HISTORIOGRAPHY OF HEALTH, DISEASE AND HEALING IN EASTERN, CENTRAL, AND SOUTHERN AFRICA

Oswald Masebo[13]

Abstract

This article examines the evolution of African historiography on health, disease, and healing in Eastern, Central, and Southern Africa. It argues that the production of historical knowledge about health, disease, and healing has been dynamic. Until the 1960s, institutional histories of health, disease, and healing dominated. These histories paid attention to the creation of western medical institutions and infrastructure in the colonies. They also romanticised the introduction of colonial medicine as an important symbol of the benefits of colonialism to Africans. The 1970s witnessed the emergence of ecological histories that conceptualised colonialism as a disaster to the conditions of health and disease in Eastern, Central, and Southern Africa. These histories pointed out that the imposition of colonialism disturbed the pre-colonial ecological equilibrium, and transformed many diseases, such as sleeping sickness, from endemic to epidemic proportions. They also blamed colonial medicine for disregarding African indigenous ideas and practices of medicine, a development that undermined an important cultural resource Africans had historically utilised to cope with medical challenges in their homes and communities. Ecologically oriented studies were followed by political economy histories of health and disease which evolved in the late 1970s, but became dominant in the 1980s. They studied health and disease in the context of social, economic, and political changes, arguing that they were inseparable from the way households, communities and societies were organised. In the 1990s and early 2000, two main historiographies – discourse analyses and socio-cultural histories – emerged and assumed dominance in shaping production of knowledge on health, disease, and healing. Discourse analysis histories paid attention to textual analysis of the politics of medical knowledge production and to the ideas, meanings, and practices of medicine. Socio-cultural histories explored medicine as a complex cultural terrain of struggles, negotiations, and cultural exchanges between social communities engaged in it.

1.0 Introduction

This article makes an attempt to articulate how historians have produced knowledge about health, disease, and healing in African history. Since colonial

[13] Department of History and Archaeology University of Dar es Salaam

times to the present, there has been growing bodies of historical knowledge produced on health,disease, and medicine. The article grapples with two main questions: *a) How have successive generations of historians produced knowledge about health, disease, and healing in Africa? b) How have the historical approaches to and methods of addressing the problematics of health, disease, and healing changed over time?* These are questions that Marks (1997) challenged historians to explore in the 1990s, and this article attempts to respond to them by examining the historical writings on health, disease, and healing in Africa. Drawing on historical studies in Eastern, Central, and Southern Africa, the article points out that the approaches and methods of addressing health, disease, and healing have undergone transformation which is manifested in the five successive historiographies. These approaches have shifted from colonial institutional histories in the 1950s and 1960s to ecological and political economy histories in the 1970s and 1980s. From the 1990s to the present, historians have produced histories that range from studies of medical discourse to studies of negotiations, transactions, and entanglement of African and European socio-cultural practices/ideas in health, disease, and healing. The temporal markers I have assigned for these approaches are for convenience purposes to simplify discussion on the production of knowledge about health, disease, and healing. In reality, these historiographies overlapped over time and were cumulative to each other. For example, although I characterise the 1970s as dominated by ecological approaches to health, disease, and healing, some of the best ecological analyses, like those of Musere (1990) and Giblin (1992) were published in the 1990s.

The shifting historiographic approaches and methods resulted into the changing perception of health, disease, and healing in Africa. It shifted from seeing medical interventions for dealing with health and disease challenges as colonial creations and ideological tools of colonial social control to seeing them as socio-cultural landscapes that were produced through the interactions and negotiations between African social groups and colonial agents. This shift was important because it made it possible to study medical interventions to deal with health and disease as windows into the complex relations between colonies and metropoles, and between the colonised and the coloniser social groups. In addition, this shift allowed historians to study the historical agency of both Africans and Europeans in shaping the evolution of medical interventions in the colonial context.

2.0 Historiographies of health, disease, and healing

In the sections that follow we try to explore the historiographic approaches and methods that have been used to address the question of to health, disease, and healing.

