# MEDICAL PRACTITIONERS AND THE COLONIAL PROJECT: MEDICINE, PUBLIC HYGIENE, AND THE CONTESTED RE-COLONIZATION OF SÃO TOMÉ AND PRÍNCIPE, 1850-1926.

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## Abstract

This dissertation analyzes the role that medicine played in the re-colonization of São Tomé and Príncipe from the mid-nineteenth century until 1926. Focusing in particular on the role that medical practitioners of the Health Service assumed as agents of colonization, it examines the reasons why many of the public health projects that these doctors drafted for the rural as well as the urban areas were either not implemented, or met with limited success in the colony. On the one hand, this was due to the resistance that medical officials faced on the part of local inhabitants in São Tomé and Príncipe; on the other hand, the inability to make certain projects into a reality reflected the weakness of the colonial medical service itself. It was this weakness, along with the agency that individuals possessed, that explains the persistence of alternative medical practices, which the authorities were keen to ban. Also, the lack of reach of the colonial medical service meant that it came to rely on the hiring of non-European medical personnel, although the regulations that had been enacted for the service favoured the hiring and promotion of medical staff from Portugal. A careful reading of the sources available, including archival documents, newspapers, periodicals, as well as a variety of monographs published about São Tomé and Príncipe, shows that the hiring and promotion of non-Europeans, or the existence of medical pluralism in the colony, were not indicative of a more tolerant and less racist attitude on the part of colonial authorities towards non-Europeans. Instead, the persistence of alternative medical practices and the multiethnic composition of the Health Service are a testament to the agency that individuals possessed, which, in turn, demonstrates the extent to which the colonial

medical project was both shaped and contested in the colony. Consequently, this dissertation problematizes ideas concerning the supposed tolerance of the Health Service regarding local practices and practitioners, and sheds light on the complicated question of resistance/consent on the part of the Santomean population vis-à-vis the measures and interventions of the colonial medical service.

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# Chapter One

## Introduction

In the late nineteenth century, Portuguese commentators often conveyed the idea that São Tomé and Príncipe, despite its size and remote geographic location, could become one of the most prosperous colonies in the Portuguese empire. The key to this prosperity, they argued, lay in the revival of the islands' plantation sector. In due time, they also maintained, the growth of agricultural estates would spark the transformation of São Tomé and Príncipe from a "primitive" space into a modern and prosperous settlement colony, one that would attract larger numbers of Portuguese settlers.

The plantation economy relied on the influx of foreign labour, which consisted largely of African slaves and, after the abolition of slavery in the colony, contracted workers who were recruited in various parts of mainland Africa. Proprietors of agricultural estates also employed men from Portugal, who worked mostly as overseers and craftsmen on plantations. The demographic nature of migration to São Tomé and Príncipe was thus highly skewed: African workers, including approximately equal numbers of men and women, vastly exceeded the reduced number of Portuguese men who went to work for the owners of agricultural estates. It was this demographic imbalance that made commentators remark that São Tomé and Príncipe was not a proper "settlement colony", because it did not draw sufficient European settlers, particularly women and children.

On the one hand, nineteenth-century commentators were aware that the nature of the plantation economy shaped European settlement in the colony. The majority of the

men who were employed by the proprietors of agricultural estates did not take their families with them to the colony, and neither did officials who worked for the colonial state. On the other hand, authors mentioned that the disease environment also prevented São Tomé and Príncipe from becoming a settlement colony. This view was not unfounded and was corroborated by statistics that pointed to high death rates due to disease. Hence, converting São Tomé and Príncipe from a "primitive" place to a modern one also implied transforming it from an "unhealthy" to a healthy space. It is in light of these kinds of ideas that one understands the importance that such commentators attached to the role that medicine should play as a colonizing, and civilizing, force.

Although a number of scholars have done research on efforts to colonize São Tomé and Príncipe from the second half of the end of the nineteenth century onwards, none have looked at the role that medicine and health officials played in those efforts. This lacuna explains my interest in drawing upon this topic for the dissertation. However, my choice became clearer after reading one of the works of Manuel Ferreira Ribeiro, a Portuguese doctor who became an influential member of the colony's Health Service in the second half of the nineteenth century.[1] Despite the fact that the work contained the kind of medical terminology that a nineteenth-century physician would use, Ribeiro expressed a wide range of opinions on a variety of subjects, which went far beyond the realm of medicine and included, for instance, his views on characteristics of the indigenous population of São Tomé and Príncipe, the islands' environment, as well as its flora and fauna. He also delved into other non-medical fields of knowledge such as geography, history, geology, botany, zoology, and meteorology. It is not surprising that

[1] Manuel Ferreira Ribeiro, *A Província de S.Thomé e Príncipe e Suas Dependências ou a Salubridade e Insalubridade Relativa das Províncias do Brazil, das Colónias de Portugal e de Outras Nações da Europa* (Lisbon: Imprensa Nacional, 1877).

he had such eclectic interests. Nineteenth-century medicine connected disease and healing with the environment in which a person lived, with his or her lifestyle, race, profession, social class and even level of education. Botany, in particular the study of medicinal plants, was also considered important, given that most of the available remedies at the time were plant-based. However, what also struck me as fascinating were Ribeiro's opinions about what the future could become for São Tomé and Príncipe, for he was adamant that, with the right kinds of policies and initiatives, not to mention the contribution of doctors such as himself, the colony could one day become "prosperous", "modern", and "healthy".

The dissertation examines a period in the history of São Tomé and Príncipe that begins in the middle of the nineteenth century and ends in 1926. In 1844, legislation approved in Portugal paved the way for the creation of the Health Service of São Tomé and Príncipe. The founding of the medical service was timely because of the expansion of agricultural estates and attempts to promote the settlement of foreigners in the colony. The dissertation ends in 1926, the year that marked a significant political change in Portugal with the coming to power of Salazar's right-wing dictatorial regime (which would only be toppled by a military coup in Portugal in 1974). The choice to end the dissertation in 1926 was not arbitrary, since along with the regime change came a more repressive political environment, not only in Portugal, but in its colonies as well. In São Tomé and Príncipe, increasing repression was evident in measures that were designed to limit the relative political freedom and autonomy that the colony had enjoyed during the period of the First Republic (1910-1926).

Medical officials who were sent to serve in São Tomé and Príncipe as members of the Health Service from the middle of the nineteenth century onwards quickly realized that they were confronted with significant challenges in the colony. The service was understaffed and underfunded, though these limitations did not prevent medical officials from drafting plans, projects, and recommendations pertaining to a variety of issues, including the urgent need to improve public health in the urban areas, as well as to reform the practice of medicine in the colony's medical facilities and plantations. Focusing in particular on the role that medical practitioners assumed as agents of colonization, my dissertation explores how many of the public health projects that these doctors proposed and attempted to implement met with limited success in the colony, in part because of the resistance they faced from the local inhabitants of São Tomé and Príncipe (both African and non-African), but mainly due to the weakness of the colonial medical service itself. It was this weakness, coupled with the agency that individuals possessed, that allowed for the persistence of "folk" or "popular" medical practices, particularly on plantations and in more remote parts of the colony. The lack of reach of the colonial medical service also opened up spaces for all sorts of individuals to pursue medical work. This was not a reflection of Portuguese colonial "benevolence". Instead, the lack of resources at the disposal of the colonial medical service meant that medical practitioners in the colony could seize the opportunity to further their own careers within the service or outside of it. Consequently, this dissertation problematizes ideas concerning the supposed tolerance and openness of the Portuguese colonial medical service regarding local practices and practitioners.

Focusing on plans drafted by medical officials in the colony, my dissertation begins by examining efforts to reform urban areas in São Tomé and Príncipe. As discussed in Chapter Two, the two main urban centers that received most of the attention of the medical service were São Tomé, the capital of the colony, and Santo António, the capital of the smaller island of Príncipe. Besides these two cities, there were a few, other small towns dispersed throughout the colony and nestled between the cocoa and coffee agricultural estates, but which remained effectively beyond the reach of the Health Service and its personnel. São Tomé city and Santo António also housed colonial government officials, including the majority of the members of the Health Service. The question of race was omni-present in discussions about the need to improve public health in urban areas, particularly in the capital city of São Tomé, and underpinned many of the public health proposals that doctors made regarding the two main cities.

Chapter Three, in turn, reviews proposals that officials made with respect to rural areas in the colony, mainly the land that had not been appropriated by private plantation interests. The focus is on two kinds of projects. There were those that called for a more "rational" utilization of the colony's natural resources, including its forest areas. Medical officials debated on how best to conserve the forests, but also discussed ways to make them into more "useful" and "healthy" spaces. Alongside these projects, there were several others advocating for the construction of facilities such as sanatoria, hill-stations, and a penal colony on available land. Whereas the sanatoria and hills-stations would help European settlers recover from the debilitating effects of the Santomean climate, the penal colony would help rehabilitate Portuguese convicts who were in the colony serving out their sentences.

The multiethnic composition of the Health Service of São Tomé and Príncipe, founded in 1844, is examined in Chapter Four. Given the difficulties in hiring and retaining medical personnel from Portugal, the service came to rely on the recruitment of African as well as Indian medical staff (from Portuguese territories in India, primarily Goa). The ethnic makeup of the medical service has been interpreted as a symbol of the tolerance that characterized the Portuguese as colonizers. My intention in this chapter is to challenge this perception by showing that, rather than being indicative of an open attitude on the part of Portuguese colonial authorities, the admission and promotion of non-European medical officials revealed the weaknesses of the medical service, as well as the initiative that these individuals had when seeking to further their professional interests. Aside from problems with recruitment and retention of staff, the chapter analyzes other problems that plagued the Health Service, including the lack of professional standards and unethical conduct on the part of some of its medical officials.

The question of responses to medical policies and practices of the Health Service is discussed in Chapter Five. Some medical reports show that poorer Africans were most adversely affected by policies and practices carried out by the Health Service. My aim in this chapter, however, is to avoid portraying Africans as mere victims of an oppressive medical service or as heroic resisters of its practices. The fact that some were more clearly targeted than others depended as much on class as it did on race. The many ways in which people responded to the policies of the medical service therefore reflected the cleavages that existed in Santomean society: for example, between Africans who had been born in the colony and those who had been brought from mainland Africa to work as plantation labourers, or between those who were poor and those who had a higher

socio-economic standing. In light of this, the chapter shows that the lack of homogeneity that characterized the African population of São Tomé and Príncipe significantly complicates the question of local responses to medical practices.

The final chapter, Chapter Six, analyzes medical pluralism in the colony. It concentrates specifically on the issue of medical "hybridisms", which were apparent in the folk or popular healing practices of São Tomé and Príncipe. Similar to arguments made in chapter three, my point is that the persistence of medical pluralism in the colony was not indicative of a benevolent attitude on behalf of colonial officials towards such alternative practices, but instead resulted from the colonial government's inability to ban them. Furthermore, another argument in the chapter is that the persistence of medical pluralism reveals the popularity of alternative medical practitioners and their ability to continue to work in the colony, albeit in an increasingly punitive and regulatory environment.

A number of important secondary sources, including some that do not focus on Africa, helped to contextualize the São Tomé and Príncipe case, and shape the analytical framework of the dissertation.[2] Discussions about the role that medicine played as a

[2] Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham, NC: Duke University Press, 2006); Idem*, The Cultivation of Whiteness: Science, Health and Racial Destiny in Australia* (New York: Basic Books, 2003); Idem, "Immunities of Empire: Race, Disease, and the New Tropical Medicine, 1900-1920", *Bulletin of the History of Medicine* 70, no. 1 (Spring 2006): 94-118; Idem, "'The Trespass Speaks': White Masculinity and Colonial Breakdown", *American Historical Review* 102, no. 5 (December 1997): 1433-70; David Arnold, *The Tropics and the Traveling Gaze: India, Landscape, and Science, 1800-1856* (Seattle, WA: University of Washington Press, 2006); Idem*, Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500-1900* (Rodopi: Amsterdam, 1996); Idem*, Colonizing the Body: State Medicine and Epidemic Diseases in Nineteenth-Century India* (Berkeley, CA: University of California Press, 1997); Idem*, Imperial Medicine and Indigenous Societies* (Manchester: Manchester University Press, 1988); Idem, "Public Health and Public Power: Medicine and Hegemony in Colonial India", in Dagmar Engels and Shula Marks, eds., *Contesting Colonial Hegemony: State and Society in Africa and India* (London: British Academic Press, 1994), 131-51; Dane Kennedy, "The Perils of the Midday Sun; Climatic Anxieties in the Colonial Tropics", in John D. Mackenzie, ed., *Imperialism and the Natural World* (Manchester: Manchester University Press, 1990), 118-40; Michael Worboys: "The Imperial Institute: The State and the Development of the Natural

"tool" of European imperialism were enlightening, as were analyses of how colonial medicine was shaped by ideas about race, climate, and geography. Some studies presented information that was, in many ways, similar to evidence for São Tomé and Príncipe. For example, David Arnold examines British attitudes towards indigenous medical practices in India during the first half of the nineteenth century and describes how the British there encountered an "unfamiliar landscape", one filled with lethal diseases such as cholera, dysentery, and malaria.[3] It was against this backdrop of disease and death that they expressed a keen interest in the study of botany, especially of medicinal plants. Arnold explains, however, that by the late nineteenth century, developments in the field of Western medicine prompted a change in British attitudes and that they were less willing to rely on indigenous knowledge.[4] Doctors who were posted to São Tomé and Príncipe in the second half of the nineteenth century also emphasized the need to study the colony's medicinal plants, and pointed out that this kind of knowledge could result in better treatments for local diseases. Yet, by the beginning of the twentieth century, there was a marked decline in the desire on the part of health officials to undertake this botanical investigation in São Tomé and Príncipe, for reasons similar to those discussed by Arnold in relation to India.

Though the scholarship on medicine in Africa and the colonial world is abundant, no medical history has so far been published about São Tomé and Príncipe. The medical histories relative to other European colonies in Africa, therefore, provide a comparative framework for a critical examination of the case of São Tomé and Príncipe. Medical

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Resources of the Colonial Empire, 1887-1923", in *Imperialism and the Natural World*, 164-86; Julyan G. Peard, *Race, Place, and Medicine: The Idea of the Tropics in Nineteenth-Century Brazilian Medicine* (Durham, NC: Duke University Press, 1999).

[3] Arnold, *The Tropics,* 178.

[4] Ibid.

histories that examine the colonial period deal with a wide variety of issues, ranging from the characteristics of colonial medical services, medical institutions and facilities such as hospitals and asylums, the recruitment and training of African medical personnel, the professionalization of African doctors, the various measures colonial health services implemented, including campaigns designed to eradicate many of the so-called tropical diseases that were prevalent on the continent. Medical historians have also researched African responses, including resistance, to medical practices on the continent.[5]

The scholarly work on medicine in Africa also includes contributions made by anthropologists, who have focused primarily on the characteristics of African therapeutic systems, on questions of medical pluralism and hybridity, and on the interactions between African medicine and other forms of medical knowledge and practice, particularly

[5] This abundant literature includes the following seminal contributions: Philip Curtin, *Disease and Empire: The Health of European Troops in the Conquest of Africa* (New York: Cambridge University Press, 1998); Idem*, Death by Migration: Europe's Encounter with the Tropical World in the Nineteenth Century* (Cambridge: Cambridge University Press, 1989); Heather Bell, *Frontiers of Medicine in the Anglo-Egyptian Sudan, 1899-1940* (Oxford: Clarendon Press, 1999); Idem, "Midwifery Training and Female Circumcision in the Inter-War Anglo-Egyptian Sudan", *The Journal of African Studies* 39, no. 2 (1998): 293-312; Harriet Deacon, "Midwives and Medical Men in the Cape Colony Before 1860", *The Journal of African History* 39, no. 2 (1998): 271-92; Idem, "Landscapes of Exile and Healing: Climate and Gardens on Robben Island", *The New South African Archaeological Bulletin* 55, no. 172 (December 2000): 147-54; Shula Marks, "What is Colonial about Colonial Medicine?" *Social History of Medicine* 10, no. 2 (August 1997): 205-19; Idem*, Divided Sisterhood: Race, Class and Gender in the South African Nursing Profession* (New York: St. Martin's Press, 1994); Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Cambridge: Polity Press, 1991); Idem, "Healing and Curing: Issues in the Social History and Anthropology of Medicine in Africa", *Social History of Medicine* 7, no. 2 (1994): 283-95; Maryinez Lyons, "From 'Death Camps' to *Cordon Sanitaire*: the Development of Sleeping Sickness Policy in the Uele District of the Belgian Congo, 1903-1914", *The Journal of African History* 26, no.1 (1985): 69-91; Idem*, The Colonial Disease: A Social History of Sleeping Sickness in Northern Zaire, 1900-1940* (Cambridge: Cambridge University Press, 1992); Nancy Rose Hunt, *A Colonial Lexicon: of Birth Ritual, Medicalization, and Mobility in the Congo* (Durham, NC: Duke University Press, 1999); Helen Tilley, *Africa as a Living Laboratory: Empire, Development, and the Problem of Scientific Knowledge, 1870-1950* (Chicago, IL: The University of Chicago Press, 2011); Karen Flint, *Healing Traditions: African Medicine, Cultural Exchange, and Competition in South Africa, 1820-1948* (Athens, OH: Ohio University Press, 2008)*;* Idem, "Indian-African Encounters: Polyculturalism and African Therapeutics in Natal, South Africa, 1886-1950s", *The Journal of Southern African Studies* 32, no. 2 (June 2006): 367-85; Randall Packard, *White Plague, Black Labour: Tuberculosis and the Political Economy of Health and Disease in South Africa* (Berkeley, CA: University of California Press, 1990); John Iliffe, *East African Doctors: A History of the Modern Medical Profession* (Cambridge: Cambridge University Press, 1998); Adell Patton, *Physicians, Racism, and Diaspora in West Africa* (Gainesville, FL: University Press of Florida, 1996).

Western medicine. Furthermore, anthropologists have also analyzed African medicine and its connections with religion and political power, and have sought to place African ideas about health and disease in specific cultural contexts.[6]

The scholarship pertaining to the Lusophone world contains some historical research on the topic of medicine and empire, although most of this research does not focus on Africa.[7] With regard to the former Portuguese territories in Africa, few histories have been written for the colonial period. Martin Shapiro's PhD dissertation examined aspects of Portuguese colonial medicine in Africa, particularly the way in which medicine was used, often in coercive ways, as a colonizing instrument.[8] More recently, the studies by Jorge Varanda analyzed medical services provided by the multinational

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[6] Seminal contributions to medical anthropology in Africa include: Steven Feierman, *Peasant Intellectuals: Anthropology and History in Tanzania* (Madison, WI: The University of Wisconsin Press, 1990); Idem, "Struggles for Control: The Social Roots of Health and Healing in Modern Africa", *African Studies Review* 28, no. 2-3 (September 1985): 73-147; Steven Feierman and John Janzen, *The Social Basis of Health and Healing in Africa* (Berkeley, CA: The University of California Press, 1992); John Janzen, *The Quest for Therapy in Lower Zaire* (Berkeley, CA: The University of California Press, 1978); John Janzen and Gwyn Prins, "*Causality and Classification in African Medicine and Health* (Oxford: Pergamon Press, 1981); Jean Comaroff, "The Diseased Heart: Medicine, Colonialism and the 'Black Body'," in Margaret Lock and Shirley Lindenbaum, eds., *Knowledge, Power & Practice: The Anthropology of Medicine and Everyday Life* (Berkeley, CA: University of California Press, 1993), 305-29.

[7] Pedro Abranches, *O Instituto de Higiene e Medicina Tropical: Um Século de História 1902-2002* (Lisbon: Celom, 2004); Isabel Amaral, "The Emergence of Tropical Medicine in Portugal: The School of Tropical Medicine and the Colonial Hospital of Lisbon (1902-1935)", *Dynamis* 28 (2008): 301-28; Michael N. Pearson, "First Contacts Between Indian and European Medical Systems: Goa in the Nineteenth Century", in *Warm Climates and Western Medicine*, 20-41; Timothy D. Walker and Harold J. Cook, "Circulation of Medicine in the Early Modern Atlantic World", *The Social History of Medicine* 26, no. 3 (August 2013): 337-51; Timothy D. Walker, "The Medicines Trade in the Portuguese Atlantic World: Acquisition and Dissemination of Healing Knowledge from Brazil (c. 1580-1899)", *Social History of Medicine* 26, no. 3 (August 2013): 403-31; Idem, "The Early Modern Globalization of Indian Medicine: Portuguese Dissemination of Drugs and Healing Techniques from South Asia on Four Continents, 1670-1830", *Portuguese Literary and Cultural Studies* 19 (September 2010): 77-98; Idem, "Sorcerers and Folkhealers: Africans and the Inquisition in Portugal (1680-1800)", *Revista Lusófona de Ciências das Religiões* 3, no. 5 (2004): 83-98; Idem, "Acquisition and Circulation of Medical Knowledge within the Portuguese Colonial Empire during the Early Modern Period", in Daniela Bleichmar, ed., *Science, Power and the Order of Nature in the Spanish and Portuguese Empires* (Stanford, CA: Stanford University Press, 2009), 1-15.

[8] Martin F. Shapiro, "Medicine in the Service of Colonialism: Medical Care in Portuguese Africa 1885-1974" (PhD diss., University of California, Los Angeles, 1983).

diamond mining company, DIAMANG, in Angola during the twentieth century.[9] In contrast with historians, anthropologists have been responsible for producing studies that examine medicine in the former Portuguese colonies in Africa, particularly for the post-independence period.[10] The work of Cristiana Bastos, who has carried out extensive research on the medical school that was founded in Goa (the capital of the Portuguese colonial territories in India) in the mid-nineteenth century, is particularly informative. Moreover, she has also examined the professional trajectories of Goan doctors in the

[9] Jorge Varanda, "A Saúde e a Companhia de Diamantes de Angola", *História, Ciência, Saúde - Manguinhos* 11, no. 1 (2004): 261-68; Idem, "A Asa Protectora de Outros: as Relações Transcoloniais dos Serviços de Saúde da DIAMANG", in Cristiana Bastos and Renilda Barreto, eds., *A Circulação do Conhecimento: Medicina, Redes e Impérios* (Lisbon: Imprensa Ciências Sociais, 2011), 339-74.

[10] Paulo Granjo, "Saúde, Doença e Cura em Moçambique", in Elsa Lechner, ed., *Migração, Saúde e Diversidade Cultural* (Lisbon: ICS, 2009), 249-74; Philip Havik, "Boticas e Beberagens: a Criação dos Serviços de Saúde e a Colonização da Guiné", *Africana Studia* 10 (2007): 235-70; Idem, "Saúde Pública, Microbiologia e a Experiência Colonial: o Combate à Malária na África Ocidental (1850-1915), in *A Circulação do Conhecimento,* 317-50; Salomão Bandeira, F. Gaspar, and F.P. Pagula, "African Ethnobotany and Healthcare: Emphasis on Mozambique", *Pharmaceutical Biology* 39, no.1 (2002): 70-3; Stephen C. Lubkemann, "Rebuilding Local Capacities in Mozambique: the National Health System and Civil Society", in I. Smillie, ed., *Patronage or Partnership: Local Capacity Building in Humanitarian Crises* (Bloomfield, CT: Kumarian Press, 2001), 107-30; Maria Manuela Batalha, "Medicina e Farmacopeia Tradicionais Bantu", *Muntu* 3 (1985): 69-84; Rachel Chapman, "Prenatal care and the Politics of Protection: an Ethnography of Pregnancy and Medical Pluralism in Central Mozambique" (PhD diss., University of California, Los Angeles, 1998); Idem*, Family Secrets: Risking Reproduction in Central Mozambique* (Nashville, TN: Vanderbilt University Press, 2010); P.C.M. Jansen and O. Mendes, *Plantas Medicinais. Seu Uso Tradicional em Moçambique* (Maputo: Instituto Nacional do Livro e do Disco, 1990); Eric Bossard, *La Médecine Traditionelle au Centre et á l'Ouest de l'Angola* (Lisbon: Instituto de Investigação Científica Tropical, 1996); João Vicente Martins, *Crenças, Adivinhação e Medicina Tradicionais dos Tutchokwe do Nordeste de Angola* (Lisbon: Instituto de Investigação Científica Tropical, 1993); Tracy Luedke and Harry G. West, eds., *Borders and Healers: Brokering Therapeutic Practices in Southeast Africa* (Bloomington, IN: Indiana University Press, 2006); Tracy Luedke, "Spirit and Matter: The Materiality of Mozambican Prophet Healing", *Journal of Southern African Studies* 33, no. 4 (December 2007): 715-31; Eugénia Rodrigues, "Alimentação, Saúde e Império: o Físico-Mor Luís Vicente de Simoni e a Nutrição dos Moçambicanos, *Arquipélago, História,* 2nd series, 9 (2005): 617-56; Rosa Melo, "Crenças, Poder e Práticas Medicinais Entre os Handa", in R. Melo, ed., *Para Lá da Manipulação dos Espíritos: Crenças e Práticas de Cura entre os Handa no Sul de Angola* (Dakar, CODESRIA, 2008), 1-75; M. Paula Meneses, "'When There Are No Problems, We Are Healthy, No Bad Luck': For an Emancipatory Conception of Health and Medicines", in Boaventura de Sousa Santos, ed., *Another Knowledge is Possible: Beyond Northern Epistemologies* (London: Verso, 2007), 352-79; Idem, "Traditional Doctors, Leaders of the Association of Traditional Doctors of Mozambique, in Boaventura de Sousa Santos, ed., *Voices of the World* (London: Verso, 2010), 257-300; Eduardo dos Santos, *Sobre a "Medicina" e Magia entre os Quiocos* (Lisbon: Junta de Investigações do Ultramar, 1960); Alexandra Oliveira de Sousa and Dominique Waltisperger, *La Maternité Chez les Bijagó de Guinée Bissau: Une Analyse Épidémiologique et Son Context Ethnologique* (Paris: Centre Français sur la Population et le Développement, 1995); G. Walt and J. Cliff, "The Dynamics of Health Policies in Mozambique 1975–85", *Health Policy and Planning* 1, no. 2 (1986): 148-57.

Portuguese African colonies from the mid-nineteenth century onwards.[11] Her insightful studies on medical "hybridity" and medical pluralism in the former Portuguese colonies have informed my analysis of these issues in the case of São Tomé and Príncipe.

As for histories that have been published about São Tomé and Príncipe, a key reference is Francisco Tenreiro's history of São Tomé, published in 1961.[12] In addition, Malyn Hewitt, Tony Hodges, and Pablo Eyzaguirre have also made important scholarly contributions, mainly for the post-independence period.[13] For the nineteenth century and the early part of the twentieth century, the most relevant secondary sources are the works of Gerhard Seibert, William Gervase Clarence-Smith, and Augusto Nascimento. Seibert concentrates mainly on political aspects of twentieth-century Santomean history, whereas Clarence-Smith examines labour issues and the plantation economy.[14] As for

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[11] Cristiana Bastos, "O Médico e o Inhamessoro: O Relatório do Goês Arthur Ignácio da Gama em Sofala, 1879", in João de Pina Cabral and Clara Carvalho, eds., *A Persistência da História: Passado e Contemporaneidade em África* (Lisbon: Imprensa das Ciências Sociais, 2004), 91-117; Idem, "Medical Hybridisms and Social Boundaries: Aspects of Portuguese Colonialism in Africa and India in the Nineteenth Century", *Journal of Southern African Studies* 33, no. 4 (December 2007): 767-82; Idem, "Borrowing, Adapting, and Learning the Practices of Smallpox: Notes from Colonial India", *Bulletin of the History of Medicine* 83, no. 1 (Spring 2009): 141-63; Idem, "The Inverted Mirror: Dreams of Imperial Glory and Tales of Subalternity from the Goan Medical School", *Etnográfica* 6, no. 2 (2002): 59-76; Idem, "Doctors for the Empire: The Medical School of Goa and its Narratives", *Identities* 8, no. 4 (2001): 517-48; Idem, "O Ensino da Medicina na Índia Colonial Portuguesa: Fundação e Primeiras Décadas da Escola Médico-Cirúrgica de Nova Goa", *História, Ciência, Saúde – Manguinhos* 11, no. 1 (2004): 11-39; Idem, "'No Género de Construcões Cafreais': O Hospital-Palhota Como Projecto Colonial", *Etnográfica* 18, no. 1 (2014): 185-208; Cristiana Bastos and Monica Saavedra, "Vaccine and Variolation in Colonial Goa: Mixed Practices and Ambiguous Representations" (paper presented at the Symposium on Frontier Medicine: Historical Perspectives on the South-Asian Experience, 1857-1947, London, November, 2004).

[12] Francisco Tenreiro, *História de Ilha de São Tomé* (Lisbon: Junta de Investigações do Ultramar, 1961). Two general histories of São Tomé and Príncipe that have been published since then include: Carlos Espírito Santo, *Contribuição para a História de S.Tomé e Príncipe* (Lisbon: Grafitécnica, 1979), and António Ambrósio, *Subsídios para a História de S.Tomé e Príncipe* (Lisbon: Livros Horizonte, 1984).

[13] Malyn Newitt and Tony Hodges, *São Tomé and Príncipe: From Plantation Colony to Microstate* (Boulder, CO: Westview Press, 1988); Pablo B. Eyzaguirre, "The Independence of São Tomé and Príncipe and Agrarian Reform", *The Journal of Modern African Studies* 27, no. 4 (December 1989): 671-78; Idem, "Small Farmers and Estates in São Tomé, West Africa" (PhD diss., Yale University, 1988).

[14] Gerhard Seibert, "São Tomé and Príncipe: The First Plantation Economy in the Tropics", in Robin Law, Suzanne Schwarz, and Silke Strickrodt, eds., *Commercial Agriculture, the Slave Trade & Slavery in Atlantic Africa* (Suffolk: James Currey, 2013), 55-78; Idem, *Comrades, Clients and Cousins: Colonialism, Socialism and Democratization in São Tomé and Príncipe* (Leiden: Leiden University Research School of Asian, African and Amerindian Studies, 1999); Idem, "Creoles and Peasants in São

Nascimento, his research interests vary, but he has written mostly on the history of migration and labour, on the plantation sector, and on the development of local protest movements in São Tomé and Príncipe.[15] Some of Nascimento's studies have provided me with valuable information, including his article on the presence of Portuguese convicts in the colony during the second half of the nineteenth century, along with his study on the *Misericórdia* (Holy House of Mercy) Hospital of São Tomé and another article about the League of Native Interests, a nationalist organization founded in 1910 by local Santomean elites.[16] There are also Santomean scholars whose scholarship has been helpful in the writing of this dissertation, namely Carlos Espírito Santo and Armindo Aguiar.[17] Both authors provide an alternative approach to the study of the country's

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Tomé, Príncipe, Fernando Póo and Mount Cameroun in the Nineteenth Century", in *Primeira Reunião Internacional da História de África. Relação Europa-África no 3° Quartel do Século XIX, Actas* (Lisbon: Instituto de Investigação Científica e Tropical, 1989), 489-99; Idem, "The Cocoa Crisis and Land Reform in São Tomé and Príncipe", in François Ruf and P.S. Siswoputranto, eds., *Cocoa Cycles: The Economics of Cocoa Supply* (Cambridge: Woodhead Publishing, 1995), 233-47; Idem, "Struggles over Labour Conditions in the Plantations of São Tomé and Príncipe, 1875-1914", in Michael Twaddle, ed., *The Wages of Slavery: From Chattel Slavery to Wage Labour in Africa, the Caribbean, and England* (London: Frank Cass, 1993), 149-67; Idem, "Cocoa Plantations and Coerced Labour in the Gulf of Guinea, 1870-1914", in Martin Klein, ed., *Breaking the Chains: Slavery, Bondage, and Emancipation in Modern Africa and Asia* (Madison, WI: University of Wisconsin Press, 1993), 150-70; Idem, "The Hidden Costs of Labour on the Cocoa Plantations of São Tomé and Príncipe, 1875-1914", *Portuguese Studies* 6 (1990): 152-72.

[15] Augusto Nascimento, *Poderes e Quotidiano nas Roças de S. Tomé e Príncipe: De Finais de Oitocentos a Meados de Novecentos* (Lousã: Tipografia Lousanense, 2002); Idem, "Cabindas em São Tomé", *Revista Internacional de Estudos Africanos* no. 14/15 (1991): 171-97; Idem, "Representações Sociais e Arbítrio nas Roças: As Primeiras Levas de Caboverdianos em S. Tomé e Príncipe nos Primórdios de Novecentos", *Arquipélago. História* 5 (2001): 325-70; Idem*, O Fim do Caminhu Longi* (S. Vicente, Cabo Verde: Ilhéu Editora, 2007); Idem*, Desterro e Contrato: Moçambicanos a Caminho de S. Tomé e Príncipe (anos 1940 a 1960)* (S. Vicente, Cabo Verde: Ilhéu Editora, 2002); Idem, "A Passagem de *Coolies* por S. Tomé e Príncipe", *Arquipélago. História*, 2nd series, no. 8 (2004): 77-111; Idem, "As Fronteiras da Nação e das Raças em São Tomé and Príncipe: São-Tomenses, Europeus e *Angolas* nos Primeiros Decénios de Novecentos", *Varia Historia* 29, no. 51 (September/December 2013): 721-43; Idem, "O Estrangulamento do Associativismo Político São-Tomense na Década de 30", *Revista Internacional de Estudos Africanos* no. 19/22 (1999): 195-213.

[16] Augusto Nascimento, "A Liga dos Interesses Indígenas de S. Tomé e Príncipe (1910-1926)", *Arquipélago. História* 3 (1999): 417-31; Idem, "Recolonização, Mutações Demográficas e Afluxo de Degredados a S. Tomé no Século XIX", *Textos de História* 6, no. 1/2 (1998): 9-34; Idem*, A Misericórdia na Voragem das Ilhas: Fragmentos da Trajectória das Misericórdias de S. Tomé e do Príncipe* (Lisbon: Instituto de Investigação Científica e Tropical, 2003).

[17] Carlos Espírito Santo, *Contribuição para a História de S. Tomé e Príncipe*; Idem*, A Coroa do Mar* (Lisbon: Editorial Caminho, 1988); Armindo Aguiar, "As Migrações na Génese da Nacionalidade

history, one that seeks to place greater emphasis on the people of São Tomé and Príncipe as historical agents.

A number of libraries contain sources that have been used in the writing of the dissertation, including Robarts Library, in the University of Toronto, the Library of Congress in Washington, D.C., the *Biblioteca Nacional de Portugal* (BNP), in Lisbon, as well the library of the Lisbon Geographical Society (*Sociedade de Geografia de Lisboa*). For example, these libraries contain several nineteenth and twentieth-century works about São Tomé and Príncipe, primarily monographs written by colonial administrators, plantation managers, or members of various professions who either visited the islands or who lived there for some time. In addition, these libraries contain other relevant source materials, including the entire series of the gazette of the Lisbon Geographical Society, published from 1876 onwards, which is available at Robarts Library. The gazette has several informative articles about São Tomé and Príncipe, normally written by members of the society who visited the colony. Another important reference is the official gazette of the government of São Tomé and Príncipe, which began publication in 1857. The legislation and regulations pertaining to the medical service can be found in many of its issues, along with more varied information such as the number of registered deaths attributed to disease on any given year, lists of patients and the reasons why they were admitted to the medical facilities, municipal by-laws concerning public health, and measures that were put in place during epidemic outbreaks in the colony. The gazette can be accessed in the BNP, which also has an extensive microfilm collection of Santomean newspapers for the late nineteenth and early twentieth centuries.

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Santomense", in *Primeira Reunião Internacional de História de África: Relação Europa-África no 3º Quartel do Século XIX, Actas* (Lisbon: Instituto de Investigação Científica e Tropical, 1989), 441-50.

When looking at medical sources for São Tomé and Príncipe, the works of two doctors, in particular, are cited extensively throughout the dissertation. One of the physicians was Manuel Ferreira Ribeiro, who first arrived in the colony in 1867. Ribeiro managed to have a long career as a public health official in São Tomé and Príncipe, although his years of active service in the colony were punctuated by several leaves taken abroad. What makes him stand out, however, is that Ribeiro was a prolific writer who wrote numerous works on disease and health in São Tomé and Príncipe. Without doubt, his works are an essential, first hand, source of information about the practice of medicine in the colony for the second half of the nineteenth century. In his capacity as a public health official, Ribeiro also wrote many reports and letters during periods that he spent in São Tomé and Príncipe and no other medical official did the same. It is not my intention to write the dissertation as a biographical study of doctors like Ribeiro: the main reason for relying extensively on his work is due to the paucity of other source materials pertaining to the Health Service. As a matter of fact, one of the points of contention between the medical service and the Governor's office in São Tomé and Príncipe, concerned the poor record that the service had when it came to drafting and submitting the required medical reports. Besides being an avid writer, Ribeiro was also aware of the transformative power of medicine. He clearly understood the limitations that prevented the Health Service from playing a more decisive role in changing the practice of medicine in the colony, and frequently expressed his desire to overcome these kinds of constraints. One of the ways in which he attempted to do this was by writing reports that would prompt not only the Governor, but also authorities in Lisbon, to act in ways that would benefit the medical service in São Tomé and Príncipe.

The Goan doctor, Bernardo Francisco Bruto da Costa, also played a significant, albeit controversial, role in São Tomé and Príncipe. His memoirs, which were published in Portugal after he left the colony in 1926, contain abundant, primary information about the practice of medicine in the colony during the early part of the twentieth century. Costa, who took part in the mission to eradicate sleeping sickness on Príncipe, wrote several reports about the mission, in which he described the measures and problems that its members encountered when trying to eliminate the disease on the island. Similar to Ribeiro, Costa was an interventionist doctor who was aware of the obstacles and shortcomings that the Health Service was confronted with, but who also understood that medicine could be used as powerful tool of colonization.

The archival research for this dissertation was carried out in two institutions: the *Arquivo Histórico Ultramarino*, in Lisbon, and the national archives of São Tomé and Príncipe (*Arquivo Histórico de São Tomé and Príncipe*), located in the city of São Tomé. The archival sources that were accessed include, for example, yearly reports and letters that Governors of São Tomé and Príncipe wrote and sent to the Ministry for Naval and Colonial Affairs, in Lisbon, as well as some of the extensive correspondence that was exchanged between the Governor's office in São Tomé and members of the Health Service. Other sources were comprised by health reports that the Directors of the Health Service or members of the colony's Board of Health were required to compile and forward to the Governor's office. In addition to medical reports, there were many others types of correspondence between the medical service and the Governor's office, often in the form of petitions and requests made by members of the service. On occasion, health inspections were conducted in the São Tomé and Príncipe, normally by medical staff

from outside the colony, and some of the reports that they drafted are also used as source materials.

When doing research in the above mentioned archives, my intention was to find evidence of voices of ordinary Africans in the sources for São Tomé and Príncipe. Instead of placing the focus on the medical officials, my goal was to uncover as much information as possible on their patients, as well as on other individuals who were the targets of medical intervention. It became obvious almost immediately that this posed some challenges, given the nature of the accessible documentation. As is the case with the monographs that were written about the colony in the late nineteenth and early twentieth centuries, the authors of available primary sources were European men who were not particularly concerned with the lives of ordinary Santomeans. Therefore, capturing the voices of Africans in the colony has proven to be difficult.

Also, as outsiders who had little understanding of the cultural traditions and values of the indigenous population of São Tomé and Príncipe, these European men often voiced their racist and derogatory views about local people. Yet, in spite of these limitations, my argument is that, if it has proved to be virtually impossible to detect the voices of Santomeans, the accessible primary sources at least attest to the existence of agency on their part. This kind of approach, however, requires a close critical reading of archival texts.

The nature of sources is particularly problematic for historians who have been influenced by the trend to write "histories from below": that is, writing about people who have historically been silenced in history such as the poor, peasants, slaves, indigenous peoples, women, and other marginalized groups. In the history of medicine, writing

histories from below means placing the focus on patients and on ordinary people who were the targets of medical interventions, rather than on doctors. This approach presents some challenges in the case of African history, where it becomes difficult to understand African attitudes to disease and healing in the past, if they themselves left no written accounts behind. Despite these problems, my intention is to uncover as much information as possible in the extant sources about the experiences of Santomeans, their healing strategies, and the ways in which they responded to the measures implemented by the Health Service.

A careful reading of the available primary documentation shows the extent to which ordinary people were not passive victims of colonialism and the Health Service more specifically, but rather negotiated multiple responses regarding the service's policies and practices. In this sense, the approach adopted in my dissertation has also been informed by postcolonial theory.[18] Postcolonial theory places emphasis not on a Eurocentric or Western perspective but on a global one, while also placing questions of power and its limitations at the center of historical analysis. Researching the history of medicine in São Tomé and Príncipe has provided me with the opportunity to explore some of these ideas, albeit based on the scarce evidence that is available.

Attempting to understand the lived experiences of Santomeans also serves to counteract the Eurocentric narratives that have shaped and dominated the historiography pertaining to São Tomé and Príncipe, which is evident, for instance, in how historians have divided the country's history into three main periods prior to independence: two

[18] Robert Young, *Post-Colonialism: A Very Short Introduction* (New York: Oxford University Press, 2007), 7, points out that, "Postcolonial theory is not so much about static ideas or practices, as about the relations between ideas and practices: relations of harmony, relations of conflict, generative relations between different peoples and their cultures".

periods of prosperity, associated with the European presence and with the growth of the plantation sector (the sixteenth and nineteenth centuries respectively), separated by two centuries of "economic stagnation" (the seventeenth and eighteenth centuries), which happened to coincide with the decline of plantations, as well as with a more reduced European presence. Apart from this periodization, a theme that also reinforces the Eurocentric narrative is one that permeates much of the country's history: the idea of São Tomé and Príncipe as an "invented society". Its premise is that, when Portuguese maritime explorers first "discovered" the islands of the Gulf of Guinea, believed to be in either 1471 or 1472, they found them to be deserted. Therefore, the society that developed from the sixteenth century onwards was "created" by the European colonizers because nothing existed there before. The Eurocentric view in this narrative comes across when this "invention" is attributed to the efforts of Europeans and not to Africans who also settled in the colony.[19] In light of this very Eurocentric historical narrative, my intention is to problematize ideas concerning the "Portuguese" nature of efforts to colonize São Tomé and Príncipe in the late nineteenth and early twentieth centuries, even if the sources that were used were primarily those contained in the archives.

By focusing on the complex relationship between medicine and colonialism in São Tomé and Príncipe between 1850 and 1926, my dissertation addresses a gap in the literature on medicine in Lusophone Africa. By exploring the role played by doctors in urban planning, environmental engineering, and social reform, the aim is to provide insight into the nature of these colonial projects. It also explores the various ways in which doctors failed or were limited in their ability to fully implement such plans and

[19] The idea of São Tomé and Príncipe as an "invented" society is conveyed in the title of a work that examines the colony's early history: Isabel de Castro Henriques, *São Tomé and Príncipe: A Invenção de uma Sociedade* (Lisbon: Vega, 2000).

policies. This "failure" meant that, as agents of colonialism, medical officials in some cases were compelled to negotiate with the "colonized", which, as suggested, included Africans as well as Europeans. It also meant that important spaces, both physical and mental, opened up for colonial subjects as a result of the inability of colonial health authorities to extend control or to exercise hegemony over the colony. In terms of the physical spaces, it is evident that the colonial medical service was very much limited to the capital, São Tomé, and that its doctors had a difficult time when trying to exert any kind of influence on plantations and in smaller towns and villages located throughout the island of São Tomé. The same can be said for the island of Príncipe, where their presence was negligible. When it comes to mental or discursive spaces, this dissertation demonstrated that the theories and ideas that these doctors defended, such as those relating to public health, were often met with skepticism by the local inhabitants in the colony. In other words, the attempts by colonial medical officials to impose these new ideas of health and hygiene did not fully penetrate the "medical imagination" of the people of São Tomé and Príncipe, nor did they go uncontested.

## Chapter Two

## Medicine as a Tool of Empire: Doctors of the Health Service and the Urban Areas of São Tomé and Príncipe

In a medical report written in 1869, the Portuguese physician Manuel Ferreira Ribeiro expressed the opinion that Europeans "in their present state," could last "only for a while" on the islands of São Tomé and Príncipe.[20] He attributed the impossibility of their "acclimatization" mainly to the colony's "malarial soils".[21] In effect, malaria was one of a host of diseases that posed a threat to the health of the inhabitants of São Tomé and Príncipe. Nevertheless, Ribeiro was optimistic that medical science could offer a way out of this predicament by providing the means to transform the islands into a viable colony for Portuguese settlement. In another work that he wrote, the doctor once again focused on Portugal's efforts as a modern colonial power. Although he admitted that colonization was an extremely complex and difficult task, Ribeiro maintained that Portugal needed to rally in order to meet such a challenge. After all, he argued, this was the nation that had undertaken humanity's "greatest and most brilliant epic": the discovery of Brazil and of the maritime route to India.[22]

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[20] Ribeiro, *Relatório,* 140. Other Portuguese colonies did not fare much better than São Tomé and Príncipe. According to Pedro Abranches, *O Instituto de Higiene e Medicina Tropical: Um Século de História, 1902-2002* (Lisbon: Celom, 2004), 15, no white children could survive in Luanda in the middle of the nineteenth century. As José Curto argues, "Whitening the 'White' Population: An Analysis of the 1850 Censuses of Luanda", in Selma Pantoja and Estevam C. Thompson, eds., *Em Torno de Angola: Narrativas, Identidades e Conexões Atlânticas* (São Paulo: Intermeios, 2014), 225-47, racial categories were far from fixed, a fact that is illustrated by inconsistencies in the mid-nineteenth century population censuses for Luanda.

[21] Ribeiro, *Relatório*, 140.

[22] Manuel Ferreira Ribeiro, *A Colonização Luso-Africana: Zona Occidental* (Lisbon: Lallemant Frères, 1884), XI.

After having been posted to colony in 1867, Ribeiro came to see himself as an individual who had an essential role to play in the re-colonization of São Tomé and Príncipe by the Portuguese, a view that underscores the links between medicine and the colonizing mission.[23] The connection between medicine and European empires has been the focus of abundant research and scholarly work. Two works that were published in the late 1980s have become particularly important references to scholars working in this field: *Disease, Medicine, and Empire: Perspectives on Western Medicine and the Experience of European Expansion* edited by Roy McLeod and Milton Lewis; and *Imperial Medicine and Indigenous Societies* edited by David Arnold.[24] The studies in both of these collections stressed the integral role that medicine and medical practitioners played in European colonial administrations. They also brought to light the idea that medicine was both an instrument of empire and an imperializing cultural force in itself.

While the edited volumes listed above opened the door for colonial medicine as an independent field of study, other more theoretical works on the topic also emerged. One key theorist who has influenced medical historians is Michel Foucault. Shula Marks argued in 1997 that the work of Michel Foucault was one of the "major impulses" behind the "changing focus in the writing of the history of colonial medicine over the past generation".[25] For historians of medicine like Marks, Foucault's theories pointed to the importance of "medical discourses" and demonstrated their significance in "the evolution of the modern state and its powers of surveillance", ideas that could be applied to the

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[23] The term "re-colonization" is used to describe the renewed efforts by the Portuguese to colonize São Tomé and Príncipe from the second half of the nineteenth century onwards. It contrasts with the initial colonization of the islands during the late fifteenth century.

[24] Roy McLeod and Milton Lewis, eds., *Disease, Medicine, and Empire* (London: Routledge, 1988); David Arnold, ed., *Imperial Medicine and Indigenous Societies* (Manchester: Manchester University Press, 1988).

[25] Shula Marks, "What is Colonial about Colonial Medicine?", 206.

study of colonial medicine in Africa.[26] Certainly, when reading the works of Ribeiro, it is clear that this Portuguese doctor wanted the Health Service of São Tomé and Príncipe to acquire a greater knowledge about local diseases, and to use that power and knowledge to increase the service's control over the practice of medicine in the colony.

Doctors of the Health Service experienced difficulties when trying to exert their influence on the plantations in the colony. Therefore, they regarded the urban areas, particularly the city of São Tomé, as places where they were capable of acting without restraint. When reading their opinions about the need to modernize the urban areas, doctors concentrated on a few key issues, including the need to enforce some kind of residential segregation that would separate the European population from the majority of the African urban residents. In addition, since cities such as São Tomé were the entry points for those who came into the colony from abroad, doctors argued that it was extremely important to reform the existing medical facilities in the cities and to create new ones to house people who were suspected of having contagious diseases. The chapter analyzes the opinions and proposals of doctors, as well as other colonial officials, in four sections. The first section presents the views that doctors and other commentators expressed about the urban areas, particularly the two main cities of São Tomé and Santo António. It is followed by a second section, which discusses the policies that public health officials proposed to implement in the urban areas. The focus is on the proposals to relocate the cities or to create European-only neighbourhoods. Sections three and four analyze the projects aimed at modernizing or building new medical facilities, including those aimed at isolating patients during epidemic disease outbreaks. My intention is to

[26] Ibid. See also, for example, Colin Jones and Roy Porter, eds., *Reassessing Foucault: Power, Medicine and the Body* (London: Routledge, 1994).

demonstrate that rather than being advocates for rigid segregation along strictly racial lines, Portuguese health officials in the colony supported the creation of separate areas and amenities for Europeans and Africans who were part of a higher socio-economic class. However, as the chapter also demonstrates, these sorts of projects existed alongside attempts to implement very drastic measures that negatively affected the lives of poorer Africans in the colony.

### *The Tropical Islands and Disease*

In the late nineteenth century, São Tomé and Príncipe had an extremely bad reputation as far as public health was concerned. It lived up to the image of West Africa in general as a "white man's grave".[27] As scholars have noted, for Europeans of the late nineteenth and early twentieth centuries, the tropics were synonymous with decadence, exile, disease, and death. As pointed out by David Arnold, discourses about the tropics emerged as a consequence of the European voyages of discovery in the fifteenth and sixteenth centuries. The tropics, he explains, came to be understood as much a conceptual as a physical space,[28] existing "only in mental juxtaposition to something else, the perceived normality of the temperate lands".[29] Early on, Europeans contrasted Europe and the tropics in terms of vegetation, climate, disease, fauna, flora and human diversity.[30] In addition, tropical areas emerged as "torrid zones" and as dangerous places

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[27] Philip Curtin used this expression to describe the perceptions that Europeans had of West Africa for much of the nineteenth century. See his articles: "'The White Man's Grave': Image and Reality, 1780-1850", *The Journal of British History* 1, no. 1 (November 1961): 94-110; and "The End of the 'White Man's Grave'? Nineteenth-Century Mortality in West Africa", *Journal of Interdisciplinary History* 21, no. 1 (Summer 1990): 63-88.

[28] Arnold, *The Tropics,* 137.

[29] David Arnold, *The Problem of Nature*: *Environment, Culture and European Expansion* (Cambridge: Blackwell Publishers, 1996), 148.

[30] Arnold, *The Tropics*, 111.

for Europeans, characterized by the existence of wild animals, unknown diseases, insect pests, and violent weather phenomena.[31] To be sure, ideas about the tropics evolved and changed over time. By the 1830s, however, Arnold argues that their existence was "scientifically assured" as parts of the globe such as the Amazon in Brazil, Central America, West Africa, South and Southeast Asia and Northern Australia had already been "minutely examined and incorporated into Western scientific knowledge".[32]

According to Alan Bewell, the emergence of "medical geography" in the nineteenth century affirmed the belief that diseases were geographic phenomena. At the same time, Bewell maintains that countries and societies began to be "compared and evaluated on a scientifically constructed axis according to the kinds of diseases that affected them and their success in dealing with them. The geography of nations was now largely rewritten in terms of the language of health, disease, and medical technology".[33] Given that the tropics were seen as a place that was dangerous to the health and well being of Europeans, their exploration was therefore intrinsically connected with medicine.

It is within this context that the Portuguese physician Manuel Ferreira Ribeiro wrote his own "medical geography" entitled *A Província de S.Thomé e Príncipe e suas Dependências ou a Salubridade e Insalubridade Relativa das Províncias do Brazil, das Colónias de Portugal e de Outras Nações da Europa.*[34] Even though regarding São Tomé and Príncipe as one of the unhealthiest spots on earth, he nevertheless believed that

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[31] Ibid.

[32] Ibid., 113.

[33] Alan Bewell, *Romanticism and Colonial Disease* (Baltimore and London: The Johns Hopkins University Press, 1999), 30.

