

INTRODUCTION

Theoretical Framework

This thesis is an analysis of the folk medical culture of the Ovambo peoples of southern Angola and northern Namibia. The Introduction begins by setting out the theoretical framework which I have chosen to adopt and the sources used and the research objectives. Chapter one provides some general background information, in particular concerning colonial history and forms of European medical influence. Chapter two addresses illness and health in Ovamboland as an objective phenomenon. It considers Ovambo nosology and symptomatology, including some aetiological explanation, together with biomedical definitions and aetiologies of tropical diseases prevalent in the Ovambo region. A fuller examination of Ovambo aetiology is attempted in Chapter three, which deals with the many and varied causal agents of affliction. Chapter four is concerned with the different kinds of healer, covering their initiation and training, the importance of spirit possession, and the significance of gender. In Chapter five I explore the character of Ovambo therapeutics, paying particular attention to herbal medicines. This is followed in Chapter six by a detailed examination of prophylaxis and propitiation as aspects of healing. In the Conclusion I attempt to define the essence of Ovambo medical culture, and assess whether or not the various aspects constitute a 'system' of medicine.

Following the definitions of Press (1980:45) and Yoder (1982:10), I examine Ovambo knowledge, beliefs and practices related to health, disease and illness within a wider socio-cultural context. Although such a characterisation must suffice, the medical domain of any given society is not always easy to define. This has given rise to much theoretical and methodological discussion amongst medical anthropologists, one particular problem being the ways in which we might establish the limits of a medical 'system'. Yoder (1982:2) attributes this lack of consensus to the absence of an appropriate paradigm, though in most discussions it is assumed that there is some kind of 'system' out there which might be subject to analysis.

Fabrega (1982:238) freely admits that there is such an assumption, but does not question its soundness. He accepts it as being analytically valid and so further contributes to its perpetuation, by stating that when researchers concentrate on beliefs and practices related to health, illness and therapeutics, they are learning about a *system* of medicine. Moreover, he claims that *all* societies have *at least* one system of medicine, whilst some have several, and that the main aim of medical anthropology is to study a system or set of systems in order to understand how a society's system of medicine functions, to delineate different types of system, and ultimately to derive theories that explain how different systems of medicine operate and change (ibid. 1982:240-1). Bibeau (1982:44) shares Fabrega's view, advocating that "...the ultimate goal of medical anthropology is to understand the conceptual organisation of a people in a medical domain that must include a systematic analysis of the medical system's functioning".

Starting from the assumption that all societies have a medical system, Fabrega (1982:242) states that it is well known that most African societies have pluralistic medical systems - that is, the co-existence of two or more different systems of medicine. He claims it is relatively easy for analysts to locate the co-existence of a 'traditional' system and a biomedical one, however it is much more difficult to determine the existence within a society of more than one 'traditional' system, given the range of variation of African peoples, languages, cultures and history of Africa. Thus, he concludes, defining the 'system' is harder if pluralistic, but defining the complexity is even more problematic (ibid. 1982:249).

The problems connected with defining (plural) medical systems may arise from attempting to define something which may be illusory (Last 1981:388). Last argues that too much emphasis has so far been placed on explaining a *system* of medicine, when in fact the recognition and consideration of negative evidence might reveal the presence of a "non-system" in some societies. By 'negative evidence' Last means examples of people "not-knowing" about medical knowledge, and furthermore "not-caring-to-know". He claims that in certain circumstances these negative attitudes can be institutionalised as part of a society's medical culture. Using his own data from the Malumfashi area of a Hausa town in Nigeria, he shows that the various 'systems' that define Malumfashi medical culture as 'pluralistic' are not alternative systems of equal status but rather ranked systems in a hierarchy of organisation and access to government funds. The extent to which they are systematised and recognised as a system by doctors and patients varies widely.

Last suggests that the medical system at the bottom of the hierarchy can become de-systematised - a state of affairs which is evidenced by widespread attitudes among patients (and some doctors) of "don't-know/don't-care-to-know". Thus traditional Hausa medicine, found at the bottom of the Malumfashi hierarchy, may not be recognised as a medical system, even though it enjoys a thriving existence (since de-systematisation does not necessarily mean increased ill-health and poorer treatment). De-systematisation can happen over any length of time, in response to influences from other co-existing medical systems (i.e. Islamic medicine or biomedicine), resulting in an altered, un-systematised method of medical practice, if not a non-system *per se* (Last 1981:387, 390, 391).

In order to assess how far a method of medical practice is systematised - or viewed by doctors and patients as a system - Last (1981:389) offers three criteria:

- (a) There exists a group of healers - all of whom adhere to a common consistent body of theory and base their practice on a logic deriving from that theory.
- (b) Patients recognise the existence of such a group of practitioners and such a consistent body of theory, and while they may not be able to give an account of the theory, accept its logic as valid.
- (c) The theory is held to explain and treat most illnesses that people experience.

Also, because of the possibility of non-systems occurring, Last (1981:388) proposes the use of the term 'medical culture' instead of 'medical system'. This is a much more embracing term than 'system', since it covers "...all things medical which go on within a particular geographic area". The term 'medical culture' will be used here when referring to Ovambo medical beliefs and practices.

