

it an educational and enlightening place. When one thinks of this as a contemporarily upgraded place, the museum could be considered a place that has died once and been reborn again, like a phoenix.

One can definitely say that this book is a valuable work and is a great reminder of the various intellectual interests associated with museums.

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**José Pinto de Azeredo** *Essays on Some Maladies of Angola*, Stewart Lloyd-Jones (trans.), Timothy D. Walker (ed.), with contributions by Adelino Cardoso, António Braz de Oliveira and Manuel Silvério Marques (Dartmouth, MA: Tagus Press, 2016), pp. x, 151, \$24.95, paperback, ISBN: 978-1-933227-69-6.

José Pinto de Azeredo's major work was first published in Portuguese in 1799, under the title *Ensaio sobre algumas enfermidades d'Angola*. Thanks to the initiative of editors Timothy D. Walker *et al.*, and translator Stewart Lloyd-Jones, Azeredo's book has finally received an English edition. The author of *Essays on Some Maladies of Angola* was a Brazilian-born physician trained at the universities of Edinburgh and Leiden by some of the most advanced medical theorists of the late eighteenth century. After finishing his studies in Europe, the young doctor was nominated at the age of 24 as Chief Physician of the Portuguese colony of Angola. In these *Essays*, Azeredo describes his experiences in treating patients during his seven-year (1790–97) appointment in West Central Africa.

This English version of the *Essays* is enriched by the addition of three articles on Azeredo's life and work, and by the use of clarifying footnotes to assist readers less familiar with medical terminology. Walker's contribution places Azeredo's work in the broader context of the Atlantic World and considered as a result of Portuguese colonial policies intended to support the colonial enterprise. Adelino Cardoso explores evidence in Azeredo's work that shows his abandonment of Hippocratic tradition to embrace medicine as a natural and social science. António Braz de Oliveira, in turn, provides new insights into Azeredo's personal life and his time as a student in Europe, while Manuel Silvério Marques demonstrates Azeredo's medical contributions. Azeredo's work is composed of four essays describing the illnesses that affected the population of the colonial capital of Angola: remittent fevers, intermittent fevers, dysenteries and tetanus. In each case, the author explores the history, pathology and therapy indicated for the disease. In doing so, he makes reference to internationally known medical authorities without refraining from criticising their work and showing his contribution to this scholarship. As a man of the Enlightenment, the Brazilian-born doctor places a high value on empirical knowledge. Connecting theory with observation, he states 'there will never be progress if we use one without the other' (p. 78).

As Walker's contribution demonstrates, Azeredo's medical and ethnographic journey in Angola resulted from an Enlightenment-era effort by the Portuguese authorities to gather medical information throughout the Lusophone world in an attempt to improve health conditions in overseas possessions and, consequently, support the colonial enterprise. By the late eighteenth century, Angola was known as the 'white men's grave' due to the high number of casualties among European settlers, exiles, and administrative and military personnel, as well as slave traders in search of quick enrichment.<sup>1</sup> Azeredo

<sup>1</sup> Joseph C. Miller, *Way of Death: Merchant Capitalism and the Angolan Slave Trade, 1730–1830* (Madison, WI: University of Wisconsin Press, 1988), 284.

himself fell sick in Luanda while helping foreign and local individuals of both sexes and all ages survive the maladies affecting the colony (p. 65). The treatments Azeredo suggests resulted from his first-hand experience and observation in Luanda, both as a physician and as a teacher responsible for the training of young doctors. Besides his experience with patients in the hospital and throughout the city, Azeredo also describes having dissected corpses in search for the causes of dysentery. However, in explaining the causes of the illnesses affecting the population of Luanda, Azeredo goes beyond the clinical pathology to include environmental and social aspects. He lists contaminated water, excessive heat, rain showers, the high number of captives kept in backyards while waiting for shipment, putrefied fish, unburied dead bodies, excessive meals, consumption of spirituous drinks, lack of hygiene, poor diet and sleep, and venereal disease as reasons for the spread of illness in the colony. Here our doctor shows an early concern with public health and hygienic ideals that were to gain the attention of colonial powers in the nineteenth century.

In treating local infirmities, the young doctor applied therapies he first used in Brazil, when he had observed similar diseases in Rio de Janeiro, Bahia, and Pernambuco (p. 63). Azeredo's therapies were based mainly on the frequent administration of Peruvian bark and opium. He, however, recognises that the use of these substances was not new; his innovation was to increase the dose of these remedies without endangering the patients. Among Azeredo's contributions is the identification of the connections between simple solids (muscles) and vital solids (nerves) in identifying the cause of tetanus. The nature of muscular movements was still an obscure area of medical knowledge at this time. His experiments also played a part in discrediting some popular but dubious treatments, such as bloodletting that he assured provided no benefit (p. 121). Azeredo attests that other physicians had adopted his medical experiments, confirming their efficacy.