[34] Manuel Ferreira Ribeiro, *A Província de S.Thomé e Príncipe e Suas Dependências ou a Salubridade e Insalubridade Relativa das Províncias do Brazil, das Colónias de Portugal e de Outras Nações da Europa* (Lisbon: Imprensa Nacional, 1877).

it could be improved and transformed. This was an opinion shared by some of the other Portuguese doctors who were posted to the colony from the middle of the nineteenth century onwards. Apart from deeming that medicine was the key to the colony's transformation, doctors were also keen to show that São Tomé and Príncipe could in fact serve as a large "scientific station", one where they would be able to experiment with new medical techniques and therapies, as well as undertake the kind of scientific and medical work that would contribute to Portugal's reputation as one of Europe's major colonizing powers. This was what Ribeiro had in mind, for instance, when he argued that the work that he and other doctors undertook in the colony would serve as a point of reference for studies on the acclimatization of Europeans throughout the tropics.[35]

The idea of São Tomé and Príncipe as both an unhealthy location for European settlement and as a site of experimentation is prevalent in its historiography. One only has to browse the titles of books and articles that have been written about this former Portuguese colony to notice this. For instance, in a 1966 article entitled "A Ilha de S.Tomé Como Centro Experimental do Comportamento do Luso nos Trópicos", Carlos Alberto Garcia described São Tomé as a "veritable experimental center of the reactions of Europeans to hot, debilitating and humid climates".[36] Therein, he further wrote how the earliest period of colonization in São Tomé and Príncipe, in the late fifteenth century, had met with tremendous setbacks. Encouraging Europeans to settle on these islands had proved to be difficult (hence the use of Jews and convicts as early colonists).[37] And, as

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[35] Manuel Ferreira Ribeiro, *Saneamento da Cidade de S.Thomé* (Lisbon: Typographia de Vicente da Silva & C.ª, 1895), 214.

[36] Carlos Alberto Garcia, "A Ilha de S.Tomé Como Centro Experimental do Comportamento do Luso nos Trópicos", *Studia* 19 (December 1966): 213.

[37] The early colonists included several craftsmen, convicts, as well as individuals from Madeira who had expertise in sugar cultivation. In addition, the Portuguese also sent a number of children who had been taken from Jewish families in Portugal. This decision can be understood as a consequence of the

the sources show, most of these initial settlers died from disease. According to Garcia, this dismal reality prompted the king of Portugal to promote miscegenation between European colonists and their African slaves so as to produce a "race" that would be able to thrive on the islands. The king gave orders that each European settler should be granted a male and a female slave: the male slave was to engage in agricultural work, while the female slave was to bear children.[38] Garcia interpreted this miscegenation policy as evidence that São Tomé was one of those places where "a profoundly human dialogue" had taken place between the Portuguese and Africans of various ethnic backgrounds.[39]

Doctors of the Santomean Health Service were well aware of the islands' long history. In effect, most of their works usually begin with a detailed geographic description of the colony, followed by an overview of its history. But when reading their works, it is clear that they had very few positive things to say about the islands, their history, and their indigenous population. For doctors like Ribeiro, a person's health was not only impacted by diet or by the environment, but also dictated that person's "moral conditions", including religion, cultural traditions, language, character, and intellectual state.[40] Although he acknowledged that people had survived in São Tomé and Príncipe since the fifteenth century, all he saw around him was decadence, backwardness and

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Portuguese crown's changing attitude toward the presence of Jews in Portugal. After the expulsion of the Jews from Castile in March of 1492 (the expulsion applied to those who had refused to convert to Christianity), approximately 150,000 Jews left the kingdom. Of those, it is believed that around 90,000 came to Portugal. The King of Portugal, João II, decreed that the Jews had to pay a tax of eight *cruzados* per person within eight months of their arrival in the country. Those who failed to pay would be arrested. It is believed that the children who were sent to São Tomé were part of families that had not paid the tax. In 1793, the King ordered that the children be taken, baptized, and sent to São Tomé to settle the land and to make it "Christian", in Joaquim Veríssimo Serrão, *História de Portugal: A Formação do Estado Moderno (1415-1495)*, vol. 2, 3rd ed. (Lisbon: Verbo, 1980), 261-62.

[38] Garcia, "A Ilha de S.Tomé", 216.

[39] Ibid., 220. Garcia's opinions fall in line with the theory of Luso-Tropicalism, formulated earlier by the Brazilian sociologist Gilberto Freyre, discussed in chapter 5 of the dissertation.

[40] Ribeiro, *Relatório*, 48.

decay. Furthermore, he found nothing positive in its mixed-race, indigenous, population.[41] In fact, Ribeiro labeled miscegenation the "disgrace" of São Tomé and Príncipe and blamed it for the colony's lack of progress. However, he also argued that it was now time to leave the past behind and to move forward, armed with the tools of "truth", "science" and "reason".[42]

Ribeiro's views on race reflected the belief that parts of the globe, such as tropical regions, which had fertile soils that were easy to cultivate, produced indolent and lazy people, who were incapable of or unwilling to perform hard, physical work. Living in a fertile colony and yet producing very little is precisely how he saw the local Santomean population, the so-called *filhos da terra*, or sons of the land.[43] Consequently, contrary to the policy adopted by the Portuguese crown in the late fifteenth century, Ribeiro was a man of his time who did not see racial admixture between the new Portuguese settlers and Africans in the colony as a way to improve their chances of surviving its debilitating climate and endemic diseases.[44] Much of his work was instead geared toward preserving

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[41] The indigenous population of the colony was composed mainly of individuals who had both European and African ancestry. They were designated as *filhos da terra* ("sons of the land"). In addition to the *filhos da terra*, there were also the *forros* who were the descendants of freed slaves. According to Francisco Tenreiro, *A Ilha de S. Tomé,* 176-77, the *filhos da terra* formed the Creole elite of São Tomé and Príncipe. They were large landowners in their own right (the term used to describe a plantation is that of *roça*) and used surnames that could be traced back to settlers who had come to the colony in the sixteenth and seventeenth centuries. By contrast, the *forros* had a much lower status in nineteenth-century Santomean society. Although some of them owned small plots of land (called *rocinhas*), they were regarded, throughout much of the nineteenth and twentieth centuries, as indolent individuals who would rather beg and steal than work. However, as Tenreiro also points out, in the nineteenth century these two groups tended to amalgamate due to the re-colonization of the islands by the Portuguese. He explains how, as a result of Portuguese colonialism, the local elite lost its land and was demoted to the status of the *forro*.

[42] Ribeiro, *Relatório*, 69.

[43] Ibid., 50-51.

[44] Ribeiro's opinions dovetail with the case of French colonization in Guadeloupe where, as shown by Eric Jennings, "Curing the Colonizers: Highland Hydrotherapy in Guadeloupe", *Social History of Medicine* 15, no. 2 (August 2002): 243, the intersection of racial with medical knowledge in the late nineteenth and early twentieth centuries led to a rejection of "acclimatization" and *métissage*. According to Jennifer Yee, "*Métissage* in France: A Postmodern Fantasy and its Precedents", *Modern & Contemporary France* 11, no. 4 (2003): 423, although the term is connected with the concept of "hybridity", it derives

the health of Europeans through what might be called a "hygienic education", which was inextricably linked to ideas of racial decline. He explicitly stated this in 1895, blaming malaria for being "one of the main reasons for the regression of the white race in the colonies".[45] Ribeiro clearly understood disease in racial terms. For instance, he argued that, whereas Europeans were mainly affected by malaria and gastro-intestinal ailments, Africans in São Tomé and Príncipe frequently fell victim to respiratory illnesses such as bronchitis and tuberculosis. This type of correlation between certain groups of people and disease was common at the time. As Alan Bewell maintains, "during the colonial period, susceptibility to specific diseases was one of the primary means by which differences between peoples were conceptualized".[46] However, as he also points out, if disease narratives provided the means to set the colonizers apart from the colonized, such differences were frequently "fragile" and "subject to change".[47] This provides a useful conceptual tool with which to analyze the intersection between public health measures and hierarchies of race and class in São Tomé and Príncipe, hierarchies that were far from fixed.

### *Urban Planning in the Tropics*

Criticisms about dilapidated buildings, unpaved streets and sidewalks, abundance of weeds and garbage, as well as lack of potable water fill many pages of the works describing the urban areas of São Tomé and Príncipe at the end of the nineteenth and the beginning of the twentieth centuries. For these writers, it was not merely a matter of

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from *métis*, which began to be used in the French language only in the seventeenth and eighteenth centuries. As she explains, it is equivalent to the Spanish *mestizo* and the Portuguese *mestiço.*

[45] Ribeiro, *Saneamento*, 91.

[46] Bewell, *Romanticism and Colonial Disease,* 6.

[47] Ibid., 17.

being confronted by unpleasant sights and smells, since they regarded the lack of hygiene as a major cause of disease and death in the colony's urban spaces. Ribeiro, for example, stated that the European family, and particularly young children, had little chance of surviving in the city of São Tomé due to various factors, including the prevalence of malaria and the lack of proper drinking water.[48] As a hygienist, this Portuguese doctor adhered to the miasmatic theory of disease causation, firmly believing that the local environment and conditions impacted one's health.[49] He was adamant that until the *Água-Grande* river of São Tomé was properly sanitized, the city residents would continue to suffer from serious gastro-intestinal ailments since most of their drinking water came from this river.[50] Some filtered the water by using filters called *filtros* or *pedras de Mossamedes*,[51] but Ribeiro argued that these were only partially effective.[52] As for malaria, he attributed its cause to a "malarial microbe", claiming that it originated in the humid and water-drenched soils that also abounded in the city, particularly in its infamous swamps. Even if some Europeans survived the disease, Ribeiro maintained, malaria would sap their energies and essentially rob them of their health for the future.

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[48] Ribeiro, *Saneamento*, 40.

[49] Ribeiro's stance underscores David Arnold's comment about the links between medicine, geographical location and the climate. According to Arnold, *The Problem of Nature,* 17-18, "the health/environment connection means that the physician is respected both as an experienced observer of nature and as a mediator seeking to restore harmony between the patient and the natural environment". According to Alan Bewell, *Romanticism and Colonial Disease,* 30, "(…) from the late seventeenth century until the emergence of modern germ theory in the 1870s, the dominant model of epidemic disease transmission was not contagion, but contamination. It was believed that people became sick, either directly or indirectly, from the noxious air or miasmas produced by the places where they lived. Since places rather than people produced disease, it was places more than people that were in need of curing". Believing in the miasmatic theory of disease causation, Ribeiro, *Saneamento*, 37, included the following description of some of the public health problems facing the city of São Tomé: "Given its location in a low-lying area, the city has zones where stagnant water and vegetation accumulate. This problem is compounded by the building up of animal and vegetal detritus, which, when exposed to the heat and humidity, rot and emit 'pernicious fermentations'".

[50] Ribeiro, *Saneamento*, 162, makes recommendations on how to "sanitize" this river, including the need to enforce municipal by-laws prohibiting residents from throwing garbage in the river and forbidding women from washing clothes in it.

[51] I have yet to find more detailed information about these filters.

[52] Ribeiro, *Saneamento*, 39.

Consequently, he saw malaria as a serious obstacle to the success of the renewed Portuguese colonization of São Tomé and Príncipe, a problem that needed energetic and immediate action.

In his memoirs published in 1939, the Goan physician Bernardo Francisco Bruto da Costa also presented a similarly negative image of the urban areas of São Tomé and Príncipe. He wrote that most of the houses in São Tomé were made of wood and were poorly constructed.[53] In addition, he mentioned that the city's streets were dirty and unpaved, which gave it a "poor and dejected look".[54] Costa was also very critical of the mostly African neighbourhoods of *Espalmadouro* and *Matadouro*, where "native" houses were so badly constructed that they truly "defied gravity".[55]

Santo António, the capital of the island of Príncipe was, it seems, even worse than São Tomé. Raimundo José da Cunha Matos wrote that it was located on "swampy" and "humid" soil, which was mainly caused by the two streams that regularly flooded the city. He referred to one of them, the *Papagaio* stream, routinely turning into a "raging torrent" during the rainy season.[56] Approximately half a century after Matos wrote his description of Santo António, the Governor of São Tomé and Príncipe, José Joaquim Xavier de Brito, continued in much the same vein, describing it as a "pile of ruins over a swamp".[57] He argued that the main problem with Santo António was its bad location, since it had been built at sea level and over marshy soil. And, to make matters worse, the

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[53] Costa, *Vinte e Três Anos,* 6.
[54] Ibid.
[55] Ibid., 39.
[56] Raimundo José da Cunha Matos, *Corographia Histórica das Ilhas de S. Thomé, Príncipe, Anno Bom e Fernando Pó* (Porto: Typ. da Revista, 1842), 65-66.
[57] Arquivo Histórico Ultramarino (AHU), Secretaria Estado Marinha Ultramar (SEMU), Direcção Geral Ultramar (DGU), São Tomé e Príncipe, Caixa (Cx.) 73 [no. 568], Report of the Governor of Príncipe, José Joaquim Xavier de Brito, 16 September 1901.

city happened to be sheltered from winds that could otherwise have brought it a much-needed respite from the tropical heat.[58]

Due to their role as public health officers, doctors of the Health Service attempted to exert a strong influence over the *Câmara Municipal* or Municipal Council of São Tomé. This was the institution responsible for enacting and enforcing municipal by-laws, many of which dealt with public health issues. For instance, Ribeiro presented a number of health recommendations to the Municipal Council of São Tomé, touching on various issues such as the need to renovate public buildings, to regularize the city's water supply, to implement a trash collection schedule, as well as to clean and pave sidewalks, streets, and squares. Costa, on the other hand, came to serve as Mayor of the city of São Tomé and, briefly, as Interim Governor of the colony. It was in this capacity that the latter attempted to implement various public health reforms in the city of São Tomé.

However, as the sources also attest, projects aimed at improving the urban areas from a health perspective met with tremendous difficulties. In an article published in the gazette of the Lisbon Geographical Society at the very beginning of the twentieth century, J. Paulo Monteiro Cancela, an engineer, described some of the obstacles associated with the projects that were drafted in order to supply the city of São Tomé with adequate drinking water. He informed his readers that an earlier project sent to Lisbon had taken so long to be approved that, once it was finally given the green light and sent back to the colony, the engineer responsible for drafting it had already left. The engineer who replaced him disliked the project and thus began working on his own:

[58] Ibid.

however, it was never brought to conclusion because he died before it could be finalized.[59]

There is evidence suggesting that Portuguese colonial officials, including those within the health care system, discussed the possibility of moving the city of São Tomé and Santo António, or at least residential areas and government departments, to "healthier" locations. In the case of Santo António, the capital of Príncipe, administrative authorities debated the possibility of building European homes in a coastal area known as *Cimalo*, located on the left margin of the bay of Santo António. According to José Elias da Conceição e Sousa, also an engineer, this area was close to a river that had clear, clean water and was sheltered from unhealthy winds that originated from the Niger Delta.[60] He believed that this could form the nucleus for a new urban landscape, since the rest of the city could eventually grow in the direction of *Cimalo*.[61]

As for São Tomé City, Bernardo Francisco Bruto da Costa preferred to see it completely demolished and moved to a better area. But, realizing that this was not possible, he subsequently concentrated his efforts on improving conditions in the city.[62] Another Portuguese commentator, António Nogueira, supported the idea of transferring government buildings to the city of Trindade, located at about eight kilometers inland from São Tomé City.[63] Trindade had been singled out by Ribeiro as early as 1869 as a

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[59] J. Paulo Monteiro Cancela, "Impressões de Uma Viagem às Ilhas de São Tomé e Príncipe", *Boletim da Sociedade de Geographia de Lisboa* 19 (May 1901): 486.

[60] Sousa described the Niger Delta as "a monstrous focal point of infection": AHU, SEMU, DGU, São Tomé e Príncipe, Cx. 69 [no. 555], "Ilha do Príncipe: Algumas Propostas Tendentes a Melhorar o Estado de Decadência em que Ela se Acha Acompanhada de Alguns Esclarecimentos Sobre os seus Recursos e o seu Estado Actual", 1874-1883.

[61] Ibid.

[62] Costa, *Vinte e Três Anos*, 178-79.

[63] A.F. Nogueira, *A Ilha de S. Thomé: A Questão Bancária no Ultramar e o Nosso Problema Colonial* (Lisbon: Typ. do Jornal das Colonias Portuguezas, 1893), 93.

good place of residence for Europeans.[64] After his superior in the Health Service, José Correia Nunes, had identified this interior urban landscape as a healthy location, Ribeiro called for the need to conclude the road work in progress connecting it to the city of São Tomé.[65]

In 1904, the *Direcção Geral do Ultramar* in Lisbon issued instructions for the undertaking of a study designed to transform Trindade into an exclusively European city. According to this source, all public and government buildings would remain open in São Tomé, which would continue to serve as a "business" city. Trindade would function as a place of residence, and its European inhabitants would be able to travel to São Tomé City comfortably once the railway line linking the two urban landscapes was completed. The justification for moving Europeans to Trindade was based on a health argument. At a higher altitude than São Tomé City, it would consequently be healthier for Europeans. Africans, on the other hand, would be forbidden to reside in Trindade, with a buffer zone or a *cordon sanitaire* effectively deemed necessary to separate European quarters from non-European ones. Lastly, the instructions also highlighted the need for independent projects concerning the construction of a hospital in Trindade, along with plans for parks, squares, roads, houses, and for projects to supply the city with water and lighting.[66]

Apart from the Trindade project, which was never implemented,[67] there were also suggestions about the possibility of building a hill-station for Europeans closer to the city

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[64] In his earlier works, Ribeiro was in favour of re-locating at least the buildings housing colonial civil servants to a healthier place. However, towards the end of the nineteenth century, Ribeiro abandoned this earlier stance and argued that, since colonial hygiene had made tremendous advances, there was no longer a need to relocate the civil servants. See his *Saneamento*, 208-09.

[65] Ribeiro, *Relatório*, 32.

[66] AHU, SEMU, DGU, São Tomé and Príncipe, "Instrucções para o Estudo do Ante-Projecto da Nova Povoação da Trindade na Ilha de S. Thomé", 1904.

[67] Although the Portuguese never succeeded in re-locating Europeans to the city, it is evident that they spent resources in Trindade, perhaps to the detriment of other locations (including São Tomé itself).

of São Tomé. One such plan proposed that the *Saudade* plantation should be turned into a "little town" for Europeans, mainly to house civil servants, including the Governor of the colony.[68] The Portuguese believed that the plantations, most of which stretched inland from the coast to the higher elevations on the islands, were the healthiest locations for Europeans. In a quest to recover from the debilitating heat associated with the low-lying areas, sources show that some of the whites were able to seek refuge on the plantations. However, it is likely that these individuals were either members of the colonial civil service, or were wealthier persons, such as merchants and professionals. It was also common for Europeans, particularly members of the civil service, to request leave on medical grounds in order to recuperate. Their leaves often involved going to Portugal, Madeira, or Angola (particularly to the Moçamedes region). The problem was with poorer whites who could not leave the islands because they lacked financial means and did not have the necessary credentials and connections to be able to spend time on the plantations.

The relocation of cities and the building of hill-stations in Africa, and elsewhere, during the colonial period is a topic that has attracted the attention of scholars who typically stress that discourses about public health provided the justification for the implementation of such projects. For example, Ambe Njoh argues that the decision by the British to build a hill-station in Freetown, Sierra Leone, at the beginning of twentieth century was reflective of the belief that Africans were "vectors" of diseases like

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When I spent time in São Tomé in 2011 doing archival research, I took a tour around the island, which included a visit to Trindade. I remember the tour guide describing it as the "best" location on the entire island.

[68] Joaquim António de Oliveira, "A Medicina e a Higiene em S. Tomé", *O Jornal,* November 25, 1922.

malaria.[69] This ultimately led to efforts to create a buffer zone of at least four hundred and forty yards between the European and African settlements in that colony.[70] It was racism, however, that ultimately underpinned the decision to enforce residential segregation.[71] Indeed, Njoh further points out that the desire to place European administrative buildings in higher altitudes in Africa during the colonial period was also a way for colonizers to be able to "gaze" upon the colonized.[72] As indicated by David Arnold, the idea of the "gaze" derives from Michel Foucault's work, particularly *The Birth of the Clinic* and *Discipline and Punish*.[73] The notion of the "gaze" refers to the disciplining power of monitoring and surveillance and reflects "an asymmetrical relationship of power, where the viewer occupies a position of power, authority and control over the subject of his or her penetrating gaze".[74] Arnold's comment also dovetails with Njoh's argument that urban planning policies reflected the power that the colonizers possessed over the colonized, a power that could be exerted in a variety of forms (coercion, force, seduction, manipulation, segregation).[75] In addition, Njoh makes

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[69] Ambe J. Njoh, "The Segregated City in British and French Colonial Africa", *Race & Class* 49, no. 4 (April 2008): 92-93.

[70] Ibid. This distance, states Njoh, exceeded the distance that the *anopheles* mosquito was capable of traveling. Such a belief was based on the research done by Dr. Ronald Ross of the Liverpool School of Tropical Medicine, about the mosquito as the carrier of malaria. For other articles that deal with the medical discoveries of the cause of malaria and with racial segregation in Sierra Leone, see: John W. Cell, "Anglo-Indian Medical Theory and the Origins of Segregation in West Africa", *The American Historical Review* 91, no. 2 (1986): 307-35; Stephen Frenkel and John Western, "Pretext or Prophylaxis? Racial Segregation and Malarial Mosquitoes in a British Tropical Colony: Sierra Leone", *Annals of the Association of American Geographers* 78, no. 2 (1988): 211-28.

[71] Njoh, "The Segregated City", 92.

[72] Ambe J. Njoh, "Urban Planning as a Tool of Power and Social Control in Colonial Africa", *Planning Perspectives* 24, no. 3 (July 2009): 303.

[73] Michel Foucault, *Naissance de la Clinique: Une Archéologie du Regard Médical* (Paris: Presses Universitaires de France, 1963) (translated into English for the first time in 1973 with the title of *The Birth of the Clinic: An Archaeology of Medical Perception*) and *Surveiller et Punir: Naissance de la Prison* (Paris: Gallimard, 1975) (translated into English for the first time in 1977 with the title of *Discipline and Punish: The Birth of the Prison*).

[74] Arnold, *The Tropics*, 28.

[75] Njoh, "Urban Planning", 302-03.

an interesting and useful point about the effects of the built environment on the colonized when he suggests that there was a psychological dimension to how the environment was structured. He refers to Frantz Fanon, who, in his critiques of colonialism, had also argued that segregated locations, for example, were psychologically damaging for the colonized, and thus amounted a form of violence perpetrated against them.[76]

The colonial and public health officials who lent their support for the relocation of the cities or for the building of hill-stations in São Tomé and Príncipe justified such proposals on health grounds. But, even though it is clear that behind the health argument stood a racist attitude that underpinned the support for urban segregation, it is also evident that ideas concerning segregation intersected with class as much as they did with race. After noting, with some distaste, that Europeans and Africans lived side-by-side in the city of São Tomé, Ayres Kopke, another Portuguese physician, argued that although it was necessary to build a special neighbourhood for Europeans, Africans of "good economic status" should also be allowed to reside there.[77] He called on the authorities to find a good site for this neighbourhood, preferably on a hill, and to arrange adequate transportation that would facilitate travel between it and the low-lying parts of the city.[78]

Around the same time, the Assistant-Director of the Health Service of São Tomé and Príncipe, Joaquim António de Oliveira, suggested that the city of São Tomé should have two neighbourhoods, one of which should be reserved for Europeans and for "natives in good social conditions".[79] In his view, houses in this neighbourhood had to

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[76] Ibid.

[77] Ayres Kokpe, "Relatório do Professor Ayres Kopke sobre a Endemia de Beriberi em S. Tomé", *Archivos de Hygiene e Pathologia Exóticas* 1, no. 1 (1905): 97.

[78] Ibid.

[79] Arquivo Histórico de São Tomé e Príncipe (AHSTP), Arquivo da Secretaria Geral do Governo, Série A (1802-127), Núcleo de São Tomé, Cx. 496, "Relatório Sanitário da Província de São Thomé e Príncipe Relativo ao Anno de 1905".

be of brick and mortar, but be built in "tropical" style, with verandahs around the house to minimize the effects of the tropical sun. Furthermore, he suggested that each house should have a small garden, with owners mindful to keep it free of stagnant water and weeds. As for the second neighbourhood, it would be reserved for "natives" who could not live in the first neighbourhood because they lacked the "proper means". Interestingly, the author argued that houses made of wood were acceptable in this case, although these needed to meet hygienic and comfort standards and differ from the huts or *cubatas* that were normally built by the African segment of the population of the islands.[80]

It is also apparent that not all colonial officials supported the idea of building hill-stations or neighbourhoods located away from the city centers. In a report written following a medical inspection of São Tomé in 1906, its author informed that municipal authorities were debating the possibility of building houses for Europeans in a neighbourhood near the fortress. The same individual argued against moving Europeans out of the city because it was "not in line with the Portuguese character", adding that such policies were more favourable to British colonists in cities like Durban and Port Elizabeth in South Africa.[81]

Even though there was no general consensus about what to do with the cities, particularly with regard to the issue of urban segregation, Portuguese officials did wish to enforce some kind of arrangement that would separate Europeans from the majority of the indigenous population. However, they were willing to allow those, whom they deemed to be "civilized", to live in primarily European areas. Therefore, urban

[80] Ibid.

[81] AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-127), Núcleo de São Tomé, Cx. 368, "Relatório Sobre a Inspecção de Saúde em S. Thomé," 1906.

segregation, even if it were implemented, was not something that would serve to separate the "colonizers" from the "colonized": and this, in turn, rendered complex any ideas concerning the "gaze" and power that the colonizers exercised over the colonized. Njoh maintains that there is clearly a need for comparative studies about urban planning policies implemented by the various colonial powers in Africa.[82] In his opinion, colonizers of "Latin" origin such as the French and the Portuguese "adhered to a philosophy of cultural as opposed to racial superiority", even though he admits that the effects were the same. In other words, all colonial cities evidenced some kind of segregation.[83] The French used a health discourse along with cultural reasons to justify segregation, maintaining that Africans could not live in European areas because they had not attained the same cultural level as that of Europeans.[84] Comparatively speaking, Portuguese views on the matter are closer to the French rationale for urban residential segregation on "cultural" grounds.

Portuguese authorities were unsuccessful in trying to impose complete residential segregation in the urban areas of São Tomé and Príncipe. This is perhaps indicative of the lack of consensus among officials, not to mention the lack of funds available in order to bring such projects to fruition. However, there is evidence suggesting that colonial and public health officials ordered the demolition of African dwellings as a means of achieving their goals with respect to urban segregation. The demolition of homes that were seen as "unhygienic" was a cheaper alternative to building neighbourhoods, which

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[82] Ambe J. Njoh, "Colonial Philosophies, Urban Space, and Racial Segregation in British and French Colonial Africa", *The Journal of Black Studies* 38, no. 4 (March 2008): 579.

[83] Ibid., 582.

[84] Ibid., 584. Njoh's ideas correlate with the work of Liora Bigon. In her "Urban Planning, Colonial Doctrines and Street Naming in French Dakar and British Lagos, c. 1850-1930", *Urban History* 36, no. 3 (2009): 426, she notes that policies associated with colonial rule, such as indirect-rule in the British case and assimilation in the French instance, were reflected in the urban planning policies that they implemented in their respective colonies.

required financial resources. Ribeiro, for example, avidly supported the idea of demolishing "indigenous huts" in the city because he argued that they formed "filthy neighbourhoods".[85] In particular, Portuguese authorities targeted homes that were made of wood. As previously mentioned, Costa identified the mainly non-European neighbourhood of *Espalmadouro* of São Tomé as a focal point of diseases, arguably because it contained wood huts that were "in a state of decay".[86] Elsewhere in his memoirs, however, Costa identified this neighbourhood as an ideal place for the establishment of a residential area for the higher echelons of the Santomean civil service.[87] He was also one of the staunchest advocates for the need to burn any African dwellings that were deemed unsanitary. This was reflected in the municipal bylaws for São Tomé, which stipulated that residents who built their dwellings out of a wood referred to as *pau-fede* would be subject to a fine and the structures in question would be burned to the ground, without any financial compensation for the owner.[88]

The outbreak of epidemic diseases also provided the rationale for burning "unsanitary" homes and for the implementation of drastic public health policies in the colony. By removing people who were suspected of having an epidemic disease and placing them in isolation, and by burning down their huts, the authorities could

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[85] Ribeiro, *Saneamento*, 73. He had made a similar argument in his 1869 report, when he mentioned that the huts that were not built according to hygienic standards should not be allowed to exist in the city. See his *Relatório*, 51.

[86] Costa, *Vinte e Três Anos,* 39.

[87] Ibid., 179.

[88] "Código de Posturas da Câmara Municipal de São Thomé", *Boletim Oficial do Governo da Província de São Tomé and Príncipe* 28 (July 1899): 1. In article 67 of the same code, anyone wishing to erect any type of building or dwelling had to first acquire a license from the Municipal Council of São Tomé. Licenses would only be granted to building plans that met "hygienic standards". Failure to comply with the licensing regulation meant that the municipal authorities had grounds to demolish or to burn houses that were either "unhygienic", or whose residents had not obtained a construction license. Furthermore, in accordance with the code, the non-payment of fines could be commuted into labour service in municipal projects, with the amount of time determined by the value of the fine. It is likely that these measures impacted mostly the African segment of the population and not Europeans in the city.

effectively re-shuffle urban residential areas. This was not unique to São Tomé and Príncipe. The author of an extensive report on the 1866 smallpox epidemic in Luanda disclosed that the outbreak of the disease in that city had prompted the authorities to destroy huts that were not considered "hygienic" and to finance the building of five blocks of dwellings, called *cubatas regulares*, in the neighbourhood of *Campo do Alto das Cruzes*.[89] As Jill Dias also pointed out, the flight and mortality that resulted from the smallpox epidemics in Angola allowed the authorities to expropriate African land.[90]

What is also apparent from a review of the sources that deal with the issue of "unsanitary" dwellings and their removal from urban areas is the fact that the authorities did not, it seems, target the homes of whites, which leads us to conclude that a racist motive lay behind such actions. The fact is that many of the Europeans who lived in São Tomé were very poor and affordable housing was a problem for them also.[91] Among the European segment of the population, soldiers and convicts (São Tomé and Príncipe was a penal colony until 1881) seemed to have been the poorest.[92] However, even someone like Bernardo Francisco Bruto da Costa complained about not making ends meet in São Tomé and Príncipe. He disclosed that, after arriving in the colony and concluding that he

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[89] Saturnino de Sousa e Oliveira, *Relatório Histórico da Epidemia de Varíola que Grassou em Luanda em 1864* (Lisbon: Typ. Universal, 1866), 130. Other colonial powers adopted similar measures in Africa. According to Maynard Swanson, "The Sanitation Syndrome: Bubonic Plague and Urban Native Policy in the Cape Colony, 1900-1909", *The Journal of African History* 18, no. 3 (1977): 390, the colonial authorities in the Cape used the threat of epidemics as a pretext to relocate black residents in the colony. He states that during a smallpox outbreak in 1901, approximately 6,000-7,000 African residents were moved to a location known as *Uitvlugt*.

[90] Jill R. Dias, "Famine and Disease in the History of Angola", *The Journal of African History* 22, no. 3 (1981): 367.

[91] In a letter written in 1903, the Interim Governor of São Tomé and Príncipe addressed to the Minister for Naval and Colonial Affairs, AHU, SEMU, DGU, São Tomé and Príncipe [no. 261], 1906, mentioned that the salaries of civil servants were too low for them to afford to house and feed themselves adequately in the colony. He added that they could not find proper accommodation and mentioned the case of a civil servant who worked for the treasury department, and who lived in an "old wood house".

[92] A decree approved on December 27, 1881 prohibited the further entry of convicts into São Tomé and Príncipe. See Nascimento, "Recolonização, Mutações Demográficas", 30.

could not survive on his salary, he had decided to present a complaint to the Governor. The latter telegraphed the Minister for Naval and Colonial Affairs in Lisbon who nominated Costa Director of the Bacteriological Institute in the colony, a position that would bring him an additional income.[93] In between the soldiers and convicts and someone like Costa there were many other whites such as clerks, merchants, shopkeepers, public officials and members of various professions who found it difficult to survive financially in a colony where affordable housing was almost non-existent and where basic foodstuffs were quite expensive. This somewhat precarious existence is illustrated by articles published in the newspaper, *A Colónia*. In one of these, someone who signed off as *Zé Semcasa* or "Joe Without-A-House" wrote that São Tomé could be considered a "hyper-civilized" city if it were not for the lack of housing for "those poor devils, like me, who work here under the sweet and eternal illusion of a pending salary raise that never comes…"[94]

It is likely that colonial officials, particularly health authorities, regarded the abundance of poor whites in the colony as a social and health problem. In particular, they saw the possibility of inter-racial mixing as a danger. If this was the case, the removal of African dwellings was a policy that allowed them to prevent co-habitation between Europeans and Africans, particularly of individuals that they considered as members of a "lower class". However, if public health officials achieved some success in enforcing urban segregation as a result of their attempts to remove African homes from certain parts

[93] Costa, *Vinte e Três Anos*, 8-9. Costa mentioned that his initial salary was 45$000 *réis* per month, but that room and board in São Tomé would cost him around 110$000 *réis* per month. In addition to his accommodation costs, he stated that transportation from the city to the hospital would cost 15$000 *réis*. He argued that transportation was an absolute necessity since he refused to walk to the hospital "under torrential rain or the torrid sun".

[94] "Falta de Casas", *A Colónia,* September 4, 1924.

of the city, they could not prevent people from mixing socially. There is anecdotal evidence that reveals the anxieties that Portuguese commentators felt with respect to poorer white men in the colony, particularly their socialization with African women. For example, according to Vicente Almada, some of the eighty-seven Portuguese craftsmen that were brought to São Tomé and Príncipe following an 1877 public works expedition organized for the colony soon entered a "de-regulated life".[95] After working under the hot sun and bathing in the rivers, they spent their nights in "orgies". He then criticized "lower class people" such as craftsmen, soldiers and convicts for not knowing how to take proper care of their own health. Within one year, the number of craftsmen was reduced to thirty-five: by the end of the second year only twelve remained. Some of the craftsmen appear to have returned to Portugal under the pretext of being ill.[96] In Almada's opinion, the craftsmen were in fact responsible for their declining health because they had not followed the rules of proper "hygienic" behavior that was needed of Europeans in such a tropical environment.

Moreover, Almada's criticism that the craftsmen "spent their nights in orgies" also suggests dangerous sexual behavior. In other words, the implication that they had sexual relations with "native" women was regarded as an activity that, first and foremost, posed a danger to their health and, furthermore, was a kind of transgressive behavior that obliterated the desired racial boundaries between Europeans and Africans. As Alan Bewell maintains, colonial works are replete with anecdotal evidence of Europeans visiting colonial outposts and indulging in drinking, eating, and sex with local people. As he points out, the colonial world "frequently required a complex negotiation of disease

[95] Vicente Pinheiro Lobo Machado de Melo e Almada, *As Ilhas de S. Thomé e Príncipe: Notas de Uma Administração Colonial* (Lisbon: Typ. da Academia Real das Sciencias, 1884), 339-40.
[96] Ibid.

and desire".[97] This point is well illustrated by José Elias da Conceição e Sousa, the author of a late nineteenth-century report about the decadent state of the island of Príncipe. In the report, he included some advice to European settlers in the colony. He wrote that, in order to preserve their health they should "eat good food, avoid excessive work, as well as alcohol and 'venereal pleasures'".[98]

The way to prevent Europeans from engaging in this kind of behavior, it was believed, was to educate them. This is the message conveyed in a 1924 article in the newspaper *A Colónia*. Therein, the author argued for the need of all colonists who were planning to settle in São Tomé and Príncipe to receive a "hygienic education" before setting foot in the colony. He wrote that: "every individual who arrives in this colony, regardless of where he comes from, always suffers in a more or less serious manner, according to his level of resistance. He faces a constant battle not only against the climate, but also against the local epidemics that threaten him".[99] In an earlier 1916 article published in another newspaper, doctor Álvaro Cabral who worked for the Municipal Council of São Tomé City, had similarly stressed the importance of educating people in the colony, to convince them that it was better to prevent diseases than to cure them. This physician was of the opinion that between disease, which needed treatment,

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[97] Bewell, *Romanticism and Colonial Disease*, 25.

[98] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 69 [no. 555], "Ilha do Príncipe: Algumas Propostas Tendentes a Melhorar o Estado de Decadência em que Ela se Acha Acompanhada de Alguns Esclarecimentos sobre os seus Recursos e o seu Estado Actual", 1874-1883.

[99] "Higiene na Província", *A Colónia,* August 1924. Concerning good "colonial hygiene", the physician Manuel Ferreira Ribeiro, *Annuario da Ilha de S. Thomé: Relatório do Anno de 1901* (Lisbon: Oficinas Estevão Nunes & Filhos, 1900), 30-32, had years before made a series of recommendations to Europeans who settled in São Tomé and Príncipe. He advised Europeans to sleep in well-ventilated rooms in big beds with cotton sheets, but with a blanket placed at their feet in the case of a cold night. The furniture in their rooms should be made of wicker or bamboo and the bed itself should be made of iron or bronze, but never velvet, upholstery or wood. Furthermore, Europeans should always remember to filter their drinking water, take warm baths, do gymnastics, and have an occasional massage. Also, they should wear loose clothing and never venture outside without a hat and an umbrella. As for medications, they should never forget to take their daily dose of quinine, as well as laxatives to "eliminate the swamp that forms near their intestines".

and perfect health, which needed to be maintained, there was something he called "intermediate", "pathological", or "semi-disease states", and that it was in these that a previously strong race could slowly be transformed into a weak one. This is what he thought was happening to the Portuguese in the colony.[100] In order to remediate the situation, and to prevent the racial decline of the Portuguese, Cabral called for the launching of a "hygienic propaganda" campaign to be carried out in newspapers and conferences, as well as by targeting schools and military installations.[101]

The removal of African dwellings from parts of the city of São Tomé was not only designed to prevent the co-existence and mixing of Europeans and Africans of a certain socio-economic class, but was ultimately also tied to the desire to Europeanize the city itself. Ribeiro weighed in on debates surrounding the beautification of São Tomé. He went so far as to say that his goal was to transform the city into an "equatorial oasis".[102] This meant re-designing its streets, parks, public squares, buildings, and even houses. For instance, he proposed the opening of wide boulevards that would radiate from the city's downtown where the commercial center was located. The boulevards should, he stated, be modeled on the *Avenida da Liberdade*, one of the main thoroughfares of Lisbon which had once been a public promenade that had brought "so much health" to that city's residents.[103] As for public parks and gardens, Ribeiro recommended the planting of "anti-malarial trees" in and around the city. These might have included the eucalyptus, whose roots Ribeiro claimed dried up the soil and thus reduced the humidity and "miasmas". Also, the tree had respiratory health benefits

[100] "Hygiene", *A Defesa,* March 10, 1916.
[101] Ibid.
[102] Ribeiro, *Saneamento*, 172.
[103] Ibid., 174-75.

because its balsam would spread through the air, improving its quality.[104] Furthermore, Ribeiro called for the creation of what he called "acclimatization fields", where experiments with the planting of vegetation would take place, including the cultivation of plants indigenous to regions with colder climates. He then urged the Municipal Council of São Tomé City Hall to embark on a project of building nurseries and cultivating fields.[105]

Ribeiro's plans for the beautification and transformation of São Tomé were attempts to create what scholars call "garden cities". According to Liora Bigon, garden cities were planned as locations and as privileged sites for Europeans.[106] Her argument resonates with the evidence for São Tomé. Ribeiro's plans to make the city healthier and more beautiful clearly meant removing the African element from it. In 1877, Ribeiro called for São Tomé to be divided into three distinctive neighbourhoods that he termed Western, Central and Eastern.[107] The Western neighbourhood would extend from the left margin of the *Água-Grande* river to the *Quingloró* or *Alto da Boa Vista* hill, where the hospital of São Tomé would be built. On the hill, he stated that homes, "palaces", and the military barracks should be built. In other words, the site, which had already been identified as an ideal location for the hospital, would also house an affluent neighbourhood. The central neighbourhood would coincide with the commercial hub of the city and would begin on the right margin of the *Água-Grande* river. Ribeiro believed that it should include plenty of green spaces in the form of parks and squares and he stated that any "primitive homes" should be demolished and removed from this part of

[104] Ibid., 165 and 323.
[105] Ibid., 176.
[106] Liora Bigon, "Garden Cities in Colonial Africa: A Note on Historiography", *Planning Perspectives* 28, no. 3 (2013): 477.
[107] Ribeiro, *A Província de S.Thomé e Príncipe,* 501-03.

the city. In the Eastern neighbourhood, he foresaw the construction of wide boulevards, including one that would stretch along the seafront. It should have a sidewalk lined with trees planted every ten or twenty meters (a park bench should be placed between each tree).[108] No low-rise homes would be allowed to exist along the boulevard, only buildings that had side gardens.[109]

The plans for the embellishment of colonial cities were not just about the implantation of Portuguese style and architecture in the tropics, although there were elements of this. Rather, it was about mixing these elements with a local conception of what it meant to build a city in such a place. Indeed, scholars whose research focuses on hill-stations have argued that European spaces in the colonial context were not exact replicas of towns that existed back in the European metropole. For example, Judith Kenny maintains that the hill-stations that the British built in India were not merely a "transplanted England"; instead, they "were expressive rather of broader nineteenth-century beliefs that set the colonial world apart from Europe".[110] When looking at São Tomé, it is evident that the Portuguese attempted to recreate an urban design that followed examples from the metropole, illustrated by the example of the *Avenida da Liberdade* as referenced by Ribeiro. However, mixed in with this one finds plans to build homes according to a "tropical style" in the city, meaning homes that had to have

[108] This kind of boulevard running along the ocean, with a sidewalk lined with trees where people can walk, is called a *marginal* and was a common feature in colonial cities (as well as in cities and towns in Portugal itself).

[109] Ribeiro, *A Província de S. Thomé e Príncipe*, 501-03.

[110] Judith T. Kenny, "Climate, Race and Imperial Authority: the Symbolic Landscape of the British Hill Station in India", *Annals of the Association of American Geographers* 85, no. 4 (1995): 695.

verandahs and mosquito nets, for example, as well as projects to plant trees that would counter the humid climate.[111]

***Medical Facilities in the Urban Areas***

The debates concerning the need to improve and "modernize" the urban areas of São Tomé and Príncipe invariably led to a discussion over what should be done about the colony's existing medical facilities. The cities of São Tomé and Santo António had the old religious charitable institutions that provided medical care and assistance to the poor. These included the *Real Hospício de Santo António* in Santo António, which had been repaired in 1809, and the two hospices of São Tomé, that of *Santo António* and *Santo Agostinho*, as well as the *Misericórdia* (Holy House of Mercy) hospital.[112] During the nineteenth century, according to Augusto Nascimento, the *Misericórdia* found itself in a state of neglect and began to be the target of heavy criticism.[113] Nascimento argues that the decline of the *Misericórdia* of São Tomé can be understood as a result of the changes that were occurring in the colony toward the end of the nineteenth century. After 1875, with the abolition of slavery in São Tomé and Príncipe, planters experienced difficulties in securing labourers. Attitudes regarding the poor, vagrants, and people who had no "useful employment" shifted. Whereas before they had been seen as deserving of charity, now they were regarded as " lazy vagabonds" who refused to work. This attitude

[111] A project that foresaw the building of homes for civil servants in São Tomé and Príncipe called for the construction of wood "cottages" that would be raised above the ground by brick pillars. The houses would be surrounded by a verandah no less than two meters in width. They also had to have good ventilation and face the ocean. In AHU, SEMU, DGU, São Tomé and Príncipe [no. 261], "Ante-projecto de Habitações para Funcionários Públicos em S. Thomé", 1904.

[112] José Joaquim Lopes de Lima, *Ensaio Sobre a Statistica das Possessões Portuguezas na África Occidental e Oriental; na Ásia Occidental; na China, e na Oceania*, vol. 2 (Lisbon: Imprensa Nacional, 1844), 54-55.

[113] Nascimento, *A Misericórdia,* 14.

made people less receptive toward ideas of reaching out and taking care of the poor, which was, after all, the basis for the foundation of medical and charitable institutions such as the *Misericórdias*.[114]

In 1863, José Correia Nunes, the Director of the Health Service in the colony at the time, had already informed the government about the decline of the *Misericórdia* and stressed the need for the construction of a new hospital in the city of São Tomé.[115] Nunes argued that the charity hospital was in a bad location near the beach in the commercial part of the city, so the best would be to build an entirely new hospital in a more favourable location.[116] His comments made sense in light of the concern among doctors about the proper locations for institutions such as jails and military barracks. In the case of the hospital, however, the government dragged its feet. It decided instead to rent a house that could be used as a hospital in the city and ordered the transfer of patients from the *Misericórdia* to the rented facility in 1864.[117] This was not good enough, according to local doctors. In his 1869 medical report, Ribeiro criticized the government for neither buying nor renovating the house.[118]

The difficulties concerning the restoration of the existing medical facilities or the construction of new ones underscore the lack of funds available for such projects.

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[114] Ibid., 116.
[115] Quoted in Ribeiro, *Relatório*, 167.
[116] Ibid., 70.
[117] *Boletim Oficial do Governo da Província de São Tomé and Príncipe* 4 (February 1864): 1.
[118] Ribeiro, *Relatório*, 171. As for the island of Príncipe, there was the infirmary in Santo António, run by a health delegate. The infirmary also came under some criticism. For example, in a report that he wrote for the year of 1871, the Governor of Príncipe called for the need to build a hospital in a new location. He stated that he had submitted a proposal for the construction of a new facility in 1867. In his opinion, it should be built in a place that would allow the hospital to receive winds from the south or southwest, which would "sweep the unhealthy emanations" from its wards. The ideal site would be on a hill adjacent to the city. The Governor then suggested that the new hospital could be the "embryo" of the new city of Santo António. The existing infirmary was located in the city near the customs house, an area that was considered both unhealthy and noisy. In AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 26 [no. 507], "Relatório do Governador da Ilha do Príncipe, António Joaquim da Fonseca, Referido ao Anno de 1871".

Nothing illustrates this better than the saga surrounding the construction of the new hospital of São Tomé. Between 1862 and 1867, various proposals were made for the selection of an ideal site for the new hospital. Both the medical and the colonial authorities voiced their opinions about this important issue. The government finally approved the construction of a new hospital on October 4, 1872. It was necessary for the Board of Health to meet in order to finalize the details concerning the choice of the site for the construction. This proved to be a difficult task. In 1874, a commission appointed by the Governor of São Tomé and Príncipe finally expressed its views about a number of possible sites. The first was the *Alto da Boa Vista* location, located at approximately two kilometers from the city of São Tomé. It was thirty meters above sea level and, as a result, the commission considered it to be a good location, with excellent "exposure". However, the water supply to the hospital would be difficult given the distance from the city, and because the terrain needed to be expropriated beforehand, which would also delay construction. In addition, because of the distance, some kind of transportation system would be necessary in order to transport staff and patients to and from the facility. Another possible site was a place known as *Campo de Santo António*. In this case, the commission argued against it because of problems with its swampy soil.[119] Also, it had neither good exposure, nor the necessary altitude. The commission was also asked to assess the potential of the *Arrayal* plantation. It was twenty-two meters above sea level, and less than a kilometer away from the city of São Tomé. One detracting aspect was that two pools of water surrounded the plantation. Finally, there was another site near the abandoned convent of *Santo Agostinho*. This was public land and ten meters above sea

[119] Ribeiro, *A Província de S. Thomé e Príncipe,* 488.

level. At one kilometer away from the city of São Tomé, it was close to the city and it had a paved road.

In the end, the Governor chose the *Alto da Boa Vista* location, with construction work on the hospital only beginning in 1881.[120] After all the difficulties experienced when choosing the site and securing enough funds to build the hospital, however, the new facility soon came under severe criticism by the health authorities. The doctors of the Board of Health expressed their dissatisfaction with the new hospital, so much so that they wanted to see it used as a *lazaret* (a quarantine station) and proposed the building of another hospital altogether.[121]

Ribeiro mentioned that he paid a visit to the hospital when he went to São Tomé for the third time during the 1890s and wrote that he was disappointed with the facility.[122] He voiced the opinion that "serious" mistakes had been made when designing and building it, including the lack of preparation of the terrain, the poor alignment of the pavilions and wards, the errors made regarding the "air boxes", and the inadequate choice of building materials.[123] He also argued that creating separate pavilions had not been a good idea, since the staff that had to walk from one row of pavilions to the other was constantly exposed to rain, wind, and dust when doing so.[124] Ribeiro made a series of recommendations aimed at improving the hospital, including the urgent need to replace a pavilion that had been made of wood with a brick structure, to install mosquito nets in all windows and doors, to build isolation wards for patients with contagious diseases, as well

[120] AHU, 1L SEMU, DGU, São Tomé and Príncipe, Cx. 80 [no. 587], Report of the Board of Health of São Tomé and Príncipe, 15 October 1884.
[121] Ibid.
[122] Ribeiro, *Saneamento*, 245.
[123] Ibid.
[124] Ibid., 246.

as to provide adequate transportation to the staff and patients between the hospital and the city.[125]

Besides these more conventional improvements, Ribeiro wanted see a more radical transformation of the hospital facilities, including its grounds. He stated that the hospital should be transformed into a "field of acclimatization", one of his favourite ideas. In line with this, he suggested that avenues should run through the site, linking it with the seashore. Furthermore, Ribeiro also pushed for the introduction of "healthy vegetation" on the hospital grounds, including an orchard and a vegetable garden, which would generate produce for both the hospital staff and the patients.[126]

In 1906, the author of a report noted that the hospital of São Tomé had nine pavilions that formed two parallel lines. All the pavilions in the front row were being used, but he added that in the row behind it only the middle pavilion was operational, with the remainder being partially built.[127] The pavilions in the front had rooms for first- and second-class patients, as well as a ward for Europeans. At the end of the ward, there was a room for third-class patients.[128] The pavilions in the front also had a reception area, a room for the meetings of the Board of Health, the doctors' offices, a library, and an operating room, although the author mentioned not being particularly impressed by its "hygienic conditions". The front pavilions also had a prison ward where there was racial mixing. Finally, the author added that the back row of pavilions included the general ward for African patients, which was, from a hygienic perspective, the worst ward in the

[125] Ibid., 247.
[126] Ibid., 252-53.
[127] AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 368, Repartição de Saúde, 1906.
[128] First-, second- and third-class patients were patients who were able to afford private rooms in the hospital, instead of being admitted to the general wards. The different class categories had to do with the fees that the patients paid for the rooms.

entire hospital.[129] It is clear from this report that the two rows, the front and the one behind it, reflected the class and racial status of patients in the hospital, which also dictated the distribution of available resources. It is noteworthy that the African ward was located in the back row of pavilions, in the part least visible to those first coming into the hospital grounds; it was also the section of the hospital that had yet to be finished. Even though there were separate wards for European and African patients, it is unclear if the private rooms were reserved for European patients. If the categories of first-, second- and third- class patients included African patients who were able to pay the daily hospital fee, it meant that they were housed alongside Europeans of the same socio-economic standing.

However, evidently the Portuguese intended to segregate patients according to race, particularly in the general wards, which were likely intended to accommodate patients who could not afford to stay in the private rooms. In another report, this time from 1907, the author mentioned that the hospital of São Tomé was far too small to meet the needs of the Santomean population.[130] After voicing his approval for its design, that is, a hospital made up of isolated pavilions, the author of the report argued that it would be advisable to separate certain categories of patients. Interestingly, he claimed that there was a great "promiscuity" between the sexes due to insufficient capacity of the facility. Furthermore, it also lacked enough wards to separate patients in accordance with their diseases. His proposal was to expand the facility, by building a total of thirty-one separate buildings or pavilions clustered in "bodies". The "central body" would be the

[129] AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 368, Repartição de Saúde, 1906.

[130] AHU, SEMU, São Tomé and Príncipe [no. 2658-2G], Report about the Hospital of São Tomé City, 1907.

core, to be made up of the administrative services, the reception area, and the pharmacy. It would also house wards for European patients only. Again, the decision to place Europeans in the main cluster of pavilions is indicative of the kind of racial hierarchy that the Portuguese wished to enforce in the colony. African patients would be housed in a different set of pavilions on the periphery, and would also have separate wards for men and women. The fourth set, also on the periphery, would include the isolation wards, which would be segregated according to race as well. In his estimation, the renovated hospital would have the capacity to accommodate one hundred European and one hundred and fifty six African patients.

The project also foresaw the creation of a park in the hospital grounds, as well as small gardens containing "healthy trees" between the various pavilions. Covered pathways would link the different pavilions, a necessity to provide shelter from both the sun and the rain. In addition, a small railway line would facilitate transportation inside the hospital complex. As for the wards themselves, the author proposed the construction of two types: A and B. Type "A" wards would be built in an "I" shape, while type "B" wards would be constructed in a "T" shape. The "I" shape wards would be for Europeans and would accommodate sixteen beds per ward. This type of ward had windows and doors on either end to facilitate airflow. The "T" shaped ward would be for African patients and would be able to house up to twenty-seven patients, leaving a space of seventy-five centimeters between each bed.[131] No mention was made about airflow with respect to the wards for Africans. From this source, it is clear that the author wished to

[131] Ibid. According to Spencer H. Brown, "A Tool of Empire: the British Medical Establishment in Lagos, 1861-1905", *The International Journal of African Historical Studies* 37, no.2 (2004): 314, there were separate wards for European and African patients in the colonial hospital of Lagos. However, European patients had double the space available for their beds when compared to African patients.

separate patients not only according to gender and type of disease, but also according to race.