2.1 Colonial institutional histories of health, disease, and healing

The commentaries about health, disease, and healing in Africa began decades before the formal colonisation of Africa, in the late nineteenth century. Throughout the colonial period, scholars wrote institutional histories that focused on the struggle of the colonial administration and Christian missions to introduce European medical technologies, construction of hospitals and dispensaries, and on the biographical description of the medical practitioners in the colonial period (Gelfand, 1945; Cook, 1945). They characterised modern health care in Africa as a uniquely colonial creation and as a rescue mission that Europeans introduced in order to protect Africans from potential extinction from tropical diseases (Gelfand, 1945, 1964; Zuchelli, 1963). By the 1960s, scholars such as David Clyde were still heavily preoccupied with what the European colonial governments, medical practitioners, nurses, and missionaries had done in the creation and consolidation of western medicine, and continued to narrow down issues of health, healing and illness to affairs and concerns of the colonisers (Clyde, 1962). These claims of colonial scholars on health, disease, and healing stemmed from the dominant methodological tradition of the time, which recognised written sources of information as the only valid references. Because many Africans, especially in non-Muslim communities, did not preserve their histories in written form, they were perceived to lack history.[14] These claims on the introduction of western medicine as a rescue mission against African illnesses served an important ideological role of legitimising colonial rule and western medical ideas and practices, as well as of creating a positive public image of colonialism (Hughes, 1963; Gelfand, 1964; Henderson, 1965).

The focus on medical institutions as colonial creation, and their role in dealing with tropical disease, continued in the 1970s. Beck (1970, 1977, 1981), for instance, devoted her energy to analyse the development of institutions and

[14] This thinking orientation was characteristic of colonial historiography more generally, that interpreted pre-colonial Africans as static, non-historical, and primitive creatures. This historiography considered pre-colonial Africans as having made no substantial progress until they came into contact with other races from Asia and Europe. They claimed that these races initiated Africans in progress and civilisation, and that medical civilisation was one of these progresses.

policies of western medicine during colonialism as part of a broader colonial modernisation drive (Bayoumi, 1979; Radley & Kirkwood, 1980). Beck's studies suggested that western medicine helped to protect European health, to maintaining African labourers in a good working condition, and to prevent diseases from erupting into epidemic proportions. Beck's studies shifted the angle of vision from seeing colonial medicine as a rescue mission to seeing it as a tool that facilitated colonisation. She pointed out that colonial officials used western medicine to protect the colonial agents and their families and to improve the productive potential of Africans by eradicating debilitating diseases such as malaria. Methodologically, these scholars were documentary historians who relied on colonial archival sources to produce histories of western medicine. Consequently, their histories revealed more about what the colonial administration and Christian missions did in building health and healing institutions than on what Africans did in managing their own medical challenges.

For historians writing about health and diseases until the 1960s, therefore, western medicine was a colonial creation: it was introduced by colonial administration and Christian missions to rescue Africans from the ills of tropical diseases. Colonial scholars perceived western medicine as one of important innovations that the European colonisation of Africa brought to Africans. Their writings romanticised and glorified western medicine in alleviating endemic and epidemic diseases in Africa.

2.2 Ecological histories of health and disease

The 1970s witnessed the emergence of new interpretation that was based on the ecological analyses of health and disease. This interpretation explored the effects of changing environmental management practices to health and disease challenges in Africa, such as the problem of sleeping sickness. Ford's (1971) study of trypanosomiasis marked the onset of this approach to health and disease. Ford argued that pre-colonial Africans managed the environment by balancing population, wildlife, tsetse fly, and livestock in ways that limited the possibility of sleeping sickness to transform from endemic to epidemic proportions. This environmental management involved limiting the contact between people and tsetse fly, a development that resulted into mild infections of sleeping sickness to which people developed natural immunity. For Ford, the imposition of colonialism from the last quarter of the nineteenth century destroyed this environmental management, loosened indigenous disease control systems, and consequently transformed sleeping sickness into epidemic proportions in many parts of East and Central Africa. Other scholars joined Ford's ecological approach to health and disease. Kjekshus (1977), for

