Chapter One

THE OVAMBO IN CONTEXT: THE PEOPLE, THEIR LAND AND EUROPEAN COLONISATION

The Ovambo People

The Ovambo are part of the larger Southwestern Bantu group (Murdock 1959), and consist of 12 culturally related peoples - originally kingdoms - which occupy the international border regions of southern Angola and northern Namibia. In northern Namibia reside the Ovakwanyama, Ondonga, Ukwambi, Ongandjera, Ombalantu, Ukwaludhi, Uukolonkahdi and Eunda (Hahn 1928:1; Tuupainen 1970:12). The Ovakwanyama, Evale, Dombondola, Kafima and Ombadja[1] (a divided kingdom under two different ruling clans), inhabit the southern Angolan region (Estermann 1976:51, 117) (see Map 1).

Of the 12 peoples, the Ovakwanyama and the Ondonga (occupying eastern Ovamboland) are larger and more prosperous than the smaller Ovambo groups to the west. They are also better documented in the source literature (Loeb 1962:18). Demographic information for the Ovambo does exist, although it tends to be extremely scanty and fragmentary in character, and of somewhat questionable accuracy. For example, a population census was carried out by the South African Administration in the early 1920's, and on the basis of the results Hahn (1928:2) estimates a total Ovambo population of 150,000 in northern Namibia, comprising 65,000 Ondonga, 55,000 Ovakwanyama, 8,000 Ukwambi, 6,100 Ukwaludhi, 5,100 Ombalantu and 600 Eunda. Some 50 years earlier, the Finnish missionary Peltola (quoted in Hiltunen 1986) numbered the population at around 100,000, but Hiltunen does not mention his sources for this figure. According to Bruwer (1966), the Kwanyama population in 1960 was apparently 87,511 for the Namibian region, while in southern Angola they numbered around 200,000 (Rodin 1985:7). The population figures really do little more

[1] The Ombadja are often refered to by other Ovambo and by Europeans as Kwamatwi (Cuamatui), but Ombadja is the name they use for themselves.

than offer the reader a very rough idea of the size of the populations concerned, which it appears expanded in numbers over time.[2]

Linguistically, the Ovambo can be divided broadly into two groups. The first includes the Ovakwanyama and all the southern Angolan peoples, whose dialect is known as Oshikwanyama and distinguished, for example, by the plural prefix *ova* for 'people' - as in *ovakulunhu* (elders). The second includes the Ondonga and all the remaining Ovambo peoples, the dialect known as Oshindonga with a plural prefix *aa* for 'people', e.g. Aandonga (Loeb 1962:6). It is maintained in the source literature that the Ovambo owe their name to their neighbours the Herero. Tuupainen (1970:12) states that the term 'Ovambo' is derived from the Herero *ovajamba,* meaning 'wealthy-people', whilst Loeb (1962:9) claims that in Herero dialect 'ovambo' means 'people-with-the-cattle-posts', because the Ovambo had to graze their cattle north and east of the living area. Although the two interpretations of the term differ, what is important is that they both contain a reference to Ovambo economic prosperity and relative political power based on ivory trading (*jamba:* elephant) and pastoralism/cattle raiding.

The Nyaneka-Nkhumbi peoples on the western bank of the Kunene river are closely related to the Ovambo and have good trading relations with them. The Ovambo also trade with the Damara further south (in Namibia). The Herero and the Ovambo share common ancestral mythology. Both peoples cherish an *omborombonga* tree in eastern Ovamboland, which they consider marks the place where their founding ancestors (two brothers) parted company to form the now distinct cultural groups. Both peoples migrated from the Zambesi river region, and upon reaching what is now the Ovambo region one brother and his followers decided to remain and settle the area, while the other together with his followers (the Herero) continued westwards in search of better pasture-land (Hahn 1928:1; Williams 1988:90). It has been assumed on the basis of royal genealogies that the above migration took place sometime during the sixteenth century. Aarni (1982:23) and Williams (1988) have attempted to establish the migration routes on the basis of

[2] I was unable to obtain any information regarding population density, however I am aware that Ovamboland is well populated for Namibia. A major cause of this is the large scale migration which occured within Ovamboland as a result of the five adjustments made during the establishment of the international border line between Angola and Namibia. In 1926, for example, around 40,000 Ovakwanyama wishing to aboid Portuguese rule, moved south to join the 20,000 Ovakwanyama already in Namibia - leaving 20,000 still in Angola. This meant that three-quarters of the Ovakwanyama population now lived in the smaller of the Kwanyama regions. Moreover, grazing was poorer in Namibia and visits to grazing outposts in Angola were prohibited by the Portuguese (Loeb 1962:43). Both the Germans and South Africans regarded the large Ovambo population as a valuable source of migrant labour for their mines and farms further south.

available archaeological, oral historical, linguistic and onomastic data. The Okavango peoples of eastern southern Angola are also culturally related to the Ovambo, and once formed one kingdom ruled by the Hyena clan, sharing common ancestry with the same clan in Ovambo (Williams 1988:23, 89-91). The Ovambo even claim a distant association with neighbouring hunter-gatherer communities, which may in part account for their good relations with them. A number of Ovambo proverbs refer to the time when Ovambo were Twa (i.e. hunter-gatherers) (Kuusi 1970; Estermann 1976:55-57).

The Ovambo Region

Ovamboland is located on an alluvial floodplain about 1,200m above sea level, which slopes gently from the north (Duparquet 1935:125; Loeb 1948:16). In Namibia the Ovambo area covers 56,000 sq km (Aarni 1982:22), between Latitudes 17.30 S and 18.30 S, and Longtitudes 14.00 E and 17.30 E (Tuupainen 1970:12). The area near the border with Angola is characterised by thick belts of sub-tropical vegetation, while large, open grass plains are found further to the south as the environment assumes a more semi-desert appearance, due to the increased salinity of the soil (Loeb 1948:17). The eastern area is also thickly wooded, unlike the western area which is primarily open savanna fringed with bush. The Ovambo area in Namibia extends as far north as the international boundary with Angola, and almost as far south as the Etosha Pan (Hahn 1928:1; Loeb 1948:17). In Angola, Ovambo territory is situated between the Kunene and Okavango rivers (west and east respectively), and extends roughly 200 km northwards from the Angola-Namibia border, principally along the banks of the Kuvelai river (running through Handa, Evale and Kwanyama country) (Delachaux and Thiebaud 1933:8-9).

Generally speaking, the Ovambo peoples in the north (i.e. southern Angola) enjoy better living conditions as a result of the sub-tropical arboreal environment, which is directly attributable to the greater abundance of water due to the proximity of the permanent Kunene and Okavango rivers and seasonal river Kuvelai. The Ovambo country as a whole is served by a network of broad, shallow water courses and pools known as *ooshana,* which are tributaries that fan out from the Kuvelai river originating just outside Handa territory. During the wet season, rain and flood waters from the two permanent rivers in the region enable the *oshana* network to supply the Ovambo with 6-7 months of water during the dry season in a good year. Years of abundant rainfall are known as *efundja* and are much celebrated since they occur infrequently

(Tuupainen 1970:16). Hahn (1928:1) states that following a good wet season up to three-fifths of the land may become submerged for quite some time.

