Introduction

In March of 1628, a Kongolese man named João Alvares Vieira denounced a healer he identified as Domingos Ambundo. This Mbundu healer resided in Luvo, some 60 kilometres north of Mbanza Kongo. Vieira described how he and his wife, Dona Maria Afonso (as well as other family members), had twice taken their ailing daughter to Domingos's hut in order to cure her illness. Domingos had prepared his home remedies by adding herbs and pieces from the *takula* tree to boiling water. He had also thrown a wooden male figure into the concoction. João Alvares Vieira, a Kongo Christian, claimed that he knew that this figure was not God and, hence, neither believed in nor respected it. Neither did he believe that it could improve a person's health. In his testimony, he labelled Domingos's healing as silliness and deception. However, he did admit to believing in the efficacy of the herbal and *takula* concoction that the healer had prepared. Why else would he have taken his daughter to Domingos? After all, similar remedies were widely used to cure people in Kongo at the time.[1]

Altogether, three witnesses testified against the Mbundu healer Domingos, corroborating João Alvares Vieira's deposition, which remains remarkable in many ways. It was one of over seventy denunciations culled in Luanda and Mbanza Kongo in the 1620s. Although only a few of these denunciations concerned African healers, diviners and sorcerers, this documentation provides a rare first-hand African account of popular healing. It shows how Kongolese Christians reflected upon the limits of acceptable religiosity over a century after Catholicism became an integral feature of the Kongo's religious landscape. Since many witnesses in these and subsequent Inquisition proceedings were local Africans, their voices offer a unique view of Mbundu and Kongo understandings of health, illness and healing. Depositions by individuals like

[1] Arquivo Nacional da Torre do Tombo (subsequently ANTT), Tribunal do Santo Ofício, Inquisição de Lisboa (subsequently TSO/IL), Diversos, Denunciações do reino do Congo e Angola, 73r, 82r.

João Alvares Vieira complement the sources produced by European missionaries and colonial officials. Certainly, Vieira's testimony has to be placed within the context of the Inquisition as part of what Toby Green has termed 'the reign of fear'.[2] When João Alvares Vieira denounced the Mbundu healer Domingos, it was not only the healer whose activity was being investigated – the denouncer's faith was similarly being questioned because of his presence at an autochthonous ritual.

João Alvares Vieira's deposition reveals many common elements that can be observed in numerous other cases discussed in this book. The first is the presence of a Mbundu healer in what was obviously Kikongo-speaking territory north of Mbanza Kongo. This reflects the mobility of the medical practice and of practitioners in West-Central Africa. The Inquisition documentation from later periods reveals that healers were highly mobile, and it is not surprising to find itinerant healers, whose mobility was regarded as a sign of their spiritual power. But this mobility also applied to patients, who would sometimes travel considerable distances to reach a famed healer, as Vieira and his family obviously did. It can also be observed that João Alvares Vieira's daughter was cared for by a therapy management group, consisting of parents and relatives but also slaves, who accompanied the patient to the healer.[3]

Second, João Alvares Vieira testified to the healing power of the *takula* tree, which was widely used and traded in West-Central Africa in this period. It was sought by Portuguese and Dutch merchants in the port of Mayumbe and exchanged for slaves in the kingdom of Ndongo as well as shipped to Brazil and Europe as a textile dye.[4] Vieira probably mentioned the name *takula* because he knew that Europeans also used it for healing purposes. He expected the investigating priests to regard it as a natural rather than diabolical ingredient in the healing ritual. Third, Domingos Ambundo, João Alvares Vieira and other witnesses who testified in the case were all Catholics. For example, one of the witnesses was identified as Dom Pedro, the son of Dom Ambrosio de Mendes and Dona Estefana, certainly members of the Kongolese Christian elite.[5] They

