


Commentary

“Boys and Men”: The Making of Senegambian and Congolese Masculinity and Identities in Tropical Africa: A Reflection

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Abstract: Our paper focuses on two white pioneering scientists, Dr Dutton, who was English, and Dr Todd, a Canadian, employed by the Liverpool School of Tropical Medicine (LSTM) to study sleeping sickness in colonial Senegambia, West Africa. We analysed photographs and some published personal letters to help us reflect on some of their constructions of Senegambian and Congolese male identities in tropical colonial Africa. In this paper, we connect with the history of tropical medicine, a precursor to public health. Public health was a research area that was central to Peter Aspinall’s work as he argued for shifts from simplistic hegemonic terminologies to refer to an incredibly diverse Black African population, as failure to do so impacts on service provisions. Within the context of tropical medicine, we reflect on the paternalistic terminology and use of the word ‘boy’ to refer to their unnamed male helpers who they photographed during these expeditions. We hope that by interpreting the photographs and reflecting on the literature and letters, exercises that are influenced by our positionality, we can obtain a glimpse into the past and obtain some insights that contribute to our understanding of the production of colonial masculinities, terminology, and race. As female authors employed by LSTM, we are aware that our positionalities influence the lenses through which we view and interpret the literature and the photos. Our paper contributes towards the ongoing debates on terminology, race, and whiteness in colonial tropical medicine.



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1. Introduction

It was in 1991 that immigrants from African colonies and British-born Africans began to be included in the British census. Whilst critical discussion of the term Black ‘African’ emerged in the United Kingdom 1991 census, which was the first UK census to ask a question on ethnic group, the use of this single term to refer to people from the African continent living in the UK remained contested given the heterogeneity within the category (Aspinall and Chinouya 2008). The term ‘Black African’ masks diverse ethnic groups, nationalities, and classifications. In their countries of origin, today and historically, there are diverse ethnic groups submerged within African nationalities. The title of our paper is “Boys and Men: The Making of Senegambian and Congolese Masculinity and Identities in Tropical Africa: A Reflection”. This is during the late 19th and early 20th centuries, the peak of British imperialism and colonialism, and the establishment of tropical medicine and the Liverpool School of Tropical Medicine (Liverpool School of Tropical Diseases 1899) to research and treat tropical diseases in British Colonial Africa. “Imperialism is the practice,

the theory, and the attitudes of a dominating metropolitan centre ruling a distant territory; colonialism which is always a consequence of imperialism is the implanting of settlements on distance territory controlling, distant lands and resources owned by others” (Said 1994, p. 8). Imperialism and colonialism require domination of territories, people, knowledge and use of language and concepts of subjugation such as ‘inferior’ (Said 1994) to refer to colonised subjects’ population identities. The production of knowledge about our identities is expressed through languages in social practises in the case of using particular words to refer to others.

There are multiple forms of masculinity intersecting with race, ethnicity, and class within historical contexts. Masculinities are produced in social and historical contexts and involve the configuration of practice around men in gender relations, with the term ‘men’ referring to adult men with male bodies (Connell 1996) with boys being male children. Gender relations between men and women are produced within social structures that intersect with race, politics, and relations between men (Connell 1996). Hegemonic masculinities are normative masculinities of being a man and, as an example, ideologically legitimise the subjugation of women (Connell and Messerschmidt 2005) or the subjugation of Congolese and Senegambian men by white colonisers. We focus on the interpretation of Congolese and Senegambian masculinities by white scientists, Dr Dutton and Dr Todd, employed by the Liverpool School of Tropical Medicine to study sleeping sickness, which was impacting on the health and profits of the colonisers in the historical period of the growth of the British empire. The scientists give us insights into some of production of colonial superiority and white masculinity in the late 19th and early 20th centuries.

