

Curative and Preventive Roles of Catholic Missionaries in Kihanja and Ihangiro Bukoba District from 1904-1961

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Abstract— This paper identifies the curative and preventive roles of Catholic missionaries in the development of health services in Kihanja and Ihangiro chiefdoms in Tanzania from 1904 to 1961. The study is based on historical design and qualitative approach. The documentary, in-depth interviews and observation methods were employed in data collection. In disagreeing to traditional scholars, the paper advocates that missionaries did not only offer curative health services but also provided a variety of preventive services mainly in rural areas where up to the 1930s government hospitals and dispensaries were either very few or non-existent. The curative services provided by Catholic missionaries consisted of surgical and non-surgical treatments as well as nursing care activities. The preventive roles included Maternal and Child Health (MCH), health education, training of midwives, vaccination, and leprosy and tuberculosis services. The paper emphasizes that missionary health services not only complemented government's services in the colony but also pioneered medical provision in the rural areas where the colonial state lacked resource to invest. Missions' efforts to collaborate with the government was not made to perpetuate colonialism but rather to facilitate the availability of more health services.

Keywords— Catholic missionaries, preventive role, curative services, colonialism, medicine.

I. INTRODUCTION

In Tanganyika during the colonial period, health services were characterized by a sharp dichotomy between those who enjoyed government adequate medical facilities including Europeans, few Asians as well as Africans in towns, plantations and mining centres; and the majority rural indigenous population whose right to government health facilities was neglected.¹ Contrary to the Western system where health services for natives were either a direct responsibility of the state or financed by government assisted institutions until 1930s natives' health services in colonial Africa was provided by medical missionaries often without colonial governments' assistance. Despite labour contribution of the natives in public works such as

construction of colonial infrastructure and production of cash crops, the central colonial policy in all colonies was the unwillingness to engage in significant spending on medical facilities for the masses.² Hence, the primary purveyors of such medicine at the local level were missionaries.

Though Colonial governments acknowledged medical missions as their co-providers of Western health services, they frequently sought to contrast the aims of state-provided health care with that offered by missions, asserting that the former was concerned with preventive measures catering for the mass of the people, whereas missionaries concentrated on curative measures dealing with individuals.³ Some scholars have sustained this line of argument, suggesting that a focus on curative care reflected missionary medicine's strategic

interest in using healing as a route to personal conversion.⁴ On the other hand, historians such as Michael Jennings maintain that the medical missionaries relieved a great deal of suffering among Africans in colonial Africa, particularly in the rural areas where, initially, Government hospitals and clinics were either very few or non-existent.⁵

The Christian missionary curative and preventive health service enterprise traced its origin in Europe from the first century AD. During this century the first Christians assumed the role of healing as one of their main concerns in their evangelical mission. Missionaries' activities outside Europe took place during the first wave of European colonization which occurred from the early 15th century to the early 19th century, historically known as the age of discovery. During this period, the missionary activity was carried on chiefly through evangelical orders such as the Jesuits. In Africa, the first Catholic mission hospital was established in 1518 by missionaries in Mozambique and by the end of 1500s Franciscans succeeded to open hospitals in Angola and Congo.⁶ These first missionary contacts with Africa from the sixteenth century brought with it early modern European healing traditions.

The Roman Catholic first initiative to Medical mission took place on the Island of Malta during 1881–96 by the Missionaries of Africa (White Fathers WF).⁷ In Tanganyika the Catholic Church mission health services were pioneered by three religious orders including the Holy Ghost Fathers, Missionaries of Africa (later called White Fathers) and later came the Benedictine Missionary Monks.⁸ Kihanja and Ihangiro Chiefdoms were evangelized by the Catholic Order of Missionaries of Africa (White Fathers) since 1904.

This paper aimed at identifying missionary curative and preventive health services in Ihangiro and Kihanja chiefdoms in Bukoba, Tanzania focusing on the White Fathers. Consequently, to find out the impact of such services to the improvement of health standards of the natives whose right for Western health services was neglected by the colonial governments. Healthy people were able to participate in sustainable development activities. As the debate on education for sustainable development unfolds itself the

discussion of historiography of medicine and healthy discourse like this one is quite relevant.

