

**Dr Walter Fisher, an *Ilomba*,  
and the Spanish 'Flu Pandemic**

P. David Wilkin

The last issue of the *Brethren Historical Review* in 2019 contained an article on George Suckling, one of the two outstanding missionaries before and after the Great War in what is now known as NorthWestern Province (NWP) of Zambia. This article is about the second, Dr Walter Fisher. Under the Brethren principle of autonomy for the Christian worker beyond the assembly, neither had the constraints of a mission society. This enabled each to devote himself to what he felt God called him to, which often meant what he was best able to do with limited staff and financial resources. Thus, just as Suckling started interesting educational work so also Dr Fisher did amazing medical work.

As pioneering missionaries, both Suckling and Fisher had some extremely difficult challenges to overcome, and sometimes each was very successful and sometimes less so, as with all of us as human beings! Suckling started off well with opening schools but later floundered because his organizational skills were too limited for the huge task that he set for himself.<sup>1</sup> As a medical doctor, Fisher faced quite different problems. The focus of this article is on a simple story of how he unintentionally, in a period of momentous events, clashed with the surrounding Lunda culture and its worldview. The paper also notes how his son, Singleton, would modify the response over the years, and finally, the continuing relevance of the Fishers' worldview for our time.

**A collision of cultures at Kalene in mid-1917**

At Kalene Hill in Mwinilunga, four very different 'things' coincidentally collided. These were: Dr Walter Fisher's hobby of a rock garden; his deep desire to baptize new believers; a local wave of

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<sup>1</sup> P. David Wilkin, 'Education at Chitokoloki, 1914–1924: The Vision of George Suckling', *BHR*, 15 (2019), 12–39.

deadly influenza; and an '*Ilomba*' that was a much-feared familiar, reputed to be huge snake with a human head that resembled its owner and lived in water.<sup>2</sup>

Dr Walter Fisher himself thoughtlessly caused the collision by picking up a small grass snake and putting it in his rock garden to eat insects and small vermin. He did this a short time before he baptized a sizable number of twelve to seventeen believers in mid-1917. Tragically, within a month or so, about half died from 'flu'.<sup>3</sup> This seems to have been a local precursor of the worldwide 'Spanish 'flu' epidemic that swept the world some months later at the end of the war. As the Lunda people did not know what influenza was, they interpreted events quite differently from Fisher. The result was that Fisher's

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<sup>2</sup> This unusual story has intrigued me since I read it more than 50 years ago. At that time I was living in Zambia and working for the University of Zambia (UNZA) and also doing research for and writing my Ph.D. dissertation on the history of Education in the NorthWestern Province (NWP). Although I summarize the same story in both my dissertation and e-book, it has little direct relevance to education. Then after completing my dissertation in 1984, I put aside my academic notes and undertook a business career in New York City. After retiring in 2012, I reread my old research materials, and in 2014 created an e-book for a new NWP website <<https://davidwilkinwpzambia.com/>>. Half of the website is designed to help young scholars. The other half more casually focuses on stories and pictures of my life in the NWP and southern Africa from 1963 to 2011. As this 1917–20 story continued to haunt me, I finally spent several days in 2014 checking sources on the topic at the Schomburg Library in Harlem and the New York University's research collection. Still, I did not start this article until after March 2020 when Covid-19, with its fascinating parallels, hit New York City and research libraries had closed. Because of these closures, several items have not been read or double-checked. Hopefully these are not too important, but they have been carefully footnoted..

<sup>3</sup> I first associated the post-baptism deaths with the worldwide 'Spanish 'flu' which had two or three 'waves' that spread throughout Africa between March 1918 and December 1919. I now realize that probably this epidemic at Kalene was a severe local precursor. Thus, in my e-book and dissertation, I incorrectly said that this incident occurred during the major epidemic. I have also assumed that the disastrous post-baptismal event was on 29 July 1917 when 15–17 people were baptised, but on re-studying the sources, it might have been the one supposedly held about a month later when 12 were baptised. Note that earlier in 1915, 12 converts had also been baptized. W. W. Fisher, 'A Year's Retrospect,' 6th November 1915, *Echoes of Service* [hereafter EoS] (Feb. 1916), 51.

dedicated medical and spiritual goals were negatively hindered for a time.

In his 1948 biography of his father, W. Singleton Fisher narrated the events engagingly. (The Appendix reproduces the three articles in 1918 issues of *Echoes of Service* that originally told this story). Also note that Singleton writes in the paternalistic tone of his era about the Lunda and their beliefs:

It would be difficult to exaggerate the part played by superstition in the life of the Africans. . . . [that] almost invariably takes the double form of a human enemy, who, through his or her supernatural power, is supposed to call an unseen '*spirit enemy*' (goblin, water-snake" or spirit-lion) to work his evil will on the victim selected by the human enemy and an imaginary spirit-enemy is believed to be profitable to both, the human enemy "eating the life" of his victim and sharing it with the spirit-enemy. . . . [the most feared of which was] the dreaded "water-serpent" (*Ilomba*), which is supposed to inhabit rivers and streams and at the bidding of its human owner swallows the shadows (souls) of its victims. . . .

