



Kalle Kananoja. *Healing Knowledge in Atlantic Africa: Medical Encounters, 1500-1850.* Cambridge: Cambridge University Press, 2021. 320 pp. \$99.00, cloth, ISBN 978-1-108-49125-9.

Sean Morey Smith, Christopher D. E. Willoughby, eds. *Medicine and Healing in the Age of Slavery.* Baton Rouge: Louisiana State University, 2021. 240 pp. \$45.00, cloth, ISBN 978-0-8071-7121-9.

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Social and cultural historians of health, healing, and medicine have long sought to de-center the teleological framing of Western biomedicine as the proper and primary lens through which to understand knowledge and treatment of the human body and its myriad ailments. On the one hand, the recognition of medical pluralism, both historical and contemporary, has allowed scholars to articulate the complex interplay between epistemologies, health, illness, and healing, as well as the decision-making processes of individual health seekers. At the same time, scholarship on the circulation of medical knowledge between and across health care systems—spatially, temporally, and culturally—has significantly eroded perceptions of the autochthonous nature of human societies' varied medical beliefs and practices, including Western biomedicine. The result is an emphasis in the historiography of health and medicine on the ways that intercultural encounters have shaped and been shaped by engagement with and transfer of medical beliefs and knowledge. The two books under review here offer different, but complementary, perspectives on the complexity of

exchanges and transformations of medical knowledge and practice in the Atlantic world from the sixteenth to nineteenth century, with a particular emphasis on the experience and influence of Black Africans, both on the African continent and in the slave systems of the Americas.

In *Healing Knowledge in Atlantic Africa*, Kalle Kananoja explores medical encounters and exchanges between Africans and Europeans in West-Central Africa between 1500 and 1850. Though some attention is paid to British and Dutch interactions in Sierra Leone and Gold Coast, the bulk of the book concentrates on relationships between Portuguese and indigenous medical systems in Angola and Kongo. Individual chapters focus on particular forms of knowledge production, dissemination, and implementation: cross-cultural experiments, botanical knowledge, healers and hospitals, humoral science, and medical geography. Kananoja focuses largely on European documentary sources from the era under consideration, which tend to center the activities and perspectives of European actors, but the author reads these sources with an eye toward discerning the

African healers, informants, and interlocutors who were crucial to the cross-cultural exchange of medical knowledge. As a result, the indigenous African origins of European ideas about health and illness in African environments becomes clear, the extent to which Europeans relied on African health systems while living in West-Central Africa apparent, and the ways that Europeans collected, categorized, and exported African knowledge to Europe and the Americas undeniable. Take, for example, the *enkasa* tree, known to the Portuguese as the Tree of Life. Kananoja demonstrates the important role that the bark of the tree played in indigenous health systems in Kongo, and the extent to which Portuguese settlers incorporated it into their own health care practices over the course of two centuries. *Enkasa* bark could be used for a variety of purposes, from treating physical ailments to counteracting poison or witchcraft. Both Portuguese and indigenous communities used *enkasa* for all of these purposes. At the same time, the Portuguese had also begun importing *chinchona* from South America by the eighteenth century, contributing their own forms of *materia medica* to the complex health care landscape of West-Central Africa.

Of course, not all medical interactions were characterized by free and equal exchange of health care knowledge and services. Kananoja also demonstrates the dark side of these cross-cultural exchanges, and the violence of European racialized power structures in colonial contexts. At the same time that European residents of West-Central Africa depended on local medical knowledge for their own health care needs, they were also wary of the power of African medicines to harm as well as heal. Indeed, one of the key source bases that Kananoja mines for information about the medical landscape in Angola and Kongo are Inquisitorial trial records in which African healers were accused of poisoning or otherwise ensorcelling vulnerable victims. Though local communities supplied most of the local knowledge that Europeans incorporated into their own healing

practices, Africans were generally prevented from becoming doctors and medical experts on equal terms to Europeans. However, Africans did participate in the European medical system in other ways. According to Kananoja, virtually all barbers in Angola were Africans. Barbers performed some functions within humoral medicine, most notably bloodletting, which also had a long history with distinct meaning in many indigenous cultures. African barbers could engage with European medicine in this way while also incorporating their own indigenous knowledge into their practice. And as Kananoja notes, African barbers also crossed the Atlantic as victims of the transatlantic slave trade, marking one of the ways that indigenous health care knowledge circulated to the Americas, where it became enmeshed with European and Native American health care systems.

On the whole, Kananoja argues that the intensity of medical exchanges in Atlantic Africa were brought about through necessity: Europeans simply did not have the resources or knowledge to care for themselves in African environments using only their existing knowledge and resources. They had to rely on Africans to provide these things *in situ*. At the same time, however, Kananoja emphasizes that such exchanges were successfully sustained over such a long period because “in many ways early modern European and African medical practices resembled one another” (p. 10). Though Kananoja focuses mostly on West-Central African contexts, he makes clear that this diverse, varied, and hybridized medical knowledge followed both Africans and Europeans across the Atlantic, a context explored more thoroughly in Sean Smith and Christopher Willoughby’s edited collection.

Medicine and Healing in the Age of Slavery compiles ten chapters plus an introduction from the editors. The editors identify the goals of volume as threefold: 1) to situate Western medicine as only one of many healing systems that circulated in the Atlantic; 2) to engage with concep-

tions of illness and well-being from the perspective of enslaved patients and healers; and 3) to suggest that state intervention in the master-slave dynamic has been understated (p. 2). The chapters in the volume range cover a wide range of times and places and are more episodic than an attempt at any kind of comprehensive coverage or overarching narrative. Organized along the themes of knowledge, experience, and profession, the chapters center the knowledge and experiences of enslaved individuals and communities across the Americas.