[2] Toby Green, *Inquisition: The Reign of Fear* (Basingstoke: Macmillan, 2007).
[3] John M. Janzen, *The Quest for Therapy: Medical Pluralism in Lower Zaire* (Berkeley: University of California Press, 1978). Chapter 1 provides further information on therapy management groups as well.
[4] Kalle Kananoja, 'Bioprospecting and European Uses of African Natural Medicine in Early Modern Angola', *Portuguese Studies Review* 23 (2016): 45–69.
[5] ANTT, TSO/IL, Diversos, Denunciações do reino do Congo e Angola, 61r, 69r, 82v. On Kongo elites, see, e.g., Linda Heywood and John Thornton, 'Central African Leadership and the Appropriation of European Culture', in *The Atlantic World and Virginia, 1550–1624*, edited by Peter C. Mancall (Chapel Hill: University of North Carolina

obviously knew that the healing ritual contained suspicious elements. Similar to Capuchin missionaries who wrote at length about Kongolese rituals, João Alvares Vieira acknowledged that natural medicinals were potent cures, whereas the local deities used in the ritual had lost their potency for Kongolese Christians. They were part of a show put on by Domingos. Vieira sought to convince his interrogators that it was the healer's Catholic conviction that was questionable, not his search for a medicine to cure his daughter.

This book places João Alvares Vieira's experience in the larger context of cross-cultural medical interaction in Atlantic Africa in the early modern period. This interaction was characterised by continuous knowledge exchange between Africans and Europeans. In *Civilization and Capitalism*, Fernand Braudel commented on European expansion, pointing out that humans had already explored and exploited the whole world for centuries or millennia before the rise of Europe. Arguing that Europe neither discovered nor first explored America and Africa, Braudel wrote about the nineteenth-century explorers of central Africa, whom black Africans carried around on their backs while Europeans claimed that they were discovering a sort of New World. But in Africa, as in America, Europeans were merely rediscovering old tracks and rivers used by the indigenous inhabitants of these continents. In short, 'Europeans very often rediscovered the world using other people's eyes, legs and brains.'[6]

The following chapters reveal the ways in which Europeans depended on other people's eyes and brains in Atlantic Africa. Braudel's insight has come under increasing scrutiny as scholars have begun to examine how practical knowledge was embedded in local experiences.[7] Preserving health was a central concern in foreign environments. On their voyages through the Atlantic and Indian Oceans, Europeans faced a practical problem of preserving fresh, plant-based medicinals. One of the solutions to this dilemma was medical interaction with the peoples of Asia and the Americas. These cross-cultural exchanges were overlooked for a long time, perhaps because they were not seen as part of European medicine's

Press, 2007), 194–224; Cécile Fromont, *The Art of Conversion: Christian Visual Culture in the Kingdom of Kongo* (Chapel Hill: University of North Carolina Press, 2014).

[6] Fernand Braudel, *Civilization and Capitalism, 15th–18th Centuries, Vol. I: The Structures of Everyday Life: The Limits of the Possible*, translated by Siân Reynolds (London: Collins, 1981), 62–63.

[7] Clifford Geertz, *Local Knowledge: Further Essays in Interpretive Anthropology* (New York: Basic Books, 1983); Walter D. Mignolo, 'The Geopolitics of Knowledge and the Colonial Difference', *South Atlantic Quarterly* 101 (2002): 56–96; Jan Golinski, *Making Natural Knowledge: Constructivism and the History of Science* (Chicago: University of Chicago Press, 2005).

slow development during the early modern period. However, for the Europeans travelling into new worlds, the significance of locally produced and available medicinals was undoubtedly great. Historians of science and medicine have increasingly noted these cross-cultural exchanges and highlighted their impact on 'Western' medicine. Yet, they have had very little to say about medical interaction in Atlantic Africa.[8] It is symptomatic of this historiography that we know much more about African healers and medical practices in the Americas than about public health in precolonial Africa.[9]

