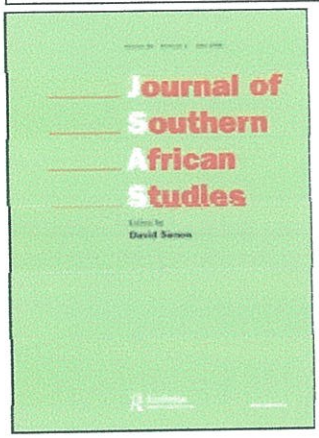

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*Medical Hybridisms and Social Boundaries: Aspects of Portuguese Colonialism in Africa and India in the Nineteenth Century**

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This article addresses different modes of interaction between medical systems, beliefs and practices under Portuguese colonialism in Asia and Africa. I will argue that there were mutual borrowings for practical healing purposes until at least the 1880s. Prior to that, biomedicine in the Portuguese colonies was incipient, and attempts to promote its expansion had a very limited impact. That is also valid for Goa, India, in spite of the existence of a western-style Medical School since the 1840s. While its students were formally exposed to biomedicine alone, they interacted and were familiar with other systems of understanding illness and healing. Some of the Medical School graduates served in the African colonies in paradoxical circumstances. They had little support as agents of the imperial administration, with poor training, low wages, and secondary roles. And yet they had assigned themselves a role in the imperial project on the side of the colonisers, something they emphasised in several ways, including creating a distance from Africans and rejecting any bridge or interaction with indigenous healing systems. Towards the end of the nineteenth century, with the push towards empire-building in Africa, Portuguese authorities became less tolerant regarding indigenous practices and more vigilant regarding the colonial health services. The standards of the Medical School of Goa, which had been left alone for decades, were criticised and revised. As for the native practices, they were repressed or described as exotic curiosities. Yet, at the turn of the century, the project of biomedicine as a tool of empire was hardly a success. Africans kept fearing and fleeing European-style hospitals and colonial medical care. Noting what little impact they had amongst local populations, some Portuguese colonial physicians argued in the 1920s that a viable strategy to reach the natives should adopt some of their customs – or, in other words, hybridise for success. Their suggestions did not become mainstream, as the later theorists of lusotropicalism might welcome; but they can be seen as evidence of the fragility of biomedical power in that context. The other side of that fragility corresponds to the pervasiveness of other systems of healing, whether underground, unacknowledged or acknowledged by the authorities.

Introduction: Health and Empire

Either as targets, providers, clients, rulers, opponents, assistants, or in complex intermediary positions, many Africans, Portuguese, and Indo-Portuguese were brought together in the healthcare services in colonial Africa under Portuguese administration. Their numbers and

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roles varied with time. This article draws attention to one of those groups, the Indo-Portuguese physicians that served in Africa in the last decades of the nineteenth century. Their position within the colonial society was ambiguous: they were neither the native population nor the colonisers. Even though they located themselves among the Portuguese, and endorsed the ideology of civilising the Africans, they were considered colonials and second-rate doctors by the Portuguese in charge. The complex position of the Goan physicians will be our starting point in the exploration of the ways in which empire managed medicine and medical practices.

The European authorities had different modes of administering the plurality of healing systems they faced in the colonies. The encounter between colonisers and colonised is often depicted as a process of annihilation of local systems of knowledge and practices via the imposition of European biomedicine. Some authors refer to it as epistemicide.[1] However, imperial powers were not always successful in their attempts to erase local knowledge. In some situations, they did not even attempt it and, instead, they adopted elements of local knowledge as much as they brought in, or imposed, the European ways. On occasion, the traffic between European and local systems happened both ways, leading to the development of medical hybridisms. This is well documented for Portuguese-administered contexts, particularly for India until the eighteenth century.[2]

Some authors interpreted the existence of hybrid forms under the Portuguese administration as a sign of specific tendency of the Portuguese to blend in with local peoples. Gilberto Freyre explored this idea extensively under the concept of lusotropicalism. Freyre looked to cultural and physical hybrid forms – in food, architecture, life-styles, music, tastes, emotions and even bodies – for proof of the Portuguese tendency to interact by all means with the native peoples of the tropical sites they colonised. For example, in the 1930s he argued that this was the case in Brazilian society.[3] In the 1950s, after a tour of the Portuguese colonies in Africa and Asia, Freyre extended his theory to the other societies colonised by the Portuguese.[4] Freyre judged Portuguese colonialism as more interactive, more humane, gentle and benign than other forms of colonialism. Indeed, it is no surprise that some of Freyre's works were officially sponsored by the Portuguese colonial regime at the time when Portuguese rule over African and Asian territories was being questioned by the international community.[5] It was the moment of decolonisation and the making of new nations. The Portuguese government responded by promoting the idea that its regime was not

1 B.S. Santos, *Towards a New Commonsense* (London, Routledge, 1995).

2 M.N. Pearson, 'First Contacts between Indian and European Medical Systems: Goa in the Sixteenth Century', in D. Arnold (ed.), *Warm Climates and Western Medicine* (Amsterdam, Rodopi, 1996); T. Walker, 'Remedies from the *Carreira da Índia*: Asian Influences on Portuguese Medicine during the Age of Enlightenment', *The Portuguese Studies Review*, 9 (1–2), pp. 35–43.

3 G. Freyre, *Casa Grande & Senzala: formação da família brasileira sob o regime de economia patriarca* (Rio de Janeiro, Maia & Schmidt, 1933).

4 G. Freyre *Aventura e rotina: sugestões de uma viagem à procura das constantes portuguesas de caráter e ação* (Rio de Janeiro, José Olympio, 1953); *Um Brasileiro em terras portuguesas: introdução a uma possível luso-tropicologia acompanhada de conferências e discursos proferidos em Portugal e em terras lusitanas e ex-lusitanas da Ásia, da África e do Atlântico* (Rio de Janeiro, José Olympio, 1953).

5 G. Freyre, *O Luso e o Trópico: sugestões em torno dos métodos portugueses de integração de povos autóctones e de culturas diferentes da européia num complexo novo de civilização, o luso-tropical* (Lisboa, Comissão Executiva das Comemorações do V Centenário da Morte do Infante D. Henrique, 1961); simultaneously published in French and in English as *Les Portugais et les tropiques: considérations sur les méthodes portugaises d'intègration de peuples autochtones et de cultures différentes de la culture européenne dans un nouveau complexe de civilisation, la civilization luso-tropicale* (Lisbon, Commission Exécutive des Commemorations du V Centenaire de la Mort du Prince Henri, 1961); *The Portuguese and the Tropics: Suggestions Inspired by Portuguese Methods of Integrating Autocthonous Peoples and Cultures Differing from the European in a new, or Luso-Tropical Complex of Civilisation* (Lisbon, Executive Committee for the Commemoration of the Fifth Centenary of the Prince Henry the Navigator, 1961).

colonialism but rather a benign interaction with overseas peoples, making Portugal a 'multiracial and pluri-continental nation'.[6] Even after the collapse of the colonial regime in 1974–75, elements of lusotropicalism linger in the self-images of many people in Portugal and Portuguese-speaking countries.

