

The study is informed by and located between two broad theoretical approaches; the moral economy and political economy approaches. These discourses relate to how power, economic control and social behaviour intersect. This approach demonstrates how the colonial capitalist economy has impoverished African societies materially and spiritually by creating a dualistic framework – exploiters and exploited. The concepts hold that the state introduces ideas to its subjects who are meant to obey such dictates. In doing so, the state possesses the moral and political hubris to enforce such ideas. The subjects or exploited then contest or assimilate and at times modify such ideas as they negotiate them within the context of their locally shared worldviews. In Gokwe, the Africans exercised agency in ways that both disrupts, co-opt or alter the colonial public health projects.

Political economy and moral economy approaches have been used to study how economic production and trade relate with laws, customs and governments. These concepts were borrowed and developed by anthropologists and social historians in the 20th century to try and define the

[20] J. Alexander and T. O. 'Ranger, Competition and integration in the religious history of Northwest Zimbabwe', *Journal of Religion in Africa,* Vol. 28 (1998), p. 4.

[21] A lot has been written on the convergence of the autochthons (Shangwe) and the new immigrants (Madheruka) in Gokwe. See P. Nyambara, 'Madheruka immigrants and the Shangwe: Ethnic identities and the culture of modernity in Gokwe, northwestern Zimbabwe, 1963-1979', 1963-79', *The Journal of African History*, Vol. 43, No. 2, (2002).

threshold of suffering that serves as a force towards changes. Whereas the political economy argument has emphasised the fact that colonial health initiatives were mainly shaped by ill-informed economic motives, the moral economy argument recognizes how the dispossession of lands and the ultimate colonial attempts to replace indigenous health institutions often aggravated the crisis of the Africans.[22] This culminated into the system that bore social and communal implications. Extensively developed by Thompson, the concept of a 'moral economy' has proved to be useful in attempting to describe and explain the contentious behavior of peasants in response to onerous social relations.[23] The approach generally put colonial economic and moral motives at the centre of everything, shaping the way the colonial government structured the colonial displacements,[24] determining how they provided health services to the Africans[25] and how they wanted to substitute local health institutions with colonial health practices for their own political advantage.[26] The colonial anxiety with health provision and disease eradication in Gokwe, which became more pronounced after the Second World War, was a product of self-serving interests of the colonial officials as it dawned on them that the only way of creating a 'healthy' environment for Europeans was dealing with the rural 'reservoirs' of disease.

The colonial government tried to use its political power to influence tsetse and mosquito control in Gokwe.[27] Malarial control was also dictated by powerful economic motives of the colonial state. For instance, in the post-1940s, the state's developmentalist goals required the need to attract and settle new white farmers in the state, to promote a strong agricultural economy. This called for the eviction of Africans from certain areas, resettling them in Gokwe. However, the Settler government's strong political power did not always lead to the delivery of efficient health services and policies, particularly for the underprivileged, for doing so risked undermining the

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[22] See C. Tripp, *Islam and the Moral Economy: The challenge of Capitalism*, (Cambridge University Press: Cambridge, 2006).

[23] See E. P. Thompson, *The Making of the English Working Class*, (Penguin Books: Toronto, 1961).

[24] On how the colonial displacements after the Second World War were shaped by colonial political economy see I. Phimister, *An Economic and Social history of Zimbabwe, 1890-1948: Capital accumulation and class struggle*, (Longman: London, 1988).

[25] See R. Packard, *White Plague, Black Labour: Tuberculosis and the Political Economy of Health and Disease in South Africa*, (James Currey: London, 1990).

[26] W. A. Munro, *The Moral Economy of the State: Conservation, Community Development, and State Making in Zimbabwe*, (Ohio University of Center for International Studies: Ohio, 1998), p. 306.

[27] On the history of global health see Tamara Giles-Vernick and James L. A. Webb (eds.), *Global health in Africa: Historical Perspectives on Disease Control*, (Ohio University Press: Ohio, 2013).

very essence of colonialism, that is, sustaining inequality. Secondly, the top-down nature of colonial policies meant that as they encountered alternative worldviews and other forms of power on the ground, their effectiveness came into question. Juanita De Barros *et al* argue that 'health and medicine in colonial environments is one of the most active, contested, and fascinating areas of the history of medicine.'[28] Equally important, the priority given to political and economic interests by far outweighed the efforts by the colonial state to provide medical facilities in Gokwe.

This therefore raises a topic which jeopardizes the concept of disease eradication. In Gokwe, the colonial government was reluctant to incur costs in establishing hospitals and providing medical equipment to the Africans.[29] Consequently, health facilities in the colony were launched initially to serve the white settlers who were scattered across the colony. Medical services were initially meant to protect the white settlers and their colonial representatives.[30] In 1936, it was observed by the Pan-African Health Conference that, for example malaria prevention measures were not yet in the economic scale of the average 'native' of Africa.[31] The BSAC was a private commercial company which was primarily concerned with pecuniary gains hence it neglected the allocation of money for the development and proper administration of the district. A former Permanent Secretary of Health in the Rhodesian colonial regime, Webster, outlined that each time there was an outbreak of disease; it was the white community that received governmental awareness and assistance first. The colonial government first initiated measures to control diseases to ensure the survival of the whites. For example in 1923 when malaria scourged areas that some Europeans had settled and doing business, 'medical officers were detached from headquarters to tour European areas to educate farmers and miners in the prevention of malaria.'[32]

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[28] Juanita De Barros, Steven Palmer and David Wright, 'Introduction', in Juanita De Barros, Steven Palmer and David Wright (eds.), *Health and Medicine in circum-Caribbean, 1800-1968* (Routledge: New York & London, 2009), p. 3.
[29] G. T. Ncube, *A History of Northwestern Zimbabwe, 1850-1960*, (Mambo Press: Gweru, 2004), p. 100.
[30] C. Van Onselen, *Chibaro: African Mine Labour in Southern Rhodesia 1900-1933*, (Pluto Press, London, 1976), pp. 74-75.
[31] See G. Macdonald, 'Malaria Control for Rural Population', *Journal of the Royal African Society*, Vol. 44, (1945). Professor Macdonald wrote immensely on malaria e.g. *The Epidemiological and the Control of Malaria*, (Oxford University Press: London, 1957).
[32] S. T. Agere, 'Progress and Problems in the Health Care Delivery Systems', *Zimbabwe: The Political Economy of Transition 1980-1986*, I. Mandaza (ed.), (Codesria: Dakar, 1986), p. 357. See also M. Gelfand, *A service to the sick: a history of health services for Africans in Southern Rhodesia (1890-1953)*, (Mambo Press: Gweru, 1976), p. 17.

In general, colonial medicine did not attain expected results. Another blow which shattered the hopes of colonial medicine was the failure to appreciate the existence of local customs and indigenous traditions. These autochthonous initiatives were very central in dealing with diseases, and for the success of the colonial medicine it was very pertinent to consider their pre-existing indigenous knowledge systems. This did not happen, and western medicine was just imposed. The colonial state was contemptuous and dismissive of indigenous worldviews as superstitious. They did not value that the local Africans had developed an acquaintance with their environment. This human-environment interaction is very central to cultural complexes that embrace resource use practices, societal connections and spirituality. Arguably, appreciating these distinctive habits of knowing and exercising is a crucial aspect of global cultural diversity, and presents a base for locally-appropriate sustainable progress.

The core question is how colonial medicine coalesced with the existing local cultures in Africa, if it did, and how these cultures were transformed. Western writers have tended to view colonial public health practices as being totally opposed to African culture which was generally viewed as primitive.[33] Colonial medicine has been praised for 'civilising' the African mind by establishing contemporary scientific ideas to displace indigenous superstitions and witchcraft.[34] The imperialistic perspective held that the Africans, *ipso facto* were ready to cease and abandon with ease their traditional medicine once they came into contact with Western medicine. This view thus glorifies the introduction of Western biomedicine, and falsely creates a picture of the introduction of western medicine as symbolizing the arrival of modernity in backwards African spaces. Gordon narrates how, after only two months of operation, Dr. John Patrick Fitzgerald, the head of the Medical Department of British Kaffraira and Superintended of Native Hospitals could boast that;

> Natives are coming to me from all directions… [They] place an unlimited confidence in me and are to me in my professional capacity as obedient children… I fear that like many kind friends among the Europeans they overestimate my services, but…for zeal and devotion I will yield to none.[35]

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[33] See G. Chavhunduka, 'Dialogue among Civilisations: The African Religion in Zimbabwe Today', Occasional Paper No. 1, (2001).

[34] M. Gelfand, 'African customs in relation to preventive medicine', *The Central African Journal of Medicine*, Vol. 27, No. 1, (1980).

[35] S. T. Agere, 'Progress and Problems in the Health Care Delivery Systems', *Zimbabwe: The Political Economy of Transition 1980-1986*, I. Mandaza (ed.), (Codesria: Dakar, 1986), p. 357.

That some imperial agents, medical officers and missionaries wanted to dismantle African indigenous cultural dispensation and to subvert local cultural genius is without doubt a true reflection of imperialists' scheme. In the eyes of the colonial agents, the accepted image of colonial medicine in Africa was that of a compassionate European gift tailored to enhance the health of the Africans. This bespeaks an essence of unqualified charity and humanity. On the other hand, traditional African healers wanted to maintain the status quo and were thus keen to quench the engulfment of colonial medicine. Simultaneously, the colonialists wanted to transfer the healing responsibility from what they perceived as defiant and influential African healers to their European-trained medical officers who were obedient to colonial authority.

A recent and a more comprehensive interpretation retains that such a linear trajectory on the public health developments propagated by the orthodox scholarship is misleading. Certainly, it can hardly be refuted that the impact of colonial medicine on African societies during this period was remarkable, but the orthodox's explanation is deceptive and inadequate. There were complex dynamics after the introduction of colonial medicine in Gokwe. Prior to the arrival of European medicine, a variety of African healing practices were in place. These African institutions and ideologies did not disappear overnight or abruptly succumbed away with the introduction of colonial medicine. Additionally, scholarship generally ignores the discussion of the role played by local African societies and cultures to the development of colonial medicine in Africa, and to make it compatible to the indigenous societies. Even more glaring however, has been the silence with regard to the African modification of colonial medicine by borrowing and mixing it with their local institutions and ideologies in Gokwe.

Historiographies of medicine

The history of colonial medicine is a hybrid domain, intersecting with many other scholarly disciplines. From the 1970s, historians who investigated recent developments in medicine increasingly shared the approaches, presuppositions, and methods of inquiry of historians and sociologists of science and technology. One reason is that the increasing reliance of medicine on technologies, instruments, and drugs makes the demarcation between 'medicine', 'science', and

'industry' more complex. Departing from various historiographical constructions, there have emerged broad arrays of interpretations on the subject. Ncube notes that because of ongoing and parallel debates, the topic is essentially an 'unfinished agenda'.[36] As such, diverse consecutive scholarly waves have been proffered.

The first school of medical historians applauds the colonial state's intervention in dealing with tropical diseases in Africa. This emerged in the second half of the 20th century. The 'triumphalist' school dominated the medical historiography when colonialism was at its zenith. Gelfand, one of Zimbabwe's most distinguished colonial medical practitioner depicted colonial medicine as a 'benign force for good.'[37] *Tropical Victory*, published in 1953 provides an account of the impact of colonial medicine on the history of Southern Rhodesia from as early as 1890 to the termination of the Chartered Company's regime in 1923. Gelfand argues that without the state's devoted works and missionaries' impartial commitment, the successful struggle of the pioneering European and settler against malady and disease would never have been successful.[38] This argument is limited in that it paints a picture of a static, passive and stagnant African, vulnerable to all sorts of diseases and associated problems prior to the coming in of the Europeans. Again, it raises a controversial conclusion that without being colonised, the Africans would have made no progress at all. This thesis implies that colonial medical practices 'gradually overcame his (African) superstitions and prejudices.'[39]

Again, in 1967 Gann and Duignan appraised European colonisation of Sub-Saharan Africa by first examining pre-colonial African political institutions and their economic infrastructures. *Burden of Empire: An Appraisal of Western Colonialism in Africa South of the Sahara* was published in 1967 when Pan-Africanism was at its peak. Gann and Duignan argue that African

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[36] G. Ncube, The Making of Rural Healthcare in Colonial Zimbabwe: A history of the Ndanga Medical Unit, Fort Victoria, 1930-1960s, PhD Thesis, University of Cape Town, (2012), p. 2. Ncube acknowledges that he borrows the idea of an unfinished agenda from M. Malowany, 'Unfinished Agendas: Writing the History of Medicine of sub-Saharan Africa', *African Affairs*, Vol. 99, No. 395 (2000), pp. 325-349.

[37] *Ibid.* Gelfand's works, like *The Sick African: a clinical study,* (Juta: Cape Town, 1957); Gelfand, *A service to the sick: a history of health services for Africans in Southern Rhodesia (1890-1953),* (Mambo Press: Gweru, 1976) show that he failed to break away from the cultural *zeitgeist,* overriding set of ideals and beliefs which dominated the 19th century.

[38] See M. Gelfand, *Tropical Victory: An Account of the Influence of Medicine on the History of Southern Rhodesia*, 1890-1923, (Cape Town: Juta: 1953).

[39] A. S. Hickman, 'Some Notes on Police Pioneer Doctors and Others', Rhodesiana, No. 2, The Rhodesia Africana Society, 1957, p. 3.

powerlessness, relative backwardness and suffering as a result of plagues and political instability were fundamental in causing the partitioning of Africa in 1884 which led to its colonisation.[40] The book projects a controversial theme of an empire as 'a white man's burden.' The themes popularised by Gann and Duignan wanted to weaken African growing agitation for independence by justifying European colonisation of Africa. The main argument of the book maintains that missionaries, doctors and administrators who imposed new imperial ideals did not act out of pure altruism. The central argument here is that the colonialists brought peace to the continent, introduced medicine and hospitals, schools and provided the intellectual tools which were later being used by the Africans to turn against them.[41] This body of thought unquestionably glorifies the agendas of the colonisers and disparages the colonised. It delegitimises African agency and medical knowledge that predated colonialism. This understanding also uncritically gives euphoric accounts pertaining to the intervention of the colonial medicine in eradicating tropical diseases. Above all, Gann and Duignan seem to neglect the fact that 'modernity' and 'civilisation' brought by colonialism, which they emphasised, emerged when Europe defined itself as a centre of power. Therefore, they failed to notice that what they defined as peripheries were part of Europe's self definition.

When colonialism was crumbling, medical history took a different shape. African epidemiological history, like the broader field of history, started to draw inspiration from interdisciplinary studies which allowed scholars to pose new questions and to seek new insights into the changing historiographical patterns of the subject. Their narratives emphasise mainly two aspects. Firstly, they delve into the deformed and abusive nature of 'colonial eradication campaigns. Secondly, the narratives explore 'indigenous' perceptions of disease, the need for which has been clearly started but which is still in the process of construction.'[42] In the 1980s, when the political economy discourse was at its helm, Packard sheds light on how the political and economic forces influenced the cultures of colonial public health and medical intervention in

[40] See L. Gann and P. Duignan, *Burden of Empire: An Appraisal of Western Colonialism in Africa South of the Sahara* (London: Pall Mall Press, 1967).

[41] *Ibid.* See also O. Ransford, *Bid the Sickness Cease: Disease in the History of Black Africa*, (J. Murray: London, 1983) is so discouraging.

[42] T. O. Ranger and J. McGregor, 'Displacement and Disease', p. 201.

Swaziland.[43] Packard acknowledges that there was a dearth on studies seeking to relate diseases with the wider political economy in which they occur. For Packard, the introduction of public health was a mere response to the rising interest in the political economies of health and social histories of medicine that characterised the 1980s period. Thus, it was the relationship between political and economic forces which engenders precise social and economic transformations. It is within such wider connections that history of epidemiology will be understood in the colonial era. Packard's study and his observations provide this study with a very important framework of political economy as well as the nature of the colonial health system.

Social historians of medicine 'discuss societal relations in connection with the development of medical science and they tend to be more critical and analytical than their traditional colleagues.'[44] Nevertheless, it is interesting that both agree that there was no way of salving and solving human epidemics apart from the colonial medicine. As a result, a vast body of scholarly literature has emerged that explores the politics of the body within the colonial medicine, broadening to include aspects of pseudo-science and social Darwinism theories.[45] Such strands of scholarship try to understand the history of medicine in the colonial setup in and beyond Zimbabwe. This study however does not intend to rehearse that literature here, or recap its insights. Rather, the study explores the colonial displacements and the local perception of colonial public health practices in the context of alternative medicine and African worldview in Gokwe.

In the 21st century, medical historians came to create a vast and expanding body of comprehensive scholarship, which details the actual arrival and development of colonial medicine in Africa. From the early missionary campaigns and the efforts of colonial medical officers to control tropical diseases through the development of modern urban hospital care, medical historians provide an invaluable account of biomedicine's dramatic impact, as a set of universal, scientific practices, on standard public health services in Africa. Such literature is largely predicated on the notion of colonial medicine as a culture-bound phenomenon. Accordingly, from

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[43] See R. Packard, 'Maize, Cattle and Mosquitoes: The political economy of Malaria epidemics in colonial Swaziland', *Journal of African History*, No. 25, Vol. 2, (1984).

[44] *Ibid.*

[45] Some of these are feminist historians who are interested in how constructions of gender, sexuality and race have shaped colonial health services and access to it. They are interested in the relationship between disease and society and the social histories of epidemics, e.g. N. Gordon-Chipembere, *Representation and Black Womanhood: The Legacy of Sarah Baartman*, (Palgrave Macmillan: New York, 2011).

this perspective, when medicine travels to Africa the story primarily concerns how this colonial medicine, as a Western cultural form, transforms African set up and societies, which certainly were not passive.

The conception of colonial intervention as having far-reaching consequences in Gokwe is acceptable. What seems to be problematic is the question on how colonial public health practices corroborated with indigenous systems. McGregor and Ranger made a crucial contribution on displacements and disease in Matabeleland, Zimbabwe. They clearly show how the colonial government 'welcomed the new medical technology as a means to open up regions to European enterprise.'[46] This had hitherto been inaccessible to exploit because of endemic and epidemic diseases. Thus 'Displacement and Disease' captures the eviction and various representations of malaria epidemics by evictees and autochthonous societies in Matabeleland from 1945 to 1996. The work puts the colonial intervention at the centre as it shows how the ecstasy which steered to the creation of the Federation of Rhodesia and Nyasaland in 1953 fashioned the colonial efforts to completely translate Central Africa into a 'white man's country'. [47] This, according to McGregor and Ranger was to be achieved by evictions and the introduction of malaria eradication campaigns. The study also diverts its attention to focus on indigenous understanding of, and the response to the malaria scourge, with an emphasis on social, cultural and economic factors.[48] This has helped the research in sketching the implications and the imbrication of displacements on epidemics in Gokwe.

Much attention has also been paid to British intervention to eradicate tsetse in colonial Africa. Hoppe's 2003 publication focuses on British colonial efforts to control human trypanosomiasis in Uganda and northwestern Tanganyika from 1900 to 1960. The book traces the story of British efforts to deal with sleeping sickness epidemic through campaigns which witnessed the separation of humans from the disease vector by clearing and burning bushes. Hoppe argues that in light of the devastating effect on indigenous populations and potential colonial economic productivity, it is not surprising that issues of containment and control of sleeping sickness remained high on the colonial agenda in the region until the independence movements of the

[46] J. McGregor and T. O. Ranger, 'Displacement and Disease', p. 208.
[47] McGregor and Ranger, 'Displacement and Disease', p. 208.
[48] *Ibid,* pp. 226-230.

1960s.[49] The book provides a more nuanced stance to this study. Like what happened in Gokwe, the development of colonial disease eradication campaigns was not merely the exertion of colonial will over a submissive colonial populace. Rather, as observed by Hoppe, the way such polices were introduced and implemented by the colonial state is revealed to have been a negotiated series of interactions.[50]

A landscape approach is of great value in analyzing the nexus of evictions, migration and perceptions of disease eradication campaigns. Wolmer uses the concept of imaginative landscapes to capture the contesting ways in which the southeastern Lowveld of Zimbabwe has been physically managed and invested with symbolic meanings. He provides the physical and imaginative construction of landscapes by examining how this southeastern Lowveld 'has been shaped, reshaped, imagined, reimagined, represented and defined by different actors.'[51] There is an attempt to bring a complex intersection of landscape imaginations by moving beyond the crude colonial-indigenous, white-black, rural land users-government officials and local-global dichotomies and notes that a variety of actors come into focus.[52] Similarly, the book explores large colonial scale resettlements of the Ndebele evictees from Gohlawayo Purchase Area, Karanga from Victoria Reserve and Gutu, VaDuma from Chikwanda Reserve, Chivi, Zaka, Mwenezi and Bikita.[53] The central argument made by Wolmer is that the European imagination of this space has had a dramatic impact on the way in which the area and its inhabitants have been acted upon. Like in the northwestern part of Zimbabwe, the Southeast Lowveld has been variously seen as a wasteland or a potentially productive land. The work by Wolmer informs the central theme of this study in that the way in which people relate to the landscape determines the way how they locate themselves within it.

Using the Zambezi landscape as a case study, J. McGregor shows how landscapes can be claimed, reclaimed and transformed over time after the colonialists introduced strange projects upon the African society. She observes that people can claim political, economic and cultural rights by calling upon natural, ancient and enduring relationships with the landscapes through their

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[49] K. A. Hoppe, *Lords of the Fly: Sleeping Sickness Control in British East Africa 1900 – 1960,* (Praeger Publishers: Westport, 2003).
[50] *Ibid,* p. 13.
[51] W. Wolmer, *From Wilderness to Farm Invasions*, p. 1.
[52] *Ibid*, p. 5.
[53] *Ibid.*

ancestors.[54] McGregor also problematizes on how certain colonial projects can deceit such claims as it implies an unchanging tradition and landscape. For example, the construction of Kariba dam in 1955 not only changed the ecology of the river, but also significantly altered the knowledge of the 'river people' to negotiate with newly introduced man-made technocratic developments.[55] The central theme made by McGregor confirms that many colonial projects altered the landscapes symbolically and materially, and gave birth to totally new landscapes where neither the autochthons had any place in them. Not mentioning colonial displacements and resettlement schemes in Gokwe, the establishment of game reserves, shooting out of game, erection of mission schools and hospitals transformed the attachment the locals had to their place.

A more modern medical historiography borrows much from both earlier scholarly approaches. This historiography establishes that among the colonialists, there were divisions on how well they could execute disease control measures. W. B. Adams points out that while the colonial legislation was able to protect the game from the rifle, it was powerless to defend it from paving way to 'civilization'.[56] Adams argues that disease was the focus of medical efforts across colonial Africa, and as such, the measures taken to control it were draconian.[57] The colonial plan was prefixed on the idea that the full realization of disease eradication was to be achieved once the movement of the Africans and the game was put under control. The realization that wild game could host pathogens led almost immediately to the outcry to eliminate game surrounding areas of settlements. Besides criticism leveled against this policy, game removal began in Rhodesia south of the Zambezi in 1901, and endured until the 1960s.[58] Adams notes that the colonial state's measures were criticized by the conservationists who failed to establish a correlation between high wildlife densities and high tsetse fly densities. It is quite interesting that even among the whites, some perceived such colonial measures as strange, premature, archaic, and therefore they called for more and better scientific research.

Recently, a more nuanced approach has emerged and contributed immensely to the development of a new medical historiography. Helen Tilley's study conceptualizes Africa as a

[54] McGregor, *Crossing the Zambezi*, p. 2.
[55] *Ibid*, p. 1.
[56] W. B. Adams, *Against Extinction: The story of Conservation*, (Routledge: New York, 2013), pp. 161 – 168.
[57] *Ibid*.
[58] *Ibid*, p. 164

laboratory and it challenges the radical critiques of colonial medicine. Tilley asserts that although medical practitioners during the inter-war years worked within the colonial environment and for the colonial state, their ideas were sometimes shaped by wide scientific debates.[59] As a result of this, Tilley notes that it is a generalization to simply label these officials as 'colonial'. Tilley argues that colonial medical knowledge in Africa witnessed some 'epistemic shifts' during the 1920s and the 1930s.[60] Heads of medical services were thus informed by complex definitions of diseases and health, and they affirmed that the 'mere treatment of disease was insufficient and that the economic context of health problems needed to be taken into account.'[61] Tilley breaks away from the political economy approach that has emphasized colonial economic motives to be at the center of structuring its public health practices. Instead, Tilley argues that the medical officials during the colonial era 'would probably have been surprised to learn that so many scholars and social critics would later accuse them of being oblivious … when they constantly confronted them.'[62] Moreover, Tilley acknowledges that the heads of colonial medical were conscious that 'poor physical conditions, due to poverty and environment, play an important part in the story of disease and sickness in Africa.'[63]

According to Ncube, this recent rehabilitation of colonial public health practices creates some challenges to historians of medicine. This is mainly because since the revisionist scholars discredited the triumphalist historiography the social history of medicine has been occupied by scholars who have portrayed colonial medicine as a 'cultural artefact carrying its own assumptions and prejudices'.[64] Or, as Ncube has proved, if it is accurate that colonial medical departments based their operations on valid knowledge about African medical challenges to invent and implement appropriate initiatives, the question is why, on the eve of decolonisation, African healthcare systems were severely defective.[65] Why were medical institutions delayed in Gokwe as compared to the rest of the colony? Using Gokwe district as the case study, the dissertation argues that the

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[59] H. Tilley, *Africa as a Living Laboratory Empire: Development, and the Problem of Scientific Knowledge, 1870 – 1950*, (The University of Cambridge Press: Cambridge, 2011), pp. 211 – 216.
[60] *Ibid,* pp. 214 – 215.
[61] *Ibid*, p. 215.
[62] *Ibid.*
[63] *Ibid.*
[64] G. Ncube, The Making of Rural Healthcare in Colonial Zimbabwe, p. 8.
[65] *Ibid.*

colonial medical departments were not sympathetic to African agencies and indigenous worldviews.

A Note on Methodology

This dissertation is basically written from published primary documents, with strategic use of fieldwork notes and interviews. The accessible documentary materials, which included official operational records, correspondence, annual and monthly Native Commissions' reports are housed at the National Archives of Zimbabwe (hereafter NAZ). The documentary reconstruction of the history of the Gokwe began in 2013 when I was doing my undergraduate studies with the University of Zimbabwe. While the era from the late 1890s to the 1960s is fairly well covered by a number of documentary materials, the period thereafter tend to be patchy or totally missing in documentary terms. Most probably, after the 1960s the local Native Commissioners and other colonial administrators seem to gradually lose interest in the area. Thus the material available in the NAZ on Gokwe district abruptly ends in the 1960s and there is no detailed information from then onwards. However, with the use of a mixed method approach, it was possible to piece together key policies and a number of experiential issues from the available records.