1. Theoretical foundation of missionary curative and preventive roles

Theoretically medical mission is rooted in the example of Christ the Healer and Founder of Christianity whose compassion to the sick is made clear in the Gospels where He healed people with a variety of ailments.⁹ According to Anna Dengel mission health service activity is the manifestation of the obedience of the followers of Christ to the instructions of the founder of their faith. Also, missionary health services were provided as an expression of charity of the Good Samaritan who tended the man injured on his journey.¹⁰ It is the expression of Christian love to one's neighbour based on God's Great Commandment. Missionary health services therefore, were provided as restitution for the debt which the white race owed to the peoples subjected and exploited by their forefathers. As Europeans and Americans had introduced materialism, slavery, diseases, bad morals and exploitation into other cultures so must they serve others in the medical apostolate as expiation for their guilt.¹¹ This theory is relevant in support of the rationale for missionary involvement in health sector contrasting to arguments of some scholars such as Walter Rodney who maintain that missionaries were instruments for consolidating colonial rule.¹² As a matter of fact, missionaries' health care services in Africa preceded colonialism; and therefore their goals largely differed from those of the colonial powers

II. MATERIALS AND METHODOLOGY

The study employed historical research design basing on both documentary and field survey. It utilized both primary and secondary sources from several Archives including the Tanzania National Archives and White Fathers' Atman House Archives in Dar es Salaam, as well as the Bukoba Diocese, Kagondo and Rubya hospital Archives. The archival documents included annual reports, diaries, circulars, letters, government records, hospital records as well as church records. The documents contained information about wide range of missionary curative and preventive services. The study also utilized secondary and

tertiary written sources from the libraries of Saint Augustine University, University of Dare es Salaam, Mwanza Regional Library and Rubya Seminary Library. The above sources added information on the themes of the study. The study as well drew information from the samples of priests, nuns, nurses, retired hospital workers, retired mission teachers and villagers who were contemporary to the medical mission activities. Besides, observation of existing artifacts which were contemporary to the time of White Fathers medical missionary activities was done. Such objects included patients' wards, theatres, nursing school buildings, old schools and grave yards of missionaries at Kagondo and Rubya hospitals.

2.1 Method of Analysis

The researcher employed Rubin and Rubin approach which recommends analysis to commence while data collection is underway.¹³ The study utilized the preliminary analysis to redesign the interview guide questions to concentrate on the central themes. During the formal analysis, the paper identified topics and concepts and categorized them into the framework to build the central theme. Formal analysis commenced after interviews and documents reviews, then the data were coded and classified according to the themes and the content analysis was applied as the paper was purely qualitative.

III. FINDINGS AND DISCUSSION

3.1 Catholic Missionaries' Curative roles in Kihanja and Ihangiro Chiefdoms

Missionaries' curative activities started by carrying out diagnosing processes which they performed in three methods including clinical, therapeutic and laboratory diagnosis.¹⁴ By clinical diagnosis, the White Fathers observed external signs of a patient by looking or touching with hands. Therapeutic diagnosing technique was used to examine patients' complaints or symptoms such as headache and nausea which responded to particular diseases. The last method was laboratory diagnosis in which they used instruments such microscopic machines for testing blood, urine, and stools.¹⁵ During the earliest decades of their medical work White Fathers mainly employed the first two diagnosing methods as

laboratory testing machines were not easily available. Between 1905 and 1910 the WFs at Kagondo mission managed to treat many diseases including fever and syphilis which they treated with whey and disinfectants respectively.¹⁶ In 1908 in Kihanja they cured 4530 sick persons at the station and more than 900 at home by applying folic acid diluted with water.¹⁷ As soon as the number of patients treated by the White Fathers had escalated to 12990 in 1909, it became necessary to build a hut with 11 beds to admit those who were seriously sick and accommodate those from distant areas.¹⁸ In Ihangiro the White Fathers treated an average of 5000 patients every year in their dispensary which they located in one of the rooms at the mission buildings.¹⁹ Later in the 1910s, the White Fathers constructed few huts for treating and caring the patients.