This article follows a different direction, and locates the practices of hybridisation in the wider context of domination. The Portuguese colonial administration had varying attitudes towards mixed practices: occasionally allowing them, eventually promoting them, and at other times repressing them. Until the late nineteenth century, Portuguese officers reflected an ambiguous combination of disdain and appreciation for local healing practices, in their reports on the state of health in the colonies. On occasion, native remedies were said to work, native healers to be helpful, and natives were reported as capable of being trained in the principles of medical care; practices and elements of knowledge flowed both ways. However, there was no consistent, or officially endorsed sympathy for hybrid healing practices; instead there were pragmatic borrowings and adoptions, without any questioning of the primacy of western medicine. At times the practice of borrowing predominated, and at others local systems were outlawed. Rather than making broad generalisations about Portuguese colonialism, this article will utilise various data to propose a chronology of different periods in colonial history and a characterisation of the specificities of each colonial setting.

Let us start with India, before moving to Africa. In Goa, the plurality of healing systems persisted beyond the establishment of a western-style Medical School in the 1840s. The School's curriculum was fashioned after the Medical Schools of Lisbon and Oporto in mainland Portugal. In contrast with the traditional University of Coimbra, which had monopolised the scholastic teaching of medicine since the thirteenth century, the Medical Schools of Lisbon and Oporto, created in 1836, were a development of the Royal Surgical Schools founded in 1825. One should note here that the Surgical Schools of Rio and Bahia, in Brazil, preceded their counterparts in the mainland. This was a consequence of the relocation, between 1808 and 1821, of the capital of the Portuguese empire to Rio de Janeiro, in order to avoid the French republican troops of Napoleon. In 1822, Brazil became independent; its Surgical Schools became Faculties of Medicine in 1832. Whether in Rio, Lisbon, or Goa, schools were styled after the French, as were the majority of the textbooks.

In its earlier years, the Medical School of Goa was directed by the Portuguese Head Physician. He was also charged with surveying the state of health in the different sites of the *Estado da Índia* (Goa, Daman and Dio). Most of the Head-Physicians' memos were addressed to the Portuguese Ministry of Navy and Overseas Affairs. The first director of the School was its founder Mateus Cesario Rodrigues Moacho (1842), who soon left Goa for Portugal. He was followed by Francisco Maria da Silva Torres (1844–49). When Torres also left India, the School was temporarily directed by the head surgeon Antonio José de Oliveira. Then came Eduardo Freitas e Almeida (1854–71). During his directorship, the title of Head Physician was changed to that of Health Services Director, although the functions remained the same. The next director was João Stuart Fonseca Torrie (1871–84), a native of Oporto of Scottish-Portuguese descent who made himself a part of Goan society and remained there until his death. After him, only native Goans served as Health Services Director. The first of them was Rafael Pereira, who had been trained as a doctor in the Medical School of Lisbon.

In the 1850s and 1860s, the directors' reports about the Medical School and health in Goa were filled with comments about the prevalence of indigenous healing practices.

6 For an excellent analysis of Portugal's strategy, see C. Castelo, *'O modo português de estar no mundo': o luso-tropicalismo e a ideologia colonial portuguesa (1933–1961)* (Porto, Afrontamento, 1998). Also see M. Caetano *Colonizing Traditions, Principles and Methods of the Portuguese* (Lisboa, Agência Geral das Colónias, 1951) as an ideological source.

They reflected varying degrees of disapproval and curiosity, and sometimes remarked that western-style medicine could hardly compete with the panoply of other offers. They remarked that even western-trained physicians were clients of the indigenous healers, when they weren't practising indigenous medicine part-time themselves. These assertions appear mostly in the 1850s reports of the head surgeon José António de Oliveira and of the head physician Eduardo Freitas e Almeida. In his 1853 report, José António de Oliveira complained about the abundance of clandestine pharmacies. He also complained about their impunity, noting that even when they were outlawed by the court, the execution of the court decision was delayed interminably. He explained that this was a consequence of everybody being related to everyone else through kinship and other social ties, and no one was likely to prosecute their kin.[7] Similarly, Eduardo Freitas e Almeida reported in 1856 that most people preferred the native healers, who were not only much more affordable, but were also supported by the local authorities.[8] For this reason, Portuguese physicians had few clientèle, and the few patients they did have did not bring them any income. Freitas e Almeida cast further aspersions on the Medical School of Goa. He claimed that it was useless. In his view, while its students were happy to hold the title of 'doctor' they could not practise what they had learned, if they learned anything at all.[9]

Under such circumstances, the Medical School of Goa in its early decades was hardly exemplary as a tool of empire, designed to transform native students into western doctors. Goa's school was quite different from its counterparts in British India, the Calcutta Medical School and the Grant Medical College of Bombay, where the teaching of medicine used methods as repulsive to local students as the practice of anatomical dissection.[10]

The role of medical schools in building empire was different in British and Portuguese-administered India. Both Grant's and Calcutta's schools were preceded by Native Medical institutions, where students could learn ayurvedic medicine in Sanskrit and unani medicine in Arabic. Those institutions acknowledged the plurality of medical systems. Yet those nativist principles soon gave way to an anglicist orientation, under McCauley's rule in India. Beginning in 1835, the colleges were turned into well-designed instruments of the imperial power to westernise the teaching and practice of medicine in India.[11]

Something different occurred in Goa. While the School had adopted a western curriculum since its inception, it took decades to meet the pedagogic and scientific standards required in European schools. Anatomical dissections, for instance, were clearly rejected by the students, and teachers or directors had no means to impose them.[12] The Portuguese officers in charge of reporting the state of the school consistently lamented its poor performance and blamed it on a shortage of resources, on the small faculty, and on the absence of a scientific orientation among its students. This begs the question as to why the Portuguese government seemed incapable of providing the means to maintain and develop this colonial school. However, if we consider this from another perspective, perhaps the school was not conceived as a tool of the Portuguese empire destined to turn Goans into western-style doctors who would serve as

7 Arquivo Histórico Ultramarino (henceforth AHU), Serviço de Saúde, Índia, cod 1987, *Relatório do Estado das Repartições de Saúde do Estado da Índia*, from José António de Oliveira to Ignacio da Fonseca Benevides, Overseas and Naval Health Council, 11 June 1853.