This abrupt end of documentary sequence frustrated the pursuit of certain trends. Nonetheless, for the period well-covered, the National Archives was fairly utilized to access Delineation Reports, Native Commissioners' reports and Medical statements which were made by various colonial officials and departments. Some of the files were difficult to locate and other documents were unreadable on account of their fragility. The officials at the NAZ were generous enough to open the doors to each and every file at their disposal. The archival findings primarily capture the socio-economic organization of the Shangwe, game eradication, reports on the internal displacements of the Africans due to the threat of tsetse and the need to labour shortage in colonial enterprises. For the early colonial period, archival documents proved to be the most reliable source since there are no reliable eye witness accounts which can capture this period.

Another equally important source of insights were oral histories and traditions of a few surviving informants in Gokwe. For a very long time, oral histories were being neglected by conventional historians who held the position that written sources were absolutely central in the writing of history. It was not until the 1960s when African scholars like Jan Vansina proved that oral sources just like any other source could be validated and be placed on the research agenda.

Vansina argues that oral testimonies have a part to play in the reconstruction of the past. Thus, he perceives oral traditions not only as a historical source, but a historiography of the past, and an account of how people have interpreted it.[66] Since then scholars, especially social historians have increasingly acknowledged the importance of oral traditions and extensively made use of it. Oral evidence allowed me to gain an insight into a brief pre-colonial history of Gokwe which is missing in official records. Unlike the written sources, oral testimonies allow the voices of the local people whose history is being written to be heard and be part of the research. This also enabled the research to obtain a more nuanced perception of colonial public health system from 'below', rather than only from the above.

Since this study covers the colonial period, I chose to interview the elderly people who at least witnessed the colonial era. Both the autochthons and the immigrants were relevant to the research. Some of the oral histories collected were in the form of personal reminiscences or life histories of the informants, for which a life history approach was used in some instances. As a research method, a life history approach allows some personal experiences to inform the broader history of the community. This makes it possible to capture the nuances that would be otherwise not found in official documents.[67] Life history approach gives agency to individuals in the making of history of a particular community. In spite of the fact that a life history approach tends to centre on single and individual narratives at the expense of broader historical issues, the interconnectedness of the narratives helps to build a broader history of the community.[68] These testimonies provide a picture of the region's history and they capture the indigenous agency and worldviews which ended up shaping the colonial public health practices in Gokwe. This followed that the interviews were semi-structured and more informal. The main issues which came up related on how the Africans 'endured' in the region which was seen as an uninhabitable space by the Europeans and other Africans. Moreover, I solicited to get an understanding on how the Africans perceived colonial programmes to eradicate tsetse and mosquito. Basically, I used simple random selection as it is the purest and most straightforward probability sampling strategy.[69] It

[66] J. Vansina, *Oral Traditions as History*, (James Currey Ltd, London, 1985) p. 197.
[67] See J. B. Wallace, 'Life stories' in J. F. Gubrium and A. Sankar (eds.), Qualitative methods in aging research (Thousand Oaks, CA: Sage, 1994).
[68] J. Mujere, Autochthons, Strangers, Modernising Educationists, and Progressive Farmers: Basotho struggles for belonging in Zimbabwe 1930s-2008, PhD Thesis, University of Edinburgh, 2012.
[69] F. J. Gravetter and L. B. Forzano, 'Research Methods for the Behavioural Sciences', *Cengage Learning*, (2011), p. 146.

removes bias from the selection procedure although my selection process was mainly targeting elderly people.

I made fieldwork trips to Gokwe 2015 and 2016. During these trips, I managed to extract the history of chieftainships and the social history of the area under study. This proved to be the most difficult part of the research. Firstly, Gokwe district has poor road networks and transport facilities are still a great challenge. Faced with this challenge, I ended up walking on foot to reach particular areas.

Secondly, the period when I conducted my fieldwork was not very conducive. There is a mild conflict going on between the Chief Chireya house and those who are claiming to be the direct descendants on Nyamusasa. The later want to 'recover' Gokwe paramountcy which they believe was taken away by Chimera Chireya. There was, therefore, a slight misunderstanding when we wanted to understand the historical background of the original inhabitants of Gokwe. Many informants became so reluctant to speak to their histories and were sometimes suspicious of my intentions, considering these factional struggles. Others did not have any useful information for this research at all and others were simply not keen to discuss about those issues. For instance, when I visited the house which claims the Nyamusasa origins, I had a very difficult day. After our very long dialogue, swarm of bees suddenly overshadowed us. I was left in panic. While I was busy trying to find a shelter, I was surprised to hear the old man claiming with a smile on his face, '*Nyuchi dzaNyamusasa dzasvika*' (Here comes Nyamusasa's bees.) My heart sank for a moment, and when I regained my consciousness, I left the place, having not prepared to deal with this spiritual phenomenon. Faced with these and other challenges, I always found ways to maneuver.

Some of these oral traditions were confusing and showed a remarkable degree of contradiction. On the first hand, this is largely because of the misunderstanding that was going on pertaining to histories of chieftainships. Apart from Chireya's case, Njelele on many accounts has been described as a chief who was not autochthonous to the area, but one who was imposed there by colonial officials. To the north, Chief Gumunyu was also accused by his relatives of having illegally ascended to the throne. On the other hand, the fragmented nature of oral history was mainly because of the length of time that has passed since the end of the colonial period. Some narratives of the communities' methods to heal illnesses showed that their memories have been molded by modern health care system.

Organisation of the study

The study is divided into six broadly thematic chapters. The first chapter introduces the study and reviews the literature that informed this study. It also discusses theoretical and methodological approaches that are employed in this study. The second chapter examines the pre-colonial Shangwe society and how it encountered the Ndebele raids and later colonial capitalism. The following chapter is on colonial state's initial attempts at eradicating trypanosomiasis. This chapter observes that initially, tsetse was identified as a special challenge in Gokwe by the state. As a result, the colonial policies were directed on anti-tsetse programmes. The chapter argues that anti-tsetse campaigns and tsetse-induced displacements in Gokwe were largely shaped by white economic interests in the region. As a result, initial attempts to eradicate tsetse failed dismally. This led to a more aggressive game destruction and forest clearance policy. Chapter four captures the adoption of Gokwe by the colonial state as a potential destination for land claimants. This chapter discusses Gokwe as a 'frontier' in three respects. First, it observes that prior to the influx of new immigrants and the introduction of cotton growing, Gokwe was perceived by the Europeans and a number of Africans as backward. Secondly, Chapter four explores how the state evicted and displaced many Africans into Gokwe. These demographic changes led to a very complex Gokwe society characterised by diversity and experimentation. Finally, the chapter captures Gokwe as frontier in the sense that the evictions and displacements were intended to confine tsetse in the Zambezi valley. Chapter five examines the African knowledge systems in Gokwe. The central argument in this chapter is that the traditional medical practices continued to enjoy their autonomy in face of colonial medical practices. In most cases, as the chapter argues, colonial medicine was used side by side with indigenous medical systems. The study concludes in Chapter six by arguing that uncritical approaches to the history of medicine have increasingly characterised the Africans as passive recipients of colonial remedies. Chapter six notes that sometimes colonial public health practices were shortsighted. The next chapter examines initial colonial efforts to eradicate tsetse in Gokwe by 'disconnecting' tsetse from areas of human settlements and the game.

CHAPTER 2
GOKWE ENVIRONMENT, SHANGWE AND THE COLONIAL ENCOUNTER

Introduction

This chapter examines the socio-political and economic organisation of the Shangwe, the people who inhabited the areas under research. The chapter argues that the Shangwe had developed efficient socio-economic adaptations to the northwestern marginal environment. As a result, the autochthonous societies had a remarkable degree of self-sufficiency that was very conducive for permanent settlements. The successful tobacco industry and salt production exempted the Shangwe from the Ndebele raids of the 19th century. The Shangwe economic base was, however, disrupted by colonial capitalism which was facing labour challenges in the region. The central thesis of the chapter is that when the colonial state encountered Gokwe in 1898, tsetse and game presented special challenges to its officials. Thus between 1900 and the 1940s, the state saw trypanosomiasis as the major problem in Gokwe. The chapter analyses how this colonial encounter with Gokwe shaped the state's attempts at eradicating trypanosomiasis. The chapter then explores the shifting trajectory of colonial state's stance on how to deal with Gokwe in relation to disease eradication and tsetse containment. Therefore, the state mobilised resources towards containing and destroying tsetse, the fly that spread the disease. The chapter also discusses how and why the colonial encounter with Gokwe became very uneasy, and how this shaped the relationship between this district and the state.

Locating Gokwe and the Shangwe in the pre – colonial era

In his preface to Hemans' book on Sebungwe District, J. M. G. Jackson, the Chief Native Commissioner of Southern Rhodesia in the 1920s, wrote;

> The Sebungwe district…is a vast and semi-arid expanse that defies the encroachments of civilisation and all that comes in the train of civilisation. To this condition the extreme heat of the climate largely contributes and there are other more cogent reasons for the sparse and widely scattered population of Natives: 'Tsetse Fly' prohibits the keeping of cattle and other domesticated animals over

> most of its surface; Sleeping-Sickness curtails over large areas the occupation by humans.[1]

There is no succinct description of social Darwinist ideas in the early colonial era than this. The people of Gokwe are described as so backward as to defy all forms of civilization, whatever he meant by that term. Jackson's account delegitimises all pre-colonial indigenous knowledge systems in Gokwe that had helped them to deal with their everyday challenges, including disease control. Like most of his counterparts, Jackson was under the illusion that there was no civilisation before the advent of colonial rule in Gokwe and elsewhere in Africa. He accused the autochthons and the local environment itself for resisting 'civilisation'. Hemans' autobiography chronicled his personal encounters and experiences as a Native Commissioner in the Sebungwe District, an area that was severely marginalised by the colonial state.

Before the 1950s and 1960s colonial displacements and movement of many people to Gokwe district, Gokwe was predominantly inhabited by a small Shona group known as the Shangwe people. The name Shangwe has generally been used to refer to a Shona group occupying the northwestern corner of Zimbabwe. The name is said to have originated during the time of the Rozvi who referred to the people occupying the Gokwe region as *Abashankwe*, or VaShangwe.[2] Shangwe is a name derived from a Shona word *shangwa*, meaning drought, famine or misfortune.[3] Since this northwestern region is remarkably popular for shortage of rain, the name Shangwe is an apt description of the plight of a people in a land that is predominantly semi-arid.[4] A number of informants argue that the name Shangwe came from their historical association with the *sango/shango* (forest).[5] This concurs with Kosmin's observation that the name shows a description of a people cut off from the south by vast uninhabited land. It is convincing that the name has some environmental connotations. Thus the climatic conditions of the region had been used to name the local inhabitants of Gokwe. Unsurprisingly, the locals disliked their labeling as Shangwe by other

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[1] H. N. Hemans, *The Log of the Native Commissioner: A record of work and sport in Southern Rhodesia*, (H. F. & G. Witherby: London, 1935), p. 5.

[2] NAZ, A3/18/28, Sebungwe District: tribal histories, 1906.

[3] Interview with Hunga Kadengu by the author at his homestead, Goredema, 12 November 2015. For an interesting etymological concept of the Shangwe see Beach, 'The Shona Economy: branches of production', *The Roots of Rural Poverty in Central and Southern Africa*, R. Palmer and N. Parsons (eds.), (Heinemann: London, 1977), p. 43.. B. Kosmin, 'The Inyoka Tobacco Industry of the Shangwe People: the Displacement of a Pre-colonial Economy in Southern Africa', *The Roots of Rural Poverty in Central and Southern Africa*, p. 270.

[4] Interview with Musarurwa by the author at his homestead, Chief Nemangwe, 4 June 2016.

[5] Interview with Mbayembaye by the author at his homestead, Gokwe Centre, 4 August 2016.

Africans or Europeans since it meant people who have nothing but *bute* (snuff) only.[6] Most probably, this local aversion was because the name *shangwe* captures the terrible part of the Gokwe environment and an unattractive story of the local people.

The origins of the Shangwe people are unclear. As usually common with many histories of the Shona groups' ancestry, their history is peppered with myths of origin. Some informants argue that the Shangwe were originally a part of the Korekore, a fragmented group under different historical figures such as Mupare, Mufunga, Mubvumba and Nyamusasa who originally migrated from the present day Botswana.[7] It has been argued that the people who occupied the Shangwe area had some matrilineal elements, where line of descend was traced through the maternal side of the family. These cognation aspects have been used to trace their descendents, like the Tonga and Mbara, from Western Bantu-speaking groups.[8] This version not only tries to explain the Shangwe ancestry outside the Karanga polities which established themselves on the plateau but also to remove the Shangwe from the Shona dialectical bracket. In the absence of more detailed systematic study of the histories of these people, it is not possible to be conclusive about the historical origins of the Shangwe. I will give a brief overview below, using a combination of written sources and new insights from my fieldwork in Gokwe.

When the Rhodesian government tried in the 1960s to understand the 'tribal histories' of the Shangwe , the leading chief of the area, Chief Chireya was reluctant to give a clear history of their origins.[9] Chireya people were all reluctant to talk of their past owing to Chireya's contested succession to paramountcy position in Gokwe. Chireya migrated from Buhera during the 19th century. Tradition has it that due to land crises and most probably civil unrest, Juni who was the son of Kankota, with their official *dunzvi* (official for ritual ceremonies) were accompanied by Chireya and Neuso from Guruuswa.[10] This Guruuswa is believed to be the broad belt which runs from the Odzi River in the east to the Mafungabutsi plateau in the west. This region was

[6] See D. K. Parkinson, 'The 'Batonka Pipe'', *NADA*, Vol. 10, No. 1, (1969); Interview with Gonde by the author at his homestead, Chief Nembudzia, 7 April 2016.
[7] Interview with Mbayembaye by the author at his homestead, Gokwe Centre, 4 August 2016.
[8] W. Posselt 1927, A Survey of the Native Tribes of Southern Rhodesia, 1927, http://www.worldcat.org/title/survey-of-the-native-tribes-of-southern-rhodesia-with-map-by-fwt-posselt/oclc/859173010
[9] NAZ, S2929/7/3, Delineation Report for Gokwe. See F. Marr, 'Some Notes on Chief Sileya (Chireya: Shona): Gokwe District, Southern Rhodesia', *NADA*, Vol. 39, (1962), p. 81.
[10] Interview with Mbayembaye the author at his homestead, Gokwe Centre, 4 August 2016. See also D. N. Beach, *The Shona and Zimbabwe 900-1850: An Outline of Shona History*, (Mambo Press: Gweru, 1980), p. 258-259.

predominantly inhabited by people who shared the *shava* or *nhuka* (eland) totem before being broken in the 19th century by several dynasties.[11] Chireya and Neuso moved each with a cock and Neuso's cock crowed in the Sanyati-Mupfure confluence area and he established his dynasty there. Chireya's cock crowed when he had reached the Mafungabutsi plateau and he also settled there.[12] Chireya, being led by a drum called Chavhundika, conquered Nyamusasa, Mubvumba, Mufungo and other scattered Korekore groups under Tendaupenyu in the Mafungabutsi area. He then adopted the earlier inhabitants' Shangwe identity'.[13] This means that the Chireya people are not originally the Shangwe.

Chireya restructured his history to complete his dominion over the Mafungabutsi area. For some political reasons, Chireya changed his *mutupo* (totem) from *moyondizvo* (heart) to a local *mhofu* (eland). 'Chireya *murozvi* (Chireya's totem is heart). He changed his *mutupo* when he killed Nyamusasa. First he killed his (Nyamusasa's) cow which he used to perform rituals and have salt. Finally he killed Nyamusasa, the ruler of the land which he took.'[14] It is most probable that this was intended to introduce the Chireya rule in Gokwe as well as to unify his confederacy. To complete the stabilisation and the political subjugation of Mafungabutsi, Chireya appointed his brothers Nemangwe, Mkoka, Negande, Sayi, Nenyunga and Njelele to become sub-chiefs, and also loyal Sambakaruma *soko* (monkey) among the scanty Korekore people.[15] The Mpare chieftainship in the east was relegated to be under Njelele.[16]

The fact that Gokwe had a thriving tobacco industry in the 19th century, which was only destroyed by colonial capitalism, contradicts the colonial depiction of Gokwe as a backwater or frontier area. As highlighted by Kosmin, the Shangwe engaged in tobacco trade and even used tobacco to pay tribute to the Ndebele. After colonization in the early I890s, the Shangwe tobacco

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[11] D. N. Beach, *A Zimbabwean Past: Shona Dynastic Histories and Oral Traditions*, (Mambo Press: Gweru, 1994).
[12] *Ibid.*
[13] Interview with Mbayembaye the author at his homestead, Gokwe Centre, 4 August 2016; Interview with VaSimbi by the author at his homestead, Mavere Village, 4 April 2016.
[14] Interview with R. Chabata, at his homestead, Chibhogo Village, 2 April 2016.
[15] D. N. Beach, *A Zimbabwean Past: Shona Dynastic Histories and Oral Traditions*, (Mambo Press: Gweru, 1994), p. 29. NAZ, S2929/7/3, Delineation Report, 1963-1965. See also F. Marr, 'Some Notes on Chief Sileya', pp. 81-82; D. K. Parkinson, 'The Vashangwe of Chief Chireya: Gokwe', *NADA*, Vol. 9, No. 5, (1968).
[16] Interview with Mbayembaye the author at his homestead, Gokwe Centre, 4 August 2016; interview with Mazvimbakupa by the author at Gokwe Centre, 4 August 2016.

industry expanded rapidly meeting the colonial taxation system. Kosmin details much on the growth and decline of the Inyoka tobacco industry. He notes that 'rather than being content with crop specialization alone the Shangwe went further and specialised in the processing and manufacture of a special type of tobacco product.'[17] The Shangwe had mastered fine skills of handling the crop.

It is however imperative to note that the geography and environment of Gokwe determined both demography and its economic forces of production. What is clear is that the high incidence of tsetse fly, mosquito and the prevailing semi-arid conditions in the northwestern region precluded settlement by huge population.[18] Again, the well-known erratic nature of rainfall in the area led to sparse population. In 1898, the Native Commissioner of Gokwe District reckoned that the population of the Mafungabutsi area was not above 600.[19] In 1912, the whole area under Chief Goredema was approximated at 60 men with their wives and families.[20] However, such figures are problematic as the area 'has not been visited by any member of the staff, and all information concerning it (is) based on second hand.'[21] The numbering was done by rudimentarily with a lot of generalisations. Again it is unimaginable that the NC in Gokwe was presiding over that figure only. The statistics made by the European officials had presumably underestimated the population density in the region. The process of 'unitization' shows that the there was a great deal of bias in handling the local statistics.[22] Settlement pattern, with scattered villages and homesteads doted in dense vegetation and thick bush of *mopane, gusu* and *sinanga* thicket which the Shangwe never cleared away made population gathering a mere speculation.

Despite natural calamities as a result of vicious game and famine, the Shangwe saw their area uniquely, with all they needed to sustain their socio-political and economic life. Wild

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[17] B. Kosmin, 'The Inyoka Tobacco Industry of the Shangwe People: the Displacement of a Pre-colonial Economy in Southern Africa', *The Roots of Rural Poverty in Central and Southern Africa*, R. Palmer and N. Parsons (eds.), (Heinemann: London, 1977), p. 274.

[18] On the records of tsetse and trypanosomiasis in Gokwe see NAZ, S3100/3/1, Sebungwe Area, Trypanosomiasis Report, 18/09/1912; NAZ, S1903/T3, Trypanosomiasis, Sebungwe District, 1918-34.

[19] J. Cobbing, The Ndebele under the Khumalos,1820-1896, PhD Thesis, University of Lancaster, (1976), p. 139. See also Beach, *The Shona and Zimbabwe*.

[20] NAZ, S3100/3/1, Sebungwe Area.

[21] *Ibid.*

[22] M. Vaughan, *Curing their Ills*, p. 11. Unitization has been coined by Vaughan to refer to the process by which people were enumerated, sometimes time and again for tax purposes, censuses etc.

animals, chiefly elephants devoured crops, specifically pumpkins, melons and maize.[23] It was also very common to hear the cases of men-eating lions, vicious rhinos, hyenas and leopards.[24] Responding to the plundering of crops by wild game, the Shangwe upheld that these animals only caused havoc in the fields owned by people with wicked tendencies. Those whose fields were devoured by wild animals were seen as being punished by the gods for their immoral practices, which included but not limited to witchcraft, sexual immorality and incest.[25] Putting religious and cultural principles as well as political authority of their traditional rulers at the centre, the Shangwe argue that 'there was ecological balance prior to the colonial era'.[26] They revealed that they could communicate with the supernatural realm and predict the likely dangers through encountering unusual phenomenon or rare snakes, birds or animals.[27] They could also predict the precedence of diseases like *nyong'o* (malaria) by interpreting the 'setting of the new moon' (*kugara kwemwedzi*). If the moon produces the C shape they could interpret it as an 'unstable' month with epidemic incidences. If the moon sets with the U shape they saw it as a steady month with no serious disease outbreaks.[28]

Similar to any other Shona tradition, the Shangwe believed in the existence and centrality of Mwari whom they worshipped through their ancestral spirits and *mhondoros*.[29] The Shangwe performed a number of rituals which confirms that they were characteristically religious people and embodiments of archetypal African culture. The *vadzimu vegotami* also interfered with the Shangwe politics as they played a central role in the appointment and installation of kings. A potential chief was expected to sleep in the forest with his nephew, to be approved by the spirit mediums and *mhondoros*.[30] In Nemangwe, this area was in the Sasami River where there was a

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[23] G. T. Ncube, *A History of Northwestern Zimbabwe*, p. 92; P. S. Nyambara, 'Immigrants, 'Traditional' Leaders and the Rhodesian State: the Power of the Politics of Land Acquisition in Gokwe, Zimbabwe, 1963 – 1979', *Journal of Southern African Studies*, Vol. 27, No. 4, Dec 2001, p.773; W. Wolmer, *From Wilderness Vision to Farm Invasion: Conservation and Development in Zimbabwe's South-East Lowveld*, James Currey, Oxford, 2007, p. 43.

[24] H. N. Hemans, *The Log of the Native Commissioner*, p. 60.

[25] Interview with Gonde by the author at his homestead, Chief Nembudzia, 7 April 2016.

[26] *Ibid.*

[27] Interview with Gudo by the author at Goredema Clinic, Goredema, 10 November 2015.

[28] *Ibid.*

[29] I observed that *mhondoro* in Gokwe has been used interchangeably, but the word generally refers to lion or any other respectable and fearsome animals that are seen as serving and protecting the interests of the *svikiro*, king and all the people.

[30] NAZ, AOH/97, Chief Farau Negande, 23 June 1983.

ruware (a dome-shaped granite rock). If the king was suitable, the mhondoro would spend the whole night howling and protecting the chief whereas unacceptable ones were attacked and killed.'[31] The Shangwe, like many religious societies had sacred places, animals, and birds or even trees.[32] They believed that trees were a shelter or homes of the ancestral spirits. Animals like baboons and lions were seen as ambassadors of *mhondoro*. They usually endowed hilly graveyards of the ancestral spirits and or kings with supernatural powers.

The Shangwe were very popular with their local rain-making spirit called Nevana. Tradition has it that Nevana lived in a symbolic ritual hut known as *dumba ra*Nevana (hut of Nevana), with two entrances. The Nevana cult was commonly consulted for rituals connected with the supplication of rain, played an intercessory role in times of crisis and epidemics, and blessed the crop seeds etc.[33] The visits to the Nevana shrine were timetabled and his jurisdiction went beyond the Shangwe geographical space. The shrine was mainly consulted by Chireya, Nembudziya Makore, Nemakonde and many people from Shangani and Gwaai reserves.[34] The origin of the Nevana cult is secluded and ambiguous. However, a certain version narrates that Nevana was brought to Gokwe by Chireya from Mabweadziva, Matopos in order to appease the revenging spirit after Chireya killed Nyamusasa in the 18thcentury.[35] Commonly, the Shangwe traditional values and religious norms were very pivotal in conserving the natural environment.

Economically, as a less hospitable area, the northwestern corner compelled the locals to rely on river valleys for agricultural purposes, and *shangwa* (drought) was not uncommon. Ncube notes that in the northwest, tsetse imposed limitations on pastoral economy. Therefore, agriculture formed the basis of the societies' economic self-sufficiency.[36] As a result, the Shangwe settlements were dotted heavily along the perennial and seasonal rivers to engage in agricultural production.[37]

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[31] Interview with Tekede by the author at Chomukuyu Shops, 9 November 2015.
[32] *Ibid.*
[33] Interview with Tekede by the author at Chomukuyu Shops, 9 November 2015. See also Ngara and Mangizvo, 'Indigenous knowledge systems and the conservation of natural resources in the Shangwe community in Gokwe district, Zimbabwe', *International Journal of Asian Social Science*, Vol. 3, No. 1, (2013), p. 23. T. O. Ranger, *Voices from the Rocks: Nature, Culture, and History in the Matopos Hills of Zimbabwe,* (Indiana University Press: Bloomington, 1999).
[34] Interview with Gonde by the author at his homestead, Chief Nembudzia, 7 April 2016.
[35] Interview with Mbayembaye the author at his homestead, Gokwe Centre, 4 August 2016.
[36] G. T. Ncube, 'A History of North-Western Zimbabwe, 1850 – 1950s', p. xiii.
[37] H. N. Hemans, *The Log of the Native Commissioner.*

This riverine economy was insufficient to sustain the Shangwe growing population. As a result, the Shangwe embarked on other activities such as salt and tobacco production, trading, hunting, pottery, basketry and fishing.[38] There was certainly division of labour where there were known hunters, traders and farmers in the Shangwe society. The hunters and farmers were helping in opening up the unsettled forests in Gokwe. For example, well before the arrival of the whites, the local chiefs made some efforts to clear forests in Gokwe with an intention of chasing away vicious game. Kanongocheka from Hurungwe, with the help of the local professional hunters, was hired 'to clear the area' using his muzzle-loading guns.[39] However, this did not mean that the environment and the local inhabitants repelled civilisation like what has been supposed by some of the colonial officials.[40]

The Shangwe-Ndebele relations during the 19th century

For a long time in the 17th and 18th century, the northwestern region was under the political jurisdiction of the Rozvi. Once the Rozvi authority over the Shangwe area began to crumble as a result of internal political fractures in the 18th century, Nemakonde extended his political power over the wider area. With the coming in of Lobengula and the Khumalo people in the first half of the 19th century, both the Shangwe and the area under Nemakonde became tributaries to the Ndebele state.[41] During this era, the Ndebele raids destroyed many polities and remarkably altered the political status quo of the northwestern region. Ncube observes that the Ndebele raids 'distorted the human settlement pattern by causing a general flight to the north bank of the Zambezi'.[42] The raids, especially among the Nambya made settlements to be restricted to defensive granite hills and uninhabited forests while others sought the northern side of the Zambezi.[43]

The geographical location of the Shangwe enabled them to survive many Ndebele raids. Before the European occupation, the Shangwe only experienced two Ndebele raids as they later regularly paid taxes to the Ndebele by becoming a part of the Ndebele tributary state.[44] Ncube

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[38] On the economic activities of the pre-colonial Shona societies see D. N. Beach, 'The Shona economy: Branches of production'.

[39] Interview with Gonde by the author at his homestead, Chief Nembudzia, 7 April 2016; See also NAZ, AOH/97, Chief Farau Negande, 23 June 1983.