In rejecting 'medical system' in favour of 'medical culture', I identify with the holistic perspective in medical anthropology. Most medical anthropologists would nowadays agree on the importance of adopting an holistic approach. Earlier ethnomedical studies have been criticised for being too fragmentary, based as they are on data that are partial and limited in character. Relevant data have not often been acquired by medical anthropologists themselves, but obtained from other specialists (e.g. botanists, psychologists). Such studies are accepted as scientifically valid, but have been criticised by some medical anthropologists (Yoder 1982:2; Bibeau 1982:45-6) for dividing phenomena that should in fact be viewed together. Bibeau (1982:45-46) argues that movement away from partial examination of medical 'systems' towards a holistic

analysis is crucial if researchers are to understand seriously the various aspects that comprise a society's medical culture. It is important to recognise that one area of the medical 'system' cannot be sufficiently understood without reference to the other parts, because a "fundamental homology" exists between them. This includes the examination of external (e.g. Western) medical influences, in addition to the 'traditional' indigenous aspects. Failure to acknowledge the presence of outside influence is to regard a society's medical culture as "closed" and "static", as opposed to "open" and "dynamic" (Janzen 1981:189). Indeed, use of the term 'traditional' to describe aspects of indigenous medical culture could be seen as rather misleading, since it adds weight to the notion of indigenous medical 'systems' being resistant to change and development, when in fact both negative and positive changes may occur frequently. (For example, the use of plants as medicines can be a very experimental affair, with often unpredictable results leading to change. In view of this I refer to 'traditional' within inverted commas, indicating my non-literal usage of the term.

As a result of the previous tendency in anthropology to analyse partially as opposed to holistically, many areas of medical culture have been under-researched or else ignored altogether. For example, British anthropologists have tended to concentrate on beliefs and rituals associated with the medical domain, while excluding nosology, prophylaxis and patients' choice of healers and treatment, and interest in the idea of medical 'systems' *per se* has been minimal (Yoder 1982:4). There have also been few systematic presentations of anatomico-physiological knowledge of African peoples and there is relatively little known about the efficacy of 'traditional' treatments (Bibeau 1982:45). In the pages that follow I intend to try and redress the balance somewhat, and it is fortuitous that the types of data available to me contain information relating to certain perceived gaps in African ethnomedical knowledge.

Research Aims

With regard to the study of African medical 'systems', Fabrega (1982:238) has argued that:

"Central premises about social life are forged through individual and group adaptation, which partly involves coping with illness and disease. In the medicine of a people, then, social scientists have a very rich domain for the discovery of basic aspects of social structure and process, and the study of them can contribute richly to social theory."

Similarly, Gilbert Lewis (1975:1) believes that the study of illness and aetiology in relation to other cultural themes is important, because: "...it gives us an illuminating perspective on the society's view of its world".

It is for these reasons that I have chosen to focus on Ovambo medical culture. I wish to assemble and critically evaluate the partial and fragmentary information relating to it, which exists in disparate form in the documentary sources and ethnographic museum collections on Ovamboland, seeking to place such information in its wider cultural context. Also, the difficulty in conducting anthropological fieldwork in Ovamboland due to the recent and current political situation in both Angola and Namibia, has meant that researchers have had to rely heavily on existing source material for their investigations. Thus, there has been some necessity to glean as many insights as possible, from as many different perspectives as possible.

Most of the interpretations contained in existing sources have been historical rather than anthropological, so hopefully this analysis will go some way towards redressing the balance, as well as providing an alternative anthropological perspective to those already offered (e.g. Salokoski's work). With the real possibility of being able to conduct extended fieldwork in Ovamboland in the near future - at least in northern Namibia - I offer this analysis as a pilot study which identifies key areas warranting further empirical investigation.

Because illness and health are such personal and pertinent human concerns, they extend well beyond the limits of the medical domain (as defined in its narrowest sense), into virtually all aspects of everyday and ritual life. Favouring an ethnomedical perspective thus not only enables us to evaluate a society's medical culture, it also allows us to explore issues which may initially appear irrelevant or inappropriate, but which might actually shed new light on other areas of anthropological investigation - for example, gender constructs and relations, or political organisation - as well as further informing us about social organisation in general.

Although an attempt will be made to adopt a holistic approach, the character of the material used here makes inevitable the exploration of particular themes to the detriment of others. Nevertheless, as I mentioned above, these themes fortunately go some way towards addressing certain areas of ethnomedicine recognised to date as being under-researched. For example, the annotated ethnobotanical collections from the Angola-Namibia border region, which contain many specimens used by Ovambo as medicines, allowed

me to more fully determine the character of Ovambo pharmacology, and assess the degree of importance of herbal medicines in the overall context of Ovambo therapeutics. Linked to this is the somewhat controversial issue of efficacy, and indigenous expectations and responses regarding this. Loudon (1976:39), for instance, emphatically states that "...there is no place in serious ethnomedical research for insistence on the indigenous wisdom distilled in pre-scientific herbal remedies, or encapsulated in primitive healing techniques".

Whilst I agree with Loudon that "naive advocacy" of herbal medicine or healers' skills may be unwarranted, I would nonetheless argue that the distinction between *desired* result and *actual* result ought to be made clear at the analytical level if at all possible. This would help avoid misinterpretation, since some herbal medicines may produce negative results (e.g. poisoning), yet are regarded positively - as efficacious - by those who use them, so long as such results were those intended or desired. The Finnish missionary doctors failed to recognise the distinction between actual and desired result, and consequently misclassified many Ovambo medicines as inefficacious, because they burned or poisoned rather than soothed.