Our paper is a representation of our interpretation, as female authors, of how we see the production of racialised identities in the history of the LSTM’s tropical expeditions to West Africa. We are interested in unpacking how the privileges and power of whiteness are normalised but often missing in discourse and production of dominant images of colonised identities (Dyer 2005). Dyer argues that white people see the world in their own images in which they are bound to succeed and others bound to fail (Dyer 2005), construing other men as failing to grow to be men. Mediated through our own personal subjectivity and positionalities, our interpretations of Congolese and Senegambian masculinities are informed and limited to some photographs taken by Dutton and complemented by our reading of the literature. Our reflections are informed by letters and photographs held at the LSTM archives. Unlike the publicly displayed bronze statue by Gillian Wearing, which Peter Aspinall wrote about as representing contested lay notions of a ‘real Birmingham family’ (Aspinall 2021), material held within the LSTM archive is currently not readily available as public art.

Whilst LSTM ‘white’ male scientists were privileged to document and capture, using cameras, the histories of their field work alongside Black Africans who helped them but were unacknowledged in the making of scientific discoveries, we are aware of the problems of classifying groups based on race or the colour of their skin. Historically, in British health surveillance systems, ‘whiteness’ was the only group that was assumed to be ‘pure’ and remained undivided, thereby hiding minority groups within this category who faced discrimination (Aspinall 1998).

Although our multiple identities and positionalities influence our interpretation of the photographs and the interpretation of the literature, we hope to revisit the past to learn how African males were presented in some of the colonial photographs that we looked at. We connect with Peter’s Aspinall’s work on histories of classification, terminology, and race by reflecting on these material objects from the past at the oldest school of tropical medicine in the world, the LSTM, whose formation is closely entwined with the growth of the empire.

2. The Emergence of the Liverpool School of Tropical Medicine

The evolution of tropical medicine (including the formation of the LSTM) and its growth are closely entwined with imperialism and conquest in several ways. Tropical medicine's epistemological and ontological approach grounded in positivism and entanglement in imperialism, which marginalised indigenous knowledge systems as 'science', became the framework influencing education, policies, politics, and business in the colonies (Chinouya and Khamasi, *Forthcoming*). The colonies described by Lord Joseph Chamberlain, the British Secretary of State for the colonies, as 'tropical possessions' were predominantly inhabited by the indigenous Black African men, women, and children. The 'possessions' were part of the tropical lands violently partitioned and shared at the Berlin Conference (1884–1885) as a framework for peaceful sharing of Africa amongst the colonisers (Craven 2015) to regulate colonisation and trade in Africa. The conference was organised by Otto Von Bismark, the then German Chancellor, at the request of King Leopold of Belgium II. One of the outcomes of the Berlin conference was the carving of the Congo as King Leopold's individual property, making huge profits within the context of human rights abuses. Using a bureaucratic-sadistic operation, cutting hands and heads of workers who did not meet their quota, King Leopold II extracted rubber and raw material from what he ironically called the 'Congo Free State' (Twain 2020).

Whilst the carving of the continent at the Berlin Conference was a 'success' for the colonisers, there was, awaiting them, a silent war to be fought with mosquitos, ticks, and other insects, reptiles, and animals in the tropics, which led to high mortalities and morbidities amongst the colonisers and scientists. As an example, one of the leading zoologists of the time, Cuthbert Christy (1863–29 May 1932), died after being gored and wounded by a buffalo attack in Congo. The acquisition of tropical lands and travel to West Africa therefore came with costs as tropical diseases made the tropics a graveyard for the colonisers due to deadly diseases such as malaria. Lord Joseph Chamberlain noted with grave concern the high numbers of deaths that were reported among Europeans in such climates, urging the General Medical Council to consider the importance of training and certification in medical doctors in tropical medicine, particularly those assigned to work in the tropics. This was critically important as the high mortality in the tropics was turning the tropics into the "white man's grave" (Haynes and Arnold 1996).