Time and time again, the sources show that the existing hospital of the city of São Tomé did not live up to expectations, nor did it meet the specifications of the original projects. For example, in a newspaper article written in 1909, the author lamented the "sad promiscuity" that existed in the hospital between the African labourer or *serviçal* and poor whites, who, he wrote, "breathe the same air" and "contaminate each other".[132] Again, the Portuguese authorities were concerned about the mixing of Africans and poor whites, this time in the hospital, particularly in the prison wards or in the wards reserved for less affluent patients. In contrast, they seemed to have no such concern when it came to the racial mixing of wealthier patients, those who were classified as first-, second- and third- class patients.

According to Jeanne Kisacky, the decision to build hospitals comprised of separate wards or pavilions was dictated by the belief that "processes of life" such as respiration, excretion, and human habitation, corrupted the atmosphere and were transmitted by air.[133] Consequently, the design of hospitals reflected a concern with ventilation. As Kisacky also points out, even within hospital pavilions, it was important to separate patients by a buffer zone of space and air, which explains recommendations regarding the minimum space that was deemed necessary to separate one patient's bed from another. As for isolating patients suffering from the same disease, since people

[132] "Ao Novo Governador: O Hospital", *O Africano,* April 11, 1909.

[133] Jeanne Kisacky, "Restructuring Isolation: Hospital Architecture, Medicine, and Disease Prevention", *Bulletin of the History of Medicine* 79, no. 1 (Spring 2005): 5.

believed that "like could not infect like", it was acceptable to accommodate patients in wards for certain categories of disease.[134]

But, beyond simply reflecting medical ideas of the time, Kisacky notes that isolation policies in hospitals were not only spatial and material policies, but also reflected more general social practices".[135] Her point is useful in order to understand the desire to segregate patients according to race and class in the hospital of São Tomé at the end of the nineteenth and the beginning of the twentieth centuries. After all, these kinds of ideas concerning segregation were also present in the projects to re-design cities, including residential neighbourhoods.

Kisacky also makes interesting arguments about the discipline inherent to hospital regulations and practices, and stresses that the hospital was also a disciplinary institution.[136] The measures that doctors proposed in order to modernize the hospital of the city of São Tomé and the infirmary on Príncipe are illustrative of their desire to institute greater discipline in these facilities. In terms of design, for example, the calls for building a fence around the hospital perimeter were definitely an attempt on the part of authorities to keep strangers from entering the grounds and to prevent patients from escaping. The argument that modernizing the hospital meant making it safer also included, for example, suggestions regarding the need to expropriate land belonging to Africans in and around the hospital site.

As for instituting an internal discipline within the hospital walls, regulations dating from 1864 stipulated that patients who displayed bad behavior in the medical facilities in the colony, such as damaging hospital property, could either be sent to the

[134] Ibid., 8.
[135] Ibid., 1.
[136] Ibid., 20.

detention ward, or be punished by having their food rations reduced.[137] The decision to suspend the meal of any patient could be made by a member of the nursing staff, although it had to receive the final approval from the doctor on call.[138] Problems concerning the lack of discipline in the medical facilities of São Tomé and Príncipe did not apply to the patients exclusively but included the staff as well. Ribeiro, for example, mentioned that soldiers and convicts often worked in the hospital as aides, but that they were "unskilled" and had a "doubtful morality".[139] Time and time again, doctors complained that much of their time in the hospital was spent dealing with discipline issues, and argued that it was necessary to recruit professional nurses to serve in the facility. Their complaints are present in the reports that governors of the province wrote and sent to Lisbon. For example, in a report dating from 1875, the Governor of São Tomé and Príncipe, Gregório José Ribeiro, complained that the convicts and soldiers who served as aides in the hospital of São Tomé were very bad for discipline and order and emphasized the urgent need for trained nursing staff.[140]

The problems with instigating discipline in the hospital underscore Ambe Njoh's comments about the link between a built environment and the technologies of power. Referring to Foucault's ideas concerning confinement as an example of the use of force, Njoh argues that, though Foucault was thinking about Europe, he nevertheless exposes the disciplinary structures of "a system designed to collect and confine those considered to be a real or potential threat to the social order, within a specific space delineated with

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[137] "Regulamento para a Administração do Hospital Militar da Ilha de S. Thomé, e Enfermaria da Ilha do Príncipe; Mandado pôr em Execução pela Portaria no Governo da Província no. 50, de 2 de Maio de 1864", *Boletim Oficial do Governo da Província de São Tomé and Príncipe* 35 (December 1864), 3-6.

[138] Ibid.

[139] Ribeiro, *Relatório*, 173.

[140] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 28 [no. 508], "Relatório do Governador da Província de São Tomé e Príncipe, Gregório José Ribeiro, Referente a 1874-75", 1875.

walls, fences or similar barriers".[141] In the case of São Tomé, dangerous elements that needed greater monitoring and control within the hospital included African patients, as well as poor whites, especially convicts and soldiers. In addition, Africans whose homes were seen as being too close to the hospital were also regarded as a potential threat. In this case, by using the tool of land expropriation, health authorities attempted to remove them from the hospital location.

***Epidemic Outbreaks and the Policies of Isolation***

From the second half of the nineteenth century, one of the greatest public health threats to São Tomé and Príncipe was not an internal one but rather an external one, namely the introduction of diseases from abroad. This threat can be understood, given the greater influx of foreigners that were coming to the islands at the time, including African labourers and Portuguese settlers. In 1861, a crisis broke out as a result of the arrival in São Tomé of the ship *Zaire*, belonging to the Portuguese shipping company *União Nacional*. According to Pedro António Fernandes Pires, the Director of the Health Service of São Tomé and Príncipe, the ship, which was coming from Luanda, had not been granted medical clearance or *livre prática* in the Portuguese terminology. One passenger had died on board during the voyage and three other people connected with the ship, the ship's doctor, an engineer, and a "young man" had died in Moçamedes.[142] Pires stated that the passenger who died on board perished from a "disease of the country", while the ship's doctor and the engineer had died of a "suspicious disease". As for the "young man", his cause of death was yellow fever. Pires then mentioned that he had

[141] Njoh, "Urban Planning", 302.

[142] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 14 [no. 496], Report written by Pedro António Fernandes Pires, the Director of the Health Service of São Tomé and Príncipe, 1861.

ordered a quarantine of five days for the ship while it was anchored just off the city of São Tomé.[143]

This episode led to great controversy in São Tomé and Príncipe. The ship's captain, Celestino Cláudio da Fonseca Ferreira, launched a protest against the quarantine imposed by Pires. He raised a number of issues in his formal complaint. One was that Luanda was a "clean port" when the ship had departed from it. Also, he argued that the three people who had died had done so in Moçamedes and not on board the ship. He then accused the officials in São Tomé and Príncipe of not following the proper procedures regarding the medical inspections of ships. For example, he mentioned that the correspondence bag had been taken from the ship despite the quarantine, and that it had not been disinfected. In addition, he added that the health officials in the province had not paid any daily visits to the ship, as they should have done. Finally, Ferreira warned that the colony would be financially responsible for the costs incurred as a result of the quarantine, and stressed that a ship could not serve as a *lazaret*. In spite of the captain's protest, the Interim Governor of São Tomé and Príncipe, João Manuel de Mello, took Pires' side by adhering to the quarantine, stating that this was entirely a "health matter".[144]

The complaint made by the captain of the *Zaire* concerning the neglect of the ship by public health officials had some legal basis. In 1861, the Interim Director of the customs house of São Tomé was forced to publicly defend one of his officers who had been accused of mishandling an inspection of the *Dondo*, a ship that had arrived in São Tomé from Luanda. Although this vessel had no medical clearance, the officer in

[143] Ibid.
[144] Ibid.

question had given permission for its passengers and goods to come ashore. The Interim Director of Customs, José Paes de Vasconsellos, stated that this officer could not be accused of incompetence because he was not a public health official. He wrote: "how can our department be blamed for the fact that the public health service does not have enough staff members or if they are negligent in carrying out their duties"?[145] In a reply to the above accusation, the Director of the Health Service of São Tomé and Príncipe, Pedro António Fernandes Pires, argued that it was common in São Tomé for customs officials to undertake the health inspections of ships arriving in the colony. Pires also stated that he requested customs officials to inform him when a new ship arrived in São Tomé, so that he could go aboard. He then blamed them for not informing him about the *Dondo's* arrival.[146]

The above vignettes emphasize the tensions that often existed between the different public departments and services in the colony. Also, they bring to light the clash of interests between purely economic interests, exemplified by the *Zaire's* captain who wanted to continue on his voyage, and the aims and procedures of the Health Service, which had imposed the quarantine. In fact, many of the controversies concerning epidemic outbreaks in the colony reflect this tension between health regulations and the profit motive.

One of the most serious epidemic outbreaks in São Tomé and Príncipe, however, occurred between 1864 and 1865. José Correia Nunes, the Director of the colony's Health Service at the time, mentioned that smallpox had been introduced in the colony as

[145] *Boletim Oficial do Governo da Província de São Tomé and Príncipe* 41 (December 1861): 168.
[146] Ibid.

a result of the influx of African slaves (*libertos*) originating from Angola.[147] Nunes was alarmed by the fact that the quarantine procedures that had been implemented in order to try to contain the disease had not been effective, mainly because there was no *lazaret* or quarantine facility to isolate the sick.[148] He then raised the urgent need to build such a facility at some distance from the city of São Tomé, arguing that all the slaves from Angola suspected of carrying the disease should be sent there and kept in isolation.[149] The idea was presented to the government, which rejected it, ostensibly due to the lack of funds. Instead, it continued to insist on the enforcement of the policy of quarantining ships. Nunes was vehemently opposed to this because it meant that both sick and healthy patients were forced to "co-exist" while the ship was under quarantine. He referred to two ships that had arrived from Luanda, which had been placed under quarantine for eight days. One of them was again the *Zaire*, which arrived in São Tomé on August 22, 1864, carrying slaves from Luanda with the disease.[150] The captain of the ship wanted the passengers to disembark so that he could proceed with his journey.[151] Nunes

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[147] From 1853 onwards, slaves from Angola who were designated as *libertos* were brought to São Tomé and Príncipe. As António Carreira noted, *Angola: da Escravatura ao Trabalho Livre: Subsídios para a História Demográfica do Século XVI até à Independência* (Lisbon: Arcádia, 1977), 107, the designation of *liberto* appeared in the context of debates about the abolition of slavery in the Portuguese colonies. These debates were taking place as the plantation sector was beginning to expand in São Tomé and Príncipe, where the planters were demanding access to slave labour, particularly from Angola. As Carreira pointed out, in accordance with the decree of 23 of October 1953, *libertos* from Angola would be sent to São Tomé and Príncipe after having first been baptized. They were obliged to serve on the plantations for a period of seven years. Carreira argued that these individuals were free in theory but slaves in practice.

[148] In the nineteenth century, the transmission of epidemic diseases such as smallpox was understood in terms of "contagion". According to Philip Curtin, "Medical Knowledge and Urban Planning in Tropical Africa", *The American Historical Review* 90, no. 3 (1985): 596, contagion was seen as an "emanation" from the body of a person affected by the disease, from someone who had passed away as a result of it, or from the bodies of people who lived in crowded conditions in poorly-ventilated homes. As a result, it was considered essential to isolate those affected by such diseases from the population at large.

[149] AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 14, Repartição de Saúde, 1864.

[150] Quoted in Ribeiro, *Relatório*, 125.

[151] This case is reminiscent of an incident on Mauritius described by Megan Vaughan "Slavery, Smallpox, and Revolution: 1792 in Île de France (Mauritius)", *Social History of Medicine* 13, no. 3 (2000):

disagreed with the captain and maintained that passengers could not come ashore because there was no place to house them. However, the quarantine itself was not successful. After it elapsed, some of the *libertos* on board were taken to the plantations of João Maria de Sousa and José Maria de Freitas. Fifteen days later, some of them were showing signs of the disease. In addition, some of the customs officers who had inspected the ship also contracted the disease and two of them had died from it. Nunes was of the opinion that a moratorium should be imposed, barring the import of *libertos* from Luanda while the epidemic existed on the islands. At the same time, he continued to press for the absolute need for a quarantine station to be built away from the city of São Tomé for the treatment of those who were affected by the disease.[152]

The government rejected the moratorium idea, which planters disliked, but decided to lease a house belonging to a military officer by the name of Pimentel, for the purposes of creating a temporary *lazaret*. The second-class Goan doctor, José Dionísio Carneiro de Souza e Faro, would be posted there to care for the sick, along with a nurse and an aide.[153] It was decided that the *lazaret* would house African patients, who would have to remain there for a minimum of eight days.[154] However, it is clear that isolating patients for that amount of time was an unpopular move. In a letter dated August 26,

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411-28. She mentions that smallpox was brought to that island in the late eighteenth century with slaves originating from India. Knowing that the slaves were affected by the disease, the ship's captain nevertheless hid them from the islands' health authorities. The result was the outbreak of a smallpox epidemic on the island.

[152] AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 14, Repartição de Saúde, 1864. The outbreak of smallpox in São Tomé and Príncipe was caused by the influx of slaves who were brought from Luanda, where the disease had manifested itself. According to Sousa e Oliveira, *Relatório Histórico da Epidemia de Varíola*, the disease had come from the north, from Ouidah, reaching Angola in 1862.

[153] The term second-class doctor refers to a post within the medical hierarchy of the Health Service of São Tomé and Príncipe. Those who occupied the most senior positions within the medical service had the designation of first-class doctor.

[154] AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 14, Repartição de Saúde, 1864. There is no mention in the sources about whites affected by smallpox being interned in the quarantine station.

1864, Nunes wrote that the planter José Maria do Prado had appeared in the *lazaret* with the intention of taking some of the *libertos* who "belonged to him". The doctor agreed to release them on condition that Prado would agree to keep them under quarantine on his plantation.[155] The *lazaret* did not remain open for very long. In September, Nunes wrote another letter in which he called for the *lazaret* to be closed, because the doctor in charge of it, José Dionísio Carneiro de Souza e Faro, had been sent to the island of Príncipe, where the disease had also appeared. This meant that the patients in the *lazaret* had to be transferred to the hospital in the city of São Tomé.[156]

In an 1866 issue of the official gazette of São Tomé and Príncipe, Nunes presented his recommendations for the complete eradication of smallpox in the colony. First, he reiterated the need to impose a moratorium on the entry of Angolan *libertos* while the disease continued to exist in São Tomé and Príncipe. Second, he emphasized that it was the job of the municipal police to determine if smallpox patients had the proper conditions to be treated in their homes in the city of São Tomé. If they did not, they had to be sent to the hospital. Finally, Nunes called for the need to open the old *Misericórdia* hospital to accommodate smallpox patients, since he was adamant that those affected by the disease should not be placed with the general patient population in the São Tomé city hospital. He expressed his satisfaction when he stated that smallpox patients had been transferred to the *Misericórdia*, but voiced his frustration with the fact that the Governor of São Tomé and Príncipe had not prohibited the entry of additional slaves from Angola.[157]

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[155] Ibid.
[156] Ibid.
[157] *Boletim Oficial do Governo da Província de São Tomé and Príncipe* 30 (July 1866).

Another epidemic disease that demanded the attention of Portuguese physicians on the islands was sleeping sickness. According to Bernardo Francisco Bruto da Costa, the number of people infected by this disease increased dramatically during the years of 1894-1895, again due to the labourers contracted from Angola, particularly the Cazengo and Quanza regions.[158] The disease was regarded as a serious threat to settlement on the island of Príncipe. According to the authors of a report published in 1961, the population of Príncipe numbered around three thousand individuals in 1885. Due to sleeping sickness, that number was reduced to eight hundred by 1900: by 1907, only three hundred and fifty people were left on the island.[159] Costa was chosen to be part of the "Correia Mendes Mission", comprised of a group of doctors who were sent from Portugal to Príncipe to eliminate the disease. After inspecting the islands, the members of the mission attempted to implement sweeping measures to rid the island of the disease. This included efforts to "sanitize" the city of Santo António.[160] Costa wrote that the mission began by "taking over" the health delegation in the city, after which it started to make careful inspections of its public buildings, streets, gardens, and stores. As a result, he disclosed that many of the foodstuffs that were sold in Santo António were deemed improper for consumption. The mission members also inspected the infirmary and agreed that it was inadequate for the isolation of sleeping sickness patients. Consequently, they suggested the building of a new isolation facility. Similar to the

[158] According to the doctor, the disease probably existed on Príncipe before 1820. At that time, the tsetse fly, known locally as the "Gabon fly", was probably brought to the island with the slaves and cattle originating from mainland West Africa. He mentioned D. Maria Correia, a wealthy landowner on the island, who imported cattle and slaves from the Mina Coast, Gabon and Angola. In AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 463, "Relatório da Doença do Sono do Príncipe", 1913.

[159] J. Fraga de Azevedo et al., *O Reaparecimento da Glossina Palpalis Palpalis na Ilha do Príncipe* (Lisbon: Junta de Investigações do Ultramar, 1961), 127.

[160] AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 463, "Relatório da Doença do Sono do Príncipe", 1913.

recommendations that had been made a few decades earlier by Nunes with regard to the smallpox epidemic, Costa also raised the question of imposing a moratorium on the importation of further labourers from Angola, a measure (one of many) that did not sit well with the planters on the island.[161] As for isolating sleeping sickness patients, he highlighted that the sleeping sickness brigade had begun restoring an old infirmary that was in ruins for this purpose.[162] The work of the sleeping sickness mission on Príncipe was considered a medical success story. In effect, the Portuguese congratulated themselves on having eliminated this disease from the island by 1914. As mentioned in the work published in 1961:

> After an arduous and brilliant campaign between 1911 and 1914, a team for the fight against sleeping sickness, led by Bernardo Francisco Bruto da Costa and with the help of Correia dos Santos, Firmino Sant'Anna and Araújo Álvares completely eradicated the disease – ridding the island of the *glossina* – the last tsetse fly being captured in April, 1914.[163]

Isolation was also the preferred measure that doctors selected in order to tackle an epidemic of beriberi in 1903 and 1904. The Portuguese doctor, Ayres Kopke, was sent to the colony to be part of a mission to eradicate this disease. Kopke proposed the implementation of a number of measures, including the building of a *lazaret* to isolate patients. The location he picked was the *Ilhéu das Cabras*, a small islet located off the northern coast of the island of São Tomé. However, the isolation period he suggested varied according to the socio-economic standing and the race of each patient. Kopke argued that "natives" who were affected by the disease needed to be placed in the *lazaret*

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[161] Costa, *Vinte e Três Anos*, 94.

[162] Ibid., 104-05.

[163] In effect, the tsetse fly made its reappearance on Príncipe in 1956, prompting the Minister of Overseas to authorize the sending of a "study team" to the island: Fraga de Azevedo et al., *O Reaparecimento da Glossina,* 127-28.

indefinitely, while Europeans and "Africans of good social standing" would remain there only temporarily.[164]

After World War I, the world was shaken by the outbreak of the Spanish influenza.[165] São Tomé and Príncipe did not escape this global pandemic. According to a 1919 medical report, fatalities from the outbreak for the colony during that year included twenty-eight workers who had been brought from Angola on board the steamer *Portugal*.[166] In the same medical report, it was suggested that land located southwest of the hospital of São Tomé should be expropriated, so that a "native ward" could be built to house such patients. It also included a recommendation for the building of a fence around the facility, not only to prevent patients from escaping, but also to keep "strangers" from entering it.[167]

As Maryinez Lyons points out, "the study of epidemics and responses to them is an invaluable analytical tool with which to examine processes of change in societies".[168] In her view, epidemics such as sleeping sickness provided the rationale for the implementation of authoritarian measures in the Belgian Congo. Lyons has further argued that the very act of declaring an epidemic was not merely a "biological act" but that it was also a "social" or a "political" construct.[169] Her comments resonate with the evidence for São Tomé and Príncipe of the late nineteenth and the early twentieth centuries. It was the duty of the Board of Health to declare an epidemic in the colony.

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[164] José Serrão, "Revista Sanitária das Províncias Ultramarinas", *Archivos de Hygiene e Pathologia Exóticas* 1, no.1 (October 1905): 84.

[165] For information about the Spanish influenza pandemic in Senegal, see Myron Echenberg "'The Dog That Did Not Bark': Memory and the 1918 Influenza Epidemic in Senegal", in David Killingray and Howard Phillips, eds., *The Spanish Flu Pandemic of 1918-19* (London: Routledge, 2003), 230-38.

[166] "Boletim Sanitário, Agosto de 1919", *Apenso ao Boletim Oficial do Governo da Colónia de São Tomé and Príncipe* 6 (April 1920): 1.

[167] Ibid.

[168] Lyons, "From 'Death Camps' to *Cordon Sanitaire*", 69.

[169] Ibid., 69-70.

Once the Governor's office was informed of this, it would publish a *portaria* in the official government gazette, declaring the zone affected by the epidemic. The article would also announce the measures that were to be put in place in order to contain the outbreak.[170]

The medical reports that Portuguese doctors wrote during the period under study underscore Alan Bewell's comment about the fact that "whether a place or a people is described as healthy or sick substantially depends on who is doing the describing".[171] In the case of São Tomé and Príncipe, doctors clearly depicted the colony as an unhealthy place, particularly the two main cities of São Tomé and Santo António. Not only were the urban spaces in urgent need of public health reforms, but they were also the obvious place for doctors to launch their "sanitizing" work. In part, this was because physicians faced fewer constraints and were able to have more influence in the cities. Initially, doctors went so far as proposing the re-location of the two cities to healthier locations. When they realized that this was not a viable option, they lent their support for proposals to build hill-stations, which would serve as residential areas for the members of the colonial civil service. In addition, doctors weighed in on debates regarding the need to build racially segregated neighbourhoods in the cities, although they argued that affluent Africans could also reside alongside European colonists in these neighbourhoods. It is evident that the targets of racism were poorer Africans, whom the Portuguese authorities wanted to remove from the cities. By using a health argument, the homes of many poorer Africans were burned down, a drastic measure that literally paved the way for urban renewal projects.

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[170] AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 412, "Regulamento dos Serviços Sanitários da Província de S. Thomé e Príncipe", 1910.

[171] Bewell, *Romanticism and Colonial Disease,* 5.

These urban renewal projects also involved modernizing or building new medical facilities, particularly in the city of São Tomé. Medical officials insisted that the existing facilities did not meet the needs of the growing numbers of people who were settling in São Tomé and Príncipe during the late nineteenth and early twentieth centuries. Consequently, doctors pressured the government to build a new hospital in São Tomé city, one they argued should be built in accordance with the rules of "modern colonial hygiene". When looking closely at the hospital designs, they reflected a desire on the part of the authorities to institute some form of racial segregation as far as the patients were concerned. However, even though the new hospital of São Tomé had separate wards for Europeans and Africans, it is unclear if segregation was strictly enforced in the general wards. As for private rooms, these were accessible to anyone who was able to pay the fees.

Medical officials also argued for the need to modernize the medical facilities given the greater influx of people from abroad into the colony. São Tomé city was the point of entry and doctors emphasized that it was of the utmost importance to build a *lazaret* to house patients who had (or were suspected of having) contagious diseases, such as smallpox. They managed to succeed in this endeavor when the *lazaret* to house smallpox patients, mostly slaves who had come from Angola, was opened during the smallpox epidemic of 1864-65. It proved to be a temporary solution and, after it was closed down, the medical authorities had no choice but to intern smallpox patients in the hospitals of the city of São Tomé (including the *Misericórdia*).

Africans whose homes were deemed "unhealthy" were also the victims of expropriation and expulsion from various parts of the city of São Tomé. Once again, the

health argument provided the justification for the burning down of dwellings. Such drastic measures were being implemented at the same time that Portuguese officials were attempting to transform the city of São Tomé from a backwater into a "modern colonial" urban space. Once again, doctors played a role in debating and drafting recommendations to design and build city streets, parks, public squares and buildings. The plans themselves included aesthetic and architectural influences from the metropole, blended with ideas of what it meant to build a city in the tropics. Clearly, for the Portuguese, in order to create the ideal city, it was necessary to remove the African element from it. In their eyes, the city had to reflect European tastes and interests, although they did not plan it to be an exclusively European space. Those Africans that were more affluent and "Europeanized" would be allowed to live in the European neighbourhoods and would thus be able to enjoy the privilege of living in a modern urban space.

## Chapter Three

## Conquering Nature, Disciplining People: Doctors of the Health Service and Plans to Transform São Tomé and Príncipe into a Viable Settlement Colony

In his seminal work *Green Imperialism: Colonial Expansion, Tropical Island Edens, and the Origins of Environmentalism,* Richard Grove writes that, with the age of European maritime exploration from the fifteenth century onwards, "the task of locating Eden and re-evaluating nature had already begun to be served by the appropriation of the newly discovered and colonized tropical islands as paradises".[172] European explorers marveled at the natural beauty of islands, as well as at the resources they contained. An example that is normally cited is that of the island of Madeira, whose name derived from the abundant trees that it had at the onset of its colonization by the Portuguese. As scholars have also noted, the positive depictions of these "tropical island Edens" dissipated as early attempts to establish permanent settler communities were met with extreme difficulties, such as disease. But, as Grove points out, islands remained rather contradictory places. While they posed rather unique problems associated with "the need for physical and mental survival and health", they continued to represent a "social opportunity for redemption and newness".[173] An idea that dovetails with Grove's argument is that of islands as "laboratories" of exploration. According to Godfrey

[172] Richard Grove, *Green Imperialism: Colonial Expansion, Tropical Island Edens and the Origins of Environmentalism, 1600-1860* (Cambridge: Cambridge University Press, 1995), 5.
[173] Ibid., 33.

Baldacchino, islands always presented themselves as *tabulae rasae* locales, as "potential laboratories for any conceivable human project, in thought or in action".[174]

The colonization of São Tomé and Príncipe serves to illustrate the above comments made by Baldacchino and Grove. Even though in the late nineteenth and early twentieth century the colony was considered to be an extremely unhealthy destination, particularly for whites, medical officers and other colonial officials who were deeply invested in its re-colonization hoped to use "modern medicine" in order to make it into a viable site for European settlement. When reading the sources, it is clear that the more immediate concern of doctors was the need to preserve the life of people in the colony. But, in order to do so, they envisaged the transformation of São Tomé and Príncipe from an unhealthy tropical destination into a healthy one.

The projects and measures that colonial physicians proposed make sense in light of the close connection they believed existed between health and the environment. As Mark Harrison mentions, most European doctors of the eighteenth century thought that Europeans survived best in climates that were more similar to that of Europe itself.[175] The impact of the environment on human health was of course not new to the eighteenth-century. However, as Harrison argues, theories that stressed environmental influences on health became extremely popular in eighteenth-century Europe, including, for example, in the writings of Montesquieu and Buffon.[176] Toward the end of the nineteenth century,

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[174] Godfrey Baldacchino, "Islands as Novelty Sites", *Geographical Review* 97, no. 2 (April 2007): 166. Warwick Anderson uses the "laboratory of experimentation" idea in his book about American colonization in the Philippines from 1898 onwards. According to Anderson, "in imagining their new colony as a laboratory of hygiene and modernity, American medical officers were indulging in a form of magical thinking, creating sympathetic associations in the hope of changing the world". In *Colonial Pathologies,* 5.

[175] Mark Harrison, *Public Health in British India: Anglo-Indian Preventive Medicine 1859-1914* (Cambridge: Cambridge University Press, 1994), 38.

[176] Ibid.

during the high period of European imperialism, the question of the acclimatization of Europeans to tropical climates generated lively debates and assumed great political importance. Doctors continued to believe that Europeans could not possibly adapt to parts of the globe that were unlike Europe in terms of climate, terrain and vegetation. As Harrison points out, the opinions of those who were skeptical about acclimatization raised doubts about the long-term presence of Europeans in tropical regions of the globe.[177]

The physicians who were posted to São Tomé and Príncipe from the mid-nineteenth century onwards were aware of the islands' long history of colonization and settlement, even though they had very few positive things to say about that colonial past. In their eyes, it had produced a very imperfect present. From a health perspective, physicians argued that São Tomé and Príncipe was the unhealthiest of all of the Portuguese colonies. Consequently, there was great urgency in devising and implementing measures to improve public health in the colony. Building on chapter one, which analyzes the public health projects that doctors proposed for the urban areas of São Tomé and Príncipe, the present chapter discusses the plans that doctors put forward for the rural areas in the colony. When reading the sources, it is clear that physicians portrayed the natural environment, particularly the forest, as an unhealthy space, one that needed to be transformed, improved, and used for the benefit of the colonizers. Their ideas about the importance of sanitizing the islands dovetailed with the desire to promote the settlement of a larger number of Europeans in São Tomé and Príncipe. As expected, doctors weighed in on discussions on how to promote the immigration of Europeans to remote and unhealthy locations such as São Tomé and Príncipe. Furthermore, physicians

[177] Ibid., 37.

voiced their opinions on how to prevent the decline in health of Europeans who already resided in the colony.

This chapter begins with an outline of the history of colonization of São Tomé and Príncipe and its impact on the ecology of the islands, and places doctors' opinions about the environment in the context of the re-colonization of the islands at the end of the nineteenth and the beginning of twentieth century. This is followed by a section that discusses a number of projects aimed at attracting greater numbers of European settlers to São Tomé and Príncipe, and that also looks at the input of doctors with regard to questions of emigration. Finally, the last section discusses the opinions expressed by doctors concerning the proposals to build sanatoria and penal colonies, which were designed as rehabilitation sites for Europeans in the colony.

These projects reflect a concern on the part of doctors and other colonial officials with the health of Europeans in the colony. As mentioned previously, physicians voiced very negative opinions about São Tomé and Príncipe from a health perspective. They did not see it as a healthy site for the settlement of Europeans, particularly of women and children. However, it was precisely women and children that they thought were needed to transform São Tomé and Príncipe into a "settlement colony". In order to promote the wellbeing of European families, doctors argued that it was extremely important to use medicine in order to give these families a "hygienic education". Also, as the chapter will show, doctors and other colonial officials were interested in preventing what they perceived to be the "degeneration" of Portuguese colonists who resided in the colony. Portuguese medical authorities expressed fears concerning the "racial degeneration" of European settlers in São Tomé and Príncipe, which they saw in the declining health of

poor whites in particular, mainly soldiers and convicts. Furthermore, the sources also reveal anxieties surrounding the racial admixture between poor white men and African women. As a result, the desire to promote the settlement of European families was linked to the criticisms that doctors voiced about racial mixing. In light of this, proposals for the construction of penal colonies and sanatoria appear as rehabilitation sites that would not only serve to isolate mostly European men from the rest of population, but also as locations where the perceived "degeneration" of these men could be reversed. In other words, rehabilitation sites such as sanatoria and penal colonies would ultimately contribute to the transformation of poor individuals into productive members of colonial society.

### *The Colonization of São Tomé and Príncipe and its Environmental Impact*

Toward the end of the nineteenth century, Portuguese commentators remarked that, between the two islands, São Tomé was the most developed in terms of the total area that was under cultivation. In contrast, they argued that there was little agricultural development on Príncipe. In a report dating from 1874, the Governor of Príncipe, António Joaquim da Fonseca, described the island as a place where nature reigned supreme.[178] His views were similar to those expressed by the Governor of São Tomé and Príncipe at the time, Gregório José Ribeiro, who complained about the state of neglect and decay on Príncipe.[179] He mentioned that agricultural production had declined and that the dense forest now claimed about two-thirds of the territory on the island.

[178] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 26 [no. 507], Report written by the Governor of Príncipe, António Joaquim da Fonseca, 1874.

[179] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 29 [no. 508], Report written by the Governor of São Tomé and Príncipe, Gregório José Ribeiro, 1875.

However, Governor Ribeiro's comments in this report contradict the image of Príncipe as an "untamed" or pristine island. This comes across when he wrote that ruins of dwellings, of built structures, could be found everywhere amidst the dense vegetation, serving as reminders of a more prosperous time gone by.[180]

This "prosperous time gone by" that Governor Ribeiro was referring to had to do with the period of sugar cultivation in São Tomé and Príncipe, which had begun shortly after the "discovery" of the islands of the Gulf of Guinea by Portuguese explorers. By the time the Portuguese made landfall on these islands around 1471 or 1472, they had already colonized other Atlantic islands and archipelagoes. In some cases, the detrimental impact of human settlement and activity on the islands' ecology was already evident. As Alfred Crosby noted, the early colonization of Madeira had led to deforestation, caused by the burning down of trees and by the export of timber.[181] As for the Azores archipelago, one of the ways in which the early settlers impacted the ecology of the islands was by introducing livestock. Sheep were brought to the islands, along with cattle and goats.[182] On the island of Porto Santo (northeast of Madeira), the Portuguese brought rabbits ashore. The animals multiplied and ate the crops, which forced the settlers to abandon the island for Madeira.[183]

The initial attempts by the Portuguese to establish a permanent settlement in the northwestern part of the island of São Tomé between 1486 and 1490 were unsuccessful,

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[180] Ibid.

[181] Alfred W. Crosby, *Ecological Imperialism: The Biological Expansion of Europe, 900-1900* (Cambridge: Cambridge University Press, 1986), 76.

[182] Ibid., 73. A similar situation took place when Portuguese colonists first settled in the Cape Verde islands. For an analysis of the ecological consequences of that early settlement, see Per A. Lindskog and Benoît Delaite's article entitled "Degrading Land: An Environmental History Perspective of the Cape Verde Islands", *Environment and History* 2, no. 3 (October 1996): 271-90.

[183] Crosby, *Ecological Imperialism*, 75.

largely due to disease and lack of food.[184] It was only in 1493, under the leadership of Álvaro Caminha, the third Captain (*capitão-donatário*) of the new colony that the first permanent settlement began to grow. It was located in the northeastern part of the island of São Tomé, in what would eventually become the city of São Tomé.[185] One of the prerogatives of the Captain was the right to distribute land to the settlers. He did so by using the *sesmaria* law. In accordance to this law, land would be granted to a grantee for a period of five years. After that time period had elapsed and if the land had been successfully cultivated, the grantee could claim ownership of the land. However, if he had neglected to cultivate it, the land would be given to someone else who would do so. Attracting a free settler population to the islands proved to be a difficult task. The early colonists included convicts from Portugal, as well as children who had been taken away from Jewish families in Portugal. Slaves from the African mainland were the other unfree segment of the population that completed this puzzle.

As Gerhard Seibert notes, from the onset of colonization, the Portuguese introduced animal and plant species to the islands.[186] The animals included cattle, pigs, sheep, goats, donkeys, chickens, and ducks. Sugarcane, maize, yams, figs, and citrus trees were some of the imported plants. Evidently, not all were from Europe. Different varieties of bananas were brought from Brazil. Also from the Americas, the Portuguese introduced sweet potatoes, coconut, and manioc during the sixteenth century.[187] However, sugarcane became the "king crop" of the emerging Santomean plantation economy. The cultivation of this crop prospered and expanded greatly between 1520 and

[184] Seibert, "São Tomé and Príncipe", 58.
[185] Ibid.
[186] Ibid.
[187] Ibid., 60.

1530 and occurred mostly in the northern part of the island of São Tomé.[188] The more intensive cultivation in the north meant that the forest had to be cleared to make way for the sugar cane. In terms of the impact of sugar cultivation on the island's ecology, Pablo Eyzaguirre maintained that deforestation was more pronounced in the low-lying areas and along rivers".[189] The sugar-mills were normally located near streams, since they relied on water as a source of power. São Tomé offered the right conditions for the establishment of the mills because it had abundant water in the form of twenty-seven small streams and seven small rivers. Also, the island had enough wood that could be used as fuel in the process that was required to boil the sugar cane. Beyond this, as Seibert points out, the wood was an export resource in its own right.[190] The effects of intensive sugar cultivation, particularly in the northern part of the island of São Tomé, meant that this area saw extensive deforestation; in contrast, the southern part of the island remained mostly covered by forest, and therefore largely inaccessible to the early settlers.[191]

The cycle of prosperity based on the cultivation of sugar was fairly short-lived. In effect, São Tomé sugar was considered to be of inferior quality when compared to the sugar that was produced elsewhere, including Brazil and Madeira. Drought, poor soils, and an infestation of worms played a role in this decline as well.[192] As the plantation

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[188] Ibid., 69.

[189] Pablo B. Eyzaguirre, "The Ecology of Swidden Agriculture and Agrarian History in São Tomé", *Cahiers d'Études Africaines* 26, no. 101/102 (1986): 118.

[190] Seibert, "São Tomé and Príncipe", 69.

[191] Eyzaguirre, "The Ecology of Swidden Agriculture", 118.

[192] Ibid., 74. Even though the present chapter does not deal with the topic of resistance, the slave revolts and other forms of resistance that occurred on the islands also played a significant role in the decline of the sugar plantations. According to the historical record, the earliest slave rebellion occurred on the island of São Tomé in 1571, by the slaves belonging to the Lobato family. For articles that deal with early slave revolts in São Tomé see Arlindo Manuel Caldeira's "Rebelião e Outras Formas de Resistência à Escravatura na Ilha de São Tomé", *Revista Internacional de Estudos Africanos* 7 (January-December

sector declined in the late sixteenth and early seventeenth century, the forest reclaimed much of the land of the estates. However, during the centuries that followed, agricultural activity did not cease on the islands; instead, it shifted from large-scale plantation agriculture to smallholder agriculture.[193] As Pablo Eyzaguirre explains, the latter consisted largely of the production of foodstuffs, both for domestic consumption and for sale to the slave ships that visited the shores of São Tomé and Príncipe.[194] It is because of this shift that, in more traditional histories that have been written about this former Portuguese colony, the seventeenth and eighteenth centuries are depicted as centuries of stagnation and even of economic decline, an idea that was very much in vogue in the writings of Portuguese commentators of the late nineteenth and early twentieth centuries.[195]

The nineteenth-century revival of the Santomean plantation economy would not be centered on the production of sugar, but on coffee and cocoa instead. Interestingly, though, the earliest nineteenth-century plantations came to occupy the land of the former sugar mills, located near the ocean and mainly situated in the northeastern part of the island of São Tomé.[196] Coffee was first cultivated on the island of São Tomé in 1800 after the Governor of the colony at the time, João Baptista da Silva Lagos, had acquired

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2004): 101-36; Rui Ramos' "Rebelião e Sociedade Colonial: Alvoroços e Levantamentos em São Tomé (1545-1555)", *Revista Internacional de Estudos Africanos* 4, no.5 (1986): 17-74, and Jan Vansina's "Quilombos on São Tomé, or in Search of Original Sources", *History in Africa* 23 (January 1996): 453-59.

[193] Seibert, "São Tomé and Príncipe", 76.

[194] Eyzaguirre, "The Ecology of Swidden Agriculture", 119.

[195] According to Malyn Newitt and Tony Hodges, *São Tomé and Príncipe,* 24, during these two centuries plantation agriculture did indeed decline, but they argue that "the natural fertility of the islands allowed the Creole population to produce a variety of crops without great labour or high investment". For example, during the seventeenth century, cotton was exported from São Tomé, along with rice. Santomean soap made from local palm oil was also exported abroad.

[196] Tenreiro, *A Ilha de São Tomé*, 146.

*Coffea arabica* seeds from Brazil.[197] The early attempts to cultivate coffee did not produce good results, though, as disease decimated the plants. In 1878, the *Coffea liberica* variety began to be cultivated, after having been introduced by the planter Alfredo dos Santos Pinto.[198] As for cocoa, its cultivation began in 1822 on the island of Príncipe where it expanded greatly.[199] One of the "cocoa pioneers" of the islands was João Maria de Sousa e Almeida, a former slave-trader who had been born of Brazilian parents on Príncipe. After the abolition of the Atlantic slave trade, he had decided to invest in agriculture.[200] The cultivation of coffee and cocoa often took place on a single plantation. Some of the plantations extended from the coast, at lower altitudes, to the interior of the islands, at a higher altitude. While cocoa trees were planted in the low-lying areas of the plantations, coffee was normally planted on the higher elevations.[201]

The plantations expanded greatly, so much so that by 1900 they occupied roughly 90% of the island of São Tomé.[202] Their expansion meant that forest areas diminished. At the time, Portuguese commentators noticed the effects of deforestation and expressed their opinions about this problem. Ernesto Vasconcelos, the author of a geographic work about São Tomé and Príncipe published in 1919, argued that clearing the forest "without method" was a mistake.[203] Vasconcelos also referred to the Portuguese naturalist and Director of the Coimbra Botanical Gardens, Júlio Henriques, who had emphasized the

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[197] According to Timothy Walker, "The Medicines Trade", 427, the Portuguese brought coffee, cocoa, and cinchona trees from Brazil to São Tomé.

[198] Ernesto J. de C. e Vasconcelos, *S. Tomé e Príncipe: Estudo Elementar de Geografia Física, Económica e Política* (Lisbon: Tipografia da Cooperativa Militar, 1919), 66-67.

[199] Ibid., 67.

[200] Seibert, "São Tomé and Príncipe", 76.

[201] In the Portuguese sources, the introduction of crops such as cocoa and coffee are seen as the result of Portuguese efforts. In other words, it is part of the Eurocentric narrative about the re-colonization of São Tomé and Príncipe from the mid-nineteenth century onwards. The Creole planters of the colony were responsible for experimenting with cocoa cultivation, which should also be understood in the context of the introduction and expansion of cocoa cultivation in West Africa.

[202] Eyzaguirre, "The Ecology of Swidden Agriculture", 119.

[203] Vasconcelos, *S. Tomé e Príncipe,* 63-64.

importance of forest conservation and its links to the climate, particularly the levels of humidity. Vasconcelos concurred with this theory and argued that if forests disappeared, the result could also be a reduction or even the disappearance of rains, which would negatively impact farming.[204]

Another commentator, Ezequiel de Campos, who was posted to the colony at the beginning of the twentieth century to work for the Department of Public Works, described how plantations were advancing from the periphery to the center of the island of São Tomé.[205] He regarded deforestation as a dire concern, particularly in the southern part of São Tomé, where it could disturb the rainfall pattern and make the climate hotter and drier. He also warned of flooding and landslides becoming more prevalent as forests retracted. Campos was in favour of creating forest reserves in São Tomé and called for agricultural exploration to be done in a "rational manner". Nevertheless, outside the forest reserves, Campos said that the forest resources should be exploited, including much of the wood that could be harvested for export purposes. The only impediment to this kind of development, he said, was the lack of the means of transportation. As a result, he proposed the construction of railway lines throughout the island.[206]

One has to ask to what extent the opinions of experts such as Vasconcelos, Campos, and Henriques regarding forest conservation resonated with planters and colonial authorities in São Tomé and Príncipe. Also, to what extent did the authorities, the planters, the experts, including doctors, have competing agendas when it came to preserving the natural environment of the islands? As Michael Worboys, who

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[204] Ibid.

[205] Ezequiel de Campos, "S. Thomé", *Boletim da Sociedade de Geografia de Lisboa* 4 (April 1908): 130.

[206] Ibid.

investigates the role that scientists played in the colonial context (particularly in the British empire), points out, colonial science at the end of the nineteenth century, including botany, was essentially *applied* science, and was fundamentally concerned with the need to exploit colonial natural resources for the benefit of the colonizers.[207] This was indeed the case with São Tomé and Príncipe. When colonial officials, including the Governors of the colony, called for Portugal to send experts, including naturalists and botanists, to study the flora, the objective was not to study nature for the sake of gaining knowledge, nor was it to preserve the islands' natural environment; instead, it was to uncover knowledge of how the natural environment and its resources could be of use to trade, to agriculture, and to industry. This is clearly the message conveyed by the Governors of the colony in the annual reports they sent to Lisbon. In these reports, they often listed the "useful" plants of São Tomé and Príncipe, which could be exploited for a variety of purposes. Therefore, despite the fact that there were a few individuals that warned about the dangers of deforestation in São Tomé and Príncipe, it is clear that most voices concurred about the need to use the forest as a resource and to cultivate as much land as possible.[208]

James C. Scott defines agriculture as "a radical re-organization and simplification of flora to suit man's goals".[209] He argues that forestry and agricultural plans, as well as projects for plantation agriculture were all designed to render land, its products, and its

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[207] Worboys, "The Imperial Institute", 167.

[208] The Santomean geographer, Francisco Tenreiro, described the history of the colonization of São Tomé in terms of a struggle that pitted people against nature and argued that the forest was the symbol of this struggle. In *A Ilha de São Tomé*, 163, Tenreiro maintained that during periods of greater socio-economic development (centered on plantation agriculture), the forest receded. This is what had occurred during the initial colonization period of the sixteenth century and, once again, with the re-colonization of the island from the second half of the nineteenth century onwards.

[209] James C. Scott, *Seeing Like a State: How Certain Schemes to Improve the Human Condition Have Failed* (New Haven and London: Yale University Press, 1998), 2.

labour force more "legible" and more "manipulable from above and from the center".[210] In his opinion, the modern state requires untouched forest to be replaced by one that functions as an economic resource in an efficient and productive manner. Scott also points out that this concern is reflected in language. For example, he states that plants that have a value become "crops", whereas plant species that are undesirable are labeled as "weeds". Along the same lines, desirable trees become "timber", another exploitable resource.[211] Even though one can argue that the Portuguese colonial state in São Tomé and Príncipe was weak and underfunded, one of its goals was to acquire a better knowledge of the natural resources of the islands and to use that knowledge as a means of exploiting them.

The physicians who were posted to São Tomé and Príncipe also left behind many descriptions of the colony's landscape, as well as opinions about the need to transform it. In a report written in the mid-nineteenth century, the physician José Correia Nunes noted that the island of Príncipe had perennial vegetation and abundant water.[212] He described it as an attractive place for thinkers, for "philosophers", and naturalists who would delight in observing the innumerable vegetable species present on the island, from the tiniest plants to the most gigantic trees. Nunes disliked the frequent, torrential rains, which he said made the vegetation so strong that it would not allow other more "useful" plants, including the coffee plant, to grow.[213] Shortly after his arrival in the colony, Manuel Ferreira Ribeiro described the frequent mists that seemed to envelop the island of São Tomé. He wrote that they ranged from the "purest white" to the "most menacing

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[210] Ibid.
[211] Ibid., 13.
[212] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 1853 [no. 491], "Reflexões Àcerca da Salubridade da Ilha do Príncipe, das Principais Causas das Doenças e da Mortalidade", 1853.
[213] Ibid.

black".[214] Furthermore, he opinioned that at times the heavy rains came down with such fury and intensity that they would certainly erase the vestiges of man's work.[215] Observing this spectacle, stated Ribeiro, rendered one "speechless and stunned".[216]

Doctors' ideas concerning disease and health were intrinsically linked to their perceptions about the natural environment. For instance, Ribeiro argued that the dense vegetation of São Tomé and Príncipe was unhealthy because it produced an imbalance in the levels of oxygen in the atmosphere.[217] Furthermore, in his view, uncultivated land was a breeding ground for diseases due to the humus that it contained.[218] As a believer in the miasmatic theory of disease, Ribeiro expressed concerns that the accumulated vegetable and animal matter, when combined with the effects and the sun, heat, and humidity worked together to "corrupt the air", which would cease to circulate properly. In turn, this would have a detrimental effect on the physical wellbeing of people.[219] Physicians and several other commentators often mentioned that the colony only had two seasons: the rainy season was one of them and it was closely associated with the onset of the fevers or *carneiradas*, as they were known locally. The rainy season was briefly interrupted by a dry season known as *gravana*, which spanned the months of July and August. Ribeiro noted that during the dry season the "malarial microbe" remained dormant and that the objective of the "sanitizing work" that he and other medical officials were doing in the colony was to prolong this healthier, drier, season.[220]

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[214] Ribeiro, *Relatório*, 17-18.
[215] Ibid., 19.
[216] Ibid., 17-18.
[217] Ibid., 129-30.
[218] Ibid., 129.
[219] Ibid., 149.
[220] Ribeiro, *Saneamento,* 86.

According to Ribeiro, the deleterious effects of excessive vegetation could only be countered by as much cultivation of the soil as possible.[221] But cultivation, he argued, was a difficult activity in a colony like São Tomé and Príncipe. Ribeiro described it as exhausting and continuous work, since any cultivated plot of land that was left uncultivated would be invaded by "useless plants" in as little as fifteen days. In the work that he wrote toward the end of the nineteenth century, Ribeiro continued to expound the importance of cultivation, by saying that it worked against the "malarial microbe". He constantly depicted coffee, cocoa, rubber, coconut, and palm as "healthy plants", although he did not go into any detail in explaining what exactly made them healthy.[222]

The cinchona tree was another example of a desirable, "healthy" plant.[223] According to Ernesto Vasconcelos, cinchona trees were first planted in the colony in 1864 without much success.[224] It was only in 1868 that they began to thrive. Vasconcelos attributed this success largely to the work Jacinto de Sousa Ribeiro, a civilian doctor who visited plantations in order to convince planters to introduce cinchona trees on their estates and to give them instructions on how to care for the trees.[225] The cinchona tree-planting scheme is an interesting example of how ideas about the need to render the islands healthier matched the desire to extract locally-produced resources that would bring economic benefits as well. The bark of the trees was to be exported to Lisbon where it would be transformed into quinine that would then be re-exported to the colony. As pointed out by James Duncan in his exploration of the connections between

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[221] Ibid.,198.
[222] Ibid.
[223] The cinchona tree is also known as the *quina* tree. Its bark was used in the production of quinine.
[224] Vasconcelos, *S. Tomé e Príncipe*, 69.
[225] Ibid.

health and profitable economic ventures in the nineteenth-century British colonization of Ceylon, "(…) the miasmatic theory of disease dovetailed conveniently with utilitarian beliefs that such deadly wastelands and jungles should be transformed by modern European practices and technologies to make them economically productive".[226]

What is also interesting about the plans to introduce trees such as the eucalyptus and cinchona in São Tomé and Príncipe is the way in which these foreign plant species would continue the pattern, begun in the late fifteenth century, of introducing plant species from elsewhere, which altered the islands' ecology. Alan Bewell argues that the concept of hybridity is useful when describing colonial landscapes because it reflects "the impacts and negotiations that emerged from the Europeans' attempts to transpose their own biosocial ecologies to other regions of the globe".[227] São Tomé and Príncipe in this sense represents an interesting case study. The concept of hybridity can be used to describe the altered ecology of São Tomé and Príncipe. However, it was not a matter of simply transposing plant species from Portugal to the colony. Rather, the plant species that the Portuguese attempted to introduce derived from other parts of the Portuguese empire as well.

Therefore, when Portuguese commentators wrote their descriptions of the natural environment of the islands at the end of the nineteenth century, they were in fact recording their impressions about an environment that had already been altered, one that was already hybrid. For instance, when they described the untamed and "virgin forests" of São Tomé and Príncipe, they were not writing about a pristine landscape, but rather one that included local as well as imported plant species. It was also in this hybrid

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[226] James S. Duncan, *In the Shadow of the Tropics: Climate, Race and Biopower in Nineteenth Century Ceylon* (Aldershot: Ashgate, 2007), 104-05.

[227] Bewell, *Romanticism and Colonial Disease*, 48.

environment that the Portuguese were prepared to introduce new plant species, again underscoring the notion of São Tomé and Príncipe as a "laboratory of experimentation".

### *"The Madeira of the Equator": Plans to Attract European Colonists to São Tomé and Príncipe*

During the last quarter of the nineteenth century, São Tomé and Príncipe witnessed the influx of people into the colony.[228] Most were contracted labourers or *serviçais* from Angola. According to Carlos Espírito Santo, 55,869 Angolan labourers were transported to São Tomé between 1876 and 1900, with an additional 19,388 brought into the colony during 1905-1909.[229] The number of Europeans also grew from a mere forty-three individuals living in São Tomé in 1844, to four hundred and thirty six in 1868, and then again to five hundred and seventy two in 1881.[230] In spite of this demographic growth, the process of re-colonizing the islands with greater numbers of people was fraught with difficulties. The most serious obstacle was that of disease. It was disease that continued to give São Tomé and Príncipe its reputation as a "colony of elimination" as opposed to one of settlement. In terms of the contracted labourers, high death rates, escapes from plantations, and low birth rates all led planters to continue to replenish their labour pool by contracting workers from outside the colony.[231] As for Europeans, they too experienced high death rates. Doctors in the colony were well aware of the number of European fatalities as a result of disease. Specifically, doctors of the Health Service

[228] Nascimento, "Recolonização, Mutações Demográficas", 413.
[229] Espírito Santo, *Contribuição*, 60.
[230] Nascimento, "Recolonização, Mutações Demográficas", 413-14.
[231] The planters also complained that members of the local non-European population of São Tomé and Príncipe, known as the *forros*, refused to work for the plantations.

who worked in the hospital of São Tomé and in the infirmary of Príncipe kept a record of the deaths that occurred in these medical facilities.