As the *oshana* network progresses southwards, through northern Namibia, its intersecting character increases in complexity. Wider water channels and pools are replaced by narrower, more numerous streams, which dwindle further before petering out into the Etosha Pan (Estermann 1976:53). The Ovambo are heavily dependent on rain for the provision of good grazing areas, and the success of their millet and sorghum crops. However, rainfall is often poor - even absent - some years, leading to severe water shortage and frequent drought. Two wet seasons are recognised by Ovambo: a short rainy season from October to November (when grain fields are prepared in advance of rain proper), followed by a longer one from December to March. Rain rarely falls during all of these months, the overall amount averaging about 400mm. Water conservation, therefore, becomes a major priority and is largely achieved by the construction and maintainance of wells and reservoirs throughout the region, together with careful regulation of water use. They are built to supplement the *ooshana,* when the latter begin to dry up. Because the water table is quite close to the surface, the Ovambo rarely have to dig deeper than 3-7 metres to reach water for domestic use. Such wells are normally unlined, and are conical in design due to sandiness of the soil which disturbs easily (Loeb 1948:17; Hahn 1928:1; Aarni 1982:22; Rodin 1985:40).

Despite the irregular character of the region's water supply, the *oshana* system nevertheless ensured the abundance of various types of flora that were widely used by the Ovambo as food, medicines, manufacturing materials and fuel. Estermann (1976:53-54) informs us that the best vegetation was found along the edges of the principle *ooshana,* in the central area of Ovamboland occupied by the Ovakwanyama, in southern Angola. Away from the water-courses the land assumed forest growth similar to that found west of the Kunene river. Estermann classifies the forest into two main types, distinguishable on the basis of the soil in which each grows. It would seem that he has followed the distinction made by Ovambo themselves, as he provides us with the Ovambo terms for the forest types. Thus we have the forest of the sandy plains, *omufitu,* in which **Burkeas, Pterocarpus** and **Endandrophragma** species predominate. Then there is that thriving in more clayey soil, *omuhenye,* typical of the southern Angolan bush: **Excoecana africana** and **Colophospermum mopane,** with some **Terminalia** species. Occuring in all soil types are the gigantic

Adansonia digitata (baobab) trees. A number of fruit trees flourish in the region which are regarded as a valuable food source and much respected by Ovambo. These include: **Schlerocarya birrea, Diospyros mespiliformis, Ficus sycomoros** and **Berchemia discolor.** Fan palms **(Hyphaene ventricosa)** grace the area, although most of the mature palms were destroyed during the great famine of 1915, when Ovambo were forced to use the trunks as a major source of food (Estermann 1976:54).

Ovambo Settlement and Economic Structure

Each Ovambo group (kingdom) occupies its' own area within the Ovambo region as a whole. Estermann (1976:51) writes that tracts of no-man's-land, several kilometres in depth, used to separate one kingdom from another. The establishment of homes was traditionally prohibited within these zones of forest or bush, which were quite discernable in the 1920s. By the 1950s (Estermann's time of writing), however, people were starting to occupy the buffer zones, leading to their virtual obscurity.

The area occupied by one group is known as *oshilongo* (country) falling traditionally under the jurisdiction of the king *(ohamba)* or paramount chief. However, in order to render it more manageable, the *oshilongo* is sub-divided into districts - *omikunda (omukunda* sing.) - which are governed by *omalenga,* district-heads and counsellors of the king. They are appointed by the king and are responsible to him. Women as well as men could be district-heads, for example the king's mother always had her own large district some distance from the king. About 15-20 households were established within an *omukunda,* with distances between them ranging from 500 m up to 3 km or more (Loeb 1962:42; Tuupainen 1970:16; Williams 1988:460.

The Ovambo household *(ehumbo)* is a self-contained economic unit, although cooperation between them during weeding and harvesting is common, as is the sharing of cattle herding between morning and evening milking (Williams 1988:48). It is a large, roughly circular, structure composed of several huts and living areas separated from one another by tall wooden or millet stalk palisades. Palisades also form intricate connecting passageways which allow access to the various areas. In the centre is a large meeting area *(olupale),* and around the outside are fenced areas for the cattle. The entire structure is enclosed within a thick wooden palisade about 6-10 ft in height (Hahn 1928:10; Williams 1988:45). It is occupied by a polygamous family unit[3] comprising usually a husband, 2-4 wives and all their children. It was not uncommon,

[3] The missionaries were extremely keen to persuade the Ovambo to accept a monogamous lifestyle, although it is difficult to assess how successful they were in achieving this. Interestingly, Rodin's (1985) work contains an aerial photograph

however, for other kin members to reside there as well - particularly newly married couples with no *ehumbo* of their own. Each wife has her own cooking facilities and food storage area in her living quarters, and her children live with her until old enough to marry (girls) or move into the cattle pens with other adolescent boys. Ovambo marriage is preferentially based on clan exogamy and kingdom endogamy, although marriages between members of two different Ovambo kingdoms are not uncommon. The system of descent is matrilineal.

The domestic economy of the Ovambo is organised principally around agriculture and pastoralism: the former being the sphere of women, and the latter that of men. The basis of their diet is millet **(Pennisetum spicatum)** called *oilia,* which means 'the principle food'. It withstands drought longer than other cereals, thrives in poor soils and stores for 2-3 years. **Sorghum vulgare** *(oiliavala)* is also grown; it is less hardy and requires better growing conditions, but is more highly prized. Each married woman has her own grain fields and vegetable garden adjoining the *ehumbo,* and co-wives work together on the grain field of their husband. The husband must clear each of his wives' fields prior to planting in October or November each year. Every *ehumbo* is equipped with its' own communal threshing and pounding areas (Estermann 1976:132-4).

Because of the extensive flooding which can occur during the wet season, crop fields are established on specially prepared raised mounds and thus fed but not annihilated by the *ooshana* (Hahn 1928:34). Loeb (1948:16) argues that the use of these raised beds has prevented European introduction of the plough, and in turn handicapped the missionaries in introducing monogamy: agriculture requiring many wives to hoe a plot of ground and harvest the crops. In addition to grain, various curcubits and peanuts: *osimbutufukwa* **(Arachis hypogaea)** and *osifukwa* **(Voandzeia subterranea)** are also grown.

The herding of cattle *(engobe)* is the responsibility of men. The king manages the largest herds and those of other men vary in size depending on socio-economic status. Some men, *ovanahambo,* are without herds of their own and look after the herds of others. Such a man is entrusted with about 40-50 head of cattle which he takes to established grazing posts during the dry season; he is usually young and unmarried.

