

Medical practice and international networks
Albert Schweitzer's Hospital in Lambarene, 1913-1965

A research project submitted to the Swiss National Science Foundation

1. Summary of the research plan

This project aims at a first thorough historical study of Albert Schweitzer's hospital in Lambarene in the period of its founder's reign (1913-1965). Based on an exceptionally rich and varied corpus of hitherto unconsidered archival material including thousands of patient records, a huge international correspondence, numerous notebooks and a large collection of photographs, it intends to describe the central characteristics of the hospital on both levels of daily practice and international networks and thus to locate it in the realm of Christian missionary, colonial, and humanitarian endeavours.

The project consists of two parts, one of which is devoted to medical practice. It will use a praxeological approach and thus pay particular attention to the plurality of options, the openness of situations, reciprocity and interaction. Besides the general description of daily procedures and measures, details of lodgings, physical examination, diagnosis and treatment it will ask for the consistency of these practices, the alleged stagnation of medical and hygienic standards and the importance of various categories such as religion and authority. As a result, it will reconstruct hospital culture and thus present a kind of historical, diachronic counterpart to hospital ethnographies written by anthropologists.

The second part examines the international network in so far as it helps us to arrive at a comprehensive understanding of the personal, institutional and ideological background and the manner of operation of the hospital. In this respect, it will look at Schweitzer's promotional strategy and pay particular attention to the narrative structure of textual and visual communication.

In a combined examination of both these heavily intertwined areas of study the project will provide a kind of "analytical biography" of the hospital and thus act as a solid counterweight to the controversial popular perception of Schweitzer as humanitarian giant or as a paternalistic racist.

keywords: Albert Schweitzer, Lambarene hospital, medical practice, international networks, colonial medicine, philanthropic medicine, hospital culture, history of medicine in Africa

2. Research plan

Albert Schweitzer and his hospital in Lambarene are prominent symbols of western philanthropic medicine in Africa.¹ In 1947, the *Life* Magazine called Schweitzer "The greatest man in the world" and still in today's Germany he is considered one of the five most important examples.² Schweitzer and his hospital had for a long time a significant impact on the Western perception of medicine in Africa. But rarely ever are they mentioned in modern studies on colonial medicine. Schweitzer's name appears mainly in more popular publications and – time and again leaning on clichés – either as a humanitarian giant or as a paternalistic racist. This is due to the lack of any thorough historical study on the hospital in Lambarene. Thanks to hitherto unknown exceptional and extensive archival material this project aims to fill this gap. We would like to examine the local practice of medicine and Schweitzer's network in order to understand the hospital culture in Lambarene and to locate Schweitzer's project in the realm of Christian missionary, colonial, and humanitarian endeavours.

2.1. Current state of research in the field

Research on Schweitzer

Schweitzer himself published several accounts of his daily life and adventures in Lambarene for a general audience.³ The regular reports addressed to his French and German speaking supporters also provide useful information on his activities in Lambarene.⁴ The accounts highlight his motivations and the general circumstances but have also to be read as a product of literature – as Caroline Fetscher has shown in her (somewhat idiosyncratic) analysis of tropes and metaphors.⁵ Schweitzer's broader intellectual ideals and goals are visible especially in his *Kulturphilosophie* (1923) and his *Aus meinem Leben und Denken* (1931), and it is mainly on these and other philosophical, theological and musicological writings that Schweitzer studies – prospering especially since the 1990s – have focused.⁶ A great number of biographies has been published, many of them hagiographic,⁷ some of a more critical nature but none of them has been established on a thorough examination of the main archival sources.⁸

As to Schweitzer and his hospital in Lambarene, apart from the medical dissertation of Johannes Scholl, no attempt of a serious historical analysis has ever been made.⁹ Scholl's short book, however, is based primarily on Schweitzer's own accounts, lacks a thorough critical approach and is written with the intention of describing Schweitzer and Lambarene as visionary models for today's foreign aid policy. Besides Schweitzer's own descriptions, there is a whole series of reports of witnesses ranging from longstanding medical collaborators and

¹ On Schweitzer's posthumous fame see Mbondobari 2003; on philanthropic movements at the time of Schweitzer, see e.g. Schneider 2002.

² The others are Mother Teresa, Nelson Mandela, Helmut Schmidt, and Mahatma Gandhi. Opinion survey of the Institut für Demoskopie Allensbach in 2012 (www.ifd-allensbach.de).

³ *Zwischen Wasser und Urwald* (1921); *Selbstdarstellung* (1929); "L'assistance médicale aux colonies" (*Revue des deux mondes*, 1931, 390-404); *Afrikanische Jagdgeschichten* (1936); *Afrikanische Geschichten* (1938); *Das Spital im Urwald* (1948).

⁴ *Mitteilungen aus Lambarene* (1913, 1914); *Notes et nouvelles de la part du Prof. Dr. Albert Schweitzer* (1913, 1914); *Mitteilungen aus Lambarene* (1925, 1927); *Briefe aus Lambarene* (1, 1924 – 24, 1954).

⁵ Fetscher 1993; on tropes, rumours and stories in African history, see White 2000.

