113 A further study of (not only) German attitudes to East African medicine that had to be omitted here could demonstrate a similar shift from attempts to suppress to those to combine, as explored by Patricia Laing in Chapter 9 of this volume in regard to 'Western medical constructions of Maori healing'.

114 For the development of African 'traditional' medical systems and their increasing similarity to biomedicine see S. Feierman, 'Change in African therapeutic systems', *Social Science and Medicine*, 13 (1979): 278. See also Reis in this volume (Chapter 6). Concerning the anthropologist's task to avoid creating this 'invented' domain, see R. Pool, 'On the creation and dissolution of ethnomedical systems in the medical ethnography of Africa', *Africa*, 64 (1994): 1–20.

6 Medical pluralism and the bounding of traditional healing in Swaziland

Ria Reis

As elsewhere in Southern Africa, people in Swaziland have access to biomedicine as well as to traditional healers and healing churches. Illness narratives, the stories by which people give meaning to their experience with sickness,[1] demonstrate the complex patterns of health seeking that spring from this medical pluralism, especially when it comes to conditions that neither doctors nor healers can cure. In my research on medical pluralism and epilepsy in Swaziland most people with epilepsy were found to resort to many different treatment options in the course of their life with the disorder.[2] Apparent eclecticism of patients is mirrored by increasing numbers of Swazi healers creatively combining ideas and practices from different medical traditions.[3] Moreover, for more than three decades both the Swazi government and the national association of traditional healers have advocated co-operation between doctors and healers.[4]

In this chapter I will argue that the image of a hybridisation of traditional and modern medical ideas and practices, in the sense of two previously clearly bounded unities being crossed whilst the boundaries are still discernible in the new creation, corresponds neither to actual developments in the medical domain nor to the aspirations and strategies of the actors involved.

Paul Unschuld maintains that the legitimacy of a conceptual system of medicine derives from the correspondence of its ideas concerning the emergence, nature and appropriate treatment of illness with the socio-political ideas concerning the emergence, nature and appropriate management of social crisis by a social group or an entire society.[5] He argues that such a system loses its vitality and creativity when its particular context of social ideology and social structure vanish. In line with this I will argue that the remarkable resilience and vitality of traditional concepts and practices concerning illness and healing in Swaziland depend upon the successful resistance of Swazi society against the destruction of its socio-political ideal of a nation originating from, united by, and fertile and prosperous through, the preservation of 'Swazi tradition', more specifically its institution of sacred kingship. In fact, medical ideas and practices, including those of biomedicine, are evaluated for their compatibility to 'Swazi tradition'. In the context of medical pluralism in Swaziland, 'integration' should be understood, not as the incorporation of traditional healers in the national health services, but the other way around: as traditional medicine incorporating biomedicine.[6]

Gebr. Unger, third edition 1904, was the first, separate booklet; later, revised versions are: F. v. Luschan, *Anleitung zu wissenschaftlichen Beobachtungen auf dem Gebiet der Anthropologie, Ethnologie und Urgeschichte*, Leipzig, Jänecke, 1914, which is a reprint (in a single, special volume) of the contribution with identical page numbers: F. v. Luschan, 'Anthropologie, Ethnographie und Urgeschichte'; Steuber, *Arzt und Soldat*, 62, mentions G. v. Neumeyer, *Anleitung zu wissenschaftlichen Beobachtungen auf Reisen* vol. 2, Hannover, Jänecke, 3rd edn 1906, 1–123.

61 A. Gärtner, 'Heilkunde', in Neumeyer, *Anleitung zu wissenschaftlichen Beobachtungen auf Reisen*, vol. 2, 2nd edn, 1888, 38, 45–6, 78.
62 A. Bastian, 'Allgemeine Begriffe der Ethnologie', in Neumeyer, *Anleitung zu wissenschaftlichen Beobachtungen auf Reisen*, vol. 2, 2nd edn, 1888, 236–51, 255.
63 Luschan, *Anleitung*, 113–4.
64 Krauss, 'Arzneien', 2044.
65 H. Krauss, 'Geburt und Tod bei den Wasuaheli', *Münchener Medizinische Wochenschrift*, 54 (1907): 2488; O. Peiper, 'Schwangerschaft, Geburt und Wochenbett bei den Suaheli von Kilwa', *Archiv für Schiffs- und Tropenhygiene*, 14 (1910): 461; Peiper, 'Der Suaheli-Arzt', 563–4.
66 Weck, 'Einstellung', 21.
67 Weck, 'Wahehe-Arzt', 1049. B. Möllers, *Robert Koch. Persönlichkeit und Lebenswerk 1843–1910*, Hannover, Schmorl und von Seefeld, 1950, 689.
68 Merker, *Massai*, 174–91.
69 B. Möllers, (cf. note 68), a disciple and biographer of Robert Koch, committed such a generalisation typical for readers of ethnographic accounts when he supposed this knowledge to be common among the indigenous peoples.
70 Weck, 'Wahehe-Arzt', 1049.
71 Cf. Ibid. 1049.
72 [n.n.] *Medizinal-Berichte über die Deutschen Schutzgebiete [...] für das Jahr 1905/06*, hg. von der Kolonialabteilung des Auswärtigen Amts, Berlin, 1907, 83.
73 Schreber, 'Ueber Medizinen', 667.
74 Ibid., 664. Schreber sees the different incidence of people with small pox scars in different areas as a proof of the traditional method's efficacy. Steuber, *Arzt und Soldat*, 84, doubts the success of this measure.
75 Krauss 'Suaheli-Arzt', 518; Weck, 'Wahehe-Arzt', 1050.
76 Schreber, 'Ueber Medizinen', 665; Weck, 'Wahehe-Arzt', 1050.
77 Dempwolff, *Sandawe*, 147.
78 Buchner, 'Medicin', 625.
79 Fülleborn, *Njassa-Ruwuma-Gebiet*, 219.
80 B. Struck, 'Zahntherapeutisches von den Eingeborenen Afrikas', *Münchener Medizinische Wochenschrift*, 53 (1906): 1921.
81 H. Bernheim, *Neue Studien über Hypnotismus, Suggestion und Psychotherapy*, translat. by S. Freud, Leipzig, Wien, Deuticke, 1892, 15.
82 Vix, 'Beitrag zur Ethnologie des Zwischenseengebiets von Deutsch-Ostafrika', *Zeitschrift für Ethnologie*, 43 (1911): 511.
83 Krauss, 'Arzneien ', 2044.
84 E.g. Fülleborn, *Njassa-Ruwuma-Gebiet*, 218, 313.
85 Weck, 'Wahehe-Arzt', 1049.
86 E.g. the missionary Meyer, cf. J. Jensen (ed.), *Die Konde*, 112.
87 For Veltens life and work cf. Jungraithmayr and Möhling (eds), *Lexikon*, 257.
88 Cf. Peiper, 'Suaheli-Arzt', 564, 569; Krauss, 'Der Suaheli-Arzt' (1908): 518.
89 Cf. Peiper, 'Suaheli-Arzt', 564–73.
90 Peiper, 'Suaheli-Arzt', 564, 569; Krauss, 'Der Suaheli-Arzt' (1908): 518.
91 Peiper, 'Suaheli-Arzt', 571.
92 Weck, 'Wahehe-Arzt', 1051, mentions the 'false' use of the same term, *Litawangu*, for pneumonia and pulmonary plague.
93 Peiper, 'Suaheli-Arzt', 562.
94 Bartels, *Medicin*, 56–9.

