

Empiric-metaphysical medicine and modern medicine in Africa

Medicina empírico-metafísica e medicina moderna em África

Jean-Paul Bado

Director of the Group for Reflection and Action for Health in Africa (GRASA),
and Senior Researcher at the University Aix-Marseille (IMAF)
jppaulbado@wanadoo.fr

Abstract

This paper looks to the past to refute a mechanistic vision that perpetuates the colonial perceptions of medicine in African societies. African medical practices existed before, during and after colonization, and it is reductive to consider them under the mantle of tradition, which obfuscates the possibility of analysis and comparison. In place of the inadequate concept of traditional medicine, "empiric-metaphysical medicine" more aptly qualifies the medical practices of African societies. What does this new concept bring to the knowledge of medical practices within the continent? How did "empiric-metaphysical" medicine resist powerful modern medicine? What continuities and ruptures characterize the history of medicine in Africa?

Key Words:

Colonial medicine, Empiric-metaphysical medicine, Modern medicine, History of Medicine, Africa.

Resumo

Este artigo olha para o passado para refutar uma visão mecanicista que perpetua as percepções coloniais da medicina nas sociedades africanas. As práticas médicas africanas são anteriores, ao período colonial, existiam durante e após a colonização, e é redutor considerá-las sob o manto da tradição, que ofusca a possibilidade analítica e comparativa. Em vez do conceito inadequado da medicina tradicional, o de "medicina empírico -metafísica" qualifica de forma mais adequada as práticas médicas das sociedades africanas. O que traz então este novo conceito ao conhecimento das práticas médicas no interior do continente? Como resiste a medicina "empírico-metafísica" ao poder da medicina moderna? Que continuidades e rupturas caracterizam a história da medicina em África?

Palavras Chave:

Medicina colonial, medicina empírico-metafísica, medicina moderna, história da medicina, África.

Introduction

Empiric-Metaphysical Medicine! What is this strange expression? Despite its odd sound and its length, this term best explains the medical practices in colonized and independent Africa. In addition, it allows us to break with certain habits when analyzing medicine in African societies. In many writings, one encounters the term “traditional medicine(s)”, used out of ignorance or contempt or negligence. It is what Beck A. did in her book [2] to describe the medical concerns in Kenya and Tanzania between the 1920s and the 1970s, and also Domergue-Cloarec D. when she studied health policy in the colony of Ivory Coast (1905-1958) [3]. Analysis of the word “tradition” or “traditional” demonstrates the superficiality of this concept. The terms “tradition” and “traditional” are inadequate, imprecise and sometimes pejorative. What is more, they serve to maintain an ideology of omnipotence of scientific objectivity [4].

The dangers of prejudices relating to the “african medical system”

From the observation and detailed study of the “african medical system”, we must relativize the writing of European explorers, of colonial physicians, and of many African physicians today, all of whom have criticized the system as obscure. It was several years after the colonization of African territories that the British, French, German and Portuguese began to pay attention to African medicine and African healers. According to Beck [2], more attention was paid in British East Africa to the health of Africans in the 1920s. In French African colonies, it was in the 1900s because of the impact of smallpox. Through their ignorance of African customs and beliefs, they have distorted our understanding of the African medical system. As they had considered African medical practices at the beginning of colonization to be primitive medicine in the full meaning of the word - a world of magic dominated by supernatural forces - it was difficult for them, in their position of superiority, to be self-critical, even after having sent a number of scientific scholars to collect the medicinal plants used by indigenous peoples. Though Europeans had partly abandoned certain anti-medical beliefs in Europe, the position of colonization prevented them from comparing what one could call “popular medicine” to that which in African societies were considered as “magic-religious” practices. In reality, the consequences of the social disruption caused by the colonial state -- for instance the propagation of germs and vectors, as well the lack of health safety on the part of the colonizer -- obliged them to reconsider the mechanisms of exploration and colonization, notably by protecting the “human capital”. The high colonial administration and the medics had to change their deeply rooted philosophy in domination in order to free African medical practices

from caricature,¹ as certain colonial doctors and administrators had managed to do through the study of African beliefs and medicinal plants that were successful in the treatment of major diseases such as onchocerciasis, pulmonary ailments, leprosy, malaria, diarrhoea, etc.