⁶ E.g. Arnaut 2009, Ecker 2001, Hauskeller 2006, Ives 2007, Murray 1994, Schüz 2005. For an introduction to his thoughts see Günzler 1996. An important broadening of Schweitzer studies has been furnished by Suermann's study of the "homo politicus" (2012).

⁷ E.g. Christen 1950, Gollomb 1951, Hagedorn 1960, Monestier 1952, Nies-Berger 2003; Oswald 1971, Schorlemmer 2009, Woytt-Secretan 1947.

⁸ The most important being Bentley 1993, Brabazon 1975 (2000), Kantzenbach 1969 and Koskas 1992. Oermann 2009 and Steffahn¹⁸2009 rarely go beyond the earlier authors.

⁹ Scholl 1994. Despite its title, Elloué-Engoué 2011 does not furnish a historical analysis but is an ineffective attempt of a philosophical analysis of Schweitzer's work.

doctors to short stay visitors.¹⁰ Most of them paint a flattering, positive picture of the great Schweitzer. Some few have furnished a more balanced description of his work, showing his greatness but also his frailties.¹¹ In addition, there are many short general reflections and brief accounts.¹² These mostly European views are to some extent balanced by an anthropological inquiry into the local perception of Schweitzer as an African icon.¹³

In 1964, in the wake of general criticism of colonial medicine, Gerald McKnight published his influential *Verdict on Schweitzer*.¹⁴ Since then, the opinions are divided: on the one hand, there is a large community of supporters of Schweitzer's heritage, organized in various national societies, which promote it through activities and publications.¹⁵ On the other hand, from the 1960s, many young African scholars endorsed a generally critical attitude towards colonial medicine.¹⁶ They confirmed McKnight's verdict and considered Schweitzer a paternalistic, narcissistic and arrogant colonialist who supervised an antiquated, dirty hospital of questionable utility. This judgement is also endorsed by a more recent publication by Audoynaud as well as by the somewhat older film *Le Grand Blanc de Lambarene*.¹⁷

Research on medical practice in Africa

In the last decades, however, historiography of colonial medicine has moved well beyond this bipolarity of glorification and condemnation. Since the 1980s, and increasingly in the 1990s, scholars have been concerned with the social history of medicine and studied health and diseases in the context of culture, society, politics, economy, and population.¹⁸ They have realized that African medicine has also to be studied in the *longue durée*.¹⁹ That approach has helped to redefine our understanding of imperial power, showing its efforts and success but also its failure to establish social control.²⁰ The former opposition between traditional and modern medicine gave way to a more detailed description of local practices, which endured or changed only partly in the course of the introduction of biomedicine.²¹ Western medicalization did not annihilate the local traditions of healing but asked for new negotiations of the local meaning of illness.²² It fostered medical pluralism.²³ Pluralism, diversity, local knowledge and competing systems of health and healing are, in fact, central topics of many of today's African studies.²⁴

In recent years, some attention has been devoted to the many forms and aspects of medical practices. They have been studied on the level of epidemic disease control as well as of imperial interests and health systems.²⁵ This enabled us to follow the change of medical paradigms like the treatment of tuberculosis²⁶ or the development of

¹⁰ The most important being: Lauterburg-Bonjour 1954, Minder 1975 (accounts of the doctors Trenszt, Nessmann and Aujoulat), Munz 2005, Munz 2013, Nessmann 1994, Penn 1956, Poteau, 2008, Sainz 1966, Siefert 1986, Taap 1970.

¹¹ Bessuges 1968.

¹² E.g. Schweitzer 1995 is a collection of reports of witnesses and others.

¹³ Emame 2013; see also Mvone-Ndong 2011 and Munz 1991.

¹⁴ McKnight 1964.

¹⁵ Besides many books and brochures also periodicals such as the *Albert-Schweitzer-Rundbrief*, 1947ff. (German society), *Berichte aus Lambarene*, 1950ff. (Swiss society) and *Cahiers Albert Schweitzer*, 1959ff. (French society).

¹⁶ Cf. Codjo-Rawambia 2008.

¹⁷ Audoynaud 2005; *Le Grand Blanc de Lambarene* (1995) was directed by Bassek ba Kobhio from Cameroon; see also Audoynaud 2011, Audoynaud 2012.

¹⁸ For an up-to-date overview see Hunt 2013. Important studies Anderson 1998, Bado 1996, Bargès 1997, Janzen 1992, Lyons 1992, Mbokolo 1984, Tapper 1995, Swartz 1995, Turshen 1984, Vaughan 1992, White 2000.

¹⁹ Waite 1992.

²⁰ Arnold 1993, Arnold 1998, Camaroff 1993, Headrick 1994, Engels/Marks 1994.

²¹ Worboys 2000.

²² Anderson 1998: 525, Green 2003, Harries/Dreier 2012, Harrison 1996.

²³ Bruchhausen 2010, Feerman/Janzen 1992.

²⁴ E.g. Langwick 2011, Bruchhausen 2006, Digby/Ernst/Mukharji 2010.

²⁵ E.g. Anderson 1998, Bado 1996, Crozier 2007, Echenberg 2002, Eckart 1997, Headrick 1994, Lyons 1992, Médard 2005.