[40] H. N. Hemans, *The Log of the Native Commissioner*, p. 5.

[41] D. N. Beach, *A Zimbabwean Past.*

[42] G. T. Ncube, 'A History of North-Western Zimbabwe, 1850 – 1950s', p. xii.

[43] *Ibid.*

[44] NAZ, A3/18/28, Sebungwe District, tribal history, 1906.

argues that as compared to the Nambiya and the Tonga, the Shangwe were not heavily disrupted by the Ndebele raids. This was largely because they were located away from the northern raiding route and were distant from the region's main trading routes in the Zambezi and the George Westbeech's road.[45] As a result of this, the Shangwe managed to retain their political, economic and social organisation.

According to Mazvimbakupa, sometimes the Shangwe used deception to endure the Ndebele raids. It is said that Nemangwe and Chireya were aware of the dates when the Ndebele raids were launched. They would then brew beer and sent beautiful girls with pots of beer to the cliff at Kanyiyi. When the raiders saw the girls with beer, they were lured to drink beer and forget to raid the Chireya people.[46] Mbayembaye adds that Chireya put some remedies in the beer which affected the raiders.

> Chireya made beer which drunk the *madzviti* (Ndebele raiders) to death. There are some nuts called *gogwe* found in the Kanyiyi mountain which when given to an enemy will cause a heavy slumber. After consuming the beer at Kanyiyi, *madzviti* fell asleep for the whole day. When they wake up, they forgot to climb the cliff to raid the Chireya people on the Mafungabutsi.[47]

Later on, when the raiders became conscious, they avoided the Kanyiyi cliff and proceeded to raid the nearby Nambiya and the Tonga societies.

The economic self-sufficiency of the Gokwe region also made the Shangwe survive the impact of the Ndebele raiders. The Chireya's Shangwe paid tribute to Lobengula in salt from the Bari Pan, whilst Nemangwe and Inyoka further south of Mafungabutsi Plateau paid tribute in tobacco.[48] This proves that apart from the economic marginality of the northwestern region, the Shangwe had contrived well-organised economic adjustments to the region. This self-reliance had allowed permanent settlement in the region with relative security from famine.[49] The Shangwe

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[45] G. T. Ncube, A History of North-Western Zimbabwe, 1850 – 1950s, p. ii.

[46] Interview with Mazvimbakupa by the author at Gokwe Centre, 4 August 2016.

[47] Interview with Mbayembaye the author at his homestead, Gokwe Centre, 4 August 2016.

[48] See J. Cobbing, The Ndebele under the Khumalos. See also D. N. Beach, *War and Politics in Zimbabwe, 1840-1900,* (Mambo Press: Gweru, 1986). On the production of salt in Gokwe see L. Mutema, 'Salt making, myth and conflict in Chireya,' *Zimbabwea*, 4, (1996), pp. 44-53; NB6/1/5, NC Sebungwe, Annual Report, 1904.

[49] G. T. Ncube, A History of North-Western Zimbabwe, 1850 – 1950s, p. xi.

controlled the Bari pans which allowed them to dominate the production and trading of salt across the Sanyati River.

> When Chireya killed Nyamusasa and his cow, the Bari salt pans were formed. Usually the cow left the pastures for the village. Man and women blew whistles and ululate while the cow left dung which was then treated to make salt… In order to destroy Nyamusasa, the cow was killed (by Chireya's mercenaries). The place where it was slaughtered became the site for salt extraction.[50]

The Shangwe were also popular for hunting and trading ivory. Ncube argues that the Rozvi-Shangwe prowess in ivory enabled them to establish some authority in the Mafungabutsi plateau. This wealth salvaged the Shangwe from the Ndebele raids as they regularly paid tribute in form of ivory. As a result, they used salt, tobacco and ivory to pay tribute to the Ndebele. This is how the region became tributary to the Ndebele state until the infiltration of the white settlers in the end of the 19th and early 20th century.

However, there was an unfortunate Shangwe community under Chief Semuchembu who was displaced as a result of the Ndebele raids. The raids were enough to annoy Semuchembu who under pressure decided to relocate from Gokwe to the Zambezi valley during the second half of the 19th century. This Shangwe group then occupied the immediate vicinity of the Zambezi. They became the neighbours of the Tonga and many of them were absorbed especially in the Sambakaruma's chiefdom. Semuchembu was only forced back in Gokwe in the 1950s when the construction of the Kariba dam was underway.[51]

Generally, the northwestern part of Zimbabwe had been disliked by the Africans who had never lived there before. Prior to the defeat of the Ndebele in 1893 by the BSAC, part of this tsetse-infested and disease ridden region had been kept at bay. Before the intrusion of the white settlers, the forest was mainly utilised as hunting grounds and for grazing the national herd. With the shift of setting such land as African reserves, the area was perceived by the new immigrants as 'cemeteries not homes… as a wild forest, full of mosquitoes and wild beasts'.[52] Nevertheless, the

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[50] Interview with Mbayembaye the author at his homestead, Gokwe Centre, 4 August 2016.

[51] W. T. Nesham, 'Kariba Resettlement', *NADA*, Vol. 38, (1961), p. 22.

[52] J. McGregor and T. O. Ranger, 'Displacement and Disease: Epidemics and Ideas about Malaria in Matabeleland, Zimbabwe, 1945-1996', *Past and Present: A Journal of Historical Studies*, No. 167, (2000), p. 229.

locals from the southern plateau, under pressure from white settlers and due to acute land shortages and other varying reasons gradually moved into the northwestern corner of Zimbabwe.

The frontier mentality: Colonial encounter with Gokwe

The penetration of missionaries in the northwestern region, like that of the colonial officials who were active among the plateau people was a protracted venture. Missionaries disliked working in the 'unoccupied' northwest jungles which they saw as 'unhealthy.'[53] Moreover the area was thinly populated and had notoriously poor or non-existent roads. Missionaries concentrated instead on building up networks of schools and churches on the densely populated plateau. Generally, it seems as if the lateness of missionaries to penetrate into this area affected the relationship that this region later had with the colonial state.[54] When the white settlers encountered the northwestern region in the late 19th and early 20th centuries, the indigenous people were seen as immature and defenseless. They were depicted as a dying or 'doomed' race, requiring a close and an immediate monitoring to serve them from perishing due to the 'merciless' Gokwe environment. Thus some research has to be done on how these Europeans view of the Gokwe landscape impacted on its inhabitants and how this thinking actually transformed Gokwe.

On the basis of their limited knowledge of Gokwe and the inhabitants' coping mechanisms, colonial state officials tried to make decisions about when and where the Africans had to stay, and where they were no longer allowed to occupy. To the colonial officials, the Gokwe climate and landscape meant that the people who lived there were different; their special character was determined by their surroundings. It was this understanding that determined the future policies to be implemented in Gokwe.

When few white settlers moved into Gokwe, they viewed the original inhabitants as primitive people rambling over segregated yet strangely desirable territory. Although the locals accept that they at times experienced ecological and environmental hardships prior to the coming

[53] J. Alexander and T. O. Ranger, 'Competition and Integration in the Religious History of North-Western Zimbabwe', *Journal of Religion in Africa*, Vol. 28, No.1, p. 4.
[54] *Ibid.* See also J. McGregor, *Crossing the Zambezi*.

in of the whites, the extent to which this has been presented by the colonial canon is too exaggerative. For example, one of the European observers noted that;

> The Mashankwe … children were considerably emaciated and evidently suffered from diarrhea. This is only natural when one considers that these natives subsist almost entirely on the fruit of a species of bean tree and various other wild fruits. There is a large amount of indigestible fibre contained in the food and this doubtless acts as an irritant in the case of children. The only crop grown by the Mashangwe appears to be tobacco, and sometimes a little cotton...[55]

This observation somewhat neglects other avenues which the locals relied on to subsist. Tobacco production, which was their key traditional economic practice, was relaxed and terminated in the 1920s. Before the colonial occupation of Gokwe, the Shangwe also practiced hunting and gathering. Given the unpredictability of rainfall patterns in this region therefore, the Shangwe were obliged to rely on hunting and gathering to a greater extent than their Shona neighbours who were on the plateau at this time. This is one of the reasons why the Shangwe has been caricatured as wild and primitive by the Europeans.

The colonial penetration in Gokwe was very difficult. The notable challenges which the colonial state encountered in the Gokwe were the locals, wild game, tsetse fly and mosquito. The erratic nature of the rainfall, the soil types which impede rainwater seepage as well as the high average temperatures in Gokwe is conducive for mosquito breeding. Most probably, due to the vastness of the area, early colonial attempts to spread its hegemony in Gokwe were futile and the colonial infiltration was significantly deferred. This was worsened by the rudimentary nature and the chronically understaffed colonial administration in the northwest.[56] As a result, during the early years of colonial rule in Gokwe, the state heavily relied on African chiefs and headmen. The colonial state then substituted or demoted chiefs that were seen as hostile and unreliable in favour of those who were regarded as loyal to the state. For example, Chief Chisinahama was demoted by the colonial state in favour of Chief Njelele.[57]

During the late 1890s and the first decade of the 20th century, tsetse and game presented special challenges to the colonial government. This explains why game destruction and the elimination of tsetse almost occupied the colonial attention in Gokwe during the first half of the

[55] NAZ, N3/30/2, Mafungabutsi Fly Area, 1913
[56] G. T. Ncube, A History of North-Western Zimbabwe, 1850 – 1950s, p. xvi.
[57] Interview with Mazvimbakupa by the author at Gokwe Centre, 4 August 2016.

20th century. The colonial state's history in Gokwe was therefore shaped by its efforts to either contain the tsetse in the Zambezi valley or to destroy game. Like in the Gwai and Shangani, the policies of game destruction in Gokwe were thought to eliminate tsetse.[58] The game shootings were supposed to be organised and benefit the state by extracting all the by-products including the hides, blood, bones and ivory or teeth if they were big games.[59] Apart from that, the game laws targeted to end the hunting traditional vocation so as to force the Africans into the colonial labour economy.

During the early decades of the 20th century, the colonial economy was facing severe labour shortages. There was generally a dearth of labour in the fledgling industries and mines and destabilising African economies was seen as a solution to labour question.[60] For example, many local hunters were able to raise money from hunting to pay their taxes to the state hence it was then decided to put a ban on such 'unlicensed' hunting.

> Largely this was a *sango*. Our fathers hunted freely until the Europeans wanted to stop them. They (Fathers) paid land rents and other taxes at Gokwe using the money they got from hunting game in the bush. I remember elephants, rhinoceros, bucks, and buffalos were mainly hunted…[61]

However, the passing of game laws did not mark an abrupt end of hunting as a branch of the local economy.[62] "Hunting was flourishing", exclaimed Fema Gonde, "like my father had more than thirteen dogs. Owning dogs which can hunt was a simple that you are a real man in the society."[63] This meant that locals continued with their hunting profession unabated although such 'unlicenced' hunting was criminalised. In addition to hunting, the Shangwe were also subsistence agriculturalists.

The first colonial administrative centre was established in the Lubu Valley in 1896, in the far southwestern corner of the district.[64] After that, Native Commissioner Carbutt's taxing

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[58] C. Mavhunga, *Transient Workplaces: Technologies of Everyday Innovation in Zimbabwe*, (The MIT Press: Massachusetts, 2014), p. 126.

[59] Interview with Gonde by the author at his homestead, Chief Nembudzia, 7 April 2016.

[60] See C. V. Onselen, Chibharo: African mine labour in Southern Rhodesia, 1900-1933, (Pluto Press: London, 1976).

[61] Interview with Musarurwa by the author at his homestead, Chief Nemangwe, 4 June 2016.

[62] Formal commitment to wildlife conservation commenced with the Game Law Amendment Act of 1891 in colonial Zimbabwe. See R. Mutwira, Southern Rhodesian Wildlife Policy (1890-1953): A Question of Condoning Game Slaughter? *Journal of Southern African Studies*, Vol. 15, No. 2, 1989, pp. 250-262.

[63] Interview with Gonde by the author at his homestead, Chief Nembudzia, 7 April 2016.

[64] *Ibid.*

mission in August 1898 was a dismal failure following the resistance by the locals.[65] Besides, the early centres were never occupied for too long due to the threat posed by tsetse, malaria, yaws and black water fever as well as dangerous wild animals like lions and leopards. These centres were short lived due to recorded deaths of Europeans. For example in 1896 two Europeans died after lion and leopard attacks, and another was accidentally shot when the people were fighting against a lion.[66] Joubert, who was thought to be a coloured man died from malaria in 1913 in Chief Sai's area.[67] It is probable that the name of an area found in Chief Chireya's domain called Murunguziva (a white man must know) was derived from the difficulties which were faced by the Europeans in establishing their presence in the area.

In 1917, the Surveyor General in Salisbury described the northwestern region of Zimbabwe as isolated and remote. It was deemed that it would take several years before 'the tide of European settlement invaded the district.[68] With the resistance witnessed by the colonial officials from the game and the locals during the early years of colonisation, the region was seen as unsuitable for white commercial enterprises and human occupation. Not surprisingly, the areas like Gokwe were one of the last regions in Africa to undergo official European occupation and settlement. Apart from very thin human population and abundant game, the main reason why Gokwe was literally seen as a 'graveyard' by the whites was that there was no hope of economic investment in the region. In other areas like the malarias regions of Mazowe district in Mashonaland, the white settlers made sure that disease eradication programmes were maintained immediately mainly because the area had proved to be economically relevant. It was rich in gold and was potential for agricultural production.[69]

The speculation of some regions as Whiteman's 'graveyards' was not uncommon in the British colonies. For instance, in West Africa, one of the first entomologists, Kenneth Morris, who undertook systematic field investigations of the various tsetse in the whole of Africa, reported in 1939 that;

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[65] See G. T. Ncube, *A History of Northwest Zimbabwe, 1850-1960*, (Mond Books: Kadoma, 2004).
[66] NAZ, S917/A312/282, Gokwe, Native Commissioner's Camp, 1920-1948
[67] See I. G. Cockcroft, 'They Did Not Leave the Valley', *NADA*, Volume 10, Number 1, (1969), p. 50.
[68] NAZ, NGB 2/7/1, Miscellaneous, Surveyor General in Salisbury to Chief Native Commissioner (CNC), Salisbury, 4 July 1917.
[69] J. Tigere, Colonial Administration and Malaria Control in Southern Rhodesia: the case of Mazoe Valley (1909-1953), BA Honours in Economic History, University of Zimbabwe, unpublished dissertation, (2010).

> this small grey insect … which dominates so much of Africa's most fertile land … is an aristocrat of the insect world … and in the wild untouched bush of Africa, his natural home, he exists in millions … preoccupied with the hunt for prey … [and] civilisation is incompatible with the presence of the tsetse fly.[70]

From this, we can deduce that white settlers believed that the future progress of such African regions lay only in the persistence of science researches and medical developments. This phase coincided with the advent and establishment of new scientific researches as well as medical institutions in Europe. These were meant to specialise on epidemiological developments of British colonies, for instance the London School of Tropical Health and Hygiene.[71] These institutional bodies were erected to play a formative role in the development of ideas about tropical health within all British colonies during the 19th century. Similarly, many of the concepts about the prevention of diseases such as cholera and malaria that were first developed in British India were transmitted, through a network of such institutions to the British colonies.

The colonial state perceived the Shangwe economy as not suiting the Gokwe environment. It was not surprising that the state wanted to undermine local economies like riverine agriculture, tobacco production and hunting. This agenda was going to be achieved by making this region a game reserve and by introducing capitalist economy. An Agricultural Survey of Southern Africa suggested animal production in this region.[72] Large parts of the northwestern region were declared game area with the establishment of Chirisa and Victoria Falls Game Park during the first decade of the 20th century. The colonial capitalist economy was centred on taxation, introduction of cash economy and labour recruitment. However, this colonial project was compromised by presence of tsetse and the vegetation of Gokwe particularly before the introduction of eradication campaigns. Initially, the Shangwe, due to their economic self-sufficiency were unwilling to submit to wage exploitation. Their tobacco industry, salt production and hunting adventures were providing an option and this significantly delayed the Shangwe proletarianisation by the colonial wage labour economy.[73]

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[70] H. Tilley, Ecologies of Complexity: Tropical Environments, African Trypanosomiasis and the Science of Disease Control in British Colonial Africa, 1900 – 1940, *Osiris*, No. 2, Vol. 19, (2004), p. 21.

[71] P. D. Curtin, 'Death by Migration: European's Encounter with Tropical World in the 19th century', *The International Journal of African Historical Studies*, Vol. 23, No. 4, (1990), pp. 150 – 166.

[72] B. Kosmin, 'The Inyoka Tobacco Industry of the Shangwe People', p. 271.

[73] G. T. Ncube, 'The Early History of Wage Labour and Worker Consciousness in North-Western Zimbabwe, 1898 - 1940', *The Dyke*, Vol. 6, No. 3, (2012), p. 155.

Generally, the colonial presence in Gokwe and other low-lying regions did not make far-reaching transformations during the early years of colonialism as has been anticipated. In August 1950, D. M. Blair, the then Director for Preventive Services in colonial Zimbabwe, responded to Cambournac questionnaire, the WHO regional malaria consultant for Africa that, 'until now the European development of Southern Rhodesia has clung to the high plateau areas.' Blair admitted that there had been very little incentive to 'opening' up of Gokwe and other areas of lower altitude, and 'some of the reluctance to do so stem from heavy malaria toll.'[74] The Shangwe in Gokwe only felt colonial presence approximately around 1911 to 1912 when the administrative station under the directive of Val Gielgud was moved from Kariyangwe to Gokwe due to the advance of tsetse fly in the Busi-Sengwe area.[75] However, not all the Shangwe society felt the same impact of colonial presence. The Africans who were living, for example under Chief Mashame in the northern peripheries of the district, or Nenyunka in the far north western corner went for some years or so before being taxed as compared to the societies which were around Chief Nemangwe and Njelele.[76]

However, the autochthons' social and economic endeavors clearly showed that they did not augur well with such frontier impression from the Europeans. Mazvimbakupa recalled that 'our cattle were not dying of tsetse bite, and even the humans were not being affected by such conditions'. In July 1957, the first Agricultural Show ever to be held in the district took place in Chief Njelele's area, near Gokwe. R.J. Powell, the then NC for Gokwe reported that this was reasonably well supported, and the standard of exhibits were fairly high. This 'represents a step forward and there is no doubt that it stimulated considerable interest, as it has been followed by requests for shows in other parts of the district'.[77] Although such developments were not evenly distributed in the whole district, it appears that both the humans and the stock in Gokwe have been acclimatised to the prevailing climatic conditions.

Conclusion

[74] NAZ, S2413, D. M Blair to Cambournac, 'Malaria Control: Southern Rhodesia', 1950.
[75] See I. G. Cockcroft, 'They Did Not Leave the Valley', *NADA*, Volume 10, Number 1, (1969), p. 50.
[76] Interview with Mashame by the author at his homestead, Chief Mashame, 6 November 2015.
[77] NAZ, S2827/2/2/5/2, Annual District Reports, Internal Affairs, 1957.

The Shangwe societies made use of the indigenous knowledge systems to deal with local environmental challenges. The chapter argues that this human acquaintance with their environment is central to cultural complexes that embrace resource use practices, societal connections and spirituality. Therefore, in spite of tsetse prevalence in Gokwe district, the Shangwe had managed to establish a productive tobacco industry and salt trade. This chapter argues that this robust socio-economic foundation enabled the Shangwe to maintain their hegemony in face of the Ndebele raids and later the encroachment of colonial capitalism. When the colonial officials penetrated into Gokwe during the late 1890s and the first decade of the 20th century, tsetse and game presented special challenges to their administration. This explains why the eradication of game and efforts to eliminate tsetse almost occupied the colonial attention in Gokwe during the first half of the 20th century. At the same time the colonial officials underestimated the Shangwe ability to sustain their local socio-economic routines. The chapter argues that this encounter and the colonial depiction of Gokwe as a 'graveyard' served to undermine the local economic self-sufficiency. This was intended to weaken and make African societies vulnerable to labour exploitation. As will be examined in the following chapter, during the first half of the 20th century, the colonial state's history in Gokwe was therefore shaped by its efforts to contain tsetse in the Zambezi valley, destroy game and address acute labour challenges in the northwest.

CHAPTER 3
COLONIAL ENTRENCHMENT AND INITIAL ATTEMPTS AT ERADICATING TRYPANOSOMIASIS IN GOKWE, 1896 TO 1940

Introduction

This chapter explores the policies that were adopted by the colonial state to deal with the tsetse problem in Gokwe during the first half of the first half of the 20th century. It examines forced removals of the locals in Gokwe to 'tsetse-free' areas in the district and how Africans responded to those forced tsetse-induced displacements. On the basis of colonial officials' limited knowledge of the region, they made decisions about when and where the Africans had to occupy. The chapter argues that the colonial administrators undervalued the inhabitants' coping mechanisms. As a result, a number of African families were resettled from areas which were tsetse infested and perceived by the state as 'inhabitable'. The study argues that these displacements were labour-induced as they were geared to address labour challenges either in European-owned farms and mines in the district or at Rhodesdale Estate. It will be argued that European farmers and industrialists took advantage of these displaced and therefore desperate Africans to employ them for cheap labour. However, a number of European-owned projects in Gokwe were unsustainable owing to labour challenges and the region's semi-arid conditions. When colonial capitalism failed to flourish in the region the colonial state shifted to a more aggressive game destruction program in the district. Africans were thus employed to eliminate certain animal species which were believed to be the main vehicles of tsetse between the game and humans.

Tsetse-induced displacements

By 1910, the colonial state had finally settled in Gokwe. Soon the government started a scheme of displacing a number of Africans from their ancestral homelands. This was done in areas which the state perceived as uninhabitable due to tsetse infestation. In 1913, part of Dr. Mackenzie's report recommended the displacement of certain Africans in the Mafungabusi and Hartley districts to tsetse fly free area.[1] As a result, a number of families were moved within Gokwe depending on the availability of land to accommodate them and the size of such families. Many others were relocated

[1] NAZ, N3/30/2, Mafungabutsi Fly Area, 1913. Dr. Mackenzie was a Superintendent and a medical doctor who was stationed at Hartley.

outside Gokwe to Rhodesdale near Kwekwe. In 1913, 5 000 Africans, including Chief Chireya were moved north and south of the Sasami and Bumi confluence, an area which demarcated the Zambezi fly-belt southwards.[2] In 1914, the relocations were effected at a very short notice without any consultations with the local people, who did not at all see their environment as a constraint to their everyday life. It was in fact the Europeans who were more vulnerable to tsetse fly than the local Africans who had partly built resistance to mosquito ad tsetse-flies.

Europeans were not used to tropical diseases, tsetse and mosquito bites. They were also not used to living in the 'bush' in Africa, as well as the scorching heat of the sun.[3] The Medical Director, A. M. Fleming wrote to the CNC in Salisbury that he had been advised in a private letter from Mackenzie of Hartley that many whites were perishing 'somewhere across Umniati (Sanyati) from here'. In view of the fact that this was a 'fly area', Fleming requested the CNC to ask the NCs of Gokwe and Hartley to send out messengers to ascertain the truth of such rumuors.[4] It does seem contradictory then that the colonial state became more interested in 'saving' the Africans who were eking out a living in such a 'wilderness' by either luring or forcing them to evacuate areas which were seen as inhospitable instead of evacuating Europeans who were dying in the inhospitable areas. I argue then that there were other more powerful motives for evicting Africans from their homes than mere disease control.

Forced displacements can be better understood in the broader realm of the shifting colonial economic priorities. In a sense, disease control became an alibi. The argument that the removal of African families from Gokwe to European estates on the basis that these displacements were a tsetse-fly control measure is difficult to accept. For instance, the removal of Africans from Gokwe 'tsetse areas' to Rhodesdale Estate came after the suggestion by the Manager of the Rhodesdale Estate, Mr. W. G. Mason that 'a number of native families being removed from the Sebungwe district should be placed on the Rhodesdale Estate between Umniati and Umsweswe Rivers, on the understanding that all able-bodied boys shall work for a period not less than three months at the current rate of wages'.[5] During the second decade of the 20th century, the Rhodesdale Estate

[2] B. Kosmin, 'The Inyoka Tobacco Industry of the Shangwe People', p. 280.
[3] H. N. Hemans, *The Log of a Native Commissioner,* p. 183
[4] NAZ, N3/30/2, Mafungabutsi Fly Area, 1913.
[5] *Ibid.*

was facing acute labour shortages. Mason stipulated that the estate was relying mainly on two small kraals for labour.[6]

Val Gielgud and later Carbutt, who were the Native Commissioners for Gokwe, saw the displacements as a solution to labour shortages at Rhodesdale and other centres of exploitation in the northwestern. The displacements were intended to undermine the Shangwe economy which had so far proved to be resilient. In Gokwe, many families were uprooted from the Sasami areas which were seen as uninhabitable by the state and were settled around the confluence of the Svisvi and Sasami Rivers.[7] The displacements disrupted these Africans' economies and exposed them to labour exploitation at newly established European Inyoka Estate in the area.[8] Thus, what was seen as tsetse-induced displacements was in fact a very effective way of creating a reservoir of cheap labour. Removed from their routine economic ventures, Africans had very little option other than to accept menial and low-paid farming and mine labour.

The Shangwe, who were stereotyped as lazy and reluctant to submit to wage economy were not targeted for displacements. As a result, only a very few Shangwe people were displaced, such as those under Shangwe chiefs like Pashu and Siabuwa. The rest remained in their areas. On the contrast, many Tonga chiefs such as Silubu, Sinesitonka, Nkoka, and others whose people number approximately two 2 623 Africans were forcibly removed from parts of Gokwe.[9] The NC for Gokwe in March 1913 noted that;

> The past few months residence amongst the Bashankwe has led me to the conclusion that, as a factor in the labour problem, they can scarcely be counted at all. So far this year, not a single pass has been issued to any Mshankwe Native to seek work. An examination of the registration certificates of a gang of forty natives revealed an average worked of one month a year between the whole lot, not a day to the individual. These were all able-bodied Natives between the ages of twenty and forty. However, having regard to the fact that they obtain magnificent crops with the minimum of work, and, without stirring from their kraals, can get as much money as they require by selling tobacco, this fact is after is after all not very surprising.[10]

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[6] *Ibid.*

[7] Interview with Gudo by the author at Goredema Clinic, Goredema, 10 November 2015.

[8] B. Kosmin, 'The Inyoka Tobacco Industry of the Shangwe People', p. 277.

[9] NAZ, NGB2/6/1 Sebungwe Trypanosomiasis 1913.

[10] NAZ, N3/30/2, Acting NC, Mafungabutsi Fly Area, 1913.

The Shangwe economic self-sufficiency was misrepresented by the colonial authorities. The Shangwe capacity to meet their needs without resorting to wage economy annoyed the state. For instance, the Inyoka Estate faced acute labour shortages 1912 as it found it difficult to get the Shangwe labour.[11] The Shangwe were perceived as incompetent and slothful when it comes to the colonial labour demands.

