

---

Preferred Citation: White, Luise. *Speaking with Vampires: Rumor and History in Colonial Africa*. Berkeley: University of California Press, c2000 2000. <http://ark.cdlib.org/ark:/13030/ft8r29p2ss/>

---

## "Bandages on Your Mouth"

---

• • •

### African Speaking and Western Medicine

Throughout East and Central Africa, vampire stories and blood accusations had intensely medical meanings. Many believed that human blood was used as medicine. Whatever its Persian roots and its use in nineteenth-century Zanzibar, the word *mumiani* in modern Swahili meant a kind of medicine used externally for broken bones or cramp, or melted and drunk.<sup>[59]</sup> In Tanganyika in the 1950s, it was believed that African blood was taken to urban hospitals and there "converted into red capsules. These pills were taken on a regular basis by Europeans who...needed these potations to stay alive in Africa."<sup>[60]</sup> In colonial Northern Rhodesia, it was believed that African blood was necessary to cure European diseases. The illness of any well-known European, particularly the long illness of King George V in 1929, was said to be enough to spark local panics.<sup>[61]</sup> In 1932, banyama were said to "drain the victim's blood, and by making an incision behind the ear, extract a certain portion of the brain. The body is left in the bush, and the blood and brain forwarded to the Medical Department to be used as medicines in hospitals and dispensaries."<sup>[62]</sup> In Kenya, it was thought that men were taken by the Nairobi Fire Brigade so that their blood could be used for "the treatment of Europeans with anaemic diseases."<sup>[63]</sup> On the whole, people were vague about what was done with the blood: one man heard it was taken to America, "but I don't know what Americans did with that blood."<sup>[64]</sup> Another observed: "Whites never let out the secret of what they were doing with African blood....I think the whites were using African blood to treat other Africans."

**q:**

But killing a person by sucking their blood in order to treat another person sounds strange. Why did they do that?

**a:**

I don't know why the whites were doing that.<sup>[65]</sup>

Africans knew much more about how blood was extracted. In the early 1920s, in Nairobi, wazimamoto came into women's houses as they slept—"after all, these men looked like ordinary men"—carrying "a sort of sucking rubber tube that they would stick in your hands while you were asleep and draw the blood out of your body and leave you there, and eventually you would die."<sup>[66]</sup> A few years later, in the legal African settlement of Pumwani in Nairobi, a woman said that wazimamoto "used to come in the night, they would come into your room very softly and before you knew it they put something in your arm to draw out the blood, and then they would leave you and they would take your blood to the hospital and leave you for dead."

**q:**

Couldn't you scream for help?

**a:**

They put bandages over your mouth, and also, these people who worked for the wazimamoto, they were skilled, so if they found you asleep they could take your blood so quietly that you would not wake up, in fact you would never wake up.<sup>[67]</sup>

A decade later, another Nairobi woman said "wazimamoto killed people, they cut their throats...and took the blood to people in the hospital."<sup>[68]</sup>

These accounts invert those cited in the previous section. Medical practitioners come to Africans, unannounced and unwelcomed, and do not heal, but silence and kill. In stark contrast to official concerns, the men were so skilled that they could take blood without waking the victim. Their technical knowledge was powerful; not only could they draw blood with something this particular woman could not name, but they could bandage her mouth to keep her from screaming. Was this

a depiction of the abuse of medical technology—the use of bandages not to bind wounds but to gag—or was it a representation of chloroform, the anesthetic placed on gauze for a woman to inhale, to put her to sleep? Indeed, my allusion to “African speaking” in the title of this section is more ironic than the term’s normal use as shorthand for African sources. As the next section shows, many African concerns about the power of European therapies were about what they did to African speech.