Medicine and natural history developed hand in hand with European colonial expansion in the Atlantic and Indian Oceans. In the Portuguese colonial world, a network of Portuguese physicians and apothecaries debated and inquired about the unfamiliar nature and debilitating fevers. As Hugh Cagle has demonstrated, encounters with new types of nature and disease led to a range of geographical imaginings. In the vast and internally differentiated intertropical world, nature and disease varied greatly.[10] The local knowledge of American and Asian peoples was an

[8] Michael N. Pearson, 'First Contacts between Indian and European Medical Systems: Goa in the Sixteenth Century', in *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500–1900*, edited by David Arnold (Amsterdam: Rodopi, 1996), 20–41; Harold J. Cook, *Matters of Exchange: Commerce, Medicine, and Science in the Dutch Golden Age* (New Haven, CT: Yale University Press, 2007); Mark Harrison, *Medicine in an Age of Commerce and Empire: Britain and Its Tropical Colonies, 1660–1830* (Oxford: Oxford University Press, 2010); Pratik Chakrabarti, *Medicine and Empire 1600–1960* (Basingstoke: Palgrave Macmillan, 2014). In a 2015 overview, Mark Harrison blamed the absence of documentation on the lack of research on African medical history prior to 1800. See Mark Harrison, 'A Global Perspective: Reframing the History of Health, Medicine, and Disease', *Bulletin of the History of Medicine* 89 (2015): 650.

[9] Pablo F. Gómez, *The Experiential Caribbean: Creating Knowledge and Healing in the Early Modern Atlantic* (Chapel Hill: University of North Carolina Press, 2017); Londa Schiebinger, *Secret Cures of Slaves: People, Plants, and Medicine in the Eighteenth-Century Atlantic World* (Stanford, CA: Stanford University Press, 2017). Besides the Caribbean, much of this scholarship has concentrated on Brazil, with several case studies on individual healers: Luiz Mott, 'O calunduangola de Luzia Pinta: Sabará, 1739', *Revista do Instituto de Arte e cultura, Ouro Preto* 10 (1994): 73–82; Alexandre Almeida Marcussi, 'Estratégias de mediação simbólica em um calundu colonial', *Revista de História* 155 (2006): 97–124; André Nogueira, 'Relações sociais e práticas mágicas na capitania do ouro: o caso do negro angola Pai Caetano (Vila Rica – 1791)', *Estudos Afro-Asiáticos* 27 (2005): 181–203; Kalle Kananoja, 'Pai Caetano Angola, Afro-Brazilian Magico-Religious Practices, and Cultural Resistance in Minas Gerais in the Late Eighteenth Century', *Journal of African Diaspora Archaeology and Heritage* 2 (2013): 19–39; Ramon Fernandes Grossi, 'O caso de Ignácio Mina: tensões sociais e práticas "mágicas" nas minas', *Varia Historia* 20 (1999): 118–131; James H. Sweet, *Domingos Álvares, African Healing, and the Intellectual History of the Atlantic World* (Chapel Hill: University of North Carolina Press, 2011); João José Reis, *Domingos Sodré, um sacerdote africano: Escravidão, liberdade e candomblé na Bahia do século XIX* (São Paulo: Companhia das Letras, 2008).

[10] Hugh Cagle, *Assembling the Tropics: Science and Medicine in Portugal's Empire, 1450–1700* (Cambridge: Cambridge University Press, 2018), 10–11.

integral part of medical reciprocity and botanical collection.[11] This book argues that Atlantic Africa was not exceptional in this regard.[12]

Natural history was meant to serve the state and the ruling class. A typical travelling scientist was an upper-class male, who travelled from the known towards the unknown and returned relatively quickly to Europe. His successful journey was made possible by a large group of