95 Peiper, 'Suaheli-Arzt', 563.
96 '*Daua*', modern spelling '*dawa*', is the Kiswahili term taken from the Arabic for all kinds of remedy not distinguishing between medical and other existential problems, the spheres of nature and of religion.
97 O. Gärtner, 'Ueber Negermedizin', *Arbeiten aus dem Kaiserlichen Gesundheitsamte*, 14 (1898): 648–51.
98 Cf. Anonymus, 'Privatärzte in Deutsch-Ostafrika', *Münchener Medizinische Wochenschrift*, 54 (1907): 1312.
99 P. Manteufel, 'Der kolonialärztliche Beruf', *Die Medizinische Welt*, 41 (1934): 1430; A. Hauer, 'Allgemeine Tätigkeit des Arztes in afrikanischen Kolonien', *Deutsche Medizinische Wochenschrift*, 65 (1939): 1032.
100 Buchner, 'Die Medicin', p. 626.
101 Fülleborn, *Njassa-Ruwuma-Gebiet*, 309–12; Peiper, 'Suaheli-Arzt', 561; Krauss, 'Suaheli-Arzt', 517; Weck, 'Wahehe-Arzt', 1048–9.
102 Cf. missionary Br. Becker, 'Etwas über die Zauberer der Wasuahili', *Nachrichten aus der ostafrikanischen Mission*, 7 (1893): 2–5, where mganga is translated by 'Zauberer' only; cf. in C. W. Werther (ed.), *Die mittleren Hochländer des nördlichen Deutsch-Ost-Afrika. Wissenschaftliche Ergebnisse der Irangi-Expedition 1896–97*, Berlin, Paetel, 1898, the two ethnographic contributions by Lieutenant C.W. Werther, 'Die Irangi-Expedition. Reisebeschreibung unter besonderer Berücksichtigung der kulturellen Verhältnisse der berührten Gebiete', 44–5: '*Zauberdoktor*' and '*Medizinmann*'; and anthropologist Luschan, 'Beiträge zur Ethnographie des abflusslosen Gebiets in Deutsch-Ost-Afrika', 356: '*Zauberpriester*'. '*Zauberdoktor*' also in the influential work of the philologist Carl Velten, *Sitten*, 3; '*Zauberer*' is used by Captain Merker, *Rechtsverhältnisse und Sitten der Wadschagga*, 1902, 19, 30, 34.
103 A. Nothnagle, 'Hans Paasche – ein lebensreformerischer Visionär', *Zeitschrift für Geschichtswissenschaft* 45 (1997): 773–92.
104 H. Paasche, *Die Forschungsreise des Afrikaners Lukanga Mukara ins Innerste Deutschlands*, Hamburg-Bergedorf, 1921.
105 H. Paasche, *"Ändert Euren Sinn!" Schriften eines Revolutionärs*, Bremen, Donat, 1992, 155–63; W. Lange, *Hans Paasches Forschungsreise ins innerste Deutschland. Eine Biographie*, Donat, 1995, 33–57, 71–111.
106 'Naturopathy' translates the German 'Naturheilkunde' which developed during the first decades of the nineteenth century as a (romantic) counter-movement to the emerging 'orthodox' medicine that was based on the exact sciences and perceived as mechanistic and disrespecting nature: cf. C. Regin, *Selbsthilfe und Gesundheitspolitik. Die Naturheilbewegung im Kaiserreich (1889–1914)*, Stuttgart, Franz Steiner, 1995, 23–32.
107 L. Külz, *Tropenarzt im afrikanischen Busch*, Berlin, Süsserott, 1907, 91. Külz was more inclined to naturopathy than his colleagues and in 1927 became the editor of an unsuccessful journal on balneotherapy, the *Illustrierte medizinische Bäder-Zeitung der 'Biologischen Heilkunst'*.
108 B. Struck and C. Potozky, 'Die Hydrotherapie der Afrikaner', *Deutsche Medizinische Wochenschrift*, 30 (1908): 1315–17; Buchner, 'Medicin', 626, had judged the local 'hydrotherapeutic treatment' for rheumatism without 'drying or wrapping in warm plaids' as 'generally noxious'.
109 Cf. the answers to the relevant question posed by chief medical officer Becker to his district medical officers in *Arbeiten aus dem Kaiserlichen Gesundheitsamte*, 14 (1898): 646; Fülleborn, *Das deutsche Njassa-Ruwuma-Gebiet*, 281, 447.
110 Cf. the undated Letter to the Colonial Office, ca. 1905, R 1001/5639, 57.
111 Dr. Wilhelm Arning, military doctor in German East Africa (1892–96 and 1914–17) and a leading colonial politician, argued forcefully against naturopathy in the Reichstag (the German parliament) in 1910; cf. C. Regin, *Selbsthilfe und Gesundheitspolitik. Die Naturheilbewegung im Kaiserreich (1889–1914)*, Stuttgart, Franz Steiner, 1995, 426–7.
112 Page 44 informs about the foundation of the *Verband deutscher Ärztevereine für physikalisch-diätetische Therapie (Naturheillehre)*/Association of the German Medical Societies for Physical-Dietetic Therapy (Naturopathy) in 1904, and in the index of persons (pp. 483–6), about the names of many doctors practising naturopathy (*Naturärzte*).

25 Correspondence Brieger – Colonial Office, 1903–7, Bundesarchiv R 1001/5987, 112; 127–8; 156; 5988, 79–81; 258–65.

26 Kaiserliches Gesundheitsamt (Imperial Health Office), Bericht zu Negermedizin aus Deutsch-Ostafrika, 15 September 1911, Bundesarchiv R 1001/5790, 106–9.

27 E.g. Friedrich Fülleborn got special leave for his general exploration of the south of the colony, described in his *Das deutsche Njassa-Rovuma-Gebiet. Land und Leute, nebst Bemerkungen über die Schire-Länder*. Berlin, Reimer, 1906; Otto Dempwolff for his ethnography published as *Die Sandawe. Linguistisches und ethnographisches Material aus Deutsch-Ostafrika*, Hamburg, Friederichsen, 1916; in contrast, Peiper had to use a vaccination campaign for his meticulous study on infant mortality and nutrition. cf. O. Peiper. 'Über Säuglingssterblichkeit und Säuglingsernährung im Bezirke Kilwa (Deutsch-Ostafrika)', *Archiv für Schiffs- und Tropenhygiene*, 1910, 8, 233.

28 The *Kolonialabteilung des Auswärtigen Amtes* (Colonial Department of the Foreign Office) became the *Reichskolonialamt* (Imperial Colonial Office).

29 Cf. W. Baumgart, 'German Imperialism in Historical Perspective', in A.J. Knoll and L.H. Gann (eds), *Germans in the Tropics. Essays on German Colonial History*, New York, Westport/CT, London, Greenwood, 1987, 151.

30 Cf. M. Gothsch, *Die deutsche Völkerkunde und ihr Verhältnis zum Kolonialismus*, Baden-Baden, Nomos, 1983, 243–4.

31 Cf. the interview with Lucien Hubert, Député des Ardennes, in the German Embassy in Paris , 5 January 1910. Copy of the Foreign Office, Bundesarchiv R 1001/6131, 38.

32 Lucien Hubert, 'Exposé des motifs', typescript, Bundesarchiv R 1001/6131, 46:

> 'Raisons d'humanité, raisons d'utilité, raisons scientifiques [...] Le moment est venu d'entreprendre une étude systematique et générale de leurs moeurs, de leurs coutumes, de leurs besoins: et pour cela il faut une entente internationale.'

33 Gothsch, *Die deutsche Völkerkunde*, 244–5; W. Smith, 'Anthropology and German Colonialism', in A.J. Knoll and L.H. Gann (eds), *Germans in the Tropics. Essays on German Colonial History*, New York, Westport/CT, London, Greenwood, 1987, 47.

34 E.g. the first German chair for ethnology, then called *Völkerpsychologie* (ethnopsychology), was given to the former ship's doctor Adolf Bastian (1826–1905), and the first anthropological society, the *Berliner Gesellschaft für Anthropologie, Ethnologie und Urgeschichte*, had been founded by him and the physician Rudolf Virchow (1821–1902).