The point of this chapter is not to establish how accurate the women quoted above might be, or what these accounts really represent. Such an exercise would strip vampire stories of the rich contradictions of their details. After all, Western biomedicine takes blood and studies and interprets it. Hospitals require blood and use a number of techniques to get it from people; people need not be conscious to have their blood taken. People die in hospitals and die because they never get to hospitals. But these statements are not the facts and fantasies with which vampire stories, even the most medical ones, are told. I would suggest that these particular Nairobi accounts, with their talk of skill and how these men looked like ordinary men, observe the transition in yaws therapy, in which African dressers, at least the most reliable ones, were sent out unsupervised to give bismuth injections. They do not fully describe it, parody it, or represent it: all of these terms simply reduce the complexity of rubber sucking tubes and the drained bodies left to die to a single procedure.

For the same reason, it is almost impossible to argue that African vampire accusations misrepresent blood transfusions because of two kinds of evidence, chronological and generic. In terms of the chronological evidence, such misrepresentation seems unlikely. Until World War II, blood transfusions were rare in the tropics—without refrigeration or paraffin-lined containers, blood could not be stored long enough for a future transfusion,<sup>[69]</sup> and even when transfusion became widespread, there was a perpetual shortage of donors.<sup>[70]</sup> In terms of the genre of evidence provided by bazimamoto stories, the idea of such a misrepresentation reduces the complexity of the clinic, the syringe, and “noticing” to a single medical procedure; it turns vampire stories into accounts of medical techniques, rather than stories involving medical tools and technologies. Africans did not witness strange practices and then tell fabulous stories about them. Far more goes into any story than a strange event and its oral reconstruction. When Africans saw things that were both medical and strange, they reported them as such, not as bazimamoto. During a sleeping-sickness epidemic in western Uganda in 1931, for example, one man “saw some Europeans, they came in vehicles and when they came across someone they injected him then and there. I don’t know if bazimamoto could do things like that.”<sup>[71]</sup>

As the following pages make clear, these stories quoted above are also about chloroform, hospitals, tools, and property. But the changes in colonial medical care and the increased use of African dressers to administer intramuscular injections outside clinics in the early 1920s figure in these stories, where the descriptions of these men’s skill and stealth is in sharp contrast to the official anxieties that African dressers were unprepared for their jobs. The tellers of bazimamoto stories saw African dressers as skilled and practiced in their work, and this parodied official anxieties—which Africans may well have shared, but for different reasons—about who had the right and the power to administer medicine.

Did stories of blood rushed to hospitals from township rooms or rural airstrips invert and subvert Western biomedicine? There is no hard and fast answer, of course, and hospitals may have been a more concrete and simplistic category than bazimamoto was. Vampire accusations generally featured medicalized bureaucracies—fire brigades, medical departments, or medical department trucks on the northeast coast of postwar Kenya that “patrolled the streets in the dead of night...and should it come upon a straggler, draws from his veins all his blood with a rubber pump, leaving his body in the gutter limp and drained.”<sup>[72]</sup> One Ugandan man said that people feared the Yellow Fever Department because “they were making some drugs out of blood or they were using it with something else, that was where they were taking their victims.”<sup>[73]</sup> Indeed, well into the 1950s in most places, it was the mobility of agents of wazimamoto that was so fearsome: they “do not walk along the paths like honest men, but wander through the bush like outlaws.”<sup>[74]</sup> In Kenya, children had to learn “roadcrossing” in the bush to be safe from kachinja.<sup>[75]</sup>

But in Africa as elsewhere, hospitals were unique institutions: they claimed great expertise, they housed the living and the dead, and their employees handled the most intimate body products. The cultural meaning of these body products was different in different places, but Africans were aware of how they could be used. In central Tanganyika, for example, people complained that maternity clinics would allow strangers to handle placenta, the stuff of the most effective witchcraft.<sup>[76]</sup> Among many peoples in the Belgian Congo, how placenta was handled, and by whom, proved a crucial determinant in attendance at maternity clinics.<sup>[77]</sup> But such concerns and resistances have less to do with colonial medicine than with common sense about taking medicines or giving body products to strangers: in rural Africa only the very ill or the very curious ignored the obvious dangers.<sup>[78]</sup> But hospitals could support African practices: in urban Central Africa, women used maternity hospitals to maintain seclusion better than they could in township housing.<sup>[79]</sup>