In the late nineteenth century, physicians in the colony debated the question of whether or not it was possible for Europeans to survive the colony's tropical, and therefore "lethal" climate. Most did not think that Europeans could acclimatize in the colony, mainly because of the existence of fevers that claimed the lives of many of those who came to settle there. Even if they were healthy when they arrived in the colony, they argued, Europeans either died during their stay or left the islands with their health ruined. European morbidity and mortality rates were disconcertingly high. For instance, in his 1895 book about the city of São Tomé, Ribeiro stated that forty-seven out of one hundred European patients that were treated in the hospital of São Tomé died of fever.[232]

Ribeiro was in fact convinced that Europeans could not produce healthy offspring in São Tomé and Príncipe. He argued that European women had "double menstruation", which he attributed to the effects of the heat and the miasmas.[233] This was a serious problem that needed to be addressed, if the intention was to attract European families to the colony. In spite of his pessimism, as an environmental determinist Ribeiro believed that it was possible to determine which areas were suitable for white settlement and which were not through the careful study of the climate and topography. As an example of a "success story", he referred to a European family with a healthy two-year old child residing in the city of São Tomé the vicinity of the fortress of São Sebastião.[234] Therefore, he expressed some optimism when he stated that it would be possible to transform São Tomé and Príncipe from a colony of "elimination" into the "Madeira of the

[232] Ribeiro, *Saneamento*, 41.
[233] Ribeiro, *Relatório*, 149-50.
[234] Ibid., 117-18.

Equator".[235] In order to bring about this transformation, it was necessary to use the available resources, financial and otherwise, in an intelligent fashion.

It was also important to give newly arrived European colonists a "hygienic education" so as to instruct them on how to survive in such an unhealthy environment. Ribeiro's many published works can be considered as manuals containing advice to colonists about issues pertaining to personal as well as to public hygiene. For instance, in his 1869 medical report, the doctor stressed the importance of advising Europeans who had recently arrived in the colony to take between six and eight granules of quinine every day, dissolved in coffee or wine, as a preventative measure against malaria.[236] In this report as well as in many of his other works, Ribeiro's many recommendations range from what medications to take, what foods to eat and to avoid, the kind of clothing that Europeans should wear, the furniture they should have in their homes and how these should be built.[237]

Given that so few Portuguese families were in fact willing to go to São Tomé and Príncipe, commentators argued that the government had to take steps in order to encourage emigration. A few concrete proposals were made to bring groups of Portuguese settlers to São Tomé and Príncipe. One of the earliest, dating from 1867, was made by José Maria de Freitas, a colonist who owned a plot of land on the *Ilhéu das Rolas*, an islet situated just south of the island of São Tomé. He approached colonial authorities claiming that he wished to build an agricultural colony on his land and that he wanted colonists from Madeira to settle on it, where they would engage in agricultural

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[235] Ibid., 116.
[236] Ibid., 225.
[237] Manuel Ferreira Ribeiro, *Guia Hygienico do Colóno nas Terras mais Insalubres da África Central* (Lisbon: Typographia Estêvão Nunes, 1901), deals specifically with this kind of advice.

work. He suggested bringing fifteen families and fifteen young men from Madeira, but that the cost of their journey to São Tomé should be the responsibility of the government.[238]

In 1876, the Governor of São Tomé and Príncipe, Estanislau Almeida, wrote a letter addressed to the Minister for Naval and Colonial Affairs in Lisbon in which he informed that the island of Príncipe was extremely fertile, but that it found itself in a state of neglect.[239] His recommendation was to bring white settlers to Príncipe, in particular colonists from Madeira and the Azores, to develop agriculture on the island. His argument was that Portuguese authorities should have no problems when it came to providing incentives to such colonists, because there were many poor people in Madeira and the Azores who would gladly seize the opportunity to seek a better life elsewhere. Almeida lamented the fact that colonists from Madeira and the Azores were emigrating to other parts of the globe that were not in the Portuguese empire, and felt that this was a wasted potential. He argued that the Portuguese government should step in and not only pay for the expenses of their voyage to Príncipe, but also supply them with food, agricultural tools, and plots of land for free. They would be required to cultivate such plots within a certain period of time, or risk losing them. Finally, Almeida suggested that the colonists could grow vegetables and raise animals.[240]

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[238] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 19 [no. 501], Request made by José Maria de Freitas, 1867.

[239] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 31 [no. 510], Letter written by the Governor of São Tomé and Príncipe, Estanislau Almeida, to the Minister for Naval and Colonial Affairs in Lisbon, 1877.

[240] Ibid. Almeida's suggestion reflects the ideas that officials had concerning the nature of agricultural work in the colonies. They frequently argued that it was unsuitable for whites to engage in agricultural labour on plantations. This kind of intensive plantation work, they stated, was more suitable for Africans. When it came to Europeans, they claimed that it was acceptable for them to perform work such as raising livestock or tending to vegetable gardens and orchards.

Cristiana Bastos has recently discussed the settlement of colonists from Madeira on the Huíla plateau in Angola in the late nineteenth century.[241] Despite being lauded as an example of a successful colonization attempt by authorities at the time, she mentions that colonists from Madeira came to be regarded and derided as "second-class settlers" by the local authorities in Angola. Similar to the request made by Estanislau Almeida regarding the island of Príncipe, in the case of the Angolan settlement, the Portuguese government paid for the voyage of the settlers and gave them agricultural tools, money and food on their way to Huíla.

These types of settlement experiments involving colonists from Madeira or the Azores underscore how difficult it was to encourage people to emigrate to the colonies, especially to places that were only nominally under Portuguese control. This was particularly evident in the case of Angola and Mozambique during the second half of the nineteenth century. It is interesting to note that these settlement proposals involved families who would perform agricultural work in the colonies, since there was a debate as to whether or not Europeans should be involved in this type of manual work. Commentators expressed varying opinions about the kinds of activities that were considered acceptable for Europeans to do in the colonies, particularly in "tropical" ones such as São Tomé and Príncipe. In 1874, although agriculture had practically become stagnant on Príncipe, its Governor, António Joaquim da Fonseca, was vehemently opposed to the idea of bringing whites to do agricultural work on the island.[242] Yet, two

[241] Cristiana Bastos, "Maria Índia, ou a Fronteira da Colonização: Trabalho, Migração e Política no Planalto Sul de Angola", *Horizontes Antropológicos* 15, no. 31 (January-June 2009): 51-74.

[242] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 26 [no. 507 1 and 2], Report written by the Governor of Príncipe, António Joaquim da Fonseca, 1874.

years later, Governor Estanislau Almeida proposed the opposite: that is settlement schemes involving colonists from Madeira to work in agriculture on Príncipe.

Doctors also participated in these debates. For his part, Ribeiro argued that Europeans should not be used in clearing "virgin" forest, because this was a kind of activity that should only be done by Africans. Otherwise, Ribeiro actually emphasized the link between cultivating the soil and good health. However, the type of agricultural work that he considered suitable for Europeans was not plantation agriculture, but rather the planting and maintenance of orchards and vegetable gardens.[243] Also, Ribeiro was of the opinion that experts first had to determine which locations were suitable for European agriculture. In the case of São Tomé and Príncipe, he called for the creation of European agricultural settlements, but only in the areas that were located at a higher altitude and toward the interior of the islands.[244]

When read in conjunction with similar plans to bring mostly settlers from Madeira and the Azores to São Tomé and Príncipe, the work of Bastos on the Huíla settlement tells us a great deal about Portuguese ideas and anxieties about race, class, and work in the colonial context. As she points out, settlers from the Portuguese Atlantic islands became the "cannon fodder" of Portuguese colonization because they were from a peripheral region and especially because they were poor and uneducated. Local medical officials in Angola deemed them incapable of colonizing.[245] Given the difficulties in prompting people to go to the colonies, it was acceptable to rely on and encourage the

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[243] Ribeiro, *Relatório*, 129-30.

[244] Ibid., 143.

[245] In "Maria Índia, ou a Fronteira da Colonização", 67-68, Bastos includes the opinions voiced by a doctor by the name of Joaquim Cardoso de Botelho about the Madeira colonists in Southern Angola. The doctor concluded that they were incapable of colonizing because they were "indolent" and displayed such bad qualities that they did not deserve to be considered in any study on acclimatization. Furthermore, according to the doctor, the Madeira colonists were "immoral and filthy and thus lacked any qualities, beyond skin colour, that served to elevate them above individuals of the black race".

emigration of individuals who were poor and marginalized. However, when these individuals arrived in the colonies, the authorities, including medical officials, were aware of the negative image of the colonizer that these new settlers projected. This brings to light questions of identity: what did it meant to be Portuguese in the colonial context?

Ann Stoler has argued that one of the most useful analytical concepts that scholars can use in order to understand the construction of colonial categories and national identities in the European colonies is that of the "interior frontier".[246] She maintains that it is a "compelling" concept because it is so contradictory. Since most of individuals who settled in São Tomé and Príncipe were from a lower socio-economic stratum, they were already marginalized within Portugal itself. When placed in the colonies, their lack of education and their behavior not only blurred the boundaries between what it meant to be "civilized" and "un-civilized", and what it meant to be "Portuguese" or "African", but also raised doubts about these individuals' ability to become "proper" settlers. In effect, doubts about the suitability of the Portuguese as settlers could throw into question Portugal's capacity to partake in the European colonizing movement at the end of the nineteenth and the beginning of the twentieth centuries. This was the crucial question that preoccupied the thoughts of many Portuguese commentators who wrote about the colonial question at the time: would Portugal, a small and poor country, be able to live up to the tremendous effort required by colonization? More precisely, would the Portuguese people be up to this momentous task? I would argue that anxieties and fears concerning

[246] Ann Laura Stoler, "Sexual Affronts and Racial Frontiers: European Identities and the Cultural Politics of Exclusion in Colonial Southeast Asia", in Frederick Cooper and Ann Laura Stoler, eds., *Tensions of Empire: Colonial Cultures in a Bourgeois World* (Berkeley: University of California Press, 1997): 199.

the perceived inability of the Portuguese to colonize places like São Tomé and Príncipe were particularly acute, given the more widespread doubts that were expressed by some about the capacity of Portugal itself to hold onto and even to expand its colonial domains.

### *From Degeneration to Regeneration: Plans to Rehabilitate Europeans in São Tomé and Príncipe*

As we have seen, medical officers expressed their opinions about the issue of Portuguese emigration to colonies such as São Tomé and Príncipe. Once settlers were in the colony, doctors argued that it was their job to guide them and to make sure that they would look after their health. Colonial physicians were keenly aware of the high morbidity and mortality rates of whites in São Tomé and Príncipe, simply because these were the patients that they admitted and treated in the hospitals and infirmaries. As Ribeiro mentioned in his reports and letters, the Europeans with the highest mortality rates in the colony were soldiers, "workers", and convicts.[247] These were precisely the individuals who could not, for various reasons, leave the colony to convalesce in Portugal or in Madeira. By contrast, top colonial officials, planters, and wealthier merchants frequently absented themselves from São Tomé and Príncipe on medical grounds.[248] The health and wellbeing of Europeans, therefore, intersected with class, occupation, and economic status. Doctors were conscious of this and stressed that poverty and disease

[247] Ribeiro, *Saneamento*, 130.

[248] Ibid., 256. The granting of medical leave became a sort of a farce in São Tomé and Príncipe. The frequent medical leaves prompted the Ministry for Naval and Colonial Affairs in Lisbon to request that anyone arriving in the country from São Tomé and Príncipe had to be examined by health authorities in Portugal to determine if the individual in question should have been granted leave.

were linked, since poorer whites lacked the financial means to find suitable accommodation, or to buy enough food and medications.[249]

It was also common for wealthier Europeans or for those who were members of the higher echelons of the colonial service to seek refuge on the plantations to recover from illness. Again, this was something that excluded poorer whites. In a report dating from 1882, members of the Board of Health identified four plantations in São Tomé that were considered ideal locations for the recovery of Europeans: *Saudade*, *Monte-Café*, *Nova Moka*, and *São Nicolau*.[250] In another report dating from 1888, the author disclosed that the owner of the *Saudade* plantation, José António Freire Sobral, often received Europeans on his estate, where they would find "comfortable accommodation, a cleaner atmosphere", as well as access to a doctor and medications. Its author also mentioned that the King of Portugal had awarded Sobral a "gold medal" in recognition for his services.[251]

For those that could not obtain regular medical leave or who were unable to go the plantations to recover, their health would slowly deteriorate. Doctors often witnessed this gradual and steady decline in some of the patients they admitted, discharged, and then re-admitted in the hospitals and infirmaries. Physicians also described a vast array of diseases that ruined the health of these individuals.[252] Although ascribing most of the

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[249] The opinions doctors expressed regarding what foods to eat and which to avoid are particularly interesting. For example, they mentioned that wealthier individuals in the colony could afford to buy expensive foodstuffs that were imported from Portugal. Poorer individuals could not do so, and therefore consumed local foods, including manioc flour and banana. Physicians considered this local food to be "alien" to the European constitution and advised newly arrived colonists not to eat it.

[250] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 72 [no. 567], Report of the Board of Health of São Tomé and Príncipe, 1882.

[251] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 55 [no. 537], 1888.

[252] Ribeiro, *Saneamento*, 52-53, listed the most prevalent diseases that affected patients who were admitted to the hospital of São Tomé in 1871, in 1881, and in 1891: intermittent, remittent, and pernicious fevers, rheumatism, ulcers, diarrhea, dysentery, cachexia, gastric ailments, edemas, anasarca, typhoid,

diseases to the effects of the climate, they also blamed the patients themselves for becoming ill. The opinions doctors voiced about patients, particularly those who were poorer, reflected a class prejudice on the part of physicians toward poor, uneducated, and "uncivilized" whites that they were accustomed to treating in the hospital of São Tomé.

Some of these class prejudices surfaced in the debate concerning the consumption of alcohol in the colony during the 1920s, when the numbers of unemployed Europeans had grown in São Tomé and Príncipe. Three articles published in the newspaper *A Desafronta* are of particular interest in this context. In one, the author referred to a law from 1902, prohibiting the production of brandy in the colony and placing restrictions on the import of alcoholic beverages, with the Governor deciding who could or could not import alcohol, that was not being enforced in the colony.[253] Although the dangers of alcohol consumption appear to be closely connected with African labourers, there was a great deal of criticism leveled against whites, particularly soldiers, convicts, and lower-ranked officials, regarding alcohol abuse. The second article denounced the evils of alcoholism and highlighted that one of the greatest problems with alcoholics was that they "abandon all social and moral codes of civilization".[254] Its author was clearly referring to the evils of alcoholism pertaining to whites, especially Europeans who drank excessively and who appeared inebriated in public. The third article focused on motherhood and argued that mothers who drank excessively during pregnancy produced "idiots". Its author drew upon Dr. Dias Chorão, who stated that alcoholics were a "unique race", one that was prone to certain diseases and which also displayed a greater

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tuberculosis, bronchitis, pneumonia, and hepatitis. Fevers, cachexia, anemia, bronchitis, dysentery and diarrhea were the most serious diseases plaguing Europeans.

[253] "A Questão do Alcool", *A Desafronta,* October 5, 1924.

[254] "Alcoolismo", *A Desafronta,* May 5, 1924.

tendency towards "vice". Furthermore, Chorão maintained that these problems were hereditary because the children of alcoholics, even though they might not show any physical deformities, were nevertheless susceptible to certain diseases, particularly those that affected nervous system, such as epilepsy and hysteria.[255]

The above comments about the perceived dangers of alcoholism reveal anxieties concerning the degeneration of Portuguese colonists in São Tomé and Príncipe. Historians of medicine have emphasized that degeneration was considered to be "one of the most important generic clinical diseases of the nineteenth century".[256] As Stuart Gilman points out, theories about racial degeneration had been "popularized" as a result of the work of a French psychiatrist by the name of Bénédict-Augustin Morel (1809-1873). According to Morel, a family could begin the process of degeneration with alcoholism in the first generation. In the second generation, the process would encompass hysteria; in the third, insanity, followed by idiocy and finally, sterility. In other words, the family line would eventually become extinct.[257] According to Gilman, studies about degeneration began in Europe itself, focusing on the "vices" of the lower classes, including factory workers.[258]

Fears of racial degeneration in the colonial world have been the object of some scholarly research. According to Stoler, in colonies such as the Dutch East Indies and South Africa, the discourse on degeneration that developed and was primarily directed at and concerned with poor whites that lived in what she calls "the cultural borderlands of

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[255] Ibid.

[256] Stuart C. Gilman, "Political Theory and Degeneration: From Left to Right, From Up to Down", in J. Edward Chamberlin and Sander L. Gilman, eds., *Degeneration: The Dark Side of Progress* (New York: Columbia University Press, 1985), 165.

[257] Ibid., 166-67.

[258] Ibid., 168-69.

the *echte* (true) European community".[259] As Stoler points out, anxieties concerning racial morality reached a major "breaking point" in the late nineteenth and early twentieth centuries.[260] James Duncan, on the other hand, adds that the perceived degeneration of Europeans, particularly in tropical colonies, "destabilized notions of progress, development and the civilizing mission".[261]

Concerns regarding racial degeneration, particularly of poor whites, come across in the sources for São Tomé and Príncipe. For instance, Ribeiro linked malaria with the degeneration of Portuguese settlers, especially those who were poor and uneducated and who did not take the daily dose of quinine as a preventative measure. Ribeiro advocated the need for a sanatorium to be built in a "medium zone" on the island of São Tomé, away from the "malarial microbe", by which he meant that the sanatorium needed to be built somewhere in the interior of the island in a more remote location.[262] In one of the reports he wrote about this subject, he stated that the goal was to treat European workers, including soldiers, lower-ranked officials, and plantation staff.[263] But because of its distance from the city, Ribeiro also made the point that a railway line should be built linking the sanatorium to the city of São Tomé. As for the facility itself, he argued that it should have a bathing area, a reading room, a gymnasium, chalets and paths for

[259] Stoler, "Sexual Affronts and Racial Frontiers", 213.
[260] Ibid., 226.
[261] Duncan, *In the Shadow of the Tropics*, 47.
[262] Ribeiro, *Saneamento*, 255.
[263] AHU, SEMU, DGU, DGC [Direccão Geral das Colónias], São Tomé and Príncipe [no. 2970-2], Report written by Manuel Ferreira Ribeiro, 1893-1894.

walking.[264] Therefore, it was meant to be a space that would be primarily geared towards "medicalized leisure".[265]

The Health Service of São Tomé and Príncipe also pushed for the construction of a convalescent home or sanatorium in the colony. In 1882, the Board of Health met to discuss the urgent need for a convalescent home, to be built somewhere at a higher altitude in São Tomé. The report that resulted from the meeting disclosed that a French naval officer had scouted São Tomé in search of a location for a sanatorium. The members of the Board argued that it was shameful for the authorities to allow foreigners to undertake what the Portuguese state needed to do in the name of "national dignity".[266] In its report, the Board proposed the building of a convalescent home on the state-owned plantation *António Vaz*. The members argued that, apart from its proximity to the city of São Tomé, the location had plenty of wood and abundant water. The facility they proposed would house up to fifteen first- and second-class patients, as well as twelve third-class patients. Furthermore, it would have a residence for the Director as well as for the staff and servants who would work in the home. Finally, they stated that it needed to include a garden and a vegetable patch.[267] It is not explicitly stated that the patients themselves should plant vegetables or work to maintain the garden, but this was likely to be the case given ideas tying health with cultivating the soil.

Projects for the building of a sanatorium in São Tomé were in fact drafted. In early 1889, Vicente Esteves, then the Secretary of State of São Tomé and Príncipe,

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[264] Ribeiro, *Saneamento*, 255.

[265] This is the expression used to describe the purpose of one of the hill-stations the British built in India. Nandini Bhattacharya's: "Leisure, Economy and Colonial Urbanism: Darjeeling, 1835-1930", *Urban History* 40, no. 3 (August 2013): 444.

[266] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 72 [no. 567], Report of the Board of Health of São Tomé and Príncipe, 1882.

[267] Ibid.

penned his opinion about a project for a sanatorium that had been presented by a German architect. The sanatorium proposed was to be built on the island of São Tomé and able to house up to thirty-six patients. Esteves was particularly impressed by this German plan because there was, in part, greater spatial separation between the rooms destined for first- and second-class patients. This contrasted with a Portuguese project, where the rooms of soldiers were located right across from those of first- and second-class patients, which he did not consider appropriate.[268]

Later in 1889, the Director of Public Works of São Tomé and Príncipe, José Fortunato de Castro, also discussed the possible location for the construction of a sanatorium. The site that had been picked was known as *Obó Vermelho*, close to the *Saudade* plantation. The choice, he argued, was based on a number of reasons. First, since it was at a higher altitude, the temperatures were cooler than in low-lying areas. Second, the water for the sanatorium could easily be channeled from the *Manuel Jorge* River, which was three kilometers away. Finally, the site was already close to a road that would connect it to the city of São Tomé. The Director of Public Works also mentioned in his report that French navy doctors had visited the *Saudade* plantation, along with another location known as *Quinta das Flores*, and thought that both would be suitable for the construction of a sanatorium. According to Castro, the sanatorium would be built in a "U" shape and would have a modern ventilation system. The kitchen and latrines would be outside of the main building, but would be linked to it by verandahs. The main

[268] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 72 [no. 567], Letter written by the Secretary of State of São Tomé and Príncipe, Vicente Esteves, 1898.

building would also have an inner courtyard with a garden, as well as separate facilities where the servants' quarters and the stables would be built.[269]

A convalescent home, interestingly known as *Pró-Pátria*, was in fact built in the city of Trindade. However, neither state-owned nor funded, it was a private enterprise. Bernardo Francisco Bruto da Costa provided services in the home.[270] Besides this convalescent home, it seems as if nothing came of the more ambitious plans to build sanatoria in various other places on the island of São Tomé. A 1922 newspaper article criticized the government for its lack of initiative and resources in this regard. Disclosing that the owner of the *Saudade* plantation had offered to lease the government part of his plantation for the purposes of building a sanatorium, its author lamented the fact that the colonial administration had not seized this opportunity.[271]

Although the plans for the building of state-owned sanatoria never became a reality in São Tomé and Príncipe, they nevertheless tell us a great deal about the objectives of the Portuguese colonial authorities, particularly medical authorities, who avidly supported these projects. Regarded as necessary sites for Europeans to recover from poor health, the sanatoria were in fact more than just places of recuperation. As sites to be built in more remote locations, away from the cities, they marked an attempt on behalf of authorities to shield poor whites, particularly those who were ill, from contact with the indigenous population. Colonial authorities were aware of the fact that poor whites projected a negative image of the colonizer. Also, even though they were sites of medicalized leisure, the sanatoria were nonetheless institutions that imposed

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[269] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 72 [no. 567], Report written by the Director of Public Works of São Tomé and Príncipe, José Fortunato de Castro, 1889.

[270] AHSTP, Arquivo da Secretaria do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 368, "Relatório Sobre a Inspecção do Serviço de Saúde de S. Thomé", 1906.

[271] "Inquérito à Vida na Colónia," *O Jornal*, November 25, 1922.

discipline on those who were convalescing there. The desire to build these facilities therefore fit in with the intention to give mostly poorer settlers a "hygienic education".

If European settlers, particularly those who were poor, needed to be rehabilitated in sites such as sanatoria, the same could be said about the European exiled convicts or *degredados* who also lived in the colony.[272] According to Augusto Nascimento, it was in the context of the late nineteenth-century re-colonization of the islands that European convicts came to be regarded, at least for a while, as potential colonists. As he points out, the decree of December 9, 1869, that regulated penitentiary colonies overseas conflated the category of colonist and *degredado*.[273] The growing number of convicts sent to São Tomé reflected the belief on the part of Portuguese authorities that these individuals could be used as a colonizing force. While thirty-four male convicts and one female convict were shipped to São Tomé and Príncipe between 1837 and 1842, one hundred and forty one male convicts and six female convicts were sent to the colony in 1879 alone to serve out their sentences.[274] Once arrived, the convicts were housed in the so-called penal depot in São Tomé, where they came to constitute an essential labour force in the city. In addition to being used in local cleaning duties, convicts also served as aides in the hospital, as manual workers in the customs house, and as soldiers. Female convicts were often employed as maids in private homes or as cleaners in the hospital of São Tomé. Outside of the city, the *degredados* were frequently leased to plantations, where they worked as supervisors. By all accounts, they had relative freedom of movement. Perhaps because of this ability to move around and due to the fact that they were so

[272] This section of the chapter discusses plans to rehabilitate European convicts who were sent to São Tomé and Príncipe. It does not focus on the non-European penal exiles that were also brought to the colony to serve out their sentences.

[273] Nascimento, "Recolonização, Mutações Demográficas", 416.

[274] Ibid., 415.

visible, most opinions regarding convicts were not favourable. These ranged from pity to contempt. Often, commentators stressed the miserable living and working conditions of the convicts, as well as their lack of proper clothing or nutrition. Not surprisingly, as Nascimento points out, convicts and soldiers had a mortality rate that matched, or at times even exceeded, that of the Africans laboring on plantations.[275] Others depicted the convicts as unruly and dangerous individuals, a scourge to society. For their part, doctors who worked in the hospital of São Tomé criticized the employment of convicts as aides in the facility, and accused them of lacking discipline and competence. Time and time again, physicians wrote to the authorities asking that the convicts working in medical facilities be replaced with trained nurses.

Despite local criticisms directed at the convicts, the Portuguese continued to use São Tomé and Príncipe as a penal colony, believing that exiled convicts were capable of becoming future colonists. There was little new to this idea. The use of convicts as settlers went back to the initial colonization of São Tomé and Príncipe and was part of a much larger pattern of colonization of the Atlantic islands. For instance, as early as 1454, the Portuguese Crown was already using convicts to settle the island of São Miguel in the Azores: the same occurred in Cape Verde merely six years after the "discovery" of the archipelago, in 1460.[276] But, it was São Tomé, out of Portugal's former overseas colonies, that became the most closely identified with forced exile".[277] The history of São Tomé and Príncipe as a penal colony followed an interesting trajectory. Timothy Coates mentions that, in the late fifteenth century, convicts in São Tomé enjoyed some

[275] Ibid., 417.
[276] Timothy J. Coates, *Convicts and Orphans: Forced and State-Sponsored Colonizers in the Portuguese Empire, 1550-1755* (Stanford: Stanford University Press, 2001), 60.
[277] Ibid., 61.

measure of freedom. They were allowed to return to Portugal as long as their period of stay in the country did not exceed four months. Also, while in São Tomé, they were given certain privileges, such as the right to import goods from Portugal and to conduct slave raiding along the Mina coast. This freedom of movement was soon to be revoked. By the middle of the sixteenth century, a convict apprehended outside of São Tomé would see his/her sentence doubled.[278] From the beginning of the colonization of the islands, it was also evident that the *degredados* were a troublesome element. For example, José Joaquim Lopes de Lima described how the *capitão-donatário* João de Melo had, in 1521, fled the island of São Tomé by ship, along with four *degredados*, after having been accused of committing many "excesses" and "violent acts".[279]

In the nineteenth century, local authorities in São Tomé and Príncipe continued to depict *degredados* as dangerous and basically "incorrigible" individuals. In a report dating from 1866, the Governor of São Tomé and Príncipe, João Baptista Brunachy, informed that there were rumours circulating in the colony about the possibility of a slave revolt, as well as of a rebellion by convicts.[280] Brunachy argued that in order to deal with the problem of slave revolts, it was necessary to abolish slavery and to set up a system of free labour in the colony. With regard to the threat posed by convicts, Brunachy found it advisable to remove them from the armed forces stationed in the colony. After all, an armed force made up of convicts would not be very effective in crushing a rebellion undertaken by other exiled criminals. Furthermore, he informed his superiors in Lisbon

[278] Ibid., 53.
[279] Lima, *Ensaios Sobre a Statistica das Possessões Portuguezas*, 6.
[280] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 18 [no. 500], "Relatório do Governo da Província de São Tomé e Príncipe no Ano de 1866".

that there were many canoes in the colony and that slaves and convicts could, and often did, use these to try to escape to the African mainland.[281]

In 1873, Governor João Clímaco de Carvalho appointed a commission to study the possibility of building a new penal colony.[282] The intention was to remove convicts from the city, where they had a certain freedom of movement, and where they were more visible, and to intern them in a prison-like facility. By 1875, the convict question had become an object of considerable debate. This was due to the fact that slavery had been abolished in the colony, prompting not only major labour disruptions on plantations, but also sparking fears of social chaos. Planters complained that they would be forced to close their estates if they could not secure sources of labour. The possibility of using convicts as plantation labourers thus naturally arose. In addition, the convict issue continued to cause concern given the state of lawlessness that accompanied the abolition of slavery. Gregório José Ribeiro, the Governor who had decreed the abolition, stated that there had to be a way of making convicts useful to colonial society.[283] He proposed keeping them under close watch and monitoring their movements to and from the penal depot. In addition, Governor Ribeiro proposed that measures should be taken in order to reduce contact between convicts and ordinary citizens.[284] In effect, the concerns expressed about convicts led to a sharp decline in the number of *degredados* sent to the colony at the time. In 1875, one hundred and fifteen male convicts and three female convicts had been brought to São Tomé and Príncipe: the following year, only forty-

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[281] Ibid. Brunachy also mentioned that canoes were used to bring slaves illegally into the colony from Gabon.

[282] Nascimento, "Recolonização, Mutações Demográficas," 423.

[283] AHU, SEMU, DGU, São Tomé e Príncipe, Cx. 28 [no. 508 1and 2], "Relatório do Governador da Província de S. Tomé e Príncipe, Gregório José Ribeiro, Referente a 1874-75", 1875.

[284] Ibid.

seven male convicts were admitted.[285] Governor Ribeiro was clearly concerned with the negative image that European convicts were projecting in the colony. However, as Nascimento argues, by making them perform manual work in the city, he was not able to alter negative popular perceptions about this segment of the population.[286]

In 1875, a project for the construction of a penal colony on the island of São Tomé was drafted.[287] A commission had been appointed the previous year in order to study the feasibility of the project and to make recommendations about its implementation. The site for the penal colony picked by the commission was the state-owned plantation *António Vaz*, which had also been the proposed site for the construction of a sanatorium. It was located on the left hand-side of the road connecting the city of São Tomé to Trindade. The penal colony was to be built at a distance of approximately five kilometers from the city of São Tomé. In its initial deliberations, the commission agreed that the soil was fertile and that the site itself was "healthy". It did not have many tenants, meaning people who were leasing plots of land on the site, and was not extensively cultivated.

In accordance with the project and its regulations, the facility was to be made up of a total of five separate pavilions radiating from the center. A central building with two floors was to house the main office, a reception area, as well as a pharmacy and a laboratory. The prison cells were to be built in separate pavilions, which would have eating areas and classrooms for the convicts. From the central administrative core, those running the facility would be able to closely monitor the cells and pavilions, which were

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[285] Nascimento, "Recolonização, Mutações Demográficas", 415.
[286] Ibid., 423.
[287] AHU, São Tomé e Príncipe, Cx. 29 [no. 508 2/2], "Relatório da Comissão Nomeada pela Portaria no. 237 de 2 de Novembro de 1874, e Projecto d'uma Colonia Penal na Ilha de S. Thomé e Seu Regulamento".

to be built at a lower, ground level. The design seems interesting for two reasons: first, the pavilion format and the emphasis on the need to isolate inmates is very similar to designs that were proposed for the hospital of São Tomé; second, the architectural design of the penal colony is also comparable to the Panopticon model developed by Jeremy Bentham, the late eighteenth-century British social reformer. In *Discipline and Punish*, Michel Foucault discusses Bentham's Panopticon in the context of his analysis of the history of European penal institutions. According to Foucault, the basis of Panopticon architectural principle is that of a tower, located in the center of a prison complex with the periphery divided into cellblocks. The goal is for those in the center to be able to constantly monitor, to "gaze" upon the inmates, who in turn are isolated from each other.[288] When referring to the Panopticon model, Foucault described the spatial separation and the notion of the gaze and power exercised by the administrators of the prison in the following manner:

> Each individual is in his place, is securely confined to a cell from which he is seen from the front by a supervisor; but the sidewalls prevent him from coming into contact with his companions. He is seen, but he does not see; he is the object of information, never a subject of communication. Hence the major effect of the Panopticon: to induce in the inmate a state of conscious and permanent visibility that assures the automatic functioning of power.[289]

The design of the cells and pavilions for the penal colony in São Tomé reflected the desire to separate and isolate convicts. For instance, it was deemed necessary to establish different categories of offenders and to house them in accordance to each category. The project foresaw the creation of three classes of convicts, who would be

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[288] Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Vintage Books, 1995), 200.

[289] Ibid., 200-01.

subject to varying degrees of vigilance depending on the category they belonged to. The worst one was that of the "perverted": individuals who fell in this category were to be subjected to maximum oversight. A second class was that of the "doubtful", persons who were to experience medium supervision. The last category was that of the "improved", inmates who would be less monitored. The goal was also to minimize contact between individuals from the three different classes and to house them in separate cells.

As scholars such as Janet Semple have pointed out, Bentham's Panopticon can be studied in the context of ideas that emerged in eighteenth century Europe with regard to the need to discipline the poor.[290] Institutions like factories, asylums, hospitals, poorhouses and even schools were instruments of social control. As Foucault stressed, the originality in the Panopticon concept was that physical punishment was not necessary for the control and discipline of inmates: the originality of the project, he pointed out, was that "the perfection of power" would actually render its exercise unnecessary.[291] This again was clearly the case with the penal colony project for São Tomé. The whole complex was to be built away from the city in a more or less isolated location. It was also to be fenced off from the outside world. The regulations drafted for the project clearly ruled out physical punishment and the withholding of meals as acceptable forms of disciplining and punishing convicts. The preferred method advocated was that of isolating a convict in a cell for a certain period of time, to be determined by the prison director who also had the power to reward convicts with specific chores and to promote them from one class of convicts to another. The regulations underscore Foucault's explanation of how ideas about penology changed from the use of physical punishment to

[290] Janet Semple, *Bentham's Prison: A Study of the Panopticon Penitentiary* (Oxford: Oxford University Press, 1993), 9.

[291] Foucault, *Discipline and Punish*, 201.

the employment of forms of surveillance and discipline that rendered the body "docile", and which placed emphasis on the need to "transform" and "improve" inmates.[292]

The penal colony project also separated convicts according to sex. The exception was with convicts who married: these were given the right to have their own accommodation. Marriage between convicts was considered highly desirable, since this fit in with the larger goal of rehabilitating these individuals and of turning them into settlers. Portuguese authorities wanted to attract families to the colony, anticipating the production of healthy children. However, the commission in charge of the penal colony project viewed the possibility of couples having children with some skepticism because it adhered to the belief that Europeans could not possibly acclimatize to the islands. Nevertheless, it was hoped that once successfully rehabilitated, married couples would be given a plot of land on the islands and become future colonists.

The rehabilitation of the convicts was to be achieved through education and work. In terms of education, this meant acquiring practical as well as moral/religious instruction. All convicts under the age of twenty-five were to be forced to attend school, where they could learn reading, writing, and basic arithmetic. The teacher was to be a chaplain or a missionary and also responsible for their moral and religious instruction. The workday was to span from 6:30 to 11:00 and from 15:30 to 18:00 hours, with a long mid-day break. Male convicts were to be employed in agricultural work and in workshops throughout the penal colony. Female convicts, on the other hand, were to perform duties deemed "appropriate to their sex". The product of their labour was to enter the coffers of the state. This was regarded as a major selling point for the project

[292] Ibid., 136.

because of the expense factor. In other words, the proponents of the project hoped that the colony might one day pay for itself.

Scholars who conduct research on institutions such as asylums and prisons argue that these often played an important role in providing a cheap source of labour in the colonies.[293] According to Harriet Deacon, for example, plans for the establishment of an asylum for the poor and the insane on Robben Island, in South Africa, included the existence of gardens that would generate produce.[294] Furthermore, as she points out, gardening was connected with the need to teach the virtues of work and to "civilize" individuals.[295] This is also the idea expressed by Frank Dikötter in his work on colonial prisons. He argues that, in the colonial context, prisons were very much part of the "civilizing mission".[296]

What role would doctors play in the penal colony? The São Tomé project foresaw their contribution in the day-to-day running of the facility. According to the regulations, the colony had to have a doctor on site to provide medical care to the inmates. In fact, well-behaved convicts were to be recruited to work as the doctor's nursing staff. The physician was to approve the meals given to convicts. The regulations further stipulated that early in the morning convicts were to be given a shot of *aguardente*, along with three decigrams of quinine, which they had to take during the first two to three months of their stay in the colony. While "lunch" was to be served at 8:00

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[293] Stacey Hynd, "Law, Violence and Penal Reform: State Responses to Crime and Disorder in Colonial Malawi, c. 1900-1959", *Journal of Southern African Studies* 37, no. 3 (September 2011), 438.

[294] Deacon, "Landscapes of Exile and Healing", 148, 151.

[295] Ibid.

[296] Frank Dikötter, *Cultures of Confinement: A History of the Prison in Africa, Asia, and Latin America* (New York: Cornell University Press, 2007), 3.

and "supper" at noon, inmates were to be given their final meal of the day at early in the evening.

It is clear that the São Tomé penal colony project was aimed at "civilizing" and rehabilitating European convicts within a colonial context. In fact, its proponents argued that the colony, when completed, would be able to house up to five-hundred inmates, approximately double the number of convicts that existed in São Tomé and Príncipe at the time the plan was drafted. In other words it was hoped that, once built, the facility was to accommodate and rehabilitate a growing number of European convicts who would remain in São Tomé and Príncipe as colonists.

Projects such as these cannot be seen in isolation from similar ideas and schemes that were being proposed in Portugal itself about the need to rehabilitate those who lived on the fringes of society. In 1885, an author writing for the gazette of the Lisbon Geographical Society argued that agriculture was the basis for property, for family, and for society. It served, in his opinion, to sustain the entire "social edifice".[297] He further argued in favour of the establishment of four different kinds of agricultural colonies in Portugal: "colonies of beneficence", which should house the poor, "colonies of education", destined for orphans and vagrant boys; "penitentiary" or "correction" agricultural colonies for criminals; and a "military" colony exclusively for soldiers.[298] Clearly, the São Tomé penal colony project was not a colonial aberration. Instead, it can be seen as an attempt to implement a particular kind of project aimed at rehabilitating marginalized individuals and of making them into productive colonizers. These kinds of ideas were also being implemented in Portugal at the level of institutions that focused on

[297] Roque Seixas, "Breve Estudo Sobre Colónias Agrícolas", *Boletim da Sociedade de Geografia de Lisboa* 11 (1885): 511.

[298] Ibid., 513.

the need to rehabilitate the poor, orphans, criminals and so forth, with the goal of transforming them into useful members of society. It is perhaps also worth noting that the proposed 1885 agricultural colonies for the metropole were published in the journal that was most geared towards publicizing Portugal's colonial policies and ambitions: the gazette of the Lisbon Geographical Society. Clearly, colonial and metropolitan ideas intersected and perhaps even reinforced one another in interesting ways.

Peter Redfield, who has investigated French penal colonies abroad, including the one in French Guiana, argues that they were in actual fact the polar extreme of the Panopticon.[299] He calls the French *bagne* an "ambiguous alternative to the Panopticon".[300] As Redfield explains, whereas the objective of the Panopticon was to produce change in the inmate primarily through surveillance, in the penal colony the individual was affected by "geographic dislocation" and a "radical transformation of the environment".[301] He maintains that, in order for the Panopticon to be effective in any given setting, it needed to involve a "configuration of space more extensive than a simple application of architectural plans". Referring to the *bagne* in French Guiana, Redfield specifies that: "rather than becoming a site where people 'do as they ought', by virtue of following self-interest and favourable conditions, the penal colony exemplifies a domain where people are not only controlled and punished through a variety of techniques, but also placed in conditions unfavourable to survival, let alone reform".[302] Furthermore, Redfield adds, the French had hoped that criminal exiles in French Guiana would become

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[299] Peter Redfield, "Foucault in the Tropics: Displacing the Panopticon", in Jonathan Xavier Inda, ed., *Anthropologies of Modernity: Foucault, Governmentality, and Life Politics* (Oxford: Blackwell, 2005), 58.

[300] Ibid., 61.

[301] Ibid., 59.

[302] Ibid., 65.

peasants once they had been rehabilitated and also sent women in the hopes that the convicts would marry. Yet, as he indicates, these experiments were not successful. Marriages did take place: but many of the convicts died and few had children.[303]

The project for the São Tomé penal colony never became a reality. The idea, however, was not abandoned. In 1880, the Board of Health of São Tomé and Príncipe was asked by the Ministry for Naval and Colonial Affairs to voice its opinions regarding the possible construction of an agricultural penitentiary colony on the island of Príncipe.[304] The Governor of São Tomé and Príncipe, Ferreira do Amaral, was behind the plan.[305] The Board of Health categorically rejected it on a number of grounds. First, it argued that choosing a location for the agricultural colony on Príncipe was a difficult task because the island had few plots of land that belonged to the state. The board members maintained that there was simply not enough state land to accommodate the one thousand convicts that the Governor wished to intern in the facility. In addition, the board members expressed the opinion that Príncipe was unhealthier than São Tomé because it was in a greater state of neglect and it was less cultivated. They also warned that, if the plan were to go ahead, Europeans should not do the initial physical work that was required because the atmosphere was saturated with "humid heat". Instead, they should be used to supervise the black workers who needed constant "teaching" and "monitoring". By arguing that Europeans should only be involved in trades and in industry, the board members revived the debate concerning the types of work that were

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[303] Ibid., 57.

[304] AHSTP, Arquivo da Secretaria do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 115, Repartição de Saúde, 1880. Interestingly, undesirable convicts from São Tomé were often sent to Príncipe to serve out their life sentences. This was noted by the author of "Assuntos do Príncipe", *A Colónia,* February 28, 1924, who lamented the fact that the sending of convicts to the island seemed to confirm its state as a neglected, forgotten place.

[305] Nascimento, "Recolonização, Mutações Demográficas", 423.

considered acceptable for Europeans. Beyond the reasons above, physicians also voiced their doubts concerning the feasibility of the project because they argued that it would be impossible to rehabilitate Europeans on Príncipe. In their opinion, the island was too wild and neglected. There was no need for a prison facility to be built because exile to the island was a prison in and of itself. Finally, they made an argument against the project by stating that the proximity of Príncipe to the African coast meant that the convicts could be easily tempted to try to escape their confinement. The clear rejection of Governor Amaral's plan for the Príncipe penitentiary colony by the Santomean Board of Health therefore illustrates how doctors were aware of both the "geographic dislocation" and the unfavourable conditions for survival of the European convicts that the project represented.

But, as Augusto Nascimento has highlighted, plans for the building of penitentiary colonies in São Tomé and Príncipe failed to be implemented predominantly because of the lack of financial resources and due to the fact that the colony did not have a permanent police force capable of monitoring large numbers of convicts.[306] After Ferreira do Amaral left, authorities in São Tomé and Príncipe petitioned Lisbon to stop sending convicts to the islands. In 1881, it was decided that no further *degredados* would be sent into exile to São Tomé and Príncipe.

Plans to attract large numbers of Europeans to establish agricultural communities in São Tomé and Príncipe similarly did not materialize. Most individuals who went to the colony were either posted there as members of the colonial civil service, or were people who managed to find employment in the city of São Tomé or in the plantations. These took up most of the available land in the colony. The plantation economy and the

[306] Ibid., 425.

colonial civil service as employment opportunities did not turn São Tomé and Príncipe into a colony that was particularly attractive for the settlement of families. Instead, it continued to receive mostly men who left their families behind in Portugal and who planned to work temporarily in the colony. Also, São Tomé and Príncipe seemed incapable of providing adequate employment for the colonists who had settled there. On the one hand, the colonial government operated on a shoestring budget and was at times severely understaffed. On the other hand, employment on the plantations depended entirely on the whims and vagaries of the planters.

By the end of the nineteenth century, there was a growing awareness of the problems posed by the existence of poor whites in the colony. Instead of being seen as useful individuals who were capable of contributing to the colony's development, poor whites were regarded as a burden on the financial resources of the colonial state.
In a letter addressed to the Minister for Naval and Colonial Affairs in 1892, the then Governor of São Tomé and Príncipe, Francisco Eugénio Pereira de Miranda, urged the minister to do what he could to prevent the emigration of poor whites to the colony.[307] Miranda described how he had been forced to find accommodation and to provide meals to unemployed Europeans in the military barracks. In spite of his efforts, many became ill and had to be admitted in the hospital. In addition, some Europeans asked authorities to pay for their voyage back to Portugal, something that the state could not do. All of this, stated Miranda, was a tremendous financial burden for the colony.[308]

[307] AHU, SEMU, DGU, São Tomé e Príncipe, Cx. 59 [no. 541], Letter written by the Governor of São Tomé and Príncipe, Francisco Eugénio Pereira de Miranda, to the Minister for Naval and Colonial Affairs in Lisbon, 1892.

[308] Ibid.

Calls to limit the influx of Europeans into the colony continued into the twentieth century. For example, the author of a 1927 newspaper article disclosed that there were more than one hundred Europeans on the island of São Tomé, alone, who were unemployed. He argued in favour of curtailing the emigration of Europeans to the colony.[309] As Nascimento points out, starting in the 1920s, falling international prices for cocoa led planters in São Tomé and Príncipe to reduce their European labour force.[310] This in turn aggravated the problem of poor, unemployed, whites and explains the contemporaneous calls to limit the further entry of Europeans into the colony.

[309] "Desempregados", *O Equador*, January 29, 1927.
[310] Nascimento, *Poderes e Quotidiano,* 156.

## Chapter Four

## Compromise and Negotiation: The Health Service of São Tomé and Príncipe and the Limits of Medical Power

In 1875, the Governor of São Tomé and Príncipe, Gregório José Ribeiro, informed the authorities in Lisbon that a "veritable war" was being been waged against him in the colony.[311] The reason for this campaign, he argued, was that since assuming his post he had been trying to bring order to the colony's "chaotic" civil service. Ribeiro outlined some of the deficiencies he had encountered in the civil service: the most glaring one was that it simply did not have enough people to function efficiently. Furthermore, Ribeiro disclosed that, given their low salaries, colonial officials were too demoralized to do their jobs properly. He then also hinted that most officials were not productive because they were weak or sickly. As an extreme example, the Governor described in great detail the case involving the Secretary of the Treasury Department who had "lost his mind", and who had subsequently died in the hospital of São Tomé.[312]

In the above report, the Governor also discussed the problems affecting the colony's Health Service. Similar to other colonial departments, the medical service was understaffed since it only had two doctors: one was posted in São Tomé and the other on the island of Príncipe. Also, since the physician who was working in São Tomé had his own private practice in addition to the duties that he undertook as a medical official, the Governor warned that, if he became ill, there would be no one to replace him. Lastly,

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[311] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 29 [no. 508], Report written by the Governor of São Tomé and Príncipe, Gregório José Ribeiro, 1875.

[312] Ibid. The doctors who were called to assist the Secretary of the Treasury Department agreed that he was suffering from "acute delirium". After having been admitted to the hospital and placed in restraints, the patient had lapsed into a coma and died.

Ribeiro also highlighted the fact that some of the personnel of the medical service lacked proper qualifications and expertise to carry out their duties in an efficient way. He cited the example of a pharmacist who could not prepare medications without supervision because he did not have enough practical experience.[313]

An opinion voiced by various commentators at the time, either from within or outside the medical service, was that it was ineffective. Often, commentators directed their criticisms at particular individuals within the service, pointing out that some of them had practical experience but no formal training or diplomas. What is clear is that the members of the Health Service could not insulate themselves from the world of local politics in São Tomé and Príncipe. This was a society where the careers of public officials were closely scrutinized and issues such as hires, promotions, allocation of duties, and awards were constantly debated and contested.

The negative opinions expressed about the Santomean Health Service did not, it seems, prevent its members from voicing their ambitious plans for the colony.[314] Chapters Two and Three of the dissertation presented several of the projects that the Health Service put forward during the late nineteenth and early twentieth century, aimed at transforming the colony into a "healthy", "progressive" space, and its inhabitants into productive members of colonial society. But, as was pointed out in these previous chapters, most of the projects were in fact never implemented, including those designed to build penal colonies, hills-stations, and sanatoria, among others. The most common reason for this was the lack of financial resources.

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[313] Ibid.

[314] For instance, Manuel Ferreira Ribeiro, *Relatório,* 70, wrote in rather grandiose fashion that the overall mission of the Health Service in the colony was to "rescue the islands from their state of barbarism".

But, apart from operating with a reduced budget, it is clear that the Health Service had a difficult time complying with the laws setting standards of professionalism that were meant to ensure its efficiency. One of its most serious problems was the weak presence of the service outside the main urban areas in the colony, particularly on the plantations. The present chapter analyzes these and other limitations in a first section, and discusses a number of proposals that medical officials made in order to deal with the service's lack of reach. The focus of the second section is on the personnel of the Health Service. The criticisms directed at its members were not totally unfounded, since several of the cases involving disciplinary actions taken against medical personnel became public knowledge in the colony. This section of the chapter also analyzes the role that non-metropolitan doctors played in the Santomean medical service. Although legislation tended to favour medical personnel that had been recruited and trained in Portuguese medical schools, the weaknesses of the Santomean medical service created a niche for individuals who had received their training outside of Portugal, especially doctors from Goa. Despite having to contend with discriminatory practices and attitudes, non-metropolitan physicians were capable of seizing the opportunity to advance their careers in the colony. The final section of the chapter includes a discussion of the attempts to train African nurses and nursing aides locally in São Tomé and Príncipe. Such training efforts clearly reflected the intention on the part of the authorities to bolster the influence of the medical service and to improve the quality of health care in the colony.

***The Health Service of São Tomé and Príncipe and its Limitations***

Legislation approved in Portugal on September 14, 1844, led to the creation of the Health Service of São Tomé and Príncipe.[315] In accordance with the legislation, the Head of the service was the Surgeon-General, who was responsible for overseeing medical care in the colony and for supervising several pharmacists who would be recruited in Portugal.[316] However, from its inception, the hiring of staff for service in São Tomé and Príncipe met with tremendous difficulties, due to the colony's remote location and reputation for being extremely unhealthy.

Apart from experiencing difficulties filling vacant posts, the Health Service had to contend with the frequent leaves requested by its employees. Officials in charge of assessing leave requests had no difficulty granting medical leaves. In fact, they argued that leaves were necessary in order to prevent the declining health of civil servants. In his 1869 medical report, Manuel Ferreira Ribeiro referred to the question of medical leaves. In his opinion, civil servants should be allowed to return to Portugal every three years and remain there for six months so that they could fully recover from the colony's debilitating climate.[317] The Governors of São Tomé and Príncipe had greater reservations about medical leaves and were clearly more concerned with budgetary and productivity issues than the doctors. In 1877, Governor Estanislau Almeida informed the Lisbon authorities that frequent illnesses prompted many colonial officials to leave their posts.[318] He warned that this created an enormous financial burden for the state because of the doubling of salaries, since someone had to be hired to replace the official who was

[315] Ibid.
[316] Ibid.
[317] Ibid., 288.
[318] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 31 [no. 606], Report written by the Governor of São Tomé and Príncipe, Estanislau Almeida, 1877.

on leave. In the meantime, both the official and his replacement had to receive a salary.[319]

A July 23, 1862, decree stipulated that the Health Service of São Tomé and Príncipe would include doctors, pharmacists and nurses.[320] The Surgeon-General would continue to serve as the Director of the service and would reside in the capital, São Tomé.[321] The remaining members were to be distributed throughout the colony, depending on where they were needed the most. If there were enough officials on the island of São Tomé, a second-class doctor and a second-class pharmacist could then be stationed on Príncipe. In addition, the most senior members of the service would form the colony's Board of Health, presided over by the Director of the Health Service. The board members were required to meet every Friday in the hospital of São Tomé. They were responsible for deciding whether or not to approve the medical leaves requested by civil servants and for implementing a wide range of measures affecting public health in the colony.[322]

A decree approved on December 2, 1869, re-organized the Portuguese overseas medical services. With respect to the Health Service of São Tomé and Príncipe, the law stipulated that the colony would be allocated a total of five doctors and three pharmacists,

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[319] Ibid.

[320] AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 10, "Regulamento Especial do Serviço de Saúde da Província de São Thomé e Príncipe", 1862.

[321] Ibid. The most senior-ranked pharmacist would also reside in São Tomé city. In accordance with the legislation, a minimum of two doctors of the service had to live in the capital.

