

A HISTORIOGRAPHY OF TRADITIONAL MEDICINE IN EAST AFRICA

ADANE KASSIE BEZABIH MAIL

Prof. of Addis Ababa University Ethiopia Bio Statement History, MA

Received: 18 August 014, Revised and Accepted: 30 August 2014

ABSTRACT

Traditional medicine has been used by the peoples of Eastern Africa since time immemorial. This paper, therefore, tries to assess the various works which were so far written on the subject. A number of scholars wrote on the nature, essence, type and social and health effects of traditional medicine in the region. In fact, most scholars argued that the use of traditional medicine gradually decreases following the expansion of cosmopolitan medicine in the region. Pre-colonial East Africa was known in massive use of traditional medicine. However, the advent of colonialism in the region and the expansion of modern clinics and hospitals to provide health service to the society have seriously affected the hegemony of traditional medicine in the region. Though much remains to be done, the available literature on the subject attests that the role of traditional medicine on the peoples of the region is still immense. Moreover, regardless of their methodological problems and narrow scope, the literature has the power to inspire practicing scholars to work more on the subject.

Keywords: Traditional medicine has been used by the peoples of Eastern Africa since time immemorial

INTRODUCTION

In all countries of the world there exists traditional medical knowledge related to human beings and animals. In the past, this traditional medical knowledge played an important role in Africa in general and in East African societies in particular.¹ In most parts of Africa including East Africa, the knowledge and practice of traditional medicine are based on oral tradition and are mostly shrouded in secrecy. However, it has also been still used as the only source of medical care, especially by societies in rural areas of East Africa where access to modern medical care is highly precarious.²

It was in 1976 that a group of African professionals and World Health Organization (WHO) experts developed an arguable definition for traditional medicine in Africa. Thus, traditional medicine in Africa in general and in East Africa in particular is defined as follows:

"... the sum total of knowledge and practice, whether applicable or not, used in diagnosis, prevention and elimination of physical, mental or social imbalances and relying exclusively on practical experience and observation handed down from generation to generation whether verbally or in writing."

"Traditional medicine might also be considered as a solid amalgamation of dynamic medical know-how and ancestral experience."

"Traditional African medicine might also be considered as the sum total of practices, measures, ingredients and procedures of all kinds, whether material or not, which from time immemorial has enabled the African to guard against disease, to alleviate his sufferings and to cure himself."³

The major specializations of traditional medicine in East Africa are bone setting, midwifery, magic, sorcery, witchcraft, spiritual healing and herbalism. The traditional medicine practitioners are also named after these specializations as bone setters, midwives, magicians, sorcerers, witches, spiritual healers and herbalists respectively.⁴

Therefore, the paper attempts to provide a historiographical analysis on traditional medicine in East Africa. For the purpose of this paper, a brief remark is made on some of the published and unpublished source materials which have been produced by various scholars for the reconstruction of the subject. In this paper, an attempt has also been made to analyze the assertion and notions of scholars on the changes and continuities of traditional medicine in pre-colonial, colonial, and post-colonial East Africa.

So far, a considerable or significant amount of research activities have been carried out by social scientists of East Africa. In the early 20th century, however, the development of British Social-Anthropology in British East Africa Protectorate was further augmented by the opening of various social science research institutes in East Africa in the subsequent periods. Among others, the former Rhodes-Livingston Institute (now the Center for African Studies) in Lusaka, Zambia, in 1938; the former East African Institute of Social Research (now Makerere Institute of Social Research) in Kampala, Uganda, in 1950; the Institute of Development Studies in Nairobi, Kenya, 19565; and the Institute of Ethiopian Studies, in Addis Ababa, Ethiopia, in 1963.⁶

Nevertheless, despite the volume of professional anthropological, sociological and historical works in British and German East Africa, especially in the period between 1935 and 19607 and in Ethiopia in the period between 1970s and 1980s⁸, there was no any comprehensive work which focused on medical field. However, it is undeniable fact that few anthropologists have conducted some meaningful studies on the social and cultural aspect of traditional medicine as a minor part of their ethnological study. Moreover, these earlier attempts of the anthropologists on traditional medicine focused on very limited geographical area and only on a single ethnic group or "tribal society" in East Africa.⁹ In this regard, the work of Evans-Pritchard (1937) which focused on "Witchcraft, Oracles and Magic among the Azande"¹⁰ in the Sudan is a good example. In the Ethiopian case, Allan Young's "Medical Beliefs and Practices of Begemeder, Amhara" (1970)¹¹ and Fekadu Fullas's "Ethiopia and Traditional Medicine: Common Medical Plants in Perspective" (1970)¹² are pioneer works in the field albeit Richard Pankhurst has produced a number of pieces of works on various diseases in Ethiopia.