instance, argued that colonial conquest together with the rinderpest pandemic of the late nineteenth century undermined indigenous environmental controls that checked sleeping sickness. Like Ford, Kjekshus concluded that this process transformed sleeping sickness into epidemic virulence that lacked historical precedence (Kjekshus, 1977). Writing about Central African sleeping sickness experience, Lyons (1992) argued that the brutal colonial conquest in the Congo Basin resulted in ecological crises that affected food production, social relations, and individual existence; and that this development increased the incidence and virulence of endemic diseases such as sleeping sickness.

The production of knowledge about health and disease from the point of view of ecological change reflected a shift away from the preceding institutional histories in the interpretation of colonialism and medicine. While colonial and institutional historians interpreted western medicine and colonialism as a rescue mission for African illnesses, scholars such as Ford and Kjekshus, writing in the 1970s, conceived colonialism and its attendant disruptive influences in negative terms. For them, colonialism undermined health conditions and disrupted African healing practices. In these terms, the imposition of colonialism, rather than serving as a positive move in the name of medicine, created a conducive environment both for the transmission of infectious diseases such as sleeping sickness and for their transformation from endemic to epidemic proportions. According to the historiographic thinking of the 1970s, therefore, deteriorating health conditions and growing virulence of diseases such as sleeping sickness resulted from the disruptions associated with the penetration, imposition, and consolidation of colonialism that began in the late nineteenth century.

2.3 Political economy histories of health, disease, and healing

While an ecological approach to health and healing focused on how colonial imposition destroyed the pre-colonial balance between population, environment, and disease, the political economy historiography, which became popular in the 1980s, situated health, healing, and illness within the broader political, economic, and social structures of colonialism and imperialism. Historians such as Doyal and Pennell (1979) made concerted efforts to demonstrate that a correct understanding of the dynamics of health and disease in Africa necessarily demanded situating them within the context of the political economy of capitalism and imperialist expansion in the region. They emphasised that health and diseases were not independent variables of social analysis. These variables could only be correctly understood if they were considered in relation to the larger economic and political contexts which shaped their evolution and dynamism.

Three main strands of the political economy approach to health, disease, and healing evolved, that could be distinguished on the basis of units of analysis that different historians used to produce their histories. Turshen (1984), for instance, used a nation as a unit of analysis. Studying the political economy of health in Tanzania, Turshen argued that the integration of Tanzanian societies into the political economy of colonial capitalism was a disaster to health and welfare of Tanzanians, disease ecologies, and health. She noted that political processes of conquest and dislocations increased sleeping sickness and smallpox epidemics; economic policies of labour migration created conveyor belts for transmitting infectious diseases; and commodity production of cash crops for export compromised food production and exacerbated malnutrition. Turshen employed a Marxist methodology of materialist epidemiology which conceptualised disease and health as operating within boundaries defined by the dominant mode of production of capitalism. In South Africa, a study by Packard (1989) found out that the mining economy created a conducive environment for the breeding of tuberculosis, and that the practice of expatriating labourers who had contracted tuberculosis back home spread tuberculosis in many parts of Southern, Central, and Eastern Africa. The second strand of political economy historiography manifested itself in the work of Feierman (1985) and Feierman and Janzen (1992), who advocated for the local units of analysis by paying attention to local contexts of health, disease, and healing as they were conditioned by local relations and organisations. Methodologically speaking, they maintained that "the path of change in health and disease (like that of healing) cannot be understood apart from change in farming, household organisation, politics, and migration, among many other elements."[15] Their argument suggested the centrality of studying health and diseases in their local contexts. The third strand of political economy histories utilised an imperial unit of analysis by conceptualising colonial health and healing as extensions of metropolitan imperial relations in the colonies. The edition of Arnold (1988) *Imperial medicine and indigenous societies,* and that of Maclead and Lewis (1988) *Disease, medicine, and empire,* which conceptualised medical interventions as ideological agents of imperialism, exemplify the relationship between imperialism and medicine (See also Lyons, 1988; Farley, 1988).