[11] Richard Grove, *Green Imperialism: Colonial Expansion, Tropical Island Edens and the Origins of Environmentalism, 1600–1860* (Cambridge: Cambridge University Press, 1995); Richard Drayton, *Nature's Government: Science, Imperial Britain, and the 'Improvement' of the World* (New Haven, CT: Yale University Press, 2000); Londa Schiebinger, *Plants and Empire: Colonial Bioprospecting in the Atlantic World* (Cambridge, MA: Harvard University Press, 2004); Antonio Barrera-Osorio, *Experiencing Nature: The Spanish American Empire and the Early Scientific Revolution* (Austin: University of Texas Press, 2006); Júnia Ferreira Furtado, 'Tropical Empiricism: Making Medical Knowledge in Colonial Brazil', in *Science and Empire in the Atlantic World*, edited by James Delbourgo and Nicholas Dew (London: Routledge, 2007), 127–151; Timothy D. Walker, 'Acquisition and Circulation of Medical Knowledge within the Early Modern Portuguese Colonial Empire', in *Science in the Spanish and Portuguese Empires*, edited by Daniela Bleichmar, Paula de Vos, Kristin Huffine and Kevin Sheehan (Stanford, CA: Stanford University Press, 2009), 247–270; Timothy D. Walker, 'The Medicines Trade in the Portuguese Atlantic World: Acquisition and Dissemination of Healing Knowledge from Brazil (c. 1580–1800)', *Social History of Medicine* 26 (2013): 403–431. On the role of Africans in transmitting knowledge in the Americas, see, e.g., Susan Scott Parrish, 'Diasporic African Sources of Enlightenment Knowledge', in *Science and Empire in the Atlantic World*, edited by James Delbourgo and Nicholas Dew (London: Routledge, 2007), 281–310; Londa Schiebinger, 'Scientific Exchange in the Eighteenth-Century Atlantic World', in *Soundings in Atlantic History: Latent Structures and Intellectual Currents, 1500–1830*, edited by Bernard Bailyn (Cambridge, MA: Harvard University Press, 2009), 294–328; Pablo F. Gómez, 'The Circulation of Bodily Knowledge in the Seventeenth-Century Black Spanish Caribbean', *Social History of Medicine* 26:3 (2013): 383–402. For an Indian Ocean perspective, see Dorit Brixius, 'From Ethnobotany to Emancipation: Slaves, Plant Knowledge, and Gardens on Eighteenth-Century Isle de France', *History of Science* 58 (2019): 51–75.

[12] Earlier forays into medicine in Atlantic Africa include, e.g., Luis de Pina, 'Notas para a medicina indígena angolense no século XVIII', *Boletim Geral das Colónias* 151 (1938): 12–26; William Simon, 'A Luso-African Formulary of the Late Eighteenth Century: Some Notes on Angolan Contributions to European Knowledge of Materia Medica', *Pharmacy in History* 18 (1976): 103–114; Heinrich Loth, *Altafrikanische Heilkunst* (Leipzig: Verlag Philipp Reclam, 1984); José Pedro Sousa Dias, 'Índice de drogas medicinais angolanas em documentos dos séculos XVI a XVIII', *Revista Portuguesa de Farmácia* 45 (1995): 174–184; Daniel Hopkins, 'Danish Natural History and African Colonialism at the Close of the Eighteenth Century: Peter Thonning's "Scientific Journey" to the Guinea Coast, 1799–1803', *Archives of Natural History* 26 (1999): 369–418; Judith A. Carney and Richard Nicholas Rosomoff, *In the Shadow of Slavery: Africa's Botanical Legacy in the Atlantic World* (Berkeley: University of California Press, 2009); Jonathan Roberts, 'Medical Exchange on the Gold Coast during the Seventeenth and Eighteenth Centuries', *Canadian Journal of African Studies* 45 (2011): 480–523; Abena Dove Osseo-Asare, *Bitter Roots: The Search for Healing Plants in Africa* (Chicago: University of Chicago Press, 2014); Hugh Cagle, 'Beyond the Senegal: Inventing the Tropics in the Late Middle Ages', *Journal of Medieval Iberian Studies* 7 (2015): 1–21; John Rankin, *Healing the African Body: British Medicine in West Africa 1800–1860* (Columbia: University of Missouri Press, 2015); Kananoja, 'Bioprospecting and European Uses'; Tom C. McCaskie, '"The Art or Mystery of Physick" – Asante Medicinal Plants and the Western Ordering of Botanical Knowledge', *History in Africa* 44 (2017): 27–62.