35 Many ethnographic contributions were based on collections only – without the author's visit to the peoples concerned, e.g. F. v. Luschan, 'Beiträge zur Ethnographie des abflusslosen Gebiets in Deutsch-Ost-Afrika', in C.W. Werther (ed.), *Die mittleren Hochländer des nördlichen Deutsch-Ost-Afrika. Wissenschaftliche Ergebnisse der Irangi-Expedition 1896–97*, Berlin, Paetel, 1898.

36 K. Weule, *Wissenschaftliche Ergebnisse meiner ethnographischen Forschungsreise in den Südosten Deutsch-Ostafrikas*, Berlin, Mittler, 1908; E. Kotz, *Im Banne der Furcht. Sitten und Gebräuche der Wapare in Ostafrika*, Hamburg, Advent-Verlag, 1922.

37 Noticeable exceptions written by non-medical authors are an ethnographic monography about the Massai by a captain of the troops in German East Africa (M. v. Merker, *Die Massai. Ethnographische Monographie eines ostafrikanischen Semitenvolkes*, Berlin, Reimer, 1904, 174–91 on medicine, 245 on diseases, 340–9 on medicinal plants); a travel report by the botanist, explorer and later Vice-Governor of German East Africa Franz Stuhlmann (*Mit Emin Pascha ins Herz von Afrika*, Berlin, Reimer, 1894, on disease with the Wanyamwési pp. 84–6; the A-lûr 492–529; the Latúka 774–803); and the collection on the Swahili customs by philologist Carl Velten (*Sitten und Gebräuche der Suaheli*, Göttingen, Vandenhoeck and Ruprecht, 1903, on pregnancy and delivery 3–29; on medicine and diseases 242–57).

38 According to the use of terms in German, here 'ethnography' denotes the collection and representation of data on foreign peoples and 'ethnology' their comparative analysis. The English terms 'cultural anthropology' and 'social anthropology' are today often synonymous with the German 'Ethnologie', but this specific meaning developed only after World War I.

39 E.g. J. Jensen (ed.), *Die Konde. Ethnographische Aufzeichnungen (1891–1916) des Missionssuperintendenten Theodor Meyer von den Nyakusa (Tanzania)*, Hamburg, Klaus Renner, 1989.

40 Cf. Smith, 'Anthropology', 47–8.

41 R. Koch, 'Anthropologische Beobachtungen gelegentlich einer Expedition an den Viktoria-Njanza', *Zeitschrift für Ethnologie* 40 (1908): 449–68.

42 'Full' ethnographic monographs by medical doctors are A. Widenmann, *Die Kilimandscharo-Bevölkerung. Anthropologisches und Geographisches aus dem Dschaggalande*, Gotha, Justus Perthes, 1899, and H. Claus, *Die Wagogo. Skizze eines ostafrikanischen Bantustammes*, Leipzig and Berlin, Teubner, 1911. The other doctors' writings focused on medicine, linguistics, folklore, or travel. E.g. O. Dempwolff, 'Beiträge zur Volksbeschreibung der Hehe', Baessler Archiv 1913, IV, 3, 87–163, is an ethnography only excluding the fields already covered by others, i.e. medicine as well as history, cult, law, war and hunting; others, like H. Claus, 'Die Wangómwia', *Zeitschrift für Ethnologie*, 42 (1910): 489–94, included physical anthropology.

43 E.g. with experience in East Africa in 1911 the physicians Dempwolff, Fülleborn and Steuber, the missionary Cleve, the military officers Ramsay and Paasche; cf. *Zeitschrift für Ethnologie*, 43, (1911): 2–22.

44 For their 'biomedical' publications see the bibliographies in G. Olpp, *Hervorragende Tropenärzte in Wort und Bild*, München, Verlag der Ärztlichen Rundschau Otto Gmelin, 1932, 137–8 (Fülleborn) and in W.U. Eckart, *Medizin und Kolonialimperialismus: Deutschland 1884–1945*, Paderborn, Schöningh, 1997, 588.

45 Dempwolff became a specialist in Bantu and Austronesian languages and was appointed professor of linguistics in 1931. For a short biography cf. H. Jungraithmayr and W. J. G. Möhling (eds), *Lexikon der Afrikanistik. Afrikanische Sprachen und ihre Erforschung*. Berlin, Reimer, 1983, 71–2.

46 E.g. Staff Surgeon Dr. Seyffert used his Health report on the station Arusha, 1912–13, for a broad description of dresses and ornaments with the *Wameru* and *Waarusha*. Bundesarchiv R 1001/5750, 171–8.

47 Cf. K.E. Müller, 'Geschichte der Ethnologie', in H. Fischer (ed.), *Ethnologie. Einführung und Überblick*, Berlin, Reimer, 4th edn, 1998, 31–4.

48 K. Sprengel, *Versuch einer pragmatischen Geschichte der Arzneikunde*, vol. 1, Halle, Gebauer, 1st edn, 1792, 19–25.

49 M. Bartels, *Die Medicin bei den Naturvölkern. Ethnologische Beiträge zur Urgeschichte der Medicin*, Leipzig, Grieben, 1893, 4.

50 M. Bartels, 'Das medizinische Können der Naturvölker', in M. Neuberger and J.L. Pagel (eds), found. by Th. Puschmann, *Handbuch der Geschichte der Medizin*, vol. 1, Jena, Fischer, 1902, 10–19.

51 Cf. 'Die Medizin', 625.

52 Cf. Velten, *Sitten*, 3. African names are generally written as in the German sources and do not follow modern Swahili orthography which is added occasionally. Bantu peoples can be named with or without the plural prefix 'Wa-'.

53 Cf. 'Ueber Medizinen', 664–5.

54 Cf. Hösemann, 'Ueber Negermedizin im Bezirk Udjiji', *Arbeiten aus dem Kaiserlichen Gesundheitsamte*, 1898, 14, 651; Krauss, 'Der Suaheli-Arzt', 2045. Yet there is the opinion that gun powder was not completely foreign to the Africans: (according to Weck, 'Die Einstellung der abendländischen Medizin zur Heilkunde der afrikanischen Eingeborenen', 23) Lafitte, La pharmakopée indigène en Afrique occidentale Française', in *Les grandes épédemies Tropicales*, Paris, 1938, believed, 'that it was known in Africa in ancient times how to produce gun powder.'

55 Schreber, 'Ueber Medizinen', 664.

56 W. Weck, 'Der Wahehe-Arzt und seine Wissenschaft', *Deutsches Kolonialblatt*, 1908, 1048–51 (engl. tansl. by A. Redmayne, 'Hehe medicine', in *Tanzania Notes and Records*, 70, (1969): 29–40).

57 M. Zupitza, 'Die Heilmethoden der Wasiba. Sultanate: Kisiba, Bugabu, Kyamtwara, Kyanya, Ihangiro', *Arbeiten aus dem Kaiserlichen Gesundheitsamte*, 14 (1898): 653.

58 2 vols, Berlin, Oppenheim, 2nd edn, 1888; Hannover, Jänecke, 3rd edn, 1906.

59 Berlin, Gebr. Unger, 3rd edn, 1904; a later revised version became a special volume of the *Anleitung zu wissenschaftlichen Beobachtungen* under the title *Anleitung zu wissenschaftlichen Beobachtungen auf dem Gebiet der Anthropologie, Ethnologie und Urgeschichte*, Leipzig, Jänecke 1914.

60 Dempwolff, *Sandawe*, 71, refers to F. v. Luschan, *Anleitungen für ethnographische Beobachtungen und Sammlungen in Afrika und Ozeanien*, hg. v. Königlichen Museum für Völkerkunde Berlin, Berlin,

enormous variety of health care resources. For the medical historian it serves as an indication that contrary to the persistent unifying ambitions and intentions of Western biomedicine, medical traditions, even if 'invented', are inherently plural.