²⁶ E.g. Ndoye/Poutrain 2004.

rural health systems in the case of the Swiss missionaries in Northern Transvaal.²⁷ Another focus has been on medical institutions, particularly colonial and missionary hospitals²⁸ that have e.g. been described as mirrors of society²⁹ or as social institutions.³⁰ On the level of the actors, closer attention has been paid to the various professions such as physicians³¹, nurses³² or midwives.³³ Rather few studies, however, have taken a closer look at the daily practice on the level of single actors in health institutions: Nancy Hunt's *Colonial Lexicon* is one of these rare examples.³⁴ As Elikia Mbokolo noted in a historiographical review in 1984, and as Karine Delaunay, Anne Digby et al. confirmed in 2005 and 2010, few historical research has been made in this respect.³⁵ The scarcity of archival material is certainly one major reason for that. Medical practice within the hospital or on the level of the individual interaction between physicians, healers and patients has, however been studied by anthropologists in their hospital ethnographies.³⁶ Although these studies often lack a diachronic perspective, they open up a terrain that might in fact prove fruitful for historical analysis.

2.2. Current state of your own research

Research on this project started in April 2012 with some first visits at the Schweitzer archives in Gunsbach. Gradually we came to realize that the archives hold documents (of which the archivists themselves were not aware) of unexpected quantity, completeness and quality. We approached the *Albert-Schweitzer-Stiftung Günsbach-Bern* and the *Schweizer Hilfsverein für das Albert-Schweitzer-Spital in Lambarene* in order to support us in our aim to lay a solid basis for a research project to be submitted to the Swiss National Science Foundation. These foundations generously donated CHF 50,000 and the Institute for the History of Medicine of Bern added approximately CHF 40,000 of its own funds in order to employ Dr. Hines Mabika from August 2012 to October 2013. Since September 2012 Dr. Mabika has thoroughly explored the archives in Gunsbach, studied the literature on Schweitzer and his hospital, examined the situation on the spot in Lambarene, and assisted the applicant in the development of a research plan. Until October 2013 (the hoped-for start of the SNSF-project), Dr. Mabika will continue his inquiries, especially as regards to Schweitzer's network. In this period, the *Albert-Schweitzer-Stiftung Günsbach-Bern* will make an effort to digitize all the major Lambarene sources (except the private correspondence). Thanks to these preliminary works we will be prepared in the best possible manner in order to embark on our project.

Hines Mabika and Hubert Steinke have already published their first attempts of analysis in two articles on Lambarene and Schweitzer's medical practice (in a volume on Schweitzer, edited by Angela Berlis, Fritz von Gunten, Hubert Steinke, and Andreas Wagner, in the series "Berner Universitätsschriften", Bern 2013, in press).

Hubert Steinke is full professor of history of medicine at the University of Bern. He holds an MD (1995) and an MA in history of art (1998), both from the University of Bern, and a PhD in history from the University of

²⁷ Harries/Obrist 2011.

²⁸ For former colonial and public hospitals see Carayon 2000, Digby/Phillips 2008, for former missionary hospitals and organizations see Akerele/Tabibzadeb 1976, Burns/Noble/Parle 2013, Faure 2012, Good 2004, Hardiman 2006 and the expected dissertations of Marcel Dreier and Pascal Schmid from Patrick Harries' project on health systems (Basel), to mention only some of the most recent publications. The major reference for the general setting is Harrison 2009.

²⁹ E.g. Louw/Swartz 2001, Digby/Phillips 2008.

³⁰ E.g. Horwitz 2006.

³¹ Chiffolleau 1997, Deacon/Phillips/Heyningen 2004, Iliffe 1998, Vaughan 1991, Vidal 2005.

³² Marks 1994.

³³ Flint 2001, Hugon 2005.

³⁴ Hunt 1999, other studies are e.g. Landau 1996.

³⁵ Mbokolo, 1984: 169-176, Delaunay, 2005: 10-22, Digby/Ernst/Mukharji 2010: IX-XII.

³⁶ Cf. Geest/Finkler 2004 and Long/Hunter/Geest 2008 for an introduction and Livingston 2012 for a book-length study.

Oxford (2003). He has never done research on the history of medicine in Africa so far but has expertise in three areas of importance to the project. 1) As an MD he possesses comprehensive medical knowledge that often proves useful in the analysis of medical reports and other sources. 2) His research has for a long time dealt with early modern medicine with a particular focus on the Republic of Letters and correspondence networks (publications in various volumes and articles in 1999-2005, recently two volumes on *Scholars in action*, 2013). He is thus well experienced in the analysis of a large network like that of Schweitzer. 3) Most importantly, the study of medical practice lies at the core of his current and future research interests. For years, he has dealt with the medical practice of the 18th century physician Albrecht von Haller (various smaller publications, main volume of analysis in preparation). Since 2008, he participates in an international research network on medical practice from the 16th to the 19th century and is in charge of a research project on the medical practice of the 19th century physician Caesar Adolph Bloesch (funded by the SNSF). The focus on the medical practice in Lambarene is in line with his long-term research strategy.