Imagine, then, the consternation throughout the district when about the year 1917 it began to be whispered that Dr. Fisher practiced witchcraft and actually possessed a 'water-serpent' of his own!

It all began with the Doctor's rockery. Just outside his bedroom window there was a bare patch among the rocks and the Doctor, who was an ardent gardener, started to turn it into a rockery. The natives watched him, puzzled.

"Look," said one, "Ndotolu is making a field. The white man makes fields as we do and wants to have food growing near his house."

"Don't be silly," replied another, "look at the plants he is putting in, they are not food."

"True, they are just wild leaves from the forest. They must be medicine."

One day, on an evening walk, the Doctor picked up a harmless grass snake and brought it home in his pocket. He put it in his rockery thinking it might keep down the insects. . .

"What can the white man want with a snake?" natives asked. "It must be a young *Ilomba*, which will one day grow into a big one."

Just then, as it happened, there were a number of candidates for baptism and as the stream at the foot of the Hill was low Dr. Fisher

ordered some work man to dam it up in order to make a large pool for a baptistery.

Then the tongues began to wag! Ndotolu has a young *Ilomba* — he keeps it near his own house,” He is making a pool for it to live in when it gets big.” “A big *Ilomba* is a terrible thing and eats many people.”

“Why is it that Ndotolu tells us to close our eyes during prayer?”

“Ah, that is so that he can pick out victims for his *Ilomba* when we are not looking.”

At last came the day of the baptism. Fifteen men and women had been accepted by the church and were baptised in the pool amidst great rejoicings. Only a fortnight later there began a very severe epidemic of influenza and no fewer than seven out of the fifteen baptised were dead within three weeks.

To the village folk this was proof positive that Ndotolu kept an *Ilomba*. Had it not swallowed the souls of those seven when they were baptized? Now they could see why the missionaries wanted to baptize people. It was a trick to get them into the water and within the power of the *Ilomba*.

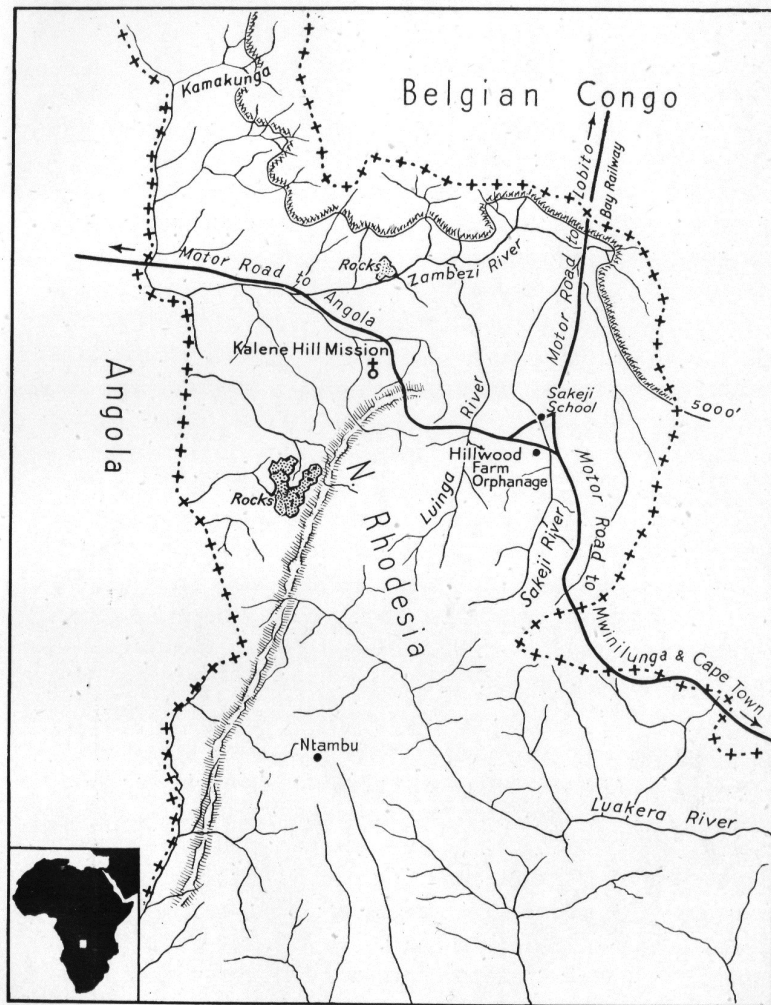
All this was common talk in the palaver sheds around the Hill, but for some time not a word reached the missionaries. They noticed that for the next few Sundays attendances at the service were remarkably low, and eventually one of the bolder native Christians summoned up courage to tell the Doctor what was being said about him. Characteristically he and Mrs. Fisher made no attempt to explain matters; they carried on steadily with their many activities in hospital, school and village, till at least the calumny died a natural death.<sup>4</sup>

### **The background of complex world events**

In mid-1917, the area was very tense; rumours were rife and people were scared. The war had reached a crescendo worldwide. Although Kalene was in the extreme opposite corner of Northern Rhodesia (NR) from the two German territories that touched only its far northeastern

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<sup>4</sup> W. Singleton Fisher and Julien Hoyte, *Africa Looks Ahead: The Life Stories of Walter and Anna Fisher of Central Africa* (London, 1948), 176–9. (Reprinted in 1987 at Ikelenge with ‘Ndotolu’ (‘doctor’), as Walter Fisher was known in Lunda society, added at beginning of the title.)