At the same time, it is also important to discover that a plant contains certain active chemical constituents which contribute towards producing desired effects, as it shows that particular plants can be specially chosen to help relieve a particular illness or symptom(s). Memory Elvin-Lewis (1983), for example, has analysed the antibiotic and healing potential of plants used for teeth cleaning in Africa. She wanted to see whether plants used by indigenous peoples had any actual dental benefit, and thus looked for haemostatic, analgesic and astringent characteristics. Her conclusion was that many plants chosen for teeth cleaning contained antibiotic and healing compounds. In similar vein, Lazlo and Henshaw (1954) conducted a cross-cultural analysis of the use of plants to affect fertility (encouragement and suppression of it).

On a more general level, there are some good existing studies which concentrate on the chemical composition and indigenous uses of African plants, including pharmacological usage. Two of the best known are perhaps Watt and Breyer-Brandwijk's (1962) *Medicinal and Poisonous Plants of Southern and Eastern Africa*, and Dalziel's (1937) *Useful Plants of West Tropical Africa*. More recent studies include Ayensu's (1978) *Medicinal Plants of West Africa*, Sofowora's (1982) *Medicinal Plants and Traditional Medicine of Africa*, and Oliver-Bever's (1986) *Medicinal Plants of West Tropical Africa*. Studies of this

sort are near comprehensive from a botanical point of view, and provide information about each species' active constituents and probable beneficial/toxic effects, alongside known uses by various African peoples. Pharmacological and dietary uses are listed, though obviously corresponding contextual socio-cultural information is not extensive. Many of the particular species used by the Ovambo were not listed. Other works worthy of mention include Drummond's (1981) *Common Trees of the Central Watershed Woodlands of Zimbabwe*, which offers some information on the uses of timber generally, as well as a complete list of Zimbabwe's trees, and Palgrave's (1977) *Trees of Southern Africa*, which is a good regional handbook offering botanical and common names. Much more informative from the point of view of plant pharmacology is Gelfand et al's (1985) *The Traditional Medical Practitioner in Zimbabwe* - a splendid publication on traditional healers and their use of the region's plants as medicines. This is an extremely detailed and well-research study (some 500 plants are mentioned), which in addition offers a comparison of plant remedies used in Zimbabwe and other African countries (Tables XVIII, p91, and XIX, p241).

Botanical collections obtained from Angola and Namibia usually lack ethnobotanical or ethnopharmacological references. In 1927 a botanical expedition to Angola was organised by the Botanical Institute of the University of Coimbra, under F.A. Mendonça and Luiz Wittrich Carrisso. Collections were also made by Welwitch and Gossweiler, and by Arthur Exell of the Natural History Museum, London (working in conjunction with the Portuguese botanists from Coimbra). The Swiss Scientific expedition to Angola in 1932-3 included a botanist. It is only the Powell-Cotton Angola botanical collection (containing some 103 plants used as medicines by Ovambo), that appears to provide ethnobotanical information for the Ovambo region in southern Angola. The Powell-Cotton specimens were identified by botanists at Kew Gardens, the Natural History Museum and the Science Museum of London. The specimens are not perfect for botanical identification, but they are valuable in that they are accompanied by ethnobotanical and ethnopharmacological information.

In Namibia, Professor A.V. Schinz conducted botanical investigations in the Ovambo region during 1865-66 on behalf of Zurich University, and inspired Finnish missionary Martti Rautanen to undertake botanical studies in Ovamboland near his Mission Station. In 1947, as part of the University of California African Expedition, Edwin Loeb collected ethnobotanical data in the Oshikango region of Ovamboland,

assisted by his wife Ella Marie Kochs and the expedition's botanist Robert Rodin. Loeb's specimens were identified at the herbarium of the University of South Africa's Department of Agriculture, and then were forwarded to the herbarium at the University of California, Berkeley. The collection is now held at the Missouri Botanical Gardens. In 1973, Rodin returned to the area in order to obtain additional specimens which would complete the region's botanical picture. Ethnobotanical information has been included in his resulting publication (1985).

All the botanical studies, with the exception of Loeb's, assume the format of a botanical dictionary. Loeb arranges his information according to plant-usage (e.g. medicines, cosmetics, diet), which is useful, although there is little contextual discussion or cross-referencing. Therefore, I have used the Powell-Cotton ethnobotanical data to build on that provided by Loeb *et al* and Rodin, by placing their ethnobotanical information in the context of Ovambo medical culture and general social organisation. The analysis of Ovambo plant-use also provides insight into Ovambo principles of plant classification and nomenclature.

Indigenous prophylaxis is another aspect of medical culture which receives recognition in this study. In this connection museum collections of Ovambo material have proved useful, containing many objects known generally as 'charms' or 'amulets' which are designed to have preventive rather than curative effect (although some fulfil the latter function as well). The use of material objects is by no means the only way by which prophylaxis is achieved, but it is certainly the main method used by Ovambo. It is an aspect of Ovambo medical culture which is too large and too significant to evade anthropological attention.

There is no reason why material objects should not be regarded as valid evidence for ethnographic research, especially if they are well annotated (Kavanagh 1989:135; Reynolds 1989:117). Indeed, Fürst (1989:97) argues that material culture research is important for anthropology, since it provides evidence independent of the written record. Ethnographies based on fieldwork alone, he maintains, "...have a tendency to reflect a conscious formulation of the ideal by the interviewee". Material culture can provide additional evidence that is not, or cannot, be expressed verbally or in writing. By this Fürst does not mean that objects are a more objective source of information, but rather that "to study material culture and its actual use can qualify interpretive conclusions". He adds that dated objects can provide a diachronic record of a culture in transition, something which is difficult to achieve during a typical fieldwork period of one to two

years (Fürst 1989:98). Ovambo medical culture is well documented in material terms: healers' equipment, ritual objects associated with healing or the initiation of healers, prophylactic objects, and of course herbal medicines. The Powell-Cotton collection is well annotated, and most objects contained in the Finnish museum collections of material culture have corresponding catalogue information at least.