Hines Mabika is senior research associate at the Institute for the History of Medicine at the University of Bern. His main area of expertise is the history of colonial and postcolonial medicine in Africa, with a particular focus on medicalization and transfer of knowledge, medical pluralism, missionary medicine, individual and institutional medical actors including hospitals. He has a PhD in social history of medicine from the University of Aix-en-Provence (*Médicalisation de l'Afrique centrale. Le Cas du Gabon, 1890-1970: diagnostic, stratégies et résultats*, 2008). He was member of the research project *A history of health systems in Africa: Swiss mission hospitals and rural health delivery in the 20th century* (directed by Patrick Harries and financed by the SNSF, 2008-2011) and senior research associate at the Institute of history of medicine and public health as well as at the Faculty of theology and religious studies at the University of Lausanne (2011-2012). He has given many university courses in both the history of colonial and postcolonial medicine, and Public health network management, has organized various seminars and intervened at conferences on a national and international level.

The combined competence of Hubert Steinke and Hines Mabika promises a professional and productive investigation into the manifold aspects regarding Schweitzer and his hospital.

2.3. Detailed research plan

General approach

With its focus on medical practice the project is devoted to a route of inquiry, a methodological approach that is in line with the praxeological turn in recent medical historiography.³⁷ The characteristic and advantage of the praxeological approach in our case is that it takes variety, pluralism and dynamism serious and as a starting point for investigation.³⁸ It pays particular attention to the plurality of options, the openness of situations and assumes that social practices, structures and relations have continuously to be redefined. From this perspective, all the persons involved – Africans and Europeans, nurses and patients, doctors and healers etc. – are considered as actors in the sense of medical and health agents. This approach is therefore opposed to a merely diffusionist model and replaces it with its attention to reciprocity and interaction.³⁹

³⁷ A turn observed by Dinges 2004 and others.

³⁸ Cf. Reckwitz 2003, Reichardt 2007.

³⁹ Against the diffusionist model see e.g. Baronov 2008, Raj 2007.

Moreover, routine (an important element of both medical practice and praxeological studies) thus emerges not only as an instrument and place of continuity but equally of change. Focussing on practices means to deal with smooth transitions, transformations, asymmetries, contradictions and unclear or unsettled relations between the actors. These configurations are typical for many colonial settings and their analysis should prove helpful in our aim to understand the case of the Lambarene hospital.

Due to Schweitzer's importance as a prominent example for both advocates and critics of colonial and humanitarian medicine, due to the public identification of Schweitzer with Lambarene, and not least due to the available sources, the ideals and actions of the famous doctor himself are of vital importance to our undertaking. We have, however, to pay attention not to simply adopt the public perception and reduce Lambarene hospital to Schweitzer. Quite the contrary: taking seriously all individual actors means that the necessary preoccupation with Schweitzer has to be balanced by a very explicit focus on the patients, the "middle figures" (Hunt) and other persons involved.⁴⁰ The result of such an investigation should be a description and analysis of hospital culture, a kind of analytical "biography" of the hospital during the reign of Schweitzer (1913-1965).⁴¹

Such a "biography" can, however, only be written if we take into account the wider setting of the hospital. The large majority of the medical staff were Europeans – mostly Swiss – but also Americans who answered Schweitzer's appeal to support his project. The very existence of the hospital depended on its ability to collect money and medical products internationally. Therapeutic practice was considerably shaped by Schweitzer's contacts and the medical background of his staff members. It is therefore indispensable to study Schweitzer's strategy and the network he developed. If we use the term "network", we do not intend to apply a proper network theory as in social network analysis. Nor do we use the term as a simple metaphor. The expression serves us rather as a general concept describing qualitative and quantitative relations between different actors (see below).⁴²

Both these approaches of our project – the study of local medical practices and of the network – can only be pursued thanks to an exceptional body of sources, which will be introduced below. And both areas of study are, of course, heavily intertwined. Although they are studied separately by two different persons, continuous exchange and overlapping investigations are indispensable.

Medical practice and hospital culture

The most important sources to document daily medical practice are patient records. They have been proven very useful and productive in various areas in the west and beyond, particularly in an international research network on medical practice from the 16th to the 19th century and also in a research project on medical practice in the 19th century under the direction of the applicant (see above). In Africa where 19th and 20th century hospital records are hardly complete when available, Lambarene looks almost exceptional. Indeed, all patient records, operation and birth protocols from the beginning to the year 1933 have been preserved. From the later period, all operation and birth protocols are preserved, too, but only one full year (1944) of the patient records. Patient registers from 1932 onwards are complete and thus allow us at least to identify the arrival and diagnosis of all patients.

⁴⁰ On the concept of "middle figures" see Hunt 1999.

⁴¹ The approach of an analytical "biography" has also been endorsed by an international research group on European medical practice from the 16th to the 19th century, of which the applicant is a member. For the results of this project see Dinges et al. 2013.

⁴² Fangerau/Halling 2009 distinguish between these three kinds of use of the term and furnish an up to date survey and analysis.