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of a monogamous Kwanyama *ehumbo,* which is of rectangular design and largely devoid of internal divisions and huts. It was taken during his second field visit in 1973.

All herdsmen know the grasses preferred by cattle - those that fatten them easily. A number of herbal remedies for cattle and for the herdsmen themselves are also known, and certain herdsmen specialise in castration (Estermann 1976:136-137). Cattle are an extremely prestigious commodity, reflecting the wealth of the lineage (Hahn 1928:35).

Other economic activities are similarly organised on the basis of gender. Males are responsible for building households and granaries *(omaanda),* clearing waterholes and fields, iron production, the manufacture of all wooden items and hide goods, salt procurement and hunting. Females are concerned with most child care, all food preparation, the production of baskets and pots, thatching of dwellings, the gathering of wild fruit and vegetables and the collection of water (Hahn 1928:25; Estermann 1976:143-5). Fishing is a joint enterprise, although the methods adopted by men and by women differ. Women actively fish with tall, conical baskets in the *oshana* pools, whereas men construct traps across the narrower water-courses, consisting of weirs *(olua)* with conical baskets *(omidiva)* in the apertures (Estermann 1976:142).

The Ovambo believed economic success to be closely bound up with the well-being of the king. He was usually refered to as *omwene wosilongo* (holder/guardian of the land), and was believed to guarantee fertility and prosperity to the nation because of his lineage connections with the powerful royal ancestral spirits, as well as his association with *Kalunga* the Creator (Loeb 1962:41). Major calamities, such as drought and pestilence, were usually attributed to the wrath of the royal ancestors who had been made angry by the unsociable behaviour of the living. The king and his royal elders *(ovakulunhu)* were responsible for communicating with the royal ancestors on the nation's behalf, and vice versa.

The importance of the king as guardian and benefactor of his country is reflected in the symbolism of the nations sacred fire, *omilo guoshilongo,* built only of *omufyati* **(Colophospermum mopane)** wood and which permanently smouldered in the royal residence. It was believed that terrible misfortune would befall the whole country if this fire were allowed to die out during the king's lifetime, and so two specially appointed elders, *atonateli yomilo,* were charged with constantly tending it. The fire symbolised the life of the king, which in turn symbolised the life of the nation; only when the king died was the fire allowed to extinguish naturally and a new one kindled for his successor. All royal subjects established their own domestic fires with embers taken from the sacred fire, the order in which they were received depending on

status (e.g. the *omalenga* received theirs before other householders) (Hahn 1928:17-18).

The king and his *omalenga* aimed to ensure economic and social stability throughout the kingdom: settling disputes, for example. The king also managed the kingdom's economic year, by ritually inaugurating the agricultural and herding seasons, fruit picking and fishing seasons, the annual expeditions for salt or iron, and the national big game hunts. Dates for house-moving and for major ceremonies like the *efundula* female transition rites, are also given by the king (Loeb 1948:71-75; A. & D. Powell-Cotton 1937a). Not all kings, however, proved to be benefactors of their people, and there are reports of autocratic, despotic kings who ignored the advice of their elders and terrorised their subjects (e.g. see Hahn 1928:8). Such kings were often eventually displaced by rival candidates with popular support (Clarence-Smith 1979:79). Though, to claim, as many missionary and colonial administrative sources have, that *all* Ovambo kings were cruel despots, is both slanderous and misleading. The catholic missionary Estermann, for example, writes: "There is no doubt that the most perfect and absolute despotism prevailed almost everywhere" (1976:124), yet this opinion is based on the memoirs of South African soldiers like W.B. de Witt, who clearly had a vested interest in denouncing the indigenous system of government in order to justify imposition of colonial rule.

It is true that Ovambo kingdoms did not always peacefully co-exist and were not always internally stable, but the disputes over cattle, land and water rights, and refugees seeking assylum, were not the product of internal dynamics alone. Rather, as argued by Katjavivi (1988:3-4), such conflict can be seen as the product of wider socio-economic changes, whereby external stimuli (trade and contact with Europeans) have interacted with internal social dynamics. The result was intensification of social stratification during the late nineteenth century, which saw the strengthening of a dominant ruling elite (chiefly *omalenga)* who exacted tribute (cattle, grain) from the people, and who encouraged the development of ivory and slave trading. Tribute and slaves were traded with Europeans for prestigious commodities like horses and guns.

Eventually, the traditional Ovambo form of government was replaced by a colonial system of indirect rule, imposed by the Portuguese in southern Angola and by the South Africans in northern Namibia. Loeb (1948:19) states that under the Mandate of South Africa the Ovambo in Namibia were governed by groups of headmen, or a single chief, who were advised and directed by Government officials. Only half of the kingdoms still had kings in 1948. In Ukwanyama kingship ended in 1917, when King Mandume was shot

by Union forces; headmen and sub-headmen replaced the monarchy. Chieftainship was hereditary and continued to be based on matrilineal succession (as among the Ondonga, Ongandjera and Ukwaludhi, for example), whereas headmen were simply appointed by Government administrators (Tuupainen 1970:17).

Colonial History

The Ovambo were subject to colonial invasion from more than one European country at once. The Portuguese extended their colony in Angola as far south as northern Ovamboland, whilst the Germans, and later the South Africans, extended their influence over Namibia (formerly South West Africa) as far as southern Ovamboland. The borderline between the two colonies thus ran directly through the heart of the Ovambo region, disrupting the lives of the people there. Thus the Ovakwanyama were subject to different and often conflicting administrative policies and law. The problem was compounded by the fact that the precise location of the border could not initially be agreed by the European powers.

According to Estermann (1976:52), Portugal and Germany drew the southern Angola border in 1886, thus locating the Ovakwanyama, Ombadja, Dombondola, Kafima and Evale on the Portuguese side, and leaving other Ovambo in northern Namibia. In 1890, however, the international boundary was adjusted, the new line dividing the Kwanyama kingdom in two and leaving just one third of their number in northern Namibia. The border has seen a further three adjustments, each time involving major movement of refugees to and fro, fleeing one or other of the colonial administrations (Totemeyer 1978:6, 35, 100, cited in Aarni 1982:23).

Loeb (1962:37) informs us that in 1926 the status of the neutral zone between Angola and Ovamboland was submitted to arbitration and the zone awarded to Angola. The Assistant Native Commissioner's H.Q. for the South African government was moved from Namakunde to Oshikango (see Maps) just over the border. Loeb maintains that 40,000 Ovakwanyama, wishing to remain under Union rule, moved south to join the 20,000 already in Namibia, leaving 20,000 behind in Angola. Three quarters of the population were thus living in the smaller of the two Ovakwanyama regions, which moreover was characterised by poorer grazing and forest areas. Border and colonial controls became increasingly restrictive, which further hampered the indigenous economy and culture - the Portuguese, for example, refusing to allow the Namibian Kwanyama over the border to visit their usual cattle grazing out-posts (Loeb 1962:43).