Northern Rhodesia, showing Kalene Hill district

Source: *Africa Looks Ahead*, facing p.176.

and southwestern corners, the Germans seemed vaguely threatening even in Mwinilunga. They had quickly surrendered in South-West Africa without a lot of fanfare several years before but fighting

continued ominously in the northeast along the Tanganyika-NR border until the war's end. Even Abercorn (Mbala) was briefly invaded. Naval warfare also occurred on Lake Tanganyika. The British administrative staff was at best bare-bones, with only of one or two officers in each district.

The British South Africa Company/British colonial military recruited a large percentage of the territory's few white males and developed them into a small fighting force with a few hundred men that focused along the north-south line of rail in the middle of NR. The African male populace, starting with the police force, was also pulled deeply into the war, especially in the northeast near Nyasaland and Tanganyika. Wages paid were extremely low, but money, needed for taxes, was paid widely. The result was that many Africans were not only injured or killed in the limited fighting in the northeast, but also many died from disease.<sup>5</sup>

Then, just before the war ended, the 'flu epidemic entered NR from all directions. Various sources give titbits of information, but the only article about the epidemic is by Mwelwa Musambachime. His abstract is helpful:

The influenza epidemic of 1918–1919 was described by the Secretary of Native Affairs in the administration of Northern Rhodesia (present-day Zambia) as the most fatal epidemic that ever visited the territory. It was introduced into Northern Rhodesia from five neighbouring territories: from Southern Rhodesia via Livingstone, Gwembe and Feira; from German East Africa via Lake Tanganyika; from Katanga Province in Belgian Congo; and from Nyasaland and Mozambique. The outbreak . . . revealed the fragility of the administrative and medical infrastructures, which were totally unable to deal with the epidemic. The influenza epidemic had economic, administrative and social ramifications. It reduced the supply of labour. The mines were affected, and both subsistence and commercial agriculture suffered. During the period of the epidemic, the transportation system was crippled. The epidemic made it difficult for administrative officers to

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<sup>5</sup> L. H. Gann's history of the war's events is dated but useful: *A History of Northern Rhodesia: Early Days to 1953* (New York, 1969), 156–180. Also, see Yorke, Edmund James, *Britain, Northern Rhodesia and the First World War: Forgotten Colonial Crisis* (London, 2015). This book has not been utilized due to the library closures.

tour their districts. Amongst the African population, [it] created panic and suspicion.<sup>6</sup>

A few tales of woe from government reports, missionaries, and an article by Sven Grimstedt also make key points. Government Annual Reports (ARs) under the Health section (ending March 1920) for Barotse Province and the Zambezi Sub-district describe the spread and devastation in only a few sentences.<sup>7</sup> Kalene had to close all its lower standard (grade) outschools as about half of the teachers got the 'flu and about twenty of them were brought to the main hospital for treatment.<sup>8</sup>

W. Roy Vernon, the South African General Mission missionary for the huge Kasempa District, commented more specifically on both the pandemic and the war:

The influenza epidemic also wrought changes in our work. It was most unfortunate for our Station and district that thousands of the

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<sup>6</sup> Mwelwa .C. Musambachime, 'The Influenza Epidemic of 1918–1919 in Northern Rhodesia', *Zambia Journal of History*, Issue 6-7 (1981–1994), 46–73. For a collection of essays about the 'flu in different parts of the world, see David Killingray and Howard Phillips (eds.), *The Spanish Influenza Pandemic of 1918–19: New Perspectives* (Studies in the Social History of Medicine; London, 2003). For a useful study currently available on the Internet, see: Howard Phillips, 'Influenza Pandemic (Africa)' Version 1.0 / last updated 08 January 2017, 12 pp., in International Encyclopedia of the First World War. <[https://encyclopedia.1914-1918-online.net/pdf/1914-1918-Online-influenza\\_pandemic\\_africa-2014-10-08.pdf](https://encyclopedia.1914-1918-online.net/pdf/1914-1918-Online-influenza_pandemic_africa-2014-10-08.pdf)>

<sup>7</sup> Zambian National Archives [ZNA], influenza deaths noted in [Provincial] Annual Reports for year ending March 1920. ZNA 7/1/4/2 Barotse 1919–20, '9. Health'; '... epidemics of influenza. . .'; and also ZNA 7/1/4/2 Zambezi Sub-District—refers to Chitokoloki at Balovale: 'school work greatly hindered . . . by the influenza epidemic.'