assistants, who carried the supplies, collected specimens and participated in cataloguing them. Yet, the contributions of these assistants, including Africans on both sides of the Atlantic, have largely been overlooked until recently. In the intellectual order of European colonists, the role of non-European men and women in the production of knowledge was downplayed or ignored completely. However, the contributions of local informants can be traced in the published works, private notes and journals of European surgeons and natural historians.[13]

While earlier scholarship on Africa during the era of the trans-Atlantic slave trade largely focused on violence and patterns of trade,[14] this book takes a road less travelled. It concentrates on health, disease and medical knowledge in Atlantic Africa from roughly the early sixteenth to the early nineteenth century. The book focuses on African and European perceptions of health, disease and healing in tropical Africa. The research highlights cross-cultural medical exchanges and argues that local African knowledge was central to shaping European responses to illness. Medical interaction between Africans, Europeans residing in Africa for extended periods and Eurafricans[15] in turn shaped natural history collections in European centres of learning, but the true value of medico-

[13] Schiebinger, *Plants and Empire*, 46; Hugh Cagle, 'The Botany of Colonial Medicine: Gender, Authority, and Natural History across Iberian Empires', in *Women of the Iberian Atlantic*, edited by Sarah E. Owens and Jane E. Mangan (Baton Rouge: Louisiana State University Press, 2012), 174–195.

[14] Paul E. Lovejoy, *Transformations in Slavery: A History of Slavery in Africa* (Cambridge: Cambridge University Press, 1983); Joseph C. Miller, *Way of Death: Merchant Capitalism and the Angolan Slave Trade 1730–1830* (Madison: University of Wisconsin Press, 1988); Luiz Felipe de Alencastro, *O Trato dos viventes: Formação do Brasil no Atlântico Sul* (São Paulo: Companhia das Letras, 2000); José C. Curto, *Enslaving Spirits: The Portuguese-Brazilian Alcohol Trade at Luanda and Its Hinterland, c. 1550–1830* (Leiden: Brill, 2004); Marcus Rediker, *The Slave Ship: A Human History* (New York: Penguin, 2007); Roquinaldo Ferreira, *Cross-Cultural Exchange in the Atlantic World: Angola and Brazil during the Era of the Slave Trade* (Cambridge: Cambridge University Press, 2012); Toby Green, *The Rise of the Trans-Atlantic Slave Trade in Western Africa, 1300–1589* (Cambridge: Cambridge University Press, 2012); Mariana P. Candido, *An African Slaving Port and the Atlantic World: Benguela and Its Hinterland* (Cambridge: Cambridge University Press, 2013); Randy J. Sparks, *Where the Negroes Are Masters: An African Port in the Era of the Slave Trade* (Cambridge, MA: Harvard University Press, 2014); Arlindo Manuel Caldeira, 'Angola and the Seventeenth-Century South Atlantic Slave Trade', in *Networks and Trans-cultural Exchange: Slave Trading in the South Atlantic, 1590–1867*, edited by David Richardson and Filipa Ribeiro da Silva (Leiden: Brill, 2015), 101–142; Linda M. Heywood, *Njinga of Angola: Africa's Warrior Queen* (Cambridge, MA: Harvard University Press, 2017); Daniel B. Domingues da Silva, *The Atlantic Slave Trade from West Central Africa, 1780–1867* (Cambridge: Cambridge University Press, 2017).

[15] George E. Brooks, *Eurafricans in Western Africa: Commerce, Social Status, Gender, and Religious Observance from the Sixteenth to the Eighteenth Century* (Athens: Ohio University Press, 2003).

botanical knowledge lay in its applicability to frequent health concerns among those who lived and settled in Atlantic Africa.