This steady increase of patients at Kagondo and Rubya missions called for more qualified personnel. At Kagondo it was the White sister (nurses) who took over the apostolate of the sick in 1910. The Sisters carried on health services with commitment, thus between June 1911 and 1912 Sister Augustina cured 39130 patients.²⁰ By 1925 Sister Augustina at Kagondo mission was able to treat syphilis, dysentery, fever and a number of surgical cases.²¹

At Rubya mission an opportunity for having another missionary group to assist the White Fathers did not come until 1956 when the Franciscan Sisters took over the apostolate of the sick. However, owing to the increase of the patients during 1920s and 1930s the White Fathers decided to employ a nurse Mr. Lufulebe whom they had trained before, to let them available for pastoral and priestly formation activities at the mission and the minor seminary respectively. Using the same huts built by the White Fathers in 1910s Lufulebe continued to offer health treatment to the Banyaihangiro. In the 1940s Father Otto Moris was transferred to Rubya mission for pastoral work. Lufulebe together with Fathers Otto Moris and Adrian Smoor were committed to the apostolate of the sick. As the number of patients continued to rise, health services at Rubya mission demanded qualified personnel. Thus, in the 1940s the Fathers employed an indigenous Medical assistant Andreas Kato

who had followed a medical training course at Minaki Dar es Salaam. As the number of patients was escalating, the White Fathers decided to construct a new dispensary near Ijumbi-Kashasha road.²²

The White Fathers statistical report of 1938 to 1940 showed that there was an increase in health services in both missions. Bed capacity of Kagondo hospital was raised from 67 to 80 beds to cater for the increasing number of men. The in-patients increased from 161 in 1938 to 283 in 1940 majority of them were suffering from STDs. At Rubya mission dispensary the patients who were treated raised from 4,522 in 1938 to 6,250 in 1940. Scholars attributed this change to increased promiscuity among the local people despite the influence of the missions in Bukoba. It was found out that the natives had not become monogamous by nature but rather tended to have one official wife and several unofficial ones.²³ Moreover, among women who received treatment at Bushekya Maternal Child Health, 336 antenatal women showed positive serological test for syphilis in 1940.²⁴ Hence, both genders were mostly infected by the same disease. The above treatment was made possible by the presence of a German qualified medical Doctor Maercks who arrived at Kagondo in 1938. On the other hand, Rubya mission dispensary's performance was improved by the presence of the Medical Assistant Andrea Kato.

In order to effectively treat their patients, the White Fathers in 1940s imported several drugs from Europe and Canada for treating different diseases. The medicine that was employed included Atabrine for preventing malaria, acetylarsan to treated congenital syphilis, Ipecac and Emetine as remedies for dysentery. Also, they dispensed penicillin injection for infections and sulfa drugs for leprosy.²⁵

Between 1938 and 1940, Dr. William Maercks the first Doctor in Kihanja performed 205 major and 166 minor operations at Kagondo Hospital.²⁶ The 1960 annual report of Kagondo hospital showed that from July to December 1960, Dr. Bundschuh performed a total of 238 operations including 97 gynecological, 42 urological and 73 abdominal cases. Furthermore, it was possible to do 3 cancer cases of breast and, Fibroid of the uterus.²⁷ The Bahamba nicknamed her

Kankiza (she cured me). Doctor Lischka at Rubya hospital performed many surgical and non-surgical treatments from 1958 to 1961 when he fell sick and went back to German. Due to his successful work, the Banyaihangiro nicknamed him "*Kagirita*" meaning a "razor blade." In 1961, Rubya Hospital treated 12,146 patients suffering from various diseases. The leading cases reported were of malaria, dysentery, and amoeba.²⁸

Furthermore, missionary nurses especially White and Franciscan Sisters devoted their time and energy to taking care of the sick persons and played roles of being caregivers. All Sisters quickly learned local languages so that they may easily suit to their obligation as co-jointers between patients, doctors, and families.²⁹ The nurses administered injections and drugs, cleaned, dressed and stitched blood flow from deep wounds, washed clothes of patients, cleaned the beds and rooms, and they provided food to the sick persons.³⁰ Hence, both mission hospitals could not survive without nurses.

