

BOOK REVIEW

Kalle Kananoja, *Healing Knowledge in Atlantic Africa: Medical Encounters, 1500–1800*

Cambridge: Cambridge University Press, 2021. Pp. 272. ISBN 978-1-108-49125-9. \$29.99 (paperback).

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Kalle Kananoja's new book explores the circulation of medical knowledge across the Atlantic before 1800, with a clear focus on Africa and in particular on Angola. The book has seven chapters. The first four focus in turn on the Portuguese in Angola (two chapters), on the Dutch in the Gold Coast, and on the British in Sierra Leone, highlighting the similarities in how Europeans and Africans understood and treated sickness and diseases. Europeans knew that they were living in a region with different plants, which fostered new medical experimentation and treatments for tropical illnesses as well as more familiar ones. African knowledge of which plants were particularly useful, and how to prepare those plants for medicinal use, was taken by Europeans and applied directly or adapted to suit European medical ideas. The final three chapters return to Angola, exploring Portuguese medical practice in Africa, including medicines, therapies and how Portuguese medics understood the challenges of practising medicine in a new and challenging environment.

The emphasis on Angola is very much to be welcomed since it permits Kananoja to delve much further back in time. Much of the existing literature on Atlantic medicine is anglo-centric, concentrating on British North America or the British Caribbean islands. If Africa comes into the equation, then it is Sierra Leone or other small British settlements in West Africa that are foregrounded. Inevitably this means that the focus is really on the eighteenth century, and blossoms further in the nineteenth century. By foregrounding Angola, this book goes back into the sixteenth and seventeenth centuries and this is important because not only were medical ideas different, but ideas about race more generally were different. Kananoja establishes that the Portuguese were more than willing to learn from African practices and medical knowledge in this era, finding out from African healers which plants were the most effective in treating illnesses old and new, and in general demonstrating few of the prejudices about indigenous knowledge that became so prevalent among Europeans in the eighteenth and nineteenth centuries. This knowledge then circulated in the Atlantic, particularly to Brazil, and sometimes returned to Africa with improvements to techniques or medicines, the obvious example being bark from *cinchona* trees from South America that was used to treat malaria.

For those familiar with nineteenth-century ideas about race, the early modern idea that the 'functioning of European and African bodies was understood to be identical' (p. 184) comes as a surprise. Portuguese medics do not seem to have given much credit to the idea that white and black bodies were in any way different. Rather, all people with similar symptoms were treated in similar fashion. Differences between susceptibility to

disease were ascribed to a 'seasoning' process whereby a period of sickness after arrival in a new place was thought to be somewhat inevitable.

The discussion of how to provide soldiers for Angolan garrisons was particularly illuminating in this context. A century before the British began to struggle with exactly the same problem, the Portuguese were faced with chronic sickness and high mortality among their military personnel. Indeed, the Portuguese experimented with importing soldiers to Angola from the hottest parts of Portugal, Madeira and even Brazil, but with little actual difference in outcomes. It does not seem to have occurred to the Portuguese to enlist Africans or Afro-Brazilians in place of white men, which was the solution eventually adopted by most other European powers involved in Africa in the nineteenth century. This is where evolving attitudes towards race were important. The enlistment of non-whites was precisely because by around 1800 black bodies were deemed to be more resistant to tropical diseases. Absent that belief, there was probably little point in enlisting Angolan natives since the hope was that Europeans who survived the 'seasoning' would be as fit and able as native Africans.

There is much to admire about Kananaja's book. The detailed research in Angolan and Portuguese archives is very commendable and adds considerably to our knowledge of the Atlantic world in the early modern era. The coverage of other parts of Atlantic Africa is far more patchy, due to the dearth of sources. The source base is rich for Angola, much less so for the Gold Coast or Sierra Leone until the very end of the eighteenth century. One cannot blame the author for that, and what we are left with is an important contribution to our understanding of how medical knowledge was generated and then circulated largely in Portuguese circles between Portugal, Angola and Brazil. The book is an important corrective to works that largely focus on the anglophone Atlantic in the eighteenth and nineteenth centuries and should be read seriously by historians of medicine and of early colonialism.