[322] Ibid. The duties of this important body were listed as follows: monitoring and supervising all the branches of the Santomean Health Service, assessing the qualifications of all individuals who exercised the "art of healing" in the colony, supervising the medical police and the implementation of public health measures in places such as the jail, the military barracks, and charitable institutions, conducting medical inspections to all of the above institutions and to shops and markets (particularly those that sold foodstuffs), inspecting the pharmacies, advising the Municipal Council on public health matters (such as garbage removal, cleaning city streets, and so forth), taking appropriate measures in the case of epidemic outbreaks, inspecting the colony's medical facilities, publishing medical information in the official government gazette, requesting statistics from relevant sources, regulating vaccination campaigns and, finally, demanding regular reports from the medical staff posted on Príncipe.

representing various categories and ranks.[323] Most of them would still reside in the city of São Tomé, which meant that the areas outside the capital would continue to be extremely underserved by the Health Service. Furthermore, between the two islands, Príncipe was the most neglected because it received only one doctor and one pharmacist who would live and work in the city of Santo António. The members of the Health Service were aware of their limited presence beyond the urban areas, and occasionally complained about it. In a report submitted to the Governor of the colony in 1903, the Director of the Health Service disclosed that the residents of the parish of *das Neves*, on the island of São Tomé, rarely saw a doctor.[324] In medical emergencies, he informed the Governor that the inhabitants of the town were forced to summon doctors from the city of São Tomé or to rely on the assistance of a private physician who worked for the nearby *Boa Esperança* plantation. If the plantation doctor happened to be away from the *roça*, then the wait would likely be a long one. As the Director noted, this delay could and often did result in the death of the person who was in need of urgent medical care. He suggested hiring a doctor who would be required to live in the town permanently.[325]

The insufficient reach of the Health Service was also tied to problems regarding infrastructure in the colony. Manuel Ferreira Ribeiro wrote that the lack of transportation and roads prevented doctors of the service from leaving the city of São Tomé to visit patients elsewhere.[326] An incident that occurred in 1879 illustrates Ribeiro's comment quite well. The case involved a Goan doctor, Ligório Nicolau Cabral, who received

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[323] The Director of the service had the rank of major. The Santomean medical service only became a civilian and not military service in 1919: Almada, *As Ilhas de S.Thomé e Príncipe*, 514.

[324] AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 320, "Relatório", 1903.

[325] Ibid.

[326] Ribeiro, *Relatório,* 37.

orders from the Governor's office to go to the *Monte Café* plantation to examine the body of a deceased person.[327] In his reply to the Governor's request, Cabral explained that, due to the fact that he had only been notified at seven o'clock in the evening of the need to present himself on the plantation by ten o'clock the following morning, it would be impossible for him to go because he could not obtain porters on such short notice. Cabral then added that it was not easy to walk to the plantation in the rain or under the heat of the sun and that doing so meant putting his own health at risk.[328] The doctor's reply to the Governor points to two interesting aspects. On the one hand, his refusal to go to the plantation stemmed from the lack of transportation. But, beyond this, Cabral showed little inclination to comply with the Governor's orders. His comment about walking in the sun or in the rain indicates that he could have gone if he had been willing to do so. Given these sorts of incidents, it is easy to understand why, at times, the Governors complained that the members of the Health Service lacked moral fiber and the will to sacrifice themselves in order to carry out duties to the best of their ability.

The sources also reveal that the Health Service had a poor record when it came to enforcing various laws and regulations. In a report written in 1876, the members of the Board of Health explained why it was impossible for them to implement some of the clauses mandated by the decree of December 2, 1869.[329] Their opinion was that certain dispositions within the decree, specifically those that had to do with *lazarets*, public health policing, quarantines, and epidemic outbreaks could not be applicable to São Tomé

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[327] AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 105, Repartição de Saúde, 1903. Cabral had graduated from the Goan medical school and had been posted to São Tomé in 1876.

[328] Ibid.

[329] AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 69, Report written by the Board of Health of São Tomé and Príncipe, 1876.

and Príncipe because the colony did not have quarantine facilities. In addition, given the shortage of medical staff, the doctors wrote that they did not have the time to analyze water, collect soil samples, or study local medicinal plants, all of which were necessary duties clearly outlined in the decree. Finally, they pointed out that the last time the Health Service of São Tomé and Príncipe had been completely staffed had been in 1872.[330] It is obvious that the board members were making a clear link between the insufficient human resources of the service and its inability to function effectively and in accordance with the law.

The 1869 decree also made it mandatory for colonial medical services to submit yearly reports to the Governors of their respective colonies. The Santomean service had a difficult time complying with this requirement. The Secretary of State for São Tomé and Príncipe, Vicente Esteves, referred to a letter that the Board of Health had written to the Governor in 1884, explaining why they had failed to submit yearly reports for the past five years.[331] The reason for this lapse, they argued, was that the service only had three members instead of the five mandated by the law. Consequently, in their opinion, they did not have the time to write the annual reports.[332] Furthermore, the population of the colony had grown, which meant that they were serving more people with limited staff. Their recommendation was that the Health Service should have at least ten members.

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[330] Ibid.

[331] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 80 [nos. 587/588], Letter written by the Secretary of State of São Tomé and Príncipe, Vicente Esteves, December 4, 1884.

[332] Ibid. The two doctors, Manuel Rodrigues Pinto and Aureliano José d'Assumpção Rodrigues, also complained that the Head of the Health Service, Manuel Ferreira Ribeiro, had been away from the colony for ten years.

Esteves informed them that the Governor understood that the lack of personnel was a serious problem, but still insisted that the board submit the yearly reports.[333]

Aside from its reduced presence in the smaller towns and villages in the colony, the Health Service had a limited impact on the plantations as well. In 1888, Ribeiro wrote that, while there was some information about the duties that doctors were performing in the urban areas in the colony, there was none about the plantations.[334] However, this did not prevent the physicians of the Health Service from voicing their opinions about the medical care and the health facilities that existed on the agricultural estates. For the most part, medical care on the plantations was entirely the responsibility of the planters. It was therefore in private hands and not under the auspices of the Health Service. Since most of the agricultural estates had medical facilities and recruited their own medical staff, they tended to treat labourers on the plantations instead of sending them to the hospital of São Tomé.[335] What this meant was that doctors of the medical service did not have a "critical mass" of patients from the plantations to examine and treat.

From reading reports, letters, and other sources, it is clear that the doctors of the Health Service wanted to exercise a much greater influence on the plantations. This makes sense, in light of their desire to boost the power of the Health Service and to

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[333] Ibid. It is likely that the Governor felt little inclination to sympathize with the doctors. During that same year of 1884, Manuel Rodrigues had been the subject of disciplinary action after he had refused to inspect a ship that had arrived from Lisbon. The Governor had also officially reprimanded Aureliano José d'Assumpção Rodrigues, after he had given clearance to a ship that arrived in São Tomé after making a stop in Sierra Leone, which had yellow fever. In AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 80 [nos. 587/588], Letter written by the Secretary of State of São Tomé and Príncipe, Vicente Esteves, December 30, 1884.

[334] AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 158, Saúde, 1888.

[335] Occasionally, plantation labourers were sent to the São Tomé hospital, particularly if they were suffering from a serious illness. A factor that prevented planters from sending labourers to the hospital was the cost of hospitalization. Since plantation slaves and, later, labourers did not fall under the category of someone who was "indigent", the planters were responsible for the cost of their treatment.

transform São Tomé and Príncipe into a viable "settlement" colony. Although they were mostly concerned with the health of European settlers, physicians of the medical service did not entirely neglect that of African labourers who worked on the plantations. In fact, they knew that workers on the *roças* experienced high morbidity and mortality rates. As a result, doctors emphasized the need to improve their health and wellbeing.

In one of his later works, Ribeiro accused the planters of not paying much attention to the health of their workers and claimed that nothing was being done to make sure that the labourers' children would one day provide the basis for a workforce that was "valuable and precious".[336] In some obvious ways, it is rather callous that officials such as Ribeiro only expressed concern for the wellbeing of Africans on the estates insofar as healthier workers meant more productive workers. However, Ribeiro's desire to improve the standards of medical care on the plantations appears to be genuine, at least on some level. The emphasis on the material gains for the planters was perhaps merely a way to convince them to accept the recommendations of the Health Service. In his reports, books, and manuals, Ribeiro portrays the planters as junior partners, who needed to be instructed on how to comply with the measures proposed by the medical service. His advice to the planters touches on variety of issues, ranging from the need to build better housing facilities, latrines, and bathing areas for the labourers, to provide them with either filtered or boiled drinking water, to create barriers against winds coming from "malarial" zones, to drain swampy areas on the estates, and to remove fallen vegetation (to prevent it from rotting).[337]

[336] Ribeiro, *Saneamento*, 191.
[337] Ibid., 201-02.

There is no evidence that the planters were receptive to Ribeiro's advice. On the contrary, the doctor voiced his frustration when he wrote that his recommendations fell on deaf ears as far as the planters were concerned.[338] Anecdotal evidence supports the view that there was in fact a deep lack of trust between the doctors of the service and the planters. Ribeiro himself provided such proof when describing his visit to a plantation. He said that he began taking notes of what he saw on the plantation. When the planter noticed this, Ribeiro mentioned that his friendly demeanor changed: he became suspicious and asked the doctor for an explanation. Ribeiro provided him with one, but failed to convince the planter that his motives were entirely innocent.[339]

Given that they had little direct access to the plantations, physicians of the Health Service wanted the planters to compile monthly reports containing information about the plantations and their staff and to send the information to the Health Service on a regular basis. Therefore, even if doctors of the service did not have much contact with the *roças*, they would have indirect access to information about the plantations. Ribeiro emphasized the need for the reports and maintained that they should include information such as: the number of people on a particular plantation, their gender, age, duration of labour contracts, place of origin and occupation.[340] He also wanted the reports to specify how many women and children there were on a given plantation, and to account for all the births and deaths that had occurred for a particular period. Furthermore, the doctor wanted detailed information about the existing medical facilities, the most common

[338] Ibid., 69-70.
[339] AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 158, Saúde, 1888.
[340] Ribeiro, *Saneamento*, 297.

diseases and treatments on a given *roça*.[341] From the perspective of someone like Ribeiro who rarely set foot on the plantations, this kind of information was valuable. Ultimately, it served two purposes. On the one hand, it would add to his somewhat limited knowledge about disease and healing on the plantations; on the other hand, it would establish a precedent by which the planters and managers on the estates would be compelled to draft and send regular reports to the Health Service, thus boosting the authority of the service on the *roças*.

The doctors of the service justified their intention to exert a greater influence on the plantations by arguing that, by doing so, they were helping to undermine inefficient medical practices, which they said were rampant on the estates. Those responsible for medical care on the plantations included healers, staff, and "untrained" nurses who were accused of incompetence. For his part, Ribeiro stated that plantation medical personnel could do little more than administer first aid.[342] In another one of his works, the doctor called for the planters to close down their plantation hospitals and infirmaries and to fund the construction of common hospitals designed exclusively for the treatment of plantation workers.[343] The Health Service would be responsible for the medical care in these common hospitals, including supervising the nursing staff. In addition to this, Ribeiro wanted to see the establishment of what he called "health councils" in each of the municipalities of the islands. These would essentially function as health delegations, which would be staffed by personnel of the medical service. The delegations would be

[341] Ibid. Ribeiro admitted that it might be difficult to determine the causes of diseases on the plantations, especially if they did not have qualified medical staff.
[342] Ribeiro, *Relatório,* 205.
[343] Ribeiro, *A Província de S. Thomé e Príncipe*, 535.

accountable to and monitored by the Board of Health, in São Tomé city.[344] It is clear that, when seen in their entirety, these kinds of proposals were designed to increase the presence and influence of the Health Service on the plantations and in the more remote regions of the colony.

Due to the planters' reluctance to supply the authorities with information on a voluntary basis, the alternative was to go one step further and to turn mere suggestions into law. One of the issues of the 1903 official gazette of the government of São Tomé and Príncipe includes an article outlining the legislation that had been put in place to improve the standards of medical care, as well as the living and working conditions on the plantations.[345] According to article sixty of the legislation, any plantation that had more than fifty contracted labourers had to have separate infirmaries for men and women, staffed by qualified nurses. A doctor of the Health Service had to visit the smaller plantations at least once a month for those that had up to fifty labourers, twice a month in agricultural estates employing between fifty and one-hundred labourers, and at least three times a month on plantations with one-hundred to four-hundred labourers. Finally, those with more than four-hundred workers had to have a doctor present once a week and whenever necessary.[346] In addition to the doctors' visits, the legislation also spelled out other aspects such as the length of maternity leave, the mandatory existence of *crèches* for plantations that had children under seven years of age, and the kinds of labour that children fourteen years and younger were allowed to do.[347] The law gave doctors greater

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[344] Ribeiro, *Relatório,* 192.

[345] "Portarias", *Boletim Oficial do Governo da Província de São Tomé e Príncipe* 9 (February 28, 1903): 99-100.

[346] Ibid., 99.

[347] When it came to female plantation workers, the decree stipulated that those who were pregnant had to be given at least ten days off work before giving birth, as well as a minimum of twenty days after.

powers because they could excuse labourers from working if they deemed them too ill to do so. The legislation also dealt with the issue of the qualifications of private plantation doctors. They had to have received their training in the medical schools of Portugal: that is, in Lisbon, Coimbra, or Porto. Finally, it stipulated the nature of the fines that planters would have to pay if they did not implement the legal provisions.[348]

The above legislation was approved at a time when the planters of São Tomé and Príncipe were being denounced for using slave labour on their *roças*.[349] The labour scandal surrounding issues of recruitment, working conditions, and non-repatriation of Angolan labourers or *serviçais* prompted the Portuguese government to come to the defense of the planters, but it also paved the way for the passing of legislation that compelled them to improve conditions for labourers on the plantations. It was already quite evident that public health officials were keen to play a more prominent role on the agricultural estates. They wanted to have a greater say over the nature of the medical care provided in the plantation infirmaries, and often expressed their opinions on how to improve the wellbeing of women and children in particular. The labour scandal and the legislation that was approved in the early 1900s provided them with the opportunity to do this.

The tensions and conflicts between the Santomean Health Service and the planters highlight the cleavages that existed between private and public interests. Although the colonial government's policies regarding labour recruitment, for instance, clearly

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Mothers who were nursing their infants would to be excused from doing fieldwork and would instead be given "light" or "moderate" duties in the plantation's buildings or yards.

[348] "Portarias", *Boletim Oficial do Governo da Província de São Tomé e Príncipe* 9 (February 28, 1903): 100.

[349] For a recent discussion that addresses the labour scandal, see Catherine Higgs' *Chocolate Islands: Cocoa, Slavery and Colonial Africa* (Athens, OH: Ohio University Press, 2012).

benefitted the plantation sector, the measures that the Health Service proposed for the estates did not always meet with the approval of the planters. This reality underscores John Comaroff's argument that colonial states were "never just a reflex of capital" and that, at times, they clashed with private-sector interests.[350]

### *The Personnel of the Health Service of São Tomé and Príncipe*

In a letter marked "confidential" written in 1890, the Governor of São Tomé and Príncipe referred to a previous note that he had written, describing the infringements committed by José Teixeira de Sousa, a second-class doctor of the medical service.[351] Without going into great detail, the Governor stated that his relationship with the doctor had deteriorated to such a point that he refused to allow Sousa to examine him. The problem was that the Governor wanted to request a medical leave, which meant that Sousa needed to conduct the medical exam in order to approve it. The Governor wanted to be granted leave and to have his medical examination postponed until he arrived in Portugal.[352]

Extant sources contain various cases such as the one described above. The relationship between members of the Health Service and other civil servants was at times strained. Also, medical officials were often the targets of disciplinary action. Several of the complaints concerning the misconduct of doctors and pharmacists refer to those who had been posted to the island of Príncipe, which was far more remote than São Tomé. For the most part, members of the Health Service regarded service on Príncipe as an

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[350] John L. Comaroff, "Reflections on the Colonial State, in South Africa and Elsewhere: Factions, Fragments, Facts and Fictions", *Social Identities* 4, no. 3 (October 1998): 337.

[351] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 42 [no. 524], Letter written by the Governor of São Tomé and Príncipe, Firmino José da Costa, 1890.

[352] Ibid.

unwelcomed, and somewhat forced, exile; however, being stationed on the smaller island also meant that they were subject to less supervision, and therefore had greater freedom to act independently than in São Tomé. Not surprisingly, there are a number of accusations of misconduct involving officials who were posted on Príncipe. One case referred to Dulcidónio Torquato Tasso Dias, a physician. In 1872, a complaint surfaced as a result of irregularities that Dias had committed on Príncipe.[353] Part of the complaint claimed that this doctor drank excessively and often appeared inebriated in public. Furthermore, according to the author of the report, Dias often refused to visit patients, arguing that he was not well. "It is deplorable", the author wrote, "that the only doctor sent to the island cannot be bothered to treat patients".[354]

In yet another controversial case involving disciplinary action, the Governor of São Tomé and Príncipe placed the Director of the Health Service under arrest for ten days.[355] According to the Governor, the doctor was refusing to admit prisoners who had been sent from the municipal jail to the hospital for treatment. The doctor's argument was that the hospital did not have a prison ward to accommodate the prisoners. Due to the Governor's insistence, the doctor was eventually forced to admit the patients, although he stated that he would not do so in the future. The issue would have been settled if the doctor had not then refused to admit some of the prisoners. The Governor's arrest order was issued in the aftermath of the death of a prisoner in the city jail.[356]

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[353] AHSTP, Arquivo da Câmara Municipal (1665-1936), Núcleo do Príncipe, Cx. 297, "Demandos do Cirurgião de 2ª Classe, Torquato Tasso Dias, na Sua Vida Particular", 1872.

[354] Ibid.

[355] "Governo da Província: Portarias", *Boletim Oficial do Governo da Província de São Tomé e Príncipe* 38 (September 19, 1903): 369.

[356] Ibid.

When reading the extant sources, one also comes across references to the frequent quarrels and tensions that existed between members of the Health Service. Most of the arguments had to do with issues regarding promotions, as well as the allocation of certain duties. Two vignettes involving doctors of the service show this well. One implicated Jacinto de Sousa Ribeiro, a doctor who was hired to work for the Health Service in a civilian capacity. This Ribeiro became embroiled in a troubled relationship with the Director of the service, José Correia Nunes. Ribeiro's unpleasant experiences in the colony prompted him to write a book that was published in Lisbon in 1873, in which he portrayed the service as wholly ineffective and its Director as a corrupt individual who routinely committed serious infractions.[357] In the book, Ribeiro maintained that, as a civilian doctor, his job was to serve the plantations. Therefore, he was surprised when he received instructions to present himself to Nunes upon arriving in São Tomé.[358] Ribeiro disclosed that the meeting did not go well and Nunes informed the doctor that he had no need for his services. Ribeiro felt insulted and asked the Governor to excuse him from working in the hospital of São Tomé. However, the latter insisted that Ribeiro serve in the facility under Nunes' direction, in addition to any other medical work that he undertook in the colony. The animosity between the two doctors grew and culminated with Ribeiro's dismissal from work in the hospital of São Tomé. He retaliated by appealing to the Governor, arguing that Nunes did not have the authority to dismiss him, and by placing an advertisement in the official gazette of the government of São Tomé

[357] Jacinto de Sousa Ribeiro, *Um Hospital Vergonhoso e um Director Sem Vergonha: O Serviço de Saúde em S. Thomé e o Procedimento Ilegal, Arbitrário e Absurdo do Dr. José Correia Nunes* (Lisbon: Imprensa de J.G. de Sousa Neves, 1873): AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 22 [no. 504], 1870.

[358] Ibid., 25.

and Príncipe, announcing that he would give free consultations to patients in his home.[359] To make matters worse for himself, Ribeiro accused the Governor of taking Nunes' side, a measure that prompted the Governor to withdraw his support for the doctor. The quarrel between the two doctors thus came to reveal the existence of different factions within the colonial service, made up of those who sided with Ribeiro and those who supported Nunes.[360]

The second vignette refers to Manuel Ferreira Ribeiro, who was criticized and ridiculed in a work published in Porto in 1873. The author, José dos Santos Pinto Pereira, had been the Director of São Tomé and Príncipe's Postal Service in 1871. He wrote that Ribeiro was not well liked in the colony, where he had the reputation of being a "tattletale", among other things.[361] Pereira's sister was married to Matheus Augusto Ribeiro de Sampaio, a doctor of the Health Service who, shortly after arriving in the colony, had been sent to Príncipe to replace another member of the service who was serving there.[362] According to Pereira, this was in contravention of the decree of December 2, 1869, which mandated that any newly arrived doctor of the Health Service had to spend a minimum of one year on the island of São Tomé before being sent to Príncipe, because the latter was believed to be a far unhealthier place than São Tomé. In other words, new doctors would undergo a process of "acclimatization" in São Tomé, prior to beginning their service on Príncipe. Pereira's accusation was that José Correia

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[359] Ibid., 51-53.

[360] Manuel Ferreira Ribeiro stood by Nunes. In a report written in 1873, José Correia Nunes wrote that an unpleasant physical altercation had occurred between Jacinto de Sousa Ribeiro and Manuel Ferreira Ribeiro in a shop in the city of São Tomé: AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 25 [no. 506], Report written by the Director of the Health Service of São Tomé and Príncipe, José Correia Nunes, 1873.

[361] José dos Santos Pinto Pereira, *A Junta de Saúde de S. Thomé e Príncipe: Suas Irregulariedades, Arbitrariedades e Incoherências* (Porto: Typographia de A.J. da Silva, 1873), 4-5.

[362] Sampaio was sent as a replacement for Dulcidónio Torquato Tasso Dias. The justification was that Tasso's health had declined on Príncipe. Pereira did not believe that this was the case.

Nunes and Manuel Ferreira Ribeiro had conspired to send Sampaio to Príncipe, when in actual fact it was Ribeiro who should have been posted there instead. Pereira then wrote how his sister, who was pregnant on Príncipe, had given birth to an infant who died shortly after being born. Pereira blamed the baby's death on Príncipe's lethal climate.[363]

The above cases bring to light the personal and professional feuds that erupted within the Health Service and between the service and other colonial departments. Top colonial officials, including the Governors of the colony, often became involved in local quarrels. In other instances, they did not take sides but attempted instead to mediate the disputes. Officials expressed concern about these kinds of problems and warned that they negatively impacted the effectiveness of the service. In other words, they were aware that a dysfunctional Health Service would be ineffective in implementing the public health policies that had been devised for the colony.

In an article discussing the nature of colonial states, John Comaroff expresses the view that modernist approaches have failed to fully comprehend the nature of colonial states.[364] Part of his critique is directed at approaches that have, in his opinion, tended to look at these states as "generic entities". Also, Comaroff's argument is that many scholars have not taken into consideration the different spheres and levels that made up colonial states. As he points out, often there were rifts and conflicts between officials in the metropole and those in the colonies and between members of different departments, which undermined the effectiveness of colonial states.[365] This was certainly the case

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[363] Ibid., 16. The troubles for Sampaio did not end here. In a report published a year later, he was accused of misconduct on Príncipe, including charging fees he should not have charged for medical services: AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 69, Repartição de Saúde, 1874.

[364] Comaroff, "Reflections on the Colonial State", 335.

[365] Ibid., 335-36.

with the colonial state and its various departments in São Tomé and Príncipe. Even though there was a desire to make colonial officials more accountable to Lisbon and to tighten the metropole's control over how the state functioned, the reality on the ground shows that local interests and power played a more significant role in determining the effectiveness, or lack thereof, of colonial departments.

Apart from personal feuds and rivalries, another problem that impacted the Health Service was the lack of qualifications and experience of its personnel, or when medical staff somehow neglected to follow rules and regulations. Extant sources contain several cases such as the one in which José Pereira Amado, a pharmacist, was suspended from service, in 1861. According to the author of a report describing Amado's transgressions, the reason for his suspension was that the pharmacist "pretended to be a doctor", had his own "clinic", and even visited patients in their homes.[366] Portuguese authorities were eager to stamp out "charlatanism" in the colony, and the legislation they approved clearly described the kinds of duties that pharmacists were entitled to perform. However, as so often happened in São Tomé and Príncipe, local interests and circumstances prevailed. Due to the death of another pharmacist, the Governor of São Tomé and Príncipe, José Pedro de Mello, had no choice but to lift Amado's suspension and re-instate him to full duties in the state pharmacy.[367]

In his letter divulging the incident, the Governor also described another case that created some controversy in the colony. It involved the appointment of Nicolau Cândido da Fonseca Silveira to the Health Service as a second-class pharmacist. In his application

[366] AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 10, Repartição de Saúde, 1861.

[367] AHU, SEMU, DGU, São Tomé and Príncipe, Cx 14 [no. 496], Letter written by the Governor of São Tomé and Príncipe, José Pedro de Mello, to the Minister for Naval and Colonial Affairs in Lisbon, 1861.

for the position, Silveira argued that he had thirty-three years of practical experience, acquired from having worked in hospitals in Lisbon, Angola, and Príncipe.[368] In spite of this, the Lisbon authorities (the *Conselho do Governo*) rejected his application, arguing that Silveira did not have the proper "scientific" background and qualifications necessary for the job.[369] José Correia Nunes, the Director of the Health Service, opposed Silveira's appointment. In a letter written in 1859, Nunes described Silveira as a "healer" (*curandeiro*), stating that he had been allowed to practice on Príncipe because of the shortage of doctors on the island.[370] However, Governor Mello disclosed that Nunes had been recalled from Príncipe to São Tomé since one of the doctors serving in São Tomé had left the colony and the second-class pharmacist had died.[371] The Governor then suggested that Silveira could be left in charge of the medical service on Príncipe simply because he had experience.[372]

Silveira's case is interesting because it shows that, given the staff shortages in the Health Service, the local authorities in the colony were willing to admit personnel that had no formal training or qualifications. The incident also demonstrates Silveira's perseverance when trying to secure a position. In a severely understaffed service, an extended leave or the death of a medical official was often all that it took for the service to admit candidates that did not possess adequate credentials. It is also more likely that those who lacked the proper training and expertise would have been able to practice on

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[368] Ibid. Silveira had worked as Assistant-Surgeon in Angola and as Surgeon-General on Príncipe.

[369] Ibid.

[370] AHU, SEMU, DGU, São Tomé and Príncipe [no. 494], Letter written by the Director of the Health Service of São Tomé and Príncipe, José Correia Nunes, 1859. In the letter, Nunes wrote that: "This individual is nothing but an imbecile healer, whom I have tolerated to some extent because I am the only doctor on the island, in charge of the pharmacy as well".

[371] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 14 [no. 496], Letter written by the Governor of São Tomé and Príncipe, José Pedro de Mello, to the Minister for Naval and Colonial Affairs in Lisbon, 1861.

[372] Ibid.

Príncipe, since this island was smaller, remote, and more underserved by the colony's Health Service. These kinds of problems created a niche for individuals like Silveira, who could seize the opportunity to advance their medical careers.

The hierarchical structure and the regulations of the overseas medical services also reinforced the perception that some of its members lacked the required qualifications. Issues concerning the training of medical personnel often surfaced in connection with doctors who had graduated from medical schools outside of mainland Portugal, specifically those in India (Goa and Bombay) and in Madeira (Funchal). Legislation approved in 1869 gave hiring preference to physicians who had graduated from medical schools in mainland Portugal over those who had been trained in either India or Madeira.[373] Another discriminatory feature of the legislation that impacted physicians from Goa or Bombay was that they would retain the rank of second-class doctor until they retired, at which time they would be promoted to the rank of first-class doctor, whereas a physician trained in mainland Portugal could be hired in the second-class category but promoted to the category of first-class doctor after five years of service in the colonies. The same discriminatory practices were applied to pharmacists who had graduated from the Goan school.[374]

From 1862, the Portuguese government decided that medical personnel from the Goan and Funchal schools of medicine would be recruited and posted in the overseas medical services.[375] Their maximum category as second-class doctors meant that these physicians occupied a lower professional rank within the health services. Cristiana

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[373] *Decreto de 2 de Dezembro de 1869 da Organização do Serviço de Saúde das Províncias Ultramarinas* (Nova Goa: Imprensa Nacional, 1870), 8.

[374] Ibid., 9.

[375] Bastos, "O Médico e o Inhamessoro", 103.

Bastos, who has done extensive research on the Goan medical school and its doctors, argues that physicians sent from Goa to Portugal's colonies in Africa from the mid-nineteenth century onwards came to occupy a rather ambiguous position in the Portuguese empire.[376] She emphasizes that this ambiguity derived mainly from their role as intermediaries between the Portuguese as colonizers and the people they supposedly ruled over. Moreover, it was also tied to the fact that some Portuguese commentators maintained that the medical training offered in the Goan school was sub-par, a perception that in some cases affected the possibility of doctors from Goa being promoted or recognized for their service.[377]

Bastos has also looked critically at studies that depict the Goan school as a "vehicle of transmission of the Portuguese imperial mission", and its doctors as "agents of imperial biopower".[378] She argues that one has to tread carefully here and that a close reading of the sources reveals a much more complex situation.[379] The founding of the school itself reveals some of the complexities. Instead of having been a Portuguese initiative directed from the metropole, the building of the school was the result of the negotiation between the Portuguese authorities and local Goan elites, on whom the school depended. Rather than being regarded as "an arm of empire", Bastos states that the school should instead be seen as an institution that articulated both "local and colonial interests".[380] And, although the Portuguese liked to claim the school as their own

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[376] Bastos, "Medical Hybridisms and Social Boundaries", 768.

[377] Ibid. Additional studies by Bastos on the subject of Goan doctors and the Goan medical school include: "The Inverted Mirror: Dreams of Imperial Glory and Tales of Subalternity from the Goan Medical School", *Etnográfica* 6, no. 2 (2002): 59-76; and "Doctors for the Empire: The Medical School of Goa and its Narratives", *Identities* 8, no. 4 (2001): 517-48.

[378] Bastos, "O Ensino da Medicina na Índia Colonial Portuguesa", 17.

[379] Ibid., 18.

[380] Ibid., 17.

initiative, in reality the institution's future was not guaranteed and at times it faced the possibility of having to close its doors because of the lack of metropolitan support.

During the second half of the nineteenth century, São Tomé and Príncipe received several doctors who had been trained in Goa.[381] The Santomean sources confirm Bastos' assertion that they were largely regarded as physicians that had received inferior medical training. For instance, Vicente Almada, who served as Governor of São Tomé and Príncipe between 1880 and 1882, was clearly against the advancement of Goan physicians in the hierarchy of the Health Service.[382] Promoting doctors from Goa, he said, would have a "damaging" effect in the colony because the school did not offer adequate training.[383]

Manuel Ferreira Ribeiro revealed his own opinion about the doctors from Goa in his 1869 report. In it, he described how the Health Service only had three doctors at the time. Besides Ribeiro, the remaining two were José Correia Nunes, his superior, and a doctor referred to simply as "the doctor from Goa".[384] It is rather telling that Ribeiro spent some time praising Nunes, but neglected to even mention the name of the physician from Goa.

Despite having to contend with discriminatory attitudes and regulations, opportunities arose for Goan doctors in the colony. The medical sources show that the "glass ceiling" that such doctors faced, one that was embedded in legislation, was frequently broken. Even Almada, who expressed such negative opinions, was willing to accept the possibility of these doctors being hired by the São Tomé City Council,

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[381] I have yet to find references to the presence of doctors who had received their training in Bombay or in Funchal in the archives of São Tomé and Príncipe.

[382] Almada, *As Ilhas de S. Thomé e Príncipe*. 518-19.

[383] Ibid.

[384] Ribeiro, *Relatório,* 183.

although he argued that the municipalities should always strive to hire doctors who had attended medical school in Portugal.[385] In another interesting reference, Almada mentioned that the Director of the Hospital of São Tomé had resigned because he wanted to dedicate himself to his private medical practice. This meant that the Health Service and the hospital were left without a Director until one arrived from Portugal. In this case, Almada disclosed that a Goan doctor, Manuel Rodrigues Pinto, had replaced the Director. The reason for Pinto's promotion to the rank of first-class doctor and to the directorship of the hospital was that there were no doctors with more years of service in the colony who could fill the vacant post.[386] So, once again, local realities trumped policies and prejudices, which might have barred Goan doctors from assuming more senior roles in the medical service.

If, on the one hand, the lack of medical personnel meant that the authorities had to make concessions that resulted in the promotion of doctors from Goa, it is also obvious that the physicians themselves fought for their professional advancement. In other words, they were not passive individuals waiting for the Portuguese authorities to grant them better positions within the medical service. The case of José Dionísio Carneiro de Sousa e Faro, a Goan doctor, is representative of this. In 1867, Faro petitioned authorities to grant him the commendations he felt he was entitled to receive, in recognition for his service to the colony during the smallpox epidemic of 1864.[387] In the document, Faro pointed out that other doctors who had also served in São Tomé and Príncipe at the time of the outbreak had received recognition, but that he had been overlooked. The fact that

[385] Almada, *As Ilhas de S. Thomé e Príncipe*, 518-19.
[386] Ibid.
[387] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 19 [no. 501], Request made by José Dionísio Carneiro de Sousa e Faro, 1867.

Faro had been the only doctor sent to work in the *Diogo Nunes lazaret*, built to house smallpox patients during the epidemic, is fairly telling of his lower status within the service. Further along these lines, the *lazaret* had been closed when the disease made an appearance on Príncipe and Faro had been sent there. Clearly, Goan doctors such as Faro not only had a "subaltern" status within the Health Service, but they also received work duties that higher-ranked doctors did not want to perform. However, as was often the case with the Health Service of São Tomé and Príncipe, Faro's story had its own peculiar twists and turns. The Director of the service, José Correia Nunes, in fact endorsed Faro's request by writing a letter praising the valuable service that the doctor had provided in the *lazaret* during the epidemic.[388] Perhaps bolstered by such praise, Faro continued to fight for a better position in the service. Two years after the 1867 request, the doctor wrote another one asking for a promotion, arguing that he had served in Mozambique for almost three years before being posted to São Tomé and Príncipe, and insisting that those years of service should count toward his promotion.[389]

One of the most active and influential medical officials in São Tomé and Príncipe of the early twentieth century was Bernardo Francisco Bruto da Costa. Although he was originally from Goa, Costa became one of the first doctors to graduate from the Lisbon School of Tropical Medicine, which was founded in 1902. In his memoirs, published after he left the colonial medical service, Costa mentioned that he had graduated at the top of his class in 1905, an achievement that gave him the right to be placed in a more "agreeable" colony.[390] His intention was to return to Goa where he hoped to teach in the

[388] Ibid.
[389] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 21 [no. 503], Request made by José Dionísio Carneiro de Sousa e Faro, 1869.
[390] Costa, *Vinte e Três Anos*, 3.

medical school. However, his plans were foiled when he discovered that he was being sent to São Tomé and Príncipe instead.[391] The fact that Costa had graduated from the Lisbon School of Tropical Medicine and not the Goan medical school would suggest that he faced fewer obstacles than his counterparts who had been awarded their medical degrees in Goa. Indeed, in 1919, Costa became the Director of both the colony's Bacteriological Institute and Health Service.

The physicians from Goa were not the only medical practitioners in São Tomé and Príncipe who faced obstacles and who, at times, succeeded in overcoming them in order to advance their professional interests. One of the most intriguing figures in the medical world of São Tomé and Príncipe during the second half of the nineteenth century was Leonardo "Africano" Ferreira. In 1868, Ferreira presented a request to be appointed first-class surgeon of the colony.[392] He claimed to have obtained a medical degree from the Lisbon medical school.[393] Beyond this, Ferreira stated that he had experience, acquired from having served as Surgeon-General of the district of Benguela, in Angola, and that he had extensive knowledge of treating the "diseases of West Africa".[394]

Due to the chronic shortage of doctors in the colony, some individuals backed Ferreira's appointment, although the support was not unanimous. Manuel Ferreira Ribeiro was against Ferreira's nomination because he argued that he had not completed his medical degree in Lisbon.[395] Interestingly, Ribeiro did not mention anything about Ferreira's background, or how he had come to reside in São Tomé in the first place.

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[391] Ibid., 4. The colonial authorities in São Tomé and Príncipe were demanding that the best medical graduates from Portugal be sent to the colony, because of its reputation for being one of the unhealthiest destinations in the Portuguese empire.

[392] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 20 [no. 502], Request made by Leonardo "Africano" Ferreira, 1868.

[393] Ibid. Ferreira concluded medical studies in Lisbon in 1849, at the age of forty-six.

[394] Ibid.

[395] Ribeiro, *Relatório,* 183-84.

After returning to his native Angola from Lisbon, Ferreira had indeed served as Surgeon-General in Benguela. However, at a later date, the authorities in Angola banished him to São Tomé and Príncipe as an exiled convict to serve out a sentence for a crime or crimes committed there. Although he was subsequently pardoned, Ferreira chose to remain in São Tomé. The Director of the Health Service of São Tomé and Príncipe, José Correia Nunes, endorsed Ferreira's nomination. In a letter written in 1868, Nunes disclosed that he had in fact approached Ferreira to convince him to apply to the position of first-class surgeon.[396] According to Nunes, Ferreira initially expressed little interest in applying for the promotion, citing ill health. However, he kept encouraging Ferreira to apply for the post until he finally decided to do so.[397]

The Governor of São Tomé and Príncipe, Estanislau Almeida, would not support Ferreira's appointment, although he was willing to accept his nomination in the case of an epidemic outbreak in the colony.[398] In Nunes' opinion, the Governor was not convinced that the shortage of doctors in the hospital of São Tomé was a serious matter, as some maintained that it was. But, beyond this argument, the Governor was against Ferreira's appointment on the grounds that he was a man with a "disorderly" and "turbulent" character, which could be in reference to his past as a convict. In addition, the Governor accused Ferreira of having "subversive ideas". Unfortunately, the letter contains no further details about Ferreira's supposedly "subversive" views. It is possible that Ferreira was expressing political opinions that the Governor did not approve of, and that making his views known was enough to compromise his medical career in São Tomé

[396] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 20 [no. 502], Letter written by the Director of the Health Service of São Tomé and Príncipe, José Correia Nunes, 1868. It must be said, however, that Nunes only supported his nomination in an "interim" capacity.

[397] Ibid.

[398] Ibid.

and Príncipe. In the end, Almeida did not have to try to prevent Ferreira's appointment because the authorities in Lisbon refused to accept his application, on the grounds that he had not included the necessary documentation with his submission.[399]

In an article discussing the careers of the early generations of African doctors in South Africa trained in Western medicine, Anne Digby describes the various obstacles that they faced, such as acquiring training and licensing in that country.[400] As she points out, training and licensing were just the initial struggles, since African doctors had to contend with racial biases when practicing medicine, especially if they treated white patients. This was because the professionalization of African doctors inverted the "natural" racial hierarchies being enforced by colonial society and the state in South Africa.[401]

In São Tomé and Príncipe, however, the issue of race was far from straightforward. As we have seen from the Leonardo "Africano" Ferreira case, the fact that he was a black man did not impede the Director of the Health Service from supporting his appointment for the position of first-class surgeon, even though he did not have a medical diploma. If at times there was a clear racial bias against medical practitioners who were black or Indian, there are also several cases in which local authorities supported their recruitment and promotion into the medical service, particularly when the service was acutely understaffed or when there were epidemic outbreaks in the colony. Also, non-Europeans tended to be hired in an interim capacity,

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[399] Ibid.

[400] Anne Digby, "Early Black Doctors in South Africa", *The Journal of African History* 46, no. 3 (2005): 427-28. For an insightful discussion on the challenges that Algerian doctors faced when practicing medicine in Algeria, see William Gallois, "Local Responses to French Medical Imperialism in Late Nineteenth-Century Algeria", *Social History of Medicine* 20, no. 2 (July 2007): 315-31.

[401] Digby, "Early Black Doctors in South Africa", 434.

until their replacement could be sent from Portugal. The occasional support for medical practitioners who were not European did not signify the absence of overt racism in the colony: but, neither was it a sign of the benevolence of the Portuguese as colonizers. If the admittance and promotion of non-Europeans within the medical service derived, in part, from its deficiencies and lack of staff from the metropole, it also reflected the agency and perseverance that such individuals displayed when attempting to gain admittance or advancement in the service.

As the Leonardo "Africano" Ferreira case illustrates, the doctor's temperament and ideas played into Governor Almeida's refusal to endorse his nomination. This is significant, because it could possibly signal the early involvement of African doctors in political activities against the colonial government. It is possible that Ferreira was the forerunner to a group of Santomean intellectuals and professionals, including doctors, who began to agitate for change. One of the most prominent members of this professional elite was Ayres do Sacramento Menezes (1894-1965), described as São Tomé and Príncipe's first African doctor.[402] Menezes studied medicine in Lisbon, where he also became involved in student activism and in anti-government political activities. He was one of the founding members of organizations that gave voice to African students who were studying in Lisbon, namely the JDDA, the *Junta de Defesa dos Direitos d'África,* as well as the newspaper *O Negro*.[403]

As Gerhard Seibert notes, many of the Santomean students in Lisbon who were pursuing degrees mainly in law or medicine later came to form the political and

[402] Menezes also served as Interim Director of the Bacteriological Institute of São Tomé and Príncipe: AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 570, Repartição de Saúde, 1921.

[403] Seibert, *Comrades, Clients and Cousins,* 51-52.

intellectual elite of São Tomé.[404] Once back in São Tomé, Menezes soon attracted the attention of authorities because of his involvement with the League of Native Interests (*Liga dos Interesses Indígenas*), a proto-nationalist organization founded in 1910.[405] The support base of the league was made up individuals drawn from the local elite, the *filhos da terra.* During its existence, the league waged a multifaceted campaign against the abuses perpetrated by Portuguese colonizers in São Tomé and Príncipe. One of its main grievances was the fraudulent appropriation of land by white settlers (Menezes' father was a "cheated" local planter). As mentioned in previous chapters, the league also mobilized against the demolition of "unhygienic" homes in São Tomé city. Portuguese authorities eventually decided to deport Menezes to Príncipe; however, as Seibert notes, the plan to "neutralize" the doctor backfired because he soon began organizing and waging a campaign on that island, against the illegal expropriation of land by white settler interests.[406]

In 1926, the Governor of São Tomé and Príncipe, Junqueira Rato, decided to ban the League of Native Interests. Prior to his decision, authorities had accused the league of stoking unrest against the government's home demolition policy, as well as of launching protests during the elections for the Supreme Council of the Colonies, which had taken place in November, 1926. Menezes had in fact run in the elections as a candidate for the *forros* and had come second, with a total of six hundred and fifteen

[404] Ibid.

[405] On the history of the league, see: Augusto Nascimento, "A Liga dos Interesses Indígenas de S. Tomé e Príncipe (1910-1926)", *Arquipélago. História* 3 (1999): 417-31.

[406] Seibert, *Comrades, Clients and Cousins*, 54.

votes. After the league was banned in December, Menezes was exiled to Angola, while forty-three supporters of the organization were deported to Príncipe.[407]

As for the Goan doctors whose careers have been discussed in this chapter, there are no references to their participation in anti-colonial actions in São Tomé and Príncipe in the sources that I have accessed. One might have expected Goan physicians, as the "colonized" themselves, to have sympathized with the plight of Africans in the colonies where they were posted: but that was not the case. Instead, extant sources show that they frequently expressed derogatory opinions about Africans and their traditions in the colonies where they were posted. For example, the Goan physician Bernardo Francisco Bruto da Costa showed little sympathy for Africans as people or as patients, an attitude that is quite evident in his memoirs.[408] Cristiana Bastos has found a similar disdain on the part of Arthur Ignácio da Gama, a Goan doctor who plied his trade in Mozambique during the late nineteenth century.[409]

### *The Training of Local Medical Auxiliaries in São Tomé and Príncipe*

The recruitment and training of African medical auxiliaries across Africa is a topic that has attracted significant scholarly attention.[410] As scholars have argued, the

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[407] Ibid. The fact that Menezes was originally from São Tomé and Príncipe and had roots in the colony posed serious problems for Portuguese authorities who used deportation as a means of curtailing the doctor's anti-colonial activism.

[408] Bernardo Francisco Bruto da Costa, *Vinte e Três Anos ao Serviço do País no Combate às Doenças em África* (Lisbon: Livraria Portugália, 1939).

[409] Bastos, "O Médico e o Inhamessoro".

[410] Some of works that deal with this topic include: Maryinez Lyons, "The Power to Heal: African Medical Auxiliaries in Colonial Belgian Congo and Uganda", in Dagmar Engels and Shula Marks, eds., *Contesting Colonial Hegemony: State and Society in Africa and India* (London: British Academic Press, 1994), 202-23; Walima T. Kalusa, "Language, Medical Auxiliaries, and the Re-interpretation of Missionary Medicine in Colonial Mwinilunga, Zambia, 1922-51", *The Journal of Eastern African Studies* 1, no. 1 (March 2007): 57-78; Mari Webel, "Medical Auxiliaries and the Negotiation of Public Health in Colonial North-Western Tanzania", *The Journal of African History* 54, no. 3 (November 2013): 393-416; Nancy Rose Hunt, *A Colonial Lexicon: of Birth Ritual, Medicalization, and Mobility in the Congo* (Durham, NC:

hiring of local aides served to bolster colonial medical services that lacked sufficient human resources. But, as they have also pointed out, by recruiting medical assistants, European medical officials were better able to bridge the gap between themselves and their African patients. This meant that medical auxiliaries played an intermediary role, which often involved the act of translation, both literal and figurative. African medical auxiliaries often translated in the literal sense, due to the fact that they were familiar with the language of the European colonizer/doctor and that of the African patient. But, as Karen Flint has argued, translation as a concept goes beyond language: it and can also be used to describe how aides and auxiliaries could render "colonial policies 'more palatable' to other Africans".[411] Similarly, Walima Kalusa, who writes about the concept of translation from a Foucauldian perspective, maintains that the "translation work" that medical auxiliaries performed made it possible for Europeans to "plant their medical hegemony, declare their intentions and articulate their universalizing claims in their daily encounters with Africans".[412] The implication, therefore, is that colonial medical services in Africa could not have exercised influence or power without the contribution of Africans themselves, who were recruited and trained to be part of these same services.

Scholars also agree that this mediating role often gave auxiliaries significant status and power. Mari Webel argues that the public health campaigns that Europeans carried out on the continent during the late nineteenth and early twentieth centuries to combat diseases such as malaria and sleeping sickness brought a greater number of

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Duke University Press, 1999); Heather Bell, "Midwifery Training and Female Circumcision in the Interwar Anglo-Egyptian Sudan", *The Journal of African History* 39, no. 2 (1998): 293-312; Harriet Deacon, "Midwives and Medical Men in the Cape Colony before 1860", *The Journal of African History* 39, no. 2 (1998): 271-92; Karen Flint, *Healing Traditions: African Medicine, Cultural Exchange, and Competition in South Africa, 1820-1948* (Athens, OH: Ohio University Press, 2008).

[411] Flint, *Healing Traditions*, 11.

[412] Kalusa, "Language, Medical Auxiliaries", 71.

Africans into contact with colonial medical services. But, in many cases, the front-line workers who took part in these campaigns were Africans themselves.[413] This created social mobility opportunities for auxiliaries, since it allowed them not only to create and to expand networks of power, but also to influence the nature of the medical care that was dispensed.[414]

Colonial officials in São Tomé and Príncipe, particularly the medical authorities, were very keen to train local medical aides. They realized that reliance on medical personnel from abroad posed problems for the continuity and effectiveness of government-sponsored medical care in the colony. Consequently, they called for the need to open a local school that would train nurses in São Tomé and Príncipe. This idea had long been discussed. In 1844, legislation approved in Portugal foresaw the creation of health delegations in Angola, Mozambique, Cape Verde, and India (but not in São Tomé and Príncipe). The goal of these delegations was to train local medical aides that would provide assistance to Portuguese doctors in the colonies.[415] But, the plans remained just that, and medical teaching was never adequately structured in the colonies, with the exception of the Goan medical school.[416]

Officials in São Tomé and Príncipe presented a number of reasons for the creation of a nursing school. On the one hand, they argued that state-run medical facilities could not continue to operate with the assistants that they normally hired, particularly convicts.

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[413] Webel, "Medical Auxiliaries", 394.
[414] Ibid., 396.
[415] Bastos, "Medical Hybridisms and Social Boundaries", 772.
[416] Ibid. A late eighteenth century attempt to establish a medical class in the hospital of Luanda, involved José Pinto de Azeredo, a doctor of mixed Brazilian-Portuguese ancestry who had studied medicine in Edinburgh and Leiden. Bastos states that the "experiment" was short lived because Azeredo decided to return to Portugal. However brief, his work was not entirely forgotten. Jaime Walter's, *Um Português Carioca Professor da Primeira Escola Mêdica de Angola: as Suas Lições de Anatomia, 1791* (Lisbon: Junta de Investigações do Ultramar, 1970), includes Azeredo's anatomy lessons in Angola.

On the other hand, they maintained that the service would never be able to expand its reach and influence, especially on plantations, without additional personnel. Medical reports from the Health Service contain many criticisms regarding the poor quality of service provided by auxiliary staff not only on plantations, but also in the colony's hospitals and in the state pharmacy. Government-run medical facilities relied greatly on the use of forced labour. A report written in 1862 by the president of the *Misericórdia* (Holy House of Mercy hospital) of São Tomé shows the extent to which the institution relied on slave labour for its day-to-day operations. The president disclosed that the hospital's staff included one nurse, two assistants, and eight slaves whose duties included fetching wood and water, washing linen, cooking, and cleaning.[417]

The medical services also relied on convict labour. This was particularly the case of the hospital of São Tomé, which regularly drew on convicts from the city's penal depot. Doctors of the Health Service disliked this practice and called for it to come to an end. For example, in a letter written in 1884, the physician Manuel Rodrigues Pinto urged the Governor to remove four convicts who were working as aides in the São Tomé city hospital. Pinto informed the Governor that the men in question behaved "horribly" and that they were often drunk.[418]

Also in 1884, a former convict by the name of João Carlos Caldeira de Lemos Felix asked authorities to allow him to resign from his post in the state pharmacy.[419] Felix stated that his salary was too low for him to survive in the colony and was adamant

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[417] "Relatório", *Boletim Oficial do Governo da Província de São Tomé e Príncipe* 78 (December 20, 1862): 321.

[418] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 80, [nos. 587/588], Letter written by Manuel Rodrigues Pinto to the Governor of São Tomé and Príncipe, Custódio Miguel de Borja, October 20, 1884.

[419] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 80, [nos. 587/588], Request made by João Carlos Caldeira de Lemos Felix, September 24, 1884.

that he had paid for his crime after having spent ten years in São Tomé and Príncipe. Finally, he mentioned that he "would die" if he was not allowed to leave.[420]

The reliance on underpaid and untrained personnel meant that authorities resorted to using various penalties and punishments in order to discipline staff in the medical facilities. For instance, regulations approved in 1896 stipulated that nursing aides could have their licenses suspended, be fined, or even arrested if they were negligent in carrying out their duties.[421] Oddly enough, the fines were to be put in a special collection fund, which the Director of the hospital could then use to reward "better employees" or to meet "any other need" within the facility.[422] With its emphasis on punishments and rewards, it is likely that the said legislation did very little to change the quality of service in the hospitals. Not surprisingly, physicians, especially those who worked in the main hospital of São Tomé, continued to press for the creation of a nursing school that would locally train a professional class of nurses and nursing aides.

Legislation approved in 1919 finally paved the way for the creation of a nursing program in São Tomé and Príncipe.[423] Its aim was to train both African male and female nurses, as well as nurse-midwives.[424] Those who successfully completed the program would be issued a license that would entitle them to work in medical facilities. Furthermore, the law also stipulated that unlicensed nurses could take an exam in the

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[420] Ibid.

[421] "Regulamento Interno do Serviço de Saúde para a Execução da Carta de Lei de 28 de Maio de 1896", *Boletim Oficial do Governo da Província de São Tomé e Príncipe* 42 (October 21, 1899): 438.

[422] Ibid.

[423] "Regulamento Geral dos Serviços de Saúde da Província de S. Tomé e Príncipe de Harmonia com as Bases do Decreto n° 5:727 de 10 de Maio de 1919", *Boletim Oficial do Governo da Província de São Tomé e Príncipe* 5 (March 4, 1920): 9.

[424] In order to be admitted into the program, student nurses had to be between eighteen and thirty-five years of age, have no criminal record, and present a certificate of primary education: "Regulamento e Programa do Curso de Enfermeiros, Enfermeiras e Enfermeiras-Parteiras da Província de São Tomé e Príncipe", *Boletim Oficial do Governo da Província de São Tomé e Príncipe* 33 (August 14, 1920): 328.

school and be issued a license if they passed it. Those that did not would not be allowed to continue to work as nurses. Since the nursing program was available in the hospital of São Tomé, unlicensed nurses and nursing aides working on Príncipe would be given the opportunity to take an exam in the infirmary on the island. The examination would be administered by the Health Delegate, the Assistant-Health Delegate, as well as by the Director of the pharmacy on the island.[425] In addition, the law also tried to tackle the question of what to do with nurses and nursing aides that the planters hired to serve on their agricultural estates. Plantation owners could not, under the new law, hire or retain nursing staff that was not licensed by the Health Service. However, given that there were so few trained nurses in São Tomé and Príncipe, the Governor had the authority to allow planters to continue to hire unlicensed personnel that had no formal training to work in plantation hospitals.[426]

The initiative to train local nurses was successful, although they occupied a lower rank within the medical service when compared to nurses recruited in the metropole. One of the issues of the 1920 government gazette of São Tomé and Príncipe contains a list of all the nurses that were then working in the hospital of São Tomé, including those who had been trained locally.[427] According to the list, the maximum rank attained by "native" nurses was that of "nursing aide". Of the twelve nursing aides working at the hospital, nine were African and the remaining were European. In the case of female nursing aides, on the other hand, three were European and only one was African. Below

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[425] "Regulamento Geral dos Serviços de Saúde da Província de S. Tomé e Príncipe de Harmonia com as Bases do Decreto n° 5:727 de 10 de Maio de 1919", *Boletim Oficial do Governo da Província de São Tomé e Príncipe* 5 (March 4, 1920): 9.