Source Material

I have used two kinds of source material: (a) documents and (b) museum collections of material culture and ethnobotany. The documentary sources fall into two broad categories: published data and archival data, and these can be further divided in terms of their authorship: missionary reports and ethnographies, colonial government surveys, records and ethnographies, travellers' accounts, and independent amateur and professional academic research. The ethnographic collections of material culture and botany have been obtained mostly by missionaries, and to a lesser extent by amateur ethnographers and by academic institutions in the course of their general scientific expeditions to Angola or Namibia.

My primary source material is an unpublished ethnographic collection of Angola, obtained by the Powell-Cotton sisters (Diana and Antoinette) during two trips in 1936 and 1937, while they were in their twenties. This is now housed in the Powell-Cotton Museum in Birchington, Kent. The collection comprises some 2000 material objects, annotated botanical specimens, films, a large and systematic photographic record, comprehensive field notes and field diaries kept by both sisters. Each material object is accompanied by detailed catalogue information: English name, vernacular name, provenance, society, object description and relevant information, and some cross-referencing within the collection.

Inspired by their father, explorer and naturalist Major Powell-Cotton, the Powell-Cotton sisters were not trained anthropologists, but were nonetheless keenly interested in the subject and conducted their research according to guidelines issued them by the British Museum. They were also well-read in terms of Angolan and general African anthropology. They were fortunate to be able to discuss their research with professional anthropologists, in particular Audrey Richards, who was at that time researching Bemba land use and diet in neighbouring Zambia, and who was interested in comparing the Powell-Cottons' Ovambo data with her own. Though there are obvious gaps in the information they provide, they did make an honest attempt to be as systematic as possible in terms of gathering evidence. Their work, however, contains little

explicit ethnographic interpretation, and where explanations are given they are usually those offered by the protagonists themselves, and are not further discussed or evaluated.

The Powell-Cottons used a Portuguese-speaking interpreter from the Ovimbundu region, although some effort was made to collect vernacular vocabularies: object names, kinship terms and so forth. Many of the material objects are in less than perfect condition (i.e. worn, damaged, or containing food residues), but this is because they preferred to collect used items, as opposed to new and perhaps specially made items, in order to present a more realistic view of people and their culture. All objects obtained were either bought for cash, or exchanged for sought-after commodities like salt, safety pins, and European cloth (commodities and prices paid are listed in the field catalogues, alongside the material objects). Happily Antoinette Powell-Cotton is still living, and I have been able to discuss various aspects of her and Diana's field-work with her, and clarify certain points of information.

The Powell-Cotton collection relates to the whole of Angola, though I am concerned only with material pertaining to the Ovambo peoples of southern Angola and northern South West Africa (now Namibia). A brief excursion was made into South West Africa to obtain information about the southern Ovambo societies there. The Portuguese authorities allowed the Powell-Cottons to cross the border, but refused them re-admission to Angola. Thus, the sisters had to sneak there and back unobserved. As a result, their information for this area is not extensive. The Ovambo data in total form the largest portion of the Angola collection. The material culture and documentary information are more systematic and comprehensive, covering a wide range of aspects of Ovambo social organisation. The preponderance of Ovambo material reflects the fact that the Powell-Cottons spent most of their time in southern Angola, mainly because they found the Ovambo to be least affected by colonial and missionary influence - leading what they perceived to be a more 'traditional' lifestyle (A. Powell-Cotton 1988)¹.

The primary source material is supplemented with information from existing secondary sources, some of which are contemporary (or roughly so) with the Powell-Cotton data. These consist of various documentary sources and collections of material culture outlined above and described in more detail below, and provide an opportunity for a fuller analysis of Ovambo culture than would be possible if the Powell-

¹ Personal interview, Quex House, 1988.

Cotton data were used in isolation. In particular, the secondary sources dealing with Namibian Ovambo have proved invaluable and necessary complementary sources to those concentrating on Angolan Ovambo.

After collecting as much relevant published textual material as possible from institutions in the UK², I undertook three research visits abroad - to Finland, Portugal and France - in order to access archival and museum collections containing relevant information, as well as any published sources which were unobtainable in the UK. Limited research time and language barriers prevented me from researching *all* available Ovambo collections, hence the lack of reference to German colonial archives on Namibia. The fact that all German records pre-date 1915 was a deciding factor in this regard, although translated extracts from the ethnographic-oriented missionary texts of Carl Sckär (early 1900s) and Herman Tönjes (1910 and 1911) are used here, because of the relevant information they contain. The published works of Brincker (1900), Warneck (1910), and Lebzelter (1934) are also referred to briefly for the same reason. Because of the strong desire on the part of Finnish historians and anthropologists to make Finnish African source material available to the wider academic community, some of the documentary material relating to Ovambo has been translated into English, and most recent and current research is published in both languages. Additional translation of material relating directly to the medical domain was provided by anthropologist Märta Salokoski³, and Vappu Kivela⁴. I interpreted the Portuguese and French material myself, and three Ovambo-English dictionaries⁵ proved useful additional sources of information. Certain centres of information, for example the Musée de Ethnographie de Neuchâtel in Switzerland and the Ethnographic Museum in Berlin, were contacted but not visited, since their collections of Ovambo material did not contain specimens relating to Ovambo medical culture. Background information relating to the study of ethnobotany, ethnopharmacology, ethnomedicine and tropical diseases was obtained from the London School of Hygiene and Tropical Medicine Library, the Science Library, and the Banks Library of the Royal Botanical Gardens, Kew.