Traders, explorers and missionaries were the mainstay of early European penetration, with the Portuguese and the Dutch visiting as early as the 1400s and 1700s respectively. It was not until the 1880s, however, that colonial rule in Namibia was formally established under the Germans. At this time the Ovambo were little affected, being so far north; unlike the Nama and the Herero who waged a bitter war of resistance against the Germans from 1904-7, suffering devastating blows to their population and economy (Katjavivi 1988:5, 7-11).

The colonial situation changed dramatically during the First World War, when the British requested South African forces to invade Namibia and oust the Germans. This directly affected the Ovambo, as from 1915 the 'Northern Sector' (Ovamboland, the Kaokoveld, Okavango and Caprivi) became more firmly administered by the Union government than it ever had been under German rule. Germany lost Namibia in 1919 as a result of the Treaty of Versailles, and in 1921 the League of Nations entrusted Namibia as a Mandate to the Union of South Africa, to be administered as an integral part of it. The League of Nations was replaced by the United Nations in 1946, and there then began a long dispute between this organisation and the South African government over the Mandate for Namibia. South Africa refused to recognise UN authority and insisted that the Mandate had lapsed with the dissolution of the League of Nations, thus allowing them to proceed with a constitutional development of Namibia (Tuupainen 1970:11; Katjavivi 1988:13). All intervening efforts of the International Court of Justice, the UN, and the indigenous peoples (e.g. SWAPO[4]) of the country proved relatively unsuccessful until the recent events leading to Namibia's Independence in 1989.

North of the Namibian border, the Portuguese entered Kwanyama land around the end of the seventeenth century (Lima 1977:31), and from 1844 long distance trade networks based on exchange of ivory and slaves for firearms were established. The establishment of more formal colonial influence was achieved much more slowly. From 1859 the Portuguese occupied a fort in Humbe, their regional capital being Mossamedes. They intended to occupy Ovamboland in order to protect southern Angola from German encroachment from the south, and British encroachment from the east, but due to financial crises in both the colony and in Lisbon it was a protracted affair (Hayes 1988:2-3).

[4] South West Africa Peoples' Organisation.

During the 1890s and 1900s the Portuguese had military brushes with the Ovambo but were not particularly successful. The imminent military confrontation with Germany finally justified the Portuguese government in sending a largely European column to Ovamboland in 1915. They were defeated by the Germans in a border skirmish related to the outbreak of war in Europe, and retreated to the highlands. The Germans were unable to follow up this victory, however, as they were attacked and defeated by South African forces - an event which changed the whole nature of the Portuguese expedition, and the opportunity was used to finally subjugate the Ovakwanyama. King Mandume of Ukwanyama strongly resisted the colonising attempts of the Portuguese, and had tried to turn Portugal's preoccupation with Germany to his political advantage, only to be thwarted by the intervention of South African forces. They forced Mandume to cease hostilities and accept protection against the Portuguese, in return for provisions for his famine stricken nation - also paid for in the form of a migrant labour supply (Clarence-Smith & Moorsom 1977:108).

King Mandume had lost 5,000 people during battles with the Portuguese, and was forced to flee to Kwanyama country in northern Namibia - which is when South Africa stepped in. Katjavivi (1988:17-19) maintains that South African intervention sprang from their desire to control northern Namibia and fix the national boundary - hence their liason with the Portuguese. Henceforth, Ovamboland was watched closely by the South African administration, because the Ukwambi as well as the Ovakwanyama resisted the authority of Native Commissioner Hahn[5]. By the 1930s the situation had developed in such a way that the South Africans began to feel undermined, so they bombed the Ukwambi area in order to supress resistance. Chief Ipumbu was deposed by the Union in 1932 and banished, then the chieftaincy was abolished and replaced by a council of headmen appointed by the Government.

As pointed out by Clarence-Smith and Moorsom (1977:108), colonial strategy in Ovamboland was concerned above all with securing an abundant and reliable migrant labour force - especially for central and southern Namibia. The Germans had been very keen on the use of Ovambo as labourers on the extensive White-owned farms, and in the new mines and other industries. The labour force was initially drawn from indigenous communities further south, but with the opening of Tsumeb copper mine in 1906 and the Luderitz diamond mine in 1908, more Ovambo and other northern peoples were recruited on fixed term

[5] The same Carl Hahn who produced a government requested ethnographic account of the Ovambo (1928).

contracts. By 1910 some 10,000 Ovambo contract workers had come south for the mines, fisheries and railways.

Things were no better under the South African government. White farmers were allocated the best land and Namibians were relocated by the Native Reserves Commission to the more northern semi-arid regions, which were unsuitable for sustaining a much increased indigenous population. Moving to the White areas as migrant labourers was thus presented as the only viable solution to the problem of population pressure and limited natural resources (land shortage and deforestation were an acute problem by the mid twentieth century) (Clarence-Smith & Moorsom 1977:108; Katjavivi 1988:12, 14-15).

The stagnation of the economy of southern Angola right up to the late 1960s meant the mines of Namibia became the chief centre of emloyment for the population over a wide area of southern Angola (Clarence-Smith & Moorsom 1977:108). Estermann (1976:130-131) attributes the southward flow of migrant labourers to the fact that young Ovambo men, unoccupied since the prohibition of warfare by the the colonial Administrations after 1915, saw migrant labour as an alternative pursuit. It tended to be the smaller Ovambo kingdoms who first sent men south, but before long all contributed to the work force. Many who moved south had often begun as voluntary workers at the mission stations. Loeb (1962:38) writes that only men formed the migrant labour force, women and children being forced to remain in their home areas and the men ordered to return at least every two years.

The workers from Ovamboland were apparently among the most exploited, as compared with labourers recruited from areas of south Namibia. Ovambo were recruited by the Northern Labour Organisation agency (established 1925), and were destined mainly for Tsumeb copper mine and farm work. Recruits were given a rudimentary medical examination and then divided into three categories of fitness: (a) for underground work in the mines, (b) for surface work at the mines or heavy farm labour, and (c) for lighter farm work as sheep and cattle herdsmen. Workers had no choice in the matter at all, and hours, payment and working conditions were never specified (Katjavivi 1988:15-16).

Missionary Activity

Missionary activity in Namibia was led by the London Missionary Society and the Wesleyans, who began

operating in the south from 1802. The German Rheinish missionaries followed from 1840 onwards, the principal Lutheran being Hugo Hahn (whose grandson later became Native Commissioner for Ovamboland) who first visited Ovamboland in 1857 (Katjavivi 1988:6). Thus, missionary work in Ovamboland began with the Germans, although they encountered many difficulties with the Ovambo, rendering their early efforts during the 1860s unsuccessful. The Germans asked the assistance of the Finnish Evangelical Lutherans, who began work among the Ondonga, having already been repudiated by the Ongandjera, Ukwaludhi and Ukwambi. During the 1890s the Germans made a second attempt among the Kwanyama (Aarni 1982:33), but after 1915 were obliged to sell their mission stations to the Finns (Loeb 1962:37).