> The Shangwe love of independence and their unwillingness to turn out to work for the Europeans led the authorities, whose primary concern in the inter-wars years was to increase labour supplies, to regard the Shangwe as lazy and backward, but their desire not to enter into a hostile and complex new world when they could meet their cash needs in a familiar environment is very understandable and natural.[12]

To the contrary, the NC preferred to relocate the Tonga people and deposit them at areas which were convenient to centres of labour exploitation. The Tonga people were seen as hardworking labourers who had a good reputation as far as Bulawayo. Thus the NC recommended that 'the way these natives (Tonga) work would, I think, satisfy even a Rhodesian farmer…'[13]

However, such stereotyping is again ungrounded and subjective. Firstly, not all the Tonga people were either ready to be displaced or prepared to work for the whites in mines and farms. To uniformly treat the Tonga as submissive, sheepish and ready to abandon their homes in favour of wage economy is problematic. Secondly, not all the Shangwe were reluctant to be employed by the whites neither did they stubbornly remain in their native reserves. Many Shangwe young men left their reserves and work in farms, mines and factories in areas like Kadoma, Gweru, and as far as Harare and Bulawayo.[14] The core issue was centred not on the recruitment of labour, but on displacements. Thirdly, many Shangwe people were in a position to cope with the taxation system which witnessed many Africans succumbing away to wage labour. For a long time, the Shangwe could sustain the tax economy through selling small livestock and tobacco.

Generally, the Tonga people easily submitted to the wage economy as compared to the Shangwe. Ncube observes that a number of factors explain why the Shangwe suffered less from capitalism as compared to the Tonga and the Nambiya during the early colonial years. Beginning

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[11] B. Kosmin, 'The Inyoka Tobacco Industry of the Shangwe People', p. 278.
[12] *Ibid*, p. 285.
[13] NAZ, N3/30/2. On European stereotypes and creation of tradition see T. O. Ranger, *The invention of tribalism in Zimbabwe*, (Gweru: Mambo Press, 1985).
[14] Interview with Gonde by the author at his homestead, Chief Nembudzia, 7 April 2016.

with the Ndebele raids to the introduction of colonial economy, it can be argued that the Shangwe economy was not severely disrupted in the northwestern region.

> (The Shangwe) retained much of their pre-Mfecane economic self-sufficiency. As a result, in early colonial period this economic self-sufficiency enabled them to withhold their labour from the settler economy and delay their proletarianisation by about forty years longer than the Nambya and Tonga.[15]

Thus the Tonga people were left vulnerable and weak in face of the wage economy. Whereas the Shangwe used their economy as a shield against colonial capitalism, the Tonga easily capitulated to the forces of wage labour. Kosmin argues that there was growth in the relative prosperity in the Shangwe area up to the beginning of the First World War. Thus the money obtained from selling tobacco was sufficiently remunerative and this meant that the Shangwe had little reason to turn to wage labour.[16] In the colonial eyes, this was depicted as Tonga submissiveness and diligence.

However, it was not surprising that many Africans resisted displacements. After the departure of Carbutt in Gokwe in 1913, many Chiefs in Gokwe who had been asked to relocate approached the NC with a view to obtaining permission to remain at their traditional lands. This demand placed the NC in an awkward position and he finally compromised by asking them to wait for the orders from the state. Apart from securing their ancestral lands through negotiations, many Africans who had been affected by such displacements 'illegally' returned to their former lands. In the 1920s, the CNC reported to the Director of Land Settlement that 'certain natives of the Sebungwe district who were some years ago removed from fly areas are returning to these areas'.[17] This was involving Chief Pashu and Siabuwa in the western corner of the district. This clearly reveals that the locals were against this idea of being 'rescued' from 'merciless' Gokwe environment.

Tsetse experiments in Gokwe

During the early years of the colonial period, it was not clear on how Gokwe was to be assigned. At one point, the colonial regime wanted to inherit Lobengula's previous policies in the northwestern area. Before the colonial era when the region was under the Ndebele hegemony, part

[15] G. T. Ncube, A History of North-Western Zimbabwe, 1850 – 1950s, p. xv.
[16] B. Kosmin, 'The Inyoka Tobacco Industry of the Shangwe People', p. 274.
[17] NAZ, NGB2/6/1, Sebungwe Trypanosomiasis.

of the Sebungwe area was reserved and protected from poachers by the Ndebele army. Hunters were supposed to seek permission from Lobengula before killing game in this part of the northwestern area. Hunting of game was not restricted in the rest of Ndebele domain, but with checks especially on big game like elephants and rhinoceros. In return, hunters could pay tribute in the form of ivory, rhinoceros horns, ostrich feathers to the king as a matter of policy.[18] The European hunters also faced no restriction from Lobengula except for big game like elephants, ostriches, giraffe and hippopotamus. For example, in 1885, the then Superintendent of Natives and his friend were granted permission by Lobengula to go to the Zambezi on a hunting trip, 'and to shoot anything *en route*, and charged us nothing whatever.'[19]

The colonial attempts to set aside Gokwe as a game reservoir or Unassigned land were, however, unstable and hence subject to consideration. This was mainly because the area was dotted with African settlements. Before it was finally decided that the eradication of game was the solution to the tsetse problem in Gokwe, the area, at various intervals could be opened or closed to unauthorised game shootings either by licenced or unlicenced hunters. Unauthorised game shootings were allowed during the drought. For example in 1922, many hunters were allowed to operate in Gokwe so as to ameliorate food shortages.[20] What is clear is that the colonial state wanted to content itself with gun firing of game and road construction before the area could spread tsetse into white ranching areas. The whole northwestern region was considered as barely 'reserve' territory, vacant land into which African populations could be accommodated when 'necessary'.[21] All these factors propagated the conception of Gokwe as a frontier region in the mind of the colonial state.

Colonial surveys in tsetse areas unearthed the relationship between game and tsetse. For instance, the information collected by Mackenzie from Africans in this northwestern region led to the assertion that 'where the buffalo was there, the fly was also'.[22] In the colonial eyes, it was therefore justifiable to destroy the hosts of tsetse, the buffaloes, in order to starve the fly. In 1915, the Gokwe district which had been regarded as a 'closed' area once again became 'open' for

[18] On the Ndebele economy see J. Cobing, The Ndebele under the Khumalos, 1820-1896, PhD Thesis, University of Lancaster, 1976.
[19] NAZ, N3/24/5-7, Sebungwe Trypanosomiasis, 1913.
[20] Interview with Gonde by the author at his homestead, Chief Nembudzia, 7 April 2016.
[21] J. Alexander and T. Ranger, 'Competition and integration in the religious history of Northwest Zimbabwe', p. 4.
[22] NAZ, S3100/3/1, Sebungwe Area; Trypanosomiasis Report, 1912.

professional and unprofessional hunters. In 1919, game elimination was started in the Native Reserves of Gokwe on experimental basis. Africans were employed and armed with Martini-Henry Rifles to exterminate game.[23] They operated under the supervision of a European official who was acquainted with the district's topography. During this period, such attempts to destroy the game were not organized, but were implemented in order to find a feasible method of eradicating the fly. All animals killed were skinned by unpaid locals in return for meat. In other areas like Copper Queen where there were extensive hunting operations, the skinners were employed.[24] The hides were then sold to defray the cost of work.

The results of such unorganised shootings were mixed, and varied with space and time. However, in the long run, open game shooting was not successful as the colonial officials in Gokwe expected. They failed to meet the immediate intention of this scheme of clearing game in tsetse-infested area with the view of exterminating the fly. It was realised that the shootings did not help to meet the desired goal of eradicating tsetse.[25] Apart from scattering the game and spreading the fly, such unorganised hunting was merely benefiting the hunters economically. The shootings were being done basing on economic grounds, and the hunters did not prioritise the idea of eradicating tsetse. Apart from that, many hunters were not professional. Generally, both the licensed and unlicensed hunters in open game shooting saw the destruction of tsetse as secondary to securing money and meat.

The colonial officials in Gokwe also wanted to use unorganised shootings for the purpose of mitigating drought. In 1916, the NC for Gokwe reported that;

> I would urge that the game laws be suspended …, for the benefit of <u>natives only</u> and that officials be allowed to assist them, when possible, by shooting without taking out licenses. The whole matter is on an entirely different basis to the destruction of game by European hunters, sanctioned with a view to preventing the spread of the 'Fly', the object of the European being slaughter with a view to making money, and to throw open again the area, recently closed, would not help in the very least where (drought) relief is desired. To allow the natives, in those parts affected by the drought, to kill game would probably be the means of saving lives which would otherwise be lost.[26]

[23] NAZ, N3/30/2, Sebungwe Trypanosomiasis, 1913.
[24] Interview with Gonde by the author at his homestead, Chief Nembudzia, 7 April 2016.
[25] NAZ, N3/24/5-7 Game Laws and Hunting Grounds, 1916-1918.
[26] NAZ NGB2/6/1, Sebungwe Trypanosomiasis, 1912.

From this, the colonial officials wanted to create an open area free from game to disconnect tsetse between the bush and areas of settlements. At the same time, the colonial administrators were very sensitive to the expenses and returns they incurred during the tsetse experiment. For instance, in 1915, Eric Nobbs, the Director of Agriculture reported to the Acting Treasurer that the operating costs were £1240 and an estimated £250 was recoverable by returns. The revenue they obtained from sales of hides, biltong etc. was £268 in March 1915 and there were prospects of increasing with £132 by the end of the year.[27]

Magocha and radical tsetse destruction

During the late 1940s and 1950s, an aggressive and strict system of game eradication was introduced. This new policy was however premised on the previous unorganised shootings. It also involved the employing of a number of Africans to exterminate the certain species of animals. These Africans who were employed for the purpose of game destruction were later known as *magocha* (for plural) or *mugocha* (for singular). The name *magocha* is derived from the Shona word *kugocha* which means roasting. Mavhunga notes that their access to meat subsequently defined their identity category in the society.[28] In Gokwe *magocha* were mainly drawn from the Shangwe community by the colonial state and were admired by their societies.

> We walked in the bush with guns… We were paid every month. We used the money to pay taxes; we managed to buy a number of commodities like ploughs. I remember I used my salary to by two donkeys which we used for draught power.[29]

It might be plausible that the name *magocha* was coined by the new immigrants who encountered 'men who lived in the bush killing and roasting wild animals.'[30] Although a number of white hunters were employed to destroy game, they were not seen as *magocha*. Africans only were identified as *magocha* and literally, this represented the tendency of naming tradition among the Africans. To many elders in Gokwe, the name *magocha* invokes memories of anti-tsetse campaign. It also reminisces the period of mixed feelings for the Africans. The former *magocha* define this era as characterised by colonial segregationist polices and brutality. At the same time,

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[27] NAZ, N3/30/2, Tsetse Experiment, 1914.
[28] C. Mavhunga, *Transient Workplaces*, p. 140.
[29] Interview with Gonde by the author at his homestead, Chief Nembudzia, 7 April 2016.
[30] Interview with Muzanenhamo by the author at Tengwe, Sengejira, Chireya, 6 April 2016.

the *magocha* were remunerated for their services and manage to take responsibilities of their families.

In this northwestern region, the anti-tsetse campaign was first launched in the area known as Gambiza in Sanyati. These operations were led by a white man called Joke and they ended in the Sanyati River. From the Sanyati River towards Musampakaruma, a white hunter nicknamed Chiwoko was in charge of game destruction.[31] Assisted by another white hunter nicknamed Petrol Bomb, they destroyed lot of elephants in Gokwe on the pretext of eradicating tsetse. The *magocha* on the other hand used rifles to exterminate four species of animals, warthog, kudu, bushpig and bushbuck.[32] These animals were believed to be the main medium of tsetse fly between the game and the people. Besides the fact that big game chiefly conveyed tsetse, animals like elephants and buffaloes were not targeted by *magocha*. Rather, these animals were driven away deep towards the Zambezi Valley to be accommodated into the game parks.

The *magocha* were stationed in groups of twos and camped in the forest. They did not wear uniforms, neither were they given protective clothing in the bush. They used their rags and usually put on better clothes when they were returning home at the end of their period of stay in the bush. In terms of rifles and ammunitions, there was close monitoring by the colonial state as the European tsetse field officers 'never trusted a black person'.[33] The state wanted to ensure that Africans do not roam about with guns, as they feared the possibility of an African uprising like that of 1896. All the rifles and ammunitions were issued at dawn and surrendered at dusk.[34] Since the salaries of the *magocha* were generally low, the cases of shooting animals even those not recommended by the Tsetse Department for sale in the reserves were not uncommon.[35] Once a *mugocha* used the ammunition, he was supposed to surrender the used cartridge to the European supervisor. Again, after shooting an animal from these specified species, the *mugocha* was asked to submit the tail of that animal together with the used cartridge for record keeping. It was a serious crime for a *mugocha* to shoot any animal outside the specified ones.[36] Although the *magocha* were

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[31] Interview with Gonde by the author at his homestead, Chief Nembudzia, 7 April 2016. *Chiwoko* is a Shona name which means a little arm. It is said that Chiwoko had been injured during the Second World War.
[32] *Ibid.*
[33] Interview with Gonde by the author at his homestead, Chief Nembudzia, 7 April 2016.
[34] C. Mavhunga, *Transient Workplaces,* p. 128
[35] Interview with Kadengu by the author at his homestead, Goredema, 12 November 2015.
[36] Interview with Muzanenhamo by the author at Tengwe, Sengejira, Chief Chireya, 6 April 2016.

not allowed to interact with people in the reserves, they always sneaked for beer and other illicit deals like trading the game meat.[37] The European overseer was in charge of large amalgamated groups, with his assistant. Their calendar was such that they had twenty-eight working days per month. They received their salaries at Copper Queen along the Sanyati River. The way the Africans were employed as *magocha* depicts two interesting features. Firstly, it shows that the colonial state to some extent relied on Africa huntsmen to eradicate tsetse. Secondly, it illustrates that the Africans were not passive participants in the colonial capitalist system. The *magocha* sometimes negotiated their hardships by sabotaging their colonial masters during work. They secretly ran away to exchange locally-brewed beer with game meat in the nearby reserves.[38]

The operation of game destruction was being challenged by a number of people especially in the 1960s. Opponents of game destruction argued that it was irrational to target tsetse through the game. They feared the 'extinction of the game and ecological imbalance as a result of game massacre'.[39] Instead of over relying on game destruction, they agitated for other measures like residual spraying and tsetse trapping. In other areas like the Save Valley, game destruction was totally suspended in 1960.[40] There was a belief that game destruction was not an answer to tsetse problem. As a result, other measures which worked side by side with game destruction were introduced in Gokwe. These measures were generally intertwined and depended on each other.

In Gokwe, fryers were used not only to trap tsetse but also to identify areas infested with tsetse. Fryers were men who worked in groups of twos and each group had a cow. The first person led the cow with a rope and the second one walked behind with a small net to trap tsetse. In Gokwe, the fryers had their camp in the Nembudzia area near the Resting Camp. There was an interconnection between the fryers and *magocha.* The fryers relied on meat obtained from game destruction. At the same time, the operations of *magocha* were sometimes regulated by the movements and findings of the fryers. In Musadzi and Hwadze areas, it is said that the magocha followed the footsteps of the fryers. This confirms that the fryers, apart from trapping tsetse, also identified tsetse infested areas for game destruction.

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[37] Interview with Kadengu by the author at Chomukuyu, 9 November 2015.
[38] Interview with Gonde the author at his homestead, Chief Nembudzia, 7 April 2016.
[39] Interview with Jaricha by the author at Gokwe Centre, 6 August 2016.
[40] C. Mavhunga, *Transient Workplaces,* p. 127.

Residual spraying was also used as a measure to eradicate tsetse and it commenced in Gokwe in the late 1950s. Again, the Africans were employed with knapsack sprayers fumigating *dichlorodiphenyltrichloroethane* (DDT) in the bush. This colourless, odorless and tasteless pesticide was first synthesized in 1874.[41] It was, however, first used late in Second World War to control malaria, bubonic plague, body lice and stopping a typhus epidemic in Italy.[42] After the war, the use of DDT was promoted worldwide. There was a hope that the use of DDT will open up all tsetse and mosquito infested areas. In Gokwe, this was introduced in the early 1960s with trees trunks and crevices being sprayed.[43] DDT was now being used both in the bush and in African reserves. Upon the implementation of successive and progressive tsetse eradication, the colonial state introduced a system of erecting fences. These fences demarcated tsetse infested from the freed areas. They were also established to check the mobility of the game and the humans. For example, in the 1960s a big fence was erected in the Nenyunka area under the supervision of Petrol Bomber. A very big gate of about ten metres was left open. Afterwards, the whites used a helicopter to enclose all the elephants and other animals into the fence.[44] In 1962, another fence was raised from Nyamuroro and ran parallel to the Chinhoyi Road. It then followed the Mvumvudze River northwards and turned left towards Kadzidirire. This fence, generally known as Eight Wire later on was used to demarcate the Chief Nembudzia area from Chief Gumunyu.

The fencing system was followed by the construction of boom gates. These tsetse gates were designed strategically that all the roads entering into areas which were not yet freed from tsetse passed through them. Ideally, it implied that the fence separated African reserves from game areas manifested with tsetse. The area beyond the fence was therefore not recommended for human settlements. The shrinking of tsetse infested areas meant that the fence continued to move northwards. In the 1950s, there was a boom gate at Machacha and Nembudziya, with a tsetse fence. This gate moved from Nembudzia to Gedhe near Kadzidirire in 1963 when Mashame road was opened. This is the only current tsetse gate which is still operating in Gokwe North. Towards Kariba District from Gokwe Centre, a tsetse gate was established at Musambakaruma. Another

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[41] World Health Organization, *DDT and its derivatives: Environmental Health Criteria*, (Geneva: Switzerland, 1979) Vol. 9.

[42] T. Dunlap, *DDT: Scientists, Citizens, and Public Policy*, (Princeton: Princeton University Press, 1981), pp. 61-63.

[43] Interview with Bvute by the author at Mtora Hospital, Nembudziya, 11 November 2015.

[44] Interview with Gonde by the author at his homestead, Chief Nembudzia, 7 April 2016; Interview with Tekede by the author at Chomukuyu, 9 November 2015.

one was at Mashame near Kafushaire River, and along Chitsa-Karoi road. However, these fences were at times vandalized by the Africans. They wanted to use the wire for making snares and cooking sticks. This act of sabotage by the Africans shows that the colonial techniques to eliminate tsetse in Gokwe were alien to the Africans.

Gokwe on the eve of evictions

Gokwe was very popular for its tobacco industry up to the late 1930s. Many factors accounted for the disintegration of the Shangwe tobacco economy. Among them, overproduction of tobacco is said to have contributed immensely towards the decline of tobacco industry. It is believed that the Shangwe immunity from wage economy was appreciated by the Tonga who also adopted tobacco production in large numbers. Kosmin notes that the Tonga eventually participated in tobacco farming because of the decline in wages. The European Estate which was established in Nemangwe's area competed with the local Shangwe growers. Moreover, there was a general shift from consuming the Shangwe tobacco in favour of newly packed cigarettes among the Africans. The former consumers of the Shangwe tobacco were attracted to cigarettes and eventually disliked traditional and unpacked tobacco.[45] The increase of tobacco growers and the successive droughts in the 1920s meant that the Shangwe tobacco industry crumpled heavily.

The attempts to establish a European tobacco estate in Gokwe failed. The state can be blamed for the failure to administer a viable tobacco estate in Gokwe. Kosmin observes that the colonial state's dependence on white settlers for economic development influenced its policies on dealing with the labour question. There was a misunderstanding in the colonial administration on how to develop tobacco production in Gokwe. The NC for Gokwe, on the first hand, was encouraging state's intervention to develop the Shangwe tobacco industry. The state, on the other hand wanted the Shangwe to develop their techniques by working for the Europeans in their farms.[46] The state was reluctant and incapacitated to incur expenses developing the Shangwe tobacco economy. The state's stance finally undermined both the European and the Shangwe interests in tobacco industry.

[45] B. Kosmin, 'The Inyoka Tobacco Industry of the Shangwe People', pp. 283 – 284.
[46] *Ibid*, p. 276.

The European's failure to establish estates in Gokwe was given a different explanation by the locals. The Shangwe believe that the colonial administration provoked the spiritual guidance of the land. The colonial policies were seen as environmentally outrageous. The implementation of game destruction and forests clearance as anti-tsetse measures were seen by the locals as offensive to the local *mhondoros*. Musarurwa reiterates that

> They (gun shootings) scared away the local *mhondoros*. Animals were killed. The forests were cleared. We grew up knowing that the *mhondoro* spirits stay in the bush. The white activities disturbed the local spirits and as a result their businesses here failed. European farms in Nemangwe and Chireya did not stay for too long. They abandoned them.[47]

Moreover, the Shangwe argue that they were being compelled to work during the *chisi* days.[48] The Shangwe blamed the colonial administrators for failing to observe indigenous institutions.

The demise of Shangwe tobacco industry significantly altered their history. The victory of the Shangwe tobacco industry during the first two decades of colonial rule in Gokwe remarkably restricted labour supply for the colonial economy. This economic decline bore social consequences on the Shangwe as many of them were compelled to seek employment in European farms and mines. The 1920 and 1930s witnessed an unprecedented rate of Shangwe migration southwards in search of jobs. The Shangwe economic self-sufficiency was also crippled by foot-and-mouth epidemic of 1931 to 1932.[49] With the colonial demand of taxation as a labour-coercive measure, the Shangwe proletarianisation was unavoidable. Ncube argues that while individual motivations could explain the Shangwe migration, various forms of colonial taxation obliged the Shangwe to earn money by selling their labour.[50]

As a result, many Shangwe men were employed in European farms, industries and mines. Ncube argues that during the colonial era, Hwange Colliery Company, the Kamativi Tin Mines, the Rhodesia Native Timber Concessions and the Rhodesia Railways were major employers of

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[47] Interview with Musarurwa by the author at his homestead, Chief Nemangwe, 4 June 2016.
[48] Interview with Gudo by the author at Goredema Clinic, Goredema, 10 November 2015.
[49] B. Kosmin, 'The Inyoka Tobacco Industry of the Shangwe People', p. 283.
[50] G. T. Ncube, 'The Early History of Wage Labour and Worker Consciousness in North-Western Zimbabwe, 1898 - 1940', p. 158.

labour in northwestern Zimbabwe.[51] The Copper Queen Mine was also recruiting labourers in the eastern part of the district. A few were recruited as *magocha* in the anti-tsetse campaigns. Like all other European owned enterprises, these operated on a cheap labour policy hence the working conditions were unfavourable.[52] On top of that, the European employers were paying very low wages. The employers became very unpopular among the Shangwe and many of them preferred to migrate into Johannesburg and Messina.

After a notable degree of success, the colonial state initiated a policy of facilitating land use in tsetse freed areas. This was intended to avoid the re-invasion of tsetse-freed areas by tsetse. In Gokwe, the only possible land use planning was to resettle and accommodate the Africans in these previously tsetse areas. From the south, Huchu, Dokota, Masuka, Semwa and the area beyond Kadzidirire and Norah towards the Sanyati River had been targeted for human occupation. Resettlement was, therefore, intended to ensure that land cleared of tsetse flies is used wisely subsequently. A Delineation Officer, C. J. K. Latham reported in the early 1960s that the resettlement of people with fresh ideas and more sophisticated demands in Gokwe was essential. He argued that this development would have a combined effect of bringing in capital investment and bush clearing by the settlers as a deterrent to the tsetse fly.[53] As will be discussed in the next topics, this phase marked a turning point in the epidemiological history and demographic landscape of Gokwe.

Conclusion

This chapter argues that initially there was a hope of replacing the pre-existing Shangwe tobacco industry with a new European tobacco estate. This colonial project failed due to climatic conditions which were unfriendly to the Europeans. The colonial focus was then diverted to creating game areas in the district. This was attached to colonial agenda of eradicating tsetse in the region. Many Africans were thus moved from areas which were seen as uninhabitable as a result of tsetse to areas which were convenient to labour exploitation at these farms. The chapter has, therefore,

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[51] G. T. Ncube, 'The Early History of Wage Labour and Worker Consciousness in North-Western Zimbabwe, 1898 – 1940', p. 158.

[52] C. Van Onselen, 'The 1912 Wankie Colliery Strike', *Journal of African History*, Vol. 15, No. 2, (1974), pp. 276-77.

[53] NAZ, S2929/7/3, Gokwe Delineation Reports, 1963-1965; Report by C. J. K Latham, Delineation Officer, 26 October 1963.

demonstrated that attempts to relocate the Africans in tsetse infested areas during the early years of the 20th century was met with African's resistance at different levels. This meant that Africans had their conventional ways of dealing with its challenges, particularly the tsetse fly challenge. The tsetse-induced relocations in Gokwe during the second decade of the 20th century can be understood when economic factors and colonial labour economy are to be considered. The chapter concludes that unorganised shootings offered a transition to a more systematic and consistent game destruction. After a threat from reinvasion by tsetse, it was then decided by the colonial state to make Gokwe a cordon. As will be discussed in Chapter 4, the colonial state targeted to settle the Africans in Gokwe so as to contain tsetse in the Zambezi valley. This policy wanted to ensure that tsetse was confined in the Zambezi Valley by evicting and displacing many Africans from the south into Gokwe.

CHAPTER 4
EVICTION, MIGRATION AND COLONIAL HEALTH FACILITIES IN GOKWE FROM LATE 1950S

Introduction

We saw in the preceding chapter how game destruction failed to control tsetse fly. Although this failure was notable and Gokwe remained unsafe, especially for human settlement, the colonial regime still initiated moves to resettle Africans from European designated lands into Gokwe. During the late 1950s, some of the Tonga people from the north were resettled in Gokwe paving a way for the construction of the Kariba Dam. Many Africans from overpopulated Tribal Trust Lands of Bikita, Gutu, Buhera and in Matabeleland were also resettled in Gokwe. In general, the period is marked by increasing evictions of Africans from different areas across the country. These were being settled in areas that had previously been deemed uninhabitable, such as Gokwe, the South-East Lowveld and elsewhere.[1] The chapter argues that these changes were part of a broader land-use planning which was adopted by the colonial state in the tsetse 'freed' areas of Gokwe. The resettlement plans in Gokwe were first meant to avoid tsetse re-infestation. Secondly, the colonial state wanted to create a barrier that would confine tsetse, mosquito and game to the Zambezi Valley. The chapter therefore conceptualises Gokwe as a 'frontier' in the sense that the displacements of Africans into Gokwe was deemed by the colonial state to be creating a shield that would even protect European mines and farms in Kadoma and Gweru.[2] At the same time, the chapter regards evictions and displacements as measures to ensure the success of 'tsetse experiment' in Gokwe. In doing so, the chapter examines the centrality of the state in the development of medical facilities in Gokwe.

Land crises and early resistance to eviction in Gokwe

Following the failure of colonial expectations to discover the Second Rand in Zimbabwe at the end of the 19th century, the colonial state turned to agriculture as an alternative to complement mining. This resulted in a land conflict which was aggravated by the implementation of land acts

[1] On evictions and the second occupation see J. Alexander, *The Unsettled Land: State-Making and the Politics of Land in Zimbabwe, 1893-2003*, (James Currey: Oxford, 2006).