The political economy approaches to health, disease, and healing extended the institutional and ecological histories in significant ways. They went beyond the narrow medical concern of institutional histories that focused on health

[15] Feierman & Janzen (Eds.) (1992). *The social basis of health and healing in Africa.* Berkeley: Berkeley University of California Press, p.1.

institutions and policies by situating health and illness in broader socio-economic relations. They also expanded ecological analyses by integrating environmental and ecological questions with larger economic and political changes in the understanding of health, disease, and healing in African societies. In important ways, these historians made an effort to link health and disease in African communities with the broader relations associated with the changing political economy of colonial capitalism. For them, issues of health, disease, and healing were interwoven with the political, economic, and social institutions and interests of colonial capitalism (Bell, 1999).

The greater attention that the political economy approach paid to the way in which colonial structures caused ill-health and disease, left little room for exploration of African initiatives and perceptions on health, healing, and illness. In addition, little attention was paid to the analysis of colonialism and medical interventions as cultural processes with underlying assumptions, ideologies, theories, and practices that colonial agents used to make claims about African health, illness, and healing. These limitations were addressed by historians and scholars in the 1990s and 2000s, which is the focus of the next two sections of this article.

2.4 Discourse analysis histories of health, disease, and healing

In the 1990s, a number of historians transcended the materialism and structuralism of the political economy approaches by studying health, disease, and healing as cultural processes. Their approach paid attention to analysing colonial medical discourses and categories to uncover forms of colonial cultural power and representation over the colonised populations. Vaughan (1991), in her book *Curing their ills: Colonial power and African illness,* transcended the materialist determinism inherent in political economy historiography by delving into the analysis of how colonial agents used western medicine as a cultural tool to construct African health and illness, to intervene into African social life, and to construct ideas on African health and illness. Vaughan examined the history of health, illness, and healing as the history of ideas, and used these ideas to construct the power and limitation of colonialism.

Vaughan's study reflected the evolving approach taken by historians who read colonial records to understand colonial medical ideas, discourses, and theories; to define racial, class, and sexual boundaries; and to identify African cultural behaviours that influenced health (See also Shaw, 1995; Mitchell, 1991; Comaroff, 1992; Sadowsky, 1999; Ranger & Slacks, 1992). Methodologically, this approach to health, illness, and healing followed discourse/textual analysis through close and careful reading of texts that colonial officials, missionaries,

and ethnographers produced during the colonial period. By interpreting these colonial texts to uncover how colonial agents understood and described the colonised social groups, this methodology enabled historians to tackle issues of health, illness, and healing as forms of representation: a methodological approach that Vaughan productively employed in her study of colonial representation of syphilis in East-Central Africa (Vaughan, 1992). In this approach, colonial agents used medicine to control their subjects and to define, categorise, and give meaning to African conditions of health, illness, and healing. This power constituted the most explicit manifestation of the operation of colonialism in the field of medicine. It entailed that colonialism was not simply about exploitation of natural resources in Africa. It was also about creating a new colonial culture, like that of giving sense, meaning, and categorisation to African health, disease, and healing. This exercise was an integral component of cultural imperialism in the African colonial context.

The discourse analysis histories added a cultural dimension to the materialist or political economy understanding of African health, healing, and illness. However, the conceptual category of colonial power to define health, illness, and healing implicitly marginalised the power of colonised social groups to do similar intellectual processes. In addition, although historians influenced by discourse analysis produced works that analysed the actions and ideas of coloniser's social groups, they did little to uncover how African social groups acted and responded to the challenges associated with medical cultural colonisation. Vaughan (1991), for instance, was aware of this limitation in her own work and admitted that the sources she had consulted did not enable her to make definite conclusions on African subjectivities and ideas. Her admission revealed a significant methodological problem in most of the works influenced by discourse analysis. They were in most cases documentary historians who did not integrate oral history methodology in their works. With this limitation, they were unable to capture African subjectivities in their struggles to deal with challenges associated with health, disease, and healing. Subsequently, very little is known from these works about African ideas, practices and actions related to health, disease, and healing, including how Africans managed them. Recent socio-cultural historians have been making efforts to tackle this limitation by bringing at the forefront of historical analyses at least the mediated African subjectivities, agencies and perspectives. This effort is the focus of the next section.