Early modern Africa has often been characterised as a 'white man's grave'. Until advances in tropical medicine in the late nineteenth century, a hostile disease environment hampered European colonisation of Africa.[16] Yet, before that Europeans had been active on the Atlantic and Indian Ocean coasts of Africa for over four centuries. West-Central Africa, in particular, served as a major source of slaves for the Portuguese in the southern Atlantic. In comparison to India and Brazil, however, the Portuguese presence in Angola was demographically small. Some came in service of the crown or the Church. Others sought quick profits from the slave trade, while the colony also served as a penal colony to which criminals were forcefully transported.[17] All these men – and considerably fewer women – had to find ways to recreate their lives in Africa, including finding efficacious remedies for foreign diseases.

Following Hippocratic environmentalism rather than Galenic humoural theory, Europeans often explained disease in Africa, and elsewhere in the Atlantic world, by referencing environmental and climatic factors.[18] African disease causation, in turn, was divided into natural and social aspects, with Africans making a distinction between so-called diseases of God and diseases of man. While the social dimension – diseases thought to be caused by human action, witchcraft or the breaking of taboos – has gained wide currency among scholars of African religions, this book contends that Africans and Europeans found common ground in natural explanations for disease. The search for remedies in Africa led many Europeans to rely upon local Africans who had knowledge of healing plants. Therefore, the answer to the dilemma of healing tropical diseases required a turn to systematic bioprospecting to learn the uses of African natural medicine. Although the term bioprospecting was not coined until 1992, it refers to an old practice, namely drug development based on medicinal plants and traditional knowledge from the 'biodiversity-rich' regions of the globe.[19]

[16] Philip D. Curtin, 'The White Man's Grave: Image and Reality, 1780–1850', *Journal of British Studies* 1 (1961): 94–110; Philip D. Curtin, *Disease and Empire: The Health of European Troops in the Conquest of Africa* (Cambridge: Cambridge University Press, 1998).

[17] Gerald J. Bender, *Angola under the Portuguese: The Myth and the Reality* (Berkeley and Los Angeles: University of California Press, 1978), 59–64; A. J. R. Russell-Wood, *The Portuguese Empire, 1415–1808: A World on the Move* (Baltimore and London: Johns Hopkins University Press, 1998), 58–64.

[18] Suman Seth, *Difference and Disease: Medicine, Race, and the Eighteenth-Century British Empire* (Cambridge: Cambridge University Press, 2018).

[19] Cori Hayden, *When Nature Goes Public: The Making and Unmaking of Bioprospecting in Mexico* (Princeton, NJ: Princeton University Press, 2003), 1.

The commercial search for exotic medicines, dyestuffs and foods outside Europe was common in the early modern era, and many Europeans valued the knowledge of indigenous Africans, Americans and Asians.[20] Yet, European interest in African medicine has often been treated as a phenomenon that only began in earnest in the second half of the nineteenth century.[21] Although historians have long recognised the pioneering contributions of Portuguese physicians in the understanding of tropical diseases, Atlantic African natural medicine, especially in the early modern period, has received scant attention compared to India and Brazil.[22] Yet, similar to what took place in India and Brazil, the Portuguese had been interested in local medical practices and ingredients in Angola ever since they first settled there.[23] Moreover, as the third and fourth chapters of this book argue, the Portuguese were not the only ones interested in African healing knowledge; the same also applies to other Europeans who were active in Atlantic Africa.

[20] Grove, *Green Imperialism*; Drayton, *Nature's Government*; Schiebinger, *Plants and Empire*; Cook, *Matters of Exchange*; Cagle, 'The Botany of Colonial Medicine'.