Hence, until very recently, anthropological, sociological and historical works applied to the medical field in general and to the field of traditional medicine in particular has played a minor role within the total volume of research activities in East Africa. So far,

much of the works dealt with ethnological, cultural, economical and political issues, but the health issue has been given little or no attention at all.¹³ Even, in the later periods, the health problems are apparently not regarded as high priority areas as economic and political problems by scholars of East Africa. Specialized studies by social scientists on the field have, therefore, been rare and it is very recently that some signs of medical sociology began to appear in the scene of Africa in general and East Africa in particular.¹⁴

Surprisingly, East African's historian didn't go far in the study of medical history in general and traditional medicine in particular. This is apparently not only because of the very nature of the field but also the priority of interest to the political and economic history of East Africa. Thus, the medical history of East Africa is not yet well studied. However, despite the limited scope and depth of the literature so far produced on the field, they are very valuable to analyze the notions and assertions of scholars on the subject under discussion.

The geo-political boundary of East Africa constitutes different countries at different periods. In some source materials used for the reconstruction of this paper, East Africa refers only Kenya, Tanzania, Uganda and some parts of Rwanda. Some other sources, however, included Mozambique, Rwanda and Burundi on the former one. Still in other sources, East Africa refers countries like Eritrea, Ethiopia, Sudan, Djibouti, Somalia, Kenya, Uganda, Rwanda, Burundi, Tanzania and Zanzibar as well. However, for the purpose of this paper, due attention is given for countries only Ethiopia, Kenya, Uganda Tanzania and Rwanda.

Traditional Medicine in Pre-Colonial East Africa

In this part of the paper, a brief remark is made on the assertions and notions of scholars on the origin and nature of traditional medicine as well as the hegemony of traditional medicine practitioners in East Africa in the period under discussion.

Scholars have coined different argument regarding the beginning of traditional medicine in East Africa. Among others, Margaret Read, Gloria Waite, Assefa Balcha and Fekadu Fullas traced the beginning of traditional medicine back to the origin of human being. However, they argued that East African traditional medicine was highly influenced by the Egyptian and the Arabian traditional medicine.¹⁵ Assefa and Fekadu further argued that the beliefs and attitudes of various Ethiopian people towards the causes of disease and system of treatment were highly influenced by their immediate neighbors such as Egypt and Arabia as well. Hence, Ethiopian traditional medicine is an amalgam of indigenous African traits and exotic foreign elements.¹⁶ Similarly, Read and Waite noted that in pre-colonial Tanzania, the beliefs of the society on the causes and origins of illness was influenced by their immediate Arabs. They added that the pre-colonial health institutions in Tanzania were the result of both external influences and indigenous developments.¹⁷

On the other hand, contrary to the arguments of the aforementioned scholars, John Iliffe and G.W.B Huntingford and C.R V. Bell argued that the beliefs of East African peoples on the causes of disease and the systems of treatment which were undertaken to cure ailments was purely indigenous. They noted that not since the origin of mankind has East Africa so important to the world as it is in the recent periods. They further indicated that the East African magical outlook on life based on apparent knowledge drawn from coincidence was unique and quite different from that of European's rational outlook. Moreover, peoples outside Africa no longer hold and used traditional medicines like magic, witchcraft, sorcery and others for to influence Africa.¹⁸ However, their argument seems biased and influenced by nationalistic attitude rather than indicating the actual scene of traditional medicine in East Africa. Similarly, John Middleton and E.H Winter argued that East African traditional medicine was often associated with religion or spirit mediums. Thus, the presence of a number of spirits among East African societies clearly indicated that East African traditional medicine is an indigenous one.¹⁹ However, the authors failed to indicate similar spirits which were worshiped by other peoples outside East Africa in the same period.

The preventive and curative nature of pre-colonial East African traditional medicine is another controversial issue among scholars. In this regard, Iliffe and Huntingford noted that since spirit causation to most diseases deep-rooted in the beliefs of East African societies, their traditional medicine was characterized as curative than preventive.²⁰ Iliffe further argued that most of the time traditional East African societies sought medicine only when they felt sick.²¹ Huntingford also further strengthened that spirit attack was unexpected and traditional medicine practitioners had no chance to prevent diseases in advance than to treat them after infection occurred.²² However, the author failed to review some traditional mechanisms used to deal with diseases before their appearance on a given society.