[426] Ibid.

[427] "Estado Sanitário da Ilha de S. Tomé", *Boletim Oficial do Governo da Província de São Tomé e Príncipe* 16 (April 17, 1920): 131.

this category, there was the "aspiring nursing staff" (*practicantes de enfermeiro)*, all of whom were African. The nursing staff included eighteen Africans and ten Europeans, with the latter occupying the higher ranked positions.[428]

Although African nurses occupied lower positions in the hospital hierarchy, this does not necessarily mean that they lacked power and influence. More recently, scholars have called for the need to move beyond analyses of how colonial projects were imposed, contested, and resisted. Some prefer to see colonial projects as "co-products", involving both European and "indigenous agencies".[429] According to Isabel Fêo Rodrigues, what has been neglected in the study of colonialism is how the "metaphors and ideologies of empire were co-authored by colonized populations".[430] In the case of São Tomé and Príncipe, it seems reasonable to assume that some of the measures and proposals of the Health Service were "co-authored" by non-Europeans who formed part of the service. In order to see this, it is necessary to move beyond a simplistic analysis of the structure of the Health Service, which was supported by legislation. If one were to take legislation and regulations at face value, one would conclude that the Portuguese medical officials who occupied the most senior positions in the colony's medical service were always in a position of power and authority. However, the medical reports attest to the many glaring gaps in the system, including staff shortages and medical leaves. This meant that non-European medical officials, even if they were placed in a lower rank within the hierarchy of the service, were normally left in positions of authority throughout the colony. As we

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[428] Ibid.

[429] Ricardo Roque, "The Razor's Edge: Portuguese Imperial Vulnerability in Colonial Moxico", *The International Journal of African Historical Studies* 36, no. 1 (2003): 108.

[430] Isabel P.B. Fêo Rodrigues, "Islands of Sexuality: Theories and Histories of Creolization in Cape Verde", *The International Journal of African Historical Studies* 36, no. 1 (2003): 83-84.

have also seen, non-Europeans were frequently promoted to positions of leadership in the colonial medical service, even if it was in contravention of the law.

Also, in order to understand the role that non-Europeans played in the Santomean medical service, it is useful to employ Cristiana Bastos' concept of "subalternities".[431] She makes use of this model in her study of Goan doctors, whom she calls a "subaltern elite".[432] African medical personnel who worked in São Tomé and Príncipe were also members of a "subaltern elite". It is true that this was largely a "silenced" group of people, since most of the information that the extant sources contain about them is second-hand. However, their voices do come across in a few petitions and requests. When seen in conjunction with the source material that points to the deficiencies of the Health Service, it is evident that members of this elite were able to exert influence in the service and in the colony. A careful reading of the colonial medical sources reveals a reality that was complex and one which forces us to ask questions about the authorship and implementation of medical projects. Since the Health Service admitted non-Europeans, they were involved in drafting many of the projects aimed at modernizing the practice of medicine in the colony. The influence of members of this "subaltern elite" also raises moral questions because they were, after all, recruited and trained to form part of a medical system that was at times oppressive. This illustrates the way in which

[431] Bastos, "O Médico e o Inhamessoro", 92. Bastos is borrowing this concept from the Subaltern Studies Group, formed by Marxist South Asian scholars in the 1980s, who wanted to "decolonize" Indian history. As argued by Dipesh Chakrabarty, "A Small History of Subaltern Studies", in Henry Schwarz and Sangeeta Ray, eds., *A Companion to Postcolonial Studies*, (Oxford: Blackwell, 2005), 471, Subaltern Studies had much in common with Western attempts to write "histories from below", evident in the work of historians such as Eric Hobsbawm and E.P. Thompson.

[432] Bastos, "O Ensino da Medicina na Índia Colonial Portuguesa", 17.

colonial power was deployed and used, and the fact that the "colonized" could become agents of their own oppression.[433]

To conclude, it is evident from reading the sources at hand that the Health Service of São Tomé and Príncipe wished to increase its power throughout the colony. As we have seen from the discussions in chapters one and two, members of the Health Service proposed ambitious plans touching on a wide range of public health issues, aimed at transforming the islands from what they saw as a decadent, primitive space, into a "civilized" one. However, as previously mentioned, most of these plans failed to materialize. On one level, this was due to the lack of sufficient funds. The service could draft proposals, but these ultimately needed to be endorsed by the Governor of the colony and be submitted to Lisbon for approval. For its part, the government in Lisbon then had to be willing to fund such projects. On another level, the Health Service was understaffed. It is clear that the shortage of personnel and the lack of infrastructure and transportation played a crucial role in undermining its influence, at least for the period under study. In addition, the nature of life in the colony impacted the way in which medical officials who had been recruited in Lisbon or in Goa saw their service in the colony. Since few men came to São Tomé and Príncipe with their families, most regarded their stay in the colony as a means of acquiring experience that would allow them to obtain a transfer to another more suitable, and less remote, colonial destination, or to return home. Furthermore, most colonial officials, including doctors and pharmacists, used (and abused) the medical leave system in order to spend as little time in the colony as possible. When seen in conjunction with personal quarrels, accusations of

[433] For a seminal discussion of this issue, see: Paulo Freire's *Pedagogy of the Oppressed* (New York: Continuum, 2007), originally published in Portuguese in 1968.

misconduct, and lack of professionalism, it is not difficult to see why the service failed to live up to its goals and potential.

It is interesting that, on the one hand, the Portuguese were clearly intent on creating a "modern" Health Service that would be subject to rules and regulations that emanated from Lisbon. Their intention was clearly to be able to staff the service with medical personnel that had been recruited and trained in Portugal. However, the difficulties that emerged when it came to recruiting metropolitan doctors and pharmacists meant that the service was forced to make concessions, including relying on medical personnel that had not received their training in Portugal, as well as on individuals who lacked the proper credentials required by the law in order to be admitted to the service.

Referring to a Foucauldian analysis of how power is deployed in society, John Comaroff argues that: "far from instilling self-discipline, the capillary techniques of colonial states played a great part in sparking the dialectics of challenge and riposte, of action and counter-action, of transgression, transformation, and hybridization".[434] It appears that, the more influence the Health Service tried to exert, the more it opened itself to challenges from various sources. From within the service, its structural problems meant that medical personnel from the colonies could gain admittance and could therefore influence and shape much of the decision-making that occurred in the Health Service. Outside the service, the more it tried to extend its influence on plantations, the more "counter-action" it met from planters who, for the most part, distrusted and rejected the interference of the medical officials in the affairs of their agricultural estates. The image that one is left with is of a service that did not live up to its goals, at least not from the perspective of the Portuguese commentators who directed such harsh criticisms at it.

[434] Comaroff, "Reflections on the Colonial State", 339-40.

It could be that the dissatisfaction with the Health Service stemmed from their realization that there was a great distance between its rules and regulations and everyday realities in São Tomé and Príncipe. This highlights the importance of the insular experiences of people in a colony where local interests were more powerful and more decisive in shaping life in the colony than decisions originating from Lisbon.[435] What is perhaps surprising is the extent to which these local interests could and did influence the policies and actions of colonial departments such as the Health Service of São Tomé and Príncipe.

[435] Nascimento, *Poderes e Quotidiano,* 129, argues that the planters' hegemony in the colony at times benefitted from the loss of power of local government officials, which was more prevalent during periods when Lisbon was intent on centralizing the power that it had over the colonial government.

# Chapter Five

## Medical Practices and Popular Responses in São Tomé and Príncipe

> I can state without a shadow of a doubt that the complete sanitation of the two islands was my constant concern but, since I could not intervene on the plantations, except in very special cases, I had to be content with attempts to transform the two cities [São Tomé and Santo António], making them more hygienic than other cities in our colonies. I was not fully able to achieve this goal due to the numerous difficulties that I encountered.[436]

The above excerpt contains some of the recollections that Bernardo Francisco Bruto da Costa included in the final section of his memoirs, where he felt compelled to take stock of his service as a public health official in São Tomé and Príncipe. Earlier in his monograph, Costa explained that the lack of adequate funds and opposition from urban residents were the reasons why the Health Service had not been able to fully succeed in meeting its objectives in the city of São Tomé.[437] This comment is particularly interesting, since it suggests ways in which the inhabitants of the city of São Tomé responded to some of the measures of the medical service. Health officials like Costa frequently complained that they were misunderstood, which indicates that their actions and proposals were not always seen in a positive light. Although the lack of support for the Health Service and its officials emanated from various sectors of Santomean society (including from some of the European colonists), the present chapter analyzes how the African segment of the population reacted to the medical practices of the service.

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[436] Costa, *Vinte e Três Anos*, 195.
[437] Ibid., 178.

Responses such as shunning medical care cannot be associated exclusively with Africans in São Tomé and Príncipe, since there is some evidence that suggests that it came from other sectors of society as well. Nevertheless, most of the medical reports support the view that Africans were the targets of some of the most coercive measures implemented by the Health Service. It is necessary to underscore that the "African" population of São Tomé and Príncipe was far from being a homogeneous group of people. One of the major cleavages in society was between those who were Santomean and those who were foreign. Terms such as *forros* and *filhos da terra* were used to describe the local Santomean population, which was mostly concentrated in urban areas such as São Tomé city, Santo António, and Trindade. But within this group, there were important socio-economic differences that set individuals apart. These differences were reflected in the opinions that Portuguese commentators voiced about the Santomean population. For instance, the designation of *filhos da terra* did not have the same pejorative connotations as the use of the term *forro*. Many of the sources left behind by the Portuguese convey their disdain for the latter. For example, they often expressed the opinion that, although they were poor, *forros* refused to work for the plantations and preferred "idleness" and theft to honest labour. In addition, Portuguese officials and the planters in particular portrayed *forros* as a danger to peace and stability in the colony, arguing that they were a bad influence upon plantation labourers if they came into contact with them.[438] Consequently, planters and colonial authorities agreed that it was important

[438] According to the Portuguese sources, *forros* often supplied alcohol to plantation labourers. Another danger was that they might incite plantation workers to rise up and revolt.

to limit the movement of plantation workers outside the *roças*, especially in the city of São Tomé.[439]

As for the "foreigners", they included mostly Africans who were brought from the continent to work on plantations.[440] After the emancipation of slaves in the colony in 1875, the term *serviçal* (plural: *serviçais*) began to be used in order to describe African contract labourers. The vast majority came from Angola, although planters at times attempted to recruit workers from other parts of West Africa as well. For the period under study, labour recruitment was a critical issue in Santomean society. Planters complained that they were not able to secure sufficient workers to meet their needs. Also, the labour question was further complicated by accusations regarding the coercive recruitment, abusive labour practices, and lack of repatriation, particularly with regard to workers from Angola. As a result, planters began procuring workers in other Portuguese colonies, including Cape Verde and Mozambique.[441] This meant that the labour force was actually very diverse and multiethnic. Planters hoped that ethnic differences would prevent the threat of solidarity between plantation labourers and fully encouraged the

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[439] Nascimento, "As Fronteiras da Nação e das Raças", 736.

[440] Although most African labourers worked on agricultural estates, there were some who did not, most notably workers from Cabinda, in Northern Angola, who were often employed as dockworkers in the port of São Tomé. See Augusto Nascimento's "Cabindas em São Tomé", *Revista Internacional de Estudos Africanos* no. 14/15 (1991): 171-97.

[441] The Portuguese wished to depict recruitment as being entirely voluntary; however, the famine that struck the archipelago of Cape Verde in 1902-03 played a part in compelling labourers to leave those islands for São Tomé and Príncipe. On Cape Verdian migration to São Tomé and Príncipe, see: Augusto Nascimento "Representações Sociais e Arbítrio nas Roças: As Primeiras Levas de Caboverdianos em S. Tomé e Príncipe nos Primórdios de Novecentos", *Arquipélago. História*, 2nd series, no. 5 (2001): 325-70; Idem, *O Fim do Caminhu Longi* (S. Vicente, Cabo Verde: Ilhéu Editora, 2007). As for the Mozambican labourers, they began to arrive in São Tomé and Príncipe after 1908: Idem, *Desterro e Contrato: Moçambicanos a Caminho de S. Tomé e Príncipe (anos 1940 a 1960)* (S. Vicente, Cabo Verde: Ilhéu Editora, 2002), focuses on the recruitment of Mozambicans in the decades between 1940 and 1960. Although not an African labour force, Chinese workers from Macau were brought to work for some of the *roças* during the late 1880s, which illustrates the lengths to which planters were willing to go to in order to procure labour. However, the recruitment of Chinese labourers was not deemed a success. By 1910, the Portuguese authorities in the colony were promoting their repatriation: Nascimento, "A Passagem de *Coolies* por S. Tomé e Príncipe", *Arquipélago. História*, 2nd series, no. 8 (2004): 77-111.

creation of ethnic stereotypes.[442] In addition, planters reinforced the supposed differences between workers by providing different groups with separate accommodation and by giving them distinct tasks on the plantations. For instance, it was common for planters to place Cape Verdians in supervisory roles on the agricultural estates. Despite this, the strategy seems to have backfired, since workers from Cape Verde acquired a somewhat troublesome reputation in the colony.[443]

The analysis of responses to medical practices in São Tomé and Príncipe needs to take the heterogeneity of the African population into consideration, both in terms of how certain individuals were the targets of medical practices and how they responded to them. This is one of the objectives of the present chapter, which is divided into three main sections. The first analyzes responses such as shunning medical advice and refusing hospitalization. In these cases, it is difficult to determine who was involved since the sources of the colonial government and the Health Service are, in some cases, somewhat unclear. The challenge is to read between the lines in order to piece together a clearer picture of who was responsible for such acts of defiance. There is a need for studies that will, for example, shed light on how poorer whites in the colony, particularly convicts and soldiers, responded to the practices of the Health Service. However, the focus here is on how Africans reacted to measures undertaken by officials of the medical service. The second section of the chapter discusses responses that are associated with the outbreaks

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[442] Portuguese commentators often remarked that while Cape Verdians were "civilized", Angolans were not. But this also meant that they regarded Cape Verdian labourers as being poorly suited to do agricultural work, unlike the Angolans.

[443] The various acts of defiance that became closely associated with Cape Verdian plantation labourers included the refusal to work, theft, escape, temporary absenteeism, as well as frequent complaints that they presented to the *Curadoria* (the government department that was, at least in theory, responsible for preventing labour abuses from occurring on agricultural estates) concerning abuses on the estates. For a discussion of these forms of defiance and protest, see: Nascimento, "Representações Sociais e Arbítrio nas Roças", 326-47.

of epidemic diseases in São Tomé and Príncipe. Measures such as internment, isolation, and vaccination campaigns were some of the strategies that the Health Service adopted in order to tackle epidemics in the colony. In this case, the evidence is clearer when it comes to identifying African plantation labourers as the targeted population group. The last section of the chapter reviews some of the information present in the extant sources, suggesting ways in which African women, in particular, responded to medical practices in São Tomé and Príncipe. Even though there is not an abundant amount of information about the ways that women might have responded to the interventions of Portuguese medical officials, the few sources that I have managed to find provide a point of departure for a discussion about the relationship between local female patients and Portuguese male physicians in the colony.

One of the challenges in dealing with this topic is to fully understand the experiences of individuals and their reactions to various medical practices. While there is plenty of information left behind by medical officials in the form of reports, letters, and other kinds of written communication, there is a lack of written material that can be directly attributed to those who were the targets of medical interventions or who defied unjust and coercive medical practices. Notwithstanding having to rely on European sources, my intention is to avoid portraying Africans in the colony as mere passive victims of an oppressive medical service.

Responses to medical practices in Africa during the colonial period is part of a growing body of work that originated in the 1960s, when studies about African responses to European colonial rule began to emerge in the wake of independence of the new African states. Scholars who worked in this field began to look at the historical

experiences of Africans by seeking to write "histories from below", although this approach was fraught with difficulties.[444] In some cases, historians attempted to use materialist perspectives in order to understand indigenous responses in their own right. The merit of the contribution made by these studies was in showing that such responses were far from monolithic, even though these kinds of analyses were still mired by problems, including the representation of Africans as objects of outside forces rather than as subjects of history.[445] Another difficulty had to do with the importance of locating sources that would allow scholars to look at the role that ordinary Africans had played in contesting colonial rule, thus shifting the focus away from African elites and nationalist movements.[446]

In the 1990s, scholars called for the need to understand forms of defiance to colonialism in geographic, historic, and cultural specific milieus.[447] Studies underscored the notion that people in Africa had engaged colonialism at "multiple, overlapping sites", and that their interactions with colonial agents could not be neatly categorized as resistance or collaboration.[448] Since then, scholars have also placed studies about responses to colonialism within a theoretical framework, often drawing on the theories of

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[444] Eric Allina-Pisano, "Resistance and the Social History of Africa", *The Journal of Social History* 37, no. 1 (September 2003): 188.

[445] Ibid., 189.

[446] According to Frederick Cooper, "Conflict and Connection: Rethinking Colonial African History", *The American Historical Review* 99, no. 5 (December 1994): 1520-21 and 1532, it is necessary for scholars to analyze how ordinary Africans responded to colonialism, instead of focusing solely on those who were part of political movements and guerrilla forces. He pointed out that ordinary men and women in Africa engaged in acts of defiance and that "individual action – moving away from the tax collector or labour recruiter, ignoring orders, speaking insolently, and criticizing the claims of missionaries, doctors, and educators", complemented more collective action. For Cooper, the significance of understanding everyday forms of defiance lies not only in its ability to give scholars a better understanding of the lives of ordinary Africans, but also prevents them from denying Africans any other existence outside of such a framework.

[447] Donald S. Moore, "Subaltern Struggles and the Politics of Place: Remapping Resistance in Zimbabwe's Eastern Highlands", *Cultural Anthropology* 13, no. 3 (August 1998): 346.

[448] Allina-Pisano, "Resistance and the Social History", 193.

Michel Foucault and Antonio Gramsci.[449] Foucault allowed the possibility of power being resisted in society, no matter how oppressive that society was. As previously mentioned, some Africanist historians expressed reservations about the applicability of Foucault's theories in the context of African colonial history. For instance, Frederick Cooper maintained that Foucault's ideas about the diffuse and "capillary" nature of power in society did not fit the African situation during the colonial period.[450] Cooper's view is that power in colonial societies was more "arterial" than "capillary", meaning that it was far more concentrated both in spatial and social terms.[451] The implication for studies on responses to colonial rule is that scholars need to first understand how power was deployed in colonial societies. John Comaroff did not dismiss the application of Foucault's theories to colonial states, but highlighted the pitfalls with this approach, including the key differences that existed between metropolitan and colonial states. Whereas metropolitan states, he argued, were invested in manufacturing sameness, colonial states, by contrast, were more interested in the production and management of difference despite their "rhetoric of universalizing modernity".[452]

As for Antonio Gramsci, some scholars have been drawn to his theory of hegemony. For Gramsci, dominant groups in society governed with a certain amount of consent from the people they ruled over. He in fact saw the exercise of power as part of an ongoing process that was characterized by compromise and negotiation, a process labeled "hegemony", which plays out in different social spaces, such as hospitals, for

[449] Ibid., 191.
[450] Cooper, "Conflict and Connection", 1533.
[451] Ibid.
[452] Comaroff, "Reflections on the Colonial State", 329.

example.[453] He distinguished between the state and its coercive mechanisms and civil society, which included such entities as schools, trade unions, and various other associations that were outside the state, but which nonetheless helped to consolidate and entrench its power and that held by elites, by "socializing" citizens into consent. However, some scholars of Africa have also expressed skepticism about applying Gramsci's theories in the African case. Some have argued that colonial societies were so deeply oppressive that consent appeared to be a contradiction in terms. Also, Gramsci's preoccupation with middle-class rule in capitalist societies seemed to be out of place in the colonial situation. However, there are those who maintain that Gramsci's ideas about hegemony have allowed them to "show how Africans from all social backgrounds forged a critique of colonial domination".[454] David Arnold, for instance, expressed the view that, although the role of society in transmitting and articulating "hegemonic values" was weak in colonial societies in comparison to metropolitan ones, the advantage of applying Gramsci's notion of hegemony in a colonial context is that it allows scholars to "see the coercive apparatus of the colonial state operating not in isolation but with a 'consent' that was part voluntary, part contrived, and in a manner more familiar from a study of western metropolitan societies".[455]

The Lusophone scholar Ricardo Roque is critical of the "undue focus" on "colonial discourse" and has criticized how approaches have tended to overstress the hegemonic structure of colonialism.[456] For his part, Roque has emphasized the weakness

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[453] Gramsci's concept of hegemony has been used by scholars who have looked at the roles played by African medical aides or auxiliaries in the various European colonies. As Maryinez Lyons argues, "The Power to Heal", 213, as "products of colonialism", medical auxiliaries "could pose a serious threat to European hegemony in medicine" in Africa.

[454] Allina-Pisano, "Resistance and the Social History", 191.

[455] David Arnold, "Public Health and Public Power", in *Contesting Colonial Hegemony*, 133-34.

[456] Roque, "The Razor's Edge", 108.

of the Portuguese colonial state and situates himself amongst a group of scholars whose aim it is to examine and to understand "the heterogeneous, contradictory, and bodily character of colonialism in practice along with its dynamics of weakness and vulnerability".[457] Roque is influenced by the work of Michel de Certeau, who stresses the "anti-discipline of mundane practices" that were part of the way in which colonized people were able to resist and subvert colonization.[458] Furthermore, Roque states that, "by considering every configuration of power as vulnerable, and not necessarily strategic, I suggest that the modes of practicing can be turned into an analytical tool for the study of colonialism in practice".[459] Roque's emphasis on "imperial vulnerability" is certainly reflected in the evidence pertaining to São Tomé and Príncipe, where a weak colonial state had to contend with powerful plantation interests. However, my own argument is that the lack of resources and the "vulnerability" of the Santomean Health Service, for example, meant that it resorted to employing very drastic and coercive measures, which sparked protest on the part of the local population. Also, despite its shortcomings, the Health Service had clear hegemonic goals and the disease environment in the colony provided it with the opportunity to implement numerous public health measures that directly impacted the lives of the local population in the colony, albeit in a rather uneven manner.

[457] Ibid., 109.

[458] Ibid., 120. See Certeau's *The Practice of Everyday Life*, trans. Steven Rendall (Berkeley, CA: University of California Press, 1984).

[459] Roque, "The Razor's Edge", 120.

***Common Responses To Medical Practices***

In *A Dying Colonialism*, Frantz Fanon described how French doctors in colonial Algeria attributed the reluctance of Algerians to entrust themselves to European physicians on their attachment to healers and to traditional medicine.[460] Even when they did consult European doctors, Fanon wrote, Algerian patients often failed to take the prescribed medications or to return for follow-up appointments.[461] French doctors regarded this lack of compliance on the part of indigenous patients as further evidence of their "ignorance" and "backwardness". These kinds of perceptions were common in various other colonial contexts as well.[462] Extant sources for São Tomé and Príncipe are filled with similar references and explanations. For instance, in a report written in 1871, the Governor of Príncipe disclosed that, because they were "ignorant" and believed in the "absurd therapies" of healers, locals on the island rejected the medical advice of Portuguese physicians.[463] In another report dating from 1872, the doctors of the Santomean Board of Health wrote that "ignorance" and "superstition" were the reason why the indigenous population was "indifferent to everything".[464] Manuel Ferreira Ribeiro expressed himself in the same fashion when he cited "strong beliefs in witchcraft" as the reason why African patients preferred to seek the services of their own

[460] Frantz Fanon, *A Dying Colonialism* (New York: Grove Press, 1967), 125.

[461] Ibid., 128.

[462] For example, Noémi Toussignant, "Trypanosomes, Toxicity and Resistance: The Politics of Mass Therapy in French Colonial Africa", *Social History of Medicine* 25, no. 3 (March 2012): 641, argues that, "anyone who has read colonial medical reports is probably familiar with recourse to 'native' indifference, ignorance, incomprehension, fatalism and indiscipline as an explanation for irregular or incomplete treatment".

[463] AHU, SEMU, DGU, São Tomé e Príncipe, Cx. 26 [no. 507], "Relatório do Governador da Ilha do Príncipe, António Joaquim da Fonseca, Referido ao Anno de 1871".

[464] AHU, SEMU, DGU, São Tomé e Príncipe, Cx. 80 [no. 587/588], "Relatório acerca do Serviço de Saúde da Província de S.Thomé e Príncipe e suas Dependências apresentado à Repartição de Saúde Naval e do Ultramar pela Junta de Saúde da Mesma Província Referido ao Ano de 1871".

healers instead of those offered by Portuguese doctors.[465] Along the same lines, this physician complained that due to their avoidance of hospitalization, it made no difference to Santomeans whether medical facilities in the colony were in a good state or not.[466]

The above comments betray doctors' frustration with their lack of access to Africans as patients and, conversely, with healers' ability to attract patients. Also, physicians were dismayed by the access of healers to many of the drugs and instruments used in western medical therapies. The mere fact that Portuguese commentators criticized the supposed "transgressions" of healers was indicative that the latter were indeed familiar with many of the instruments and therapies that doctors employed in the colony. Ultimately, this meant that the local African population had at least some knowledge of certain aspects of western medicine, even if they preferred to seek the services of healers. Therefore, the reasons why people shied away from Portuguese doctors had nothing to do with their dislike for or rejection of western medicine, but instead reflected their distrust of the doctors themselves. In fact, the pervasive lack of trust between "native" patients and Portuguese physicians frequently comes across in the medical reports. It was not merely a question of a language barrier that needed to be overcome. The absence of trust was instead rooted in the very nature of some of the practices and attitudes of doctors towards the local population.

The distrust for doctors of the colonial medical system influenced the interaction between physicians and patients. This meant that doctors routinely used more aggressive methods to carry out their duties. It was common for those who left the city of São Tomé in order to visit patients elsewhere to request the company of police officers. In 1906,

[465] Ribeiro, *Relatório,* 197.
[466] Ibid., 62-63.

Dr. Francisco da Silva Garcia requested that four policemen from the municipality of São Tomé accompany him when he conducted home visits.[467] While it seems that doctors were afraid of traveling on their own without a police escort to wherever they needed to go, it is also plausible that police officers were necessary when the doctor arrived in the patient's home. This is indicative of two aspects: on the one hand, the physician felt unsafe by himself in the patient's home; on the other hand, the presence of the police could be tied to the desire on the part of the doctor to impose a particular kind of treatment that was likely to be rejected by the patient, and possibly by anyone else who was also present in the home during the visit.

Shunning medical care, not taking prescribed medications, or refusing hospitalization were a matter of routine in the colony. When Portuguese commentators brought up these instances, they were mainly referring to the Santomean population that lived in the urban areas. Hospital records show that, as far as Africans were concerned, medical facilities admitted mainly convicts, soldiers, and slaves (later *serviçais*): that is, individuals who were unable to refuse hospitalization. The refusal to be hospitalized, therefore, would have come from the free, local Santomean population, especially those who resided in urban areas.

There are also episodes of opposition to certain medical practices in connection with plantations. Although doctors of the Health Service had a limited presence on the agricultural estates, at times they did succeed in gaining access to them. On one occasion, Bernardo Francisco Bruto da Costa described how he had tried to treat patients

[467] AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 368, Repartição de Saúde, 1906.

who had contracted beriberi on some of the plantations of São Tomé.[468] The measures that he proposed included isolating infected patients, disinfecting the workers' homes, and burning down the dwellings that could not be disinfected.[469] Costa reported that his efforts were "not well received by the workers on the plantations", but unfortunately did not elaborate any further. Similarly, in the attempt to combat malaria on agricultural estates, this same doctor said that in some cases the plantation staff had to be forced to comply with his recommendations. These included forcing plantation labourers and staff to take quinine on a daily basis, preventing African labourers from sleeping in the same quarters as Europeans, and demolishing homes that were regarded as unhygienic.[470] In this case, opposition to Costa's measures could have come from any of the plantation staff, whether European or African.

One of the focal points of protest to medical practices came in the form of opposition to the hut demolition measures that the Health Service endorsed and implemented. The policy affected mostly *forros* who lived in the city of São Tomé. The justifications that doctors presented for the measures were based on public health and safety arguments. For instance, Manuel Ferreira Ribeiro was in favour of ordering the demolition of "native huts" that were in close proximity to the hospital of São Tomé.[471] He presented various reasons for this. First, he disclosed that residents who lived near the hospital routinely came into the facility, and regarded such visits as a nuisance and a problem for the maintenance of discipline and order in the establishment. However, the most important reason for the demolitions, he argued, was that the residents of the huts

[468] Costa, *Vinte e Três Anos,* 20-22.
[469] Ibid.
[470] Ibid., 41-42.
[471] Ribeiro, *Saneamento*, 201-02.

often protected and hid patients who escaped from the hospital.[472] Therefore, from his comments one can also deduce that Africans at times escaped from the medical facility. Bernardo Francisco Bruto da Costa echoed Ribeiro's views when he described his own involvement in the expropriation of "native land" around the hospital of São Tomé. His justification was that the plots of land and the houses on them were "unhygienic" and that the "constant drumming" disturbed the patients' rest.[473] But Costa revealed another reason for the demolitions when he admitted that the huts were places where the health personnel could be "ambushed".[474] The Goan doctor had returned to São Tomé in 1919 to head the Health Service, but he also came to serve as Interim Governor of the colony until 1922.[475] Furthermore, Costa assumed the presidency of São Tomé's City Council, a position he held until he finally left São Tomé and Príncipe in 1926.[476] As a consequence of his posts in the colonial civil service, he was in an ideal position to implement the home demolition measures. All in all, Costa mentioned with tremendous pride that in fifteen months he had managed to destroy two hundred and five houses and huts.[477]

The majority of the impoverished Africans whose homes were targeted were not in a good position to fight against this policy. However, what is important in the context of responses to medical practices is the fact that the League of Native Interests took up the cause and mounted a more organized protest campaign against the practice. The author of a newspaper article published in 1915 stated that the League had presented a

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[472] Ibid.
[473] Costa, *Vinte e Três Anos,* 167.
[474] Ibid., 199.
[475] Ibid., 196.
[476] Ibid., 194-95.
[477] Ibid., 180. In a newspaper article entitled "Um Balanço", its author criticized Costa's actions as mayor of São Tomé. The author disclosed that no one had ever "held more power" or had a "greater ability to act independently" than Costa. Although not entirely against the doctor's enthusiasm for hut demolition policy, the author accused him of failing to replace the huts with built structures: *O Equador,* April 16, 1927.

complaint to the municipal authorities of the city of São Tomé denouncing the demolitions.[478] The League's argument was that the demolitions should only be applicable to structures that were in ruins and which therefore constituted an actual danger to the public. Also, according to the organization, the houses that were being torn down were perhaps only a hazard to the people who resided in them. Furthermore, according to the article, the League had also complained that the municipal authorities were not providing any financial compensation or alternative housing to individuals whose homes had been destroyed. Finally, what is most significant is the League's statement that the demolition efforts ran contrary to the supposed "civilizing mission" of the Portuguese, because they were aggravating the problem of homelessness in the city.[479]

Augusto Nascimento has researched the role that the League of Native Interests played in early twentieth-century anti-colonial political activism in São Tomé and Príncipe. His opinion is that the League took advantage of the greater freedom of expression and association that existed briefly during the period of the Republic in Portugal and in the empire (1910-1926) and that this relative openness, together with emerging ideas about pan-Africanism, allowed the organization to emerge as a defender of the rights of all Africans in the colony.[480] Nascimento's view is that, despite its rhetoric of inclusiveness, the League in fact defended the interests of the local Santomean elite and was therefore incapable of bridging the divide between that elite and the plantation labourers who had come from abroad.[481] However, in the case of the home

[478] *A Defesa,* November 10, 1915.
[479] Ibid.
[480] Nascimento, "As Fronteiras da Nação e das Raças", 742.
[481] Nascimento, "A Liga dos Interesses Indígenas", 430.

demolitions, the League was voicing its condemnation of a practice that impacted mostly the poorer *forro* segment of society. The significance of this action was that it showed its ability to unmask the real reasons behind the policy, and to highlight the detrimental impact that it was having on the urban poor.

The League's ability to protest by using a local newspaper as its mouthpiece is rather unique, since there are very few written sources that can be directly attributed to Africans in the colony. It might be useful for scholars to probe other more unconventional sources, such as the valuable ethnographic material that has been collected in the form of stories and plays from the colonial period, including those that were associated with carnival festivities in São Tomé and Príncipe. A much-anticipated part of carnival celebrations was the *tlundu*.[482] During these celebrations, men and women dressed in hides and feathers would visit people's homes in order to recite poetry or to tell stories. Often, the stories were a way to criticize particular individuals in society.[483] Another key event in the festivities was the *tchiloli*, a term that referred to plays that were normally performed outdoors by various theatre groups.[484] Scholars have different opinions about the significance of the *tchiloli*, particularly for the colonial period. While some see it as a vehicle for the dissemination of moral values that were part of Santomean society, others regard it as an act of "cultural subversion" and as a critique of colonialism.[485] The plays' themes normally dealt with family and societal

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[482] According to Espírito Santo, *A Coroa do Mar*, 263, the term is an adaptation of the Portuguese word *Entrudo* (shrovetide), in reference to the three days before Lent.

[483] Ibid.

[484] Ibid., 256. It was not uncommon for each play to last up to six hours.

[485] This is the case with Paulo Valverde, "Carlos Magno e as Artes da Morte: Estudo sobre o Tchiloli da Ilha de São Tomé", *Etnográfica* 2, no. 2 (1998): 221-50. By contrast, Gerhard Seibert, "O Tchiloli de São Tomé", *História* 142 (1991): 66-73, and Christian Valbert, "Le Tchiloli de São Tomé: Un Exemple de Subversion Culturelle", in José Augusto França, ed., *Les Litteratures Africaines de Langue*

relations, particularly imbalances of power within society and the family.[486] One of the most important figures in the plays was the *messê*, or the master healer, who appeared as a mediator between the world of the living and of the dead.[487]

During the colonial period, some have suggested that Portuguese authorities took little notice of the *tchiloli* plays, in part because they were performed in the *forro* language. As a result, the argument is that the authorities did not fully understand the subversive nature of the plays, which is precisely why they were such a suitable vehicle for a critique of colonial abuses.[488] The centrality of the healer is particularly interesting since Portuguese colonial authorities were keen to prevent them from practicing medicine in the colony. Also, events such as the *tchiloli* and the *tlundu*, for the purposes of the study of responses to medical practices, can be associated with the work that scholars have carried out in uncovering the role that stories, rumor, and gossip have played in acts of defiance to colonialism.[489]

### *Local Responses During Epidemics*

The period of the late nineteenth and early twentieth century was marked by the outbreak of serious epidemics on the African continent. São Tomé and Príncipe were not shielded from these epidemics. If anything, the development of the plantation sector and the more or less constant influx of labourers from mainland Africa to the islands sparked

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*Portugaise: a la Recherche de l'Identite Individuelle et Nationale* (Paris: Fondation Calouste Gulbenkian, 1985): 437-44, prefer to see the plays as a veiled critique of colonialism.

[486] Valverde, "Carlos Magno e as Artes da Morte", 238.

[487] Ibid., 224.

[488] Ibid., 238.

[489] For instance, Luise White, *Speaking with Vampires: Rumor and History in Colonial Africa* (Berkeley, CA: California University Press, 2000), 56, shows how historians might use rumor and gossip as primary source material that allows them to rewrite colonial histories, particularly histories about anti-colonial resistance.

epidemic outbreaks. In return, the medical authorities in São Tomé and Príncipe implemented very aggressive measures in order to tackle these diseases.[490] Not surprisingly, some of the measures they attempted to put in place were not well received in the colony.

Episodes of defiance appear in connection with smallpox, a disease that caused great alarm in São Tomé and Príncipe in the late nineteenth and early twentieth century.[491] This much-feared disease appeared closely connected with slaves and later, with contracted labourers, specifically those who had been recruited in Angola. The goal of medical authorities in tackling the disease was twofold. On the one hand, it was necessary to treat the slaves/labourers who arrived in the colony and to monitor those who were suspected of carrying of disease. On the other hand, it was also important to contain the disease through quarantine measures. The evidence suggests that medical authorities were not entirely successful in stemming the proliferation of the disease, in part because of the lack of cooperation from the local population.

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[490] This was not unique to the Portuguese colonies. According to Glen Ncube, "'The Problem of the Health of the Native': Colonial Rule and the Rural African Healthcare Question in Zimbabwe, 1890s-1930", *The South African Historical Journal* 64, no. 4 (December 2012): 812, the medical campaigns deployed against epidemics in Africa during colonial rule were "forceful" and depended on the use of police forces. In his view, the drastic measures that Europeans implemented stemmed from fears and perceptions that Africans were incubators of disease, and that it was therefore necessary to monitor and control them. Also, Ncube states that the concern with the health of the African population derived from the need to have access to a healthy colonial labour force. This binary explains why healthcare policies during the early colonial period were geared towards suppressing epidemics and preserving the health of Africans in employment.

[491] Outbreaks of smallpox in São Tomé and Príncipe preceded the nineteenth century. According to Carlos Agostinho das Neves, *S. Tomé e Príncipe da Segunda Metade do Século XVIII* (Funchal: Centro de Estudos de História do Atlântico, 1989), 152, in 1775, a serious outbreak of the disease caused great mortality in the city of São Tomé. Part of the problem with smallpox epidemics in the city was that slaves were usually brought into the colony via São Tomé, where they were housed for some time before being sent to other destinations on the island. It was common for the planters to rent houses in the city for the purpose of accommodating the inbound slaves. If they were carriers of smallpox, the disease often spread rapidly amongst the city's residents.

The memoirs of Bernardo Francisco Bruto da Costa contain a striking episode that illustrates the extent to which medical authorities resorted to using heavy-handed methods when trying to quell smallpox in the colony.[492] The incident described in the book took place in the beginning of the twentieth century, when Costa was serving as a medical official in the Health Service. It began when an African aide employed by the hospital of São Tomé came to work showing signs of smallpox.[493] The aide informed Costa that some of his relatives and friends had also contracted the disease. The man was immediately placed in isolation in the hospital. The doctor then decided to visit the place where the aide had told him his relatives lived, but that he would not tell anyone of his plans in advance because that might spread the word and prompt the residents to "flee to another part of the island". Costa visited the location, accompanied by an administrator from the municipality of São Tomé, a "small police force", and some nursing staff. When they arrived, the doctor disclosed that they first "surrounded the huts". Then the municipal administrator called out in a loud voice to the residents of the huts that they had to obey Costa's orders or be punished. The threat was successful because Costa and his party were able to inspect the huts. They found that some of the residents were showing signs of smallpox, and came across the bodies of two deceased people. Those who were visibly affected by the disease were subsequently taken to the isolation ward in the hospital of São Tomé, while the residents who were not showing signs of the disease were to be moved to another location.[494] Costa ordered the nurses to vaccinate the residents but mentioned that, in some cases, they needed to do so by using force. He then decided to burn down the huts containing the bodies of the two deceased individuals and

[492] Costa, *Vinte e Três Anos*.
[493] Ibid., 56.
[494] Costa also mentioned that the residents would be kept under surveillance.

described how this led to "great alarm and clamor" on the part of the Africans, as well from some of the Europeans who witnessed the event.[495]

As scholars have pointed out, in early twentieth century Africa, declaring the outbreak of an epidemic was not merely a public health necessity; it was also a "social construction" and a "political act".[496] In addition, epidemics provided colonial health authorities with the opportunity to introduce various authoritarian measures.[497] Extant sources for São Tomé and Príncipe reveal many of these measures. For instance, in the case of an epidemic, it was necessary to make sure that the Health Service had medical police at its disposal. It is true that, even in normal times, the service had the ability to rely on the assistance of police officers, but the duties of the medical police that was organized during epidemic outbreaks extended well beyond the routine duties of policemen who accompanied doctors on home visits. For example, one of the tasks of the medical police that was mobilized during an epidemic was to visit the homes of those afflicted by the disease in question. According to José Correia Nunes, at the time of the 1864 smallpox epidemic, it was the job of the medical police to determine if the houses of people affected by the disease had the conditions that would allow them to be placed under isolation in their homes.[498] If not, the police had to escort the individual to the hospital. This in itself is an interesting point because although this might seem to be a kind of blanket policy that would be applicable to everyone and anyone, regardless of race or economic status, it could in actual fact be implemented in more discriminatory

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[495] Ibid. Costa mentioned with some sadness that his avid support for the burning down of huts gained him the nickname of "Nero" in the colony.

[496] Lyons, "From 'Death Camps' to *Cordon Sanitaire*", 69-70.

[497] Ibid., 70.

[498] AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 42, Repartição de Saúde, 1870.

ways. Since the African population was poorer and tended to live in smaller, more run-down homes, it was highly unlikely that medical authorities and the police would have concluded that such a home had the right conditions to isolate the person suspected of having a communicable disease. By contrast, someone who lived in a more spacious house, as long as it had a room where the patient could be kept in isolation, was less likely to be taken to the hospital.

The medical police was also responsible for carrying out other duties during epidemic outbreaks, including guarding the *lazarets* and quarantine facilities. This comes across in references to the temporary *lazarets* that were built to isolate those affected by smallpox, but which housed only African and not European patients.[499] In a letter dating from 1882, Manuel Rodrigues Pinto, a Goan physician, asked the Governor of the colony to allow for the more frequent rotation of the sentries who were guarding the smallpox *lazaret* at the time.[500] Pinto also requested some form of lighting for the sites where the guards were stationed, which suggests that there were security problems during the night shift. Unfortunately, Pinto did not really explain if the security issues were with the guards themselves or with patients who were interned in the *lazaret*. In the letter, the medical official also informed the Governor that of the sixteen labourers interned the *lazaret* one had died, and warned him that this would, in all likelihood, prompt other patients to try to escape.[501] Pinto's fears were confirmed because in another letter written to the Governor in August, 1882, he asked for permission to burn down three huts that

[499] The *lazarets* housed African labourers who were either affected by the disease, or who were suspected of having it.

[500] AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 129, Repartição de Saúde, 1882.

[501] Ibid.

were close to the *lazaret*, since a number of patients had escaped from the facility and sought refuge in the nearby huts.[502]

Incidences of escape from the smallpox *lazaret* can be understood in light of the fact that it was a neglected, dismal place. The *lazaret* that housed patients during the 1864 smallpox epidemic did not have enough medical staff. Its conditions were extremely poor – it lacked drinking water and the supply of food was a problem. It therefore comes as no surprise that the inadequate conditions led to escape attempts, especially when some of the patients died. From the patients' perspective, the *lazaret* was a place from where no one emerged alive and in good health.

Vaccination campaigns were also part of the efforts to combat epidemic diseases in São Tomé and Príncipe. At the time of the 1864 smallpox epidemic, José Correia Nunes mentioned receiving some vaccine "matter" in order to begin inoculating people against the disease.[503] He dissolved some of the matter in water and used it to vaccinate fifty-six African soldiers and forty-six slaves from some of the plantations.[504] However, Nunes commented that "no-one else" wished to be vaccinated; in other words, he was capable of administering the vaccine to people who were not capable of refusing the procedure.[505] In a later outbreak of smallpox, the Governor of the colony reported that some of the planters had their workers vaccinated and that doctors of the Health Service had also managed to inoculate some of the residents of São Tomé, as well as others in some of the smaller towns throughout the colony.[506] However, he added that people in

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[502] Ibid.

[503] AHU, SEMU, DGU, São Tomé e Príncipe, Cx. 80 [no. 587], Report written by José Correia Nunes, December 30, 1865.

[504] Ibid.

[505] Ibid.

[506] AHU, SEMU, DGU, São Tomé e Príncipe, Cx. 32 [no. 511], Report written by the Governor of São Tomé and Príncipe, Estanislau de Almeida, September 30, 1878.

the rural areas were "indifferent" to the vaccine.[507] The information about the vaccination campaigns indicates that the health authorities had greater success when vaccinating people in urban areas of the colony. As for plantations, their success there depended on the collaboration of planters and managers. Apart from this, there were pockets throughout the colony that remained beyond the reach of the health authorities and where the population rejected vaccination. Also, the sources available show that there was a level of coercion that was used during vaccination campaigns, and that doctors had more success when administering vaccines to people who were not in a position to refuse them, including soldiers and convicts.

Cristiana Bastos has argued that the history of vaccination in the former Portuguese colonies cannot be simply seen through the lens of resistance. In an article dealing with vaccination and inoculation practices against smallpox in colonial Goa, she writes that: "smallpox prevention in colonial India reveals more than tensions, violence and resistance within empire. It also brings up a whole other set of practices that involve borrowing, combining, mixing and hybridizing".[508] It is difficult to see clear signs of this in the case of São Tomé and Príncipe. It is likely that some inhabitants voluntarily consented to routine vaccinations, particularly residents of the city of São Tomé. Vaccination clinics were normally held in the city's hospital on certain days of the week, so one would assume that doctors were in fact vaccinating people who came to the clinics, although it is unclear if most of those who attended the clinics were Europeans or Africans. However, there is more evidence that supports the refusal of vaccination in the colony on behalf of the African segment of the population. For instance, Bernardo

[507] Ibid.
[508] Bastos, "Borrowing, Adapting, and Learning", 145-46.

Francisco Bruto da Costa stated that plantation labourers were not normally inoculated against smallpox and that some absconded from the plantations when they found out that the doctors and nurses of the Health Service were on their way to visit the *roça*.[509] He also added that, at times, the medical staff had to arrest individuals in order to vaccinate them.[510]

Scholars who have researched outbreaks of smallpox in Africa during the colonial period point out that Africans had ambivalent attitudes regarding vaccination against the disease.[511] First and foremost, African societies were not only familiar with the disease, but they also practiced variolation, which preceded vaccination. Variolation (from the term "variola" meaning smallpox) involved the transfer of matter from the postule of a person infected by smallpox to a healthy person via a scratch in the skin in order to immunize that person against the disease. The procedure was risky because the recipient could develop smallpox and die from it. Also, if the person survived, he or she could be permanently disfigured. The vaccine against smallpox was first developed in the late eighteenth century, as a result of Edward Jenner's work and experimentation.[512] By the nineteenth century, European countries were producing the vaccine and several were attempting to export it to their colonial domains.

In the nineteenth century, authorities in São Tomé and Príncipe mentioned importing vaccine matter from Lisbon, although at times it was also shipped from Luanda

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[509] Costa, *Vinte e Três Anos*, 55.

[510] Ibid.

[511] For a discussion about this, see Luise White's "'They Could Make Their Victims Dull': Genders and Genres, Fantasies and Cures in Colonial Southern Uganda", *The American Historical Review* 100, no. 5 (December 1995): 1393.

[512] Jenner, a British country doctor, advocated cowpox inoculation as a means of giving recipients immunity against the much more dangerous smallpox. His work was so significant for the development of future vaccines that the term itself derives from the Latin *vacca*, meaning cow: see Roy Porter, *Blood and Guts: A Short History of Medicine* (London: W.W. Norton & Company, 2002), 86.

and Goa. However, before the age of refrigeration, it was difficult to transport vaccines for long distances because they tended to be rendered ineffective as a result of the length of the oceanic voyage and the effects of heat.[513] In a letter dating from 1880, a doctor of the Health Service asked for vaccines to be sent to São Tomé and Príncipe and stated that the one that was available in the colony had not produced good results.[514] The lack of effectiveness of the vaccine could explain resistance to vaccination on the part of the Santomean population. However, resistance could have been motivated by other factors as well. As medical historians have noted, vaccination campaigns reflect the power of health authorities to intervene directly on the recipient's body.[515] Furthermore, potential recipients could reject vaccination simply because of the way in which it was administered.[516] In many cases, the refusal to be vaccinated could be the result of a cultural misunderstanding or the distrust of the recipient towards the medical establishment.

The evidence that is available for São Tomé and Príncipe shows that the lack of trust of the African population relative to medical authorities played a part in their rejection of vaccination. Also, the vaccine, however effective it might have been, was not the only way of dealing with this much-feared disease. There were local therapies for smallpox that did not involve either vaccination or variolation. Healers in São Tomé and

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[513] See, for example, Niklas Thode Jensen "Safeguarding Slaves, Smallpox, Vaccination, and Governmental Health Policies among the Enslaved Population in the Danish West Indies, 1803-1848", *Bulletin of the History of Medicine* 83, no. 1 (Spring 2009): 95-124, describing the problems that the Danish medical authorities experienced in the Caribbean when trying to import smallpox vaccine.

[514] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 80 [no. 587], Serviço de Saúde de São Tomé e Príncipe, 1887-1888.

[515] White, "'They Could Make Their Victims Dull'", 1395, argues that vaccination campaigns during the colonial period in Africa represented an extension of the power of the state into African bodies.

[516] Jensen, "Safeguarding Slaves", 115, explains that in the Danish West Indies during the first half of the nineteenth century, resistance to smallpox vaccination was tied to a distrust or dislike for receiving matter from another person's arm, especially if the recipient did not know the donor.

Príncipe treated the disease by advising patients to take warm baths and to sprinkle their postules with palm oil. While this might not necessarily prevent the person from dying from the disease, it could perhaps alleviate much of the discomfort that it caused. Given that the imported vaccines were not always effective and also because variolation itself carried some risks, local residents might therefore have preferred the local treatments that the healers prescribed, especially since they already distrusted the physicians of the Health Service.

At the beginning of the twentieth century, the outbreak of sleeping sickness on Príncipe also illustrates the manner in which the local population responded some of the measures that the Portuguese medical authorities implemented in order to eradicate the disease. Furthermore, the campaign against sleeping sickness sheds light on the tensions that existed between medical officials and planters, whose collaboration was necessary for the successful elimination of the disease.

Sleeping sickness assumed great importance in Portuguese medical campaigns in Africa during the first half of the twentieth century, when the metropolitan government decided to organize and sponsor a number of missions in the affected Portuguese colonies.[517] On Príncipe and in Angola, missions occurred in 1904, 1907, and 1911. In Mozambique, there were two anti-sleeping sickness missions: one in 1910 and another in 1927. Finally, there was a mission to Guinea in 1932.[518] Bernardo Francisco Bruto da Costa became closely tied with the efforts to tackle sleeping sickness in the Portuguese territories of West Africa. His memoirs and reports contain useful information about these medical campaigns. Costa described his influence on plantations during his years

[517] Amaral, "The Emergence of Tropical Medicine in Portugal", 312.
[518] Ibid.

of service as a public health official in São Tomé and Príncipe as "negligible".[519] However, his participation in the missions to eliminate sleeping sickness on Príncipe gave him the opportunity to change that. Shortly after arriving in the colony in 1905, the doctor was sent to Príncipe where sleeping sickness was causing great concern.[520] Two years later, in 1907, he would formally become part of the "Correia Mendes Mission", which included a group of doctors sent from Portugal to Príncipe to conduct research on the disease and to devise a set of recommendations that would lead to its eradication. The mission doctors inspected plantations, examined patients who were suffering from the disease, and drafted recommendations. After the remaining mission doctors left Príncipe in 1908, Costa stayed behind on the island in order to continue the work they had begun. He complained that, during this time, planters and managers on the agricultural estates were refusing to implement the mission recommendations. The only exception, he noted, was with the administration of atoxyl injections to infected labourers.[521]

Due to the lack of collaboration on the part of the planters, it was necessary to force them to comply with the measures proposed by the "Correia Mendes mission". After having left the island for São Tomé, Costa returned once again to Príncipe in 1911 accompanied by António Pinto Miranda Guedes, the then Governor of the colony. Costa regarded the Governor as a powerful ally because he had decided to turn the mission's recommendations into law. Furthermore, the presence of the Governor on the island was crucial, since his role was to convince planters to comply with the legislation. Costa expressed gratitude for the Governor's support, and wrote that if he had been sent to

[519] Costa, *Vinte e Três Anos*, 196.
[520] Ibid., 88.
[521] Ibid., 89.