[21] Helen Tilley, *Africa as a Living Laboratory: Empire, Development, and the Problem of Scientific Knowledge, 1870–1950* (Chicago: University of Chicago Press, 2011); Helen Tilley, 'Global Histories, Vernacular Science, and African Genealogies; or, Is the History of Science Ready for the World', *Isis* 101 (2010): 110–119; Deborah Neill, *Networks in Tropical Medicine: Internationalism, Colonialism, and the Rise of a Medical Specialty, 1890–1930* (Stanford, CA: Stanford University Press, 2012); Markku Hokkanen, 'Imperial Networks, Colonial Bioprospecting and Burroughs Wellcome & Co.: The Case of *Strophanthus Kombe* from Malawi (1859–1915)', *Social History of Medicine* 25 (2012): 589–607; Osseo-Asare, *Bitter Roots*.

[22] Charles R. Boxer, *Two Pioneers of Tropical Medicine: Garcia d'Orta and Nicolás Monardes* (London: The Hispanic & Luso-Brazilian Councils, 1963). For a comprehensive bibliography up to the mid-1990s, see José Pedro Sousa Dias, 'Bibliografia sobre a farmácia e a material médica da expansão e da colonização portuguesa (séculos XVI a XVIII)', *Mare Liberum* 11–12 (1996): 165–207; Walker, 'Acquisition and Circulation' and 'The Medicines Trade'; Márcia Moisés Ribeiro, *A ciência dos trópicos: A arte médica no Brasil do século XVIII* (São Paulo: Editora HUCITEC, 1997); Vera Regina Beltrão Marques, *Natureza em Boiões: Medicina e boticários no Brasil setecentista* (Campinas: Editora da UNICAMP, 2000); Cagle, *Assembling the Tropics*.

[23] Among the few English-language contributions discussing West-Central African medicine and medical practices in the early modern period are Simon, 'A Luso-African Formulary'; Miller, *Way of Death*; James H. Sweet, *Recreating Africa: Culture, Kinship, and Religion in the African-Portuguese World, 1441–1770* (Chapel Hill: University of North Carolina Press, 2003); Kalle Kananoja, 'Healers, Idolaters and Good Christians: A Case Study of Creolization and Popular Religion in Mid-Eighteenth Century Angola', *International Journal of African Historical Studies* 43 (2010), 443–465; Kalle Kananoja, *Central African Identities and Religiosity in Colonial Minas Gerais* (Unpublished Ph.D. thesis, Åbo Akademi University, 2012). For a modern ethnographic perspective, see Eric Bossard, *La medecine traditionnelle chez les Ovimbundu* (Neuchâtel: Institut d'Ethnologie, Université de Neuchâtel, 1987); Eric Bossard, *La medecine traditionnelle au centre et a l'ouest de l'Angola* (Lisbon: Instituto de Investigação Científica Tropical, 1996).

The reasons for the acceptance and adoption of natural medicine in different parts of Atlantic Africa were pragmatic. Pharmaceuticals imported from Europe were expensive and their supply was never sufficient to quench the demand for medical drugs in the tropics. Curiosity also played a part, as physicians as well as ordinary European men and women experimented with local products. After all, natural medicine in Africa did not differ significantly from early modern European medicine, with both consisting of the use of various plants and mineral products. Furthermore, from the mid-eighteenth century onwards, scientific and economic interests started to play a greater role in African medical history.[24] Ultimately, as Suman Seth has demonstrated for the British Empire, the crucial question was one of local knowledge and medical expertise versus academic learning: 'The debate between those who claimed a kind of universal, or at least easily transferrable, medical knowledge, and those claiming superior, locally based empirical and experiential skills was one that shaped medical practice and socio-professional life throughout the growing [British] empire.'[25] By emphasising day-to-day cross-cultural medical interaction rather than medical theorising, especially in Chapters 1 through 5, I demonstrate the importance of local knowledge in shaping healing knowledge in Atlantic Africa.