<sup>8</sup> *EoS* (Apr. 1919), 159, cited by Bruce McLennan, *Pioneering in 'The Beloved Strip', 1881–1931: Assembly Missionary Labour in Angola, Belgian Congo and Northern Rhodesia* (Kilmarnock, 2019), 180. McLennan also refers to Dr Fisher's use of a vaccine in containing the 'flu, but no vaccine existed. He possibly meant Dr Fisher's use of smallpox vaccinations. Certainly, however, Fisher's good hospital care helped enormously. Fisher and Hoyte, *Africa Looks Ahead*, 195, say Dr Fisher 'nipped in the bud' the 1910 smallpox epidemic by vaccinating 'hundreds of people.' They further add that the 'flu of 1918 was a 'big strain' on their resources and on everyone at the hospital and kept all staff 'working day and night.' (Ibid.)

Kaonde men were on Government war-transport work at that time, carrying loads from the railroad up towards the German East Boundary. Scarcely a man of these missed contracting the disease, and in this condition all were sent back to their homes.<sup>9</sup>

Writing in hindsight in 1956, Grimstvedt, a Swedish adventurer cum settler in the NWP's Kasempa District, gave the best and most dramatic recollection of both the war's end and the 'flu's devastation. He wrote:

When we arrived at Kasempa towards to the end of October [1918] we were told that a 'flu epidemic, which had been raging all over southern Africa, had reached Broken Hill [now Kabwe], and that hundreds of natives had died there. . . . [It] however, spread rapidly north. It appeared to have skipped Kasempa itself, but on the fourth day out I came on the first signs of it, and the remainder of my journey was a horrible experience. In every little village people were wailing, and we came across dying natives trying, with all their last strength to crawl down the river banks in search of water. The heat was intense, and there seemed to be an evil hush brooding over the countryside.

In the middle of all this misery, on the 22nd November [1918], I received by messenger . . . news that the war was over. F. H. Melland, who was then District Commissioner with headquarters at Solwezi, had been informed by runner from Elisabethville, and had immediately dispatched runners to his Native Commissioners at Kasempa and Mwinilunga. [All] were nursing farm labourers who were down with 'flu, and for the next six weeks we killed a sheep or a goat every day for the improvised soup kitchen. At the Boma both Mr. and Mrs. Bruce Miller went down with the 'flu, and most [staff]. Curiously enough, the only natives who died at the Boma and on the farm were two aliens—a native clerk and a capitão [commander], both from Nyasaland.<sup>10</sup>

It is very important to remember that in this era there were no accurate population totals for much of the world. Global and African

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<sup>9</sup> W. Roy Vernon, *The South African Pioneer*, 32 (Aug./Sept.1919), 73.

<sup>10</sup> S. Grimstvedt, 'The "Swedish Settlement" in the Kasempa District', *The Northern Rhodesia Journal*, 3/1 (1956): 34–43, spec. 40–1 on Spanish 'Flu. It should be noted that Bruce Miller (government official) became Dr Fisher's son-in-law when he married Dr Fisher's daughter, Katolo, in 1917.



mortality totals for 'Spanish 'flu' were even more inadequate. Almost all statistics are just really 'educated' guesses. Moreover, the chaos of the war's end blurred statistics even more.

In 1998—eighty years after the 'flu had hit—an international conference on the pandemic was held in Cape Town. Research papers from there provide the best statistics and analysis. One article by P.A.S. Johnson Niall and Juergen Mueller noted that worldwide 'the mortality may fall in the range of 50 to 100 million. . . . The lack of precision notwithstanding, the scale of mortality undoubtedly makes it one of the largest outbreaks of disease in recorded history, particularly as these deaths occurred in a very short time, from early 1918 through to, in some cases, 1920.'<sup>11</sup>

Niall and Mueller also estimate that the African death total may have been 2.4 million (1.8% overall of the total population). Musambachime estimates three to ten per cent of the population. In his Internet article, Howard Phillips feels some especially hard-hit places had up to a five percent death rate. He ends by noting: 'In sum, the "Spanish" influenza pandemic . . . left an indelible mark on the demographic, social, economic, medical, cultural, psychological, religious and spiritual character of sub-Saharan Africa for at least one generation. . . [and] for the rest of the twentieth century, it became a popular means of dating other events as happening before or after "the flu".'<sup>12</sup>

Although there was neither vaccine, nor cure, for the epidemic, it simply ran its course and faded away for unknown reasons during 1920.

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<sup>11</sup> P.A.S. Johnson Niall and Juergen Mueller. 'Updating the Accounts: Global Mortality of the 1918–1920 "Spanish" Influenza Pandemic', *Bulletin of the History of Medicine*, 76/1 (Spring 2002), 105–15.

<sup>12</sup> Phillips, 'Influenza Pandemic'.

### **An *Ilomba* Familiar**

It was in this world context of the Great War and the developing epidemic that the cultural misunderstanding over an *Ilomba* took place. A number of ethnographers and anthropologists, all scholars from Western countries who have done serious research and lived in Mwinilunga, give slightly differing descriptions of this amorphous familiar as their Lunda informants differed as well. All agree, however, with Singleton's description that it had the head of its human owner and the body of a huge snake. It also seems that all ethnic groups in south central Africa believed in this familiar a hundred years ago. Many people, of course, still do.