8 AHU, Serviços de Saúde, Índia, Ofícios dos empregados, 1840–1868, cod. 1987, *Ofício (confidencial)* from Eduardo de Freitas e Almeida, head physician, to Ignacio Antonio da Fonseca Benevides, president of the Naval and Overseas Health Council, 8 February 1856.

9 *Ibid.*

10 D. Arnold, *Science, Technology, and Medicine in Colonial India* (Cambridge, Cambridge University Press, 2000).

11 *Ibid.*

12 C. Bastos, 'Race, Medicine and the Late Portuguese Empire: the Role of Goan Colonial Physicians', *Journal of Romance Studies*, 5, 1 (2005), pp. 23–35.

chains of transmission for colonial rule. Maybe the school was an outcome of the agency and interests of the local elite, who defined how far they wanted to go in following the western-style medical education.

The other distinguishing trait of the Goa Medical School was its vocation and primacy as the supposedly oldest colonial medical school in Asia.[13] However, this too can be contested. Indeed, Goan graduates did take jobs in African and Asian colonial posts, and at the commemoration of the 100th anniversary of their *alma mater*, in 1942, the Indo-Portuguese doctors present at the celebration described their collective history as a pillar of the Portuguese empire in Africa.[14] Yet at the time some of the Goan graduates served in Africa, the empire was hardly structured at all. Even though the Portuguese claimed entitlement to African lands based on antiquity of presence, their colonial policies in the continent were vague and unsystematic. There were some settlements and fortresses in coastal places, either related to overseas commerce or to the Atlantic slave trade. There were erratic trails into the land but no consistent explorations until there was direct competition from Britain towards the end of the nineteenth century. It was only when other European nations showed an interest in African territories and began to explore these territories, that the Portuguese government adopted explicit pro-colonial policies. While the colonial cause was not very popular in a country marked by civil wars in the aftermath of Brazil's independence (1822), after the challenges of the Berlin conference (1884–85) and the British ultimatum (1890), colonialism became a major priority and gained support across Portugal.

Early Colonial Africa and Incipient Biomedicine

For centuries, colonial medical care in Africa had been left to military surgeons or physicians in temporary appointments. Understandably, European medicine had little influence in colonial sites. In many places there was no physician, surgeon or pharmacist, and even if there were, pharmaceutical supplies might well be insufficient, non-existent or inadequate. European soldiers who fell ill in Africa were sometimes advised to resort to local remedies ('remédios da terra').[15]

Either because nothing else was available or because they had been tested by local populations in local illnesses, local remedies were considered an acceptable option for sick Portuguese soldiers when they could not be sent home for treatment. We can infer that the same procedure was followed by Portuguese civilians in Africa, who until late in the nineteenth century were few in number. They consisted mostly of deportees and occasional merchants, who had in many instances integrated with the local population and adopted their customs.

There were also some early attempts at creating and regulating the teaching of medicine to natives in whatever rudimentary overseas establishments there were. This is documented for the hospital of Luanda, Angola, where the head physician José Pinto de Azeredo taught

13 See, for instance, 'A Mais Antiga Escola Colonial', *Ilustração Portuguesa* (1914), pp. 180–81. Oral tradition reproduces the notion that Goa's Medical School was the oldest of the kind in Asia.

14 C. Bastos 'O ensino da medicina na Índia colonial portuguesa: fundação e primeiras décadas da Escola Médico-Cirúrgica de Nova Goa', *História, Ciência Saúde – Manguinhos*, 11, 1 (2004), pp. 11–39; Bastos, 'Goa em 1942: A retórica do império e as ambiguidades do nacionalismo', in M.R. Sanches (ed.), *Portugal não é um país pequeno: contar o império na pós-colonialidade* (Lisboa, Cotovia, 2006), pp. 229–47.

15 Portuguese historian of medicine Luiz de Pina quotes a 1703 memo of the Overseas Council prescribing the use of 'remédios da terra' to argue against what he sees as lack of commonsense in those times and the corollary need of a redemptive establishment of western medicine – L. Pina, 'A medicina indígena da África Portuguesa', *Memórias e Comunicações apresentadas ao Congresso Colonial (IX Congresso)*, Congresso do Mundo Português, XIV, I, 1ª secção (1940), p. 179.

a medical class in 1791. Azeredo was a Brazilian-born Portuguese subject, born in 1763 or 1766 in Rio, son of a military head surgeon who was serving there.[16] After completing his schooling in Rio, he set off to Europe where he studied medicine in Edinburgh (1786–88) and Leiden.[17] His 'Dissertation inauguralis on podagra' was printed in 1788.[18] Having returned to Lisbon, and on his way to Rio de Janeiro for some research on the chemistry of the atmosphere in 1789,[19] the young Azeredo was appointed as the Head Physician of Angola. His tasks included having 'to cure ... and to open a Medical School for those who may want to engage in its exercise and practice'.[20]

What kind of Medical School did he found, and who were its prospective students? We know only of two students, Guilherme José Pires and Francisco de Carvalho, both military aides. Their names do not indicate whether they were of Portuguese descent or Africans who had been baptised under Portuguese names. They could have been either, or of mixed ancestry. The faculty was limited to Azeredo alone, who was assisted by the head surgeon, when there was one, or by any army physician who happened to pass by.[21] I believe that the whole experiment collapsed in 1797, when Azeredo returned to Lisbon to devote his time to research and writing, including a memoir on the diseases of Angola.[22]

Apart from the inaugural lesson of 1791 and the anatomy manuscripts, both transcribed and published in a modern edition, we know little about the content and practices of medical teaching in that context. The scholastic style of Azeredo's anatomical lectures was probably not particularly captivating to its audience in Luanda; already in 1792, the governor of Angola mentioned in a letter to Lisbon that things were not going too well. He expressed his concerns that the students did not have the necessary schooling to learn medicine, and to quote the Governor 'the indolence of the children of this country, albeit skilled, prevents them from following the medical and anatomical lessons'.[23]

Little changed in the teaching of medicine in the colonies until the mid-1840s, when the Portuguese government attempted to regulate it within the context of the re-structuring the health services. The decree of 14 September 1844 stated that the health services of Cape Verde, Angola, Mozambique and India should provide medical training to the local population.[24] The goal was to recruit locals and to extend medical coverage; but how this would be done was left vague, the curricula open-ended and teaching details imprecise. Even though, in later years, those chronicling medical teaching in the colonies credited the decree and presented it as having provided the foundations for colonial medical schools,[25] there is no evidence of structured medical teaching in any Portuguese colony besides Goa, in India.