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Notes

1 Prof. Eustace Muhondwa, Institute of Public Health, Muhimbili College of Health Services, University of Dar es Salaam, at the international 'Academic Seminar on the History of Health Care in Tanzania' at Mwalimu Nyerere Conference Hall, Ocean Road Hospital, Dar es Salaam, 3rd May 2001, in his paper on 'Traditional Medicine in the Health System in Tanzania: Past, Present and Future', to be published in the proceedings of the conference by GTZ (German Agency for Technical Cooperation), District Health Support Project, Tanzania.

2 See, for example, D. Nyamwaya, *African Indigenous Medicine. An Anthropological Perspective for Policy Makers and Primary Health Care Managers*, Nairobi, AMREF, 1992.

3 Cf. E. Pies, *Willem Piso (1611–1678), Begründer der kolonialen Medizin und Leibarzt des Grafen Johann Moritz von Nassau-Siegen in Brasilien*, Düsseldorf, Interma-orb Verlagsgruppe, 1981, 88; D. Arnold, 'Introduction: disease, medicine and empire', in D. Arnold (ed.), *Imperial Medicine and Indigenous Societies*, Manchester, New York, Manchester University Press, 1988, 11; P. Boomgaard, 'Dutch medicine in Asia, 1600–1900', in D. Arnold (ed.), *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500–1900*, Amsterdam, Atlanta, Rodopi, 1996, 48–51; D. Arnold, *Colonizing the Body. State Medicine and Epidemic Disease in Nineteenth-Century India*, Berkeley, California University Press, 1993, 11.

4 L. Brandl, *Ärzte und Medizin in Afrika*, Pfaffenhofen/Ilm, Afrika-Verlag, 1966, 94.

5 R. Foskett (ed.), *The Zambesi Doctors: David Livingstone's Letters to John Kirk 1858–1872*, Edinburgh, Edinburgh University Press, 1964, 43.

6 U. Bitterli, *Die Entdeckung des schwarzen Afrikaners. Versuch einer Geistesgeschichte der europäisch-afrikanischen Beziehungen an der Guineaküste im 17. und 18. Jahrhundert*, Zürich, Atlantis-Verlag, 1970, 202–3, found that a lonely traveller like Mungo Park was more able to understand and respect Africans than members of large expeditions who were not so much dependant on the native population.

7 Nevertheless some Europeans continued to consult African healers. B. Struck, 'Afrikanische Aerzte', *Münchener Medizinische Wochenschrift*, 53 (1906): 1723.

8 B. Massin, 'From Virchow to Fischer. Physical anthropology and "modern race theories" in Wilhelmine Germany', G.W. Stocking Jr. (ed.), *Volksgeist as Method and Ethic. Essays on Boasian Ethnography and the German Anthropological Tradition*, Madison and London, The University of Wisconsin Press, 1996, 95–7.

9 U. Bitterli, *Die 'Wilden' und die 'Zivilisierten'. Grundzüge einer Geistes- und Kulturgeschichte der europäisch-überseeischen Begegnung*, München, Beck, (1976), 2nd edn 1991; U. Sadji, *Der Negermythos am Ende des 18. Jahrhunderts in Deutschland. Eine Analyse der Rezeption von Reiseliteratur über Schwarzafrika*, Frankfurt/M. and Bern, Lang, 1979; M. Harbsmeier, 'Towards a prehistory of ethnography. Early modern German travel writing as traditions of knowledge', in H.F. Vermeulen and A. Alvarez Roldán (eds), *Fieldwork and Footnotes. Studies in the History of European Anthropology*, London, New York, Routledge, 1995.

10 A.B. Sadji, *Das Bild des Negro-Afrikaners in der Deutschen Kolonialliteratur (1884–1945). Ein Beitrag zur literarischen Imagologie Schwarzafrikas*, Berlin, Reimer, 1985.

11 Closer observation as enabled by established colonial rule changed many judgements on the savage. For the changing perceptions of 'the' Africans by British doctors in East Africa during imperial colonialism see M. Vaughan, *Curing their Ills. Colonial Power and African Illness*, Cambridge, Polity Press, 1991, 29–53.

12 An illustrative example is the question of the Africans' conversion to Christianity. Whereas famous 18th-century authors like Peter Kolbe and Rousseau doubted the enduring success of conversion and saw African animism as real religion, mission theorists in late 19th century believed that this 'superstition' could be completely displaced by Christianity. A. B. Sadji, *Das Bild des Negro-Afrikaners in der Deutschen Kolonialliteratur (1884–1945). Ein Beitrag zur literarischen Imagologie Schwarzafrikas*, Berlin, Reimer, 1985, 89.

13 For very short, quite differing and necessarily oversimplifying accounts of German colonial attitudes towards African medicine in German East Africa see E. K. Feierman, 'Alternative medical services in rural Tanzania: A physician's view', *Social Science and Medicine*, 15 B (1981): 400; A. Beck, *Medicine, Tradition and Development in Kenya and Tanzania 1920–1970*, Waltham/MA, Crossroad Press, 1981, 61–2, 69–70; A. Redmayne, 'Note on health services and the indigenous population under the German administration', in E.E. Sabben-Clare, D.J. Bradley and K. Kirkwood (eds), *Health in Tropical Africa During the Colonial Period*, Oxford, Clarendon, 1980, 115–17; M. Turshen, *The Political Ecology of Disease in Tanzania*, New Brunswick/NJ, Rutgers University Press, 1984, 145–9; J. Iliffe, *East African Doctors. A History of the Modern Profession*. Cambridge, Cambridge University Press, 1998, 29.

14 W.U. Eckart, *Medizin und Kolonialimperialismus: Deutschland 1884–1945*, Paderborn, Schöningh, 1997, 190–1.

15 The term 'healer' will generally be used for referring to those Africans with a special expertise in questions of health and illness – practitioners without formal 'biomedical' training. There is a discussion about the appropriate expression in medical anthropology which reveals the deficiencies of all terms in question. 'Practitioner of Traditional Medicine' (TPM), as proposed by WHO committees, would presuppose the dichotomy to be analysed here. Local terms like *'waganga'*, *'walacha'* or *'abalossi'* would not allow the generalizations by observers that have to be studied here.

16 M. Buchner, 'Die Medicin der Neger', *Münchener Medicinische Wochenschrift* 33, (1886): 625–6.

17 W. Steuber, 'Als Schutztruppenarzt in Deutsch-Ostafrika', *Münchener Medizinische Wochenschrift*, 82 (1935): 778–82. He published this article as a retired Senior General Surgeon, referring to his early colonial service, and included it, complemented only by a section on 'European shooting' (*Europäerschießen)*, as chapter '6. Medical Cultivation' (*Ärztliche Kulturarbeit)* of his autobiography W. Steuber, *Arzt und Soldat in drei Erdteilen*, Berlin, Vorhut-Verlag Otto Schlegel, 1940, 63–76.

18 Steuber, *Arzt und Soldat*, 58, 74.

19 Unknowingly, Steuber did exactly what the CMS-Missionary Thomas O'Neill had written in his diary 11 August 1876: 'We are obliged to follow the example of the quacks at home: look grave, examine tongue or pulse, and give anything we have at hand – brandy, castor oil, pyretic saline, or baking soda' (quoted after J. Bückendorf, *"Schwarz-weiß-rot über Ostafrika!"* Münster, Lit-Verlag, 1997, 275).

20 *Mganga*, plural *Waganga:* the Swahili and – in different forms (e.g. Kinyarwanda/Kirundi: *umuganga*; Congo and West Africa: *nganga*) – also more general Bantu term for (some) medical practitioners. Cf. J.M. Janzen, "Towards a historical perspective on African medicine and health", in J. Sterly (ed.), *Ethnomedizin und Medizingeschichte. Symposion vom 2. bis zum 4. Mai 1980 in Hamburg*, Berlin, Verlag Mensch und Leben, 1983, 123.