² The School of Oriental and African Studies Library, University of Kent Library, Powell-Cotton Museum Library and Richard Moorsom's (independent researcher on Namibia's history) private library on Namibia.

³ Institute of Development Studies, University of Helsinki.

⁴ Finnish Evangelical Lutheran Mission Museum.

⁵ Tobias G.W.R. & Turvey B.H.C. (1954) English-Kwanyama Dictionary; Turvey B.H.C. (1977) Kwanyama-English Dictionary; Tirronen Toivo E. (1986) Ndonga-English Dictionary.

Angola

The source material concerning Angolan Ovambo is predominantly of Portuguese and French origin. Portuguese documentary sources exist in both published and archival form, and are located in three Lisbon-based institutions: the Sociedade de Geografia, the Biblioteca Nacional, and the Arquivo Historico Ultramarino (Overseas Historical Archives). Small collections of Ovambo material culture are held at the Museo de Etnografia in Lisbon, and at the ethnographic museum of the Institute do Antropologia at the University of Coimbra, but unfortunately these do not contain any specimens relating to Ovambo medical culture. The documentary sources consist mainly of Roman Catholic Missionary reports and 'ethnographic' observations, and Portuguese colonial government records. All contain information that is of direct historical interest. However, finding ethnographic details other than the most basic is more difficult. This situation is not helped by the fact that most government sources relate to the indigenous peoples of northern and central Angola, as Portuguese settlement was concentrated in these areas. Government information which does concern Ovambo tends to be militaristic in character, and is itself a reflection of the relatively poor state of Portuguese-Ovambo relations which persisted throughout the colonial period.

Most of the articles by both colonial officers and missionaries are published in two main journals: *Portugal em Africa* and *Boletim geral das Colonias*, which contain references to Angola, including the Ovambo, spanning the period of Portuguese occupation. In addition, there are two published works dealing expressly with Ovambo - Lima's ethnographic monograph (1977) and da Costa's colonial review (1906). The colonial Administration sometimes published reviews and updates about the various Portuguese colonies, for example *Generalidades Sôbre Angola* (1935), containing general information including snippets about government medical assistance. Administrative reports sent from regional capitals to Luanda and to Lisbon also contain limited information about medical proposals. Health district officials were commissioned to relay monthly reports about the state of health in their particular area of Angola, detailing any measures taken to improve the situation. Only those reports for 1912, however, were available for inspection at the Arquivo Historico Ultramarino when I visited in 1989.

All in all, Portuguese information relating to Ovambo medical culture in particular, and social organisation in general, is very partial and fragmentary. Indeed, this description applies to ethnographic

information for Angola as a whole, although the Ovambo are perhaps among the most weakly represented. Even Lima (1977:154) only briefly alludes to Kwanyama medical practices, stating that plants are used as medicines and that many *endudu* (healers) are available to deal with nursing, clinical matters, gripes and fevers. She makes no mention of illnesses or medicines by name, and does not sufficiently contextualise her information. Those colonial documentary sources that do contain ethnographic references (e.g. Diniz (1917)) are generally designed to advise government officials of indigenous practices, so that the necessary steps could be taken to erase certain traditions by replacing them with Portuguese-approved measures. This is certainly the case regarding indigenous medical beliefs and practices, which were seen as pagan (and therefore religiously unacceptable) and to have a powerful hold on people, and therefore a threat to the success of Portuguese colonisation. Thus, if Portuguese data are at all useful in this particular study, it is because as they allow some insight into the attitudes of both colonials and missionaries regarding indigenous medical practices.

The situation is not very different with respect to French documentary sources on Angola. These sources are principally those of the Roman Catholic Spiritan missionaries, held at the Archives General du Congregation du Saint-Esprit at the Mission Headquarters in Chevilly, Paris. Their accounts comprise mainly letters and reports from the field, which are contained in the *Bulletin Général de la Congregation du Saint-Esprit*, and provide a detailed, chronological record of Spiritan missionary activity throughout the world. Angola, including the Ovambo region, is fairly well documented, although the information presented relates more to missionary successes: schooling, conversions, baptisms and so forth, than to the indigenous societies themselves. The *Bulletin* also contains news of Spiritans at home and abroad, as well as of other Missionary societies (i.e. Protestant groups). Local events are often well documented, especially if they involve the missionaries in some way, for example the Kwanyama uprisings that sometimes included attacks on mission stations or particular missionaries. The rather uneasy relations between the Spiritans and the Portuguese authorities also receive comment.

In addition to *Bulletin Général*, the *Aperçu Historique Chronique des Missions* is a chronological account of Spiritan missionary activity, and contains basic demographic and hospital statistics for some areas, including Ovamboland. The journal *Annales Apostoliques* also contains missionary reports, but many

ethnographic-oriented features as well. For example, Father Fuchs' essay on the importance of cattle for Ovambo (1937), and Father Tastevin's discussion of birds recognised as sacred by the Ovakwanyama (1950). Many of Estermann's ethnographic articles about the Ovakwanyama are published here (and re-printed in the Portuguese journals listed above). Other missionaries who have written about the Ovambo include Charles Duparquet, Ernest Lecomte, Alfred Keiling, and Charles Mittleberger. Estermann, Fuchs and Mittleberger were working in Ovamboland at the time of the Powell-Cottons' visit, and they had occasion to meet and discuss their 'ethnographic' work.