Príncipe on his own he would have been received like a "despot" on the island.[522] The Governor and the doctor convened a public meeting in Santo António, which was attended by many of the island's planters and managers who presented the argument that they did not have enough workers to implement the measures, which would also spell their financial ruin. Costa explained that, if they did not follow the recommendations, their labour force would be decimated.[523] He then took the bold step of quarantining the entire island, meaning that no one would be allowed to disembark or leave Príncipe for the duration of the quarantine. Planters reacted with anger and in the days that followed Costa mentioned that he received anonymous letters containing death threats. The Governor advised him not to leave the infirmary at night and told him to arm himself.[524] To make matters worse, Miranda Guedes returned to São Tomé, leaving Costa behind to deal with the difficult situation. According to the doctor, some of the planters then organized a "plot" to force him on board a ship bound for Lisbon. A public official learned of the plot and managed to alert him.[525]

In addition to the difficulties that he experienced on Príncipe, Costa stated that some of the planters organized a defamation campaign against him in Lisbon, by openly criticizing him in the newspapers. The doctor decided to go to the capital, where he met with the Minister for Colonial and Naval Affairs to discuss ways to solve the situation. The Minister summoned some of the planters who were in the city for a meeting, to try to convince them of the need to put the anti-sleeping sickness measures in place. The meeting seems to have been successful, because Costa returned to Príncipe after having

[522] Ibid., 91.
[523] Ibid., 93.
[524] Ibid., 94-95.
[525] Ibid., 95.

received assurances from the planters that their managers would follow the recommendations. As he remarked in his memoirs, the situation had improved greatly, as he was no longer met with the same degree of hostility as before.[526]

After the "Correia Mendes mission" of 1907-1908, Portuguese doctors returned once again to Príncipe in 1913 in order to continue with the anti-sleeping sickness efforts. Costa was once again part of the group. He stated that, after eight months of work, planters were finally convinced of the benefits of putting the anti-sleeping sickness measures into place. Despite this greater level of cooperation, planters and managers continued to see the intervention of the members of the mission on their agricultural estates as excessive "meddling". According to one of the reports, the physicians of the mission had divided the island into three zones.[527] They then allotted a set number of doctors for each of the zones. The physicians were responsible for visiting all of the plantations that fell within their respective zones. What emerges is that, apart from tackling cases of sleeping sickness on the agricultural estates, the doctors of the mission also took detailed notes about other diseases that were affecting plantation labourers. Furthermore, they reported on the general conditions of plantations, and wrote down their impressions pertaining to a variety of issues such as the labourers' housing and diet. Some of their comments were openly critical of planters, particularly those whose agricultural estates lacked adequate housing and medical facilities. In some cases, workers took the opportunity to complain to the visiting doctors that they had not been paid their salaries in months.

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[526] Ibid., 100-03.

[527] AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 463, "Brigada Oficial da Doença do Sono na Ilha do Príncipe", 1913.

The sources available also show that physicians were administering various drugs to sleeping sickness patients, and that there was some resistance to these treatments. Costa wrote that, soon after his arrival on Príncipe to investigate sleeping sickness cases, he began administering arsenical drugs to sleeping sickness patients, including atoxyl and tryparsamide, but added that the latter drug was expensive and had produced "bad results".[528] He emphasized that it was of the utmost importance to treat the disease in its initial stages, shortly after people had been stung by a tsetse fly. Unfortunately, according to him, most Africans, as well as a few Europeans who contracted the disease, only sought medical treatment in the later stages of the disease, something that he attributed to "negligence" and to "ignorance".[529]

After his stay on Príncipe, Costa went to Angola to join the anti-sleeping sickness efforts there. In Benguela, he mentioned that he had thirty "sepoys" at his disposal, whose job it was to compel "natives" to agree to have their blood drawn for testing.[530] Those whose blood contained trypanosomes were interned in a camp formed by eighty huts, guarded by ten guards who had been especially recruited for that purpose. Costa mentioned that the camp had approximately two hundred people.[531] When they arrived at the camp, the initial diagnosis involved pricking people's fingers to draw blood. Costa described the fear that this procedure evoked and argued that this was because the drawing of blood must have had some kind of "magical meaning" for those involved.[532] In addition, patients interned in the camp were equally distrustful of injections. Finally, true to form, Costa described the strategy that he used in order to force families to move

[528] Costa, *Vinte e Três Anos*, 87.
[529] Ibid., 83.
[530] Ibid., 149-50.
[531] The camp also included people who were suspected of having the disease.
[532] Ibid., 150.

from the most affected areas. If they were reluctant to relocate after being informed that they had to do so, the doctor would order that their huts be burned.[533]

The employment of "sepoys" in Angola has interesting parallels with the use of the anti-sleeping sickness brigade on Príncipe. The brigade had been organized in order to implement the measures proposed by doctors of the "Correia Mendes mission" of 1907-1908. It was composed of forty-three men, described as "prisoners of war and delinquents" from the Portuguese colonies.[534] They were used in the construction of an isolation medical facility that was meant to accommodate sleeping sickness patients.[535] However, the most important job of the brigade was to clear wild vegetation in the fly-infested regions of the island, where some of the members were also used as human flytraps. The method involved dressing them in white clothes that had a strip of black cloth located on the front and on the back of the chest area. The black cloth was then smeared with a viscous substance that would attract the flies. Understandably, this was a very unpopular task and one that Costa used in order to punish the more "rebellious" individuals within the brigade.[536]

Costa admitted that maintaining discipline amongst the members of the brigade was very difficult. The brigade itself was divided into two groups, each headed by a white overseer. According to the doctor, the brigade members often refused to take orders from the overseers.[537] In addition, there was at least one incident of outright rebellion on the part of the anti-sleeping sickness brigade. The location where the

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[533] Ibid., 151.
[534] Ibid., 104.
[535] Ibid., 107.
[536] Ibid., 109.
[537] Ibid., 125. Costa mentioned tying people in chains or having rebellious individuals punished by assigning them unpopular work duties, including fly-trapping and cleaning swamps.

members were housed was cordoned off and Cape Verdian soldiers were used as guards. This in itself is interesting because it shows that the authorities were using ethnic differences in order to maintain order and discipline. In a serious incident, Costa described how the Cape Verdian guards had fired shots at members of the brigade who were causing some unrest, resulting in the death of two of them.[538] The doctor said that he dealt with the attempted revolt by having the wounded treated, the dead buried, and the leaders of the rebellion arrested.[539]

Ayres Kopke, a Portuguese physician, was another key figure that became involved in the attempts to eradicate sleeping sickness in West Africa. Kopke visited both Príncipe and Angola in 1905. After arriving in Luanda in July of that year, he began working in the Maria Pia hospital where he first came across sleeping sickness patients.[540] It was decided that some of the patients would be moved to Lisbon to be interned in the Colonial Hospital, although Kopke wrote that only those who were considered well enough to survive the trip to Portugal were to be moved. Kopke then described the case of a thirty-three year old Portuguese man who was suffering from sleeping sickness and malaria. According to Kopke, the man lived with an African woman who also had sleeping sickness.[541] The doctor mentioned that he managed to treat him, but that he was not able to convince him to go to Lisbon for further care. In another case of sleeping sickness that Kopke described in some detail, a European man from São Tomé who was suspected of having the disease was to go to Lisbon where he

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[538] Ibid., 127-29.

[539] Ibid., 129.

[540] Ayres Kopke, "Investigações Sobre a Doença do Somno", *Archivos de Hygiene e Pathologia Exóticas* 1, no. 1 (1905): 29.

[541] The doctor felt the need to include the detail of the man's relationship with the African woman. There is a hint of condemnation on Kopke's part, as if he felt that including this information would explain why the man had contracted these diseases.

would be admitted in the Colonial Hospital. However, once in Lisbon, the man refused to be hospitalized, although he did agree to go to the School of Tropical Medicine to receive injections on a daily basis.[542] Despite the treatment, the man eventually succumbed to the disease.[543]

While in Angola and on Príncipe, Kopke also administered atoxyl injections to patients. He presented the initial findings of the use of atoxyl during an international medical conference that took place in Lisbon in April, 1906. Other procedures that he performed included "lumbar punctures", aimed at testing for the presence of trypanosomes in patients suspected of having sleeping sickness. In some cases, he was not able to carry out this procedure on patients who had been "warned in advance".[544] Along the same lines, Kopke described that he unsuccessfully tried to convince another man to have blood drawn for analysis.[545] It is clear that there was some level of opposition to these kinds of interventions, in particular testing procedures that involved injecting patients and vaccinating people, which Portuguese doctors like Costa and Kopke were performing.

Also, the question of consent becomes important in this context. While the cases of the European men who had contracted the disease showed indications that they were able to refuse hospitalization or treatment, the issue of consent never comes up in the discussion about African patients. Not only was there was degree of coercion when

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[542] Kopke, "Investigações Sobre a Doença do Somno", 29. The Lisbon School of Tropical Medicine, founded in 1902, worked in tandem with the Colonial Hospital. The school's medical program was initially a three-year program that consisted of three main subject areas: clinical and exotic pathology, hygiene and climatology, and bacteriology and parasitology. The school also offered classes to anyone who was bound for Africa, including teachers, missionaries, and business people: Amaral, "The Emergence of Tropical Medicine in Portugal", 310.

[543] Kopke, "Investigações Sobre a Doença do Somno", 29.

[544] Ibid., 20.

[545] Ibid.

attempting to conduct medical procedures on African patients, but the patients themselves were probably not asked if they wanted to be interned or taken to Lisbon for further treatment. Kopke's negative perceptions of Africans meant that he probably did not bother to explain the procedures that he was trying to carry out in order to treat them. It is not surprising then, that some patients rejected these kinds of medical interventions.

The sleeping sickness campaigns in the Portuguese colonies were part of a much larger effort on the part of European colonial powers to eliminate the disease from their territories in Africa. The missions became a truly international effort and garnered a great deal of attention in Europe and elsewhere. Also, attempts to eradicate this high-profile disease involved the participation of prominent scientists and doctors, who were vying to find a cure for it. It is in light of this that one can fully comprehend the Portuguese missions. From their writings, Portuguese doctors such as Ayres Kopke were aware that by participating in the anti-sleeping sickness missions, they would achieve widespread recognition.[546]

The reputations of doctors who were involved in the medical campaigns owed in large part to the fact that they published their medical findings and participated in international conferences. However, their efforts often sparked debate and controversy. Kopke himself was involved in a discussion surrounding the use of atoxyl in the aftermath of his presentation at the 1907 conference on sleeping sickness that took place in London in 1907.[547] During the conference, he informed participants that, out of the twenty-nine European and African patients that he had cared for on Príncipe, fifteen had died. He also reported that six of the patients who had been given atoxyl injections had

[546] As highlighted by Amaral, "The Emergence of Tropical Medicine in Portugal", 326.

[547] Deborah Neill, "Paul Ehrlich's Colonial Connections: Scientific Networks and Sleeping Sickness Drug Therapy Research, 1900-1914", *Social History of Medicine* 22, no. 1 (April 2009): 70.

developed eye problems and that four had become totally blind before they died. Kokpe then suggested that the doses for atoxyl being administered to patients were too high and that they should be lowered, although some of the other conference participants disagreed with him.[548]

Given its importance, sleeping sickness was brought to the attention of the Portuguese public. An article published in the Portuguese magazine *Illustração Portugueza* in the same year as the London conference, 1907, provides insight into how the disease was viewed in Portugal. First and foremost, the title of the article, "A Grave Danger Threatens our Colonies", serves to impart the sense of alarm surrounding the disease and its proliferation.[549] Its author sensationalizes the disease, by emphasizing that it constituted a serious threat to Portugal's future as a colonial power in Africa. The article itself contains a number of pictures taken of African sleeping sickness patients who were interned in the Lisbon Colonial Hospital. In one photograph, a young woman is sitting up in bed. The caption below the photograph reads: "The black woman Esperança, fifteen years old, brought from Angola by the Portuguese mission, asleep during a meal". Another photograph shows a barely clothed, emaciated woman standing next to a bed, while there is a photo of an equally emaciated child lying in bed. Finally, towards the end of the article, there is one last photograph of an African man, also lying in bed. He is looking straight at the camera but the caption beneath the photo reads: "In the Junqueira Colonial hospital: near the end". In this article, Africans are portrayed as passive victims of the disease. By contrast, the work of Portuguese doctors in combating it is cast in a heroic light. The author calls atoxyl a "miracle drug", but neglects to

[548] Ibid.
[549] "A Grave Danger Threatens our Colonies", *Illustração Portugueza* (August 5, 1907): 180-84.

mention that it could cause blindness if used for prolonged periods of time.[550] The portrayal of African patients in the article is also jarring. They are seen as carriers of sleeping sickness, an *African* disease, and as such they are pathologized. But, beyond that, the article depicts African patients as people who are incapable of taking care of themselves. This ultimately re-asserts the use of medicine as a justification for Portuguese intervention.

### *Women and Responses to Medical Practices*

Two decades ago, Catherine Coquery-Vidrovitch wrote that "the daily lives of women, in African history as elsewhere, have been of scant interest to foreign or native observers".[551] Some scholarly work has been done on the history of African women in

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[550] Ibid., 182-84.

[551] Catherine Coquery-Vidrovitch, *African Women: A Modern History* (Boulder, CO: Westview Press, 1994), 3 [the original French version was published in 1994]. Apart from Vidrovitch's work, other seminal contributions that form part of this growing field include: Margaret Jean Hay and Sharon Stichter, *African Women South of the Sahara* (London: Longman, 1984); Iris Berger and E. Frances White, *Women in Sub-Saharan Africa: Restoring Women to History* (Bloomington, IN: Indiana University Press, 1999); Jean Allman, Susan Geiger, and Nakanyike Musisi, *Women in African Colonial Histories* (Bloomington, IN: Indiana University Press, 2002); George Brooks, "The Signares of Saint-Louis and Goree: Women Entrepreneurs in Eighteenth century Senegal", in Nancy Hafkin and Edna G. Bay, eds., *Women in Africa: Studies in Social and Economic Change* (Stanford, CA: California University Press, 1976), 19-44; Idem, "A Nhara of the Guinea-Bissau Region: Mãe Aurélia Correia", in C. Robertson and Martin A. Klein, eds., *Women and Slavery in Africa* (Portsmouth, NH: Heinemann, 1997), 295-319; Philip Havik, "Women and Trade in the Guinea Bissau Region: The Role of African and Luso-African Women in Trade Networks from the Early 16th to the mid 19th Century", *Studia*, 52, (1994): 83-120; Idem, "A Dinâmica das Relações de Gênero e Parentesco num Contexto Comercial: um Balanço Comparativo da Produção Histórica Sobre a Região da Guiné-Bissau, Séculos XVII e XIX", *Afro-Ásia*, 27 (2002): 79-120; Idem, *Silences and Soundbytes: The Gendered Dynamics of Trade and Brokerage in the Pre-Colonial Guinea Bissau Region* (Munster: Lit Verlag, 2004); E. Frances White, *Sierra Leone's Settler Women Traders: Women on the Afro-European Frontier* (Ann Arbor, MI: University of Michigan Press, 1987); Emily L. Osborn, *Our New Husbands Are Here: Households, Gender and Politics in a West African State from the Slave Trade to Colonial Rule* (Athens, OH: Ohio University Press, 2011). For West Central Africa, see: Selma Pantoja, "Luanda: Relações Sociais e de Gênero", *II Reunião Internacional de História da África* (1996), 75-81; Idem, "A Dimensão Atlântica das Quitandeiras", in Júnia Ferreira Furtado, ed., *Diálogos Oceânicos. Minas Gerais e as Novas Abordagens para uma História do Império Ultramarino Português* (Belo Horizonte: UFMG, 2001), 45-67; Idem, "Women's Work in the Fairs and Markets of Luanda", in Clara Sarmento, ed., *Women in the Portuguese Colonial Empire: The Theatre of Shadows* (Newcastle upon Tyne: Cambridge Scholars Publishing, 2008), 81-94; Idem, "Donas de 'Arimos': um Negócio Feminino no Abastecimento de Gêneros Alimentícios em Luanda (séculos XVIII e XIX)", in Selma Pantoja and Carlos

São Tomé and Príncipe under colonial rule, although it tends to focus on the earlier periods of colonization.[552] Portuguese commentators who wrote about African women in the colony in late nineteenth and early twentieth centuries expressed highly derogatory opinions about them. It therefore becomes necessary to read these sources judiciously in order to uncover useful details about the lived experiences of such women. The following section looks particularly at the references that Portuguese male physicians made regarding African women in the colony. My intention is to try to gain a sense of

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Alberto Reis de Paula, eds., *Entre Áfricas e Brasís* (Brasília: Paralelo 15 Editores, 2001), 35-49; Idem, "Imagens e Perspectivas Culturais: O Trabalho Feminino nas Feiras e Mercados Luandenses", in Clara Sarmento, ed., *Condição Feminina no Império Colonial Português*, vol. 1 (Porto: Politema, 2008), 125-39; Idem, "Gênero e Comércio: as Traficantes de Escravos na Região de Angola", *Travessias*, 4/5 (2004): 79-97; Mariana Candido, "Aguida Gonçalves da Silva, une *Dona* à Benguela à la Fin du XVIIIe Siécle", *Brésil(s). Sciences Humaines et Sociales*, 1 (2012): 33-54; Idem, "Marriage, Concubinage, and Slavery in Benguela, ca. 1750-1850", in Nadine Hunt and Olatunji Ojo, eds., *Slavery and Africa and the Caribbean: A History of Enslavement and Identity since the 18th Century* (London/New York: I.B. Tauris, 2012), 66-84; Idem, "Strategies for Social Mobility: Liaisons between Foreign Men and Slave Women in Benguela, c. 1770-1850", in Gwyn Campbell and Elizabeth Elbourne, eds., *Sex, Power and Slavery: The Dynamics of Carnal Relations under Enslavement* (Athens, OH: Ohio University Press, 2014), 272-88; Vanessa S. Oliveira, "Women, Foodstuff Production and Trade in Late-Eighteenth Century Luanda", *African Economic History* 40, no.1 (forthcoming in 2015); Idem, "The Gendered Dimension of Trade: Donas in Nineteenth Century Luanda", *Portuguese Studies Review* 23, no. 1 (forthcoming in 2016); Idem, "Mulher e Comércio: a Participação Feminina nas Redes Comerciais em Luanda (século XIX)", in Selma Pantoja, Edvaldo Bergamo and Ana Claudia Silva, eds., *Mulheres Angolanas* (São Paulo: Intermeios, forthcoming in 2015); Idem, "Slavery and the Forgotten Women Slave Owners of Luanda (1846-1876)," in Paul E. Lovejoy, and Vanessa S. Oliveira, eds., *Slavery, Memory and Citzenship* (Trenton: Africa World Press, forthcoming in 2016); José C. Curto, "The Donas of Benguela, 1797: A Preliminary Analysis of a Colonial Female Elite," in Selma Pantoja, Edvaldo Bergamo, and Ana Claudia Silva, eds., *Mulheres Angolanas* (São Paulo: Intermeios, forthcoming in 2015). For eastern Africa, see: José Capela, *Donas, Senhores e Escravos* (Lisbon: Afrontamentos, 1995); Eugênia Rodrigues, "'Ciponda, a Senhora que Tudo Pisa com os Pés': Estratégias de Poder das Donas dos Prazos do Zambeze no século XVIII," *Anais de História de Além-Mar*, 1 (2000): 101-31.

[552] Some research has been done on the lives of ordinary women in the colony for prior to the nineteenth century. See José Manuel Azevedo e Silva, "A Mulher no Povoamento e Colonização de São Tomé (Séculos XV-XVII)", in *A Mulher na Sociedade Portuguesa: Visão Histórica e Perspectivas Actuais, Actas* (Coimbra: Instituto de História Económica e Social, Faculdade de Letras da Universidade de Coimbra, 1986), 229-43, and the works of Arlindo Manuel Caldeira: "As Mulheres no Quotidiano da Ilha de São Tomé nos Séculos XV e XVI", in *Actas I do Congresso Internacional O Rosto Feminino da Expansão Portuguesa* (Lisbon: Comissão para a Igualdade e para os Direitos das Mulheres, 1994), 491-521; Idem, *Sexualidade e Casamento em São Tomé e Príncipe (Séculos XV a XVIII)* (Lisbon: Edições Cosmos, 1999); Idem, "Mestiçagem, Estratégias de Casamento e Propriedade Feminina no Arquipélago de São Tomé e Príncipe nos Séculos XVI, XVII e XVIII", *Arquipélago. História,* 2nd series, nos. 11 and 12 (2007-2008): 49-71.

women's attitudes towards the medical establishment, as well as some insight as to how they might have responded some of its practices.

Portuguese commentators such as Almada Negreiros, the author of an ethnographic history of São Tomé, depicted Santomean women as overtly sexual, immoral beings.[553] As for Portuguese physicians, their opinions of women were equally negative. For instance, Manuel Ferreira Ribeiro stated that African women "showed too much skin".[554] This comment clearly reflected a moral judgment on his part. Also, doctors portrayed women in the colony as diseased individuals, including Ribeiro who claimed that African women "suffered greatly from diseases of the uterus".[555] José Correia Nunes, for example, cited "suppressed menstruation" as a common condition in Santomean women, but also added that this was a direct result of the "abuses" that they committed in their daily lives.[556] He wrote that when menstruating, women did not take proper care of themselves, going into the streams to bathe or to wash clothes. This, he argued, created diseases of the "genital-urinary" organs, which were often fatal.[557] In Nunes' case, he evidently blamed women for their own health problems. In other words, disease and the supposed ignorance and backwardness of women were inextricably linked.

This in itself is not unique in terms of the attitudes of nineteenth-century male doctors towards women in general. As medical historians have argued, to nineteenth-century physicians women were, by definition, disease and disorder, "a deviation from

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[553] António Lobo de Almada Negreiros, *História Ethnographica da Ilha de S. Thomé* (Lisbon: José Bastos, 1895).

[554] Ribeiro, *Relatório*, 150.

[555] Ribeiro, *Saneamento*, 50.

[556] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 80 [no. 587], "Considerações Acerca da Salubridade da Ilha do Príncipe, das Principais Causas de Suas Doenças e da Sua Mortalidade Feito Pelo Dr. José Correia Nunes, Cirurgião de 1ª Classe da Província de S.Thomé e Príncipe", 1854.

[557] Ibid.

the standard of health represented by the male".[558] In the colonial context though, the racist attitudes of Portuguese physicians served to downgrade African women even further. Whereas doctors displayed a rather condescending but far more sympathetic view of white women in the colony, by contrast, they denigrated and blamed African women for their illnesses. The comments that Nunes and Ribeiro made regarding African women also reflect a focus on "women's diseases". In the nineteenth century, at least as far as western medicine was concerned, physicians (and society at large) believed that women were dominated by their biological foundations and sexual reproductive functions. As scholars have pointed out, a commonly held belief was that a woman's reproductive system provided the key to "understanding her physical, mental and moral peculiarities".[559] Furthermore, the concern with women's health issues was reflective of a greater interest with population issues. The resurgence of medical interest in the processes and mechanisms of life meant that reproduction and sexuality gained importance as objects of research, including medical research.[560] This explains the more prominent role that doctors were attempting to play when it came to assisting women in childbirth and advising female patients in matters pertaining to maternal and infant health.

Several scholars of medicine have looked at how this medicalized discourse about women played out in European colonial domains. As some argue, the introduction of western biomedicine in the colonies brought with it a "colonial obsession with African women's bodies, which were both clinically represented and frequently invaded in the

[558] Ornella Moscucci, *The Science of Woman: Gynaecology and Gender in England, 1800-1929* (Cambridge: Cambridge University Press, 1993), 102.
[559] Ibid., 7.
[560] Ibid., 12.

name of colonial 'science' and control".[561] Also, European anxieties about racial hybridity and miscegenation led to greater attempts on the part of colonial authorities to enforce racial boundaries, which required policing in "intimate ways".[562] As mentioned in previous chapters, officials in São Tomé and Príncipe, including medical officials, were very critical of sexual relations between African women and European men. It stands to reason that authorities would attempt to exercise some kind of monitoring and control over women, particularly those who were deemed to be a "health risk" to European men. Manuel Ferreira Ribeiro wrote that venereal diseases were common in the colony, particularly syphilis, which "caused great damage", and criticized the fact that there was no medical policing to combat these "serious diseases".[563] The concern with venereal diseases such as syphilis could serve as a "lightening rod for anxieties about colonial control – notably of interracial sexual contacts and the sexuality of colonized peoples".[564] By 1910, legislation had been approved forcing women, particularly prostitutes, who were suspected of having venereal diseases to be hospitalized and examined by doctors in São Tomé and Príncipe.[565]

The above legislation forcing the internment of women suspected of having venereal diseases was clearly a coercive measure, one that suggested that women shunned hospitalization and care in the medical facilities of São Tomé and Príncipe. Women's avoidance of doctors is corroborated by other sources, including the statistics

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[561] Jean Allman, Susan Geiger, and Nakanyike Musisi, "Introduction", *Women in African Colonial Histories*, 6.

[562] Ann Laura Stoler, *Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things* (Durham, NC: Duke University Press, 1995), 46.

[563] Ribeiro, *Saneamento,* 50.

[564] Hannah-Louise Clark, "Civilization and Syphilization: A Doctor and His Disease in Colonial Morocco*", Bulletin of the History of Medicine* 87, no. 1 (Spring 2013): 87.

[565] AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 412, "Regulamento dos Serviços Sanitários da Província de São Thomé e Príncipe", 1910.

of internment from the São Tomé city hospital, which show that African women formed a small minority of patients in the hospital. Manuel Ferreira Ribeiro, who worked in the hospital during his period of service in the colony, remarked that African women never went to the hospital of São Tomé, although they suffered terribly from "women's diseases".[566] In one his works, Ribeiro included information about all the patients who had been admitted in the hospital of São Tomé in 1872. The data show that a total of thirty-five African women were admitted in the hospital during that year. Of those, twenty-one were slaves from plantations, while thirteen were "indigents" who had been transferred to the facility from the *Misericórdia* charitable hospital. There was only one woman under the "civilian patient" category.[567] Clearly, free African female patients made up a small minority of the hospital patient population.

After reviewing hospital records, it is evident that women did not go to the hospital to seek treatment for "women's conditions" and that they did not go there to give birth. This is not surprising since, until fairly recently, childbirth was an event that did not call for either hospitalization or for a doctor's intervention. According to W. F. Bynum, childbirth was a social rather than a medical affair and it was one that called for a midwife, a neighbor, or even a family member, rather than a doctor; as he put it, childbirth was strictly a "woman's affair" and the doctor was only called when things went wrong.[568] In São Tomé and Príncipe of the late nineteenth and early twentieth century, African midwives assisted women when giving birth. There is some evidence that points to the doctor's assistance when women were experiencing problems during

[566] Ribeiro, *Saneamento*, 50.
[567] Ribeiro, *A Província de S. Thomé e Príncipe,* 545.
[568] W.F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century* (Cambridge: Cambridge University Press, 1994), 202.

pregnancy and childbirth, although such cases were rare. For instance, Ribeiro wrote that he had once treated a pregnant African woman who had several miscarriages but that, in spite of his efforts, the woman miscarried during the sixth month of pregnancy.[569] The fact that he mentioned this case and not others meant that this was an exceptional situation.

In order to explain why African women might have been quite reluctant to seek the advice of Portuguese doctors, one has to take into consideration various factors. One of them is the fact that assisting in childbirth and treating women's conditions were aspects that normally did not call for the intervention of a doctor. Also, women's reservations about hospitalization could also have stemmed from the hospital's bad reputation. Aside from its deficiencies when it came to cleanliness, male convicts normally worked in the facility as hospital aides. Therefore, it is probable that the hospital was not a place where women went to voluntarily. Furthermore, if African men distrusted Portuguese physicians, that distrust would have been even deeper in the case of African women. Perceptions of their supposed immorality and the personal blame that Portuguese doctors ascribed to women likely contributed to that lack of trust.

The perception that African women were "alarmingly diseased" also dovetailed with doubts that Portuguese commentators expressed about their suitability as mothers. Infant and maternal health assumed great importance in the colonial context, as planters experienced difficulties in securing labourers for their agricultural estates. Ribeiro voiced his disappointment with the fact that authorities in São Tomé and Príncipe were not doing enough to promote the health of "native children", and argued that this was a mistake on

[569] Ribeiro, *Relatório*, 150.

their part because the children were of "great value" as future labourers in the colony.[570] Portuguese sources frequently blamed women for the high infant mortality rates that existed in São Tomé and Príncipe. For example, when describing the practices surrounding childbirth, Almada Negreiros wrote that soon after the baby's birth, it was customary for the mother to leave the infant in the care of the midwife in order to be able to go outside and "cavort with men".[571] As for African women on plantations, Negreiros argued that they too should bear the blame for the high infant mortality rates on agricultural estates. He maintained that mothers on plantations normally went back to work in the fields with their newborns strapped to their backs "against the advice of the planters" and that this practice drastically reduced the baby's chances of survival.[572]

The opinions of commentators mirrored the concerns that planters had in promoting the "natural increase" of their labour force. Extant sources show that planters often complained about the difficulties they experienced in securing and retaining labourers. Furthermore, plantations had to contend with high incidences of escape on the part of the workers. One of the ways to promote "natural increase" and to prevent mostly male labourers from escaping was to encourage them to marry. Negreiros remarked that marriage between *serviçais* was "highly desirable", and noted that one of the reasons for this was that it prevented them from "leaving" plantations.[573] Another author, Vicente de Melo e Almada, described how on the Nova Moka plantation labourers received prizes for hard work and for getting married.[574]

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[570] Ribeiro, *Saneamento*, 121.
[571] Negreiros, *História Ethnographica*, 207.
[572] Ibid., 274.
[573] Ibid., 277.
[574] Almada, *As Ilhas de S.Thomé e Príncipe,*160.

Despite the greater emphasis that was placed on "natural increase", birth rates in fact remained low on the plantations of São Tomé and Príncipe. Interestingly, William Cadbury, the English chocolate-maker who spearheaded an international campaign designed to discredit Santomean planters during the first decade of the twentieth century, noticed this when he paid a visit to São Tomé in 1908.[575] In the report that he subsequently wrote entitled *Labour in Portuguese West Africa*, Cadbury voiced the opinion that children represented perhaps less than 25% of the total adult population on plantations at that time and estimated that this meant that there was the equivalent of one child for every two couples.[576]

In response to the accusations of slave labour made by British chocolate-makers, the planters of São Tomé and Príncipe were eager to show that the *roças* had facilities such as nurseries, hospitals, and maternity wards, which, they argued, were evidence of their concern for the health and wellbeing of their labourers, particularly that of mothers and children. In addition, Portuguese commentators often drew attention to the measures and regulations that had been put in place to improve food rations, clothing, as well as the living and working conditions of *serviçais* on plantations. One of the planters of São Tomé and Príncipe, Francisco Mantero, wrote a work designed to counter the British accusations of "modern slavery" in São Tomé and Príncipe.[577] Therein, Mantero referred to a decree that was approved in Portugal in 1903, designed to regulate the recruitment and working conditions of plantation labourers in the colony. When it came to female plantation workers, the decree stipulated that those who were pregnant had to be given at

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[575] William A. Cadbury, *Labour in Portuguese West Africa* (London: George Routledge and Sons, 1910), 52-53.

[576] Ibid., 53.

[577] Francisco Mantero, *La Main-d'Oeuvre à S.Thomé et à l'Ile du Prince* (Lisbon: Typographia do Annuario Commercial, 1911).

least ten days off work before the infant's birth, as well as a minimum of twenty days afterwards. In addition, mothers who were nursing their infants would be excused from doing fieldwork and would be given "light" or "moderate" duties in the plantation's buildings or yards instead. Furthermore, *roças* with children younger than seven years of age had to have *crèches* or nurseries, which were normally run by "African nurses".[578] Some plantations did have these facilities. As Conde de Sousa e Faro noted, the Água-Izé plantation had *crèches* for the labourers' children. As he put it, the children, born and raised on the plantation and "knowing no other world", would grow up to be part of the "working family" that was so crucial for the prosperity of the plantation and the colony.[579]

The legislation that was enacted, when examined together with the interest in the "natural increase" of the labour force, and the negative depictions of African women, suggest that there was a strong desire on the part of the Portuguese to exercise a greater control over the reproductive lives of African women and over their roles as mothers. This was in fact a more general view that could apply to the other Portuguese colonies as well. According to José Firmino Santana, a physician in the Lisbon School of Tropical Medicine, the field of obstetrics presented the "greatest challenges" for Portuguese doctors in the African colonies, because this was an area where they had the "greatest difficulties in exercising their influence".[580] Santana's solution was for doctors to exert their influence via the African nurse-midwife, who "should be recruited amongst semi-

[578] Ibid., 20.

[579] Conde de Sousa e Faro, *A Ilha de S. Thomé e a Roça Água-Izé* (Lisbon: Typographia do Annuario Commercial, 1908), 162.

[580] José Firmino Santana, "O Problema da Assistência Médico-Sanitária ao Indígena em África", *Revista Médica de Angola* 2, no. 4 (August 1923): 103.

civilized girls who have primary education and trained further in special schools set up near the hospitals".[581]

From 1919 onwards, the training of nurses and nurse-midwives in São Tomé and Príncipe likely bolstered the doctors' growing influence over women and infant health. However, it is difficult to see how this would have been accomplished in the more remote areas of the colony and even on plantations that were largely outside the sphere of influence of Portuguese medical authorities. The reservations of African women about Portuguese physicians, when seen in conjunction with the lack of reach of the Health Service, meant that treating "women's conditions" continued to be part of the feminine "subaltern" world in the colony, one that largely excluded the participation of Portuguese male physicians.

According to Frederick Cooper, the fact that Europeans had more power in the "colonial encounter" does not "negate the importance of African agency in determining the shape the encounter took".[582] This was certainly true in many of the encounters between Africans and officials of the Health Service of São Tomé and Príncipe. Clearly, the service at times used very coercive methods when attempting to carry out its public health campaigns in the colony, particularly during outbreaks of epidemic diseases. The drastic measures implemented by the Health Service affected Africans more adversely in the colony, particularly the urban poor and plantation labourers, who were often the targets of vaccination, internment, isolation, and relocation. The most common response was to try to escape. There are several sources that point to this reality: attempts to escape from the hospital of São Tomé, or from the *lazaret* built to house smallpox

[581] Ibid.
[582] Cooper, "Conflict and Connection", 1529.

patients, or from plantations. Common responses to medical practices included primarily shunning medical care and avoiding hospitalization. At the root of such responses lay the lack of trust between African patients and officials of the Health Service. This ultimately undermined the ability of doctors to have access to African patients, especially since physicians operated in an environment where they faced competition from local healers.

By way of conclusion, the question of consent seems key when trying to understand the issue of responses to medical practices. The health authorities often neglected to gain the consent or even to inform African patients about the purpose of many of their interventions, while consent and information appear more forthcoming in the treatment of Europeans. However, questions of the lack of consent on the part of the African segment of the population certainly intersected with class. Most of the acts of defiance that are associated with Africans are tied to particular segments of the local population, mainly plantation labourers, and *forros*. It is likely that wealthier people in the colony, the members of the Santomean elite, would have been spared some of the most coercive measures that emanated from the Health Service. Furthermore, one cannot associate medical practices that sparked protest exclusively with European doctors. Many of the physicians who were involved in implementing unpopular medical measures were from Goa. Therefore, rather than viewing responses through dichotomies of the colonizer versus the colonized or European versus African, São Tomé and Príncipe forces us to think about them as reactions to the power exercised by a medical elite. If the measures adopted by this elite were directed mostly at people who lacked power, personal freedom, or wealth, it is clear from the evidence at hand that these individuals were far from passive and that they found ways to circumvent coercive medical practices.

## Chapter Six

## Medical Pluralism in São Tomé and Príncipe

In 1869, Manuel Ferreira Ribeiro described the local inhabitants of São Tomé and Príncipe as "superstitious" and "backward" people.[583] Noting that they had no knowledge of medicine, he was critical of the fact that they preferred to seek medical services provided by local healers or *curandeiros*, instead of relying on the advice of Portuguese physicians.[584] As for the *curandeiros*, the doctor's opinion was that they posed a "grave danger to the public's health", not simply because of their large numbers, but mainly because they acted with what he regarded as incredible "audacity" and "impunity".[585] Moreover, Ribeiro disclosed that *curandeiros* were only a fraction of the many "charlatans" that existed in the colony, which also included several witchdoctors, "doctors" (the latter word appears in italics in his medical report) and *apalpadores*, a Portuguese word that derives from the verb *apalpar* - meaning "to touch" or "to feel" (the term also has derogatory and sexual connotations in Portuguese).[586]

As Ribeiro's comments demonstrate, Portuguese doctors were not the only individuals who dispensed medical care and advice in São Tomé and Príncipe during the period of the late nineteenth and early twentieth centuries. Instead, they operated in a multi-therapeutic society, one in which people could have access to various types of treatments prescribed by different medical practitioners, both foreign and local. Doctors like Ribeiro were aware of the fact that they constituted a small minority of health

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[583] Ribeiro, *Relatório*, 118.
[584] Ibid.
[585] Ibid., 185.
[586] Ibid.

professionals and that they faced serious competition from the local healers. Consequently, physicians of the colonial medical service were quite eager to present themselves as the only legitimate medical practitioners in São Tomé and Príncipe, and to prevent healers from being able to pursue their work. Furthermore, they were also keen to clearly distinguish between Western medicine from what they termed "indigenous" or "African" medicine, which they constantly denigrated. But, as this chapter will show, rather than being a form of "African" medicine, the alternative or folk medical practices of São Tomé and Príncipe should instead be seen as "hybrid", evidencing borrowings with regard to medical knowledge and practices that derived from Africa and Europe. In addition, this chapter will also demonstrate that instead of being indicative of the "openness" and "tolerance" of medical authorities toward such local or folk medical practices, the persistence of medical pluralism in the colony reflected the weaknesses and shortcomings of the colonial state and its inability to ban alternative medical practices.

Hybridity is a key concept in studies that make use of post-colonial theory. Robert Young argues that post-colonial theory is "about the relations between ideas and practices", involving different peoples and their cultures.[587] As for hybridity, he maintains that it "involves processes of interaction that create new social spaces to which new meanings are given", while enabling "the articulation of experiences of change in societies splintered by modernity".[588] In addressing the issue of medical hybridisms, this chapter discusses the evidence of these sorts of processes of interaction involving medical practices in São Tomé and Príncipe, at a time when colonial and medical authorities were

[587] Young, *Post-Colonialism,* 7.
[588] Ibid., 79.

attempting to implement a number of measures designed to "modernize" medicine in the colony.

Drawing on archival sources, mostly in the form of reports and letters, as well as on the official government gazette of São Tomé and Príncipe and the bulletin of the Lisbon Geographical Society, the present chapter analyzes alternative healing practices in São Tomé and Príncipe from the mid-nineteenth century until the first two decades of the twentieth century. The first section of the chapter presents some of the perceptions that Portuguese commentators had of medical practices carried out by healers or *curandeiros* in the colony, as well as of the role that women played as healers and midwives. This section is based primarily on: a reading of the works of Manuel Ferreira Ribeiro, which have been extensively cited in previous chapters; the ethnographic history of the island of São Tomé penned by António Lobo de Almada Negreiros, a writer and journalist who lived in the colony at the end of the nineteenth century;[589] and the work of António Maria de Jesus Castro e Moraes, which also contains some information about alternative healing practices in the colony, particularly those associated with midwifery.[590] The sources are problematic, since they reflect these three colonizers' views of Santomean people and society. None of the commentators were born in São Tomé and Príncipe and they did not shy away from making racist and derogatory comments about the local inhabitants. In light of these shortcomings, the approach that has been adopted is, once again, one that seeks to "read-between-the-lines" and which tries to look for the subtext in the source material. The second section of the chapter examines alternative medicine in light of

[589] Negreiros, *Historia Ethnographica.*

[590] António Maria de Jesus Castro e Moraes, *Um Breve Esboço dos Costumes de S. Thomé* (Lisbon: Typ. Adolpho de Mendonça, 1901).

theories such as "hybridism" and "Luso-tropicalism", while also discussing the question of mutual borrowing in the colony. The final section presents several proposals and attempts made by the Portuguese colonial and medical authorities to repress the practices of healers and other unlicensed practitioners in the colony and presents some reasons for the failure of most of these initiatives.

The distinction between Western and African medicine has been an enduring theme in the scholarship that deals with disease and healing in Africa, both during and after the colonial period. In particular, the interaction between the two healing traditions has interested anthropologists. As medical historians have argued, the generation of anthropologists who first conducted fieldwork in Africa during the early twentieth century, many of whom also had a medical background, became invested in researching the ties of "African" medicine with religious beliefs.[591] By emphasizing the importance of the "supernatural" in African medicine, these early anthropologists ignored the fact that Africans also ascribed many diseases to natural causes. Consequently, works that focused on health and disease in Africa were effectively reduced "to studies of witchcraft, sorcery and magic".[592] Some of these early scholars argued that while in Western societies natural causes were more commonly used in order to explain why diseases occurred, in African societies, by contrast, supernatural causes were privileged.[593] The reliance on "magic" and the supernatural in African healing practices was part and parcel of what earlier generations of scholars regarded as unchanging "African" traditions.[594]

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[591] Flint, *Healing Traditions,* 22.
[592] Ibid.
[593] Robert Pool, "On the Creation and Dissolution of Ethnomedical Systems in the Ethnography of Africa", *Africa* 64, no. 1 (1994): 1.
[594] Flint, *Healing Traditions,* 22.

As for healers, they were portrayed as "witchdoctors" or "devil doctors", representatives of "pagan" and "primitive Africa".[595]

During the 1960s and 70s, although the contrast between African and Western medicine still underpinned many of the works that were published about health and healing in Africa, scholars became interested in understanding African medicine in its own right.[596] This was not only due to the context of decolonization, but also resulted from a more widespread interest in alternative medicine and from an increasing skepticism regarding "scientific" medicine during the 1960s. As far as African healing practices were concerned, anthropologists and historians began to place African ideas concerning health and healing in more specific cultural and historic contexts.[597] By the 1980s, scholars who were researching medical practices in Africa had been influenced by the seminal contributions of Jan Vansina, Eric Hobsbawm, and Terence Ranger, and were mainly interested in examining the ways in which healing traditions had been constructed.[598] In other words, no longer were healing practices regarded as unchanging practices inherited from a remote and distant past. Instead, scholars agreed that they had changed over time and that outside forces (such as colonialism) had affected them, while also stressing the role that Africans themselves had played in shaping such traditions.[599]

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[595] Ole Bjørn Rekdal, "Cross-Cultural Healing in East African Ethnography", *Medical Anthropology Quarterly* 13, no. 4 (December 1999): 463.

[596] See Harriet Ngubane's *Body and Mind in Zulu Medicine: An Ethnography of Health and Disease in Nyuswa-Zulu Thought and Practice* (London: Academic Press, 1977).

[597] Lyn Schumaker, Diana Jeater, and Tracy Luedke, "Histories of Healing: Past and Present Medical Practices in Africa and the Diaspora", *Journal of Southern African Studies* 33, no. 4 (December 2007): 707.

[598] See Jan Vansina's *Oral Tradition as History* (Madison: The University of Wisconsin Press, 1985) and Eric Hobsbawm and Terence Ranger's edited volume entitled *The Invention of Tradition* (Cambridge: Cambridge University Press, 1983).

[599] Flint, *Healing Traditions*, 10. See Steven Feierman's *Peasant Intellectuals: Anthropology and History in Tanzania* (Madison: The University of Wisconsin Press, 1990).

The enduring dichotomy between African and Western medicine continued to interest scholars well into the 1990s although several, including John Janzen and Steven Feierman, highlighted the importance of developing an alternative conceptual framework for this type of comparative work.[600] Part of this process of creating an alternative analytical framework meant rethinking the use of terminology. Feierman maintained that the term "traditional healing" was problematic because it negated the possibility of change and adaptation; instead, he highlighted that African medicine was a site of "continuing change and innovation".[601] In a similar vein, Megan Vaughan concurred with Feierman's views concerning the use of terminology when she pointed out that the term "medicine" itself refers to a "European cultural and social domain", which might not capture the reality of healing in Africa.[602] The implication is that, by using particular terms, one is ascribing categories and making assumptions that fail to capture the essence of African healing systems. Historians like Feierman prefer to see both African medicine and Western medicine as forms of "ethnomedicine", each rooted in particular systems of social relations.[603]

Most of the works that scholars have written about cross-cultural influences with regard to health and healing in Africa have looked at the interaction between African and Western medical knowledge and practice. However, a more recent tendency has been to

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[600] See Steven Feierman and John Janzen, *The Social Basis of Health and Healing in Africa* (Berkeley, CA: The University of California Press, 1992).

[601] Steven Feierman, "Explanation and Uncertainty in the Medical World of Ghaambo", *Bulletin of the History of Medicine* 74, no. 2 (Summer 2000): 322. Similar to Feierman's reservations about the use of the term "traditional healing", Ole Bjørn Rekdal, "Cross-Cultural Healing in East African Ethnography", 463, noted that traditional healers were not "traditional" at all. Through his research, Rekdal showed that healers readily incorporated new instruments, foreign drugs, and other elements into their therapeutic practice. In other words, far from merely relying on knowledge that had been passed from generation to generation, Rekdal maintains that healers have proven to be open to forms of knowledge and to innovations as a result of their contact with people from other societies.

[602] Vaughan, "Healing and Curing", 283.

[603] Flint, *Healing Traditions*, 23.

examine the interplay between African and other non-Western medical systems. This trend is illustrated by Flint's research on the mutual influences between African and Indian medical practices in South Africa.[604] There is a need for this kind of comparative work for the former Portuguese colonies in Africa. Cristiana Bastos has looked at the role that doctors who were trained in the Goan medical school played in the Portuguese African colonies in the late nineteenth and early twentieth centuries. She does not delve extensively into the issue of whether or not they employed non-Western medical practices in the African context, although she points out that, while they received training in Western medicine, Goan doctors were also "acquainted with local practices and bodies of knowledge rooted in non-European traditions, either Ayurvedic medicine, practiced by vaidyas in India, or Goan folk-healing practices, or occasionally the Arab tradition of Unani medicine, practiced by hakims, which was not very different from the European tradition".[605] The question is to what extent the Goan doctors made use of this alternative knowledge in the African colonies where they were posted, even if on the surface they practiced Western medicine. Likewise, did they divulge some of this alternative medical knowledge? It stands to reason that if they were "acquainted" with Indian medical traditions, as Bastos argues, that these would have been reflected in the way they practiced medicine in the Portuguese African colonies.

### *Alternative Medical Practices and Practitioners in São Tomé and Príncipe*

Medical and colonial authorities in São Tomé and Príncipe were very critical of what they termed "charlatanism" and their goal was clearly to eradicate it. They included

[604] Karen Flint, "Indian-African Encounters: Polyculturalism and African Therapeutics in Natal, South Africa, 1886-1950s", *The Journal of Southern African Studies* 32, no. 2 (June 2006): 367-85.

[605] Bastos, "Medical Hybridisms and Social Boundaries", 773.

the practitioners of "African" or "indigenous" medicine in the colony in that category. To be more precise, they regarded African healing practices as being essentially about quackery and witchcraft. For instance, when referring to the practices performed by healers or *curandeiros*, Negreiros remarked that they produced "all sorts of infusions concocted by their imagination".[606] In his work, he went to great lengths to show that sorcery (*feitiço*) was central to the lives of Santomeans, and that spells were commonly used to cure all sorts of illnesses.[607]

However, what is interesting about Negreiros's work is that, by attempting to be somewhat exhaustive in terms of the information presented in the book, he effectively described certain indigenous medical practices that were clearly not just about "sorcery" and "superstition". For example, he claimed that given their "particular aptitude for imitation", healers had "acquired their *vast* medical-surgical knowledge from European doctors".[608] He saw further signs of this "imitation" in the healers' demeanor, including the fact that they dressed in "European style" and carried around handbooks containing descriptions of their therapies.[609]

In *Médicos, Doentes e Contextos Sociais: Uma Abordagem Sociológica*, the Brazilian sociologist Gilberto Freyre described that the clothes worn by doctors in Brazil served as "symbols" of their profession and status in society.[610] Freyre's notion of

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[606] Negreiros, *História Ethnographica,* 228.
[607] Ibid., 190, 194.
[608] Ibid., 220, 223.
[609] Ibid., 226. These handbooks were known rather disparagingly as *folhinhas de feiticeiros* (witchdoctors' notebooks).
[610] Gilberto Freyre, *Médicos, Doentes e Contextos Sociais: Uma Abordagem Sociológica* (Rio de Janeiro: Editora Globo, 1983), 85-86. Heather Bell, "Midwifery Training and Female Circumcision in the Inter-War Anglo-Egyptian Sudan", 293-312, uses the term "symbols" in a way that recalls Freyre's use of the term. She argues that a white uniform and a tin box became the "status symbols" of women who were trained in the midwifery school that the British opened in Omdurman in 1921. In addition, Bell describes that the British attempted to denigrate untrained midwives in the Sudan (known as *dayas*) and were

"symbols" is interesting when applied to the healers of São Tomé and Príncipe, particularly in terms of how they chose to present themselves to the public. The fact that Negreiros criticized the healers for dressing in European clothes reveals his irritation with what he saw as "imitation" on their part, in part because wearing European clothes did not seem to go along with Negreiros' desire to confine the healers' practices to the realm of witchcraft. A sense of frustration with the healers' supposed "transgressions" also comes across in the comments that Manuel Ferreira Ribeiro made in his 1869 medical report. Ribeiro is mostly silent about the practices of healers. However, he expressed anger at those who, in his opinion, dared to use instruments, techniques, and forms of treatment that were commonly employed by physicians in the colony. The thrust of his argument was that, because they lacked training in Western medicine, healers were not qualified to use such instruments and methods. Specifically, he stated that they administered known drugs "excessively", bled patients "too frequently" and "without care", and that they used cupping devices in a "rampant and careless fashion".[611] As for their use of medications, Ribeiro lamented the apparent ease with which healers could have access to drugs that were imported from Lisbon and that were sold in local pharmacies.[612]

Although the term *curandeiro* appears most frequently in the Portuguese sources available for São Tomé and Príncipe, a more specific designation that also emerges in the extant documentation is that of *piadó zaua*. The *piadó* was a healer who specialized in diagnosing diseases by examining a person's urine. When someone became ill, wrote

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shocked to discover that some of them used their own boxes, in an attempt to adopt the "status symbols" of the nurses who completed the training program at the school.

[611] Ribeiro, *Relatório*, 119.

[612] Ibid., 118, 175.

Negreiros, a member or members of that person's family would take his or her urine to the *piadó's* house and would describe the patient's symptoms to him.[613] The *piadó* would transfer the urine from the container it was brought in to vessels of various shapes and sizes, after which he would provide an initial diagnosis. An example of a diagnosis could be that the individual was suffering from a "hot humour", which might or might not be attributed to a spell. Negreiros then described the next step: the *piadó* would retire to a corner of his dwelling, where he stored his pharmacopoeia composed of leaves, wood, roots, peels and bottles containing a variety of juices extracted from trees and bushes that existed in São Tomé and Príncipe. He would use it to make a preparation that was subsequently handed to the patient's family member or members, along with instructions on how to administer it.[614] If the patient's condition failed to improve, the family members would often return with more urine and the course of treatment would be altered. Negreiros then added that, in the meantime, the family members would also pray to Saint Cosme and Saint Damian, patron saints of healers, to ask for the swift recovery of their relative.[615] In cases resulting in the patient's death, Negreiros remarked that the *piadó's* reputation was safeguarded because such a misfortune was simply attributed to powerful sorcery. In other words, the supernatural forces at play were stronger than the healer's ability to quell the disease in question.[616]

Negreiros was not alone in criticizing the practices of the *piadó*. In his 1869 report, Ribeiro also ridiculed healers who "pretended" to diagnose diseases by inspecting

[613] Negreiros, *História Ethnographica,* 226.
[614] Ibid., 227.
[615] Ibid.
[616] Ibid., 226.

the patient's urine.[617] Two years later, in 1871, the Governor of Príncipe, António Joaquim da Fonseca, disclosed that healers on that island inspected people's urine in order to "uncover the causes of diseases and afflictions".[618] Fonseca called it an "absurd therapy", and was clearly angered by the fact that the local inhabitants of Príncipe firmly believed in it, even those who had "some sense".[619] The attempts to ridicule this practice seem rather surprising, given that Portuguese pharmacies in the colony also advertised urine analysis as a medical test.[620] Even though the testing methods of the *curandeiro* might differ from those used by a doctor or a pharmacist, the basic premise and the intended goals seem to have been the same.

Another designation that appears in connection with an alternative medical practitioner in São Tomé and Príncipe is that of the *stlijón*, who was an expert in prescribing medicinal plants and herbal remedies (the term itself is a local adaptation of the Portuguese word *cirurgião*, or surgeon). In his book *A Coroa do Mar,* the Santomean author, Carlos Espírito Santo, describes the practices of the *stlijón* in present-day Tomé and Príncipe as having "magical" powers, which are very much in evidence during a ritual called *djambi*. Describing this ritual, he writes:

> The dances, trances and hallucinogens help the 'doctors' and spectators who are taking part in the ritual to become possessed. (…) The musicians ring bells and play drums, in order to help them to enter a trance state (called *tomar o santo*). Sometimes, the master of the *djambi* (known as *mêssê djambi*) rolls on the ground, jumps, writhes and rips his clothing. Furthermore, in a 'diabolical' frenzy, he devours sharp objects, lets himself be stabbed by long knives, while uttering sentences that no one can understand.[621]

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[617] Ribeiro, *Relatório*, 118.