With regard to missionary influence connected with colonisation of the Ovambo, Clarence-Smith and Moorsom (1977:108) suggest that the "cultural mutation" of the Ovambo was most advanced among the Ondonga by 1915. This is because they were affected most by all aspects of European intrusion from the earliest date. It is significant, they write, that the last independent king of Ondonga was the first Ovambo king to be converted to Christianity - and the colonial conquest of the whole area (1915-17) was followed by a general increase in conversions. Katjavivi (1988:6) argues that missionaries - particularly the German Lutherans - believed in their own 'civilising' mission, involving the promotion of European culture as well as the Bible. They clearly regarded their mission work as useful for trade or colonial annexation, which is why many missionaries sheltered under colonial rule once it was established, ignoring its' destructive policies.

In Angola, mission work was principally undertaken by the Roman Catholic Spiritans (Holy Ghost Fathers), who were initially of French and Alsatian origin, but later Portuguese as well. American Baptist, Methodist, and Seventh Day Adventist missions were also established in Angola during the late 1800s and early 1900s, along with English Baptists and even a South African General Mission (1914) as well (Brasio 1934:14). Lima (1977:36-37) records only the American Baptists as actually working in Ovamboland, and a map of southern Angola compiled by the Swiss Scientific Expedition (1932-33) depicts Swiss and American Protestant missions no further south than the Ovimbundu region, somewhat north of Ovamboland (Delachaux and Thiebaud 1933).

According to Koren (1958:553-4), the sixteenth century diocese of Angola officially never ceased to

exist, but it was so poorly manned that resumption of missionary activity seemed unlikely. Nevertheless, the ecclesiastical jurisdiction of this old diocese was still recognised by the Portuguese. Thus, serious conflict arose when the Spiritans began evangelizing the country, and a great deal of tact on their part was necessary in order for them to remain there. Eventually, through discreet negotiation, four new ecclesiastical circumscriptions were created - all entrusted to the Spiritans. These were: the Prefecture of the Congo (1873), the Prefecture of Cimbebasie (1879)[known as Cubango from 1921], the Mission of Cunene (1882), and the Mission of Lunda (1897). Up to 1892 the Prefecture of Cimbebasie held jurisdiction over a large part of southern Africa, extending as far inland as the Orange Free State[6]. Koren (1958:555) writes that the Portuguese were initially highly suspicious of the Spiritans, however, once they realised the missionaries did not represent French political interest in Angola, trust developed between them.

The Catholic missions in Ovamboland, southern Angola, were situated within the Huila District of the Prefecture of Cimbebasie/Cubango, and numbered 10 in all. The central mission station was St. Joseph's (1881) situated in Ombadja country, and satellite missions included those of Mupa (1923) and Omupanda (1926), both in Kwanyama country (da Cunha 1935:70-73). Omupanda Mission was the Spiritans' frontier post, according to Mittleberger (1936:271), who states that no missions were found further south in southern Angola, and that all those in northern Namibia were Protestant rather than Roman Catholic. However, although he claims that no Catholic missions were found further south, the Spiritans must have extended their activity beyond Angola into northern Namibia soon after he wrote, because the South African Odendaal Report for 1962-3 lists the existence of three Catholic Mission hospitals there.

The Ovambo proved a challenge for the missionaries, especially the Ovakwanyama who strongly resisted evangelisation. The conversion of kings, therefore, became their primary concern since it was believed that the rest of the populace would easily follow (Estermann 1935:309). But the king's counsellors, the *omalenga,* frequently resisted conversion (Annales Apostoliques 1903:141-2), and the Ovakwanyama made numerous incursions against the missionaries and their stations (Lecomte, Annales Apostoliques 1905). Furthermore, the missionaries were often caught up in the struggle between the Ovambo and the Portuguese, which proved awkward if reasonably steady relations between missionaries and

[6] A map of Cimbebasie, dated 1878, is provided by Duparquet in Bulletin General, 1881-83.

Ovambo had been achieved. For example, between 1915-17 the Portuguese demanded use of the mission station at Huila as a fort, but although King Mandume accepted the missionaries he refused to acknowledge the fort (Genie B.G. 342, 1917:500; B.G. 143, 1898; B.G. 252, 1908:454-5). The Spiritans' main problem was that their working agreement with the Portuguese meant that they had to promote Portuguese interests and also secure the support of the Ovambo kings - underlining their political as well as Christian motives. As a result most Ovambo distrusted the missionaries, despite the latters' acceptance by some kings. Indeed, attacks on missions were often mounted immediately after the death of pro-missionary kings (e.g. the attack on St. Michael's Mission following the death of King Nambadi of Ukwanyama in 1885 [B.G.194, 1886:1002]).

The Introduction of European Medical Culture and Institutions

The Portuguese and South African Governments

The Ovambo did not receive much direct medical assistance from the colonial administrations of Portugal and South Africa, mainly because of their geographical position in relation to the European capitals Luanda (Angola) and Windhoek (Namibia). In both cases the Ovambo inhabited the 'peripheral' areas of the colonies, as far as the Europeans were concerned, and so were often the last to receive social and economic assistance. This tended to be concentrated around the capital areas and diminished noticeably as distances from the latter increased. The gap left by the colonial governments was, however, filled to an extent by the missionaries, who in contrast with the former boasted a strong physical presence in the Ovambo region.

The South West Africa Administration (i.e. the Union) realised the value of the missionaries' medical work, and were therefore prepared to subsidise it (Loots 1930:23; Eirola 1985:77). There was an ulterior motive behind the granting of subsidies - Ovamboland being regarded as an important reserve of migrant labour. J.H. Loots (1930:23-4), Chief Medical Officer for Ovamboland, states that a small "native" hospital with an out-patient clinic was built at each mission station, manned by English and Finnish medical missionaries. In 1930 the Government subsidy consisted of 9d per head per day for every T.B. patient treated in hospital, plus an allowance of ə100 per annum for those missionary societies with an established T.B. treatment centre. Lymph for smallpox innoculation, sufficient for 100 doses each month, was distributed

between two missionary treatment centres. In return for Government financial aid, the medical missionaries were obliged to compile quarterly reports on their medical activity (Eirola 1985:77).