[2] On how the Europeans administered the Africans see H. Tilley, *Africa as a Living Laboratory*.

like the Land Apportionment Act of 1930 and Land Husbandry Act of 1951. From the second decade of the 20th century, the colonial government was so determined to expropriate and utilise agro-ecological zones which possessed the greatest agricultural potential. At the same time, this pushed the Africans in previously tsetse infested forests and malaria ridden areas like Gokwe.[3] The colonial state confined the Africans in unproductive, infertile and disease ridden areas. Gokwe, which had been perceived as marginal by the colonial state became central especially as a potential 'dumping' site for the Africans. This northwestern district was to accommodate Africans who had been evicted from land following the implementation of the Land Apportionment Act, especially in the 1940s and the 1950s.

The colonial state became so determined to promote the settlers' interests at the expense of the Africans. It wanted to prevent the Africans from competing with white settlers for land, labour and market. This was achieved by legalising racial land ownership and imbalanced product markets were protected through unequal legislations.[4] The genesis of such policies can be traced from the Native Reserves Order in Council of 1898. This was followed by various land acts in 1930, 1951 and 1965.[5] By the beginning of the First World War, these state policies had succeeded in creating an environment where the Africans relied much on selling their labour in European farms and mines.[6] No later than the outbreak of the Second World War, the success of European agriculture appeared to be viable through the use of colonial legislation such as the Maize Control Act which curtailed African competition in relation to the production and marketing of maize.[7] In Gokwe, white farms were pegged along the highway from Kwekwe, an area that is mainly under Chief Njelele. Some were pegged in Chief Nemangwe's area although they were short-lived.[8] These farms relied heavily on the use of Africans for cheap labour. Above all, the white farmers

[3] H. V. Moyana, *The Political Economy of Land in Zimbabwe*, (Mambo Press: Gweru, 1984), pp. 10-15. See also M. Rukuni, 'The evolution of agricultural policy: 1890-1990', *Zimbabwe Agricultural Revolution Revisited*, (University of Zimbabwe Publications: Harare, 2006), p. 34.

[4] G. Arrighi, 'Labour supplies in historical perspective: The proletarianisation of the African peasantry in Rhodesia', *Journal of Development Studies*, Vol. 6, 1970, p. 74.

[5] M. Relaki and D. Catapoli, *An Archaeology of Land Ownership*, (Routledge: New York, 2013).

[6] W. R. Duggan, 'The Native Land Husbandry Act of 1951 and the Rural African Middle Class of Southern Rhodesia', *African Affairs*, Vol. 79, No. 315, (1980), pp. 227-239.

[7] See T. O. Ranger, *Peasant Consciousness and Guerrilla War in Zimbabwe: A Comparative Study,* (James Currey: London, 1985).

[8] Interview with Musarurwa by the author at his homestead, Chief Nemangwe, 4 June 2016.

compelled the Africans to work even during the *chisi* days.[9] The Shangwe elders believe that the failure of the white settlers to create a stronghold in Gokwe was as a result of them not observing the local norms.

The failure of early colonial attempts to displace the Africans raises questions about the centrality of the state in effecting displacements in Gokwe. Various colonial endeavors to displace the Africans on the plateau were futile following sharp resistance. It is said that in the Makoni district, Ndapfunya of Nyakurukwa, who was an exceptional First Chimurenga icon, refused to give up some of his judicial functions to the colonial state.[10] In areas where chiefs resisted government's widespread evictions, the resistance created a collision between chieftainship and the state. In Makoni, for instance, chief Makoni who resisted evictions had his land confiscated by the settler regime in the 1930s. He was then asked to relocate to Gokwe. Citing the need to protect the Makoni tradition and sacred burial grounds, Ndapfunya resisted to be displaced. The colonial official who insisted on the relocation of the Makoni people 'was asked by the local spirit medium (*svikiro*) to bury his wrist watch under shallow debris of litter. When police officer was then requested to unearth it, the watch had already disappeared.'[11] After this, the colonial regime compromised by letting the Makoni people to buy Mbobovale Farm in order to retain residence of and access to their sacred shrines.[12]

In the Eastern Highlands, the Africans who were being compelled to relocate to Gokwe successfully defied the eviction orders. This attempt at evicting them started as a result of the establishment of Martin Forest among the Saungweme people of Chief Chikukwa.[13] The Africans under Chikukwa were thus displaced from their land to a narrow portion north of Musapa River. This meant that they were forced to abandon their historic places of symbolic and spiritual significance. When Chikukwa complained about the displacements, he was given the option to

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[9] Interview with Mashame by the author at his homestead, Chief Mashame, 6 November 2016.

[10] See T. O. Ranger, *Peasant's Consciousness and Guerrilla War in Zimbabwe*; See also J. Alexander, *The Unsettled Land: State-Making and the Politics of Land in Zimbabwe, 1893-2003*, (James Currey: Oxford, 2006), http://muzvarebettymakoni.org/makoni-kingdom-of-four-centuries-destroyed-by-politicians-in-zimbabwe-the-official-report/.

[11] An informal discussion with Martin Muswere by the author at Mupandira Shops, Musana, 20 March 2016.

[12] http://muzvarebettymakoni.org/makoni-kingdom-of-four-centuries-destroyed-by-politicians-in-zimbabwe-the-official-report/

[13] P. Mupira, 'Losing and Repossessing Land and Ancestral Landscapes', M. Relaki and D. Catapoti (eds.), *An Archaeology of Land Ownership,* (Routledge: New York, 2013), p. 204.

relocate to Gokwe. Chikukwa refused to vacate the area protesting that Gokwe was too far away from his ancestral lands and that it was tsetse infested.[14] Consequently, he continued to reside in the area north of Musapa River.

Similarly, in the 1930s, the Tangwena's land in Honde Valley was designated European land. This meant that from the 1930s, the Tangwena people remained in the Gaeresi area as 'squatters'. The colonial state wanted to pave a way for the establishment of new European projects in the Tangwena land. The battles were unleashed in 1965 when William Hammer, the Director of Gaeresi Ranch Company, sent notices of eviction to the Tangwena people.[15] As compensation, the state 'offered' the Tangwena people Gokwe area, 650kilometres away. Despite countless charges of illegally occupying the Gaeresi land, the offer to move was turned down by Tangwena.

The mention of Gokwe by the colonial state as an alternative land upon evictions implies that the area was peripheral to the settlers' economic motives. It gives an impression of a *terra nullius* – images of empty landscapes belonging to nobody.[16] Partially, this was done to justify colonial appropriation and control of Gokwe. Such a perception of certain regions as empty spaces was also meant to exaggerate the influence of colonial medical system and its success in resettling Africans in Gokwe. For the colonial state, Gokwe was an area for banishment, where excess African population had to be dumped. The eviction and resettlement plans were also seen as an achievement in subduing these 'diseased' regions.[17] This was also intended to create a buffer in the northwestern area where the African settlements will provide a shield against the spread of tsetse from the Zambezi Valley to newly-established white farms in the south.[18] Gokwe was, therefore, to offer a barrier to contain tsetse and mosquito from the Zambezi, thus protect European farms and settlements in the eastern parts of Gokwe, Kwekwe and Kadoma which were relatively tsetse and mosquito free.

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[14] *Ibid*, p. 204.
[15] *The Herald*, 8 May 2013. See also H. V. Moyana, *The Victory of Chief Rekayi Tangwena*, (Longman: Harare, 1987).
[16] See P. Mupira, 'Losing and Repossessing Land and Ancestral Landscapes', p. 204; I. Kopytoff, *The African Frontier: The Reproduction of Traditional African Societies*, (Indiana University Press: Bloomington, 1989).
[17] Y. F. Tuan, *Topophilia: A Study of environmental perception, attitudes and values*, (Columbia University Press: New York, 1977), pp. 60-64.
[18] *Ibid.*

On the other hand, colonial officials who administered the process of displacing Africans vowed that there was no land shortage in the colony. They informed the Europeans with 'redundant' tenants and overcrowded Tribal Trust Land as well as the Africans who were encountering evictions that land was in abundance in Gokwe.[19] Nicolle, a colonial official who was in charge of allocating land emphasised that if people wanted more land, "we can easily accommodate them in the huge unoccupied tracts of Tribal Land in the Binga and Gokwe districts."[20] However, the initial colonial failure to evict the Africans into Gokwe raises a lot of questions. Thus more study is required to analyse how the stipulations of the LAA were applied. Were there other forces behind which the state evaluated prior to evictions? Why did other Africans succeed to withstand colonial evictions whereas others easily gave up? These questions are important as they capture colonial mentality and perception of certain environments.

Forced migrations and displacements

The demography of Gokwe was largely affected by the colonial land alienation policies of the mid-20th century. Due to its inhospitable temperatures and tsetse fly infestation, Gokwe was not a preferred destination for White settler land claimants. In 1930, the Land Apportionment Act (LAA) had classified a large proportion of Gokwe as an Unassigned area because of its frontier location and acute climatic conditions. Nyandoro argues that the year 1950 saw the beginning of repressive, fast-track removals of Africans living on so-called Alienated and/or Crown Lands. During this period, the Africans were being moved into areas previously defined as Unassigned Areas.[21] Generally, state-induced evictions and displacements were to serve political interests and to ensure colonial economic imbalance in favour of the whites. The population of Gokwe and the adjacent Sanyati reserve swelled remarkably as a result of the influx of new immigrants from the southern parts of the country.

The Africans who had been occupying the Rhodesdale Estate between Kadoma and Kwekwe were evicted to Gokwe. Before 1947, the Rhodesdale estate was a vast ranch owned by

[19] Interview with Chabata by the author at his homestead, Chibhogo Village, 2 April 2016.
[20] J. Alexander, *The Unsettled Land*, p. 72. W. H. H. Nicolle
[21] M. Nyandoro, 'Zimbabwe's Land Struggle and Land Rights in Historical Perspective: The case of Gowe-Sanyati Irrigation (1950-2000)', *Historia*, Vol. 57, No. 2, 2012. See also F. Musoni, 'Forced Resettlement, Ethnicity and the (Un) Making of the Ndebele identity in Buhera District, Zimbabwe, *African Studies Review*, Vol. 57, No. 3, (2014), pp. 79-100

British multinational company called Lonrho. Previously, the Rhodesdale Estate was inhabited by many Africans including migrant workers from countries like Zambia, Mozambique and Malawi.[22] In 1947, the colonial state purchased the estate as part of the Ex-Servicemen Land Resettlement Scheme. The Africans were then evicted to Gokwe in order to accommodate European immigrants at the estate. For instance, in 1947, between 10 000 and 12 000 Africans were forcibly displaced by the colonial government from Rhodesdale Crown Land.[23] Approximately, 80 000 Africans from the rest of the country were later relocated to Gokwe in the late 1960s. The 1962 population census report suggests that Gokwe had a population of 60 320.[24] The colonial state wanted to expose the Africans to low-lying regions without potential of economic enterprise.

The most important aspect of the Ex-Servicemen Land Resettlement scheme was the attempts to make low-lying and disease infested regions more hospitable. The state observed that once these previously neglected regions like Gokwe became 'habitable', it would lure the Africans to occupy them in face of evictions and displacements from elsewhere. It has been observed that;

> The North-West remained peripheral to the Rhodesian colonial polity ... it possessed no mineral wealth; its sandy soils did not attract farmers; most of it was subject to both tsetse and malaria. The Rhodesian state contented itself with shooting out game before it could carry tsetse into white ranching areas. Otherwise the whole North-West region was regarded as literally 'reserve' territory-empty land into which African populations could be moved when it became 'necessary.'[25]

Unsurprisingly, Gokwe was seen by the colonial state as a reserve territory for African occupation when it became necessary. With increasing demand for land after 1945, displacements and evictions of Africans were unavoidable. As a result of displacements and evictions, Africans found themselves relocated to unproductive, disease ridden, mosquito and tsetse-infested areas of Zimbabwe, chiefly Gokwe and the South-East Lowveld.

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[22] P. Nyambara, ''That Place was wonderful!' African Tenants on Rhodesdale Estate, Colonial Zimbabwe, c. 1900-1952', *The International Journal of African Historical Studies*, Vol. 38, No. 2 (2005), p. 272.

[23] P. Nyambara, 'Immigrants, Traditional Leaders and the Rhodesian State: The Power of Communal Land Tenure and the Politics of Land Acquisition in Gokwe, Zimbabwe, 1963-1979', *Journal of Southern African Studies*, Vol. 27, No. 4 (2001), p. 773.

[24] On the population figures of Gokwe see P. Nyambara, A History of Land Acquisition in Gokwe, Northwestern Zimbabwe, 1945-1997, PhD dissertation, Northwestern University, (1999), p.41; J. Alexander, *The Unsettled Land,* p. 72.

[25] J. Alexander and T. O. Ranger, Competition and integration in the religious history of Northwest Zimbabwe, *Journal of Religion in Africa,* Vol. 28 (1998), p. 4.

The Second World War was the turning point in the history of landownership in Zimbabwe. This resulted in the strict interpretation of the LAA through the Land Settlement Act of 1944. During the pre-war years Africans had been allowed to stay in European designated land as 'squatters'. After the Second World War, the previous policy of retaining the Africans on newly-created European land as tenants was phased out. The post-war years thus witnessed the state's preparation to accommodate many white settlers in Zimbabwe. Many Europeans targeted Africa in order to escape the post-war austerity in Europe. Resultantly, in Zimbabwe the settler population swelled from 82 000 to 135 000 between 1946 and 1951, the highest increase for over thirty years.[26] White immigration heightened the inter-racial tensions in terms of land ownership in Zimbabwe which had already been in existence since the creation of the first 'Native Reserves' in the 1890s.

Another demographic change in Gokwe was induced from the north. Many Tonga people were forced to leave the Zambezi Valley into Gokwe and Binga districts in the mid-1950s. The displacement of the Tonga was a three-year project which started in 1956 and ended in 1958. These forced relocations were designed to give way to the construction of the Kariba Dam.[27] The plan to build the Kariba Dam and the concern of its flooding effects downstream made the Ministry of Native Affairs to evict the Tonga people southwards. This involved the movement of eleven Tonga chiefs into Gokwe and Binga districts where there was 'unoccupied and suitable land'.[28] This led to the huge movement of about 23 000 Tonga people on the southern shore of the Zambezi valley.[29] This was hurriedly done and was directly executed by the colonial state. People and their goods were loaded into government trucks.[30] Little research has been done by the colonial officials prior to displacements as to where these people were to be accommodated. Moreover, government did not put into consideration the socio-economic challenges that the Tonga had to face afterwards.

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[26] A. S. Mlambo, 'From the Second World War to UDI, 1940-1965', *Becoming Zimbabwe: A history from the pre-colonial period to 2008*, B. Raftopoulos and A. Mlambo (eds.), (Weaver Press: Harare, 2009), p. 76. For Ex-Servicemen Land Resettlement Scheme see NAZ, S1830/57787, Ex-Servicemen Land Resettlement Scheme.

[27] On the Kariba scheme see A. K. H. Weinrich, *The Tonga People of the Southern shore of Lake Kariba*, (Mambo Press: Gweru, 1977); T. Scudder, 'The Kariba Case Study', *PASADENA*, (2005), pp. 28.

[28] W. T. Nesham, 'Kariba Resettlement', p.22. The chiefs who were relocated included Chiefs Simuchembu and Sampakaruma. See NAZ, S3271/1, Chieftainship and Headmanship, Circular 287: Redundant Chieftainship: Survey Recommendations.

[29] K. Chorley, 'The Sebungwe District', *Proceedings of the Rhodesia Scientific Association*, Vol. 40, (1945), p. 13.

[30] A. K. H. Weinrich, *The Tonga People on the Southern Shore of Lake Kariba*, (Mambo Press: Gweru, 1977), p. 25.

During the late 1940s and 1950s, the state was so sensitive to the emergence of radical African anti-colonial rhetoric, federated labour movements, and political activism, especially in the 1950s.[31] It could be argued that apart from containing and restricting tsetse in the Zambezi Valley, the resettlement of Africans in Gokwe was a political gimmick. The evictions and resettlement project was devised to pacify the fermenting African nationalism as a result of land grievances. As compared to other Shona polities on the plateau which actively and violently resisted colonial encroachment in the 1890s, the northwestern region has been relatively calm. The colonial state depicted Gokwe as a politically fragmented polity which posed no harm to this colonial project. By 'dumping' the Africans in such a region, and creating a 'frontier' with loose ethnically related Karanga, Ndebele, Shangwe and Tonga societies, it was hoped that this would be a measure to impair African resistance to colonial atrocities. This shows the interchanging perception and political role of the northwestern region in the eyes of the colonial state.

As has been highlighted, colonial land alienation is central in explaining the occupation of Gokwe in the 1960s. However, not all new immigrants were evictees. Many Africans voluntarily abandoned their ancestral lands and migrated to Gokwe. Voluntary migrations by the Africans into regions like Gokwe did not jeopardize the colonial political rule. Neither did it bring any injury to colonial economic expansion. In the early 1960s, the clans of Masuka, Jiri and Gumunyu willingly migrated into Gokwe. These three houses made a formal request to the state in order to restore their respective chieftainships which were rotting in Bikita.[32] For example, Gumunyu refused to 'remain a *sabhuku* (village head) in Chirorwe area which is comprised of poor soils and very low rainfall'.[33] The fact that Masuka, Jiri and Gumunyu had to find their own transport meant that 'they were keen to migrate and revive the *moyondizvo* chieftainship in Gokwe'.[34] These houses claim that they were not evicted, but they migrated from an area which was 'now failing to feed us.'[35] It is evident that the agro-based economy in Bikita was no longer predictable. Competition for land

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[31] On the emergence of African nationalism, see T. O. Ranger, *The African Voice in Southern Rhodesia*, 1898-1930, (Northwestern University Press: Chicago, 1970).

[32] P. Nyathi, *Zimbabwe Cultural Heritage*, (amaBooks: Bulawayo, 2005). Interview with VaSimbi by the author at his homestead, Mavere Village, 4 April 2016.

[33] Interview with Mufaro Chiromo by the author ant his homestead, Chief Gumunyu, 3 April 2016.

[34] Interview with Chabata by the author at his homestead, Chibhogo Village, 2 April 2016. On the history of the Rozvi *moyondizvo* houses and how they fragmented see D. N. Beach, 'The Rozvi in search of their past', *History in Africa*, Vol. 10, (1983).

[35] Interview with VaSimbi by the author at his homestead, Mavere Village, 4 April 2016.

in Masvingo and other provinces had become untenable. Apart from that the land was so unproductive and many people decided to move into Gokwe.

During the 1960s, Gokwe attracted many people from Masvingo and Matabeleland due to the introduction of cotton growing. Many of them who were fascinated by the prospects of securing more land to engage in cotton agriculture individually migrated to Gokwe.[36] The new immigrants, as compared to the Shangwe people turned out to be more successful farmers. Many of them acquired farming certificates and became master farmers who engaged in commercialized cotton production.[37] Some cotton growers acquired grinding meals, tractors, trucks, and built beautiful houses, and engaged in *madiro* farming.[38] As a result of cotton farming, Gokwe turned out to be a destination not only for the landless Africans but also entrepreneurial class who were attracted by the prospects of engaging in cotton economy.[39] This relocation to Gokwe also brought about the need for increasing state administrative machinery in the district. Many Africans who were recruited to work in government services in Gokwe, chiefly in agriculture, veterinary, tsetse control as well as social services, like teachers, demonstrators, and nurses decided to settle permanently in Gokwe.

After the 1970s, with the intensification of the liberation struggle in migration to Gokwe, continued unabated. The resettlement of Africans in Gokwe proved to be working for the good of the colonial state. This enabled the colonial state to bring Africans under the rudder of colonial rule by governing and taxing the previously isolated populations. This was particularly true of the Shangwe in Gokwe who were viewed by the Europeans as scattered and isolated, hence difficult to administer.[40] The settling of people in Gokwe therefore was a prelude to, and enabled, strict

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[36] For an interesting discussion on the introduction of cotton growing, see P. Nyambara, '*Madheruka* immigrants and the *Shangwe*', p. 4.

[37] P. Nyambara, 'Madheruka and Shangwe: Ethnic Identities and the Culture of Modernity in Gokwe, Northwestern Zimbabwe, 1963-79', *The Journal of African History*, Vol. 43, No. 2 (2002), p. 294.

[38] The likes of Rueben Chabata who claim that the area in which they originated, Bikita was 'unproductive' as compared to Gokwe, 'an area of great enterprise where we get bumper harvests in cotton and maize'. See also Nyambara, 'Immigrants, 'Traditional' leaders and the Rhodesian state', p.773 and p. 782.Nyambara defines *kurima madiro* as farming anywhere one wished, beyond one's official landholding.

[39] P. Nyambara, 'Immigrants, 'Traditional' Leaders and the Rhodesian State', p. 773.

[40] W. Wolmer, *From Wilderness Vision to Farm Invasion;* See also NAZ, NB6/1/2, NC Sebungwe, Annual Report, 1899; NAZ, NB6/1/5, NC Sebungwe, Annual Report, 1904.

taxation and convenient colonial administration. This meant that the disease eradication campaigns had to be revised.

From the bush to the hospital ward: A 'shift' to germ theory[41]

> Armed only with his faith and his medicine, he is stalked both by the animals of the bush and men in animal skins… By the mid 20th century the scene of the encounter has moved indoors to the hospital ward.[42]

During the second half of the 20th century, the priority for public health practices seemed to move from the bush to the clinics. When the colonial state succeeded to 'pack' Gokwe with new immigrants, the game eradication campaigns were gradually relaxed. Partially, this was as a result of grounding a germ theory in the late nineteenth century. This colonial understanding viewed the Gokwe environment and its inhabitants as sources of illness. It prioritised its attention to anything it deemed 'diseased' and which was seen as infested with 'germs'.[43] This approach also came as a result of criticism that was leveled against the state by a number of organisations. The critics of game elimination were based on moral grounds and had a fear of game extinction.[44] Consequently, there was the growth of attention towards establishing clinics in Gokwe. Vaughan maintains that clinics sought to bring a lot of changes among Africans.[45] This is why medicine has always been associated with imperialism.[46] This version has seen colonial medicine as the extension of Western knowledge. The colonial medicine was now inclined to therapeutics that treated with contempt indigenous knowledge systems, labeling them as local 'superstitions'.

The developments of public health facilities in Gokwe coincided with the introduction of the Rhodesia Front's community development schemes in the mid-1960s. Prior to the 1960s, the British colonial policy aimed at making the administration of colonies very inexpensive, which often meant limited investment in education and health. Dlamini argues that missionaries often bore the heavy burden of financing health and education facilities throughout Africa.[47] The

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[41] This observation has been borrowed from M. Vaughan, *Curing Their Ills*.
[42] *Ibid*, pp. 1-2.
[43] *Ibid.*
[44] C.C. Mavhunga, *Transient Workplaces,* p. 127.
[45] M. Vaughan, *Curing Their Ills*, pp. 8-10.
[46] Z. Baber, *The Science of Empire: Scientific Knowledge, Civilization, and Colonial Rule in India*, (Albany: New York, 1996).
[47] S. R. Dlamini, 'The Introduction of Western Medicine in Southern Africa: The Case of Ainsworth Dickson Nursing Training School in Bremersdorp, Swaziland, 1927–1949', *South African Historical Journal*, (2016), p. 4.

adoption of community development was seen as a major mechanism for assisting people to help themselves in their local communities by such international organizations as the United Nations, UNESCO, the United Kingdom Colonial and Commonwealth Relations Offices and the foreign aid agencies of the USA government.[48] In colonial Zimbabwe, this programme acknowledged the development of 'sparsely populated' TTLs by massive eradication of tsetse fly and mosquito, road building and water development in thirteen districts, spanning the northern border of the country, including Binga and Gokwe.[49] In the northwestern region, for example, this period witnessed the opening up of new roads like Nembudzia-Mashame road, a number of primary and secondary schools, etc.

In Gokwe, before the 1960s, the colonial state had neglected to establish clinics and focused much on game destruction for a number of reasons. In 1936, Pan-African Health Conference observed that the provision of medical facilities were not yet within the economic scope of the average 'native' of Africa.[50] The state had a tendency of spending money in areas of economic significance whilst ignoring economically 'unproductive' regions like Gokwe. When compared to the establishment of clinics in reserves, the colonial game eradication campaigns had some economic returns to the state. Despite eliminating tsetse, the policy of game destruction availed hides, bones and meat to the state. In 1950, the Director for Preventive Services in colonial Zimbabwe admitted that the European infrastructural development in the colony was predominantly found in areas lying in the high plateau, incidentally areas that were rich in minerals – and where the majority of the colonial towns were located. This illustrates that there had been little incentive to the opening up of Gokwe and other areas of lower altitude in the colony.[51] The BSAC was unwilling to spend money and invest in building hospitals since it wanted to boost profits and minimize costs.[52] In the northwestern region even the large mines like Wankie Colliery

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[48] J. W. Green, *'What is Community Development', Community Development: with special reference to rural areas*, (University College of Rhodesia: Salisbury, 1963), p. 3. See E. Kalipeni, 'Health and Society in Southern Africa in Times of Economic Turbulence', *The Uncertain Promise of Southern Africa*, Y. Bradshaw and S. N. Ndengwa (eds.), (Indiana University Press, Bloomington, 2000), p. 252.

[49] Alexander, *The Unsettled Land*, p. 72.

[50] See G. Macdonald, 'Malaria Control for Rural Population' in *African Affairs: Journal of the Royal African Society*, Vol. 44, (1945).

[51] NAZ, S2413, D. M Blair to Cambournac, 'Malaria Control: Southern Rhodesia', August 1950.

[52] See G. T. Ncube, *A History of Northwestern Zimbabwe*, p. 100. The Company rule targeted the extraction of local resources without developing the communities in which they operated.

and Kamativi Tin Mine were reluctant to build hospitals to serve the Africans. Colonial capitalism shaped the nature of health facilities and public health provisions in Gokwe. Health services therefore started as a network serving the European settlers concentrated around Gokwe centre.

Although game destruction and forest clearance were not abandoned altogether, from 1950, the priority shifted from these disease eradication programmes which were being launched in the bush. It was now realised that the process of 'cleansing' the Gokwe environment could not be successful without 'objectifying the natives'.[53] This required a transition from forest-based operations to microscopic and laboratory-oriented experiments. Here, there was a need to build hospitals and to train personnel who could deal with the pathogens and germs which cause disease. This development was long underway in the rest of the colony. For example, the Ndanga Medical Unit was launched in the early 1930s in rural Fort Victoria Province (Masvingo).[54]

The first clinic was built by the state at Gokwe administrative centre in 1930. Gokwe became the heart for the control of tsetse fly and mosquito and their associated lethal diseases, trypanosomiasis and malaria respectively. Apart from being too remote to the Africans, initially this medical facility was strange to the Africans. The clinic was convenient to the colonial officials stationed at the camp and those Europeans who had acquired farms around Gokwe. Colonial medicine was meant to protect the colonial interests. Van Onselen argues that principally, the BSAC's core aim as a private commercial company was financial gains. As a result, it deliberately neglected the spending of money for medical and other infrastructural developments.[55] The former Permanent Secretary of Health in the Rhodesia, Webster, pointed out that the European community was prioritised first whenever there was an outbreak of disease.[56] For example, when malaria broke out in European areas of economic exploitation in 1923 medical officers were detached from headquarters to tour European areas first. They went around European areas educating farmers and

[53] The phrase on objectification of the natives has been borrowed from M. Vaughan, *Curing their Ills*, p. 9

[54] G. Ncube, The Making of Rural Healthcare in Colonial Zimbabwe, p. 1.