3.2 Catholic Mission Preventive Roles in Kihanja and Ihangiro Chiefdoms (Bukoba, Tanzania)

Maternal and Child Health was one among missionary preventive activities. In their report to their Mother House, the White Fathers wrote that child mortality was very high ifrom 1911 to 1912 in Kihanja and Ihangiro.³¹ Also, in 1910 reports from German overseas territories were claiming a severe decrease of the native population in East Africa which had taken up after 1906.³² The reports asserted that low fertility was one of the leading causes. Other causes included spontaneous abortions induced by the spread of venereal diseases, especially in Bukoba District at Lake Victoria.³³ Again infant mortality which was caused by semi-immunity to tropical diseases like malaria was another cause of depopulation.³⁴ On the other hand, the researchers mentioned the lack of a proper infant feeding system as one of the leading causes of child mortality.³⁵

Reacting to the problem of infant mortality in Kihanja, Sisters Augustina established a clinic for mothers at

Kagondo which became a remedy to the then wide spread child mortality in Kihanja especially before the First World War.³⁶ Sister Augustina also, provided health education to expectant mothers on the proper infant feeding systems. In addition, the teaching of children, older girls, and women on many subjects including health education was part of White Sisters' services during this period.³⁷

However, in the inter war period the government introduced a policy of collaborating with medical missions MCH services. Thus, the government requested White Fathers to provide medical personnel at Bushekya MCH, which was basically a Native Authority dispensary near Kagondo mission. Since 1931 a White Sister and one Kagondo hospital mission doctor played a great role in the service of mothers and children who were coming not only from the old Bukoba District but also from Biharamulo and Karagwe districts. The statistics of 1935 showed that at Bushekya with 22 beds, 888 in-patients were treated, 214 children were born and the number of out-patients in that year was 18548.³⁸

At Rubya Hospital since the beginning of mission dispensary in 1904, mothers and children received special care. However, it was after the arrival of Sister Chrysantha Kooyman in 1957 that more mothers received both antenatal and postnatal services.³⁹ At Kagondo maternity clinic (Bushekya), services increase between 1938 and 1939.⁴⁰ This is an indicator that as time went on, people were informed about the quality of the services rendered by the medical missions at Bushekya and they increasingly sought for the services. In 1938 out-patients were 2190 while in 1939 the number increased to 2878. The children treated between two years increased as well.⁴¹ One of the women who received services at Bushekya was Melania who gave her testimony thus: "From Rubya I went to Bushekya for delivery purpose in 1955. In 1957 when I was pregnant for the second time, I attended maternal services at Rubya hospital."⁴²

Additionally, at Bushekya the number of abortions decreased from 13 to 10. This decrease was due to the improvement in medical mission curative treatments for

common diseases such as STDs. All preventive activities done by the missionaries helped to reduce child mortality as indicated by the increase in the number of living babies born from 163 to 185.

In the following years Medical mission MCH services increased significantly. In 1956, at Bushekya, attendances per week rose to a total of 4 ante-natal sessions. First attendances mothers were 860 while total annual attendances were 1810. Then there was one session per week for children. First attendance children were 200, and total attendance reached 4419.⁴³

Another service rendered by the Sisters was caring for orphans whose mothers died during delivery. Since 1959, Sister Maria Goreth Van Schendel stationed at Rubya hospital took the charge of caring for orphans.⁴⁴ Besides, in 1961 Rubya Hospital management introduced ante-natal and child welfare mobile services to Kishanda, Nshamba, Buganguzi, Kabare and Kamishango villages within Ihangiro chiefdom.⁴⁵

With the intention of facilitating Maternal Child Health (MCH) programmes, missionaries had to cooperate with UNICEF.⁴⁶ The programmes included the provision of minimal pre-natal through post-natal services for mothers and children and extending them into rural areas to the extent possible. Hospital missionaries recognized the need for training village midwives in remote areas.⁴⁷ With assistance from UNICEF, missionaries trained many village midwives at Kagondo and Rubya missions and equipped them with kits which facilitated safety of the mothers during the delivery process.⁴⁸ In 1958 Kagondo hospital received a small supply of UNICEF Midwifery Kits suitable for locally trained village midwives of "Flora" type including type I for the use of indigenous midwife and type II "Intermediate Kit" for indigenous midwife including irrigation outfit. These Kits comprised of many items such as soap, towels, scissors, gauze, and cotton.⁴⁹