Frank Melland was a British administrator in the NWP during and after the war. He was a good administrator and arguably a benevolent paternalist, who prided himself as an ethnographer of African cultures and spoke Kaonde and some Lunda. He wrote in his principal book in 1923 that an *Ilomba* 'eats a man's life, but he does not eat human flesh' and it is 'controlled by men, not women [and when] it dies, so does its owner.'<sup>13</sup>

Victor Turner<sup>14</sup> and James Pritchett<sup>15</sup> (both now deceased), two of the three recent anthropologists, say little. Turner noted that an *Ilomba* is believed gradually to swallow its victim, beginning with the legs, and proceeding upwards.'<sup>16</sup> The third anthropologist is Iva Peša, now the only current one doing research in Mwinilunga. In one passage on

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<sup>13</sup> Frank H. Melland, *Witchbound Africa: An Account of the Primitive Kaonde Tribe and their Beliefs* (London: Seeley, Service and Co., Ltd., 1923: reprinted ed., London: Frank Cass and Co., 1967), see especially chapters on: 'Aspects of Religion' and 'Witchcraft', 209.

<sup>14</sup> V. W. Turner, *Schism and Continuity in an African Society: A Study of Ndembu Village Life* (Manchester, 1957), 65; and *idem*, *The Drums of Affliction: A Study of Religious Processes among the Ndembu of Zambia* (Oxford, 1968), 134, 138, 203–4.

<sup>15</sup> J. A. Pritchett, *The Lunda-Ndembu: Style, Change, and Social Transformation in South Central Africa* (Madison, WI, 2001); and *idem*, *Friends for Life, Friends for Death: Cohorts and Consciousness among the Lunda-Ndembu* (Charlottesville, VA, 2007). James Pritchett died late last year. With libraries closed, his comments have not been re-read.

<sup>16</sup> On the Internet, especially see 'The Magical Buffet', especially the webpage <<http://themagicalbuffet.com/blog1/?p=149>> .

slave trading in the late nineteenth century, she wrote: ‘an *Ilomba* (magic serpent) was believed to guard the village against external attack.’ She also noted that the man who allegedly introduced pineapples to Mwinilunga was unnaturally short because he had offended someone and was ‘attacked by an *Ilomba*.’ In another example she adds that a ‘wealthy pineapple farmer . . . was attacked by an *Ilomba* (mythical snake, familiar spirit connected to witchcraft), because he failed to share his profit among kin. He faced hardship, misfortune, and bad luck, because he had built a large house for his nuclear family in isolation from others.’<sup>17</sup> It is clear from her recent research that belief in an *Ilomba* is still prevalent.

#### **Dr Walter and Anna Fisher’s lifelong work at Kalene**

As pioneering missionaries, Walter Fisher and his wife Anna, had followed their mentor, Frederick Stanley Arnot, to south central Africa to proclaim the gospel especially to the Lunda people. They literally walked hundreds of miles from the Angolan port of Benguella to eastern Angola in 1889 and later in 1906 settled at Kalene ‘Hill’ in Mwinilunga District in the extreme northwestern corner of Northern Rhodesia. Overlooking the plains below, Dr Fisher felt that it was healthier and hence safer from malaria and an extreme form, ‘blackwater fever,’ for which in 1906, cures were very inadequate.<sup>18</sup>

Fisher, as the only local medical doctor, probably should be seen as Mwinilunga’s only resident ‘scientist’ of his day. Most important, Dr Fisher, with Anna as partner and nurse, and several other Kalene staff were much appreciated by all: the African populace and administrators, especially the British in Northern Rhodesia and also the Portuguese in Angola and Belgians in the Congo—both just across

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<sup>17</sup> Iva Peša, *Roads through Mwinilunga: a History of Social Change in Northwest Zambia* (Leiden, NL, 2019), 63, 156, 324. For a 2020 review of this book, see Paul David Wilkin, ‘ORCID’ <<https://orcid.org/0000-0002-1818-099X>>, 14–16, 2020.

<sup>18</sup> For two recent stories of Walter and Anna Fisher and their life’s work at Kalene, see: Iva Peša, ‘Serving in “the Beloved Strip”: A Century of Missionary Activity in Mwinilunga District, Zambia’, *BHR*, 6 (2010), 74–90, and Pauline Summerton, *Fishers of Men* (Tiverton, 2003). Especially see Summerton’s malaria comments: 20, 38 & 57. Note: F. S. Arnot appropriately named Kalene Hill ‘Border Craig’.

the nearby borders. Fisher helped with debilitating tropical sores and yaws. Also the mission hospital attended many other medical matters: smallpox, cholera, childbirths, injuries, fires, other illness, and emergencies. And if that was not enough, Fisher also became a noted dentist and eye surgeon (especially for removing cataracts).