The term “traditional medicine” is problematic

In light of these considerations, we observe that the term “traditional medicine” does not describe ancestral medicine in Africa. In the interior of Africa, there were numerous medical influences including new elements from Arabic countries and Europe. During the colonial period and later, one would find amongst the merchandise of a vendor the drugs of modern medicine side by side with the drugs of “healers”. Is it possible to consider them as elements of “traditional medicine” or modern medicine? What can one say about the retired nurses of the health service in Africa who used both ancestral and “scientific” medical practices? Do they belong to modern medicine or traditional medicine? Indeed, what is “modern” in the varied array of modern and African medicines? What does one think about “pharmacie gazon” in Mozambique, Angola, Burkina Faso, Nigeria, Tanzania, Gambia, Souf Africa, etc? What can we say about the many teenagers who sell modern drugs on the streets? Many African healers use the stethoscope and the thermometer for their consultations. Some of them follow certain aspects of modern medicine, by using health records like medical doctors and by assuming the title of “traditional hospital” or “traditional doctor” [5]. In many countries in East and West Africa (Tanzania, Uganda, Kenya, Nigeria, Burkina Faso, Ghana, Ivory Coast, etc), the health policy makers recognized the place of the specialists in empiric-metaphysical medicine, who were known as tradi-practitioners. In these circumstances, it is difficult for the historian of health and medicine to defend the label “traditional” in African medical practices, as it is impossible for him to accept the scientific character of modern medicine in Africa.

As Cicourel [6] pointed out in 1985 in his analysis of the gap between scientific discourse and concrete medical practices, we need to recognize that if there is everywhere a gap between common sense and scientific thought, this difference is particularly true in Africa, where the cultural referent, the explicative models amongst family and social groups seem so far from diagnostic and therapeutic principles. These differences between medical principles and social realities are not new, either in Africa or in Europe. As Jacques Leonard wrote in his book “*Médecine, maladies et sociétés dans la France du XIX^{ème} siècle*” (1981), after medical school the recently qualified physician encountered amongst the patients superstitious behaviours and preju-

dices which hindered the application of his overly new science. Most often, he discovered the reactions to, the and conceptions of, health through his own social group, sometimes via his own family. Typically, physicians shared the sensibilities of the patient so well, that they slowly abandoned the basis of science, and progressively plunged into “medical empiricism”. The gap between medical theory and practice acknowledges the danger of the “agents of health” who are often without scientific training, aside from a very summary sketch of physiology, pathology and therapeutics which, according to Claude Bernard [7], constitute the fundamentals of scientific medicine.

Furthermore, the confusion of terms about African medical practices was developed in the course of the colonial period by early anthropologists and Christian missionaries, many of whom did not understand African languages (or understood them poorly). Through their views, the images of African healers were degraded and tarnished. They called them charlatans, superstitious imposters, sorcerers, medicine men, *mganga* (Swahili for healer), wise men, seers, curers, herbalists, Bantu medicine, diviners, etc.

A better concept: empiric-metaphysical medicine

Using the concept of *traditional medicine*, traders, explorers, and missionaries, and later colonial physicians, devalued and denatured African medical practices. Through the word “tradition”, one understands a static situation, without change. In fact, as we clearly observe, African medicines have not been without change. Change was slow, but there was a shift which demonstrates the inappropriate character of the term “*traditional medicine*”. By contrast, we can see the relevance of the concept *empiric-metaphysical medicine* to describe African medical practice.

Empiric-metaphysical medicine highlights two principles of African medicine, the empirical functioning and the resort to metaphysics. -Empiricism is the reproduction of something by observation, by imitation, by experience. With time, it becomes an automatism where the faculty of reasoning is rarely being used. This manner of thinking or this approach transmits from generation to generation. Explanation by recourse to tradition supposed that societies were locked in a changeless environment without contacts with other societies. In several African countries, colonization with policy of Assimilation or Association disrupted the permanence that governs empiricism. It produced a rupture, which had already been created in many societies by previous movements provoked by migrations and conquests before the colonial period. Medical empiricism has not remained without dynamism. Change has been very slow, but it presses on nevertheless. Metaphysics plays an equally important role in empiric-metaphysical medicine.

The confusion due to the World Health Organization

Given this discussion, it is impossible to agree with the definition of African medicine given by the committee of experts in 1976 at their meeting in Brazzaville [2]. According to the report, “traditional medicine might ... be defined as the sum total of all the knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social imbalance and relying exclusively on practical experience and observation handed down from generation to generation whether verbally or in writing”. This definition lays stress on the non-scientific character of African medicine, indirectly denying the capacity of African medical practice to adapt. African medicine does not regard man as a purely physical entity, but also takes into consideration the sociological environment (ancestors whether living or dead) and the “intangible forces” of the Universe such as spirits and gods. The problem is due to the lack of historical distance in this definition. The presence of a historian among the experts would have served to prevent this mistaken analysis, because the concept of “tradition” perpetuates a flawed portrait of a changeless landscape. The experts of WHO did not use the word empiricism in order to not recognize the capacity of African medicine to change; nor did they recognize the importance of technical, elementary and practical experiments in African medicine even though in many countries in the 1960s, these experts attempted to incorporate medicinal plants into the program of social and economic development as in Tanzania, Kenya, Mali, Cameroun.