European authors, however, relished examples of Africans fearing hospitals for reasons no more complex than white cannibals. A CMS nurse claimed that children were disciplined in Uganda by being told that white people would eat them; hence they howled while waiting in hospitals.<sup>[80]</sup> In 1920, a missionary in the Belgian Congo terrified his house servant when he sterilized the black rubber gloves he would use in his first surgery: it looked as if he was boiling hands. All was resolved when the servant saw the missionary put on the gloves rather than eat them.<sup>[81]</sup> In the early 1960s, a European doctor told a journalist that he had trouble getting blood donors since Africans believed that he drank the blood himself.<sup>[82]</sup> Such accounts elided specific African anxieties about what happened to body parts in surgery, or during autopsy, anxieties that doctors took quite seriously in early colonial Africa: surgeons routinely allowed Africans to watch surgeries to demonstrate that body parts were neither taken nor eaten.<sup>[83]</sup> Years later, when surgery took place without observers, doctors anticipated whispered accusations that they did terrible things with the body parts they removed in operations.<sup>[84]</sup> Outside of hospitals, stories about blood-drinking were not told as racial stories: when the young T. O. Beidelman donated blood for a Maasai man in Tanganyika, a young Maasai man asked him who would drink it.<sup>[85]</sup>

Among the men and women interviewed for this project, hospitals never entered the social imagination as sites of abduction until well into the 1950s. Only then—when the larger teaching and research hospitals had been built or were in the final stages of construction—did people begin to talk about hospitals as places of great danger. Once Mulago Hospital was completed in Kampala in 1962, people claimed that skeletons were taken from the living, not the dead: when they heard sirens, they knew that trucks were going to “catch people” for this purpose.<sup>[86]</sup> Hospital-based extractions were not specific and embodied, but social. In Kampala, it was said that children sold their playmates to Mulago to get bicycles.<sup>[87]</sup>

At the same time that Ugandans said their blood was taken to Kenya to treat Mau Mau victims, people in Nairobi kept their children far away from King George V Hospital, where they said that white people would cut them up for blood and body parts.<sup>[88]</sup>

As hospitals began to capture the imagination of urban Africans in the late colonial era, Africans claimed that blood was being taken from welfare departments as well.<sup>[89]</sup> At the same time, however, officials became concerned about the blood accusations hurled at medical researchers in rural East Africa. In 1944, officials in Northern Rhodesia stopped a researcher from taking blood, skin, and stool samples, allowing him to do research only in the daytime, accompanied by a district officer and an African policeman.<sup>[90]</sup> In 1948, the venerable doctor Hope Trant—long considered a banyama for whatever happened in her hospital in Tuduma—was accused of drinking blood by Africans while she participated in a medical survey.<sup>[91]</sup> Medical survey teams were accused and sometimes attacked. The 1955 mediation by J. A. K. Leslie, the district commissioner near Kigoma, Tanganyika, did not establish that white people did not drink blood, but revealed the benefits of science.

A WHO survey party were in the area, and after the usual explanations to the chiefs and public, had settled in an area...to do a general health survey of the population. Unfortunately one of the assistants was seen to suck a blood sample into a pipette, and overnight there was panic among the population with the likelihood of violence, because, it was said, the Mumiani was at it again and Europeans were drinking blood. One of the nurses wore lipstick, and this was quoted to me as evidence. I had to stop the survey and remove all the staff, and I took my tent and camped in the area for a week to calm things down. It so happened that a separate lot of doctors, from Burroughs Wellcome, were in the District trying out a new worm drug, which was a great success. So for a week I carried round with me a bottle of worms "acquired" from local schoolboys, which was a strong argument in favor of medical surveys. Eventually the WHO survey was restarted a few miles away.<sup>[92]</sup>

---

### "Bandages on Your Mouth"

---

Preferred Citation: White, Luise. *Speaking with Vampires: Rumor and History in Colonial Africa*. Berkeley: University of California Press, c2000 2000. <http://ark.cdlib.org/ark:/13030/ft8r29p2ss/>

---