Financial assistance was also received from the mines, albeit on an irregular basis. For example, the Chamber of Mines in Luderitzbucht, which recruited Ovambo migrant labourers, financially supported the running of Onandjokwe hospital (see Map 3) during the famine of 1911 (Eirola 1985:77). In addition, the Government appointed a District Surgeon to the territory, to examine all Ovambo recruited for labour in the south. He had access to a small dispensary at the Government station[7] for out-patient treatment, with drugs supplied free of charge. Quinine was given to malaria victims, when they came in for observation, as well as anti-syphilitic treatment to a small number of people applying for treatment. Loots (1930:24) admits that the help offered made only a small impression, but argues that health care services for the indigenous population were vital - not simply for the well-being of the latter, but for the success of the colony. In other words, healthier indigenous people provide better labour.

While the Finnish missionaries were mainly responsible for health care in Ovamboland, the more southern areas of Namibia were served by nurses from the German Red Cross, at least during the early 1900s. A Government General Hospital was built at Windhoek in 1910, but did not serve the Ovambo population. Private hospitals attached to the Tsumeb Corporation and the Consolidated Diamond Mine, Oranjemund, offered treatment to Ovambo migrant labourers (Odendaal Commission Report 1962-3, paras 564-5:137 and para 674:163). In the later colonial period the South African Government became increasingly suspicious of missionary medical activity, since missionaries were quite often sympathetic to the political aspirations of Namibians - treating anyone in need, including PLAN[8] soldiers. The result was restrictions on the number of foreign medical staff allowed into the country by South Africa, and attempts to intimidate foreign and local people working in the non-State health sector. The consequent shortage of medical staff, created by the Government, was then made up by South African military personnel - thus increasing South Africa's control (Lobstein 1984:14).

In southern Angola the situation was little better with regard to Government medical assistance.

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[7] Not named by Loots, but possibly the Native Commissioner's H.Q. at Oshikango (Map 3).

[8] Peoples' Liberation Army of Namibia.

There appears to have been plenty of medical activity in the northern areas of Angola, as well as in strategically important urban centres in the south (e.g. Mossamedes). Unfortunately, it was not sufficiently extended to the Ovambo region, it being located on the very fringes of established Portuguese territory and thus less populated by the Portuguese themselves. Much of the concern over health in Angola was simply concern for the health of Portuguese expatriates, as reflected in the concentration of health and hygiene measures in the urban as opposed to rural areas.

For example, for administrative purposes Angola was divided into Health Districts, normally centred around urban centres such as Luanda, Mossamedes, Lubango and Cabinda - each with at least one main hospital. The Ovambo region is included in the District of Cuamato, where the hospital is based at the Portuguese fort of Cuamato rather than at the nearby towns of Humbe or Ngiva - this in itself underlining Portuguese ambivalence to civilian (local) health there. Each district was headed by a Capitão Medico (Chief Medical Officer), who was obliged to make detailed monthly reports to the administrative capital Luanda.[9] Not surprisingly, by far the best information relates to Luanda itself. Hygiene and safety were priority issues, hence all shop owners were registered and issued with reconstruction and/or cleaning requirements. The city hospital housed the Laboratory of Bacteriology, where tests for and research into tropical diseases were carried out, using samples of blood, urine, saliva and so on. The results were published in monthly Analysis Bulletins. Luanda's monthly report also gives details of the movements of medical and pharmaceutical personnel throughout the Province.

Bulletins of all Districts were produced according to the same format as the Luanda bulletin, beginning with general observations about the District's geographical position and climate, demographic data for both European and indigenous populations obtained from the most recent census (1909 in the case of the 1912 reports), and any information regarding immigration and emigration. The general section was followed by more specific information regarding health issues: vaccination programmes, for example, as well

[9] "Boletim Sanitario, Angola: Servicos de Saude". Unfortunately, the monthly bulletins for the year 1912 were the only ones available for inspection at the Arquivo Historico Ulramarino, Lisboa, at the time of my visit. The whereabouts of the reports for other years was unknown, since the AHU was just beginning to fully catalogue the Angola archives. The records for 1912 were still in their orginal paper wrappings, from when they were transported from Angola to Lisbon! It is known (Clarence-Smith and Moorsom, personal communication) that many Government archives remained in Luanda and in Lubango, after Angola was granted Independence and the Portuguese moved out, so it is possible that many medical reports are among them.

as the particular health requirements of Portuguese military and maritime personnel. The various illnesses dealt with by the District hospital during the month are listed, together with the age, sex, race and profession of the patients treated, and the duration of treatment.

The hospital at Cuamato (in Ombadja country) was small, treating about 10-20 patients per month. Only military persons were treated - no women therefore - and the vast majority of these were Portuguese rather than Angolan. The Portuguese were treated mainly for malaria, and the Angolans for pneumonia, T.B. and bronchitis. The Angolans are simply listed as 'Blacks' so it is impossible to say whether or not they are Ovambo. Also, since they are categorised as 'without a profession', their role at the fort is unclear.

The situation in Ovamboland seems not to have changed by 1935. The Governor General (A. Lopes Mateus), in his report for that year, makes no mention of indigenous health care services in his assessment of the social and political situation regarding colonisation of the Huila Plateau (Ovambo country) (Mateus 1935:4). In another report of the Governor General (undated), a section entitled "Social Assistance and Indigenous Peoples" contains details of proposed Government help: (a) to finish the maternity unit at Luanda, (b) to begin construction of indigenous maternity units, (c) to finish the Indigenous hospital of Luanda, and major repairs to the hospitals of Cabinda, Landana, Mossamedes and Port Alexander, (d) to begin construction of two infirmaries at Lucira and Baia dos Tigres, (e) intensify efforts to combat Sleeping Sickness, T.B., hookworm, bilharzia, syphilis and malaria, and (f) educate indigenous personal assistants and nurses. Again, it is unclear how many of these proposed health reforms would actually reach Ovamboland and benefit the people there.

The Portuguese displayed a keen academic interest in the medical affairs of their colonies generally. Practical research into tropical diseases and medical assistance was conducted either in the colony itself, for example Dr. A. Gomes da Costa's[10] (1935) work on Sleeping Sickness, the recommendations of F. Diniz[11] (1917) regarding conversion from indigenous to European medical practices, and the research of Drs. Monard and da Silva into the problem of Bubonic Plague during the 1932 epidemic (Delachaux and Thiebaud 1933:111); or else at various institutions in Portugal, for example research into tropical diseases

[10] Medical Chief for the State of Health in Angola.

[11] Secretary of Indigenous Negotiations and Trustee General of the Province of Angola.

at the Escola de Medicina Tropical, and botanical studies conducted at the Universidade de Coimbra aimed at revealing the pharmacological value and the toxicity of medicinal plants used by indigenous peoples. Investigation into immunisation by vaccination against tropical diseases was regarded by some researchers as a top priority (Jose Ramos Bandeira 1941:18-20[12]), whilst others stressed the need for a better understanding of indigenous therapeutics (Luiz de Pina:12-13, 18[13]). Research findings were often made available to medical missionaries in Angola, since they were mainly responsible for providing colonial medical assistance.