The beginning of modern medicine in Africa was during the early days of the colonial period, with its presence on the coastal region, particularly in the factories, before colonial conquest. The feeble medical knowledge of this period did not facilitate the tasks of the colonial physicians, and their prejudice dominated their observations and analyses. For instance, like several African ethnic groups, colonial physicians believed that sleeping sickness was caused by the action of sorcerers or diviners. They thought that leprosy was hereditary, that yellow fever and malaria were provoked after breathing polluted air coming from the marshes. Many of these physicians were discovering African lands for the first time.

1 - Grann C. H. and Duigan P. wrote in their book (1968) “Burden of Empire An appraisal of Western Colonialism in Africa England, London, South of the Sahara, Pall Mall Press, UK : “The African doctor was a shrewd botanist, but more much his therapy, like Dr Faust’s, depended on sympathetic magic. A patient with a weak back would be treated with a mixture of the powdered bones of a python’s back, injected at the site of his pain. The muscles of lion’s heart were used to strengthen soldiers about to go to battle. Bantu healers were imagined to possess a healing spirit who would find the right remedies and thus wielded tremendous psychological influence. They could not, however, cure their patients of malaria, sleeping sickness, bilharziasis, hookworm, or similar parasitic diseases. Disease that confronted Bantu society with an insoluble problem, and the image of the hale and hearty tribesman was often just a storyteller’s dream. In tropical Africa a very large number of people were, and still are, chronically ill from the hour they born to the hour of their death, and their life expectancy is still low –about thirty-five years”. cf. p.283.

The colonial powers trained many physicians, pharmacists, midwives, nurses, and healthcare workers. They built a number of medical centers – hospitals, dispensaries -- in their colonies and protectorates. They developed research laboratories in both Europe and Africa, most notably to fight against small pox, leprosy, yellow fever, trypanosomiasis, malaria, and onchocerciasis, etc. But they neglected to study African beliefs, save to summarily skim over them, insufficiently appreciating certain behaviours rooted in long-standing mentalities. They failed to comprehend social realities. For example, they insisted more on practical training, and less on theoretical medical knowledge [1, 8].

Despite change after World War I, the vision of superiority did not favour the relationship between the sick and the colonial physicians. Moreover, indigenous physicians were less esteemed than European medical doctors. The march toward independence contributed to a deeper implantation of colonial medicine. Indigenous physicians were incapable of continuing the practice of the new medicine because scientific training requires the transition from ignorance, prejudice and culturally-specific beliefs to the objective knowledge derived from experimental science. But the lack of understanding of African perceptions of illness, death, hygiene and health did not allow one to penetrate indigenous lifestyles and the spread of disease. As in Europe, it was only the point of view of the colonizer -- or rather that of physicians and administrators -- which was considered. Whereas

one recognizes that a health program reaches its goal if it succeeds in modifying the behaviours of people toward better health, so with the participation of populations health policy succeeds.

Conclusion

Even when colonial medicine abandoned ideology, and became scientific, it was not possible to study African attitudes towards medicine. It is important to examine attitudes in order to comprehend the rapid change in Africa today, notably to better manage health programs. Unfortunately, physicians often refuse to collaborate with historians. The latter are able to analyze the evolution of attitudes over the long term. An analysis of African conceptions of hygiene could help to avoid at least 50 per cent of ailments, because one would be able to discover how people understand hygiene-related illness. Perhaps we have to compare the actions of genies and bad spirits to those of microbes, and to compare prevention to that which we call "*blindage magique*" --a magical screen that serves as a barrier to illnesses. In any case, the future of African medicine depends upon a fuller understanding of African attitudes to medical practice.

*I wish to thank Gregory Shaya and Penny Paterson for improving the readability of my english.

Bibliography

1. Bado JP, (1996), Médecine coloniale et grandes endémies en Afrique, Paris, Karthala, France.
2. Beck A, (1981), Medicine, tradition, and development in Kenya and Tanzania 1920-1970, Massachusetts, Crossroad Press, USA.
3. Domergue-Cloarec, D. (1986), La santé en Côte d'Ivoire, Association des publications de l'université Toulouse --le Mirail, 1986, tome 1, France.

4. Thuillier P, (1980), Le petit savant illustré, Paris, Seuil, France.
5. Rosny E de, (1992), L'Afrique des guérisons, Paris, Karthala, France.
6. Cicourel AV, (1985), Raisonement et diagnostic : le rôle du discours et de la compréhension clinique en médecine, Actes des recherches en sciences sociales, 60, 1985, vol 1, 79-89.
7. Claude Bernard, (1865), Introduction à l'étude de la médecine expérimentale, Paris, JB Baillières et fils, France.
8. Illife J.,(1998), East African doctors a History of Modern profession, Cambridge University Press, UK, 1998.