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16 M.S. Pinto, M.A.G. Cecchini, I.M. Malaquias, L.M. Moreira-Nordemann, J.R. Pita, 'Brazilian Physician José Pinto de Azeredo (1766?–1810) and the Chemical Examination of Rio de Janeiro's Atmosphere', *Hist. cienc. saude-Manguinhos*, 12, 3 (December, 2005), pp. 617–73.

17 *Ibid.*

18 J. Walter, *Um português carioca professor da primeira escola médica de Angola (as suas lições de anatomia) – 1791* (Lisboa, Junta de Investigações do Ultramar, 1970), p. 14.

19 Indeed, Azeredo went to Rio in 1789, and from there he sailed to Luanda, as noted by Pinto *et al.*, 'Brazilian physician'.

20 Transcribed by Jaime Walter from the letter of the queen Mary nominating Azeredo to the job of head physician in Angola. See Walter, *'Um português carioca'*.

21 Walter, who also did not consider the project particularly successful, notes that 'the functioning of the school was jeopardised by the absence of a head surgeon' (*Um português carioca*, p. 15).

22 Walter, *Um português carioca*.

23 *Ibid*, p. 15.

24 Conselho Ultramarino, *Boletim do Conselho Ultramarino: Legislação Novíssima. Vol I, 1834–1851* (Lisboa, Imprensa Nacional, 1867), pp. 382–85; A. Delgado da Silva, *Colecção Oficial da Legislação Portugueza, redigida pelo Desembargador Antonio Delgado da Silva, Legislação de 1843 em diante* (Lisboa, Imprensa Nacional, 1843).

25 P.J. Peregrino da Costa, 'Médicos da Escola de Goa no Quadro de Saúde das Colónias', *Boletim do Instituto Vasco da Gama*, 57–58 (1943), pp. 1–43 & 1–66.

Medicine in Goa

Why did medical teaching develop so differently in India and Africa under the Portuguese?

In Goa, India, the training of local practitioners in the healing arts had already been going on for centuries. Many Goans had successfully received European-style training in medicine, surgery, pharmacy and nursing by participating in hospital routine and through exposure to medical lectures.[26] Occasionally, when it was difficult to find someone of Portuguese origin to fill the position of head physician, local individuals would be given the job, as Pearson documented for the seventeenth century[27] and Walker for the eighteenth century.[28] Indigenous physicians trained in the hospital routine were familiar with Portuguese medical practices. However, they also learnt medicine from other sources. Indigenous doctors were acquainted with local practices and bodies of knowledge rooted in non-European traditions: either Ayurvedic medicine, practised by vaydias in India, or Goan folk-healing practices, or occasionally the Arab tradition of Unani medicine, practised by hakims, which was not very different from the European tradition.

It is debatable whether the training provided in colonial hospitals in Portuguese-administered India until the eighteenth century was really European in style or, as some have suggested, whether practices and knowledge flowed in both directions.[29] Most likely, European doctors also received medical and therapeutic knowledge from their Indian practitioners and aides. According to Walker, this is what led to the 'mature hybrid' quality that characterised Goan medicine by the end of the eighteenth century.[30] Indeed it seems that hybridisation may have originated from the very early moments of contact. The icon of Portuguese colonial medicine of sixteenth-century Goa, the Royal Hospital – depicted as a wonder by Francois Pyrard de Laval[31] – may have been the very bed in which much of the experimentation took place.

The people of Goa had long been familiar with multiple belonging and with different traditions of knowledge. Their 'Portugueseness' dated back to the sixteenth century, when the Portuguese authorities forced them to convert to Catholicism and adopt Portuguese names, or forfeit their lands. While some fled the territory, losing property but keeping their names and religion, many among the Goan elites adopted Catholicism and changed their names, but did not jettison many aspects of their cultural heritage and practices. They formed what became the Indo-Portuguese culture and society, which accounted for a number of contradictory stances, some of them sympathetic to the Portuguese while still maintaining their own ways.

It is worth noting that this 'hybridism' is often depicted in racialised terms and seen as the result of sexual unions and marriages between Portuguese men and Indian women. The fact that the first Portuguese Viceroy of India, Afonso de Albuquerque, promoted unions between some of his men and local women became a legend which was manipulated to represent different things for different purposes. For English-speaking writers, this represented a stigma that the Portuguese carried with them everywhere. For the Portuguese pro-colonial ideologues of the twentieth century, this was considered to be proof of the Portuguese ability to connect intimately with the people they came in contact with – and the substantiation of

26 L. Thomaz, *De Ceuta a Timor* (Lisboa, Difel, 1994).
27 Pearson, 'First Contacts'.
28 Walker, 'Remedies from the *Carreira da Índia*'.
29 *Ibid.*
30 *Ibid.*
31 F. Pyrard, *Voyage de Pyrard de Laval aux Indes orientales (1601–1611)... : suivi en annexe de la Relation du voyage des Français à Sumatra de François Martin de Vitré 1601–1603/Préface de Geneviève Bouchon; établissement du texte et notes de Xavier de Castro* (Paris, Chardeigne, 1998).

lusotropicalist theories. For Goans, such intermarriages were considered as unlikely to have occurred, as the principles of caste segregation remained in spite of the conversion to Catholicism. Higher-strata Goans would not welcome marriages with the Portuguese, even if they occupied a high position in the administration.[32] The insertion of the Portuguese into Goan society was of another sort – not by intermarrying, nor by submitting, but rather by having their language, names, and many other elements of their culture adopted by a Goan society that would not let go of their own social strategies.