21 Steuber, *Arzt und Soldat*, 83.

22 For short accounts on indigenous healing by German medical explorers before 1885 see B. Siegert, *Deutsche Ärzte als Forschungsreisende im 19. Jahrhundert bis zum Eintritt des zweiten Kaiserreichs in den Kreis der Kolonialmächte*, Münster, Dr. med. dent. thesis, 1990.

23 Circular letters 13 October 1895 and 12 May 1896, reprinted in *Arbeiten aus dem Kaiserlichen Gesundheitsamte*, 14 (1898): 647–8.

24 *'Shauri'* is the term taken from the Arabic for the traditional meetings intended to come to a decision in a more or less formal way.

period, the scope for financial gain by civil doctors in the colonies received adverse attention,[98] while the assumed selflessness and the sacrifices doctors in government service made became a dominant theme later.[99]

Another contentious issue focused on the question of whether African healers ought to be regarded as medical practitioners, especially in the light of earlier ethnographic accounts which had denied the existence of a 'special class of doctors' in Africa.[100] The standard of training and the social standing of African medical practitioners were further points of discussion. Some German doctors saw indigenous healers as the East African counterpart to doctors in Europe and even called some if not all '*Ärzte*' (physicians).[101] Missionaries, military people and ethnologists in contrast generally preferred less medical terms, such as 'sorcerer' and 'magician'.[102]

The fact that, in contrast to non-medical people, German doctors referred to some indigenous healers in these ways is surprising, especially in view of the air of superiority assumed by them when judging 'primitive medicine'. We can only speculate about the reasons for this. The ambition of doctors trained in scientific medicine to distinguish 'magical' from 'empirical' healing might have been a factor here. By acknowledging some healers as 'proper' doctors and their treatment procedures, even if not 'correctly' understood by them, as medical practice, other healers and their rituals could be excluded from serious medical consideration and banished into the realms of religion and fraud. German views of African healers could therefore oscillate between seeing them as different or deficient types of doctors.

Besides the denigration of indigenous medicine, and its scientific study, a third approach to native African health behaviour can be observed occasionally: a late version of the myth of the noble savage. Typically, the famous East African example of this exceptional glorifying view does not stem from a doctor, but from a medical lay person: the navy officer Hans Paasche (1881–1920), one of the prominent exponents of life reform, temperance, anti-vaccinationism and vegetarianism in Germany.[103] He put his satirical remarks on European health risks, especially smoking, alcohol abuse and urban life, into the mouth of Lukanga Mukara, a fictional explorer sent by his African king to report on the conditions in Germany.[104] This highly successful book had been inspired by Paasche's experiences of his military service during the Maji Maji rising in German East Africa and his later honeymoon trip to its north-western corner, the kingdom of Rwanda.[105] Paasche's work reaffirmed German perceptions of African health-related practices as an equivalent to 'naturopathy'.[106] The general assumption was that their 'natural' way of life made the '*Naturvölker*' ('people of nature') experts in natural remedies.[107] After all, like naturopaths back home in Germany, African healers, too, made use of herbs, heat and water. Bathing in mineral-rich water as a treatment of skin diseases and rheumatism was frequently compared to the flourishing German tradition of health spas and hydro- and balneo-therapy,[108] and figured prominently in East African sanitary and ethnographic accounts.[109] Yet, like naturopathy and other 'heterodox' practices at home, African natural healing was looked upon by some with contempt and suspicion and by others with acceptance and interest.

Those favourably inclined towards naturopathy and critical of vaccination campaigns at home, were keen to make their views felt in the colonies, too.[110] These interest groups were, however, largely unsuccessful. It could be argued that the meteorological and intellectual climates in the colonies made it problematic for doctors to turn their backs on modern scientific medicine.[111] The reported successes of vaccination campaigns and the developments in the newly emerging medical discipline of tropical medicine and hygiene led many colonial doctors to ignore naturopathy – quite unlike some of their colleagues in Germany who found naturopathy helpful in the treatment of various diseases.[112]

Conclusion

Attempts to dominate or replace African healing practices have not necessarily and always characterised the attitudes of Europeans. Yet they became a common feature not only of German colonial imperialism. However, despite the comparatively short duration of German administration in Africa and the fact that no uniform and singular approach towards African medicine prevailed, a shift in perceptions and responses to indigenous healing can be discerned. Earlier, mainly derogatory, views of healers as 'treacherous' and 'noxious' were followed by linguistic and epidemiological studies of particular tribes, the search for new drugs, and, occasionally, a glorification of the 'natural' African way of life.[113]

Three major issues were at the centre of discussions about indigenous medicine: the potential value of indigenous African pharmacopoeia for European medicine; the distinction between 'rational' and 'irrational' ideas and remedies; and the affinities between African medicine and folk medicine, naturopathy and 'quackery' in Germany. These issues mirror in various ways contemporary ambitions and developments within Germany itself. 'Modern scientific medicine' in Northern Europe and America sought to differentiate the effects of substances from beliefs in effects (i.e. the pharmacological from the psychological, the medically beneficent from the noxious) and emerged as the dominant strand of medical discourse from attempts to separate the scientific from the irrational, medicine from religion and politics, professional expertise from lay attitudes – in short: 'orthodox' from 'heterodox' medicine. These polarities also characterise the initially mentioned current images of 'traditional medicine' in East Africa, a medicine that emerged only in colonial times and owes its existence as a clearly bounded category to Western discourse and pre-occupations.[114]

The encounter between the science-based, rational and universalist world view of emergent Western biomedicine and the complexity of the pre-colonial field of healing in Africa has been analysed here in relation to the German protectorate in East Africa. This encounter resulted in the application of the label 'traditional African medicine' for a highly heterogeneous collection of old and new concepts and practices. Being less stringently standardised and explored, this field remains potentially exploitable and promising as well as deficient and dangerous as far as biomedical experts and authorities, and pharmaceutical companies are concerned. For the East African population, as for the medical anthropologist, it offers an

Hippolyte M. Bernheim in the 1880s. Bernheim claimed to have discovered the effective principle that had been:

> connected with the worst excesses of ignorance, superstition and fraud, hidden like gold embedded in a thick layer of dead rock. Nothing other than suggestive therapy was behind all the mysterious things of ancient magic, and still is behind the magical arts of primitive peoples.[81]

This theory claimed not only that it could explain therapeutic success, but some illnesses too. Thus in East Africa possession states were seen as 'products of suggestive influence', and the belief in the presence of spirits was explained as a lack of ability to distinguish 'between truth and products of imagination, like with our children and certain hysteric individuals'.[82]

As the development of 'modern' European medicine was characterised by a struggle for the separation of medical practices from religion and superstition, the perceived inextricable link between these areas in African society constituted a conceptual challenge to European doctors. 'Physician, conjurer and sorcerer is one and the same with the Wasuaheli, the coastal tribe of German East Africa.'[83] The conviction that a clear difference could be made between medicine and belief in the supernatural, resulted in seemingly clearly delineated categories of remedies mentioned in ethnographic studies. As Luschan had demanded in his questionnaire, ethnographers in the field tried to clearly distinguish between doctor and sorcerer among the different peoples – and often failed.[84] Nevertheless, the division of indigenous remedies into 'medications' and 'charms' ('*Arznei und Zaubermittel*') was continued. The accounts of what was, to European eyes, acceptable 'medical' treatment appeared carefully separated from those of healing practices, like prayers and incantations.

Africans were considered wanting also in respect of the European doctor's dogma of 'diagnosis must precede treatment'. The perceived lack of interest in the identification of diseases on the part of African doctors was frequently commented on unfavourably: 'The right diagnosis is less important to him than the right drug. [...] Thus the disease is never ascertained, but the cause and the remedy only'.[85] European doctors found it unproblematic to 'correctly' identify the disease and to correlate indigenous terms with European disease entities.