3.2.1 Health Education

In their school curriculum missionaries insisted on personal hygiene such as brushing of teeth, washing clothes, cutting nails and hair short, washing their bodies with soap and drinking boiled water.⁵⁰ In their report to their Motherhouse in 1910 the White Fathers explained how they offered the preventive measures to their Students at Rubya seminary:

*“Special attention was given this year to hygiene. Care was taken to ensure that the beds were sufficiently covered with grass. Attention was also paid to the sweeping, to the making of the roof of the huts and the aeration of the clothes and the blankets. To the new ones, we gave a diet apart. With these precautions, the health has remained very good.”*⁵¹

Furthermore, in their sermons, White Fathers insisted on general physical and spiritual cleanliness including personal hygiene and avoidance of promiscuity.⁵² Proper use of soap in washing as well as living in ventilated houses was emphasized. Also, by observing White Fathers’ buildings at mission centres, people slowly transformed their traditional *Msonge* to the *Tetei* houses which had two doors and several windows partitioned into many rooms.⁵³ At times White Fathers assisted natives in building family homes especially for those who were employed by missionaries. For example, Martin Karungwana’s brick house was constructed with the help of Bishop Sweens his former employer at Rubya mission in the 1940s.⁵⁴

Besides, in the book of catechism written in Haya language, White Fathers stated that parents are obliged to take care of their children from their infant stage to youthful stage providing them with proper nutrition, suitable accommodation and dressing them well. To a mother, the obligations started as soon as she became pregnant by living a cautious life that made the child in her womb well protected. Furthermore, White Fathers’ catechetical book highlighted that parents had to avail to their children medical facilities whenever they fell sick.⁵⁵

3.2.2 Maintenance of People’s Health

The White Fathers such as Fr. Samson fought against hashish smoking.⁵⁶ Father Samson helped many people to avoid health damages related to the use of this dangerous drug. White Fathers in their schools introduced many sports activities such as football and gymnastics.⁵⁷ These activities helped the people to maintain good health and hence become productive in their society.

3.2.3 Vaccination Services

Medical missionaries provided immunization services. In 1944 many children were vaccinated at Rubya Mission by Father Otto Moris and in 1955 Evarista an employee at Rubya mission dispensary participated in vaccinating children against small pox and measles.⁵⁸ At Kagondo hospital vaccination exercise was also performed in the 1950s by the Nurse Sisters and a doctor.⁵⁹ In this major preventive vaccination programmes the government provided drugs and missionaries performed the task.

3.2.4 Leprosy and Tuberculosis Services

In 1927, the government also, assisted missionaries at Kagondo to construct the first stone modern house which was meant to accommodate patients suffering from TB and in it an X-ray machine was installed.⁶⁰ At Kagondo hospital in 1960, 80 TB patients were treated, but at the end of the same year, the number rose to 140 TB patients. They taught the patients and their family members about hygienic conduct and studied their social conditions such as housing and other problems.⁶¹

In leprosy treatment, the Government offered drugs and small grants-in-aid for this preventive work.⁶² In 1928, the Government constructed a leprosy settlement and requested the Sisters in Kagondo to take care of the lepers, near Kantare village in Kagondo mission and the area was named *Bukililo*.⁶³ It could only accommodate 36 patients who received food and drugs from the governing treasury.⁶⁴

IV. CONCLUSION

The above analysis of curative and preventive roles, reveal that medical missions were providing integrated health services. Though mainly based on curative activities, they did also perform preventive tasks. Even the government which claimed to be more practical in preventive services; it rarely executed preventive services to rural area populations.

In Kihanja and Ihangiro chiefdoms, during the colonial period Catholic missionaries played a significant role in relieving sufferings among the natives in rural areas. Nevertheless, the motive behind medical mission was Christian charity rather than the need to attain Western ideological goals. Catholic Missionary health services in Kihanja and Ihangiro before 1945 were small in area coverage, lacking in resources and over-stretched. But it succeeded, within the limited environment, in providing a system of health services that extended into the rural natives, and guaranteed that, at a mission hospital, there was an alternative for the local community to make Western health service an option for healing.

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