Beneath a no doubt genuine interest in tropical diseases and the particular health problems of Portugal's colonies, there obviously lay an intense desire on the part of the Portuguese to promote their country's image both as a successful colonial power and as an important centre for scientific advances, in the eyes of other European nations (Bandeira 1941:20, 29). Inroads into the field of tropical medicine were more than likely aimed at securing the health of Portuguese expatriates, rather than that of the peoples they governed.

Medical Missions

In northern Namibia missionaries were largely responsible for introducing European medical culture to Ovamboland. The South African Government recognised early on the potential benefits in using established mission stations as indigenous health centres, thus saving them the task of developing this essentially non-White area of the colony that was nevertheless important from the point of view of migrant labour. The Government was thus content with financially subsidising the work of the medical missionaries, in order to remain in the more comfortable south. Indeed, Kyrönseppä (1970:39,41) states that it was not until the 1960s that the Administration began to develop its own medical services, and take measures to prevent diseases more efficiently and on a larger scale than previously. In 1966 the State assumed full financial responsibility, and in 1967 a new State hospital was built at Oshakati in Ukwambi country.

The main providers of missionary medical care were the Finnish Lutherans, each one capable of participating in simple nursing if required - some even acting as physicians by appointment to the chief of Ondonga (Eirola 1985:76). To begin with homoeopathic medicines were used, until the early twentieth

[12] Professor of Pharmacy at the Universidade de Coimbra, Portugal.

century when more modern medicines were introduced as their medical work expanded. By the beginning of the nineteenth century treatment was available at six Ovamboland mission stations: Olukonda, Onkulumbala, Oniipa, Ontananga, Onayena, and Ondangwa (see Map 3). Between 1901-7 Ondangwa treated 20 patients daily. In 1908 the first qualified medical doctor arrived in the area - Dr. Selma Rainio - who treated up to 40 people daily without an assistant. She was later joined by the first nurses Karin Hirn and Ida Alander.

The need for a hospital soon became apparent, and by 1911 Onandjokwe hospital was completed near Oniipa in Ondonga country. It was expanded over the years and by 1938 could boast an operating room equipped with anaesthetic, air conditioning, electric lighting, sterilisers and an operating table. Almost all the Finnish hospitals and clinics were built in Ondonga country, however during the 1930s work was expanded into neighbouring Ovambo country. A hospital was built at Elim, in Ukwambi country, then in 1935 a new out-patient clinic was built at Eehana, Kwanyama country, which later became a hospital. A medical centre was established at Engela, also in Kwanyama country. In 1936, the construction of a new medical centre at Nakayale in Ombalantu country was begun (Kyrönseppä 1970:7,9,15,19,21,23). Much of this expansion of missionary medical services was made possible by financial aid from the State. Support was irregular during the early 1900s, and averaged about ə300. Between 1927-30 the Luderitzbucht Diamond Mine matched the State sum annually. By the 1930s the State was providing ə1000 per annum, and this had increased to ə5000 per annum by the 1950s (Kyrönseppä 1970:39).

Although much of the medical work in Ovamboland was carried out by the Finns, there were other mission societies operating in the region who offered medical assistance. The Odendaal Commission Report for 1962-3 lists five groups of missionary hospitals and clinics in Namibia as a whole. Of these, the Finnish Missionary Society has the most clinics and beds available, and operate exclusively in Ovamboland. The Roman Catholic mission society has been erecting hospitals in the Okavango region since 1908, and subsequently in Ovamboland. Three hospitals were established in the region by 1962. These were at Okatana, in Ukwambi country, at Oshikuku, in Kwanyama country, and at Anamulenge, in Ombalantu country. The Anglican mission society built two hospitals in Ovamboland, at Oshandi and Oshikango, both in Kwanyama country. The Nederduitse Gerefarmeerde Sending (The Dutch Reformed Mission) had

clinics in the Kaokoveld, and the Rheinish mission society had one hospital and clinics in the Southern Sector, but none in Ovamboland (Odendaal Commission Report, 1962-3, para 677). A clinic was established at St. Mary's Mission at Odibo in Kwanyama country by Father Tobias, the Mission's founder. He performed simple surgery and dentistry there in addition to general practice (Wolfe 1935:32-33).

Attracting qualified non-missionary medical staff to the area proved a problem. Most of the Finnish missionary doctors were women (e.g. Selma Rainio and Aini Soini). By the 1960s there were still only four qualified medical practitioners for the whole of Ovamboland, and the government report (1962-3:173 para 736) admits that the remoteness of the region did little to encourage young male doctors to the area. The report also states that the training of indigenous nurses and midwives was left to the Finns. However it was a contention of the latter that State indifference greatly hindered them in this regard. Kyrönseppä (1970:35-39) states that medical assistants were schooled in hygiene and anatomy, but formal nursing training did not begin until 1930. It then took thirty one years before the Onandjokwe school of auxiliary nurses was officially recognised by the South African Nursing Council. In 1970 they were still waiting for permission to begin complete nursing training, and there was only one Ovambo medical student - supported by the Finnish missionary society and the Ovambokavango Church - at this time.

For all their good intentions, the medical missionaries were not able to provide assistance to all those who might need it. For instance, although anyone was welcome at the clinics, it was mainly converts to Christianity who tended to go. In 1930, only about 8,000 out of 150,000 Ovambo were converts, which meant that only a fraction of the population were receiving missionary medical care (Loots 1930:23). Even the fact that treatment was offered free of charge as an incentive (Ovambo healers' fees could be very high), did not induce people to use the mission clinics (Kyrönseppä 1970:7; Wolfe 1935:66)[14]. Basically, missionary medical centres were regarded with a certain amount of fear and distrust, and although the staff were sometimes aware of this problem, they were unsure about ways of overcoming it. Even the introduction of indigenous medical staff was in a sense counter-productive, because patients were wary of being treated by fellow countrymen and women who were neither kin nor established traditional healers

[14] Wolfe states that treatment was free unless injury was caused by attack. Men, for example, were fined one chicken for beating their wives on the head with knob-kerries. A fine of one to two eggs was imposed for the unhygienic practice of spitting (Wolfe 1935:35,66).

(endudu/oonganga). Similarly, indigenous medical staff encountered difficulties in caring for strangers (i.e. non kinspeople) (Kyrönseppä 1970:33).

Problems of communication between European medical staff and indigenous patients were certainly encountered at the mission clinics and hospitals. Wolfe (1935:61) attributes poor doctor-patient relations to the following: (a) missionaries being strangers, (b) missionaries *asking* the patient what is wrong, when the patient expects the doctor to know, (c) patients refusing to give personal names, or else changing their name at every visit, so that clinic records become disrupted,[15] (d) people coming to the clinic on behalf of sick people, when it is the latter who should come. These problems clearly reflect the missionaries ignorance of indigenous cultural beliefs - or worse, a rather inflexible attitude regarding implementation of their own medical culture: the people must alter their beliefs in order to conform to the system, as opposed to the system being tailored to coincide more easily with peoples' beliefs. No doubt some flexibility on behalf of the medical missionaries would have had to occur in order to encourage patients, however the preferred situation was undeniably one in which the Ovambo discarded their own aetiological explanations and expectations of therapy (viewed by the missionaries as "superstition"), in favour of scientific medicine and ultimately Christianity (Loots 1930:24; Kyrönseppä 1970:33; Wolfe 1935:62).