Generally, the approaches to health, healing, and illness already discussed – the institutional, ecological, political economy, and discourse analysis – share two major limitations that recent socio-cultural historians have tried to address. First, they marginalised and rendered invisible the role of African colonial

subjects in shaping the development of medical interventions in health, disease, and healing. Second, these studies framed medical interventions, especially colonial medicine, in binary and bifurcated relations between Africans and colonisers. In so doing, they missed the complex colonial negotiations that unfolded between and within these social communities. Recent scholarship has begun taking note on these limitations. A historian, Silla, for instance, has complained that "although we know a great deal about colonial medicine largely because of the extensive documentation left behind by colonial writers, little in the material provides reliable insight into how Africans understood and cared for their own health during this same period...."[16] Another historian, Olumwullah, has expressed similar concerns about the absence of African stories in the histories that emphasise politico-economic determinants of health and disease; or those that emphasise colonial discourses in the production of African medical histories. Olumwullah has pointed out that by emphasising political economy and discourse analysis, "not only is the African voice muted, but one is left to wonder how the Africans, faced as they were with new diseases and therapeutic practices, both perceived and dealt with the situation."[17] The next section deals with these problematics.

2.5 Socio-cultural histories of health, disease, and healing

The recent past, notably the 1990s and 2000s witnessed historians producing the social and cultural histories of health, disease, and healing that addressed some of the concerns raised by Silla (1998) and Olumwullah (2002). In essence, these historians privileged the study of complexities associated with the evolution of western/colonial medicine in African colonial situations. They studied the dialogues, debates, and complex interactions that evolved between the colonisers and the colonised social groups to demonstrate that Africans were not passive observers or recipients of the colonial initiated medical interventions on health, disease, and healing. Hunt (1999), for instance, demonstrated that the making of colonial public health interventions involved negotiations and transactions between African social groups and colonial agents, especially the missionaries. In her study of medicalisation of childbirth in the former Zaire, Hunt argued that the penetration of western biomedical practices and their acceptance by Africans depended on the translation of these practices in local/African terms by the 'middle figures' (people such as midwives, nurses, teachers, and medical attendants) who mediated the colonised populations and the colonisers in the Congo region. Hunt's study,

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[16] Silla (1998). *People are not the same: Leprosy and identity in twentieth century Mali.* Portsmouth: Heinemann, p.8.

[17] Olumwullah (2002). *Dis-Ease in the colonial state: Medicine, society, and social change among the Aba Nyole of Western Kenya.* Westport and London: Greenwood Press, p.8.