Based on these sources – as well as staff lists, account books, statistics, personal and institutional correspondence, private notebooks and photographs – we will be able to describe various domains of practice such as the reception of patients, details of examination, diagnosis and treatment, lodging of patients and all other sorts of daily procedures and general measures. Our investigations will be guided by several lines of inquiry which are presented here but the exact orientation and importance of which will come clear only after further archival studies.

Bricolage and problem solving

In his accounts, Schweitzer portrays himself as a man of action, reacting continuously and inventively to new situations and problems. This raises the question whether his actions were guided by a coherent and firm concept or rather based on "bricolage" as a mode of problem solving.⁴³ We will thus ask not only for the consistency of practices themselves but also for their coherence with a theoretical medical framework and for the coherence of this medical system itself. There remains the question whether Schweitzer and the staff in Lambarene were guided by a comprehensive theory, whether they were united through a kind of Fleckian thought collective or whether they – in the sense of Ian Hacking – shared rather a collection of certain beliefs, which allowed for the integration of new opinions and practices.⁴⁴ This leads to one of the focal points of criticism, the alleged stagnation of medical and hygienic standards from 1913 to 1965.⁴⁵ This is a question we should examine closely on the basis of the sources documenting the introduction of new medical techniques and treatments as well as new rules of management and hygiene.

Authority, choice and control

Colonial studies have often operated with Foucauldian and other notions of power, authority and control. Lambarene hospital was, however, neither a colonial nor a missionary hospital. Nevertheless, authority and control appear to be important categories in the hospital daily life. Their examination promises to be revealing. Authority is a term often used by Schweitzer to explain why he was accepted and respected by his patients. He distinguished, for instance, between his own, "male" authority and the more powerful authority of his women doctors who dominated thanks not solely to their mastery of "male" medical knowledge but also to their "female" charity.⁴⁶ Schweitzer also stressed that the natives had a concept of authority which was similar to his. The Gabonese Scholar Augustin Emame suggests that Schweitzer still appears as an icon, a century after having set up the Lambarene hospital, because he resembled the Nganga – lukily the Nganga Ngoy –, the Gabonese chief healer who symbolizes order and power.⁴⁷ An examination of the daily practice should lead to a better understanding of this category – what it meant for Schweitzer and for the Africans – and ultimately of the complex relationships between doctors, medical staff and patients. In this context, it is important not to consider the patients as subservient to authority but to understand their decisions as active, pragmatic choices.⁴⁸

⁴³ Since Claude Lévi-Strauss the term "bricolage" has been used in various ways. We do not refer to any particular notion of "bricolage" here.

⁴⁴ Hacking 1983, 264.

⁴⁵ Good 2004, for instance, has raised the question of third-rate medical care for the case of the Anglican Universities' Mission to Central Africa (UMCA).

⁴⁶ Albert Schweitzer, L'assistance médicale aux colonies, in: *Revue des deux mondes*, 1931, 390-404.

⁴⁷ Emame, 2013.

⁴⁸ Cf. Digby 2006, 42.

Another important and closely linked category to be studied is control – a category successfully used by Thomas Schlich in his enlightening description of operation rooms as spaces of control and of modern surgery in general as a "network of control technologies".⁴⁹ In fact, given the manifold medical and organizational challenges (hygiene, infection, epidemics, compliance, scarcity of material etc.) and the importance of surgery in Lambarene one might describe the various procedures in Lambarene not only as kind of bricolage but also as a means, or at least an attempt, to control the situation.

Hospital culture

The examination of bricolage and problem-solving, of coherence of medical practice, of stagnation and evolution, of authority and control or of the pragmatic choices of the patients should lead to a description of the specific characteristics of the hospital. On what levels and to what extent Albert Schweitzer's Hospital in Lambarene differed from others, be it colonial, missionary or other?⁵⁰ Of course, Schweitzer's concept of "hospital village" might be different from most other hospitals in Africa, and this obvious and constantly evoked peculiarity has led to simplified explanations of Lambarene's identity. It is well established that hospitals in Africa are products of importation. But they are not clones. Each of them has its own culture.⁵¹ The available archival material enables us to reconstruct hospital culture on the basis of a thorough examination of local practices. This will allow us to present a kind of historical, diachronic counterpart to hospital ethnographies written by anthropologists.⁵² To that end, we need to take into account two important not yet mentioned dimensions structuring, guiding and showing core values, beliefs and actions. First there is the spiritual and religious dimension. Although Schweitzer's hospital can not be described as a faith-based hospital in a narrow or a clerical sense, Christian ethos certainly shaped the form of medical science and care in Lambarene and has thus to be examined in detail.⁵³ One might for instance ask, to what extent Christian values were linked to strategies of "moral hygiene" as described by Marku Hokkanen.⁵⁴ Quite generally, the relation between Christian and African religion is everything else but simple and dichotomic.⁵⁵ In this respect, therapeutic competition with African chiefs and healers might be a promising road of inquiry.⁵⁶ The second important dimension to be studied is language and discourse. As Schweitzer and many staff members never learned the vernacular, the important role of "middle figures" should especially become visible here.⁵⁷ One particular area in which these aspects might be studied, are cases of mental health problems, which turn up in the patient records again and again.⁵⁸ Some few contemporary witnesses are still living, notably Schweitzer's successor Walter Munz. We will conduct structured interviews, less however, in the sense of an oral history project and in order to gather personal

⁴⁹ Schlich 2007, Schlich 2008.