The high morbidity and mortality in the tropics were of grave concern. Exercising their right as medical officers to inspect ships from infected areas such as West Africa, under the Public Health Act of 1896, Miller reports that at times the entire crew would be infected with tropical diseases, posing a threat to profits and the health of the workers (Miller 1998). Liverpool was a thriving port, with many ships arriving from West Africa with patients suffering from tropical diseases and admitted to the city's hospitals (Kirby 2016). Poor health in Liverpool was also exacerbated by poverty in areas surrounding the docks. The loss of revenue and profits due to tropical diseases impacted the shipping industry, such as the one led by Sir Alfred Lewis Jones, a shipping merchant and director of the Elder Dempster Shipping Company. Sir Jones donated a financial contribution of £350 per annum for 3 years to the founding of the LSTM. The LSTM was therefore set up on a complex relationship between business profits and philanthropy (Miller 1998; Kirby 2016). Jones was also a close associate of King Leopold II, who funded the LSTM's West African expeditions (Braybrooke and Cook 1997). Like most institutions in global health, the LSTM emerged as a centre for developing research and training to make the tropics a profitable 'paradise' for the colonisers.

The LSTM was then founded in 1898 as the first school of its kind, focusing on research and teaching on the colonial topic of tropical medicine (6 months before the London School of Tropical Medicine) (Cook 2000). Lord Lister, the inventor of antiseptic and aseptic

surgery, formally inaugurated the LSTM at a reception at the Royal Southern Hospital in Liverpool in 1899. Over the years, the LSTM continued receiving donations from merchants and businesses. The LSTM first annual report (1899) shows other interested parties who made donations, and these included bankers, shipping firms, families of shipping firms, and traders.

3. Dr Joseph Everett Dutton (1874–1905) and Dr John Lancelot Todd, LSTM Pioneers

From the time it was established, the LSTM maintained close contact with the tropics through ‘scientific expeditions’ driven, in part, by complex interrelated agendas, including scientific research and imperialism. Many white pioneers contributed to the history of scientific discoveries, including Dutton, who was born in Cheshire and graduated at the University of Liverpool in 1897 (LSTM 2024) and participated in some of the thirty-two expeditions that took place between 1899 and 1914 (Smith 1977). Dutton undertook four expeditions to Southern Nigeria in 1900, and in 1901, he travelled to the Gold Coast (now Ghana) and the Gambia (Braybrooke and Cook 1997). It was on one of these expeditions in 1901 to the Gambia that Dutton identified the first trypanosome in the blood of a European (Smith 1977; Braybrooke and Cook 1997). Trypanosomes are parasites found in the blood and transmitted by tsetse flies, leading to sleeping sickness. This was a major discovery in understanding sleeping sickness. He was part of the expedition to Nigeria in 1900, a trip that led to the production of two reports, one on sanitation to avoid malaria and the other on filariasis (LSTM 2024).

Todd, born in Canada, was the first Canadian to be awarded a fellowship to join the LSTM in 1901 (Lawson et al. 2011). In 1903, Dutton and Todd went on an expedition to the Congo, which, according to Lawson et al. (2011, p. 1), was “at the special request of King Leopold II of Belgium to carry out intensive research on trypanosomes and their relation to sleeping sickness”. This expedition to the Congo, is where Dutton and Todd continued upstream and reached Stanely Falls, where they demonstrated the cause of tick fever and its transmission between humans and monkeys (LSTM 2024). Both Todd and Dutton got sick from tick fever, and Dutton recorded his symptoms until he was unable to do so due to poor health, at which point Todd did the recording. Dutton died in the Congo Free State in Kasongo in 1905, and despite his short life, had made tremendous contributions to tropical medicine. Todd returned to Liverpool in 1905 and was appointed assistant lecturer at the LSTM and was decorated by the King of Belgium as a Commander of the Order of Leopold II (Fallis 1983; Lawson et al. 2011), and in 1909 he received the highest honour from the LSTM, the Mary Kingsley award (Fallis 1983).