In my understanding, the very creation of the Medical School of Goa was one of those strategies. Although historians of medicine credit the Portuguese administration for its foundation in 1842, one should note that the school did not emerge from top-down legislation. On the contrary, the school was founded by a local decree,[33] with no word of acknowledgement from Lisbon until 1847.[34] Thus, the new Medical School of Goa should be seen as the outcome of the long hybridisation process that constituted the Indo-Portuguese and as a product of the agency of its elites rather than as rooted in decisions made in Lisbon.[35] The school matched the interests and strategies of the Indo-Portuguese elites, which included identifying with European values and principles, while leaving some of their own beliefs and practices untouched.[36]

From India to Africa: The Ways of Empire

As outlined above, borrowing and hybridisation in medicine were accepted practices in the Portuguese colonies for a long period; they represented a kind of utilitarian behaviour at a time when European medicine was not a hegemonic system in those places and when plans to establish an empire in Africa had not yet been fully formed. Later, towards the end of the nineteenth century, when 'empire' became an organising principle and adopted medicine as a major tool of influence and control over the local population, hybridising practices were discouraged or repressed. At least rhetorically, those practices were replaced by a clear distinction between what was considered proper (European) and improper (local). It is interesting to look at the adjectives used to refer to impropriety; they ranged from savage and primitive to superstitious and ignorant, or rude, vile and dirty. Racism emerged as yet another mode of creating an irremediable, hierarchic opposition between the rulers and the ruled – also white versus black, colonisers versus colonised, metropolitan versus native.

It was mostly at that time of change, from a relatively flexible form of interaction of Portuguese soldiers and merchants with African medicines to an attempt at organising European medical services, that the Indo-Portuguese were recruited for the African health services.

At first glance, this recruitment of Goan physicians to African service suggests the use of one colonial workforce to buttress the imperial design. The Portuguese administration resorted to using Indo-Portuguese physicians trained in Goa, as they did not have sufficient

32 See C. Bastos, 'Um luso-tropicalismo às avessas: colonialismo científico, aclimação e pureza racial em Germano Correia', in M.C. Ribeiro and A.P. Ferreira (eds), *Fantasmas e Fantasias Imperiais no Imaginário Português Contemporâneo* (Porto, Campo das Letras, 2003), pp. 227–53.

33 *Boletim do Governo do Estado da India*, 1842, Nos 32, 34, 45, 50, 56.

34 Conselho Ultramarino, *Boletim do Conselho Ultramarino: Legislação Novíssima. Vol I, 1834–1851* (Lisboa, Imprensa Nacional, 1867); pp. 551–58, A. Silva, *Colecção Oficial da Legislação Portugueza, redigida pelo Desembargador António Delgado da Silva, Anno de 1842 e seguintes* (Lisboa, Imprensa Nacional, 1844), pp. 128–35.

35 Bastos, 'O ensino da medicina'.

36 *Ibid.*

Portuguese physicians, surgeons, pharmacists and nurses willing to serve in Africa. Thus, we might suggest that this was a complex chain of colonial hierarchies, where Goans, according to their own words, were placed in the middle and could celebrate their position as the pillars of the Portuguese empire in Africa.[37]

However, this assertion demands careful scrutiny and more research into who those physicians really were and how they enacted Portuguese rule in Africa. What was their place and role in a colonial order that fought to impose the European way over all others, and yet owed a debt to centuries of interaction and mutual borrowings? Why and when did they go to Africa? How did they feel and act? How did they perceive others around them? And how were they perceived by both the Portuguese and Africans?

Portuguese by law, Catholic by faith after the massive conversion of the sixteenth century, and yet socialised within the Hindu principles of caste segregation, the Indo-Portuguese elites that graduated from the Medical School in its first decades were the outcome of a long process of mutual adjustment and cultural hybridisation of the Indian and European traditions. They had been exposed all their lives to a diversity of healing systems and practices. In the 1850s and 1860s, they were reported as being too tolerant of indigenous healing practices, if not of tolerant of the practitioners themselves. The head surgeon José António Oliveira, for instance, noted in 1853 that there were 'gentile doctors' all over Goa, and it was to them that most of 'the gentiles', or the non-Catholic population, resorted.[38] Those doctors and healers based their practice on the use of plant compounds that attracted even some conventional (Catholic) doctors, who sometimes became herbalists. In 1856, the newly arrived Portuguese head physician Eduardo Freitas e Almeida also complained that nearly everyone in India consulted the herbalists and that, as a result, the European-trained physicians had no clientèle.[39] Aside from the voices of some who clearly adopted the rationale of the rulers, like Freitas e Almeida, there was widespread tolerance regarding the use of multiple practices. This included tolerance of local authorities towards the proliferation of clandestine pharmacies of native drugs.

To sum up, until the late nineteenth century there was a generalised familiarity with plural medical practices in Goa. Even those who graduated from the European-style medical school might be tolerant of native healing practices. But did that also make them tolerant towards African native healing systems, or more flexible regarding creative interactions with African healers and their practices? Would Goan doctors in Africa contribute to the development of hybrid medical forms, like some of their ancestors back home?

Some of the statements made by Goan doctors serving in Africa suggest otherwise. For instance, Arthur Gama, a young Goan physician located in Chiloane, then the capital of the Mozambican district of Sofala, bitterly expounded on the savagery of native customs in his 1878 report. He took the trouble to describe African healing ceremonies in detail, in a way that made his distaste abundantly clear.[40] At least rhetorically, a clear dividing line emerged between the speaker and indigenous Africans, including indigenous healers. When speaking of those who were indigenous to Africa, he used 'them'; while he use the inclusive form 'us' when referring to the Portuguese.

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37 C. Bastos, 'Doctors for the Empire: The Medical School of Goa and its Narratives', *Identities*, 8, 4 (2001), pp. 517–48.

38 AHU, Serviço de Saúde, Índia, cod 1987, *Relatório do Estado das Repartições de Saúde do Estado da Índia*, from José António de Oliveira to Ignacio da Fonseca Benevides, June 11, 1853.

39 AHU, Serviços de Saúde, Índia, Ofícios dos empregados, 1840–1868, cod. 1987, *Oficio (confidencial)* from *Eduardo de Freitas e Almeida, head physician, to Ignacio Antonio da Fonseca Benevides, president of the Naval* and Overseas Health Council, 8 February 1856.

40 AHU, Serviço de Saúde de Moçambique, cod. 1506 Relatório da Ilha de Chiloane Capital de Sofalla, appresentado pelo facultativo da 2.ª classe em Commissão do Quadro de saude de Moçambique, Arthur Ignacio da Gama, 1 January 1879. For a discussion of this, see Bastos, 'Race, Medicine and the Late Portuguese Empire'.