With his medical work as an entrée, Fisher's biggest goal was the salvation of people's souls. In the process, like other Brethren, he was especially interested in keeping Roman Catholics from entering and proselytizing from the Congo and Angola. His first African believers were former slaves that gravitated to the mission from eastern Angola. By the First World War, these believers' numbers were slowly augmented by new believers from the local Lunda populace. He much desired these local converts as he and his staff now spoke the language and had come specifically to convert local believers from their traditional beliefs.<sup>19</sup>

By mid-1917, he, his family and staff were excited by plans for several large baptisms that included local Lunda converts. Then, as noted, disaster hit when about half died following one baptism. As a doctor, and with his wider world contacts, Fisher knew the deaths were tragically caused by the 'flu. In the eyes of the African populace, however, it seemed equally clear the cause was the Doctor's wizardry. They had seen with their eyes his supernatural *ilomba* in his garden.

Despite the tragic post-baptismal 'flu deaths in mid-1917, which stirred local fears about him and his work, Dr Fisher's medical work and evangelical ministry continued on an even keel. He presented himself as calm and rarely got visibly upset, a truly gentle and genteel man. Except for possibly comments within the Brethren community or a few government officials, he said nothing openly about how the deaths affected his work.<sup>20</sup>

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<sup>19</sup> For two examples of how Fisher saw his medical work as a useful tool in evangelism and in assisting new converts; see Summerton, *Fishers of Men*, 58, citing a letter, W. E. Fisher to 'Mother and Father', 3rd April 1895, Kavangu, W. E. Fisher MSS; and also the ending of Walter Fisher's letter, 14 June 1917, *EoS*, 46 (Oct. 1917, pt. 1), 309.

<sup>20</sup> As noted, the *Ilomba* episode preceded the two or three waves of the Spanish 'flu. Nonetheless, it seems appropriate to associate it with this deadly epidemic. My exact

Although documents are unclear on several events in the years following the *Ilomba* incident and the end of the Great War, a large revival created expansion of the assemblies. (Seemingly this revival was in 1920, but precise dates are not certain.) Kitty Fisher (who had just married Singleton Fisher) describes in her autobiography this revival—that resulted in about 300 people being converted in the space of nine weeks. Given the well-known link between revival and social stress in a stable community, it is possible that this unusually large revival was related to the effects of both the war and the Spanish 'Flu. Whatever the social cause, these conversions at Kalene Hill, as Pauline Summerton adds, 'proved pivotal in the continuation and spread of the work.'<sup>21</sup>

Dr Fisher certainly made a misjudgment when he harboured the small grass snake. Possibly in mid-1917, he was not fully aware of Lunda society's extreme fears. Similarly his meaning of, and enthusiasm for, baptisms was not yet shared by the wider African community. His way, however, when faced with traditional African religion, such as the fear of witchcraft, noted Singleton, was to overcome it by 'simply explaining to them the causes of disease.'<sup>22</sup> This approach had little force for older people, but did have more effect among the newly educated young. As we look back on his career, Dr Fisher did truly remarkable work at Kalene. With neither a vaccine for the 'flu epidemic, nor treatments for many other illnesses in this era, Fisher still did much to alleviate pain and suffering. As for diseases,

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reference to the ZNA document where Dr Fisher discussed the incident with a government official has been lost.

<sup>21</sup> For this large revival, see Kitty's book [M. K. Marks Fisher], *Lampposts to Searchlights: 'The Brighter Side of Missionary Life'. Memories of M. K. Fisher* (Ikkelenge, Zambia; 1994), 59–60. Kitty was recalling the revival as an elderly lady and her details are somewhat vague. Her story was re-narrated by Summerton, *Fishers of Men*, 53. Also, in this period of 1918–1922, a number of Kalene missionaries simply refer to 'revival' in passing. Several decades later with reference to Kalene, an unidentified writer stated: 'The years 1918 and 1922 were marked by times of revival': *A Central African Jubilee or Fifty Years with the Gospel in "The Beloved Strip" 1881–1931*, foreword by Montague Goodman, chapter entitled "The Work in Lundaland" (no author or editor given), 58.

<sup>22</sup> Fisher and Hoyte, *Africa Looks Ahead*, 182.

his focus on malaria was especially noteworthy. As he, along with other doctors in this era, slowly became aware of mosquitoes as this scourge's source, both prevention and treatment became increasingly effective. For prevention, he improved the dosage of quinine and advocated use of mosquito nets so that basic malaria did not result in blackwater fever.<sup>23</sup>

Walter and Anna's goals also covered much more than their medical and evangelical work. Both were deeply concerned about the future life of the church and the safety of African believers. Also, both endeavoured to help young missionaries adjust to mission work in the Beloved Strip, for example, George Suckling before he moved on to Chitokoloki. This deep interest especially included women. Unlike work within local Brethren assemblies in the UK, women were encouraged to be public evangelists and often assumed leadership roles, and thanks in part to the Fishers' help, made major contributions. Another way the Fishers helped was by opening an orphanage for abandoned children and also Sakeji, a school for missionaries' children. In addition, they also opened a home for elderly African women, many accused of witchcraft and who might have otherwise been killed.