As Drs Dutton and Todd travelled to the Senegambia and Congo, some of their encounters with indigenous populations were memorialised and captured in photos and letters. During the expedition, Todd wrote several letters to his family in Canada, detailing their experiences of working and living in the tropics and later analysed and published by Smith with permission for his family (Smith 1977). The few photographs that we looked at and the letters written by Todd (Smith 1977) gave us the opportunity to reflect on how aspects of Congolese and Senegambian maleness were potentially construed and constructed in the history of tropical medicine. The Congolese and Senegambian males brought to these encounters indigenous knowledge about the natural environment that was being studied by the biomedical scientists, without any social contract that ensures ethical contributions to scientific knowledge. Indigenous knowledge has made and continues to make contributions to science and ecology, and there is a need to develop ethical social contracts working with local knowledge systems (Jessen et al. 2022).

4. Race

LSTM expeditions were dominated by white men who travelled to the tropics, where the inhabitants were predominantly brown and black-skinned people. Whilst in the tropics, they enjoyed privileges associated with whiteness, as shown in this photo from the LSTM archive, taken of a picnic, showing Todd with his arm on his waist with Black men working in the background. (Figure 1) This image reminds us of the normalness of whiteness as a representation of humanity (Dyer 2005), with several 'white' men wearing hats and standing. However, the term 'white' as has been used in medical research and public policy is a broad term that masks its complex internal composition, even including groups such as the Irish who face discrimination and health inequalities within this hegemonic group (Aspinall 1998). The image does not tell us the diverse group represented by the men who are seen as 'white'. In this paper, although we use the term 'white' to refer to Caucasian scientists on LSTM expeditions to the tropics during the early parts of the 20th century, the members of this group are not homogenous.



Figure 1. Picnic at Leopoldville, c.1904.

The encounter between African indigenous communities and LSTM pioneer scientists, including Dutton and Todd, who were interested in studying mundane 'things' such as mosquitoes, other insects, and snakes must have created new sets of realities and meanings about whiteness and indigeneity and general views about identities. Questions about identities are embedded in social relations. In this instance, these were the relations between the indigenous communities and the travelling scientists. How did they make sense of their differences? In a letter to his family in Canada, (Smith 1977) Todd described how the indigenous people could have interpreted their interests in collecting insects, rats, and guineas as 'madness'. From the letter, Todd mentions the fact that they were white doctors, migrants (in town), and he humorously adds that their behaviour of collecting and buying such things as insects, etc., was seen by the indigenous people as 'crazy'. As we are relying on one part of the 'story', it is impossible in this paper to write how the indigenous people interpreted the identities of Todd and Dutton, the white men who bought 'wild things'. Such behaviours, in most African historical contexts, outside biomedicine, would

be associated with 'witchcraft'. Whilst Todd wrote letters to his family to communicate his experiences of the expeditions, the extract of this letter gives insights to the reader into his subjectivity and how he viewed others.

Gonzales and Kertész (2020, p. 6) write that "Identity, however, connotes in total the beliefs, values, and expressions that encompass the memories, experiences, and relations that enable individuals as well as groups to construct themselves in the present" (Gonzales and Kertész 2020). The reflexive process of constructing one's identities, or subjectivity, and how one is positioned by others is contextual and negotiated through structural discourses, including biomedicine, colonisation, and race. Language constructs and expresses identities using words (Evans 2014) and photographs taken during encounters, such as encounters between the scientist and indigenous communities during expeditions to the tropics.