Gama had taken a job in the Mozambique health services before the European push towards a more systematic colonisation of Africa. His written comments reflect the ongoing debates between supporters and detractors of the colonial endeavour. On the one hand, he aligned himself among those in favour of colonisation, and regarded it as a civilising mission that should call for the influx of people from other nations into Africa. But on the other hand, he lamented the Portuguese disregard for the territory in which he was located. He had almost no resources, little support from his superiors, and poorly-defined guidelines for interacting with those native to Africa. Even if he endorsed colonialism and tried to enact it on behalf of the rulers, the material reality of his life suggests that he was hardly the instrument of an organised imperial design.

His move from India to Mozambique was probably part of a route that attracted some of his fellows into the African service. The career combined both medicine and the military, which both ranked high for both European and Indian values. This 'double career' could also assist in promoting an individual's personal status in the complex and multi-layered society of nineteenth-century Goa. Finally, being a military physician in Africa offered Goan graduates the possibility of practising their art at the same times as being paid, something that was not always possible at home.

There were quite a number of Goans in Mozambique at that time (see Table 1). However, the study of individual trajectories hardly provides any evidence of them having been orchestrated by the Portuguese administration. Later, when the saga of Indian doctors in Africa became convenient for defining the identity of the Goa Medical School, and even a reason for the survival of their institution, the terminology, content, and values of the narration changed. The influx of medical graduates into Africa was symbolically recovered and honoured as a pioneering and heroic venture. In the 1940s, their contribution to Portuguese empire-building in Africa was presented as an indelible fact and as a source of pride by the most prominent and prolific Goan doctors, such as Peregrino da Costa, Froilano de Melo and Germano Correia.[41]

In brief, Indo-Portuguese doctors' familiarity with plural medical practices reported in the 1850s did not make the succeeding generations of Goan doctors endorse pluralism, much less promote medical hybridism in Africa. On the contrary, an implicit distaste for crossing boundaries and the need to present themselves as part of the ruling elite made them adopt European ways in many instances, both in the promotion of empire and in the endorsement of European medicine as the sole legitimate form of health care. The borrowings that may have existed in practice, did not make it into the rhetoric of those who were involved in the health system.

The Reinforcement of Imperial Power and Intolerance

As mentioned earlier, it as not until the very end of the nineteenth century that Portugal developed systematic colonisation policies for Africa. Then, military campaigns against rebellious African rulers were officially promoted; white settlers were encouraged to migrate to Africa; Africans came under the control of the Portuguese state, whether as compliant 'assimilados', or as 'indígenas' that could be subject to forced labour.[42]

41 Escola Médico-Cirúrgica *Comemorações Centenárias (1842–1942)* (Bastorá, Tipografia Rangel, 1955).

42 V. Alexandre, 'Situações Coloniais: II – O Ponto de Viragem: As Campanhas de Ocupação (1890–1930)', in F. Betthencourt and K. Chauduri, *História da Expansão Portuguesa, Vol. IV* (Lisboa, Círculo dos Leitores, 1999); J. Penvenne, *African Workers and Colonial Racism: Mozambican Strategies and Struggles in Lourenço Marques, 1877–1962* (London, James Currey, 1995).

Table 1. Goan Doctors in nineteenth-century Mozambique

Name	Year of graduation	Place of birth	
Joaquim Francisco Colaço	1847	Margão	Salcete
Caitano António de Melo	1851	Mercês	Ilhas
Albino Pascoal da Rocha	1851	Aldoná	Bardez
José Francisco Cornélio Filipe Dias	1853	Margão	Salcete
Caetano Florêncio Colaço	1853	Margão	Salcete
Aleixo Mariano Fernandes	1854	Piedade	Ilhas
José António Miranda	1854	Margão	Salcete
António Francsico Pais	1854	Sangoldá	Bardez
João José Salvador Crisóst. Figueiredo	1854	Loutolim	Salcete
José Dionísio Carneiro de Sousa e Faro	1859	Ribandar	Ilhas
Martinho da Paixão Xavier Soares	1859	Loutolim	Salcete
Aleixo Caetano de Sousa	1861	Parrá	Bardez
André Eustáquio Francisco Monteiro	1861	S. Estevão	Ilhas
José Agostinho Maria de Sousa	1870	Nova-Goa	Ilhas
Cláudio Henrique Barreto	1871	Vernã	Salcete
Aureliano José de Assunção Rodrigues	1872	Neurá	Ilhas
António Higino Xavier Faria	1873	Loutolim	Salcete
João Olegário Pestaninho da Veiga	1874	Curtorim	Bardez
Claudino António da Silva	1875	Ribandar	Ilhas
Damasceno Isaac da Costa	1875	Navelim	Salcete
Artur Inácio da Gama	1875	Verná	Salcete
Agost.° Gabriel Arcanjo Salust. Pinto	1876	Nova-Goa	Ilhas
Ant° Mariano Gabriel Rosário e Sousa	1876	Mapuçá	Bardez
Caetano Francisco Dias	1877	Ibo	Moçambique
Custódio Joaquim Barreto Xavier	1878	Margão	Salcete
Aristides Luciano Evaristo de Menezes	1880	Batim	Ilhas
Baltazar Custódio Epifânio de Sá	1880	Betalbatim	Salcete
Jesús Octaviano José Pedro Lobo	1881	Calangute	Bardez
Roque Francisco Gonçalves	1881	Sta-Cruz	Ilhas
Pedro Paulo Fermiano de Sousa	1884	Aldoná	Bardez
Caetano Paulo Maria de Melo	1885	Saligão	Bardez
Hipólito Cassiano Xavier do Rêgo	1886	Sta-Cruz	Ilhas
Servinio Agostinho Colaço	1887	Margão	Salcete
Luis Caetano de Santana Álvares	1887	Margão	Salcete
António Maria da Cunha	1887	Arporá	Bardez
João Mariano Gonzaga	1889	Ibo	*Moçambique*
Francisco Xavier de Brito	1889	Ibo	Moçambique
António Francisco Zacarias Dias	1890	Taleigão	Ilhas
Adriano José Ernesto Couto	1890	Salvador	Bardez
António Carneiro de Sousa e Faro	1893	Ribandar	Ilhas

Source: Research projects POCTI/ANT/41075/2001 (Colonial Medicine and Imperial structures, co-ord. C. Bastos) and POCTI/PLUS/ANT/15157/1999 (Tropical Medicine and the Medical School of Goa, co-ord. C. Bastos).