A man of his time, the Brazilian-born doctor disqualifies the work of local healers, whom he calls 'witch doctors' and 'charlatans,' while labelling their curative practices as 'barbarous methods.' He remarks that even black Africans who adopted European ways continued to practice their own customs and 'heathen' superstitions, stating 'they have faith only in their own medicines' (p. 88). Additionally, Azeredo regrettably notices that many whites born in Angola and even some Europeans sought the assistance of healers. Here Azeredo fails to notice other reasons which contributed to dissuade Africans (and some Europeans) from seeking the assistance of physicians. As was the case in other Portuguese colonies, Angola experienced a lack of doctors, hospitals and medicines. Furthermore, the few hospitals that existed were located in urban areas limiting the access of African and foreign populations residing in the *presídios* (interior administrative outposts). His prejudice against indigenous healers might have played a role in the limited number of local substances and herbs he used in treating patients. Except for *nux vomica*, which he used as a substitute for the scarce Peruvian bark, the other medicines which composed his treatments were mainly of Brazilian or European origin.

In spite of the fact that the period of his appointment in Angola coincided with the height of the trans-Atlantic slave trade, Azeredo abstains from mentioning it.<sup>2</sup> Instead, he attributes the decrease in population to the plagues of the country, at the same time that he neglects the demographic impact of the trade in enslaved Africans.<sup>3</sup> In fact, Azeredo clearly avoids any criticism to the Portuguese crown and colonial policies, as he

<sup>2</sup> José C. Curto, 'A Quantitative Re-assessment of the Legal Portuguese Slave Trade from Luanda, Angola, 1710–1830', *African Economic History*, 20 (1992), 1–25.

<sup>3</sup> José C. Curto and Raymond R. Gervais, 'The Population History of Luanda During the Late Atlantic Slave Trade, 1781–1844', *African Economic History*, 29 (2001), 1–59.

counted on royal patronage to publish his writings and was himself a colonial officer. After finishing his work in West Central Africa, Azeredo continued to enjoy royal favour, having been appointed physician at the Lisbon Royal Military Hospital (1801) and subsequently physician of the Royal Chamber (1806). He remained in Portugal until his death in 1810, at the age of 41 years old.

Azeredo's work sets a new tone in Portuguese medical scholarship by emphasising the importance of observation and experiment. His writings and that produced by other physicians and botanists throughout the Portuguese empire during the eighteenth century demonstrate that Portugal was at the forefront of the developments in the field of tropical medicine. The editors and translator have done superb work in preparing the English edition of this eighteenth-century Portuguese medical text. More than two hundred years after the first appearance of the *Essays*, it has finally become accessible to English readers. Anyone interested in the history of medicine, the Atlantic world, and African history will certainly benefit from reading Azeredo's medical and ethnographic contribution.

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**Juanita de Barros** and **Sean Stilwell** (eds), *Public Health and the Imperial Project* (Trenton, NJ: African World Press, 2016), pp. v, 262, \$29.95, paperback, ISBN: 978-1592215331.

In the past few decades, a rich body of scholarship has shed light on the complex interactions between colonial officials, international institutions and local actors that shaped the development of public health and medicine in colonial Africa and South Asia. Until recently, the Caribbean has remained something of a blind spot in this literature. That this neglect cannot be blamed on a lack of importance, sources, or good stories is made evident in Juanita de Barros and Sean Stilwell's *Public Health and the Imperial Project* (Trenton, NJ: African World Press, 2016). Here we see questions of disease control and health policy becoming issues of imperial security, prompting riots, drawing in international actors and bringing officials into intimate contact with a range of colourful local characters such as 'the Queen', a woman accused of prostitution and forced into VD treatment but ultimately able to negotiate her release in the Dominican Republic under the occupation of the United States.

De Barros and Stilwell's introductory chapter provides a clear chronology of some of the major developments in the region. Although early medical systems focused primarily on protecting white European colonisers from tropical diseases like malaria and yellow fever, the mid-nineteenth-century cholera epidemics fuelled calls for more broadly envisioned public health and sanitation legislation. Shifting ideas about disease and the rise of international organisations, like the Rockefeller Foundation's International Health Commission in the early twentieth century, created further pressure for reform. Efforts to transform these projects into practice, of course, were another matter, and one of the clear strengths of this volume is the careful consideration all the authors pay to the friction between ideas and reality across a variety of case studies. This friction was shaped at times by resistance to colonial health policies and regulations from below, but colonial subjects were not only reactive; sometimes, they took the lead in actively demanding that the government provide access to basic health care and sanitation. Indeed, in her fascinating chapter, Laurie Jacklin argues that the Trinidadian public visualised health