⁵⁰ Lorrain 1990.

⁵¹ Risse 1999, 4.

⁵² Cf. note 36 with reference to Geest/Finkler 2004, Long/Hunter/Geest 2008 and Livingston 2012.

⁵³ Christian ethos shaped the character of health care considerably for instance in the McCord Hospital, cf. Burns/Noble/Parle 2013; for the Swiss mission hospital of Elim, see Mabika 2012. On the relation between scientific and religious knowledge in the context of missions see several contributions in Harries/Maxwell 2012 .

⁵⁴ Hokkanen 2009.

⁵⁵ In this respect, Schweitzer's African sermons might be of interest: Melamed 2003.

⁵⁶ On this aspect see Flint 2008.

⁵⁷ On language and discourse see Hunt 1999 and Langwick 2012, on the "middle figures" Hunt 1999. Besides Schweitzer's wife Helène Bresslau there was an important group of European women who stayed in Lambarene for decades, e.g. Emma Haussknecht. On Bresslau and Haussknecht see Mühlstein 1998, Reichenbecher 2007, Schweitzer/Woytt 1992, Sorg 2005-2011.

⁵⁸ On mental health aspects see Parle 2007 and Sadowsky 1999.

recollections of hospital life in general but rather as a means to add to our understanding of the various procedures and technical issues in the late period of Schweitzer's reign.

Strategies and networks

Just as for the study on medical practice in Lambarene there is an equally rich, hitherto unexplored body of sources documenting Schweitzer's strategy and network. There are three main groups of archival material. 1) The archives in Gunsbach hold 70,000 letters written to and 10,000 letters written by Schweitzer. Although only a fraction of these letters has ever been used in publications, the conditions to study them are very favourable. The Archives in Gunsbach have made a great effort in the last decades to establish a complete catalogue and to produce a great amount of transcriptions. 2) The Syracuse University Library holds 123 notebooks in which Schweitzer recorded all kind of things in Lambarene and during his stay in Europe and America (copies in Gunsbach). It is known that Schweitzer used to attach them to his coat in order to record his thoughts, plans and actions at all times. This exceptionally rich and varied source has never been used, not even for biographical studies. It contains comments on correspondents, persons visited, organizations and supporters of Lambarene, schedules of his trips with appointments and lists of donations, notes on medical supplies and potential personnel for Lambarene, baggage lists, philosophical reflections, remarks on political events and even jokes. These notebooks are, of course, also an important source for the study of medical practice as they contain many notes on daily events at Lambarene, medical instruments, prescriptions, therapeutical procedures, tropical diseases, the construction of the hospital, salaries and other hospital business matters. 3) The Archives in Gunsbach hold a collection of 40,000 photographs pertaining to Schweitzer and Lambarene .

Schweitzer's success was greatly indebted to his networks. His notebooks, letters and publications give evidence not only of his rhetoric and strategic skills but also of the continuous and tremendous effort he expended in order to achieve his goals. Very little is known about the way in which he established his network, and very little is known about how people organised themselves locally and internationally in order to support the hospital. Nicolas Métégué suggested that the medical work done at Lambarene and its international connections might be as ill known as the history of Gabon.⁵⁹

Using the term "network" as a concept in order to analyse the qualitative and – less importantly – quantitative relations between different actors implies the analysis of some of its core characteristics. We thus have to ask a variety of questions, some of which will be answered in detail, others more perfunctorily: how much time, knowledge, money, material resources and reputation do the various actors devote to the construction and development of the network, to what extent is it based on trust, confidence, mutual obligations and reciprocity, in what manner is the correspondence network developed and strengthened through travels and personal encounters, is there a stability or fragility of relations, what is the relation between Schweitzer as individual and his hospital as institution etc.

It is important to note that we do not intend and will not be able to furnish a comprehensive analysis of Schweitzer's whole network. Such an analysis would require a large research project on its own. Our scope is to examine the network in order to arrive at a comprehensive understanding of the background, character and the manner of operation of the hospital in Lambarene. We will therefore select some core approaches, aspects and actors and publish selected articles instead of a monograph. In the following six months until the hoped-for start

⁵⁹ Métégué N'nah 2006.

of the project (October 2013) we will continue our examination of the correspondence and the notebooks in order to identify the main actors and some general characteristics of the network. Some of the core actors may already be mentioned now: informal support groups, especially in Alsace and Switzerland, which developed into proper associations,⁶⁰ institutional supporters like the University of Strasbourg, pharmaceutical companies (Ciba, Sandoz and other companies in Indiana and New York) and humanitarian and mission societies (Red Cross, Unitarian Church in the United States, Paris Evangelical Mission Society, various free churches in Switzerland). Equally important were individuals like the local coordinators in Strasbourg (the apothecary Dr. Robert Weiss⁶¹) and Basel (pastor Hans Bauer and later Mr. Mrs. Dinner), Prof. Jack Penn in Johannesburg, or William Larrimer Mellon Jr. who founded the Schweitzer Hospital in Haiti.⁶² On the geographical level, we will pay particular attention to two areas: first, to Switzerland as this country has always been and still is the most important supporter of the hospital.⁶³ And secondly to Africa and especially Gabon in order to ask whether there developed anything like a "collective expertise" or "epistemic community"⁶⁴ and in order to add to our understanding of the local setting quite generally.⁶⁵