Looking at the process through the health services, and using health reports as a source, we can identify the various actors, interests, ideologies, representations and interactions involved. Portuguese administrators headed the health services. Indo-Portuguese physicians, called in to fill the jobs that attracted so few from Portugal, could not rise to the head positions, as some of them repeatedly lamented.[43] In their own words, they had to remain in

43 A.J. Sócrates da Costa, *Os Médicos Ultramarinos. Mais um brado a favor dos facultativos formados pela Escola Médico-Cirurgica de Nova Goa* (Lisboa, Tip. Universal, 1880).

subordinate ('Subaltern') positions. If, as stated earlier, they were cultural hybrids to begin with, they were not in a position where they might enhance creative mixtures, as had occurred throughout colonial history. Instead, they were placed within a chain of authority and excluded from the higher ranks. They had to prove themselves at all times.

The Portuguese who headed the health services were often quite explicit in their contempt for their Goan subordinates. The Portuguese doctor Serrão de Azevedo, for instance, when co-ordinating the Mozambique health services in 1893–94, complained that only four of the physicians who served in that colony had been trained in Portugal. All the others came from the Medical School of Goa, which he considered second-rate. He suggested that the authorities were aware of that fact, since the graduates of Goa were not allowed to practise in Portugal. He argued against the custom of placing such doctors in Africa, 'as if the patients here [Africa] were affected by illnesses whose cure required just the assistance of a second-rate doctor!' In his opinion, the Medical School of Goa should either be upgraded or closed down, in order to put an end to the oddity of having doctors allowed to treat patients in Africa while being 'forbidden to do the equivalent in the metropolis'.[44]

His comments extended to Indian nurses, whom he considered ignorant, unsuited to work, indolent, improper for training, unable to care for the patients, incapable of administering medicines, untidy, careless and without bedside manner. In his words,

> they know nothing or very little; work nothing or work poorly and are of a generalised indolence and a detachment that will not respond to stimulation nor to corrections. They do not provide the right care to patients; they are not warm in their manners with patients, they do not get attached to their tasks and, what is more regrettable and also more important is that they do not know how to administer the medication as needed and do not look after the cleanliness and orderliness of their infirmaries.[45]

Furthermore, he complained that they were unable to earn patients' respect. Again in Serrão de Azevedo's own words,

> I have never seen any nurse of this nature, nor have I heard of any before, at least since my arrival in this province, that makes himself respected by the patients, all the more so as these patients are of European origin. This, as one can see, does not provide any guarantee of the order and discipline that are indispensable in a hospital ward.[46]

By noting that the patients were of European origin, Serrão de Azevedo revealed some aspects of colonial interactions in the hospital context. Instead of a picture matching the re-constructed history of European medical care for the native African population, consistent with the rhetoric of an expanding European biopower, what we find is a reality where the reach of biomedicine was quite restricted. European hospitals treated European patients; few natives benefited from them in the nineteenth century. The impact of European biomedicine in African bodies was quite limited at the time.

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44 AHU, Serviço de Saúde do Ultramar, cod 2817, *Relatorio do serviço de saude da província de Moçambique-1893*, José d'Oliveira Serrão d' Azevedo, 1894.

45 *Ibid.*, translated from the original, 'Não sabem ou sabem muito pouco; não trabalham ou trabalham mal e são em geral d'uma indolência e d'um desprendimento que não cede a estímulos nem a correcções. Não prestam *aos doentes os necessarios cuidados; não são carinhosos nos seus tratos para com elles, não se affeiçoam ao* serviço de que são incumbidos e o que é mais lamentavel e mais importante tambem é que não sabem administrar os medicamentos como é preciso e não olham com interesse pelo aceio e bôa ordem das suas enfermarias'.

46 *Ibid.*, the original words are: 'não vi enfermeiro algum d'esta natureza, nem me consta que o tenha havido, pelo menos desde a minha chegada a esta provincia, que se faça respeitar pelos doentes das suas enfermarias e *sobretudo sendo estes doentes d'origem europea; o que como se vê, não offerece garantia alguma de ordem e de* disciplina tão indispensaveis n'uma sala d'hospital'.

BREVE MEMORIA

ÁCERCA DA

MEDICINA ENTRE OS CAFRES

DA

PROVINCIA DE MOÇAMBIQUE

OFFERECIDA

AO

Ill.mo Ex.mo Sr.

CONSELHEIRO AGOSTINHO COELHO

GOVERNADOR GERAL DA PROVINCIA DE MOÇAMBIQUE

POR

JOAQUIM D'ALMEIDA DA CUNHA

SECRETARIO GERAL DA MESMA PROVINCIA

1883

Moçambique

Imprensa Nacional

Figure 1. Facsimile of the cover of *Breve memoria*.

Fragilities and Limits of Colonial Biopower

Further reports on the tensions, boundaries and distance between Africans and Portuguese medicine are presented in Joaquim d'Almeida Cunha's 1883 'Brief Memoir on Medicine among the Kaffirs'.[47] According to him, European colonial hospitals were 'unable to hold the native patients'. Africans were scared by, and avoided, European medicine and its hospitals preferred to go to their own healers and doctors. Cunha noted the existence of African medical knowledge and medical experts as a way to introduce his work.

The *Breve Memoria sobre a Medicina entre os Cafres da Provincia de Moçambique* (Figure 1) is essentially a compilation of therapeutic plants from the district of Sofala, preceded by remarks and a general comment. Cunha acknowledged that the plants and the description of their therapeutic properties had mostly been compiled by Guilherme Hermenegildo Ezequiel da Silva, a teacher in the island of Chiloane, the same place where Arthur Gama served as a physician a few years earlier. Most likely, Ezequiel had been Gama's source regarding medicinal plants. The teacher left at least two manuscripts on the topic: *Descripção das várias amostras dos remédios que os povos do sertão de Sofaálla empregão nas sûas doenças* (1883), and *Breves Noções sobre a medicina cafreal do distrito de Sofala* (1884).[48]

Guilherme Hermenegildo Ezequiel da Silva was the epitome of colonial hybridism. This resulted from his wide exposure to different systems of knowledge. His grandfather, João Julião da Silva, had been born in Macao, China, of parents who had come from the city of Oporto in northern Portugal. He had moved to Sofala, Mozambique, as a child. Both João Julião and his son Zacarias Herculano da Silva, the father of Guilherme, had written interesting pieces on local customs and plants.[49] Guilherme's familiarity with local culture was the outcome of three generations' work of learning and interaction. So profound was his knowledge of African medicine that Joaquim d'Almeida Cunha considered him a 'half-*nganga*'.