Ethnographers who lacked a background in medicine were expected to emphasise in their accounts that they may have wrongly identified a disease – medicine was after all considered to be a science that demanded special training.[86] In a similar vein, medical doctors felt they were better qualified than professional philologists to translate medical terms. Doctors Peiper and Krauss, for example, were keen to point out that some of the translations given by the philologist Velten in his ethnographic work and in his standard Swahili grammar and dictionary[87] were wrong: for the medical expert *ukoma* and *mti* were not cancer and scrofulous ulcers, but leprosy and tertiary syphilis or a swelling of joint and bone.[88] European medical doctors assumed the authority to decide on the accuracy and validity of

medical terms – in relation to indigenous healers as much as in relation to non-medical Europeans.

In his account of 'the Suaheli doctor' Peiper used the disease classification system then common in European medicine which ordered according to medical specialities, like infectious diseases, diseases of the nervous system, venereal diseases, etc.[89] This procedure exposed certain problems, in that indigenous classifications could not always be accommodated under a discrete disease category. The Suaheli doctor would refer to the various symptoms of what would in the German system be a single 'disease' as different entities.[90] The diagnostic category of rachitis did not exist in the African system; instead the rachitic symptoms of 'deformed legs', 'deformed arms' and of children's walking disability were identified as different entities, namely as '*matege*', '*vigosho*' and '*kiwete*' respectively.[91] The problem of the incommensurability of different classificatory systems was seen as indicative of the imprecision and ignorance inherent in Suaheli medicine. A similar argument was advanced in the case of apparent 'homonyms' (identical names for different 'diseases') which were seen to indicate a lack of differentiation on the part of the indigenous practitioner.[92] African medicine appears to have been characterised mainly by what were seen as deficiencies when it was compared with European medicine.

Physician, quack or noble savage?

'When somebody wants to have a doctor's advice he goes to his house and tells him that he suffers from such or such disease. The doctor's first question is how will he be recompensed for his services?'[93] This is not the description of European private practice before the introduction of sick funds and health insurance but a German doctor's account of African medicine. The only authoritative German monograph on 'primitive medicine' that was published before 1900 had a section on 'Doctor's honorarium'.[94] German medical men closely observed how much their African colleagues were paid and whether they were paid prior to treatment. They also noticed that African doctors pursued other, often strenuous, work alongside their medical practice, and that patients consulted different healers.[95] For most European doctors, however, the indigenous healer's main objective was personal profit, to such an extent that it distracted from medicine's real purpose: 'Speculation on the patient's purse seems to be the main point for the medicine man when giving the *daua*,[96] the success of the treatment does not matter much to him'.[97]

It could be argued that the question of remuneration was bound to arouse the special interest of medical experts whose professional organisation back home feared that the economic situation of doctors in Germany could create a 'medical proletariat'. There, the right to the exclusivity of professional expertise and the guaranteed income of biomedically trained doctors was continually contested by a range of health care providers: naturopaths, homoeopaths, balneologists and other groups considered as 'quacks'. What is more, throughout the German imperial

o que é entendido como tal?

in Afrika und Ozeanien.[59] Both of these were well known and widely used by doctors in East Africa.[60] The manual edited by Neumeyer covered various topics that were considered of interest to explorers (like geography and meteorology). The chapter on medicine however, written by a professor of hygiene, August Gärtner (1848–1934), made only three references to native health and medicine. Gärtner held that the natives' eating habits were adapted to their digestive organs, that their 'medicinal and stimulant drugs' were either 'used by civilised nations, too – and in a better and more effective form – or that they were completely inactive', and that their hygienic conditions and related customs deserved further study.[61] The chapter on ethnology, written by the physician and professor of ethnology Adolf Bastian, focused on the relationships between climate, seasonal cycles and 'native' ideas. Bastian does not refer to medicine at all – although he mentions surgical instruments among a list of the many collectable objects.[62]

The second manual focuses exclusively on ethnographic observations and the collection of artefacts. It was edited on behalf of the Royal Museum of Ethnology in Berlin by its director, the physician Professor Felix von Luschan (1854–1924). The paragraph on medicine stipulates that only doctors should investigate 'indigenous therapies'. Other areas of particular interest were highlighted: use of poisons, epidemic and endemic diseases, syphilis, yaws, leprosy, alcoholism, famine, and surgical operations, including skull trepanations. Sample questions for further research were provided, such as 'Are there real doctors, surgeons, birth attendants (male or female), or just sorcerers (*Zauberer*)?'.[63] However, the author also advises lay people to confine themselves to the collection of drugs.

As these two widely read handbooks indicate, the ethnography of the time oscillated between the attempt to contribute to medical sciences (mainly epidemiology and pharmacology) on the one hand and the ethnological preoccupation with material culture, linguistics and the spectacular on the other. Generally the interests of scholars at home corresponded with those of the people 'in the field'. Hans Krauss, a physician formerly employed by a railway construction company in German East Africa, clearly defined the prevailing double motive for collecting information on indigenous medicine: 'On the one hand, for understanding a tribe it seems necessary that its medical views are known, too, on the other hand it might be possible to enrich the pharmacopoeia at home by some precious drugs'.[64]

European 'science' and African 'beliefs'

Those who turned their attention to indigenous medicine were faced with a difficult task. As is evident from a number of accounts, reliable information was hard to come by. Informants, often the doctor's servants, were afraid of punishment by healers and neighbours when they were asked to name the drugs in use.[65] Men, and European men in particular, were excluded from childbirth and the rituals surrounding it. The practical difficulties of access contributed to the image of African medicine as something mysterious. However, the reluctance to disclose expert knowledge and to let Europeans observe medical procedures was often due

to gender-specific role prescriptions and professional secrecy rather than to mystery – phenomena not altogether unknown from European history and the Hippocratic as well as the emerging biomedical traditions. The secular character and the instrumental use of healing knowledge (rather than its alleged magico-religious nature) were evident in the case of a group of Wahehe healers who were keen to demonstrate their medicinal herbs to the German medical officer in order to get the desired written confirmation that allowed them their practice.[66]

Once information, however reliable, had been gained, the criteria of contemporary Western scientific medicine were applied to assess indigenous practice. Of these, one of the most important was the extent to which diseases, prophylactic measures and treatments were identified and explained in rational terms – 'rationality' being defined by positivist science. With regard to disease causation, Europeans were keen to find out whether rational theories such as those of infection or of contagion were preferred in indigenous explanations. It was found that the Wahehe[67] 'rationally' attributed the transmission of recurrent fever to tics and that the Massai[68] knew that mosquitoes carried malaria. Although it was immediately concluded that this was common knowledge among other Bantu groups too,[69] further research failed to confirm this.[70]

Examples of 'rational' methods of disease prevention were also found. Some indigenous groups used insect repellents,[71] the isolation of yaws patients[72] or lepers,[73] and variolation.[74] 'Rational' therapies included the prescription of rust for anaemia,[75] splints for bone fractures,[76] and embryotomy for obstructed labour.[77] Sometimes the rationality of a method was contrasted with its allegedly irrational native rationale. The distinction between rational action and irrational explanation had been made earlier by Buchner. He considered the West African practice of applying wet, slowly drying bark to bone fractures as a primitive, but acceptable and rational measure. However, he strongly rejected the local explanation, which was shared by non-medical Europeans, as scientifically unacceptable: 'Yet the Negroes and their pupils, the Negroid white, see its mysterious healing power not in its purely mechanical effect, but in the juice of the Mukumbi bark that is similar to our gum arabic'.[78]

Another paradigm that was invariably applied in the assessment of indigenous practices by Europeans was the distinction between scientific medicine and belief in the supernatural. Here the effects of African healing procedures were recognised and explained in rational, scientific terms, but indigenous frames of reference were rejected as based on religious belief or mere superstition. The effectiveness of herbs was accounted for in pharmacological terms, and medical rituals were explained with reference to contemporary psychology: 'In the healing of diseases, magic (*Zauberei*) certainly plays a role at least equal to that of effective drugs: for the Negro doctors, too, do not want to dispense with the healing power of suggestion'.[79] Observers thought that 'The real value of this magic consists in the frequent suggestive effect and – in the honorarium that the fetish doctor may claim'.[80]

The paradigm of 'suggestibility' was used frequently to explain the effect of African rituals. It had been introduced into medicine by the French neurologist

In the same year, the Colonial Institute in Hamburg, founded in 1908 for research and the training of colonial agents,[33] started a publication series that included ethnology and the history of culture and languages. However, this series rarely featured African medical and health-related practices, as at that time ethnology in Germany was dominated by linguistic studies.