[55] C. Van Onselen, *CHIBARO: African Mine Labour in Southern Rhodesia 1900-1933*, (Pluto Press: London, 1976), pp. 74-75.

[56] S. T. Agere, 'Progress and Problems in the Health Care Delivery Systems', I. Mandaza (eds.), *Zimbabwe: The Political Economy of Transition 1980-1986*, (Codesria: Dakar, 1986), p. 357.

miners in the prevention of diseases.'[57] This demonstrates the centrality of European interests in colonial agendas.

Gokwe clinic failed to serve the whole district. In 1938, it was estimated that out of the district's estimated population of 22,162, about 15,409 people were beyond the reach of medical services in Gokwe.[58] People in areas like Mashame, Musadzi, Copper Queen areas did not benefit as compared to those who were immediately around the clinic. When I asked one of my informants about why they did not utilise the medical facility, he cited the distance factor, arguing, that it was '…illogical to travel with a patient to Gokwe from here [Tchoda].'[59] Sometimes many patients from these places died *en-route* to the clinic because of the fact that the roads to the clinic were bad, and that travelers fell victim to dangerous wild animals and flooded rivers particularly in the rainy season.[60] The clinic was however used as a centre for distributing tablets and drugs. Tablets and drugs trickled from the medical doctors at Gokwe clinic to the Africans through traditional leadership. In some cases, the state used a helicopter to attend serious disease outbreaks. In Gokwe there were regular visits by medical officials from Gweru and Chidamoyo General Hospital in Gokwe using small aerodromes. Critical patients were taken to hospitals by these helicopters to be attended.

The missionaries appeared in Gokwe during the second half of the 20th century. This led to the establishment of missionary clinics in the region during the 1960s. This development smoothed the eviction and resettlement of Africans from Rhodesdale, Masvingo and Matabeleland. Again, it coincided with the community development programme of the 1960s. Gelfand notes that the Spanish Mission Institute of Burgos erected small but well resourced hospitals in remote and isolated parts of northwestern Zimbabwe.[61]

A second clinic to be established after the Gokwe was at Kana, on the border with the Nkayi District. This clinic started operating during the second half of the 1950s. In 1960, the

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[57] *Ibid,* p. 357. See also M. Gelfand, *A service to the sick: a history of health services for Africans in Southern Rhodesia (1890-1953)*, (Mambo Press: Gweru, 1976), p. 17.

[58] G. T. Ncube, *A History of Northwestern Zimbabwe*, p. 100. See also NAZ, S235/518, NC Sebungwe, Annual Report, 1946.

[59] Interview with VaSimbi by the author at his homestead, Mavere village, 4 April 2016. The distance between Gokwe Centre and Tchoda is 109 kilometres.

[60] Interview with Chabata by the author at his homestead, Chibhogo Village, 2 April 2016.

[61] M. Gelfand, *Godly Medicine in Zimbabwe: A history of its medical missions*, (Mambo Press: Gweru, 1988), p. 22.

Kariyangwe Mission hospital started in Binga. Before then, the Gokwe clinic was the nearest medical centre for Africans in Lusulu, Pashu and Dandanda areas in Binga. Chireya Mission was then opened in 1961 and seven years later the Nembudziya Mission hospital was established in Chief Nembudzia's area.

The use of traditional authorities in the distribution of drugs in Gokwe had an impact on colonial political authority. Traditional chiefs were used as middlemen by the colonial state in many ways. Apart from distributing anti-malarial drugs, the traditional leaders were used to impart medical knowledge to their subjects. The state used traditional African leadership in their moves to collapse indigenous knowledge regimes and fortify colonial power by authenticating their medical prowess. The use of African chiefs and headmen as vehicles of change was seen as an effective machinery of dominating the Africans by the colonial state. It was therefore meant to fortify the position of chiefs and at the same time that of the colonial state.[62] However, these were colonial attempts to shift African grievances to their respective traditional leaderships. In the 1960s, the state introduced a number of reforms through the Tribal Trust Land Bill. This sought to sanction the power of chiefs thereby drawing them into the increasingly complex formations tailored to set up local government.[63] The use of local chiefs in the colonial medical network was therefore a fulfillment of such colonial mission. This sustained the consumption of colonial medicine as it brought tablets and drugs nearer to the patients. Also, the chiefs were very close to the Africans and were thus trusted by the local. There was again no psychological harassment between the local chiefs and the Africans as compared to dealing with European medical doctors.

The application of residual insecticides in dwellings such as benzene hexachloride (BHC) and DDT was started in the 1950s. DDT is a colourless, crystalline, tasteless and almost odourless substance well known for its insecticidal action. BHC is a wettable powder which mixes readily and evenly with water, and it can be seen as grayish-white film on the surface of sprayed walls. These chemicals were introduced in Gokwe as part of broad attempts and experiments to control malaria.[64] The European officials, usually with a three-ton truck, each in charge of between

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[62] A. K. H Weinrich, *Chiefs and Councils in Rhodesia: Transition from Patriarchal to Bureaucratic Power*, (Heinemann, London, 1971), pp. 9-26.

[63] P. Nyambara, 'Immigrants, 'Traditional' Leaders and the Rhodesian state', pp. 779-780.

[64] W. Alves, 'Preliminary Note on a Southern Rhodesian Experiment in Malaria Control,' *Southern African Journal of Science*, vol. 48, (1951), pp.289-82.

16 to 20 Africans moved around spraying African huts Gokwe in a bid to exterminate mosquito.[65] In the early 1950s, residual sprayings were carried out in Gokwe District but not all the communities were covered. Initially, the areas immediately around Gokwe station experienced regular and systematic residual spraying schemes. The introduction of well organised residual spraying scheme in remote areas like Mashame, Madzivazvido and Gandavaroyi which were cut off from Gokwe centre was not an easy task. Poor roads and the topography of the area made spraying campaigns to remain in suspension for quite a long time.[66]

Mosquito nets were also introduced as a measure to counter malaria. Scientific researches have proved that most of the malaria is usually transmitted when people are asleep in bed.[67] Mosquito nets were recommended to be used from 1st of November to 31st of May every year.[68] This was mainly because mosquito breeding takes place during the rainy season. Mosquito nets were thus delivered to Gokwe clinic and a number of private dealers collected them from there.[69] However, the role played by mosquito nets in anti-malaria campaigns during the colonial period is obscure. Apart from the fact that mosquito nets were afforded by a small number of Africans, there was a serious misuse of the nets.

> Mosquito nets were sold during this period. My family, however, only came to use these nets recently when they were distributed for free. We heard that the nets contained smelling chemicals, and disturbed during the night. So we just ignored them. Many people who bought nets ended up using them for catching fish in dams and rivers.[70]

According to Bvute, generally the nets were popular to the locals, not for their proper usage to prevent mosquito bites at night, but for their usage as fishing nets to poach fish.[71]

The compatibility of colonial and indigenous medical practices: The case of the Zharare clinic

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[65] *Ibid.*

[66] Interview with Bvute by the author at Mtora Hospital, Nembudzia, 11 November 2015.

[67] J. G. Thomas, 'Endemic and Epidemic Malaria in Southern Rhodesia', *Section of Epidemiology and State Medicine,* (1929), p. 54.

[68] NAZ, S246/522, Malaria Conditions in Southern Rhodesia, 1930-1934.

[69] Interview with Bvute by the author at Mtora Hospital, Nembudzia, 11 November 2015.

[70] Interview with Chabata by the author at his homestead, Chibhogo Village, 2 April 2016

[71] Interview with S. Bvute by the author at Mtora Hospital, Nembudzia, 11 November 2015.

The establishment of a private clinic by Cleto Zharare in the 1960s created an important development in the medical history of Gokwe. Zharare, who was born in Gutu in 1932, came to be involved in charitable institutions when he was working for Jairos Jiri Association in Bulawayo. When Zharare and his wife relocated to Gokwe in 1962, they had no intention of starting a clinic. Their relocation to Gokwe was basically driven by the desire to secure more land.[72] Zharare maintains that his decision to establish the private clinic stemmed from humanitarian factors as well as his experience at Jairos Jiri Association. The Africans, according to Zharare were suffering, and, "Like wild animals, Africans were being forced to settle in this area without even a single clinic".[73] The Zharare Clinic was finally established along the road that leads to Tchoda from Nembudzia at Svibe in 1963. Zharare acknowledges that his wife was very central in both the establishment and administration of the clinic. Before she was permanently attached at the clinic, Mrs. Zharare was a trained nurse working in Bulawayo. She then devoted her attention on running the clinic and attending to the patients from 1964 until she died in 1982.

The clinic provided public health care to cure various diseases and ailments. The most prevalent cases were malaria patients. It is said that people from far away regions like Mashame, Mashumha, Ganyungwe started to rely on this clinic. When malaria epidemic reached a peak during the late 1960s, Zharare points out that they then introduced a 'camping system.'[74] The patients could camp and spend some days at the clinic undergoing medical treatment.

> I remember going there with my father-in-law who was very sick. We spent three days at the clinic. Others spent more days, like a week or so. That woman and Zharare himself were benevolent… We of course paid a certain fee but the services were overwhelming. Everything came to halt when *Amai* died soon after independence.[75]

Although the patients were requested to pay a subscription fee, Zharare argues that 'not even a single person returned home without being served because of failure to pay.'[76] As a result, many informants object to the idea that the clinic was meant for profit.[77]

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[72] Interview with Zharare by the author at his homestead, Svibe, 8 April 2016.
[73] *Ibid.*
[74] *Ibid.*
[75] Interview with Tekede by the author at Chomukuyu, 9 November 2015
[76] Interview with Zharare by the author at his homestead, Svibe, 8 April 2016.
[77] Interview with VaSimbi by the author at his homestead, Mavere Village, 4 April 2016; Interview with Tekede by the author at Chomukuyu, 9 November 2015.

The Zharare clinic was not an archetypical 'European' institution with a colonial understanding of diseases. At the clinic, there was an important exchange of medical ideas and identities. The fact that the clinic was founded by an African who accommodated African worldviews meant an incorporation of indigenous knowledge systems. Under these circumstances, the disparities between colonial and 'African' healing systems became blurred. Mrs. Zharare incorporated African medical healing practices in her medical repertoire. According to Zharare, she resorted to African healing networks when attending to critical patients. There was coexistence of colonial healing techniques like drugs and tablets as well as African healing systems like the use of herbs and charms.

> When addressing serious cases, she can sometimes leave the patient and go in our bedroom. Then she put on her regalia; black and white cloth. But I can't tell that my wife had magic or some spirits. I don't remember any single day when we brew beer nor asked to do all sorts of things done by spirit mediums.[78]

The adoption of both healing procedures by Mrs. Zharare explains the inadequacy of colonial health system in dealing with African illnesses. Again, this poses a question about the extent to which the impact of colonial medicine has been given by some historians.[79] Colonial medicine was viewed as contradicting significantly with the African worldviews. As a result, many locals trusted African healing system.

The Zharare clinic managed to impress both the Africans and some of the colonial authorities. This achievement by an African initiated health project questions the centrality of the colonial state in providing and administering public health during the colonial era. Again this brings to question Gelfand's uncritical appraisal of colonial medicine. Gelfand raised a problematic argument that colonial medical institutions like Christian Medical Missions in Zimbabwe were central in that they brought help to sick Africans in the remote rural areas where 'no other medical aid was available.'[80] Again, Gelfand saw the medical missionaries as operating in 'unhealthy places, cut off from the outside world, and were served without material recompense.'[81] Apart from blindly praising the colonial public health interventions, Gelfand did

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[78] Interview with Zharare by the author at his homestead, Svibe, 8 April 2016.
[79] M. Gelfand, *Livingstone the Doctor*, (Blackwell: Oxford, 1957)
[80] M. Gelfand, *A service to the sick: a history of health services for Africans in Southern Rhodesia (1890-1953)*, (Mambo Press: Gweru, 1976).
[81] *Ibid*, p. 23.

not appreciate the existence of Africans' rich medical agency. Resultantly, Gelfand came up with an unconvincing narrative which portrays the Africans as victims of an epidemic that they had no control over whatsoever.

In its attitudes towards the Zharare clinic and some of its healing practices, the colonial state was in an ambivalent position. On the one hand, the state health policy was partially shaped by protagonists' position that propagated the use of medicine as a handmaid of Christian gospel teaching.[82] It was hoped that medicine could be used to persuade the Africans to abandon their traditional religions in favour of Christianity. On the other hand, the colonial regime wanted to demonstrate the superiority of colonial medicine to the local medical traditions. It can be argued that colonial medicine at the Zharare clinic, like in Swaziland did not lead to serious transformation of African ideologies about health and healing. The existence of Africa-owned clinics and training of African nurses was an attempt to use them as agents in the campaign to replace traditional healing with western forms of healing.[83] The establishment of the Zharare clinic proved to be a threat to these colonial ambitions. As a result, the clinic was faced with a lot of intimidation and harassment from the colonial officials at Gokwe; 'It was not an easy task to begin this clinic. We faced a lot of threats from the colonial officials who were at Gokwe. My wife suffered most from these attacks and raids by the police.'[84] This might confirm that the colonial state wanted to preserve for itself the task of providing health facilities. Probably, this exposes that in its medical interventions, the colonial state had some hidden interests in Africa. Again, this meant that the state sometimes used its political power to attack indigenous healing practices and so prepare the ground for Christian new converts.

Generally, the medical officers in colonial Zimbabwe were dismissive of African-oriented healing systems. Local medical knowledge was perceived by the colonial state to be based on superstition, false religious beliefs and lack of scientific knowledge.[85] In Gokwe, as often was the case in many African societies, medical and healing patterns were connected to indigenous

[82] M. Hokkanen, 'Scottish Missionaries and African Healers: Perceptions and Relations in the Livingstonia Mission, 1875-1930', *Journal of Religion in Africa,* Vol. 34, (2004), p. 321.
[83] S. R. Dlamini, 'The Introduction of Western Medicine in Southern Africa: The Case of Ainsworth Dickson Nursing Training School in Bremersdorp, Swaziland, 1927–1949', p. 2.
[84] Interview with Zharare by the author at his homestead, Svibe, 8 April 2016.
[85] M. Hokkanen, 'Scottish Missionaries and African Healers', p. 322.

religion. As a result, the colonial officials and medical missionaries' strongly opposed the local medical practices.[86]

However, this radical colonial stance is sometimes misleading. As has been argued by many scholars, sometimes the colonial attitude towards African medicine and African healers was remarkably sympathetic.[87] There was also an appreciation by colonial medical doctors that African medicine was a potential basis for new and effective drugs. For instance, the Provincial Medical Officer of Health in the late 1960s was so keen to see the Zharare clinic running since 'to him, it was helping this part of the district which did not have any single clinic.'[88] Typically, during the19th century, the colonial understanding wanted to absorb new medicines from indigenous healing systems into its repertoire. For example, in 1957, Mucheka Gombera, one of the popular traditional practitioners was asked to assemble his medicine at Central Africa Trade Fair in Harare. After the Trade Fair, his medicines were taken by the Hermes Laboratory and started to make pills out of them.[89] Arguably, this was done without serious goals of accommodating African healing and medical traditions.

Conclusion

The chapter shows that early colonial attempts to displace the Africans into Gokwe were unsuccessful following sharp African resistance. The chapter argues that the state's implementation of racial land laws explains the displacements and evictions of Africans in Gokwe. The Africans were being moved from areas which were designated as European land and overpopulated TTLs where pressure for had become untenable. In the north, the Tonga people were displaced paving way for the establishment of the Kariba dam. The chapter perceives this as the creation of frontiers where Gokwe could create a membrane, and arrest the spread of tsetse from the Zambezi valley southwards. These population movements precipitated the establishment of state clinics which hardly existed in the northwestern region. Using the Zharare clinic as a case study, this chapter concludes that the colonial state had different attitude towards African healing

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[86] V. Y. Mudimbe, *The Invention of Africa*, (Indiana University Press: Indianapolis, 1988).

[87] Gelfand, *Livingstone the Doctor*; P. G. Forster, *Thomas Cullen Young: Missionary and Anthropologist*, (Hull University Press: Hull, 1989); G. C. Cook, 'Doctor David Livingstone FRS (1813-1873): "The Fever" and other Medical Problems of Mid-19th Century Africa', *Journal of Medical Biography*, No. 2, Vol. 1, (1994).

[88] Interview with Zharare by the author at his homestead, Svibe, 8 April 2016.

[89] NAZ, AOH/9, MachekaGombera.

tradition. Again, the adoption of indigenous healing tradition at the Zharare clinic proved that the colonial medicine was inadequate

CHAPTER 5
DISEASES, 'INDIGENOUS' KNOWLEDGE SYSTEMS AND AFRICAN RESPONSES TO COLONIAL PUBLIC HEALTH PRACTICES IN GOKWE

Introduction

This chapter examines the complex interaction between the African and the colonial medical practices. The chapter cast a gaze over the role of colonial medicine in shaping the African. It also investigates the interface between colonial medical practices and indigenous systems in dealing with and explaining epidemics. The chapter argues that the African agency and worldviews remained alive that they ended up molding the colonial public health practices. Gokwe had a rich history of medical practices which became more complicated with the introduction of colonial medical practices and the influx of new immigrants in the 20th century. The chapter argues that when the colonial state encountered Gokwe, it wanted to undermine the indigenous practices. The colonial officials sought to 'destroy, denigrate or marginalise' indigenous systems and replace them with Western approaches, which were in line with their goals of imperialism.[1] This colonial agenda, however, was not very successful. A number of traditional practices and knowledge systems were upheld by the locals and continued to be exercised well after the introduction of colonial public health practices. African worldviews continued and indigenous healing practices existed side by side with colonial medicine. This chapter asserts that it is problematic to think of a widely-recognised dualism that put all forms of colonial medicine as 'modern' and all indigenous healing as 'traditional' in Gokwe. The locals often used the colonial medicine and local healing tradition simultaneously. Therefore, the chapter argues that colonial literature by the likes of Michael Gelfand has exaggerated the impact of colonial public health practices upon the African worldview.

Colonial literature has depicted medical officials and missionaries as all-powerful figures who executed their duties without their ideologies being smirched by the societies they encountered. This approach often cast colonial subjects as passive beneficiaries of colonial medicine. This scholarship which has been informed by the dominance-resistance debate

[1] J. Mapira and P. Mazambara, 'Indigenous knowledge systems and their implications for sustainable development in Zimbabwe', Journal of Sustainable Development in Africa, Volume 15, No.5, (2013), p. 90.

obfuscates how both colonial medical officers and their African interlocutors incorporated practices and idioms from their respective systems. I argue that as a corollary, the missionary and local medical systems coexisted. As evidenced by the case of the Zharare clinic in the previous chapter, this enabled the Africans to move freely and easily between these systems of healing. To succeed, the colonial public health system was required to practice their medicine in ways that were culturally meaningful to their patients

In the 19th and 20th centuries, Western academe has pejoratively presented most African indigenous knowledge systems as superstitious. During this period, Western academe worked hard to appropriate and dislocate African identities embedded in Africa's memories. The Africans were thus constructed as objects and subjects of knowledge in European disciplines of history, sociology, literature, and science.[2] Africa was also seen as the granary of ignorance, and a 'dark continent' without its own history, culture, and self-defining memories.[3] This understanding gave the Europeans an impetus to represent the African continent as a primordial space on which Europe could inscribe herself and which she could reorder at will.[4] Cheikh Anta Diop was among the first Africans to voice concern over the 'absence' of African cultural productions that incorporated indigenous knowledge systems.[5]

Mapira and Mazambara portray indigenous knowledge systems as part of Africa's heritage, which dates back to the pre-colonial era when they were developed in order to address various survival challenges.[6] In this case, it poses many questions. Is this knowledge confined within the borders of Gokwe or a wider geographical region? For instance, if a method of disease prevention and curing was brought to Gokwe by the immigrants was it going to be accepted as 'indigenous'? Can we claim with certainty the existence of certain ideas which can peculiarly be seen as of Shangwe origin? If we can, was there continuity or discontinuity of this indigenous knowledge with the advent of colonialism and later the influx of new immigrants in the 1960s? How were these indigenous practices molded with time, given the introduction of colonial public health

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[2] See G. N. Chipembere, *Representation and Black Womanhood: The Legacy of Sarah Baartman.*

[3] A. Achebe, *An Image of Africa: Racism in Conrad's Heart of Darkness*, (University of Massachusetts: Massachusetts, 1975).

[4] A. Zegeye and M. Vambe, 'African Indigenous Knowledge Systems', *Review*, Vol. 29, No. 4, (2006), p. 331.

[5] C. A. Diop, *Pre-colonial Black Africa: A Comparative Study of the Political and Social Systems of Europe and Black Africa from Antiquity to the Formation of Modern States*, (Lawrence Hill and Company: Connecticut, 1987).

[6] J. Mapira and P. Mazambara, 'Indigenous knowledge systems and their implications for sustainable development in Zimbabwe', p. 90.

practices and the influx of new immigrants? These questions create a complex picture of Gokwe medical history. What is generally clear is that with the introduction of colonial public health practices and the new immigrants in Gokwe, there emerged a complex picture of disease perceptions.

The Shangwe worldview differed significantly with colonial public health practices. Thus the locals were suspicious of the colonial public health interventions. On one hand, the Shangwe worldview did not attribute disease causation to tsetse and mosquito. Illnesses and other misfortunes were attached to the spiritual realm. Diseases were considered to have physical, mental, social, spiritual and supernatural causes. As a result, just like other Shona groups studied, the cure extends beyond physical symptoms to address social and spiritual aspects.[7] Thus colonial attempts to eradicate tsetse and later mosquito were not easily acceptable to the Shangwe. On the other hand, the Shangwe saw colonial advancement as violent and disruptive. For example, Gielgud noted the Shangwe resistance and suspicion was primarily due to the activities of early European traders who were violent to the locals.[8] J. H. Chaplin however argues that the major reason for Shangwe's resistance was primarily due to the imposition of hut tax.[9] In the northwestern region, it was not uncommon to find African chiefs expressing their resistance to taxation by abandoning their villages. It has been recorded that during the late 1890s, Carbutt, the then Native Commissioner of the Sebungwe District tracked various groups in the district who were running away from the taxing team.[10]

The autochthons perceived a violation of moral order as a cause of disease. Between 1900 and the period when new immigrants flooded in Gokwe, deaths due to malaria and human trypanosomiasis were insignificant as has been assumed. The locals attributed the 1960s disease outbreaks to the intrusion of Madheruka immigrants. They believe that cases of malaria deaths during this period were not common in Gokwe. The mortalities were thus seen as an outcome of

[7] M. Machinga, Religion, Health, and Healing in the Traditional Shona Culture of Zimbabwe, *Practical Matters*, Issue 4, (2011), p. 2.
[8] G. T. Ncube, *A History of Northwestern Zimbabwe*, p. 67.
[9] J. H. Chaplin, 'A note on African taxes and tax stamps', *The Northern Rhodesia Journal*, Volume 4, Number 5, 1961, p. 443.
[10] Interview with Gonde by the author at his homestead, Chief Nembudzia, 7 April 2016.

hitherto strange type of disease which the new immigrants had brought from the south.[11] The new immigrants were blamed by the Shangwe for disregarding the local environment. Thus, they were nicknamed *Magochamupani*, meaning people who burn mopane trees.

> When they (Madheruka) came, they claimed large pieces of land, cut down trees and burnt the forests. Sometimes, they invaded sacred forests. From here down there to Chota, across Murunguziva and Madzivazvido, we grew up knowing that these (forests) were sacred. The Madheruka cleared them all and this significantly changed the environment.[12]

The autochthons perceived land clearance by the new immigrants as a disruption and invasion of various local shrines. According to Mbayembaye, the Madheruka activities 'attracted the anger of the supernatural realm.'[13]

Traditionally, Shangwe worldview associated diseases with punishment of the new immigrants by the spirits. It was believed that the *mhondoro* were responsible for protecting the locals from misfortunes and epidemics. In face of this massive land grabbing, the Shangwe believed that the *mhondoro* abandoned them.

> The death toll certainly was as a result of the new immigrants' activities. The mhondoro spirits were scared and vanished away. We used to see lions and baboons. They were here protecting us and giving us rains. When their shelters were destroyed, the *mhondoros* relocated and were never to be seen.[14]

Religious institutions guaranteed the guardianship of *mhondoros* in Gokwe. Village elders were regularly sent to Nevana's residence, *dumba ra*Nevana to enquire from their god on certain issues, a god that they called Mwari. For example, Nevana, with the assistance of traditional leaders enforced the resting days known locally as *chisi*. In Gokwe, they observed every Thursday as a resting day (*chisi chamambo*) and every Monday upon the setting of a new month (*chisi chemwedzi*).[15] The locals considered that any violation of these and other traditional norms caused diseases and misfortunes.

However, scientific observations contradicted with the local perception in explaining the 1950 to 1960 epidemics. Migration of people has been identified as a major cause of epidemics

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[11] McGregor and Ranger made a similar observation in Gwaai and Shangani, 'Displacements and Disease', pp. 228-229.

[12] Interview with Mashame by the author at his homestead, Chief Mashame, 6 November 2016.

[13] Interview with Mbayembaye by the author at his homestead, Gokwe Centre, 4 August 2016.

[14] Interview with Gonde by the author at his homestead, Chief Nembudzia, 7 April 2017.

[15] See T. O. Ranger, *Voices from the Rocks*.

in many regions. In 1957, WHO Expert Committee noted that the 'mass movements within or through such areas are prone to cause an exacerbation of the disease to the extent of often precipitating a severe epidemic.'[16] Blair, during the same period observed that the movement of human population was risky as it was normally 'accompanied by high infant mortality and almost paralyzing morbidity in adults and children.'[17] African perceptions and scientific observations put population movements at the centre in explaining the causes of epidemics. Whereas the scientific version put less or no resistance to diseases, traditional knowledge held that the immigrants who defied indigenous norms and invaded sacred places led to serious epidemics.

As will be shown in the next section, the indigenous knowledge system shaped how the locals responded to colonial anti-disease campaigns in Gokwe. Moreover, this knowledge system proved that the autochthonous understanding of the nature of diseases was diverse. The anti-tsetse and mosquito eradication campaigns were perceived with mixed feelings. It showed that perception of diseases went beyond a social construct as it permeated to individual level.

Autochthonous perceptions of *nyong'o*

The Shangwe shared a general understanding of a local disease called *nyong'o*. This was a non-fatal and seasonal fever experienced during the rainy season.[18] The Shangwe believed that *nyong'o* was caused by eating *zhizha*, proceeds from the fields particularly sugary and raw green plants. The disease, according to Gonde, was found in watermelons, sweet reeds and cucumbers.[19] Others argue that the *nyong'o* was mainly caused by getting in contact with *dova*, morning dew. As such, this disease was relatively prevalent during the rainy season, from February to May. The locals believed that children and visitors were most susceptible to *nyong'o*. They, therefore, regulated the consumption of *zhizha* during the early days. Mbayembaye claims that this was achieved through holding rituals at Nevana.[20] This ritual allowed people to report and express gratitude to Mwari that they have prospered during the season.