5. Our Approach

Our paper represents months of conversations and reflections to produce situated knowledge, informed by our personal experiences at the LSTM and the wider historical political contexts of imperialism, to understand some aspects of the historiography of the LSTM. Our life experiences filter our perspectives and lean towards what Burton and Kennedy (2016) refer to as the 'autobiographical pulse'. Our perspectives are informed by our personal histories as a Black Zimbabwean British woman (MC) and a white British woman from Liverpool (SLN). First, we consider ourselves as outsiders as well as insiders, as we are both part of LSTM social history as we are employed by the institution for a joint period of 24 years. We are women with diverse backgrounds; MC is of African heritage, whilst SLN was born and grew up in Liverpool. As most scientific expeditions between 1899 and 1914 to West Africa were conducted by white male scientists, in this regard, we occupy that complicated and problematic position of being insiders, working for the LSTM, yet outsiders to this particular social history of tropical medicine at the LSTM. We are outsiders, as we are women who are living in the 21st century and working at the LSTM 125 years after its formation in 1898. We are not biomedical scientists, but rather we are interested in understanding how materials from the past could give us access to past relationships between scientists and their African helpers whose encounters were memorised photographically. These were moments captured to give insights into memories of tropical expeditions in LSTM histories. What stories do the photographs tell about the relationships between the white scientists and their Black African helpers?

Dutton and Todd's expeditions were at the height of imperialism, where images conveyed a message that colonised people were primitive (Maxwell 2000) using metaphors. The English language has, through history, incorporated using metaphors when talking about race in relation to images of Blackness, black bodies, suffering, and labour (Magubane 2004). When reading through some of the archival materials, we found some words that Dutton and Todd used to refer to their 'helpers'. One insightful key word that appears in some of the letters and photos that either Dutton or Todd used to refer to Black males working for them is 'boys'. Gill Smith wrote about the expedition by Dutton and Todd in 1902 to the Senegambia, where, with the assistance of the governor, they were able to have the services of a cook and a houseboy (Smith 1977). Domestic work has always been gendered and associated with women's work (Martinez and Lowrie 2009), and being male and referred to as a 'boy' influences men's views of themselves in ways that are beyond the scope of this reflective paper.

The term 'houseboy' is well known for its historical use in America, referring to African men, slaves and former slaves, who worked as domestic servants (Martinez and Lowrie 2009, p. 307). Smith (1977) writes that Dutton and Todd further engaged two 'boys' to look after rats, rabbits, and guinea fowl. The word 'boy' in simple English refers to a

male child, although its genesis in slavery and emergence in colonial times is via a complex metaphorical journey. Dutton's work involved collecting flies for experiments, and he employed 'boys' to help with that work. He photographed the 'boys'. Below is an image of four males that are described as the 'fly boys' (Figure 2). The image is dated 1904, and is from the LSTM archives and taken from *Leopoldville*, the capital city of the then Belgian Congo, which was later renamed Kinshasa upon independence from Belgium in 1966. At the back of the postcard, written in his own handwriting, Joseph Dutton (1904) described the image on the postcard stating "*part of the gang of small boys who caught flies for us at the Leopoldville, Congo*". Their names and their ages are unknown. They carry nets used for catching flies, and one of them is wearing a boater straw hat, which makes him stand out amongst the group. It is less clear if he was the group leader. We do not know the names of the males, their ages, or who their families were.



Figure 2. Fly boys at Leopoldville, 1904.

Unlike the other photos where white men are wearing hats, it is interesting to note that one of the 'boys' is wearing a hat, which could signal that he had status within the group as the 'boss—boy', a supervisor of the males who were catching flies, mimicking the 'power' dressing of the white scientists. Mimicry is a complex strategy where the colonised subject imitates the coloniser, creating a resemblance that is similar to the colonisers but not having an identical effect (Bhabha 1984). Despite the hat and 'white men's clothes', the men in this photograph do not look as powerful as observed in the photos of Todd and associates at the picnic and suffered the injustice of their contribution to science being overlooked. Assumably the photographed Congolese and Senegambian men did not have a say on how they wished to be presented in photographs.