Someone once said to me that if the Brethren had 'saints', then Dr Walter and Anna Fisher would have been two! They came to help alleviate suffering and pain amongst the Lunda as a way to win souls for Christ, and did just that. While some missionaries simply came to preach the 'Word', he and Anna put the gospel into practice.

A few years before the deaths of Walter and Anna (in 1935 and 1938 respectively), their children built them a home near Kalene Hill where they stayed active as long as their health allowed. Following the Fishers' passing, some of their children continued living and working in the Kalene area and elsewhere in the Beloved Strip. Singleton moved his family north of the border into the southern Congo. The youngest, Charles, became a well-known medical doctor and lived in the Copperbelt well into the independent Zambian era until he died.

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<sup>23</sup> See Summerton's comments on how Dr Fisher's knowledge of, and treatment for, malaria improved during his lifetime: *Fishers of Men*, 20, 38, 57.

He was honoured by the new Zambian government for his dedication to medicine and society.<sup>24</sup>

### **Lunda Beliefs**

By the 1940s, despite the paternalistic tone of his *Ilomba* narrative, Singleton Fisher had become a careful observer of Lunda society, their traditional belief system and language. In a short three-page academic article in *African Affairs* in 1949 entitled 'Black Magic Feuds', he carefully encapsulated an *Ilomba* familiar's appearance. Two paragraphs from this article provide an example of the way he collected information about traditional African beliefs without disturbing people.

One day when I was out hunting with a Lunda we came on an old deserted village. I began an inspection of the various huts and other objects of interest, learning all I could about them from my Lunda friend. A deserted village often contains a wealth of material which one can study without arousing suspicion or causing offence to watchful villagers.

One hut contained a deep hole about eighteen inches across. I asked the Lunda what it was. He said that it must be a hole of the *ilomba*. He went on to explain that the *ilomba* was made by a witch-doctor for a man who wished to become powerful in his tribe or who desired to kill certain enemies. The witch-doctor made a charm, *museñu*, full of power magic, which his client buried at the head of a stream. The owner paid regular visits to the spot where he had buried it until one day he found a worm coming out of the ground. Then he knew that the *ilomba* had come to life (*kutetuka*, lit. to crack open, used also of re-incarnation in animal form). He never saw the worm again nor did he expect to, for he knew that the worm had become an invisible snake and had taken up its abode in the stream.<sup>25</sup>

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<sup>24</sup> After Charles' death, his wife, Monica Fisher wrote his biography: *Nswana the Heir: The Life and Times of Charles Fisher, a Surgeon in Central Africa* (Ndola, ZA, 1991). Referring to both the Fisher family and other long term missionaries, Dr Peša noted in her 2010 article (p. 89) that the Lunda populace had come to see the Fisher family as "pure Lundas", as they have been in the area a long time and speak the local language fluently.'

<sup>25</sup> W. Singleton Fisher, 'Black Magic Feuds', *African Studies*, 8/1 (Mar. 1949), 20–2.

Dr Peša reflects on the positive benefits of Singleton's (and other Kalene missionaries) careful observations:

To establish a relationship of trust . . . the missionaries had to adapt their ideas and practices . . . and it was through this process that the ideas and activities of the missionaries themselves sometimes changed. Once the missionaries realized, for instance, that witchcraft could not simply be dismissed as superstition, but held an important place in local beliefs, they embraced its close study. Singleton Fisher especially took great interest in witchcraft beliefs, and the study of these enabled him to propagate Christianity more effectively, according to local needs and wants.<sup>26</sup>

### **Reflections on two epidemics**

While this article focuses primarily on Dr Fisher and Kalene's comprehensive medical work, it also reflects on the 'Spanish 'flu' epidemic 100 years ago which in turn provides a basis for a short commentary on Covid-19 today. Each epidemic has the commonality of dangerously threatening the life of every adult and in the process creating distress and fear worldwide in every society and most individuals. It is safe to say that Covid-19 causes much head scratching that most of us as individuals do unconsciously whether we want to or not! When better comparisons can be made in the years to come between the two pandemics, total morbidity figures will probably (hopefully!) be much lower than 50-100 million from Spanish 'flu to less than ten million worldwide (still an incredible figure!). If so, this will be due to better medicines, better understanding of social distancing, hygiene, and also the result of the more rapid exchange of information by scientists on preventions and cures. If this is correct, we can all be grateful.

Should we search for any applicability of this story to the pandemic today, we probably need to view it from a slightly different angle as a clash of worldviews and cultural misunderstandings—notably

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<sup>26</sup> Iva Peša, 'Serving in "the Beloved Strip"', notably cites Singleton's article: 'Black magic feuds'. Singleton does not use the word 'familiar' at all. A simple web search shows how common familiars have been throughout European history. Today, we even note them in popular literature for children like the Harry Potter books.



scientific versus non-scientific—as the causation of events. We know today that there are countless mythologies and familiars in which people worldwide believe, probably in all societies. In times of unexplainable societal distress, such as the past or present pandemic, people often attempt to seek, or invent, mythical stories to help them cope instead of science. Today, conspiracy theorists, flat-earth believers and antivaccers are examples. Dr Fisher's thinking as a medical doctor represented scientific thinking that required verifiable validity versus traditional societal beliefs or even a familiar. Many individuals can get very emotionally defensive about their unverifiable beliefs. Unfortunately, world leaders are not immune to these falsehoods.