therefore, expanded Vaughan's biomedical vision by infusing it with African perspectives, ideas, and actions. This expansion enabled Hunt to produce hybrid history of health and healing that contained the ideas, practices, and experiences of both the colonisers and colonised social communities in the Congo. Hunt's argument over hybrid meaning demonstrated that colonial missionaries were not hegemonic, and that Africans negotiated and debated new ideas that missionaries introduced in local terms. Another historian, Marks, studied the way Christian nurses in South Africa popularised European medical culture among Africans. Marks highlighted the struggles over gender, race, and class that occurred as African male and female nurses sought recognition from their white counterparts during the development of the nursing profession in apartheid South Africa (Marks, 1994). In so doing, Marks uncovered the negotiations between doctors and nurses, blacks and whites, males and females, the poor and the rich, that shaped and structured the evolution of the nursing profession in South Africa. Another important work in this strand is John Iliffe's *East African doctors: A history of the medical profession,* which has moved beyond the narrow focus of institutional and discourse analysis works which dealt about European doctors and nurses by delving into the rise and development of African doctors and other medical practitioners. Iliffe's work documented the individual biographies of doctors, their training, their career, and their contribution to the development of medical profession in Kenya, Tanzania, and Uganda during the colonial and post-colonial period. Furthermore, Iliffe documents their work alongside Europeans, and how they have played an invaluable role in improving healthcare provision of their fellow citizens. In so doing, Iliffe uncovered the potentials and constraints, their success and failures, their struggles for recognition in the profession, their role in nation building, and their war against HIV/AIDS. Taken together, the historical knowledge that Marks (1994) and Hunt (1999) produced highlighted that the introduction and evolution of medical intervention resulted in, and entailed, complex negotiations between colonisers, colonial subjects, and African intermediaries. Particularly, their work demonstrated that African intermediaries and medical practitioners were central actors in mediating contacts and interactions between the colonisers and the colonised in matters pertaining to health, disease, and healing. In addition, these intermediaries played a critical role in making Africans understand and comprehend colonial medical interventions.

Other recent socio-cultural historians in the 1990s and early 2000s focused on African responses to western medical interventions in health and disease, privileging the ways in which African men and women resisted and reconfigured these measures. African responses varied; they included resisting western medical interventions, appropriating them, or infusing them with new

meanings and uses that addressed their own interests in the changing colonial medical landscape. The work of Waller and Homewood (1997), for instance, provides an example of studies that have highlighted African resistance to western medical practices. Their work uncovered the local contestations between the Maasai pastoral societies and colonial veterinary officers over western veterinary knowledge for dealing with cattle diseases. The Maasai contested the knowledge that colonial veterinary officers propagated in their communities because it did not fit within their own understanding of managing cattle diseases. While veterinary officers advocated the quality of cattle, destocking, and eliminating or quarantining cattle that contracted diseases, the Maasai valued large herds of cattle and believed in managing diseased cattle instead of eliminating them. The varied interpretations of the value of cattle and handling of their diseases resulted in negotiations and contestations between pastoralists, veterinary officers, and colonial medical knowledge. Kaler's (2009) study of the history of contraception in Zimbabwe settler farms is an example of a study that focused both on resistance and on how Africans gave western medical interventions new meanings that addressed their own concerns. Kaler uncovered the varied responses and meanings that women and men assigned to family planning methods. While men resisted the interventions because they undermined their power to control the reproductive processes of their wives, women appropriated these interventions because they empowered them to exert more control over their sexual and reproductive potential than had been previously possible.[18]

Furthermore, recent socio-cultural scholars have underlined cultural exchanges and hybridism in the development of western medicine in Eastern, Central, and Southern African contexts. According to Lynn (2003), for instance, the evolving reproductive concerns in Kenya from the 1920s resulted from mixing local and imperial concerns over reproduction, health, and population as a way of demonstrating that such concerns were "never simply about colonial subjugation and anti-colonial resistance."[19] Rather, they involved cultural entanglements of indigenous and colonial concerns that hybridised the evolving medical and social interventions. Lynn demonstrated that the developments in reproductive health reflected negotiations and collaborations that culminated in these cultural entanglements. Methodologically, she built on the formulation of Cooper and Stoler (1997) by studying processes of negotiation, transaction, and

[18] I look at the processes of resistances, appropriation, or infusing interventions with new meanings as components of negotiations that evolved between men, women, settler farmers, and colonial officials during the complex medical encounters between Africans and European colonial agents.

[19] Lynn, T. (2003). *Politics of the womb: Women, reproduction, and the state in Kenya*. Berkeley: University of California Press, p.19.

entanglement in public health between various social and cultural groups of Africans and Europeans occupying different layers in the local, national, and imperial positions. She studied the ideas and practices of these social groups within the "same analytical field"[20] and by not privileging or considering the ideas of one group as dominant. This complex approach to medical histories was made possible by significant interdisciplinary methodological innovation that creatively integrated oral histories, anthropology, linguistics, and textual analysis: an innovation that scholars such as Feierman (1990) have vehemently advocated (Feierman, 1990, 1993).