Ethnography, medical matters and medical practitioners

Despite the essential contributions of medical doctors to the early development of general ethnology,[34] ethnographic interest in indigenous medical matters was largely restricted to epidemiology and pharmacology. What reference there is to medical practices concerns mainly their presentation and the rituals surrounding them, rather than their content and meaning. There prevailed a preference for the collection and display of cultural artefacts.[35] Their exotic appearance secured a prominent place for medical objects in illustrations of publications on Africa (e.g. the dress of a medicine man or a medicine puppet on the inner cover of ethnographic books[36]). Health-related behaviour and medical ideas received, in contrast, scant attention.[37]

Quite in contrast to the scarcity of ethnographic and ethnological work[38] on indigenous medicine produced by physicians, Christian missionaries studied indigenous religion which included questions of sickness and healing in considerable depth.[39] Knowing the natives' customs, beliefs and morals was considered vital for the missionary endeavour. Missionaries' studies were not only indispensable for the proselytising mission and the development of Christian communities, but also greatly advanced German anthropological knowledge in general.

Few of the Germans in Africa possessed basic training in ethnographic methods from the courses run in Berlin and Hamburg.[40] Yet curiosity in Germany demanded accounts on the natives in the colonies. Thus even the bacteriologist Robert Koch was invited by the Berlin Anthropological Society to deliver a lecture on his highly impressionistic and sporadic observations of 'the natives' during his research on sleeping sickness in East Africa.[41] Colonial doctors, military officers, civil servants and missionaries, with more time than Koch on his expedition, studied the ethnic groups they encountered more thoroughly.[42] As a result of this interest, some of them became members of the first German anthropological society.[43]

The personal objectives and careers of those doctors who did engage in general ethnography were varied. For some, like Friedrich Fülleborn (1866–1933) and Otto Peiper, the studies they published during their service in German colonies remained the only ethnological work in a long list of publications that consisted mainly of articles on tropical medicine or hygiene.[44] For Otto Dempwolff (1871–1938) ethnographic work was the basis for an academic career in linguistics.[45] For most doctors though, ethnographic studies were the only publications relating to the colonies that they produced. Some doctors' routine health reports on the districts for which they were responsible also included ethnographic details. Here questions on medically relevant life-events and the general living conditions of European

and indigenous inhabitants alike (such as housing and clothing) led some to digress into colourful descriptions of 'native customs'.[46]

Throughout the second half of the nineteenth century ethnology in Germany was strongly influenced by the paradigm of evolution. Darwinian thinking fell on fertile ground in circles where the idea of continuous progress had been inherited from the Enlightenment.[47] Kurt Sprengel (1766–1833) had published a historiography of medicine in which, as early as 1792, he held that African and other foreign healing practices were relics of the prehistory of medicine.[48] Foreign cultures continued to be classified as stages in the assumed linear development of humankind and as living remnants of a primitive stage in the development of modern medicine. As such, they were considered worth studying. Max Bartels (1843–1904), for example, subtitled his book *Die Medicin der Naturvölker* (*The Medicine of the Primitive Peoples*) as 'ethnological contributions to the prehistory of medicine', and proclaimed the existence of similar practices and ideas in 'primitive peoples' throughout the world.[49] His account of the 'medical skills of primitive peoples' was later selected for the introductory chapter of the major German handbook on the history of medicine (published in 1902).[50] According to Bartels and other authors in the tradition of evolutionary thinking, the ideas and practices observed in Africa were not 'local' but more or less 'universal' and typical of a particular stage of evolution.

Evolutionary thinking was, of course, not the only factor that influenced ethnological theory. According to the diffusionist school of thought, similar elements in different cultures were not necessarily the result of a 'natural' progress, but due to dissemination of practices by commerce, war or migration. In this approach the ethnographic focus shifted from development to exchange. Earlier accounts about communities inhabiting coastal areas were seen to offer examples of imported customs. Buchner, for example, had remarked in 1886 on the application of leeches on the West African coastal areas as a practice possibly acquired from the Europeans.[51] Ethnographers had reported that Suaheli youth quickly adopted Arab, Indian and European habits.[52] In 1898 Junior Surgeon Schreber reported the application of lion's fat for rheumatism among the Suaheli, Arabs and Indians, and hinted at the importation of this practice.[53] Imported foreign substances would sometimes also be used differently, as in the case of gunpowder that was administered for acceleration of delivery[54] and artificial abortion.[55] However, examples of the adoption and adaptation of practices from other medical traditions were observed not only in coastal communities but also in interior areas. The Wahehe were reported to have learned how to suture wounds from the Arabs, and from the Europeans the practice of quarantining smallpox patients and their relations.[56] Other communities were thought to have acquired the knowledge of variolation (namely immunisation by inoculation with the pus from less severely diseased patients) from neighbouring groups in colonial times. Some Kiziba societies allegedly 'imitated' real variolation by rubbing drugs into the usual superficial incisions of the skin.[57]

Two manuals were available to guide aspiring researchers travelling to Africa: the *Anleitung zu wissenschaftlichen Beobachtungen auf Reisen*, edited by G. Neumeyer,[58] and the Berlin Museum's *Anleitungen für ethnographische Beobachtungen und Sammlungen*

Germany.[16] He saw 'the negro's' lack of interest in systematic causal explanation as being founded on a 'simple, most natural philosophy'. In Buchner's view there was not much to be expected from medicinal herbs used by Africans. He did concede though that 'the negro's ... talent barely places him lower than the average crude European'.

Wilhelm Steuber (1862–1941), one of the first military medical officers (1889–93) and later director of the health services in German East Africa (1901–3), had a similarly low opinion of African native medicine, using 'medical profession' and 'medical care' in relation to local medicine in quotation marks only.[17] He, too, compared native healers, whom he labelled as 'sorcerers' and 'fetish priests' (without quotation marks) to what were, in Germany, considered to be 'quacks'. Although Steuber intended to displace African healing by science and named his job 'medical cultivation',[18] he had no qualms about making use of Africans' alleged gullibility when he prescribed what would be considered by scientific medicine as mere 'placebos': effervescent powder and cognac.[19] Steuber called traditional healers 'riffraff' and 'parasites' and held them responsible for the high infant mortality rates. His attacks on African healers were not restricted to verbal abuse. During a vaccination campaign Steuber not only pulled down the insignia ('feathers, skins and the other rags') of a mganga[20] who opposed the European doctor's visit, but also beat him and his assistants ('the black scoundrels') with the hippo whip.[21]

Remarks such as those by Buchner and Steuber were primarily the result of their personal preconceptions. They cannot necessarily be taken as representative of a general attitude amongst German doctors. Yet there exist hardly any other writings on indigenous medicine before 1895 from which people at home could come to an alternative assessment of the situation in the colonies.[22] In fact, the scarcity of other sources is indicative of a lack of intellectual interest and material incentives for systematic research into indigenous medicine on the part of German doctors and the German governments in Dar es Salaam and Berlin alike. A notable exception is Dr Alexander Becker, Senior Staff Surgeon and Chief Medical Officer of the troops in East Africa (1891–1900).[23] He demonstrated an official interest in indigenous healing, even in practices then shunned by modern scientific medicine, such as the invocation of the devil in the treatment of lunatics.