The chapters in the “knowledge” section contribute most toward demonstrating the pluralistic and hybrid nature of health care systems in the Americas during the age of slavery. A chapter by Lauren Derby identifies Taíno meaning in the use of *zemi* stones in Haitian *zonbi* practices that have historically been primarily identified with African-descended slave populations. Chelsea Berry’s chapter on poisoning accusations focuses on the case of Swart Jan in Paramaribo, Suriname, in the 1740s to demonstrate the complex understanding of the nature of poisoning within enslaved communities and their recourse to legal complaints against alleged poisoners in their midst. Like Kananoja, Berry emphasizes the widespread recognition among both Africans and Europeans that medical knowledge could be used both to heal and to harm, and that fears of violence existed not just across the master-slave divide, but also within enslaved communities. Mary E. Hicks examines the African barbers of Salvador de Bahia, demonstrating the hybrid role they played as practitioners within the European medical system, mostly employed to heal slaves in the eighteenth and early nineteenth centuries, while simultaneously recognizing the indigenous roots of the epistemology behind their healing strategies. As in Kananoja’s volume, Hicks emphasizes bloodletting as a central therapy of Bahian *sangradores*, but locates their origins in the Fon and Yoruba cultures of

West Africa where from where a critical mass of Bahian slaves originated.

The “Experiences” section focuses more on effects of European racist beliefs about the nature of Blackness on the health and health care of enslaved individuals. Deirdre Cooper Owens urges a “haptic” approach to understanding the health of enslaved patients, emphasizing the sensory experience of an existence in an anti-Black slave system and a medical structure built on the notion of Black inferiority. In a similar vein, Elise A. Mitchell offers a reconsideration of the discourse of feigned illness in slave societies. A preoccupation of slave owners, modern historians have long considered feigned illness a form of resistance on the part of slaves. Mitchell, however, urges us to consider that much of the feigned illness documented in the records of slaveholders likely was not feigned at all, but was simply not taken seriously or was not identifiable in terms that European slaveholders and the medical system that supported them were willing to recognize. Brandi M. Waters provides a fascinating case of slaves in late colonial Colombia who petitioned the state for manumission on the grounds of disability, arguing that their compromised physical conditions made them less valuable to their owners. These relatively rare cases often resulted in owners being required to allow the enslaved individual to purchase their freedom for a discounted price, which charitable abolitionist organizations sometimes assisted slaves to do. This chapter demonstrates the ways that enslaved individuals could occasionally use the medico-legal framework of slave societies to their advantage, in specific, constrained, contexts.

The final section, “Professions” focuses attention on the volume’s third goal, interrogating the role of the state in racializing medical science through the entrenched context of racialized slavery. Rana A. Hogarth offers a chapter on the evolution of slave hospitals in Charleston in the early national period. Such hospitals existed in a

variety of forms: public and private, housed on plantations, and attached to medical schools. These hospitals advertised as spaces where slaves could be restored to health for the benefit of their masters, while simultaneously serving as spaces for medical training and experimentation, “offering eager young medical students opportunities for hands-on clinical training” by the early nineteenth century (p. 159). Timothy James Lockley charts changing understanding within European medical knowledge about the relationship between Blackness and perceived immunity to yellow fever. While the cause of this supposed immunity had originally been located in the skin of Black people, by the mid-nineteenth century white medical scientists increasingly located the immunological disparity primarily in “negro blood,” fueling definitions of race based on invisible notions of blood that “facilitated policies both in the United States and beyond that led directly to the disenfranchisement, discrimination, marginalization and oppression of nonwhite peoples” (p. 177). Leslie A. Schwalm provides a chapter illustrating the ways that the US government used the context of the Civil War as an opportunity to study Black bodies, in so doing impacting “the development of medical science and discovery by more deeply committing medical knowledge and medical professionalization to racist ideologies” (p. 193).

The volume concludes with an epilogue by Sharla Fett, a vanguard scholar in the historical study of medicine and slavery in the United States. Fett urges us to think of slavery and medicine in relation to Christina Sharpe’s metaphor of the “wake”—a term with several distinct meanings, including “the watery track of a slave ship, a ritual for the dead, and a state of consciousness,” all of which can be applied as filters for understanding the experiences and contributions of enslaved patients and healers (p. 198).

Each book contributes immensely on its own to the rich contextualization of distinct but connected medically plural landscapes in the Atlantic

world as well as the violent and unequal power dynamics that shaped the forms, functions, and processes by which medical knowledge operated on each side of the ocean, with Kananoja focusing largely on West-Central Africa and the essays in Smith and Willoughby’s volume attending largely to the Western Hemisphere. The general themes of widespread medical pluralism, cross-cultural translation and circulation of medical knowledge, and the social construction of medical knowledge in context of highly unequal power dynamics that each book emphasizes draw upon well-studied and largely accepted ideas in the social and cultural history of medicine. Nevertheless, each book provides well-grounded and tangible evidence for their applicability in the Atlantic context that should serve both as valuable case studies to deepen the knowledge of scholars and as useful introductions to these ideas for novices in the field. Taken together, these two books provide a strong impression of both the structural and epistemic connections that have shaped the Atlantic world as a meaningful category for studying the complex multicultural, collaborative and interdependent but simultaneously violent and racialized, history of health and medicine in the modern world.

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