Another important work that highlighted this historiographic trend is that of Flint (2008). Writing about South Africa, Flint argued that the development of medicine in South Africa was a product of cultural exchange of ideas, technologies, and practices between Africans, Europeans, and Indians. In putting forward this argument, Flint destabilised the categories such as African medicine or indigenous perspectives that scholars have taken for granted to mean "authentic" African ideas on medicine. She emphasised that what is usually considered African medicine or medical knowledge is nothing but an amalgamation of multiple cultures and influences that evolved as Africans continuously interacted with other social communities, such as the Europeans, Indians, Chinese, and Arabs. In the process of these interactions, each community selectively borrowed and appropriated some medical ideas and practices from other communities. For Flint, therefore, medicine in South Africa was neither exclusively African nor western, but a cultural hybrid that embodied and integrated both elements. Taken together, these processes of medical hybridism and cultural exchange in Kenya and South Africa were instances of negotiations and cultural exchanges that characterised the development of colonial medicine in Eastern, Central, and Southern Africa.

Finally, recent socio-cultural historians interpreted health, disease, and healing as terrains of knowledge production. One of these scholars is Ollumwullah (2002). In his study of the history of the interplay between disease and the colonial state, Ollumwullah found out that the production of knowledge on viruses, bacteria, epidemics, diseases, health, and landscape was one of the central preoccupations of the colonial administrators, anthropologists, colonial health/medical experts, natural historians, nutritionists, missionaries, and other agents of colonialism. According to him, "the importance of colonialism lay in its capacity to build an enormous battery of texts and discursive practices that concerned themselves with the construction of its own authority, legitimacy,

[20] Cooper, F., & Stoler, A. (Eds.) (1997). *Tensions of empire: Colonial cultures in a bourgeois world.* Los Angeles and London: University of California Press, pp.609-611.

and control..." and that "the accumulation of knowledge thus produced...contributed to the political evolution and ideological articulation of the colonial system."[21] Another example is the work of Tilley (2004) on sleeping sickness. Tilley's research demonstrated that colonialism offered scientists an opportunity to study African environments, parasites, and humans that generated complex ecologies of epidemics such as sleeping sickness and that highlighted the difficulty of eradicating or even controlling the epidemic if interdisciplinary approaches that integrated ecology, human settlement, parasites, the natural environment, and political will were not taken into consideration. Tilley highlighted that colonial researchers pushed the epidemiological and epistemological boundaries of knowledge production of medicine in the colonies to new heights that elevated tropical medicine, particularly ecology, as an important area of scientific inquiry by the late 1930s. However, as several historians have commented, knowledge production was not a preserve of the colonial scientists alone (White, 1995; Hoppe, 1997). Africans too continuously engaged in studying their environment and they accumulated knowledge that they used to deal with medical and environmental challenges in their communities. In fact, they used this knowledge to evaluate and engage with the ideas and practices that colonial officials imposed in their communities.

From these recent socio-cultural historians, the idea that medicine was used by colonial agents as a tool of social control and as an ideological tool of consolidating medical and cultural colonialisms, explains only part of the larger story. The other story, evident in the socio-cultural histories analysed in this section, transcends this colonial hegemonic theorisation, and considers the development of colonial medicine as having involved transactions, negotiation, and entanglement of many social and cultural processes occupying various fields of power in the colonial context. This line of reasoning has important implication on our understanding of the development and operations of colonialism in Africa. It implies that colonialism and colonial medicine that was introduced were not hegemonic; rather, they constituted a contested and negotiated cultural terrain between contending social groups. In addition, it implies that colonialism and colonial medicine were shaped and reshaped by both colonisers and the colonised alike. Each of these social communities was an important historical agent shaping the evolution of colonialism and its attendant medical relations. This formulation gives power both to colonial agents and African social groups in determining the development of medical interventions in health, disease, and healing in Africa. Furthermore, socio-