The bottom line is that the Ovambo placed more faith in their own healers, even though many recognised the tremendous healing effects of European medicine - which moreover was available free of charge. This is because the healers understood that to the Ovambo illness was more than symptomatic disorder of the physical body, and healing more than the prescription of appropriate drugs. Even when Ovambo used the mission clinics regularly, they would always turn to an *ondudu/onganga* in cases of 'mental' illness (Shivuta 1981:12). Indeed, Wolfe (1935:63) admits that traditional healers who become converted make excellent missionary medical staff, since their former training gives them an "uncanny knowledge of motives and psychology". In fact, the healers (even non-converts) were very keen observers of missionary medical work. Wolfe (1935:62) describes one man in particular who initially visited the clinic to have a hand wound dressed. Thereafter he returned regularly to inspect a new colleague, and to watch patients

[15] The Ovambo believe that personal names may be used by sorcerers, in the way that bodily products are, to mystically attack someone. Therefore they guard them, especially from strangers.

being attended to.

Apart from distrusting missionary medical services, many Ovambo were just too far away from medical centres to be able to benefit from them. This in part accounts for the prevalence of converts at the clinics, as they were obviously living at or near to the missions concerned. Loots (1930:23) certainly regarded the widely dispersed settlement system of the Ovambo as a stumbling block in the achievement of successful missionary assistance, despite attempts by the Finns at least to reach beyond the immediate vicinity of the mission stations (Eirola 1985:76). An effect of the logistical problem of indigenous access to European medical facilities, aside from the obvious one of possible needs being unmet by available services, was that the colonial government was unable to correctly establish the load of disease in Ovamboland, because of the unrealistic character of health statistics issued by the institutions concerned (Odendaal Commission Report 1962-3:137, para 557). This undoubtedly had some bearing upon the extent of State subsidy to the missionary medical centres, to the detriment of the latter.

As was the case in northern Namibia, the provision of European medical asssistance to indigenous peoples in southern Angola was largely left to the missionaries there, notably the Roman Catholic Spiritans. There is no evidence to suggest that they received any financial support from the Portuguese for this. Whilst they endeavoured to provide basic medical treatment and advice concerning hygiene and disease, they were at a disadvantage compared with the Finnish Lutherans further south, in that there were no qualified medical staff among them in the field and they could not boast as many properly established hospitals and clinics.

They were clearly aware of their inferiority in this regard, yet declared an unwillingness to compete with the medical successes of Protestant missions in general, by claiming to be content with running dispensaries only (Correia 1945:283). Some missionaries, for example Estermann (1953:2568), even saw it as more important to combat traditional healing practices with religious instruction, rather than provide assistance based on medical science.

Nonetheless, practical assistance based on medical science was offered, although the picture of operational health care centres and the load of disease in southern Angola is a fragmentary one (AHCM, 1933-6:139[16]). In 1923, Mupa Mission had a dispensary, and by 1928 Omupanda Mission had one as well.

[16] Aperču Historique Chronique des Missions, 1930-1936.

In the Prefecture of Cubango (including Ovamboland), fourteen dispensaries coped with 62,000 cases between 1930 and 1936 (Keiling, AHCM, 1930-36:281). Between 1929-30 there were no hospitals established at any of the Cunene missions, but between them they had nine dispensaries which dealt with 41,985 cases during that year (Statistics, AHCM, 1930-36). By 1934, the number of mission hospitals and dispensaries had risen to forty two, but unfortunately da Cunha does not mention the names and regional locations of these (M. Alves da Cunha 1935:28).

Treatment of the sick in the process of evangelising the people was regarded as being a necessary part of Spiritan missionary activity, and missionaries were expected to provide such assistance outside the confines of the mission station, in the rural areas beyond (da Cunha 1935:77). In order to assist them in this task, the mission Brothers (and Fathers) received rudimentary medical teaching at the mission seminaries, and the Sisters in particular were instructed in the rudimentary aspects of nursing. A medical missionary course was offered by Father Sacleux at the Spiritans' Mission Headquarters in Chevilly, Paris, which included advice from qualified medical doctors. Topics included physiology, diagnostic techniques and appropriate remedies (Correia 1945:279).

The advice imparted by Parisienne doctors chiefly concerned the problem of malaria: the dangers of it, and its' cause and treatment (Laveran, BG 175, 1901:211[17]). Herichard describes malaria as "an important obstacle to colonisation" (BG 170, 1901:39-41), and certainly it would not be misleading to say that missionary concern with health care was as much for European colonial benefit, as for that of the indigenous population. Professional medical advice was usually passed to the missionaries in the form of instructive articles, for the latters' use in the field. Dr. le Dautec, for example, describes the pathology of malaria, and recommends a 20-25 centigrammes dosage of Quinine as a preventive measure (BG 180, 1902:374-5). Sometimes the articles describe a particularly useful medicine, such as Dr. Armaud Gautier's (Professor of Chemical Medicine, Paris) work advocating the use of arrhenal - a multi-propertied medicine known to act well against TB, malaria and asthma (BG 183, 1902:465-466).

That missionary medical assistance also bolstered colonisation of the Province of Angola, is further evidenced by the fact that the Spiritans were encouraged by the Portuguese colonial administration to

[17] Bulletin General de la Congregation du Saint Esprit.

suppress indigenous healing practices. The latter were clearly regarded as a hindrance to the "civilisation" of Angolans by the Portuguese. The missionaries, usually based in remoter areas of the colony where the Portuguese officials were not, were obvious candidates for the task of converting the indigenous people from 'traditional' healing methods to European medical practice. It appears that such conversion was expected to be undertaken in a rather gradual and surreptitious manner, as Diniz (1917) writes that the missionaries had to discourage 'traditional' practice, yet at the same time glean information about herbal medicines. This was because the European medical staff designed to replace the indigenous healers would require such information to inspire the people's confidence, and thus ease the transition.

So keen were the Portuguese to undermine the influence of indigenous healers, that they also considered the introduction of State legislation banning indigenous healing practices - even though it was admitted that such a measure would be hugely disruptive (Diniz 1917:720-721). "The Repression of the Practices of Indigenous Healers", for instance, constituted the third item in Article 6 of *Portaria Provincal* (provincial Guidelines) No. 406, March 1914, issued by the Governor Generals of Angola, although it is doubtful whether these guidelines were observed to any great extent, when Diniz writes that a legal ban was still being considered in 1917.