On the whole, however, interest in indigenous medical practice remained generally low throughout the imperial period. This contrasts with the importance attributed to the study of native law which was applied by German district officers in collaboration with local authorities at the so called shauri.[24] In contrast to African medicine, studies on African law figure highly in ethnographies.

Official research into poisons, drugs and native life

One area of research in African medicine was of considerable interest to the Imperial Health Office, however: the investigation of local poisons and remedies. Before the era of Salvarsan and the Sulpha drugs, preparations of plants still constituted a major part of European pharmacopoeia: a keen interest in potential new drugs could only be expected. A case in point is that of Professor Ludwig Brieger (1849–1919), the Director of the Department for Hydrotherapy at the Royal University Hospital in Berlin, the Charité. Brieger had collections of medicinal plants and of poisons and their antidotes sent from the colonies. He also procured additional research funding for his assistant, Dr. Max Krause, from the Colonial Department of the Foreign Office.[25] The research aims were, of course, wholly Euro-centric. Brieger and Krause hoped to find remedies against poisoned arrows and snake bites, and new drugs against the diseases from which Europeans suffered in the colonies. Despite disappointing results, Brieger and Krause and, with them, scientists from the Imperial Health Office, still managed to attract further funding. They stressed that:

> Experience shows that the primitive people (Naturvölker) distinguish poisonous and non-poisonous plants with a high degree of certainty; they detect the therapeutic effects of both and know how to use them. We owe many important drugs of our pharmacopoeia to the medicine men of the primitive peoples; remember the China bark, the Coca leaves, Strychnos, Ipecuanha, Serega etc.[26]

Pharmacological research remained 'medically' interesting – quite in contrast to indigenous medical practices and cosmologies which were seen to belong to the sphere of the 'ethnologically' interesting and obscure, yet biomedically irrelevant.

As with any colonial government, the type of knowledge considered worth having was that which facilitated administrative control, had economic potential and guaranteed the health and safety of government agents and military personnel. The situation of the African population and engagement with their medical practices had no high priority. When military doctors stationed in East Africa were occasionally granted special leave it was for scientific exploration and general ethnography.[27] The restructuring of colonial bureaucracy in Berlin[28] and the appointment of Bernhard Dernburg (1865–1937), who has been described as an 'enlightened' colonial administrator, as head of the German colonial administration in 1907, are often seen as turning points in German colonial policy.[29] The welfare of the African population ascended in the list of official priorities – mainly because it was seen to be a prerequisite for economic development. Locally this shift in policy increasingly led to quarrels between the administration and white settlers.

However, even during the allegedly more 'enlightened' period of colonial administration, financial support tended to be provided for research that was expected to have direct economic spin-offs. The anthropologist Fritz Graebner (1877–1934), for example, was unsuccessful in his recommendation to have ethnologists appointed to the Colonial Office in 1908.[30] Two years later, the French politician Lucien Herbert approached the German Government with a proposal for an 'international ethnographic bureau' and a related conference.[31] The intention was to bring together research results gathered by the various European researchers in the colonies and to protect their peoples' traditional way of life and their rights – for 'economic, scientific and humanitarian reasons'.[32] The proposal was rejected, one of the objections being the dislike of co-operation with rival colonial powers.

5 Categorising 'African medicine'

The German discourse on East African healing practices, 1885–1918

Walter Bruchhausen and Volker Roelcke

As various contributions in this volume demonstrate, pluralism is a characteristic of medical practices in most societies, in India as well as in Southern Africa, in the USA and in New Zealand. Frequently, plurality in medicine is accompanied by the development of stereotypical images of the competing practitioners and groups, or medical traditions. These images are part of the public discourse, and may also be constitutive for the self-image of practitioners and their clientele. Yet little is known about how such images of 'other' medicine emerge. On what conceptual resources do the relevant descriptions draw? From where do they take their points of reference, their metaphors and their terminology? This chapter intends to investigate these questions with regard to the German encounter with the medical traditions of East Africa.

The German experience of colonialism, from 1891 to 1916, was short in comparison to that of the Dutch, British, French, Spanish and Portuguese, but it flourished during the very same period when modern scientific medicine emerged as a dominating force. The German administration brought this new type of medicine to East Africa where mainly indigenous modes of healing were used by the local populations. Nowadays, the practice of 'African medicine' is regarded by many as a valuable legacy of the past, as something that remains intrinsically 'African' and 'traditional', and therefore warrants preservation. A speaker from the Medical Faculty in Dar es Salaam, for example, recently confirmed in a talk: 'I feel there is a cultural heritage, something which shows our identity. A heritage of authentic traditional medicine which will be an alternative to Western scientific medicine in the same way as traditional Chinese medicine, Ayurveda, and homoeopathy.'[1] Other contributions in this volume deal with the assumed authenticity of traditional Chinese medicine and homoeopathy. Concerning traditional African medicine, as the quoted Tanzanian professor would also admit and probably lament, many of the categories and paradigms that are used to explain its specifically 'African' and 'traditional' nature are in fact 'European'. They are the result of political and scientific developments, ethnographic and psychological approaches, administrative activities and, last but not least, controversies about orthodox and heterodox medicine in Europe. It will be argued here that 'African medicine' as represented at specialist meetings as well as in publications aimed at the wider

public is understood mainly in reference to European ideas, practices and institutions.[2] This (re-)definition of African healing practices in Western terms emerged in the territories of modern mainland Tanzania, Rwanda and Burundi during German colonial rule, from the Berlin Conference of 1884–5 up to World War I.

Colonial policy and indigenous medicine

Europeans have not always been hostile to other peoples' healing methods. Studies of colonial medicine in South America and Asia show that Europeans frequently relied on local medicine – if sometimes out of necessity.[3] This was also the case in Africa before 1850. Local pharmaceuticals became part of medical practices of Europeans, as in the case of remote Boer communities. African practitioners were consulted even in places close to European medical institutions, as by the Portuguese of Mozambique.[4] Until the mid-nineteenth century, displacement of indigenous medicine was not necessarily the intention of European doctors travelling in Africa. Livingstone's often-quoted recommendation to his colleague Dr. John Kirk in 1860 was to respect the local healers and to let them have their patients:

> They possess medical men among themselves who are generally the most observant people to be met with. It is desirable to be at all times on good terms with them. In order to do this, slight complaints, except among the very poor ought to be referred to their care, and severe cases before being undertaken should be enquired into of the doctor himself and no disparaging remark ever made on the previous treatment in the presence of the patient.[5]

However, political and military conflicts concerning the new African colonies, both in Europe and in Africa, increasing numbers of Europeans in Africa,[6] and professional as well as scientific developments in European medicine, led to a change in this accommodating attitude.[7] The study of anthropological writing,[8] of travel reports,[9] as well as of novels[10] demonstrates that, by the late nineteenth century, the representation of the 'African negro' in popular and academic literature had become much more negative than in earlier (and, arguably, later[11]) periods.[12] Africans were represented as 'cruel', 'stupid' and 'uncivilised'. Such stereotypical images were taken to justify the hardships that Europeans as well as Africans had to endure in the name of progress and civilisation. Alternatively, they were taken as proof of Africans' unworthiness of European attention. The assessment of indigenous medicine by Germans tended to fluctuate between these two approaches.[13]

Perceptions of 'African medicine' in Germany were particularly negative in the first decade of German colonial activity, following the partition of Africa by the Berlin conference of 1884–5. The medical doctor Max Buchner (1846–1921), first interim Imperial Commissioner in Cameroon and, after his return, vociferous sceptic of colonialism,[14] accused natives and their healers[15] of irrational thinking, noxious therapies and fraudulent practice in a generalising article on 'The Medicine of the Negroes' published in 1886 in one of the major medical journals in