Linda Heywood and John Thornton have argued that Portuguese settlement in West-Central Africa led to processes of cultural creolisation between Europeans and Africans.[26] One of the areas affected by creolisation, which has not been hitherto studied, was health and medicine. For Atlantic Africa as a whole, I argue that, in medical matters, Europeans learned and willingly borrowed more from locals than they gave in return or contributed to the African population's health. Early modern European medical thought was dominated by Hippocratic and Galenic ideas of disease and the body. Restoring the patient to health relied on purging the body of 'bad humours' by using strong laxatives as well as

[24] On Portuguese scientific expeditions, see William J. Simon, *Scientific Expeditions in the Portuguese Overseas Territories (1783–1808) and the Role of Lisbon in the Intellectual-Scientific Community of the Late Eighteenth Century* (Lisbon: Instituto de Investigação Cientifica Tropical, 1983).

[25] Seth, *Difference and Disease*, 51. As Schiebinger, *Secret Cures of Slaves*, 5, put it: 'Fine educations in Europe could not guarantee success on the ground in the tropics.'

[26] Linda M. Heywood, 'Portuguese into African: The Eighteenth-Century Central African Background to Atlantic Creole Cultures', edited by Linda M. Heywood, *Central Africans and Cultural Transformations in the American Diaspora* (Cambridge: Cambridge University Press, 2002), 91–113; Linda M. Heywood and John K. Thornton, *Central Africans, Atlantic Creoles, and the Foundation of the Americas, 1585–1660* (Cambridge: Cambridge University Press, 2007).

bleedings to reduce the volume of blood.[27] These were also common indigenous methods in Atlantic Africa. Moreover, an idea that illness was caused by spiritual forces still prevailed in Portuguese popular culture.[28] Thus, in many ways early modern European and African medical practices resembled one another and, as Timothy D. Walker has noted, the Portuguese were far more receptive to the adoption and dissemination of indigenous medical practices than has generally been appreciated.[29]

Health and Healing in African and Atlantic History

Healing and medicine in Africa are significant not only for their therapeutic effects, but also because they have long been implicated in the organisation and transformation of social and communal life on the continent. In most African societies, several kinds of healers have worked and continue to work side by side. No single healer decides the cause or cure of illnesses because multiple authorities coexist and negotiate the course of treatment in coordination with the patient and his relatives and neighbours. The history of therapeutics therefore needs to take account of all the forces affecting community and domestic organisations to the greatest extent possible given the sources at hand. One must also recognise the ambiguity of a healer's practice in assessing the physical signs and the totality of the patient's social situation.[30]

In an early interpretation, Robin Horton argued that African traditional thought forms a tight system from which escape is impossible. He contrasted it with Western scientific thought, which constantly tests its assumptions against experience.[31] In a critique of Horton's thesis, Steven Feierman argued that European medicine is not a fully open system, nor is African medicine closed.[32] This book agrees with Feierman and contends that Atlantic African healing systems were open

[27] Georgina Silva dos Santos, 'A Arte de Sangrar na Lisboa do Antigo Regime', *Tempo* 10 (2005): 43–60.
[28] Jose Pedro Paiva, *Bruxaria e superstição num país sem "caça às bruxas" 1600–1774* (Lisbon: Notícias Editorial, 1997), passim.
[29] Walker, 'Acquisition and Circulation'; Timothy D. Walker, 'Global Cross-Cultural Dissemination of Indigenous Medical Practices through the Portuguese Colonial System: Evidence from Sixteenth to Eighteenth-Century Ethno-Botanical Manuscripts', in *The Globalization of Knowledge in the Iberian Colonial World*, edited by Helge Wendt (Berlin: Max Planck Institute for the History of Science, 2016), 161–192.
[30] Steven Feierman, 'Struggles for Control: The Social Roots of Health and Healing in Modern Africa', *African Studies Review* 28 (1985): 73–147.
[31] Robin Horton, 'African Traditional Thought and Western Science', *Africa* 37 (1967): 50–71, 155–187.
[32] Steven Feierman, 'Change in African Therapeutic Systems', *Social Science and Medicine* 13:4 (1979): 277–284.