However, most of the Spiritans' evidence relating to Ovambo is, like the Portuguese source material, characterised by military events. Evangelising the Ovakwanyama, for instance, proved a difficult task - especially the conversion of the *omalenga* (the king's district headmen) who often led attacks on mission stations. This situation was unacceptable to the Portuguese, who regarded conversion to Christianity as part of their colonising strategy, and therefore the military was often used to subdue resistance of this kind. With regard to the Ovambo medical domain, some aspects are referred to in the course of descriptions of Ovambo religion. The Spiritans were very much concerned with Ovambo notions of 'God' (e.g. Fuchs 1947:10-13), which involves considering at some point ancestral spirit worship, spirit possession, witchcraft and sorcery. Information relating to aetiology thus occasionally appears in missionary writings, but is not located in the context of a discussion of Ovambo medical culture. Illness in general rarely receives mention in missionary texts, and the same can be said of reportage concerning missionary medical assistance. Epidemics, however, are always noted, as are famines, drought and pestilence. Also receiving regular mention is malaria, since this greatly affected the European population in Angola.

Finally, the Swiss Scientific Expedition to Angola in 1932-33 published its results in French. In connection with this, Theodore Delachaux collected ethnographic information relating to the Ombadja, Ovakwanyama and Dombondola Ovambo peoples, whilst travelling through the Omupanda and Mupa regions of southern Angola. His research is published in diary format, with ethnographic information inserted incidentally as situations presented themselves from day to day. No attempt is made to discuss aspects of Ovambo culture relative to each other, and he offers no analysis of his material. Nevertheless, his descriptions are useful. Delachaux was able to photograph a session of divination in Kwanyama country, and describes the

system of ranking that characterises the hierarchy of healers.

Namibia

Comparatively speaking, the documentary sources concerning Namibian Ovamboland are more comprehensive than those dealing with Angola. The sources fall into different categories: travellers' accounts, missionary evidence, early ethnography, and colonial government records, and exist in published and archival form. Much of the German material is located at archives in Wuppertal, Germany, and in Windhoek, Namibia. Both archival and published Finnish sources are held at the Finnish Evangelical Lutheran Mission Library and Museum, and at the University of Helsinki Library (the Emil Liljeblad Collection). South African Government records are held in Namibia and in South Africa itself, although the FELM Library in Helsinki contains a copy of the Odendaal Commission Report for 1962-3. The earliest reports of Ovamboland are provided by the first travellers to the area - C.J. Andersson and Francis Galton, who started from Walvis Bay in 1850. Their published accounts (1856; 1853, 1890) contain stories about Ovambo obtained from their Herero and Damara guides, the Ovambo and these peoples having good trading relations.

Finnish and German missionaries describe the Ondonga mostly, since they were better received here than among the other Ovambo populations in Namibia. Brincker (1899) provides the first German missionary-ethnographic account of the Ovambo, followed by Warneck (1910), Tönjes (1910, 1911), Sckär (1916) Lebzelter (1934), and Vedder (1938). The Finnish missionary Pettinen acted as a guide to Brincker and Tönjes. Other prominent Finns include Martti Rautanen (in Ovamboland from 1868 - 1926) and Albin Savola (who began work in 1893). They were followed by Hopeasalmi and Närhi. As Aarni (1982:12) points out, they were all very keen to learn about Ovambo culture and understand the language, but this was primarily because they wished to explain the Christian message in the right way.

Another important body of ethnographic data is the large Emil Liljeblad Collection (1932)⁶, which consists of oral historical accounts given by people belonging to the different Ovambo populations. The collection is not the product of systematic, ethnohistorical research, but rather constitutes a random

⁶ "Afrikan Amboheimojen Kansatietoutta" (Folklore of the Ovambo Tribes in Africa) [Collection 334, University of Helsinki Library], and "Kansatieteellinen Kokoelma" (Ethnographic Collection) [at the Finnish Academy of Science and Letters, Archives, Helsinki].

gathering of accounts of 'traditional' aspects of Ovambo culture obtained from converts and students of the Seminary. Current historians accept the Liljeblad material as a reliable and informative source of evidence. However, the fact that the information was obtained by a missionary from recent converts needs to be borne in mind as this no doubt influences the tone of what is presented. For example, Williams (1988:4) has pointed to distortions in accounts which are the result of external contact with missionaries, travellers and colonisers. She argues that the missionaries played a major role in this by converting most of the traditional narrators (in Ukwanyama drawn from the *ovakwanahungi* clan, and appointed by the king) to Christianity first, and only then - when they had adopted Christian values - making ethnographic enquiries. Conversion to Christianity meant that many informants interpreted their stories from a Christian point of view, with the result that traditions were referred to as "pagan", and accounts often edited in order to hide 'shameful' information and so please their missionary teacher. Relevant extracts from the Liljeblad Collection are used here, though not extensively given the Finnish language barrier⁷.