One case study within the context of the network will be devoted to the narrative strategy of visual communication. Recent scholarship has stressed the narrative approach in all of Schweitzer's works.⁶⁶ Schweitzer was a great storyteller and a great deal of his success is due to his ability to tell about his adventures, hopes and problems in Lambarene. This is particularly visible in his book-length accounts and his regular reports addressed to his French and German speaking supporters. Our scope is to examine on the basis of the published reports as well as on the photograph collection in Gunsbach to what extent the photographs are linked to stories about Lambarene and can be understood as visual representations of stories themselves.⁶⁷

An analytical biography of the Lambarene hospital

Whereas the first part of the project (on medical practice) will be dealt with in form of a PhD dissertation and thus furnish an academic monograph, the result of the second part (on the international networks) will consist of several articles in peer-reviewed journals. With its focus on medical practice and hospital culture, the dissertation will cover a broad range of aspects but will have to omit the wider network and thus not be able to arrive at a more comprehensive understanding of the hospital in the sense of the projected analytical biography. We intend thus to publish a monograph furnishing just such an analytical biography as a synthesis of the whole research project (written mainly by Prof. Steinke and Dr. Mabika with assistance of the PhD candidate).

⁶⁰ Association de l'Hôpital du Dr. Albert Schweitzer (ASL, funded 1930), Schweizer Hilfsverein für das Albert-Schweitzer-Spital in Lambarene (1949), Association Française des Amis d'Albert Schweitzer (1952), Deutscher Hilfsverein für das Albert-Schweitzer-Spital in Lambarene (1963).

⁶¹ The Archives have just bought 150 hitherto unknown letters of Schweitzer to Weiss, not least in order to support our research.

⁶² Schweitzers' correspondence with Mellon is edited by Byers 1996.

⁶³ On Schweitzer's relation to Switzerland see Lamprecht-Naef 1982.

⁶⁴ These are terms used by Neill 2012 in order to describe the collaboration to control, contain and find a treatment for sleeping sickness.

⁶⁵ In this respect, we have also to take into consideration Schweitzer's precursors in Lambarene, cf. Printz 2004.

⁶⁶ Cf. Berlis et al. 2013, see also Fetscher 1993.

⁶⁷ For a general overview of narration and photography see Scott 1999, for the relation between word and image in colonial and post-colonial setting see Meyer 2009.

2.3.1 Archival sources

Archives Centrales Albert Schweitzer in Gunsbach, Alsace

Patient records, 16 volumes (1913-1917; 1925-1933)

Patient cards, 9 boxes (1933; 1946)

European patients, 1 volume (1928-1932)

Containing the patients name, origin, age, number, medical history, diagnosis, treatment, lodging in the hospital, day of arrival and leave, gift in kind (if any). In 1933, the recording system changed from books to cards.

Whereas the records until 1933 are complete (hospital was shut down 1917-1924), after that period only the cards from 1946 have survived.

Patient registers, 11 volumes (1932-1976): containing the monthly list of the patients in the hospital, incl. name, origin, date of arrival and diagnosis

Operation protocols, 12 volumes (1925-1971): containing patient's name, number, diagnosis, description of operation, name of surgeon and assistants, further observations.

Birth protocols, 8 volumes (1938-1941, 1958-1965): Containing patient's name, number, origin, age and a short description of the birth/caesarean section etc.

Correspondence: 70,000 letters to Schweitzer, 10,000 letters from Schweitzer

40,000 photographs (1913-2013)

Account books (1938-1958)

Statistics of the hospital, 3 boxes (1925-1950)

Bills and orders to pharmaceutical companies, 50 folders

List of European physicians and staff, 2 vols. (1913-1966)

Syracuse University Library: Notebooks, 123 volumes (1918-1965) (copies in Gunsbach)

Zentralbibliothek Zürich: Nachlass Schweitzer, 41 dossiers, 74 sacs, esp. manuscripts of publications, basis of the *Werke aus dem Nachlass*, 10 vols., München 1995-2006.

Archives of the Paris Evangelical Mission Society: folder on Albert Schweitzer containing his correspondence and reports on his activities in Gabon. See also the printed *Bulletin de la Mission Évangélique de Paris*

Archives des Missions Étrangères de Paris: Sections on relations France-Gabon.

Archives Nationales d'Outre-Mer, Aix-en-Provence: Série 4(1)D, Fonds du ministère des colonies (political reports with sections on medicine and health services).

Archives du Service Historique des Armées Françaises, Château de Vincennes: Série T, Fonds de l'État Major de l'Armée de Terre (1945-1972) and Série R, Fonds du Cabinet du Ministre de la Défense et des organismes rattachés (1945-1969) contain data on French medical assistance.