6. Discussion: Of Boys and Men

In this paper, the terminology ‘boy’ was used in the photos and letters by Dutton and Todd to refer to males who were helping during the period of scientific discoveries in colonial Senegambia and Congo. This word is paternalistic, speaking to power that was embodied in the whiteness. This period, coinciding with the height of imperialism, produced narratives about Africans as ‘savages’ and uncivilised (Said 1994). The paper makes some contributions to the debates on the historiography of British imperialism with its power to justify continuous obligations to subjugate the colonised (Kennedy 1996; Said 1994) during the development of colonial tropical medicine in the 19th and early 20th centuries. In her book, Sinha writes about the differently positioned elites amongst the colonised and the colonisers in India, with the colonisers positioned as the ‘English gentleman’ whilst the colonised were the ‘effeminate Bengali’ (Sinha 1995). Within the Indian contexts, Sinha reminds us that colonial masculinity was organised on a hierarchy of a descending scale, with the British administrators associated with the military at the top of the scale.

Within the context of tropical medicine, white scientists such as Todd and Dutton, whose expeditions were funded by the very powerful King Leopold II, occupied privileged positions that stood in opposition to the powerless ‘childlike’ unnamed males, whom they referred to as ‘fly boys’. In the production of superior colonial white masculinities like the ‘English gentleman’, the biomedical scientists used such subjugating language when referring to Congolese and Senegambian maleness who brought indigenous knowledge to the tropical ‘scientific’ encounters. The paternalistic reference to their helpers as boys presents their helpers as ‘childlike’ and incapable of growing to be men. Despite the presence of many masculinities within a discourse, the hegemonic terminology ‘boy’ dominated the documented encounters by Dutton and Todd in the photographs that we looked at. The role of the ‘boys’ must be viewed as critical in knowledge production, as we have seen from the photos of them carrying nets to catch insects that informed some of the biomedical studies. From the images we have looked at, several questions remain unanswered with regard to their contributions to the discoveries related to sleeping sickness. There is a growing body of evidence that shows that indigenous knowledge has made huge contributions to science (Jessen et al. 2022).

However, it is impossible to label a man as belonging to one type of masculinity (Morrell 1998), due to fluid and multiple identities. The hegemonic masculinity of the Black males as boys, as noted in our examples, silences and submerges other masculinities that were part and parcel of the Congo and Senegambian men’s identities. As ‘boys’ working for the white scientists, it is assumed they were providers in their families and had power in their homes as providers, brothers, or indeed fathers. The version of Congolese and Senegambian masculinities as ‘boys’ stands in opposition to the ‘white maleness’ that was grown up and bestowed with scientific knowledge and wisdom to cure diseases. Hegemonic masculinity of the white men connects with the patriarchal exertion of power in the family (Morrell 1998) and for the black men, the ways in which they were referred to paternalistically as boys. The photograph we examined shows that Black African males and white scientists related to one another in hierarchical ways, which emasculated Black men using the word ‘boy’.

Colonial Europeans were observers of Africans, producing images for other Europeans to view the countries they had colonised (Landau 2002). They travelled to the tropics on scientific expeditions, and during these scientific travels, they wrote letters and reports and recorded their experiences through photographs. Identities within the context of race, indigeneity, power, migration, and gender had to be made sense of within the context of scientific discoveries and the political ambitions of colonisers.

However, as women writing in the 21st century, we are aware of our positionalities as we glimpse into the past through materials using photographs and letters, memories kindly left behind by Dutton and Todd. Our positionalities influence our perceptions of realities and the meanings we produce whilst making sense of the materials from the archive, including the photographs, which offer a ‘window’ to investigate the past colonial encounters between the scientists and the indigenous communities in West Africa.

The LSTM celebrates 125 years of global health impact in research and education from its inception in 1898, and this paper represents a historical moment in the development of biomedicine by white scientists who worked with ‘helpers’, who during these early days remained unnamed, or referred to in some instances as ‘boys’. The colonial, powerful, and hegemonic masculinities of white men as bearers of scientific knowledge were perceived as normal whilst belittling the contributions of their male Black helpers. By reflecting on the history of tropical medicine through the experiences of white scientists and black males referred to as boys, we hope to have connected with Peter Aspinall’s prolific work on identities and terminologies.

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