[21] Olumwullah (2002). O. A. (2002). *Dis-Ease in the colonial state: Medicine, society, and social change among the AbaNyole of Western Kenya*. Westport and London: Greenwood Press, pp.16-17.

cultural historians shifted the angle of vision. While institutional and discourse analysis histories privileged stories of European medical actors, socio-cultural historians placed Africans at the centre of analysing their ideas and experiences in health, disease, and healing. This shift appreciated the role of Africans in shaping the evolution of medical interventions in Eastern, Central, and Southern Africa and allowed historians to study the ideas, practices, and experiences of African social communities in matters pertaining to health, disease, and healing.

3.0 Conclusion

The writings on histories on health, disease, and healing have changed in the last eight decades. Initial writings by colonial historians and medical practitioners focused on the rise and development of western medical interventions in Eastern, Central, and Southern Africa. They romanticised the importance of western medicine in dealing with the challenges of tropical diseases and the pioneering role of colonial medical officials and missionaries in spreading western medical institutions and medical help to Africans. This initial historiography was a manifestation of colonial history that dominated production of medical histories until the 1960s and which refuted African initiatives, abilities, and powers in managing their own medical challenges. Colonial minded historians perceived colonialism as a European rescue mission that brought positive effects of introducing western technologies of health such as dispensaries, hospitals, laboratories, and industrial drugs. Ecological historians whose works appeared in the early 1970s challenged some of the ideological assumptions that colonial institutional historians put forward. They demonstrated that colonialism was disastrous to African conditions of health and disease because it disturbed the ecological equilibrium that checked diseases and limited the potentials of endemic diseases such as sleeping sickness to develop into epidemic proportions.

In addition, ecological based historians blamed colonialism for undermining indigenous medicine and healing traditions that Africans had historically used to deal with health and disease challenges. Political economy historians whose works evolved in the second half of the 1970s, and became dominant in the 1980s, expanded ecological histories by studying economic, political, and social contexts that shaped health, disease, and healing in Eastern, Central, and Southern Africa. These historians studied not only the local, national, and imperial/global determinants of health, disease, and healing but also how those determinants were tied to the dynamics of global capitalist expansion in Africa.

The 1990s and early 2000s witnessed the emergence of discourse analysis and socio-cultural histories of health, disease, and healing that brought new perspectives in African medical history. Discourse analysis historians approached the history of health, disease, and healing from the point of view of representation. They studied texts that colonial medical officials, practitioners, and missionaries produced or recorded as they grappled with health, disease, and healing challenges in the colonies. Moreover, they were particularly interested to understand how these agents of medical colonialism perceived and represented Africans and the medical challenges they confronted in the colonies. In this way, the histories produced in this framework were narratives that uncovered Europeans' intellectual pursuits as they studied and addressed health and disease in African situations. Missing from these histories was the study of the intellectual history of ordinary African men and women who directly suffered from the diseases which European colonial agents studied. Socio-cultural historians paid attention to studying complexities in the development of medical interventions in health, disease, and healing.

Unlike colonial institutional and discourse analysis historians who privileged the stories of Europeans in the development of medicine, socio-cultural historians were more encompassing by placing both Africans and Europeans at the centre of their analysis of health, disease, and healing. The focus of socio-cultural historians was to understand the role played by both African and European social communities in shaping the development of health, disease, and healing interventions, particularly in the colonial contexts. Placing African and European communities at the centre of their analysis opened up opportunities for socio-cultural historians to study the development of health, disease, and healing interventions as a site for cultural exchanges, complex medical encounters, negotiations, knowledge production, medical practice, and changing interactions between them. Their commitment to studying the ideas, actions, and experiences of Africans in matters related to medicine and how they shaped the evolution of medical interventions over time, uncovered the historical agency of Africans in medicine – an agency which colonial institutional, ecological, political economy, and discourse analysis histories had silenced.

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