[618] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 26 [nos. 507/1 and 507/2], "Relatório do Governador do Príncipe, António Joaquim da Fonseca", 1871.

[619] Ibid.

[620] *Boletim Oficial do Governo da Província de São Tomé e Príncipe* 20 (May 20, 1903): 218, contains an advertisement for the "Pharmacia Faria", which lists "urine analysis" as a service that it offered its customers.

[621] Espírito Santo, *A Coroa do Mar,* 89-90.

Espírito Santo also relates how an individual becomes a *stlijón*. The candidate first needs to pass a test that is administered by a jury made up of other healers. The test itself is shrouded in secrecy and takes a long time. If the candidate is successful, he can practice as a healer/herbalist; if not, he is prohibited from doing so.[622] Negreiros presented a similar description of the training of healers in nineteenth-century São Tomé and Príncipe. In order to be recognized as a healer, a jury of older healers would first convene to administer a "secret" exam to the aspiring healer. If he passed the test, he would then be recognized as a healer and was entitled to work in that capacity.[623]

Even though most of the references to healers in the available sources refer to male practitioners, women also appear mentioned, especially in connection with alternative medical practices. Espírito Santo writes that it is common for the wives of *stlijóns* in São Tomé and Príncipe to go into the forest to collect leaves and roots, which are used in alternative medicine. He describes how the preparation of remedies has traditionally been a woman's job, one that involves the grinding of roots and leaves and placing them in the sun to dry, after which they are reduced to powder form.[624] References to women from the late nineteenth and early twentieth centuries also link them with the preparation of remedies and medical substances. Moreover, women are often associated with the use of more "mysterious" and "dangerous" substances, such as aphrodisiacs and poisons. Out of a total of one hundred and forty four plants presented by Negreiros in the glossary of his ethnographic history, eight were classified as aphrodisiacs. According to Negreiros, it was common for women in São Tomé to

[622] Ibid., 66.
[623] Negreiros, *História Ethnographica*, 226.
[624] Espírito Santo, *A Coroa do Mar*, 68.

initially use "spells" to "turn a man's heart", but when these did not work, they made aphrodisiacs such as one obtained from a leaf known alternatively as *placella*, *companheira,* or *parceira.*[625] The leaf was first mashed and then mixed with the "hearts of swallows" to produce a mixture that was placed in the desired man's food.[626] Women's knowledge of local plant-based substances, including those deemed to be "dangerous", drew heavy criticism from some Portuguese commentators who saw this ability as a potential threat to the population. This fear was articulated at the very beginning of the twentieth century by António Maria de Jesus Castro e Moraes, who warned that women's extensive knowledge of medicinal plants meant that they had the power to "exterminate" the European population of São Tomé and Príncipe.[627]

Apart from preparing medications, women were also healers or *curandeiras* in their own right. Although the designation of *curandeiro* is the term that comes across most frequently in the extant sources, one that denotes a male healer, some documents do mention its female equivalent – *curandeira.* This is the case of a report written in 1854 by José Correia Nunes, who at the time was stationed on the island of Príncipe. In the report, Nunes noted that there were many *curandeiras* on the island. He called them "miserable impostors", who merely "pretended to know" about diseases and their cures.[628] In addition, Nunes maintained that they prescribed *mesinhas* (folk remedies) made of herbs and juices obtained from various "unknown plants", most of which had no medicinal value whatsoever in his opinion. To add insult to injury, he claimed that they

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[625] Negreiros, *História Ethnographica*, 193.

[626] Ibid. Another aphrodisiac derived from a plant known as *cuáco mlaguita*. An extract from this bush was mixed with ginger and white wine and ingested in order to treat "anaphrodisia".

[627] Moraes, *Um Breve Esboço,* 19.

[628] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 80 [no. 587], "Considerações Acerca da Salubridade da Ilha do Príncipe, das Principais Causas de Suas Doenças e da Sua Mortalidade Feito Pelo Dr. José Correia Nunes, Cirurgião de 1ª Classe da Província de S.Thomé e Príncipe", August 30, 1854.

charged exorbitant prices for their services. Finally, the doctor remarked that he had treated several patients who, "after having ingested everything that the *curandeiras* had given them", had finally come to their senses and sought his advice, often in a severely weakened state.[629]

Another category of alternative medicine that fell within the female domain was that of midwifery. As in the case of the *curandeiras*, the Portuguese were very critical of the African midwives of São Tomé and Príncipe and often portrayed them as incompetent, brutish, women. Moraes claimed that it was customary for midwives to use brooms to "hit" the bellies of pregnant women who had a difficult childbirth.[630] In addition, writers often attempted to connect the practices of midwives with "witchcraft" and superstition, including Vicente de Melo e Almada, who explained that the habit of striking a newborn was aimed at removing "bad blood" from the infant.[631]

But, as the extant sources also indicate, the work performed by midwives was not limited to assisting during the birth, but extended beyond the event itself. According to Negreiros, in the first week following the birth, the midwife kept a sort of vigil over the baby and its mother, which he said was designed to keep the infant safe from the predations of "witches".[632] In comparison with the active role played by the midwife, the infant's mother comes across as someone who was far more passive, meaning that she was not involved in caring for the baby immediately following birth.[633] The concern with

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[629] Ibid.
[630] Moraes, *Um Breve Esboço,* 19.
[631] Almada, *As Ilhas de S. Thomé e Príncipe,* 164.
[632] Negreiros, *História Ethnographica*, 207.
[633] Ibid. Negreiros stated that, because of fears that the mother's "first" milk might pass "evil" onto the baby, it was customary for a neighbour to nurse the infant during the first few days after the birth. In addition, for similar reasons as those described above, the mother would not lie down next to the infant after the birth.
[633] Ibid.

the dangers posed by "witches", he stated, also explained certain practices, such as the placing of a necklace made of bits of wood and leaves from various trees and plants (including *cáta grande, succupira* and *pau fede*) around the infant's neck. Moreover, leaving a pan with olive oil under the infant's bed and a vessel containing water at the entrance of the dwelling was meant to give "witches" something other than the infant's blood to drink.[634] The weeklong vigil ended with festivities, involving eating, drinking, and dancing the *semba*, after which the midwife circled the dwelling three times while holding the infant, before finally handing the child over to the mother.[635]

The descriptions of the rituals concerning childbirth in São Tomé and Príncipe illustrate the need to treat the sources at hand carefully. In particular, it is difficult to tease out useful information from the very negative portrayal of African midwives and the role that they played in helping women to give birth. As previously mentioned, physicians regarded the work of unlicensed and untrained midwives as a threat to their own intentions to exercise greater influence over maternal and infant health in the colony. As they often admitted, midwifery was a field where they faced the greatest challenges when trying to gain access to women as patients. If one can ignore the negative comments that Portuguese commentators like Negreiros made regarding the midwife's vigil following a birth, what emerges is the role that she played in taking care of the mother and the baby for at least one week after the birth. This was a kind of care that physicians would not be able to provide. Therefore, one can understand the appeal and the respect that African midwives enjoyed in the colony.

[634] Ibid., 207-08.
[635] Ibid., 209.

***Understanding Medical Interactions in São Tomé and Príncipe***

It is clear that some of the medical practices that formed part of alternative medicine in São Tomé and Príncipe incorporated and assimilated knowledge that derived from Western medicine, particularly humoralism. Humoralism, or the Greek medical tradition, left an enduring legacy in the practice of medicine, including the belief in the botanical basis for most drugs.[636] Evidence of humoralism is present in Negreiros' ethnographic history, particularly in his glossary of the medicinal plants of São Tomé and Príncipe.[637] Therein, the names of the various plants are followed by descriptions of how they were used in alternative medicine in the colony. From reading the descriptions, the plants and the substances that derived from them were employed in therapies that can be associated with the humoral tradition, including many that would induce purging and vomiting, or those that would counter a reaction with its opposite (i.e. substances that promoted a cooling effect when the patient was too hot as the result of the fever, for example). Also, Negreiros listed some of the medicinal plants that were introduced by the initial colonizers of São Tomé and Príncipe in the late fifteenth and early sixteenth century and maintained that the local African healers (and the population in general) had learned how to use them.[638]

The line between the colonized and the colonizer as well as between African and Western medicine was somewhat blurred in São Tomé and Príncipe. The resentment that

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[636] Humoralism was based on the theory of the four humours, which consisted of blood, yellow bile, black bile, and phlegm. According to William Bynum, *The History of Medicine: A Very Short Introduction* (Oxford: Oxford University Press, 2008), 10-11, the four humours "eventually embodied a theory of temperaments, which provided a guide to human personality and susceptibility to disease". In addition, the humours were associated with properties such as heat, cold, dryness, and moistness as well as the elements of fire, air, earth, and water. As Bynum points out, humoralism remained "the most powerful explanatory framework of health and disease available to doctors and laymen until scientific medicine began gradually to replace it during the 19th century".

[637] Negreiros, *História Ethnographica*, 229-53.

[638] Ibid., 230.

Ribeiro expressed in his work about healers and their "transgressions" reveals the difficulties in trying to confine their practices within a category designated as "African" medicine. What Portuguese commentators failed to grasp was that African medical practitioners in the colony were pragmatic in their willingness to adopt therapies and knowledge of disease and healing that complemented their own. In particular, they had incorporated much of the knowledge of the humoral theory of disease, which, ironically, is also evident in the knowledge and practices of physicians like Ribeiro. The latter argued, for example, that he was trying to modernize the practice of medicine in the colony by stamping out "charlatanism" and by introducing new theories about disease and healing. However, Ribeiro himself adhered to humoralism, even when it was being discredited by the advent of "germ theory".[639] Consequently, he too practiced a kind of medicine that began to fall short of the most recent advances that were taking place in the field of medicine in the late nineteenth century.

Scholars whose research focuses on issues pertaining to medical pluralism and interactions often make use of the concept of "hybridity" to describe healing traditions that reflect the interplay between various medical systems, a concept that generally informs many of the studies about cultural contact, both for the colonial and post-colonial period in Africa. The concept of hybridity and the ambivalence and ambiguity that accompany it can be used to examine the pluralistic medical world of São Tomé and Príncipe, where people frequently transgressed the boundaries that supposedly existed between the various forms of medical knowledge and practice. The practices of healers,

[639] The discoveries of micro-organisms that cause diseases such as cholera, malaria, tuberculosis, among other diseases, paved the way for "germ theory", which, according to Bynum, *The History of Medicine,* 105-06, began to gain credibility in the late nineteenth century, although not without resistance from the medical community.

which can be described as "hybrid", resulted from these processes of interaction, while also signaling a refusal on their part to be circumscribed to a particular medical domain.

As for the Portuguese settlers, they routinely used the services of healers. Negreiros wrote that Europeans consumed many of the local drugs that healers prescribed because they simply believed that such drugs were efficient.[640] Rather than representing a process of "going native" in the colonies, the fact that many Portuguese colonists resorted to using the services of local healers can be seen as an intersection of cultural practices. The majority of colonists originated from rural areas in Portugal, which meant that they were already accustomed to living in a world where medical pluralism and "hybrid" medical practices existed, albeit in a different cultural milieu. Furthermore, one has to take into consideration that the choice to seek an alternative form of medicine, whether in Portugal or in a colony like São Tomé and Príncipe, could have been the result of the lack of doctors and medicines in more remote regions. In other words, colonists (and people residing in rural areas in Portugal) sought out healers and their medications because, in many cases, no other medical alternative was available to them. One has also to take into account that many of the Portuguese settlers in São Tomé and Príncipe resided in areas that were poorly served by the colony's Health Service. In addition, even in urban spaces like São Tomé city, the high cost of imported medications made them unaffordable to many European residents.[641] The realization that Europeans routinely resorted to using local herbal remedies caused some concern for authorities, who went to

[640] Negreiros, *História Ethnographica*, 226.

[641] The cost of medications could be a significant factor in explaining why settlers opted to buy local and not imported drugs, since many of the Portuguese colonists who emigrated to São Tomé and Príncipe from the second half of the nineteenth century onwards were poor. Many came from the rural areas in Portugal and were hired as bush workers (*empregados do mato*) on plantations, where they frequently fell victim to high levels of disease. Some of the poorest whites in the colony also included soldiers, clerks, and shopkeepers who had a difficult time finding affordable housing, as well as buying good food and medications.

great lengths to portray local healers as irresponsible individuals who sold "dangerous drugs" and who posed a threat to the public's health.

If alternative medical practitioners in São Tomé and Príncipe were willing to incorporate some of the practices deriving from Western medicine, was the opposite also true? This is a question that has preoccupied Cristiana Bastos, who has looked closely at what she has termed "medical hybridisms" in the former Portuguese colonies.[642] The perception that the Portuguese as colonizers have been more open to indigenous influences than other European colonizers is pervasive in much of the literature about Portuguese colonialism. In particular, this issue has been the object of analysis in studies that make reference to the theory of Luso-tropicalism, as formulated by Gilberto Freyre.[643] According to Freyre, Portugal's historical background, including its colonization of the Algarve (Portugal's southernmost province) and long history of contact with the Moors in the Iberian Peninsula in the Middle Ages, had given the Portuguese an assimilationist pre-disposition. During the era of the Portuguese maritime discoveries, this assimilationist attitude had manifested itself in the relations between the Portuguese as colonizers and the indigenous peoples of the various places where they settled. For Freyre, the existence of *mestiço* populations in the Portuguese colonies was proof of this. In addition, his argument was that the Portuguese did not display the same racist attitudes, nor did they exploit their colonial subjects to the same extent, as other European colonizers did. Writing about Freyre's analysis, Isabel Fêo Rodrigues has

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[642] See her "Medical Hybridisms and Social Boundaries: Aspects of Portuguese Colonialism in Africa and India in the Nineteenth Century", *Journal of Southern African Studies* 33, no.4 (December 2007): 767-82.

[643] See Freyre's *Casa Grande & Senzala: Formação da Família Brasileira sob o Regime da Economia Patriarca* (Rio de Janeiro: Maia & Schmidt, 1933) and *O Luso e o Trópico: Sugestões em Torno dos Métodos Portugueses de Integração de Povos Autóctones e de Culturas Diferentes da Europeia num Complexo Novo de Civilização, O Luso-Tropical* (Lisbon: Comissão Executiva das Comemorações do V Centenário da Morte do Infante D. Henrique, 1961).

noted that: "sexuality became a mechanism of cultural syncretism and cultural integration contributing to harmonize social conflict in the tropics".[644] The idea that the Portuguese colonies were somehow more "harmonious" than those of other European powers was to gain great currency in Portuguese colonial discourse, particularly in the period of anti-colonialist struggle that followed the 1950s. As highlighted by Luís Madureira, among others, it also explains the invitation that Freyre received from the Salazar regime to visit the African colonies in 1951.[645] Far from being irrelevant, Rodrigues maintains that Luso-tropicalism remains pertinent to many of the "contemporary discussions in anthropology of transnationalism and globalization".[646]

Freyre himself saw the relevance of Luso-tropicalism in the study of medical practices throughout the Lusophone world. He voiced the opinion that Portuguese physicians who had come in contact with non-Western medical practices had been particularly receptive to "exogenous" medical practices and had been willing to incorporate them into their own *corpus* of medical knowledge.[647] He referred to the early Portuguese colonization in India and Brazil and gave examples of the openness of Portuguese colonists towards the use of local medicinal drugs.[648]

Cristiana Bastos dismisses the link between medical hybridisms and Luso-tropicalism as something inherent to Portuguese colonialism. Her argument is that the development of what she calls hybrid medical practices in Portuguese colonialism "was not a result of a 'Lusotropical' tendency to hybridize, but appeared for a number of other

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[644] Rodrigues, "Islands of Sexuality", 87.
[645] Luís Madureira, "Tropical Sex Fantasies and the Ambassador's Other Death: The Difference in Portuguese Colonialism", *Cultural Critique* 28 (Autumn 1994): 159.
[646] Rodrigues, "Islands of Sexuality", 87.
[647] Freyre, *Médicos, Doentes e Contextos Sociais,* 95-97.
[648] Ibid.

reasons, many of them pragmatic".[649] She admits that medical hybridisms were perhaps more prevalent in the Portuguese case when compared to that of other European empires, but that can be attributed to the extended timeframe of Portuguese colonialism.[650] In the case of the African colonies, borrowing for practical healing purposes was common until the 1880s and represented a practical, "utilitarian" behaviour that was characteristic of a period when Portuguese colonial medical services on the continent were practically non-existent. European medical practices and practitioners were spread too thinly on the ground to have a significant impact, particularly during the early colonial period.[651]

The lack of staff and resources of the colonial medical services explain why doctors and other health officials who were stationed in the colonies were encouraged to investigate the kinds of therapies and cures that were prescribed locally.[652] Manuel Ferreira Ribeiro referred to a set of directives issued by the Portuguese Overseas Council, dated August 11, 1835.[653] Directive three called for officials to investigate the diseases affecting local populations in the colonies and describe the therapies that were frequently used to treat them. Directive seven pertained to São Tomé and Príncipe specifically. It instructed health and colonial officials to "describe" and to "study" the famous balsam of São Tomé, a substance that was extracted from the bark of a local tree and used to cure "intermittent fevers." But, after highlighting these directives, Ribeiro admitted that none of them had in fact been followed in the colony.[654]

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[649] Bastos, "Medical Hybridisms and Social Boundaries", 781.
[650] Ibid.
[651] Ibid., 771.
[652] As pointed out by Bastos, "O Médico e o Inhamessoro", 97, it was the various *capitães-mores* of the different regions in the colonies who initially had the task of exploring local therapies and herbal remedies. They were supposed to describe these in the yearly reports they wrote and sent to Lisbon.
[653] Ribeiro, *Relatório*, 76.
[654] Ibid.

Manuel Ferreira Ribeiro and Almada Negreiros, though disparaging of popular medicine and medical practices, nevertheless believed that certain aspects of the alternative medicine of São Tomé and Príncipe could be of use to Portuguese colonizers. In particular, they showed an interest for the "useful plants" of the colony. Negreiros, for instance, argued that the study of the flora could bring advantages not only to medicine, but also to industry, agriculture, and trade in the colony.[655] Ribeiro's knowledge of local plants and their medicinal uses seems to be have been somewhat more limited than that of Negreiros, although he too made references to the local medicinal flora in his works. Ribeiro stated that the flora of São Tomé and Príncipe was largely unknown to the Portuguese and that certain local remedies were therefore "imbued with an air of mystery".[656] He called for the use of some of the local medicinal plants in order to supply the poorly stocked state pharmacy, which relied on shipments of substances from Portugal.[657] Plants that he suggested could be obtained locally included common mallow (*malva*), thorn apple (*estramónio*) and mustard.[658] In addition, Ribeiro also mentioned that many astringents were popular on the islands and that they were regularly used in alternative medicine, but that doctors did not know much about how the substances were employed.[659]

After confessing that as a physician he knew little about local medicinal drugs, Ribeiro gave some reasons for this limited knowledge. He wrote that the first obstacle

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[655] Negreiros, *Historia Ethnographica*, 223.
[656] Ribeiro, *Relatório*, 178.
[657] Ibid. This view was shared by Lima, *Ensaios sobre a Estatística das Possessões Portuguezas,* 87, who wrote that the deficiencies of local pharmacies in the colony compelled its residents to make use of the remedies of the land.
[658] Ribeiro, *Relatório*, 260.
[659] Ibid., 118.

that doctors faced was lack of time.[660] In his opinion, doctors and pharmacists who were posted in São Tomé and Príncipe were simply too overworked to be able to dedicate themselves to the study of the flora. The second impediment was the absence of good roads and transportation in the colony, which hampered the doctors' ability to leave the capital, São Tomé, in order to venture into the interior to undertake such botanical explorations. Finally, Ribeiro disclosed that the healers refused to divulge any information about local plants and their medicinal uses.[661]

Instructions from Lisbon requiring doctors stationed in colonial outposts to study local medicinal plants were not always welcomed by the medical officials in question.[662] In Ribeiro's case, the fact that he mentioned difficulties in doing this kind of fieldwork, including the lack of time and bad conditions of the roads, might have served to mask his own biases regarding local medical knowledge; but it is likely that he too regarded it as a low priority. Instead, he simply reiterated what his superior, José Correia Nunes, had once written in a report, when he called for the Portuguese government to fund the study of the indigenous flora of São Tomé and Príncipe.[663] Nunes occasionally appealed to the government to send botanists and naturalists to the colony to study its flora because he argued they were specifically trained to do so, whereas doctors lacked this sort of educational background.[664] Therefore, at least as far as Ribeiro and Nunes were

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[660] Ibid.
[661] Ibid.
[662] Bastos, "O Médico e o Inhamessoro", 99-100.
[663] Ribeiro, *Relatório*, 257.
[664] AHU, SEMU, DGU, São Tomé and Príncipe, Cx. 80 [no. 587], Serviço de Saúde de São Tomé e Príncipe, 1865. Negreiros, *História Ethnographica,* 223, gave an account of the botanical exploration of São Tomé and Príncipe by various botanists and naturalists. One of the first to undertake such work was G. Don, an Englishman who stopped on the islands on his way to Sierra Leone, where he was to conduct research on behalf of the London Horticultural Society (Negreiros did not include the date of Don's visit to São Tomé). In 1843, a Carl Weiss spent some time in São Tomé studying the flora. Another of the early explorers was the famous Austrian botanist, Frederich Welwitsch, who sojourned in São Tomé during the

concerned, they were interested in learning more about indigenous plants and their medical uses as long as the source of information was a Portuguese (or European) expert. Despite the fact that Ribeiro mentioned that local healers refused to divulge their medical secrets, it seems unlikely that he would have incorporated their therapeutic methods into his own medical practice.

Cristiana Bastos has summed up the question of medical hybridisms as follows:

> At least until the late nineteenth century, Portuguese officers reflected an ambiguous combination of disdain and appreciation for local healing practices, in their reports on the state of health in the colonies. On occasion, native remedies were said to work, native healers to be helpful, and natives were reported as capable of being trained in the principles of medical care; practices and elements of knowledge flowed both ways. However, there was no consistent, or officially endorsed sympathy for hybrid healing practices.[665]

The sources at hand for São Tomé and Príncipe reflect some of these ambiguities and contradictions. If, on the one hand, doctors expressed a desire to learn more about local diseases and therapies, in part because of their own awareness of the deficiencies of the medical service, on the other hand, they voiced an increasing condemnation of alternative medicine and wished to see it banned altogether. The time frame is also important to take into account when trying to make sense of the issue of medical interactions. During the late nineteenth century, Western medicine itself was undergoing

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expedition he took to Angola on behalf of the Portuguese government in 1853. In 1861, another explorer by the name of Gustave Mann visited São Tomé and was credited with having been the first European to climb the famous *Pico* (peak) of São Tomé. In 1865, a Dr. H. Dohrn conducted exploratory work in the colony. Between 1879 and 1880, a foreigner by the name of Richard Greeft spent some time on the island studying the flora as well as the fauna. In 1885, the Portuguese government hired Adolpho Frederico Moller to undertake a botanical study in São Tomé and Príncipe. In terms of botanical works, those written by José Joaquim Lopes de Lima and Conde de Ficalho (Francisco Manuel de Melo Breyner) are normally cited as key contributions, although these men never visited São Tomé and Príncipe themselves. In 1844, Lopes de Lima published a list of some of the useful "vegetable matter" of São Tomé and Príncipe, which, as it happens, was the only Portuguese colony that he never visited. Ficalho's work, *Plantas Úteis da África Portuguesa* (Lisbon: Imprensa Nacional, 1884), provided much of the information found in Negreiros, *História Ethnographica.* Another influential contribution by a botanist who visited the colony was Júlio Henriques, the author of *A Ilha de S.Tomé Sob o Ponto de Vista Histórico-Natural e Agrícola,* (Coimbra: Imprensa da Universidade, 1917).

[665] Bastos, "Medical Hybridisms and Social Boundaries", 769.

significant changes as a result of discoveries in "germ theory". The medicine that was emerging was deemed more "advanced" and "scientific" and the gulf between it and alternative forms of healing would only increase from the late nineteenth century onwards.

Ultimately, the question of learning more about indigenous medicine was tied to the question of medical competition in the colonies. In an early twentieth century contribution intended as a pedagogical manual for medical students in Portugal who, in all likelihood, would be posted in the colonies after graduating from medical school, João Cardoso Júnior disclosed that the Portuguese had a limited knowledge of local medicinal plants and their uses in the colonies: as a result, only the indigenous populations knew how to use them, often with "disastrous" results.[666] He warned that unless the Portuguese learned about the properties of local medicinal plants, the traditional healers of the various colonies would continue to be the sole possessors of this kind of medical knowledge, and could thus claim to be able to treat and cure local diseases more efficiently than Portuguese doctors.[667]

### *Attempts to Undermine Alternative Medical Practices in São Tomé and Príncipe*

Published and archival sources reveal that the colonial authorities, particularly health officials like Manuel Ferreira Ribeiro and Bernardo Bruto da Costa, wished to increase the influence of the Health Service in São Tomé and Príncipe. This was motivated, at least in part, by the doctors' desire to undermine alternative medical practices in the colony. Ribeiro stated this bluntly, when he wrote that one of the most

[666] João Cardoso Júnior, *Subsídios para a Matéria Médica e Therapeutica das Possessões Ultramarinas Portuguezas* (Lisbon: Typ. da Academia Real das Sciencias, 1902), 21.
[667] Ibid.

important tasks ahead for the Health Service of São Tomé and Príncipe was to put an end to the "abuses" committed by indigenous healers in the colony.[668]

One of the ways to curtail the practices of healers and other unlicensed practitioners such as midwives was, first, to adopt legislation that prohibited them from working and, second, to enforce such laws. Approving legislation does not seem to have been a problem; however, enforcing it was another matter. In 1871, the writer of a report originating from the office of the Governor of Príncipe disclosed that the law pertaining to healers was "irrelevant" and "ineffective" because they either "ignored it" or because the local population on the island protected them.[669] In 1910, regulations for the Health Service of São Tomé and Príncipe were drafted and approved, with the fines and prison sentences that were applicable to local healers specifically listed therein.[670] Legislation approved in 1919 reiterated that it was the responsibility of the colony's Council of Health and Public Hygiene to oversee the qualifications of all medical practitioners in the colony, which were defined as doctors, pharmacists, nurses, and nurse-midwives. It also stressed that one of the council's obligations was to prohibit all those who did not have the required licenses to pursue their work.[671]

Even if the Portuguese succeeded in preventing some of the healers of the colony from practicing, they faced a struggle when trying to ban the practices of African medical practitioners who lived on the plantations of São Tomé and Príncipe. As previously mentioned, the doctors who worked for colonial medical service had a very reduced

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[668] Ribeiro, *Relatório,* 205.

[669] AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx. 47, Governo da Ilha do Príncipe, April 25, 1871.

[670] AHSTP, Arquivo da Secretaria Geral do Governo, Série A (1802-1927), Núcleo de São Tomé, Cx 412, Regulamento dos Serviços Sanitários de S. Thomé e Príncipe, 1910.

[671] "Regulamento Geral dos Serviços de Saúde da Província de São Tomé e Príncipe de Harmonia com as Bases do Decreto n° 5:727 de 10 de Março de 1919", in *Boletim Oficial do Governo da Província de São Tomé e Príncipe* 1 (January 8, 1920): 1.

presence on the plantations. Planters tended to hire doctors in a private capacity and, in most cases, these physicians were responsible for visiting and serving not one but several estates. This meant that they were not responsible for the day-to-day medical care on the plantations. According to Negreiros, plantations had their own healers, known as *quimbandas*, who, like the majority of the plantation labourers, were originally from Angola. Negreiros saw them as the equivalent of the Santomean healers, the *piadó*.[672] He described how the *quimbandas* used divination rituals in order to uncover the causes of diseases, which, he wrote, were mostly attributed to spells called *mulogi*. In addition, Negreiros described the important role that women played in providing medical care on plantations. Older women in particular prepared remedies called *milongos*, which were used to treat and cure all sorts of ailments. Finally, Negreiros also stated that women served as midwives on the *roças*.[673]

Apart from healers and midwives, some plantations had African medical staff that worked in the hospitals or infirmaries (if these existed). But, as the extant sources suggest, most of these assistants did not have any formal training. In fact, Portuguese medical authorities went to great lengths to portray them as incompetent individuals who should either be formally trained or banned from exercising their duties on plantations. Ribeiro, for instance, mentioned that most *roças* had a pharmacy and a hospital, which he said were normally staffed by "unskilled nurses".[674]

Ribeiro made a series of recommendations designed to change the nature of medical care and to increase the influence of the Health Service on the plantations. He wanted the colonial authorities to convince the planters to close down their plantation

[672] Negreiros, *Historia Ethnographica*, 273.
[673] Ibid., 273-74.
[674] Ribeiro, *Relatório*, 256.

hospitals and infirmaries and to pay for the construction of a common hospital designed exclusively for the treatment of plantation labourers. The main difference between private plantation hospitals and the common hospital was that the latter would be under the auspices of the Health Service.[675] What Ribeiro had in mind was to staff the hospital with qualified and trained nurses, who would be supervised by physicians of the Health Service.

What explains Ribeiro's wish to have a greater say over medical care on plantations, especially when he was more concerned with the health and wellbeing of the white population on the islands? In his 1869 medical report, he admitted that doctors like himself rarely intervened in the care of the "natives" and explained that this was because Africans preferred to be treated by their own healers.[676] However, he clearly wanted to change this situation and to gain access to more African patients. Given that few plantation labourers were admitted in the hospital of São Tomé, his support for the construction of a hospital for plantation workers reflected an interest on his part in treating African patients. Michel Foucault pointed out how modern medicine was tied to the appearance of the hospital.[677] Hospital medicine, he explained, was radically different from "bedside medicine". Whereas with "bedside medicine" the patient and the doctor treating him or her had a more personable relationship, in hospital medicine, by contrast, the patient became a "case study", as well as the object of the "clinical gaze".[678] Building a hospital designed to treat African plantation labourers and placing it under the control of the Health Service of São Tomé and Príncipe meant that physicians of the

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[675] Ribeiro, *A Província de S. Thomé e Príncipe,* 535.
[676] Ribeiro*, Relatório,* 197.
[677] Michel Foucault, *The Birth of the Clinic* (London and New York: Routledge, 2003) (originally published in 1963).
[678] Ibid.

service could exercise this "clinical gaze", and, as a result, gain more knowledge about how diseases manifested themselves amongst this segment of the population. Ribeiro noted that Africans in São Tomé and Príncipe had their own particular diseases, which did not seem to affect Europeans to the same extent: in his mind, diseases were linked with race.[679] Due to his training in the humoral medical tradition, he believed that Africans had a distinctive disposition that dictated their susceptibility to certain diseases. Ultimately, treating "native diseases" meant that doctors like Ribeiro could build a reputation based on their ability to study diseases that were not well known to Portuguese physicians in the metropole. They could therefore make a mark in the emerging field of tropical medicine, which was generating such keen interest in Portugal and in other European countries.

Apart from the proposal to build a common hospital for the *serviçais*, Ribeiro also put forward a series of other recommendations aimed at giving doctors of the Health Service a greater understanding and a more comprehensive knowledge of the kinds of diseases and therapies that existed on plantations. One of the recommendations was that planters be required to send medical information to the Health Service in the form of monthly reports. These would contain information such as the names of all of the residents on the plantation, their place of birth, age, gender, the duration of their stay on the *roça*, and the type of work that they did. Moreover, reports had to present details about the plantation infirmary or hospital, including how many patients it admitted on a monthly basis, what they were treated for and how. Finally, Ribeiro urged planters to include information pertaining to the kinds of medicinal plants that were available on the

[679] According to Ribeiro, *Relatório*, 105, 153, the most prevalent diseases that affected African plantation labourers included rheumatism, syphilis, dysentery, ulcers, edemas, elephantiasis, sleeping sickness, and respiratory illnesses.

plantation and how these were employed.[680] These recommendations suggest that, even if doctors of the Health Service did not gain direct access to plantations, receiving this kind of information meant that they would be able to gain at least some knowledge about medical-related issues on the estates. The question is how they would use it. Presumably, it would enable them to draft further recommendations on how to improve the standards of medical care on the *roças*. There is no evidence in the sources drawn upon for this study that planters and their managers complied with these kinds of recommendations.

Beyond the world of the plantations, Ribeiro also put forward measures that would see the division of the colony into "health councils" in each of the islands' municipalities. These would essentially function as health delegations, which would be accountable to the more centralized Board of Health (*Junta de Saúde*), whose headquarters were located in the capital, São Tomé.[681] Part of the plan involved hiring health delegates who would be in charge of overseeing medical services in their respective zones, but who would be monitored by the Board of Health. Nothing, it seems, came of this plan, perhaps due to the lack of funds allocated to the Health Service.

Bernardo Francisco Bruto da Costa made essentially the same sort of suggestions in the first decade of the twentieth century, when he proposed dividing the island of São Tomé into fourteen health zones, with each zone being headed by a doctor or a "health delegate".[682] Given the limited funds available to the medical services, Costa expressed the opinion that planters should pay the doctors' salaries. Each doctor or health delegate had to reside in a particular zone and would be in charge of providing medical services in

[680] Ribeiro, *Saneamento*, 297.
[681] Ribeiro, *Relatório*, 197.
[682] Costa, *Vinte e Três Anos,* 177.

that zone, including on the plantations that were located within the jurisdiction. Not surprisingly, Costa complained that his suggestions fell on deaf ears.[683] Clearly, planters preferred to hire their own medical staff, which would be accountable to them and not to the public Health Service.

The attempts to bolster the influence of state-run medical services and to suppress, in the name of "progress", the practices of alternative medical practitioners in São Tomé and Príncipe contain interesting parallels with efforts to achieve similar goals in Portugal itself during the nineteenth century. The impetus to modernize medicine in Portugal began after 1820, as a result of the advent of "liberalism" in the country. Among the sweeping legislation that then was proposed in the Portuguese parliament were laws that expressed a greater concern on the part of parliamentarians with public health issues.[684] This included legislation aimed at limiting the activities of so-called "charlatans", "folk healers" and other unlicensed and untrained medical practitioners in the metropole.[685] When it came to midwives, the intention was to place them under the control of physicians by requiring them to obtain training in the newly founded Portuguese medical schools and then to allow them to practice only if they possessed a license. As Marinha Carneiro argues, the desired midwife for these training programs was a "young, inexperienced woman" of a modest social background who did not possess

[683] Ibid.

[684] Marinha Carneiro, "Ordenamento Sanitário, Profissões de Saúde e Cursos de Parteiras no Século XIX", *História* 8 , no. 3 (2007): 319.

[685] Ibid., 328, 337, 340. According to Carneiro, despite the fact that legislation approved in Lisbon prohibited them from practising, untrained and unlicensed medical practitioners continued to offer their services, particularly in the rural areas, "surviving in pockets of popular beliefs where there was no alternative medicine". They included *sangradores, algebristas, benzedores, curandeiros, mezinheiros, emplastradeiras* and *mulheres curiosas*.

any "professional vices".[686] Older women who, for the most part, formed the majority of the unlicensed midwives in the country, would be excluded.[687]

During the 1860s, a medical professor from Coimbra, José Ferreira de Macedo Pinto, proposed a training program for midwives in Portugal and in its colonies. What he had in mind was a "dual system" of midwifery training, meaning that it would be comprised of two programs. The first was a three-year program that would train midwives who, in all likelihood, already resided in urban areas in Portugal and who would provide services to women who also lived in these same landscapes. This was considered the better and the more demanding of the two programs. The second was intended for what he termed "second-class" midwives who would either be recruited to serve in the colonies, or in the rural areas in Portugal.[688] Candidates to this program would have to pass a pre-admission exam where they would have to demonstrate their ability to count, as well as to read and write in Portuguese. The exam itself would be administered by a local schoolteacher and by a physician of the midwifery program. Interestingly, Macedo Pinto designed the midwifery course both with the colonies and the rural provinces of Portugal in mind, perhaps being conscious of the fact that Portuguese midwives who practiced in urban areas would probably never leave them for less appealing landscapes, whether in the metropole or overseas. Macedo Pinto saw dualism as a temporary necessity, a first step that would, at a later date, lead to a more comprehensive control of the practice of midwifery in Portugal and in its colonies. In Marinha Carneiro's opinion, dualism created what she terms "half-science medical practitioners" who would provide some form of sanctioned medical care in places where

[686] Ibid., 318.
[687] Ibid.
[688] Ibid., 338.

unlicensed practitioners still practiced with little oversight from the medical authorities.[689]

Carneiro's research is interesting in that it points to what can be regarded as a process of internal medical colonization of Portugal during the nineteenth century. This process was directed from Lisbon, by legislators and politicians who were acutely aware of how much Portugal lagged behind in public health matters when compared to other European nations. This process of medical colonization of the country bears parallels with the situation in São Tomé and Príncipe, where the colonial Health Service attempted to extend its influence beyond the capital, São Tomé. It was precisely in the rural periphery, whether in Portugal or in its colonies, that "modern" medicine competed more intensely with folk or alternative medical traditions that were difficult to eradicate, and it was also in the rural areas where all sorts of unlicensed, untrained practitioners persisted in their attempts to make a living by dispensing medical advice to the population. These practitioners occupied a sort of niche market, in places where medical facilities were practically non-existent. Carneiro also argues that, in spite of "liberal intentions" that underpinned many of the projects for the training of midwives, they were not successfully implemented during the nineteenth century. As a result, childbirth and midwifery in Portugal continued to be part of what she calls a "feminine, subaltern, world" well into the following century.[690]

The limitations of the Portuguese colonial administration and the Health Service prevented them from banning popular or alternative medical practices in São Tomé and Príncipe during the period under study. The persistence of alternative medicine in the

[689] Ibid., 340.
[690] Ibid., 320.

colony cannot be seen as reflective of a tolerant attitude on the part of Portuguese officials. Doctors like Ribeiro, who called for the need to investigate native medicinal plants and treatments for local diseases, did not demonstrate a desire to acquire this type of knowledge from local healers. In fact, they regarded African medical practitioners as unwelcome competition and their goal was clearly to prevent them from being able to pursue their work. Physicians hoped that this could be achieved by implementing various measures put forward by the Health Service and by enforcing legislation that had been adopted. The sources at hand suggest that, on the one hand, the perennial lack of funds limited the Health Service's ability to exercise much medical control outside the capital of São Tomé, at least for the period under study; on the other hand, it is also apparent that the laws that had been adopted failed to prevent at least some of the African medical practitioners from exercising their work. This was not only because officials lacked the ability to enforce the laws, but also because, as the extant sources suggest, the healers themselves chose to ignore them or were protected by the local population. Also, practitioners of alternative medicine appear closely connected with the more remote regions of the colony. Interestingly, as discussed in Chapter Four, authorities in the colony had to adjudicate various disciplinary cases involving members of the Health Service, some of whom had been trained in Portugal, who were accused of misconduct in exercising their duties. Interestingly, most of these misconduct charges implicated individuals who, as it turns out, were posted in more distant regions of the colony, such as the island of Príncipe, simply because these were places where they tended to be on their own and unsupervised by other more senior members of the Health Service. The same seems to apply to some of the practitioners of alternative medicine who continued

to practice in rural areas and on plantations, effectively out of reach of the authorities located in São Tomé city.

The Portuguese were not the only colonizers who failed to eradicate alternative medical practices in the colonies. As Steven Feierman has noted, "no colonial power or independent African state has ever been able to destroy popular healing".[691] Instead, like other colonizers, they resorted to denigrating the image of alternative medicine and its practitioners. This denigration severely impacted the image of healers in Africa. In the last three decades or so, there have been attempts to rehabilitate the image of healers in Africa. This includes initiatives promoted by the governments of some African countries, as well as by the World Health Organization, which has not only highlighted the important role that healers play in Africa today, but has also encouraged research in many of the techniques and remedies that they employ.[692]

As for São Tomé and Príncipe, in the foreword of a contribution published a decade after the independence of São Tomé and Príncipe, Carlos Alberto de Araújo emphasized the importance of "natural" or "traditional medicine" in the country, in large part because of the difficulties that people had in acquiring medications.[693] His opinions have been echoed more recently by Vanessa Sequeira, who argues that the lack of access to hospitals and regular medical care by a large segment of the population of São Tomé explains the continued appeal of "traditional medicine" in the country.[694] She sees alternative medicine as a form of "primary health care", typical of "developing countries"

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[691] Feierman, "Struggles for Control", 74.
[692] Rekdal, "Cross-Cultural Healing", 464.
[693] Luís Lopes Roseira, *Plantas Úteis da Flora de S. Tomé e Príncipe: Medicinais, Industriais e Ornamentais* (São Tomé: Serviço Gráfico da Liga dos Combatentes, 1984).
[694] Vanessa Sequeira, "Medicinal Plants and Conservation in São Tomé", *Biodiversity and Conservation* 3 (1994): 910.

where Western-style medical practices and facilities are of a poor standard. Interestingly, Sequeira too calls for the need to better integrate this plant-based knowledge of healing into the medical system on the island. For instance, she suggests that plant nurseries should be built in places close to the hospitals so as to ensure a regular supply of plant-based medications to these health facilities.[695] In other words, Sequeira is advocating the need to bring alternative healing practices out of the shadows that they were relegated to as a result of the colonial past, and to integrate them into mainstream medical practices on the island.

[695] Ibid., 923.

# Chapter Seven

## Conclusion

The dissertation has placed medicine at the center of efforts to re-colonize São Tomé and Príncipe from the mid-nineteenth century onwards. It has examined and discussed several medical projects and recommendations made by medical officials of the colony's Health Service. Given the medical service's multiethnic composition and its reliance on the recruitment of African and Indian medical personnel, many of these plans cannot, strictly speaking, be regarded as "Portuguese" projects. Although medical officials from Portugal tended to occupy more senior posts within the Health Service and were therefore better positioned to draft projects and policies, the reality on the ground reveals that junior-ranked officials, many of whom were non-European, also assumed positions of authority and had decision-making powers, especially when their superiors in the service resigned or went on leave.[696] Furthermore, at times there was a significant disparity between the rules and regulations pertaining to the Health Service and their application and enforcement in São Tomé and Príncipe. The evidence at hand shows that regulations were frequently circumvented, in part because of difficulties in retaining personnel. This, and not the lack of discrimination within the service, is what provided non-European medical officials with the opportunity to advance their careers in the colony. Therefore, non-Europeans who succeeded in climbing the medical hierarchy in

[696] Philip Havik, "Reconsidering Indigenous Health, Medical Services and Colonial Rule in Portuguese West Africa", in *O Colonialismo Português: Novos Rumos para a Historiograpgia dos PALOP* (Porto: Centro de Estudos Africanos da Universidade do Porto, 2013), 242, noted that it was uncommon for all of the doctors of the Health Service of Guinea-Bissau to be in active service at "any given time, on account of regular (sick) leaves that allowed them to return to Portugal or Cape Verde in order to recover from the tropical climate". This meant that, "nursing and auxiliary staff played a key role in terms of the administration of health care, above all in the interior".

the colony did so in spite of discriminatory regulations that favoured the promotion of European medical officials.

The study has also investigated reasons for the medical service's inability to turn many of its projects into reality. This was primarily due to insufficient resources, which meant that the Health Service had a negligible presence on plantations and in smaller towns in the colony. Furthermore, many of the measures that members of the service attempted to implement were met with skepticism and distrust, especially on plantations. The relationship between the Health Service and the agricultural estates shows the asymmetric nature of power in the colony. Agricultural estates not only occupied most of the available land, but the plantation sector itself was regarded as the backbone of the Santomean economy. Contemporaneous commentators argued that, without plantations, the colony would fail to become fully developed and prosperous. Consequently, planters formed an important lobby group both in São Tomé and Príncipe and in the metropole. These kinds of limitations, however, did not prevent several of the officials of the medical service from being openly critical of planters, particularly of those whose estates lacked adequate medical and living conditions.

This dissertation has further examined popular resistance to medical practices in the colony. Without a doubt, Africans were most adversely affected by coercive medical practices; however, the lack of homogeneity that characterized this group of people complicates the question of responses to medical practices. There is evidence suggesting that Africans of means would have been spared some of the Health Service's harshest measures, such as the hut demolition policy. The sources at hand also attest to the fact that poorer Africans were not passive victims of the interventions of the Health Service,

since they were able to react to coercive practices in a variety of ways. Moreover, the extant documentation shows that some of the drastic policies of the Health Service had the potential to unite the very disparate African population of São Tomé and Príncipe, particularly the hut demolition policy that doctors of the service endorsed for certain parts of São Tomé city. The League of Native Interests, which was primarily made up of members of the local African elite, openly condemned this policy in some of the local newspapers. In the scholarship that deals with the rise of nationalist movements in São Tomé and Príncipe, there is a tendency to see early movements such as the League as restricted in terms of the constituents and the interests they served; that is, in the scholarship, the argument that is presented is that the League's anti-colonial stance only went so far as condemning policies that affected its support base, namely the educated African elites of São Tomé and Príncipe. Conversely, the interests of poorer Santomeans, as well as those of the ethnically distinct plantation labourers (who were in fact not seen as "Santomean" at all but as foreigners) were not the League's concern. My argument is that a close reading of the available sources problematizes this view of the League. To be more precise, its condemnation of the hut demolition policy was a genuine criticism of what it regarded an unjust project that also targeted Santomeans who were not part of the organization.

Another main argument developed in this study was that the weaknesses of the medical service allowed for the persistence of medical pluralism in São Tomé and Príncipe. Part of the Health Service's project of modernization included its effort to ban alternative medicine in the colony. This goal revealed the service's desire to impose Western medicine as the hegemonic form of medical knowledge and practice in São

Tomé and Príncipe. The failure to do so, once again, had nothing to do with an open attitude on the part of medical officials towards alternative healing, but derived instead from their (and the colonial state's) inability to enforce legislation aimed at prohibiting alternative medical practitioners from pursuing their work in the colony.

The sources at hand for São Tomé and Príncipe contain enlightening and, at times, surprising details. One of the surprising elements is the extent to which medical officials expressed concern with poor whites in the colony, particularly the convicts whose presence posed enormous challenges for the authorities. During the second half of the nineteenth century, colonial officials in São Tomé and Príncipe tried to promote European settlement in the colony. The fact that many projects of European settlement failed derived from the lack of resources that would have allowed such projects to materialize; however, the failure of such plans shows that few individuals and families from the metropole wished to settle in the colony of their free will.

Although the health of Europeans was cause for concern for medical authorities, doctors did not ignore health matters relative to the African segment of the population. In fact, medical officials often expressed an interest for investigating diseases that affected Africans in the colony. Specifically, they made recommendations concerning the need to promote improvements in health care on agricultural estates. These recommendations also corresponded with a desire on the part of doctors to exert a greater influence on plantations. One way to exercise this influence was to convince plantation managers and planters that better health for their labourers would signify greater productivity and profits for their agricultural estates.

Some of the information contained in the sources also raises questions that are difficult to answer. For instance, it has not been possible to glean from the available documentation why certain individuals were more accepting of vaccination than others. My suggestion is that the rural/urban divide could have played a part in this, meaning that urban dwellers, particularly people who lived in the two main cities of São Tomé and Santo António, were perhaps more open to vaccination. Medical officials had success in vaccinating soldiers and convicts, in other words, people who were incapable of refusing vaccination. At times, they also succeeded in gaining the collaboration of planters who welcomed the presence of doctors on their agricultural estates so that labourers could be vaccinated. However, the available sources unfortunately shed no light on how urban residents responded to vaccination campaigns.

Other questions that were difficult to locate answers for include, for example, the specific measures that authorities implemented in their attempts to ban alternative medical practices in the colony. According to the extant documentation, officials attempted to impose fines and prison sentences on healers. However, there is little information about how much success officials had in this regard. One can deduce that healers were able to act with greater freedom on Principe. This makes sense, due to the remoteness of the island and the lack of oversight from medical authorities. It is no coincidence that many of the accusations of misconduct involving personnel of the Health Service implicated medical officials who had been posted to the island, where they had more freedom to act independently, without much in the way of supervision from the Health Service.

The lack of medical histories, when paired with the more traditional approach that scholars have taken with regard to the history of São Tomé and Príncipe, means that there are many opportunities for future research about this country. An area that deserves further study is that of plantation medicine. The sources used for this dissertation indicate that some of the plantations had hospitals and that they also hired doctors who were responsible for providing medical services on agricultural estates. Likewise, plantations often recruited medical assistants, who were responsible for everyday medical care in plantation hospitals or infirmaries. Furthermore, some of the extant sources refer to the presence of healers known as *quimbandas* on plantations. It would be interesting to research the relationship between the *quimbandas* and other medical practitioners on agricultural estates. Also, to what extent did planters encourage or discourage the activities of these healers on their estates? What role did women play as healers or medical caregivers themselves? The difficulty, once again, lies in having access to documents that can provide answers to these questions. Plantations were fairly isolated from the outside world and, as previously highlighted, medical officials of the Health Service had a difficult time gaining access to medical facilities on agricultural estates. Although physicians of the service hoped to compel plantation managers to provide the Health Service with monthly reports containing information about their estates, there is no evidence that managers or planters ever followed these recommendations. In this case, scholars will have to look for alternative sources, such as personal diaries, letters, and collections of papers that once belonged to individuals who were somehow connected with the estates.

Apart from the need to study African medical practitioners in the colony, particularly on agricultural estates, another area for future research is the careers of black doctors in São Tomé and Príncipe prior to independence in 1975. This would include looking for more information about the involvement of physicians such as Ayres do Sacramento de Menezes with nationalist movements and in political activism against Portuguese colonial rule, not only in São Tomé and Príncipe itself, but in other Portuguese African colonies as well. It is worth recalling that Portuguese authorities banned Menezes to Angola because of his anti-colonial activities. His son, Hugo José Azancot de Menezes, was born there and not only became a doctor by profession, but was also a founding member of one of Angola's liberation movements, the MPLA (*Movimento para a Libertação de Angola*).

More research is also needed for the periods before and after the timeframe of this dissertation. For earlier periods of the country's history, it would be interesting to see how medical knowledge and practice in São Tomé and Príncipe reflected indigenous agency, as well as foreign influences from other parts of Africa, Brazil, Europe, and possibly, even Asia. Conversely, it is also necessary to research the history of medicine in São Tomé and Príncipe during the Salazar regime, as well as for the period following independence in 1975. As far as the period of the Salazar regime is concerned, an issue that deserves to be studied is the extent to which the Health Service was or was not better equipped to extend its influence on plantations and in more remote areas of the colony. In the post-independence period, there are also many possibilities for research, including investigating the health policies that the new government set out to implement, as well as how it has dealt with the colonial legacy as far as the practice of medicine is concerned.

This dissertation has concentrated on a specific epoch in the history of São Tomé and Príncipe, a time span that has traditionally been regarded as a period of the Portuguese "re-colonization" of São Tomé and Príncipe. My research on the role that medicine played in this colonizing effort has forced me to think critically about the manner in which that process has been discussed in the scholarship for São Tomé and Príncipe. There is a tendency is to establish a clear break between the period of the late nineteenth and early twentieth centuries, with the periods that preceded and followed it. In addition, the "Portuguese" re-colonization of the islands is presented as a *fait accompli*, as a story of how the Portuguese once again reclaimed and revitalized the country. The ethnic configuration of the colony's medical service, as well as the input that non-European medical officials made regarding many of its projects and policies, makes it difficult to see the colonial medical project as an exclusively European one. The agency that non-European medical officials possessed challenges this Eurocentric narrative. If São Tomé and Príncipe was an "imagined" space to medical officials, the process of imagining a "healthier", "modern" or more "progressive" colony was not an entirely European ideal.

The fact that many of the medical projects themselves were not exclusively European projects complicates the question of local responses to medical practices. Rather than seeing reactions to the Health Service and its policies as an African response to measures implemented by European officials, the fact that the Health Service recruited African and Indian staff means that the dichotomy of the colonizer versus the colonized is not an adequate explanatory framework. An alternative model is to see a medical service that relied on recruitment of a "colonized" elite, both local and foreign, which was then

responsible for implementing its policies. The issue of responses to medical practices is further complicated by socio-economic differences amongst the African segment of the population. Unquestionably, those who were most negatively affected by the unjust practices of the Health Service were poorer Africans who were positioned on the margins of Santomean society. However, if their voices are not present in the sources used in this dissertation, the documentation available at least evidences that these individuals had agency, both in terms of how they engaged with medical knowledge and practice, and in the ways they responded to the measures of the Health Service. The re-colonization of São Tomé and Príncipe during 1850-1926 was not an entirely European project, nor did it go uncontested in the colony. Rather than marking a definitive break with the past, this period represents another chapter in the long history of this insular country, one that evidences a complex interplay between local and foreign influences.

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