Useful for building a picture of missionary medical assistance in Ovamboland are the accounts of the Finnish missionary doctors. These provide an historical overview of Finnish assistance to the area, as well as information about indigenous medical beliefs and practices - albeit in fragmentary form. The fact that they are qualified medical doctors means that their work usually contains an assessment of the load of disease - a feature which is largely absent from the source material relating to Ovambo in Angola. Their missionary connection, however, tended to predispose them towards regarding indigenous medical culture as 'pagan' and therefore unacceptable. Ovambo aetiologies, founded as they were in beliefs in ancestral spirits, witches and sorcerers, were thus rejected by missionary doctors and strongly discouraged by them. Similarly, treatment based on herbal medicines received a very negative response at the mission clinics - a situation which was not helped by the fact that many Ovambo only visited clinics as a last resort, when herbal medicines were seen to have failed and there was an emergency (e.g. over-dosing).

Medical information can also be found in some of the colonial government sources on Ovamboland. For example, an extensive report on the state of health and hygiene in Ovamboland has been compiled by

⁷ Finnish-English translations appear in some published sources (e.g. Hiltunen 1986), and Märta Salokoski kindly translated a number of entries directly relevant to the subject of my thesis.

Loots, Chief Medical Officer for the region in 1930. He includes some information about indigenous medical practices, but is largely dismissive of them. The Odendaal Commission Report, issued by the South African Administration, contains details of government assistance and proposals regarding health and development in the Northern Sector of Namibia, which includes Ovamboland. This report also reviews the types of missionary assistance and private aid from mining companies available.

Medical evidence of a more anthropological nature is provided by the works of Hahn, Loeb, and Rodin. Carl Hahn was appointed Native Commissioner of Ovamboland by the South African government during the 1920s. His ethnographic description of the Ovambo (published 1928) contains some useful information about rituals that are part of this people's medical culture, but he offers no real interpretation. Similarly, his unpublished report about Ovambo methods of performing abortion is, whilst informative, largely descriptive. From the point of view of this thesis, Loeb's work represents about the best source for the Namibian Ovambo.

Loeb was an independent anthropologist from the University of California, who conducted ethnographic fieldwork in Ovamboland during the 1940s. Although not an official colonial government anthropologist, he worked closely with the South African government, providing information for them. His published works comprise a number of articles and an ethnographic monograph about the Ovambo - in particular the Ovakwanyama people. What is most useful about his work is that he pays attention to the Ovambo medical domain, describing aspects of it in some detail. However, Loeb tends to compartmentalise his data for ease of explanation (e.g. one paper dedicated to witchcraft, one to healers and one to herbal medicines), without sufficiently contextualising it. He does not, for instance, discuss the various compartments in relation to each other, and fails to locate medical beliefs and practices within the wider context of Ovambo culture. As a source of ethnographic knowledge about the Ovambo it is, however, both relevant and important to this analysis - particularly the data concerning herbal medicines and prophylaxis.

In 1947 Loeb collected botanical specimens used by Ovambo, assisted by Robert Rodin, botanist for the University of California African Expedition. Each specimen has received scientific identification, but Loeb has included the Ovambo name as well, in addition to information regarding its various uses as a medicine or cosmetic and so forth. His assistant Rodin returned to the Oshikango area in 1973 for four

months during the rainy season, in order to obtain specimens which were unavailable when he and Loeb had last researched during the dry season. In the course of his research Rodin consulted a number of colonial officials, including Dr. Van Warmelo, Chief Ethnologist of the Bantu Administration in Pretoria. Dr. Guildenhuys, Chief Medical Officer for Ovamboland, was also interested in Rodin's project - mainly because he wanted information about the use of plants in the diet, and as medicines. Guildenhuys wished to know more about the poisonous effects of Ovambo remedies, especially the enema medicines which appeared to cause deaths in children. The results of Rodin's work are published in the form of a botanical dictionary, however there is an ethnographic introduction, as well as a useful appendix in tabulated form, organised in terms of Ovambo plant-use.

In addition to the ethnobotanical collections of Loeb and Rodin, I have also found the collections of Ovambo material culture held at the National Museum of Finland (NMF) and the Finnish Evangelical Lutheran Mission Museum (FELMM), both in Helsinki⁸, extremely useful because of the *materia medica* and related ritual objects they contain. Fortunately the majority of specimens at both institutions are annotated. Basic information about the object's use is provided, together with its Ovambo name and that of the particular Ovambo population to which it belongs. Information relating to specific provenance is rarely given, and the population's identity is sometimes omitted. Much of the material is of Ondonga origin, since the Finns were based mainly in this region. The NMF collection was obtained by missionary Martti Rautanen in the 1870s; all the specimens are unused objects and do not represent a systematic reflection of Ondonga material culture. There is, however, a preponderance of objects associated with what were deemed to be Ovambo 'pagan' beliefs and which are in fact charms, medical equipment, rainmaking equipment and the like. The content of the FELMM collection is similar, although the brief annotated information tends to be less specific. Some of the specimens were donated by Rautanen, however the collector and collection date for most objects is not recorded, other than the fact that it is all missionary material. It is both interesting and instructive to compare the Finnish and Powell-Cotton material.

Finally, I have found it useful to draw on recent and current historical analyses of Ovambo, which

⁸ I also visited the NMF's stores and research centre at Orimattila, north of Helsinki, since much of the Rautanen material is held there.

critically evaluate the existing documentary source material. The authors have been determined to move away from the colonially-biased historical interpretations that have dogged existing accounts, replacing them with a better understanding of Ovambo. Some of the scholars are themselves Ovambo (e.g. Williams (1988) and Katjavivi (1988) and Hishikushitja). Although these recent studies contain little in the way of ethnographic information, they are important to this analysis in that they provide a reliable, historical framework, in the context of which my ethnographic interpretations of the sources can be viewed.