Cunha wrote at a point in time when Portugal had increased its empire-building efforts in Africa. In fact, his monograph was printed for the international Colonial Medicine Exhibition in Amsterdam. Like other colonial exhibitions, this was a forum where, among other things, European powers showed off and measured the signs of each others' claims in Africa. It made sense for Portugal to show its imperial hand and demonstrate its control over African peoples. The 'Memoir' was supposed to demonstrate that the Portuguese knew the peoples they ruled over. The analysis of the facts behind its production, however, shows how fragile that knowledge was. The local committees in charge of gathering materials for the exhibit complained of lack of time, for they had little to show; as for the booklet, they considered it 'interesting', but not 'scientific'.[50]

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47 J. d'Almeida Cunha, *Breve Memoria sobre a Medicina entre os Cafres da Provincia de Moçambique, offerecida ao Illmo Exmo Sr. Conselheiro Agostinho Coelho, Governador da Província de Moçambique* (Moçambique, Imprensa Nacional, 1883).

48 Both manuscripts (the first lodged at the Overseas Historical Archives, AHU, in Lisbon, and the second in the Geographical Society of Lisbon), were analysed by Ana Cristina Roque, in '"Breves Noções sobre a Medicina Cafreal do Districto de Sofala" ou sobre o conhecimento que os portugueses tinham das virtudes e usos das plantas e ervas medicinais na costa sul oriental de África na segunda metade do séc. XIX' *Anais de História de Além-Mar*II (2001), pp. 211–72.

49 J.F. Feliciano and V.H. Nicolau (eds), *Memória de Sofala (1790–1884), de João Julião da Silva, Zacarias Herculano da Silva e Guilherme Ezequiel da Silva* (Lisboa, Comissão Nacional para as Comemorações dos Descobrimentos Portugueses, 1998).

50 AHU, Serviço de Saúde do Ultramar, cod. 2782 *Exposição Colonial Médica de Amsterdam – Actas da Participação Portuguesa.*

Cunha's appreciation of African medical practices was an ambivalent one. He portrayed Africans running from European medicine because they were superstitious, a negative quality; but also because they had their own healing strategies, a positive one. Regardless of being depicted as superstitious and 'kafir', African healing devices were important enough to deserve a carefully detailed description and a monograph. Furthermore, Cunha suggested that European doctors might do well to borrow some elements from indigenous healers in order to be more successful with their African patients.[51]

These kinds of suggestions may have been repressed during the push towards empire in the 1890s and early 1900; but they remained as commonsense and later appeared formulated by medical doctors serving in the colonies. In the colonial medicine conference held in Lisbon in 1920, for instance, more than one of the Portuguese delegates presented the state of the art of medical assistance in the African colonies and made empire-minded recommendations that accounted for the study of native uses and adoption of some of them for practical purposes.[52]

The director of the Mozambique Health Services, Ferreira dos Santos, discussed in detail the advantages of building hospitals as hut villages. In his words, it would cut costs at the same time as being more attractive to the natives.[53] Along the same lines, Firmino Sant'Anna, professor of the Tropical Medicine School of Lisbon, suggested that in order to be more efficient and gain the attention of their African patients, European doctors should adopt some of the ritualistic elements of native healers, even if they did not believe in any of them.[54] Material and symbolic elements of the African tradition might be used for clinical efficiency and for persuading African patients.

Concluding remarks

There were many instances where medical hybridisms developed within Portuguese colonialism. This, however, was not a result of a 'lusotropical tendency' to hybridise, but appeared for a number of other reasons, many of them pragmatic. The fact that they stand out in comparison to what happened in other empires can be attributed to the extended time-frame of Portuguese colonialism, which started earlier and lasted longer than others.[55]

In the sixteenth, seventeenth and eighteenth centuries, native healing practices were regarded as a legitimate resource to incorporate among those brought from Europe. In the nineteenth century, native practices were subject to different sorts of commentary on the part of European medical authorities, in a blending of curiosity, disdain, and fear of competition. In the twentieth century, there were paternalistic approaches to native healing practices which saw them as symbolic resources that could be used to expand European dominion.

From the second half of the nineteenth century onward, the colonisers attempted to create boundaries between official medicine and native practices, whether in India or in Africa. However, attempts to outlaw those practices were never accomplished; indigenous forms of healing were never banned. For many reasons, they were tolerated: in India, because even the local authorities were implied in the practices; in Africa, because there were no means to

51 Almeida Cunha, *Breve Memoria acerca da medicina.*

52 F. Ferreira dos Santos, 'Assistência médica aos Indígenas e processos práticos da sua hospitalização', *Revista Médica de Angola*, II, 4 (1924), special issue dedicated to the First West Africa Tropical Medicine Conference, pp. 51–71; J. Firmino Sant'Anna, 'O problema da assistência médico-sanitária ao indígena em Africa', *Revista Médica de Angola*, II, 4 (1924), pp. 73–200.

53 Ferreira dos Santos, 'Assistência', pp. 65 *et passim.*

54 Firmino Sant'Anna, *'O problema da assistência ...', p. 80.*

55 See Bastos, 'Race, Medicine'.

impose Portuguese medicine upon the native population. Whether in parallel tracks or flirting with one another, native and European practices coexisted in a system that did not officially endorse pluralism but practised it into the twentieth century.

The Portuguese colonial administration only proceeded systematically to annihilate local traditions regarding health and illness much later, already late into the twentieth century. Ironically, this occurred at the time of the dismantling of other empires and of the birth of new African nations. Within this field, then, we can suggest that the imperial push in Portuguese Africa happened when empire was no longer a global endeavour. A further irony is that the most sustained and stronger attempts to dismantle traditional African healing systems in Mozambique emerged only after decolonisation. After 1975, nation-building in young Mozambique was understood as an effort against backwardness and atavism. Anything resounding tradition might be an obstacle to the building of the new, modern and egalitarian society that FRELIMO was so engaged in. Consequently, as in colonial times, traditional healing practices and systems of knowledge persisted underground.

At the turn of the twenty-first century, with the World Health Organisation's call for the instrumentalisation of African traditional medicines, traditional healers regained public visibility[56] and an institutional prestige that they had not known for a long while. Mediated by the World Health Organisation, new sorts of hybridisms and multiple borrowings are now being promoted to address both daily life basic needs and major issues like HIV/AIDS and malaria. The newly promoted boundaries and the new entanglements of medicine, society and politics are yet to be mapped.

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56 For an analysis of AMETRAMO, the Mozambican traditional healers' association, see M.P. Meneses, 'Para uma concepção emancipatória da saúde e das medicinas', available at http://www.ces.fe.uc.pt/emancipa/research/pt/ft/saberes.html