The locals believed that cattle also suffered from a seasonal disease similar to *nyong'o* called *manhweni*. This disease occurred when cattle changed from 'eating dry grass and stover to

[16] Prothero, *'Population Movements and Problems of Malaria Eradication in Africa'*, p. 406.
[17] NAZ, S.2413/400/78/8. Draft answers to the Cambournac questionnaire, May 1950.
[18] J. McGregor and T. O. Ranger, 'Displacement and Disease', p. 222.
[19] Interview with Gonde by the author at his homestead, Chief Nembudzia, 7 April 2016.
[20] Interview with Mbayembaye by the author at his homestead, Gokwe Centre, 4 August 2016.

eating the fresh grass which followed the rain.'[21] Like *nyong'o*, *manhweni* was everywhere in the environment. It was found in the water, morning dew, air, grass and tree leaves. This meant that its control was very difficult.

> A cow can just fall and fail to stand up and walk. When you see it like that, feed the cow with a lot of salt and water. Then you use wood to support it to stand up. If this repeats again and again, there was no option except to slaughter it. We avoided this by continue supplying *mashanga* (dry stokes and grass) from the *dara* (raised poles at the kraal).[22]

The existence of medical ideas and knowledge differed with generation. The elders had a unique way of perceiving and treating illness. These ideas and knowledge systems were transmitted orally or through imitation and demonstration. This understanding was imparted on young generation and at times with reservations. Many informants admit that some of the local ideas vanished with their practitioners. Whereas the colonial methods of dealing with diseases were centered on pathogens, germs and viruses, the local elders had a unique perception. For instance, when treating *nyong'o*, the Shangwe used a 'small bundle of burning thatch grass to heat *marutsi* (the vomit) of the patient.'[23] Therefore, illness and treating perception can be better understood in the context of broad psychological changes.

Generational difference is not adequate in explaining disparities in local understanding of diseases. There were also other cases where the same generation could perceive diseases and illness differently. It is agreeable that with locality disease etiology differed significantly. This complexity can be as a consequence of practical engagement in everyday life. For example, Mazvimbakupa claims that he grew up in Gokwe but later on worked in Kadoma.

> I regularly visited my family when I was working in Kadoma. I used to keep my malaria tablets when visiting for holidays. Diseases, especially malaria were rampant. So I had to walk around with my kit since clinics were very far away from our home.[24]

The perception which Mazvimbakupa had on the etiology and treatment of illness was shaped, reshaped and constantly reinforced whilst in the diaspora.

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[21] J. McGregor and T. O. Ranger, 'Disease and Displacement', p. 223.
[22] Interview with Tekede by the author at Chomukuyu, 9 November 2015.
[23] Interview with Gonde by the author at his homestead, Chief Nembudzia, 7 April 2016.
[24] Interview with Mazvimbakupa by the author at Gokwe Centre, 4 August 2016.

Gonde, who entirely grew up in Gokwe had a somewhat contradicting perception of diseases. He constantly mentioned witchcraft and spirits as a cause of diseases. According to Gonde, the treatment of illness was based on consulting and appeasing the spirit mediums.

> *Midzimu* (spirit mediums) communicate with us through a number of ways. When you fall sick, ask the *midzimu*. When a death happens, do the same. Even the witches can bother you if the *midzimu* are not taking good care of you. When you face any misfortune, better ask the *midzimu*.[25]

Gonde's account is centred on the influence of the spirit mediums. This means that beliefs about the causes, symptoms, consequences and the extent to which an illness is amenable to control or cure varied among people of the same generation. Therefore, apart from age, construction of illness has to do more with the interaction experience both at personal and group levels.

The Shangwe argue that *nyong'o* is, and was totally different from malaria, which came into picture in the 1960s. Before the era of the new immigrants '(we) only have the knowledge of *nyong'o* and chicken pox.'[26] *Nyong'o* was seen as a unique disease and was independent from malaria. The difference between malaria and *nyong'o,* according to the local understanding was clear on the healing procedures.

> Malaria was strange in Gokwe. It was cured strange methods like tablets and colonial medicine. *Nyong'o* was treated by using local bitter herbs or drinking water and eating food with a lot of chilly (mhiripiri). We made use of unpleasant and bitter herbs to cure *nyong'o*. No-one visited the clinic to be treated from *nyong'o*, never![27]

The locals believed that malaria, with its exotic name was imported by the new immigrants. *Nyong'o* was perceived as more 'local' illness. The local knowledge associated it with *nyong'o* and its transformation to malaria in Gokwe represents a complex picture which did not exist in any other epidemics. It is only now that *nyong'o* can be used interchangeably and more strikingly with different meanings.

Autochthonous perception of epidemics in Gokwe

[25] Interview with Gonde by the author at his homestead, Chief Nembudzia, 7 April 2017.
[26] *Ibid.*
[27] *Ibid.*

The way the new immigrants interpreted epidemics in Gokwe differed sharply from that of the Shangwe people. Many of the immigrants were accustomed to the knowledge of malaria causation and transmission. Most of the immigrants had originated from Masvingo region where they had been exposed to European 'discipline' and 'civilisation' programmes.[28] Again, because some of the immigrants were members of missionary and independent Zionist churches, they were somewhat hostile to all things traditional.[29] They were very hostile to traditional methods of healing and maintaining environmental health. Many of these immigrants outlawed not only traditional rituals and ceremonies, but also the role of traditional healers and the use of herbs to heal the patients.[30] As exclaimed by Chabata,

> We came with our religion in an area which was void of Christianity... The Rukuni family held their Zion Christian Church (ZCC). We, the Mavere family had our Zion Apostolic Church (ZAC). Masuka also is a Zionist and finally Mawere had Mupohlo/Mhlangani, which is more or less like the Zion Christian Church. We thus recommended spiritual cleansing like the use of salty water, coke mixed with salt, cooking oil etc. to heal the patients.[31]

The claim made by Chabata meant that most of the immigrants came with a fixed sense of progressive superiority to the autochthons. This was mainly due to the fact that they had had a great exposure to modern biomedical services and scientific interpretation of epidemics from the south. Many of the immigrants had for long been exposed to missionary activities which provided established machinery for the imposition of 'modern' disciplined habits and temperament.[32] Missionary work commenced in Gokwe during the early 1960s as compared to Masvingo region where they had a longer presence which stretched from the 1920s.

However, a closer look at the Christianity approach given by Chabata reveals that there was a relationship with the local medical institutions. The idea behind their purgatives was to induce vomiting. It can, therefore, be argued that the immigrants sometimes adopted and transformed the autochthonous understanding of diseases. For example, like the autochthons,

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[28] Nyambara, *Madheruka* immigrants and the *Shangwe*, p. 4. See also E. Worby, 'Discipline without Oppression: Sequence, timing and marginality in Southern Rhodesia's post-war development regime,' *Journal of African History*, 41, (2000), p.116.
[29] McGregor and Ranger, 'Displacement and Disease', p. 227.
[30] McGregor and Ranger, 'Displacement and Disease', p.227.
[31] Interview with Chabata by the author at his homestead, Chibhogo Village, 2 April 2016.
[32] B. Davies and W. Dopcke, 'Survival and accumulation in Gutu: Class formation and the rise of the State in colonial Zimbabwe, 1900-1939,' *Journal of Southern African Studies*, Number 14, Volume 1, 1987, pp. 75-80.

many of the immigrants came to believe that malaria was caused by early consumption of the greens and the fruits. However, unlike the Shangwe, most new immigrants were aware that mosquitoes transmitted the disease.

> Mosquito bite caused malaria. This is the reason why the disease is prevalent during the rainy season when mosquito breeding is at its peak… It is true that eating fresh greens, like pumpkin leaves, sweet reeds, cobs, cucumbers, melons or even fruits like mangoes, and getting in contact with *dova* also caused the disease.[33]

The way the new immigrants perceived the epidemics in Gokwe was also shaped by their places of origins. Some of the immigrants had originated from Matabeleland North districts which, apart from having relatively similar environmental characteristics with Gokwe, had very few mission health facilities. This follows that their perception of the diseases varied significantly from those who had originated from areas like Masvingo province which received missionary services earlier.[34] Apart from that, there were large numbers of immigrants who had worked in European farms, mines and early urban centres before being relocated to Gokwe. Among these included those immigrants who originated from Rhodesdale estate where they have obtained the knowledge of malaria spread and treatment.

> I worked in Salisbury and later on moved to Bulawayo in the late 1950s. That is when I learnt much about malaria, residual spraying methods, oiling to kill larvae, malaria tablets etc. We mainly got educated by reading newspapers and attending workshops at work.[35]

Many new immigrants, especially from Rhodesdale and Masvingo had stopped performing some ceremonies and certain rituals due to Christianity. Those who still practiced traditional ceremonies like the supplication of rain and the first fruits rituals were associated with autochthonous religious institutions. They were easily swallowed and incorporated by local shrines like the Nevana cult.[36] Like what has been observed in Shangani, there were disputes over which ceremonies might alleviate epidemics. This shows that there was a complex interpretation and exchange of ways of maintaining bodily and environmental well-being.

There was an ambiguous and complex situation in respect with the relationship between the new immigrants and the autochthonous societies. There was adoption, borrowing and

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[33] *Ibid.*
[34] See G. Ncube, 'The Making of Rural Healthcare in Colonial Zimbabwe.'
[35] Interview with VaSimbi by the author at his homestead, Mavere Village, 4 April 2016.
[36] Interview with Mbayembaye by the author at his homestead, Gokwe Centre, 4 August 2016.

transformation of various autochthonous institutions by the immigrants. The allochthons claimed that when they arrived in Gokwe, they contributed with mealie meal and sorghum in preparations for traditional ceremonies to brew the beer.

> Many of them (the new immigrants) did not attend the ceremonies. However, they contributed immensely towards the rituals which we did. Many of these immigrants were Christians, and they don't brew beer. What they did was to give us the maize meal and sorghum so that we can perform the rituals. A small number of them attended though… and we did not have any problem with that.[37]

This claim by Gonde is in tandem with the observation made by Nyambara. Nyambara argues that the *Madheruka* may have felt 'modern' but they were on precarious ground when it came to matters of land access and divine protection. To support this notion, he notes that Kuwana Matingisanwa of Mudzongwe says that 'they (*Madheruka*) came begging for land like little kids. If we had plenty of good land we would give them.'[38] The autochthons tended to be kind to their fellows who had been 'dumped' and relocated in Gokwe.

Contradiction and correspondence on diseases perceptions

The main difference between *nyong'o* and malaria was seen on causation and fatality. On the first hand, the autochthonous interpretation embraced that *nyong'o* was a summer disease which was caused by consumption of green cobs, water melons, reeds etc. This belief held that a sudden consumption of green foliage by humans and animals led to a non-fatal seasonal disease. This perception did not blame insects like mosquito and tsetse for conveying diseases. Like in the Shangani, tsetse and mosquito were bothersome, but they were not thought to transmit diseases.[39] As a result, before the advent of game destruction, forest clearance and spraying, there were no systematic local measures designed to eliminate tsetse and mosquito. The only local way of killing tsetse was done using a small and sharp knife. Mosquitoes were also scared away by burning strong-smelling herbs.

> *Mhesvi* (tsetse) and *utunga* (mosquito) bites were common. But we didn't know that they were having an impact on our health. When the Europeans came, they told us that these were very dangerous. We used small and sharp knives, like those used for weaving to kill tsetse. When a tsetse landed on a body, we moved the knife

[37] Interview with Gonde by the author at his homestead, Chief Nembudzia, 7 April 2016.
[38] Nyambara, *Madheruka* immigrants and the *Shangwe*, p. 21.
[39] J. McGregor and T. O. Ranger, 'Displacement and Disease', p. 223.

> gently towards it and crush it… We use smoke to scare away mosquito and avoid irritation. We burnt cow dung and certain grass or leaves to scare away mosquito.[40]

It must be noted that prevention from tsetse and mosquito was being done to avoid biting and irritation.

On the other hand, malaria was believed to be in the soil and insects. Both the autochthons and the immigrants observed that during the 1950 to 1960s malaria epidemics, many people, particularly new immigrants fell ill well before consuming *zhizha*. This meant that malaria was considered to have another cause different from that of *nyong'o*. The first explanation expressed a belief that soil contains diseases.

> Diseases are found in the soil. This is the reason why you see that certain areas are popular for certain diseases. Gokwe is an example. The soil in Gokwe has malaria. So to be acquainted with any area, you must take a handful of that place's soil, mix it with water and drink.[41]

However, a number of new immigrants had been exposed to medical knowledge in areas of their origins. Nyambara uses cotton growing as lens to understand the social disparity between the Shangwe and the Madheruka immigrants. He argues that most of the immigrants from the southern part of the country had been exposed to colonial programmes introduced by the Native Department.[42] This meant that the immigrants had been exposed to missionary facilities like education and health with greater vigor. As a result, most of the Madheruka were highly conscious of modern scientific explanations of diseases. Missionary influence was thus believed to have provided the immigrants with necessary knowledge for the imposition of modern disciplined habits and character.[43] Many immigrants understood how malaria was transmitted.

In Gokwe, missionary influence was not as pervasive as it was in Masvingo. Missionary activities in Gokwe coincided with the arrival of new immigrants in the 1960s. As a result of this, it is largely true that scientific explanations of diseases prior to the 1960s lacked in Gokwe. Most probably, only a small proportion of the Shangwe who were working in towns and

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[40] Interview with Gonde by the author at his homestead, Chief Nembudzia, 7 April 2016.

[41] Interview with Mazvimbakupa by the author at Gokwe Centre, 4 August 2016.

[42] P. Nyambara, Madheruka and Shangwe: Ethnic Identities and the Culture of Modernity in owe, Northwestern Zimbabwe, 1963-79, p. 290.

[43] E. Worby, 'Discipline without oppression: sequence, timing and marginality in Southern Rhodesia's post-war development regime ', *Journal of African History*, 41 (2000), p. 116.

other areas could have accumulated contemporary knowledge about diseases. The introduction of colonial measures to counter diseases was met with resistance with resistance at different level. Therefore, there was now a simple dichotomy in Gokwe as a result of displacements and evictions.

As a result, there was a sharp contrast on the methods of preventing diseases. The colonial public health system understood that trypanosomiasis and malaria were conveyed by tsetse and mosquito. Consequently, the colonial public health practices were largely based on eliminating tsetse and mosquito. The Europeans believed that the Africans had not been slow in realising the results from treating huts with DDT compounds.[44] However, to the Shangwe worldview indoor residual spraying was vague. Tsetse and mosquitoes were troublesome, but the Shangwe did not attach them to the transmission of diseases.[45] The burning of cow dung and strong-smelling herbs to scare away mosquito were not part of their measures to prevent diseases. This meant that the locals perceived tsetse and mosquito elimination uniquely.

> *Magocha* and the spraying operations helped us. We were fed up with tsetse and mosquito bites. During the nights, we burnt some stuff and sleep in smoky kitchens. We were now used to that. When the smoke was disappearing, we add some to make sure that the flies would not advance.[46]

In all the local measures to avoid tsetse and mosquito, there was no mention of diseases. The spraying of their huts using DDT and BHC only made sense to avoid biting. Unsurprisingly, many local communities resisted residual spraying arguing that it attracted mosquito instead. They usually desert their homes for fields when the spraying team was approaching so as to avoid the spraying.

> I remember in 1979 when I joined residual spraying operations, my colleagues told me that they often found deserted homes with locked doors. Many people ran away. They said that the chemicals were so irritating and itching, and could attract insects.[47]

The contrast between scientific measures and traditional systems were seen on the use of mosquito nets. Whilst the colonial public health practices were advocating for the nets to be introduced to arrest mosquito bites during the night, the locals were using them as fishing nets.

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[44] See also M. Gelfand, *A Service to the sick*, p. 101. See also NAZ, S2961, Quarterly Reviews of the Native Affairs for the period ending 20th September 1955.

[45] Interview with Bvute by the author at Mtora Hospital, Chief Nembudzia, 11 November 2015.

[46] Interview with Gonde by the author at his homestead, Chief Nembudzia, 7 April 2016.

[47] Interview with Bvute by the author at Mtora Hospital, Chief Nembudzia, 11 November 2015.

There was local resentment on the use of nets on the pretext that they were irritating. The Africans, therefore, used the nets for catching fish in rivers and dams. 'The nets were now used to catch fish. Many people went to Nyamasaka, others in Chota and Mbumbuzi Rivers to catch fish using mosquito nets. This is still a problem even today, where mosquito nets are being misused by the people.'[48]

The locals maintain that prior to the 1960s there were no serious disease outbreaks on a scale large enough to have a disruptive effect. Severe epidemics, however, coincided with the influx of new immigrants in 1960s. Ford observed that it was not the 'tsetse' that kept out men of certain environments, but 'tsetse' flourished where man cannot.[49] This proves a local acquaintance with Gokwe which had been defined by the colonial officials as diseased. However, the enduring legacy of colonial disease control in Gokwe is overstated. The colonially-crafted anti-disease schemes perceived the Gokwe environments in form of binarisms of order/disorder and health/sickness.[50] This dichotomous thinking implicated the bodies and behaviour of Africans, and determined colonial perceptions of the locals' relationships to their environments.[51]

Africans sought to manipulate diverse colonial perceptions of the Gokwe environment. They carefully negotiated their relationships with the local environment amidst colonially-oriented programmes to eradicate diseases. Thus, the Africans were not passive recipients of the colonial medicine. Indeed, the Africans in Gokwe held divergent views which were attached to various meanings. These diverse understandings sometimes clashed with colonial ideas and these views resulted in different constructions of diseases. For instance, many Africans neglected the importance attached to the tsetse fences. As a result, these people vandalised tsetse fences for domestic and hunting chores like making cooking sticks, snares etc.

Conclusion

This chapter proves that the Africans were not passive and vulnerable to epidemics as has been supposed by colonial traditions. The Shangwe possessed complex medical practices which enabled

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[48] *Ibid.*

[49] J. Ford, *The Role of Trypanosomiasis in African Ecology*, p. 347.

[50] M. Vaughan, *Curing Their Ills*, p. 2.

[51] K. A. Hoppe, 'Lords of the fly: Colonial Visions and Revisions of African Sleeping-sickness Environments on Ugandan Lake Victoria, 1906-61', *Africa: Journal of the International African Institute*, Vol. 67, No. 1 (1997).

them to endure environmental and socio-political upheavals. Of necessity, this chapter moves away from more conventional medical histories and notions of medicine. Medicine has been considered as having powers to affect socio-political and economic changes. Beginning with environmental challenges and the disruptions of the Ndebele raids in Gokwe, it is clear that indigenous medicine played an important role in sustaining the Shangwe identity. As the Shangwe established themselves in the northwestern region, medicine helped with protection from their enemies and strengthened their traditional structures. Even after the inception of colonial rule in 1900, indigenous medicine continued to play an important role in maintaining local beliefs and power structures. By expanding this study to include wider and local notions of medicine, we see how African practices were used as forms of social control. There were remarkable changes to this set up with the influx of new immigrants in Gokwe. The chapter argues that the Shangwe perceived malaria as a new disease which was imported by the new immigrants. The central thesis of this chapter is that both the Shangwe and Madheruka played a role in shaping the colonial health policy. The Africans were not passive recipients of the colonial medicine.

CHAPTER 6
CONCLUSION

This study is a part of a larger ongoing attempt to widen models and methods for the study of medical history and colonialism. As such, the study draws upon and borrows the materials of social history and shares the techniques and comparative concerns of anthropology. It originates from a clash between European and African perceptions of Gokwe environment. The study then extends this phenomenon to the African and European understanding of epidemics in Gokwe during the colonial era. Generally, the colonial state overlooked the pre-existing African practices to guard against certain diseases and natural calamities. They either ignored these indigenous knowledge systems or misunderstood them as primitive. As such, this thesis argues that the evolution of health cannot be separated from the broader story of social change. The political and economic forces which shaped the history of Gokwe also established the framework within which patterns of diagnosis and treatment, health and disease emerged.[1] This insinuates that medical practitioners have been less influential than we generally imagine in shaping states of health or in healing the sick.

The study proved that in the northwest region perception of diseases shaped the formulation of colonial administrative policies and its encounter with the region. The colonial state mobilised its whole attention and much of resources towards tsetse destruction during the first half of the 20th century. The second half of the century witnessed the establishment of clinics and the introduction of indoor residual spraying largely to control malaria. Thus diseases granted an occasion for which the colonial state expressed and enacted visions of African environments. This perception elicited assorted and complex responses from locals in Gokwe who confronted, shunned or navigated between them. Secondly, we found out that epidemics had an observable effect on the demographic pattern of the northwestern region. Originally, the population of Gokwe was relatively sparse before the colonial evictions and displacements during the second half of the 20th century.

The study observes that initial colonial position of targeting Gokwe as a potential vast game reserve was not successful. The policy of displacing African communities which were deemed to

[1] S. Feierman, 'Struggles for Control: The Social Roots of Health and Healing in Modern Africa', *African Studies Review*, Vol. 28, No. 2/3, 1985), p. 73.

be in tsetse-infested areas during the early years of the 20th century was entrenched in the idea of converting Gokwe into a ranch. Such a policy was derived from a European understanding that the Africans were victims of their local environments. The main problem with this understanding is that it viewed the Africans as having no agency and initiatives in their localities. This was challenged by the Africans as these tsetse-induced displacements met local resistance at different levels. Many Africans defied relocation orders and others returned to their original homelands. These forms of resistance point to the fact that the Africans were contented with their local environments. The study argues that the locals have developed an attachment to their surroundings which were considered as hostile by the colonial officials. It is also problematic to treat these displacements as exclusively tsetse-induced. The study also demonstrated that these displacements were shaped by colonial economic interests. In Gokwe, the relocations were largely informed by colonial labour crisis particularly at Rhodesdale. In terms of African labour, the colonial officials viewed the Shangwe as incompetent. As a result, the displacements mainly affected the 'hardworking Tonga people' in the northwestern region.[2] This colonial stereotyping was biased and unfounded.

Throughout this study, I problematised imaginative construction of the Gokwe environment. First, the autochthonous communities shared a somewhat peculiar understanding of the Gokwe environment. They shared a unique perception of this region as the best place for their economic practices and religious routines. Second, when the Europeans encountered Gokwe they applied their own understanding of a 'diseased landscape' or a 'wilderness' concepts to this African landscape.[3] Apart from the fact that this understanding of Gokwe was more an imaginative and social construction, it later shaped the formulation of colonial policies in the region.[4] Aggressive tsetse eradication, mosquito elimination, game destruction, forest clearance, evictions and displacements are rooted in this colonial framework. Finally, the immigrants perceived this environment differently. The study divided the new comers into two dichotomies; voluntary and involuntary. It argues that these immigrants had contesting perceptions of Gokwe environment

[2] NAZ, NGB2/6/1 Sebungwe Trypanosomiasis 1913.
[3] W. Wolmer, *From Wilderness Vision to Farm Invasion: Conservation and Development in Zimbabwe's South-East Lowveld*, (James Currey: Oxford, 2007).
[4] See B. Shetler, *Imagining the Serengeti*.

which changed with time and space.[5] In the 1950s, the evicted immigrants were involuntarily relocated in Gokwe and they ascertained that the region was uncontrollable and unfit for human occupation.[6] During the 1960s, Gokwe had become an attractive destination for many Africans who gladly resettled into the area with the hope of securing more land for cotton growing.[7]

Also, the study has examined the collision and connection of colonial disease eradication campaigns which were introduced in Gokwe. Though the public health literature has addressed the subject of disease eradication at length, eradication is more than a problem for epidemiology.[8] This grand vision has proved difficult to achieve in practice in regions like Gokwe where there was no an existing tradition of joint community-government cooperation. For instance, medical officers and NCs in Kadoma and Gokwe districts lacked co-ordination in matters to do with implementation of anti-disease campaigns. A letter written by Blair in 1958 showed that the developments in certain regions districts were far below the level of disease 'eradication'.'[9] Barrett argues that the eradication of smallpox stands as one of the greatest achievements of international cooperation in disease eradication programmes. As a result, smallpox eradication can be regarded as a singular event in the history of public health.[10] Prior international efforts to eradicate diseases like malaria, yellow fever, hookworm and yaws ended without success. A number of factors could explain the failure of colonial anti-disease campaigns. The study demonstrated that the failure of the colonial administrators to appreciate the existence of indigenous medical practices disrupted the agenda of disease eradication.

The second half of the 20th century brought new developments in Gokwe. The study saw the Second World War and the UDI as the watershed for established medical developments in the

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[5] Y. F. Tuan, *Topophilia: A study of environmental perception, attitudes and values*, (Prentice-Hall Inc.: New Jersey, 1974), pp.5-10; Tuan's *Space and Place: The Perspective of Experience*, (Edward Arnold (Publishers) Ltd: London, 1977), p. v.

[6] Interview with Mazvimbakupa by the author at Gokwe Centre, 4 August 2016.

[7] See P. Nyambara, 'Immigrants, 'Traditional' Leaders and the Rhodesian State: the Power of 'Communal' Land Tenure and the Politics of Land Acquisition in Gokwe, Zimbabwe, 1963-1979, *Journal of Southern African Studies*, Vol. 27, No. 4, (2001), pp. 773-774. Some immigrants wanted to establish small-scale business enterprises; some came as civil servants whilst others went to Gokwe for purely political reasons.

[8] S. Barrett, 'Global Disease Eradication', Journal of the European Economic Association , Vol. 1, No. 2, (2003), p. 591.

[9] NAZ, S2413/400/78/8/12, Malaria Assessment Team: WHO, 28 June 1958.

[10] *Ibid.*

northwest. The Second World War has been presented as a turning point in the 'biomedicalisation' process as it speeded up collaboration between different sectors of scientists and engineers.[11] For example, post-Second World War era was characterised by important increases in public funding for medical research. With the imposition of sanctions on Smith's regime after the UDI, the colonial state introduced the community development programme. The Rhodesian Front government now took full responsibilities of ensuring medical developments in the colony. In Gokwe, this accounted for the establishment of a number of clinics. Since then, the medical officials have ostensibly been trying to give the Africans some of the responsibility for maintaining health. Proponents of community involvement in colonial public health practices envisaged a self-motivated rural communities working together with the state to design their own programs to improve health and development.[12]

To avoid tsetse invasion in the northwest, it was decided by the colonial state to enforce evictions and displacements in Gokwe. This plan was to ensure correct land-use for tsetse-freed areas. It was considered that such a programme would greatly facilitate the creation of a frontier which would contain tsetse in the Zambezi valley. At the same time, this cordon would limit the spread of tsetse from the Zambezi valley to European-owned farms and mines in the southern and eastern sides of the region. Although early attempts by the colonial state to evict Africans during the 1930s failed, this programme was in full swing after the Second World War. The Africans who had been occupying the Rhodesdale Estate were evicted into Gokwe in the late 1950s. This was followed by the eviction of the Tonga people from the Zambezi valley to pave way for the construction of the Kariba Dam. In the 1960s, a wave of new immigrants from the south flooded into Gokwe. With the introduction of cotton growing, Gokwe became a destination for many land claimants and civil servants.