Centre des Archives Contemporaines, Fontainebleau: Sections on relations with colonial and ex-colonial Gabon.

Archives Nationales, Gabon: Série H, Service de Santé (reports on hospitals); see also the printed *Journal Officiel de l'AEF*, 1910-1958; *Journal Officiel de la République Gabonaise*, 1959ff.

2.4. Schedule and milestones

The analysis of **medical practice and hospital culture** will primarily be undertaken by a PhD student under the direction of Prof. Steinke and with the advisory assistance of Dr. Mabika. His research will mainly be based on the patient records and further Lambarene material in Gunsbach. He will, however, also have to consult some few archives in France and Gabon and visit Lambarene hospital personally.

The analysis of the **strategies and networks** is in the hands of Dr. Mabika. His core sources are the correspondence, the notebooks (copies) and the photographs in Gunsbach. He too will have to visit archives in France, Gabon and elsewhere in order to examine the international and local conditions.

The project is **directed** by Hubert Steinke who is assisted in the coordination of the various tasks by Dr. Mabika. He will supervise the progress of work, conduct some minor studies (possibly on the narrative strategy of visual communication) and contribute to a final monograph. Prof. Steinke is responsible for the scientific quality of the whole project but will be advised in his decisions by an international **advisory board** of experts (5 persons to date, to be enlarged to a max. of 8 persons).

Preliminary phase (April 2012 – September 2013)

Research on this project started in April 2012 with thorough explorations of the Schweitzer Archives in Gunsbach and a first visit to Lambarene. In the remaining six months until October 2013, Dr. Mabika will continue his inquiries, especially as regards to Schweitzer's network. In this period, the *Albert-Schweitzer-Stiftung Günsbach-Bern* will make an effort to digitize all the major Lambarene sources (except the private correspondence). This preliminary research has been and still is funded by the *Albert-Schweitzer-Stiftung Günsbach-Bern* (CHF 35,000), the *Schweizer Hilfsverein für das Albert-Schweitzer-Spital in Lambarene* (CHF 15,000) and the Institute for the History of Medicine of Bern (CHF 40,000).

Year 1 (October 2013 – September 2014)

The first year is devoted to archival research in Gunsbach, France and Gabon and to the development of the exact topics to be treated. In September 2014 we will invite our advisory board to comment on our proposals.

Year 2 (October 2014 – September 2015)

In the second year, the topics defined have to be studied in detail. Some additional archival research will be necessary. The doctoral student has to write some first chapters of his dissertation, Dr. Mabika has to prepare at least two major articles, and Prof. Steinke will conduct a selected case study. Prof. Steinke and Dr. Mabika formulate the concept of the final monograph (analytical biography). At the end of the second year we will again invite our advisory board to comment on our first results, the projected monograph and the final year of the project.

Year 3 (October 2015 – September 2016)

In the third year the PhD student has to finish his dissertation, Dr. Mabika has to publish at least one further article. Together with Prof. Steinke he has to prepare the final monograph for publication. At the end of the project we hold an international congress on medical practice in colonial and postcolonial Africa.

All three members of the research project will present their results at various conferences on a national and mainly international level.

Note: This project deals with individual patient histories from 1913 to 1965. In accordance with general practice and international guidelines we will ensure the anonymity of all sensitive data.

2.5. Importance and impact

This project aims to fill various gaps in the history of medicine in colonial and postcolonial Africa. First, it revisits the on-going controversy about Albert Schweitzer and his hospital, presenting the first thorough historical study of this prominent symbol of western philanthropic medicine in Africa. Based on an exceptionally rich and varied corpus of archival material including thousands of patient records, a huge international correspondence, numerous notebooks, and a large collection of photographs, it will be able to describe the central characteristics of the hospital on both levels of daily practice and international networks. The result of this inquiry will be a kind of "analytical biography" of the hospital, which will thus be located in the realm of Christian missionary, colonial, and humanitarian endeavours. As a result, the absence of the Lambarene hospital in the historiography of African medicine will hopefully be replaced by a renewed interest and followed by further historical studies. Moreover, interest in Lambarene as an early instance of a "civilizing mission" may also increase in the face of today's "neo-civilizing mission" in humanitarian assistance.

Second, with its focus on patient records the project examines a kind of sources rarely used in historical studies of medicine in Africa. The available archival material allows for the reconstruction of hospital culture on the basis of a thorough examination of local practices. The result will be a kind of historical, diachronic counterpart to hospital ethnographies written by anthropologists. The project thus explores new modes of inquiry which might prove productive and stimulate historical research.

Third, the combined examination of the network and the local practices on the basis of extensive source material will shed new light on the general tension between concept and action, ideology and reality, local practices, communication and international perception in medical projects in a colonial setting.

Fourth, while the project does not aim to write any national history, it will be able to highlight the wider social, cultural and therapeutic history of the region, explain the local ecology of disease and reveal local attitudes towards medical technologies and practices.

In the end, this project promises to deliver a significant and original contribution to a wide range of research areas in African medical historiography.

2.6. Literature

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