Secondary Sources: the Problems

The use of a wide variety of sources is not without its problems. It is important, for instance, to establish the context in which source material was produced: the identity of collectors is significant, as are collection dates and circumstances. These all determine what information is collected, as well as how and why. Because of this there are obvious limitations. We can, for example, only work with whatever knowledge is presented us, meaning that many lines of enquiry are doomed to remain non-starters or are at best partially fulfilled. Another point worth considering, is that notions of relevance have changed over the years, so that ethnographic data from the 1930s cannot always answer anthropological questions of the 1990s.

The reliability of secondary sources seems to be the most pertinent issue of concern for many scholars who make use of them. This is because most of the sources and material culture collections relating to the Ovambo are of missionary or colonial government origin. To a lesser extent information is provided by amateur anthropologists, travellers and explorers. Only a small proportion of the available data are attributable to qualified academics - and these are not all anthropologists. Even the independent anthropologists and historians have been criticised by present-day researchers, since most were involved in some way with the colonial governments of either Angola or Namibia. For example, I have already described Loeb's and Rodin's cooperation with the South African Administration, reporting back information which the government would find useful. Recent historical analyses of Ovambo-related secondary sources, some supported by fresh field research (e.g. the work of Clarence-Smith, Moorsom, Eirola, and Siiskonen), are considered reliable by Ovambo scholars (e.g. Williams 1988:10).

A major difficulty arising from a reliance upon a range of secondary sources, is that in the absence of fieldwork there is no means of assessing the data by checking in the field. It is perhaps best, therefore, to

adopt a cautious approach to the use of the secondary sources and not expect from the 'the truth'. In other words, the secondary sources used here represent *others' perceptions* of Ovambo medical culture, rather than a true picture of Ovambo medical culture *per se*. There is also the problem of translation when sources are written in languages other than the researcher's own. In this situation translations may be available, otherwise the researcher must complete the task him/herself. Either way, there is always the possibility (however small) that something may be lost in the process - certainly the researcher has no control if using ready-translated material. Other factors, such as religious or political bias, must also be taken into account when using secondary sources.

Much of the source material on Ovambo does consist of 'personal observations', rather than pure fact; but then it is possible that ethnographies based on field-research might also contain such personal observations. What is important here, is that in making use of secondary sources in the absence of field-work, I must refrain from treating these personal observations as pure 'fact', since I have no means of establishing them as such.

My heavy reliance upon evidence collected by missionaries and amateur ethnographers is by default rather than by design. Quite simply, these sources contain more ethnographic detail than do the other available sources (i.e. colonial government material). It is generally agreed among current researchers of Ovambo history and society, that missionary data are an acceptable source of information, so long as they are used critically. The basis of such acceptance is that the ethnographic facts are thought to be reliable, even though the interpretations may not be. It is necessary to regard missionary material critically because of the circumstances of its production. That is to say, their desire to unravel indigenous (religious) beliefs and practices in the hope that they would assist the missionaries in explaining Christianity and achieving conversions, means that a rather skewed ethnographic picture of the Ovambo is presented us, and naturally many gaps in our ethnographic knowledge of them exist as a result. Finally, the fact that many missionary societies were keen to assist European colonising efforts, or else were unable to do otherwise if they wished to operate in the colony (e.g. the Spiritans relationship with the Portuguese government), contributes to the need for critical evaluation of their documentary evidence.

Because of these negative aspects of missionary source material, it is necessary to justify the use of it

here. Professional anthropologists have been particularly keen to dismiss missionary ethnographic work, seriously doubting the latter's intentions in the field. MacGaffey (1981:265), for instance, has stated that work by missionaries, priests and amateur ethnographers dealing with African beliefs and rites should not necessarily be regarded as anthropological; and using it scholars must recognise that it is of poor quality. Evans-Pritchard (1980:7) shares a similar view: missionary anthropology is 'bad' and unreliable because it does not obey the rules of anthropological authority - it is not "scientific". He thus dismisses missionary knowledge, arguing that "speaking a language fluently is different from understanding it", with the implication that anthropologists do however manage to achieve the latter.

But as Mudimbe (1988:65) and Van der Geest (1990:588, 595) both argue, the missionaries' knowledge of indigenous people is often far greater than the anthropologists', since they usually spend a great part of their lives and not just ten months to two years in the field. Anthropologists, because of their comparatively short stays, are far less likely to be fluent and more likely to use interpreters, with the result that their self-styled superiority over missionaries regarding "understanding" seems questionable. Mudimbe (1988:66-67) suggests that it is because missionaries are concerned with 'converting' rather than with 'understanding' indigenous people, that anthropologists have tended to reject missionaries interpretations as approximation. But, he adds, since anthropologists are not perfectly bilingual their own interpretations may well be just a "questionable invention".

The point to be recognised here is that it is not so much *knowledge* - be it missionary or anthropological - that is questionable and possibly unreliable, but the *interpretation* of such knowledge. On the basis of this, I therefore feel thoroughly justified in making use of missionary ethnography, because although I may question their motives and interpretations, I can still nevertheless appreciate their knowledge as valid source material. After all, as Van der Geest (1990:592-3) has pointed out, we usually accept anthropological knowledge without always accepting the interpretation offered. If the knowledge of missionaries and amateur anthropologists is 'bad', it is insofar as it is often partial and unsystematic in character, thus preventing researchers from building a complete picture of the society in question. However, the latter is in any case an analytical ideal, and one which even professional anthropologists cannot realistically or honestly hope to perfectly achieve.