The movement of people into Gokwe resulted in grave epidemiological consequences. For instance, the Shangwe asserted that until the arrival of the Madheruka in the 1960s, there had been no malaria in their area. This assertion would have been dismissed as illogical had it not been revealed that it was partially true. Scientifically, the Shangwe had developed resistance both to

[11] I. Löwy, 'Historiography of Biomedicine: 'Bio', 'Medicine', and in Between', *Isis*, Vol. 102, No. 02, No. 1 (2011), p. 117.
[12] Morgan, *Community participation in health*, p. 1.

non-fatal malaria outbreaks and harsh environmental characteristics.[13] There was reciprocity between this resistance and indigenous knowledge regimes in moderating epidemics. However, this combination was jeopardised with the influx of new immigrants. The new immigrants had not developed natural immunity and thus they bore the brunt in the 1960s malaria outbreak in Gokwe.

Until recently, European medical official and missionaries in the nineteenth and twentieth centuries were often portrayed as omnipotent heroes who plied their duties without being soiled by the cultural commerce of the people they encountered in imperial contexts. Such literature often perceives the colonial subjects as beneficiaries of colonial public health system who, none the less, routinely contested the medical authority and power of colonial medics. This dissertation also casts a shadow on these seemingly gullible analyses. Indeed, this uncritical approach to the history of medicine have increasingly characterised the Africans as passive recipients of colonial remedies. The study proved that medical practices during the colonial era in Gokwe were a two-way process. The colonial medicine did not totally subdue traditional knowledge systems and practices. Local medical knowledge continued to exercise autonomy throughout the colonial period. While the colonial medical officers were introducing medical systems in Gokwe, the Africans were busy modifying and negotiating with these measures to suit their own worldviews and understandings. African agency in the history of medicine in Gokwe thus played an important role in determining the success of colonial medicine.

The programme of disease eradication was not achieved. It is probable that the failure of this programme was largely as a result of colonial negligence of African agency. I argue that the colonial public health system was required to practice their medicine and impart medical knowledge to the Africans in ways that were culturally meaningful to them. The study argues that traditional medicines have been used for thousands of years by indigenous people in Gokwe. These have demonstrated efficacy in treating a wide range of health issues. The introduction of colonial public health system in Gokwe meant the exchange of medical ideas with the Africans. As shown in Chapter Four, with a lot of African voice, the traditional medical practices were not dropped altogether as a result of colonial medicine. By tracing the logic of colonial state's exclusion of African traditional medicine in its laws and medical projects, the study argues that the colonial

[13] On the development of natural immunity see to infection see Wilson, 'Malaria in the African', *Central African Journal of Medicine*, Vol. 4, No. 2, 1958, pp.74-75. See also McGregor and Ranger, 'Past and Present', pp. 222-226.

public health practices failed to incorporate the African worldview in their agenda. Instead, they wanted to undermine local medical institutions.

REFERENCES

A. Primary Sources

a. i. Archival Sources

NAZ, A3/18/28, Sebungwe District, tribal history, 1906.

NAZ, NGB 2/7/1, Miscellaneous, Surveyor General in Salisbury to Chief Native Commissioner (CNC), Salisbury, 4 July 1917.

NAZ, GN 27/1957, Gokwe.

NAZ, S2929/7/3, Delineation Report, 1963-1965.

NAZ, NB6/1/5, NC Sebungwe, Annual Report, 1904.

NAZ, S3100/3/1, Trypanosomiasis Report, Sebungwe Area, 1912.

NAZ, S1903/T3, Trypanosomiasis, Sebungwe District, 1918-34.

NAZ, AOH/97, Chief Farau Negande, 23 June 1983.

NAZ, N3/30/2, Mafungabutsi Fly Area, 1913.

NAZ, S917/A312/282, Gokwe, Native Commissioner's Camp, 1920-1948.

NAZ, S2413, D. M Blair to Cambournac, 'Malaria Control: Southern Rhodesia', August 1950.

NAZ, S2827/2/2/5/2, Annual District Reports, Internal Affairs, 1957.

NAZ, NGB2/6/1 Sebungwe Trypanosomiasis 1913.

NAZ, N3/24/5-7, Sebungwe Trypanosomiasis, 1913.

NAZ, N3/30/2, Sebungwe Trypanosomiasis, 1913.

NAZ, N3/24/5-7, Game Laws and Hunting Grounds, 1916-1918.

NAZ NGB2/6/1, Sebungwe Trypanosomiasis, 1912.

NAZ, S1051, Report of the NC Sebungwe for the year ended 31 December 1947.

NAZ, NB6/1/2, NC Sebungwe, Annual Report, 1899.

NAZ, NB6/1/5, NC Sebungwe, Annual Report, 1904.

NAZ, S235/518, NC Sebungwe, Annual Report, 1946.

NAZ, S1830/57787, Ex-Servicemen Land Resettlement Scheme.

NAZ, S3271/1, Chieftainship and Headmanship, Circular 287: Redundant Chieftainship: Survey Recommendations.

NAZ, AOH/9, Macheka Gombera.

ii. Interviews

NB. All interviews were carried by the author.

L. Musarurwa, Chief Nemangwe at his homestead, 53 years old, 4 June 2016.

Mufaro Chiromo, Chief Gumunyu, at his homestead, 69 years old, 3 April 2016.

Rueben Chabata, Village head, Chibhogo Village, at his homestead, 86 years old, 2 April 2016.

S. Bvute, Ministry of Environment, at Mtora Hospital, Chief Nembudziya, 58 years old, 11 November 2015.

Tekede, ex-combatant, at Chomukuyu, 67 years old, 9 November 2015.

Tsangadzaoma, at Madzivazvido, 69 years old, 14 November 2015.

VaSimbi, Village head, Mavere Village, at his homestead, 89 years old, 13 August 2013.

Fema Gonde, Chief Nembudzia, at his homestead, 104 years old, 7 April 2016.

Mashame, Chief Mashame at his homestead, 93 years old, 6 November 2015.

Mazvimbakupa, at Gokwe Centre, 76 years old, 4 August 2016.

Kadengu, Goredema, at his homestead, 80 years old, 12 November 2016.

Mbayembaye, Gokwe Centre, at his homestead, 70 years old, 4 August 2016.

R. Muzanenhamo, Tengwe, Chief Chireya, 74 years, 6 April 2016.

Jaricha, at Gokwe Centre, 77 years old, 6 August 2016.

Cleto Zharare, at his homestead, Svibe, 84 years old, 8 April 2016.

Godfrey Gudo, Goredema, at Goredema Clinic, 75 years old, 10 November 2015.

An informal discussion with Martin Muswere, 11 March 2016.

iii. Newspapers

The Herald, 8 May 2013.

B. Secondary Sources

a. Published Literature

Articles and Book Chapters

Agere, S. T. 'Progress and Problems in the Health Care Delivery Systems', *Zimbabwe: The Political Economy of Transition 1980-1986*, I. Mandaza (ed.), Codesria, Dakar, (1986).

Alan, J. 'Health, Surveillance and Community: South Africa's Experiment with Medical Reform in 1940s and 1950s', *South African Historical Journal*, Vol. 43, No. 1 (2000).

Alexander, J and Ranger, T. O. 'Competition and integration in the religious history of Northwest Zimbabwe', *Journal of Religion in Africa,* Vol. 28 (1998).

Alexander. J and McGregor, J. 'Modernity and Ethnicity in a Frontier Society: Understanding Difference in Northwestern Zimbabwe', *Journal of Southern African Studies*, Vol. 23, No. 2, (1997).

Arrighi, G. 'Labour supplies in historical perspective: the proletarianisation of the African peasantry in Rhodesia', *Journal of Development Studies*, No. 6, (1970).

Beach, 'The Shona Economy: branches of production', *The Roots of Rural Poverty in Central and Southern Africa*, R. Palmer and N. Parsons (eds.), (Heinemann: London, 1977).

Beach, D. N. The Rozvi in search of their past, *History in Africa*, Vol. 10, (1983).

Chaplin, J. H. 'A note on African taxes and tax stamps', *The Northern Rhodesia Journal*, Vol. 4, No. 5, (1961).

Chavhunduka, G. 'Dialogue among Civilisations: The African Religion in Zimbabwe Today', Occasional Paper No. 1, 2001

Chorley, K. 'The Sebungwe District', *Proceedings of the Rhodesia Scientific Association*, Vol. 40, (1945).

Cockcroft, I. G. 'They Did Not Leave the Valley', *NADA*, Vol. 10, No. 1, (1969).

Cook, G. C. 'Doctor David Livingstone FRS (1813-1873): 'The Fever' and other Medical Problems of Mid-19th Century Africa', *Journal of Medical Biography*, No. 2, Vol. 1, (1994).

Curtin, P. D. 'Death by Migration: European's Encounter with Tropical World in the 19th century', *The International Journal of African Historical Studies*, Vol. 23, No. 4, (1990).

Davies, B and Dopcke, W. 'Survival and accumulation in Gutu: Class formation and the rise of the State in colonial Zimbabwe, 1900-1939,' *Journal of Southern African Studies*, No. 14, Vol. 1, (1987).

De Barros, J, Palmer, S and Wright, D. 'Introduction', in Juanita De Barros, Steven Palmer and David Wright (eds.), *Health and Medicine in circum-Caribbean, 1800-1968* (Routledge: New York & London, 2009).

Dlamini, S. R, 'The Introduction of Western Medicine in Southern Africa: The Case of Ainsworth Dickson Nursing Training School in Bremersdorp, Swaziland, 1927–1949', *South African Historical Journal*, (2016)

Duggan, W. R. 'The Native Land Husbandry Act of 1951 and the Rural African Middle Class of Southern Rhodesia', *African Affairs*, Vol. 79, No. 315, (1980).

Feierman, S. 'Struggles for Control: The Social Roots of Health and Healing in Modern Africa', *African Studies Review*, Vol. 28, No. 2/3, (1985).

Gelfand, M. 'African customs in relation to preventive medicine', *The Central African Journal of Medicine*, Vol. 27, No. 1, (1980).

Gravetter, F. J. and Forzano, L. B. 'Research Methods for the Behavioural Sciences', *Cengage Learning*, (2011).

Hickman, A. S. 'Some Notes on Police Pioneer Doctors and Others', *Rhodesiana*, No. 2, (1957).

Hardiman, D. 'Introduction', in *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa*, D. Hardiman (ed.), (Editions Rodopi B.V.: Amsterdam, 2006).

Hokkanen, M. 'Scottish Missionaries and African Healers: Perceptions and Relations in the Livingstonia Mission, 1875-1930', *Journal of Religion in Africa,* Vol. 34, (2004).

Hoppe, K. A. 'Lords of the fly: Colonial Visions and Revisions of African Sleeping-sickness Environments on Ugandan Lake Victoria, 1906-61', *Africa: Journal of the International African Institute*, Vol. 67, No. 1 (1997).

Kalipeni, 'Health and Society in Southern Africa in Times of Economic Turbulence', *The Uncertain Promise of Southern Africa*, Y. Bradshaw and S. N. Ndengwa (eds.), (Indiana University Press, Bloomington, 2000).

Kopytoff, I. 'The Internal African Frontier: The making of African political culture', I. Kopytoff (ed.), *The African Frontier: The reproduction of traditional African societies*, (Bloomington: Indiana University Press, 1987).

Kosmin, B. 'The Inyoka Tobacco Industry of the Shangwe People: the Displacement of a Pre-colonial Economy in Southern Africa', *The Roots of Rural Poverty in Central and Southern Africa,* R. Palmer and N. Parsons (eds.), (Heinemann: London, 1977).

Löwy, I. 'Historiography of Biomedicine: 'Bio', 'Medicine', and in Between', *Isis*, Vol. 102, No. 02, No. 1 (2011).

Macdonald, G. 'Malaria Control for Rural Population' in *African Affairs: Journal of the Royal African Society*, Vol. 44, (1945).

Machinga, M, Religion, Health, and Healing in the Traditional Shona Culture of Zimbabwe, Practical Matters, Issue 4, (2011).

Malowany, M. 'Unfinished Agendas: Writing the History of Medicine of sub-Saharan Africa', *African Affairs*, Vol. 99, No. 395 (2000).

Mapira, J and Mazambara, P. 'Indigenous knowledge systems and their implications for sustainable development in Zimbabwe', Journal of Sustainable Development in Africa, Volume 15, No.5, (2013).

Maravanyika, S. Local response to colonial evictions, conservation and commodity policies among Shangwe communities in Gokwe, Northwestern Zimbabwe, 1963-1980, *African Nebula*, Issue 2 (2012).

Marr, F. 'Some Notes on Chief Sileya (Chireya: Shona): Gokwe District, Southern Rhodesia', *NADA*, Vol. 39, (1962).

McGregor. J and Ranger, T. 'Displacement and Disease: Epidemics and Ideas about Malaria in Matabeleland, Zimbabwe, 1945-1996', *Past and Present: A Journal of Historical Studies*, No. 167, (2000).

Mlambo, A. S. 'From the Second World War to UDI, 1940-1965', *Becoming Zimbabwe: A history from the pre-colonial period to 2008*, B. Raftopoulos and A. Mlambo (eds.), (Weaver Press: Harare, 2009).

Mupira, P. 'Losing and Repossessing Land and Ancestral Landscapes', M. Relaki and D. Catapoti (eds.), *An Archaeology of Land Ownership,* (Routledge: New York, 2013).

Mutema, L. 'Salt making, myth and conflict in Chireya,' *Zimbabwea*, Vol. 4, (1996).

Mutwira, R. Southern Rhodesian Wildlife Policy (1890-1953): A Question of Condoning Game Slaughter?, *Journal of Southern African Studies,* Vol. 15, No. 2, 1989

Nesham, W. T. 'Kariba Resettlement', *NADA*, Vol. 38, (1961).

Ngara and Mangizvo, 'Indigenous knowledge systems and the conservation of natural resources in the Shangwe community in Gokwe district, Zimbabwe', *International Journal of Asian Social Science*, Vol. 3, No. 1, (2013).

Nyambara, P. S. 'Immigrants, 'Traditional' Leaders and the Rhodesian State: the Power of 'Communal' Land Tenure and the Politics of Land Acquisition in Gokwe, Zimbabwe, 1963-1979, *Journal of Southern African Studies*, Vol. 27, No. 4, (2001).

Nyambara, P. S. ''That Place was Wonderful!' African Tenants on Rhodesdale Estate, Colonial Zimbabwe, c. 1900-1952', *The International Journal of African Historical Studies*, Vol. 38, No. 2, (2005).

Nyambara, P. S. 'Madheruka and Shangwe: Ethnic Identities and the Culture of Modernity in Gokwe, Northwestern Zimbabwe, 1963-79', *The Journal of African History*, Vol. 43, No. 2, (2002).

Nyandoro, M. Zimbabwe's Land Struggle and Land Rights in Historical Perspective: The case of Gowe-Sanyati Irrigation (1950-2000), *Historia*, Vol. 57, No. 2, (2012).

Ogundiran, A. 'The Making of an Internal Frontier Settlement: Archaeology and Historical Process in Osun Grove (Nigeria), Seventeenth to Eighteenth Centuries', *African Archaeology Review*, Vol. 31, (2014).

Packard, R. 'Maize, Cattle and Mosquitoes: The political economy of Malaria epidemics in colonial Swaziland', *Journal of African History*, No. 25, Vol. 2, (1984).

Packard, R. *Review of Epidemics and Ideas: Essays on the Historical Perception of Pestilence*, T. Ranger and P. Slack (eds.), *The Journal of Interdisciplinary History*, Vol. 25, No. 4, (1995).

Parkinson, D. K. 'The 'Batonka Pipe'', *NADA*, Vol. 10, No. 1, (1969).

Parkinson, D. K. 'The Vashangwe of Chief Chireya: Gokwe', *NADA*, Vol. 9, No. 5, (1968).

Powell, 'Notes on Life at One of the Batonka Kraals in the Sebungwe District', *NADA*, (1951).

Tilley, H. 'Ecologies of Complexity: Tropical Environments, African Trypanosomiasis and the Science of Disease Control in British Colonial Africa, 1900-1940', *Osiris*, No. 2, Vol. 19, (2004).

Van Onselen, C. 'The 1912 Wankie Colliery Strike', *Journal of African History*, Vol. 15, No. 2, (1974).

Wallace, B. 'Life stories' in J. F. Gubrium and A. Sankar (eds.), *Qualitative methods in aging research* (Thousand Oaks, CA: Sage, 1994).

Weinrich, A. K. H. *The Tonga People of the Southern shore of Lake Kariba*, (Mambo Press: Gweru, 1977); T. Scudder, The Kariba Case Study, *PASADENA*, (2005).

Wilson, 'Malaria in the African', *Central African Journal of Medicine*, Vol. 4, No. 2, (1958).

Worby, E. 'Discipline without Oppression: Sequence, timing and marginality in Southern Rhodesia's post-war development regime,' *Journal of African History*, 41, (2000).

Zegeye, A. and Vambe, M. 'African Indigenous Knowledge Systems', *Review*, Vol. 29, No. 4, (2006).

Books

Achebe, A. *An Image of Africa: Racism in Conrad's Heart of Darkness*, (University of Massachusetts: Massachusetts, 1975).

Adams, W. B. *Against Extinction: The story of Conservation*, (Routledge: New York, 2013).

Alexander, J. *The Unsettled Land: State-Making and the Politics of Land in Zimbabwe, 1893-2003*, (James Currey: Oxford, 2006).

Baber, Z. *The Science of Empire: Scientific Knowledge, Civilization, and Colonial Rule in India*, (Albany: New York, 1996).

Beach, D. N. *A Zimbabwean Past: Shona Dynastic Histories and Oral Traditions*, (Mambo Press: Gweru, 1994).

Beach, D. N. *The Shona and Zimbabwe 900-1850: An Outline of Shona History*, (Mambo Press: Gweru, 1980).

Beach, D. N. *War and Politics in Zimbabwe, 1840-1900,* (Mambo Press: Gweru, 1986).
Comaroff, J. and Camaroff, J. *Of Revelation and Revolution: The Dialectics of Modernity on a South African Frontier*, (Chicago University Press: Chicago, 1997).

Callinocas, A and Rogers, J. *Southern Africa after Soweto*, (Pluto Press: London, 1978).

Chipembere, G. N. *Representation and Black Womanhood: The Legacy of Sarah Baartman*, (Palgrave Macmillan: New York, 2011).

Diop, C. A. *Pre-colonial Black Africa: A Comparative Study of the Political and Social Systems of Europe and Black Africa from Antiquity to the Formation of Modern States*, (Lawrence Hill and Company: Connecticut, 1987).

Dunlap, T. *DDT: Scientists, Citizens, and Public Policy*, (Princeton University Press: Princeton, 1981).

Ford, J. *The Role of Trypanosomiases in African Ecology: The Study of the Tsetse Fly Problem*, (Clarendon Press: Oxford, 1971).

Forster, P. G. *Thomas Cullen Young: Missionary and Anthropologist*, (Hull University Press: Hull, 1989).

Gann, L. and Duignan, P. *Burden of Empire: An Appraisal of Western Colonialism in Africa South of the Sahara* (Pall Mall Press: London, 1967).

Gelfand, M. *A service to the sick: a history of health services for Africans in Southern Rhodesia (1890-1953)*, (Mambo Press: Gweru, 1976).

Gelfand, M. *The Sick African: a clinical study,* (Juta: Cape Town, 1957),

Gelfand, M. *Tropical Victory: An Account of the Influence of Medicine on the History of Southern Rhodesia*, 1890-1923, (Juta: Cape Town, 1953).

Gelfand, M. *Godly Medicine in Zimbabwe: A history of its medical missions*, (Mambo Press: Gweru, 1988).

Gelfand, M. *Livingstone the Doctor*, (Blackwell: Oxford, 1957).

Giles-Vernick, T and Webb, J. L. A. *Global health in Africa: Historical Perspectives on Disease Control*, (Ohio University Press: Ohio, 2013).

Green, J. W. *'What is Community Development', Community Development: with special reference to rural areas*, (University College of Rhodesia: Salisbury, 1963).

Hemans, H. N. *The Log of the Native Commissioner: A record of work and sport in Southern Rhodesia*, (H. F. & G. Witherby: London, 1935).

Hoppe, K. A. *Lords of the Fly: Sleeping Sickness Control in British East Africa 1900 – 1960,* (Praeger Publishers: Westport, 2003).

Lowe, L. *Medical Missions: Their Place and Power* (Fleming H. Revell Company: New York, 1887).

Macdonald, G. *The Epidemiological and the Control of Malaria*, (Oxford University Press: London, 1957).

Mararike, C, G. *African Heritage: Our Rallying Point, the case of Zimbabwe's land use*, (Best Practices Books: Harare, 2001).

McGregor, J. *Crossing the Zambezi: The Politics of Landscape on a Central African Frontier*, (Weaver Press: Harare, 2009).

Mavhunga, C. *Transient Workplaces: Technologies of Everyday Innovation in Zimbabwe*, (The MIT Press: Massachusetts, 2014).

Mudimbe, V. Y. *The Invention of Africa*, (Indiana University Press: Indianapolis, 1988).

Munro, W. A. T*he Moral Economy of the State: Conservation, Community Development, and State Making in Zimbabwe*, (Ohio University of Center for International Studies: Ohio, 1998).

Nyathi, P. *Zimbabwe Cultural Heritage*, (amaBooks: Bulawayo, 2005).

Onselen, C. V. *CHIBARO: African Mine Labour in Southern Rhodesia 1900-1933*, (Pluto Press: London, 1976).

Packard, R. *White Plague, Black Labour: Tuberculosis and the Political Economy of Health and Disease in South Africa*, (James Currey: London, 1990).

Phimister, I. *An Economic and Social history of Zimbabwe, 1890-1948: Capital accumulation and class struggle*, (Longman: London, 1988).

Ranger, R. *The invention of tribalism in Zimbabwe*, (Mambo Press: Gweru, 1985).

Ranger, T. O. *Peasant Consciousness and Guerrilla War in Zimbabwe: A Comparative Study,* (James Currey: London, 1985).

Ranger, T. O. *The African Voice in Southern Rhodesia, 1898-1930*, (Northwestern University Press: Chicago, 1970).

Ranger, T. O. *Voices from the Rocks: Nature, Culture, and History in the Matopos Hills of Zimbabwe,* (Indiana University Press: Bloomington, 1999).

Ransford, O. *Bid the Sickness Cease: Disease in the History of Black Africa*, (J. Murray: London, 1983).

Relaki, M and Catapoli, D. *An Archaeology of Land Ownership*, (Routledge: New York, 2013).

Rukuni, M. 'The evolution of agricultural policy: 1890-1990', *Zimbabwe Agricultural Revolution Revisited*, (University of Zimbabwe Publications: Harare, 2006).

Shetler, B. *Imagining the Serengete: A History of Landscape Memory in Tanzania from Earliest Times to Present,* (Ohio University Press: Ohio, 2007).

Tilley, Africa as a Living Laboratory: Empire, Development and the Problem of Scientific Knowledge, 1870-1950, (University of Chicago Press: Chicago, 2011).

Thompson, E. P. *The Making of the English Working Class*, (Penguin Books: Toronto, 1961).

Tripp, C. *Islam and the Moral Economy: The challenge of Capitalism*, (Cambridge University Press: Cambridge, 2006).

Tuan, Y. F. *Topophilia: A study of environmental perception, attitudes and values*, (Prentice-Hall Inc.: New Jersey, 1974).

Tuan, Y. F. *Space and Place: The Perspective of Experience*, (Edward Arnold (Publishers) Ltd: London, 1977).

Vaughan, M. *Curing their Ills: Colonial Power and African Illness*, (Cambridge: Polity Press, 1991).

Vansina, J. *Oral Traditions as History*, (James Currey Ltd: London, 1985).

Wolmer, W. *From Wilderness Vision to Farm Invasion: Conservation and Development in Zimbabwe's South-East Lowveld*, (James Currey: Oxford, 2007).

Weinrich, A. K. H. *The Tonga People on the Southern Shore of Lake Kariba*, (MamboPress: Gweru, 1977).

Weinrich, A. K. H. *Chiefs and Councils in Rhodesia: Transition from Patriarchal to Bureaucratic Power*, (Heinemann: London, 1971).

Yudelman, M. *Africans on the Land: Problems of the African Agricultural Development in Southern, Central and East Africa, with special reference to Southern Rhodesia*, (Cambridge University Press: Cambridge, 1964).

b. Unpublished Literature

Chizororo, J. In-migration into Gokwe East: Occupation of a Frontier Region, BA Honours dissertation, University of Zimbabwe, (1988).

Cobing, J. The Ndebele under the Khumalos, 1820-1896, PhD Thesis, University of Lancaster, (1976).

Mombo, K. J. Population In-migration into Gokwe-Cheziya District between 1965-1968 to 1975-1978, BA Honours dissertation, University of Zimbabwe, (1987)

Mujere, J. Autochthons, Strangers, Modernising Educationists, and Progressive Farmers: Basotho struggles for belonging in Zimbabwe 1930s-2008, PhD Thesis, University of Edinburgh, 2012.

Ncube, G. The Making of Rural Healthcare in Colonial Zimbabwe: A history of the Ndanga Medical Unit, Fort Victoria, 1930-1960s, unpublished PhD Thesis, University of Cape Town, (2012).

Ncube, G. T. 'A History of North-Western Zimbabwe, 1850 – 1950s: Comparative Change in Three Worlds', MPhil, History Department, University of Zimbabwe, (1993).

Nyambara, P. A History of Land Acquisition in Gokwe, Northwestern Zimbabwe, 1945-1997, PhD dissertation, Northwestern University, (1999).

Nyambara, P. Madheruka immigrants and the Shangwe: Ethnic identities and the culture of modernity in Gokwe, northwestern Zimbabwe, 1963-1979 (unpublished).

Tigere, Colonial Administration and Malaria Control in Southern Rhodesia: the case of Mazoe Valley (1909-1953), BA Honours in Economic History, University of Zimbabwe, unpublished dissertation, (2010).

Prothero, P. M, 'Population Movements and Problems of Malaria Eradication in Africa', A Report submitted to the WHO, (1961).

Turner, F. J. 'The Significance of the Frontier in American History', Report of the American Historical Association (1893).

World Health Organization, *DDT and its derivatives: Environmental Health Criteria*, (Geneva: Switzerland, 1979).

c. Internet Sources

http://www.worldcat.org/title/survey-of-the-native-tribes-of-southern-rhodesia-with-map-by-fwt-posselt/oclc/859173010

http://muzvarebettymakoni.org/makoni-kingdom-of-four-centuries-destroyed-by-politicians-in-zimbabwe-the-official-report/.

http://muzvarebettymakoni.org/makoni-kingdom-of-four-centuries-destroyed-by-politicians-in-zimbabwe-the-official-report/