Richard Hofstadter, in his classic essay published in 1964, 'The Paranoid Style in American Politics', argued that in 'the arena for angry minds' he was then discussing was marked by 'heated exaggeration, suspiciousness, and conspiratorial fantasy'. It saw that it was not limited to his contemporary America, but 'the paranoid style' was a recurring phenomenon in human history. He noted its 'almost touching concern with factuality it invariably shows. It produces heroic strivings for evidence to prove that the unbelievable is the only thing that can be believed.'<sup>27</sup> It is part of a particular way of looking at the world that forms an all-embracing worldview. More recently, Michael Barkun in his study of conspiracy theories has expanded these insights. The conspiracist, he writes, is 'attempting to delineate and explain evil.' On the one hand, the conspiracy is frightening because it 'magnifies the power of evil', but on the other, it 'promises a world that is meaningful rather than arbitrary . . . endowing life with a purpose.'<sup>28</sup> Walter Fisher had perceived an African *Ilomba* as 'superstition', best ignored. Singleton was of the generation who saw African beliefs as part of an over-arching worldview, to be taken

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<sup>27</sup> Richard Hofstadter, 'The Paranoid Style in American Politics', Harper's Magazine, November 1964, <<https://harpers.org/archive/1964/11/the-paranoid-style-in-american-politics/>>, accessed 7 Sept. 2020. Hofstadter was writing in the context of Barry Goldwater's presidential bid.

<sup>28</sup> Michael Barkun, *A Culture of Conspiracy: Apocalyptic Visions in Contemporary America* (2nd edn., Berkeley, CA, 2013), 3, 4.

seriously if the gospel were to be meaningfully proclaimed in his context. We dismiss contemporary Western conspiracy theories as merely 'irrational fantasies' at our peril. Like an *Ilomba*, they are part of a way of explaining the world that is an alternative to the Christian vision of a rational universe open to scientific investigation and medical interventions. That was the vision of Walter and Anna Fisher.

### Appendix

*Echoes of Service*, 47 (Jan. 1918), 19–20. Letter written by May R. Fisher on 24 Sept. 1917.

On July 29th Twelve were baptized, three men and nine women. Most of these are escaped slaves who have been settled here for protection. Such radiant faces as there were that day! After the baptism the older Christians greeted the younger ones with the 'welcome' greeting that is given to those who have arrived after a journey, and such a welcome it was too! We are hoping to have another baptism soon, this time mostly Lunda people. Several of these candidates for baptism have come every day from villages two or three miles away from the foot of the hill, and that after a morning's work in the fields. One of them is an old woman, nearly crippled, and how she can do it is a marvel.

*Echoes of Service*, 47 (Feb. 1918), 48–9. Letter written by Walter Fisher on 5 Oct. 1917.

A new epidemic is amongst us, just when we were rejoicing over the disappearance of our terrible ulcers. A virulent type of pneumonia is in the neighborhood, numbers suddenly taken ill, and everywhere we hear of sudden deaths. Many severe cases have been brought here, and until seven days ago all were recovering. One of the Christian women, recently baptized, Nyachikoka, brought here ten days ago, this day last week had passed the critical stage, but a few hours later she passed away. Three days ago, Mukwakwa, a lad from a distant village and a professing Christian, had a relapse and died the following day. That afternoon, when the Christians assembled as usual for prayer, we had to tell them, not only of his sad death, but that Nyakayina, another

Christian, baptized two months ago, was we feared, dying, but at the same time we reminded them that nothing was impossible with God. . . . we are just back from the graveside for the third time this week.

Thirteen women and three men will, God willing, be baptized and received into fellowship on Sunday week. . . .

*Echoes of Service*, 47 (Apr. 1918), 101. Letter by Mary Kathleen Marks on 31 Dec. 1917.

The medical work was very slack for a time owing to the fact that we had several deaths amongst the Christians within two or three weeks. The people round about were very scared, and said that the doctor was a wizard and that he killed people by magic and gave them to his spirit-serpent to eat. It was dangerous enough to come to meetings, because we told them to close their eyes, and then, when they were not looking those on the platform pointed out their victims and sooner or later then would have died. But it was far worse to become a Christian and be baptized, because the spirit-serpent had his power in the water, and gave the doctor special power over those he baptized. When these rumours were at their height we had a baptism, and sixteen were baptized in spite of threats and warnings. Strangely enough, one of the women baptized died quite suddenly immediately afterwards, which confirmed the worst of their suspicions. For weeks none of the raw natives came to the meetings or to the dispensary, but they are losing their fear again now, and the last two or three Sundays the meetings were as well attended as they used to be.