Contrary to the arguments of Iliffe and Huntingford, scholars such as Pankhurst, Fekadu, Read and Waite argued that pre-colonial East African traditional medicine was applied for both curative and preventive purposes.²³ Similarly, Pankhurst and Fekadu further indicated that traditional medicine in Ethiopia was most of the time concerned with both the prevention and the cure of disease. They added that besides treating the sick person with medicines, the peoples of Ethiopia prevented rinderpest and smallpox epidemics by isolating the infected one from the non-infected groups.²⁴

Likewise, Read further indicated that in the Toro "tribe" of Uganda a ceremonial blessing was conducted by religious fathers to protect individuals from future harm.²⁵ The Bantu speaking peoples of Tanzania, for example, prevented diseases caused by spirits by providing food and manufactured goods as a gift for the spirits, to whom they call up on to hear their complaints.²⁶ Similarly, among the Kikuyu, Embu and Taita peoples of Kenya isolation of the infected individual from the healthy individuals and yelling on the frontier areas were conducted to drive the disease out of their village or to prevent not to enter to their village. They also sacrificed a goat and sprinkled the contents of the goat's stomach around the border of their territory to prevent the disease. Hence, the author argued that traditional medicine in pre-colonial East Africa was almost concerned with both the prevention and the cure of diseases.²⁷

On the other hand, the pre-colonial period in East Africa was the prime period for traditional medicine practitioners who performed their arts freely and were in any case sole guardians of the people's health.²⁸ Chavunduka also noted that traditional medicine practitioners in pre-colonial Africa enjoyed tremendous prestige in the society. They were not only regarded as the only medical specialists but they were also expected to deal with a wide range of social problems as well.²⁹ Similarly, Read indicated that in the pre-colonial period, traditional medicine practitioners were the only section of the society with reputable knowledge and special skills and were given high respect. Even, some of them with spirit mediums had good relations with the local chiefs in the political arena.³⁰ Traditional medicine practitioners also played an important role in the field of public health. For example, with in some chiefdoms of Tanzania, traditional practitioners in cooperation with the local chiefs controlled a wide range of public health conditions. They also sometimes served as mediums and legal political consultants for local chiefs.³¹

Nevertheless, in some regions of East Africa traditional medicine practitioners were also tortured and persecuted. In this regard, Fekadu argued that in 1878, Emperor Yohannis IV of Ethiopia issued a decree prohibiting the practice of sorcery and witchcraft. He banned their dance ceremony or "*zar guri*" and confiscated their property as well.³² Likewise, a certain Christian king of Buganda was reported to have ordered the imprisonment of all traditional practitioners in his kingdom around the late 19th century.³³ However, there was no wide spread suppression of traditional medicine practitioners in pre-colonial East Africa, apparently, because of lack of other sources of medical care.

Traditional Medicine in Colonial East Africa

In this part of the paper, an attempt has been made to analyze the assertion and notions of scholars on traditional medicine vis-a-vis missionary activity, colonial administration system and the

expansion of urbanization and modern health services in colonial East Africa.

The late 19th century witnessed the partition of Africa under European colonial powers. Thus, all East African countries with the exception of Ethiopia came under European colonial rule. In this part of Africa, colonial rule was established through a series of conquests that began in the late 19th century and continued in to the early 20th century.³⁴ European powers who participated in the conquest of Eastern African regions were the British, Belgians, French, Portuguese, Germans and Italians as well.³⁵

The colonial period in East Africa was marked by the introduction of colonial powers' own civilization, religion, medicine and technology as well. Colonial administrators, missionaries, police, traders, industrialists and other modernizing agents played an important role in the introduction and expansion of the new colonial order in the region. This was augmented by the introduction of health professionals from outside and the training of natives in the new European biotechnological model instead of upgrading their traditional knowledge.³⁶ Thus, the colonial period had an adverse impact on indigenous knowledge in general and on traditional medicine in particular in all regions of East Africa except Ethiopia.

More than others, colonial administrators and missionaries played a significant role in denouncing the use of traditional medicine in East Africa. In this regard, Bill Freund argued that the missionaries had began their work in Buganda and Nyasa land in the 1870s and eventually expanded their influence in to the heart lands of Uganda and highland Kenya in the subsequent periods. They advocated new political arrangements for colonial powers and conducted their proselytizing activity against traditional practices including traditional medicine in that part of Eastern Africa.³⁷ Similarly, Chavunduka argued that the first significant campaign against the use of African traditional medicine came from the missionaries. He further indicated that many early missionaries stood against African traditional medicine practitioners because they felt that traditional medicine practitioners encouraged the belief in witchcraft and sorcery which were regarded as the greatest hindrance and faltering blocks in the way of Christian evangelization. They also opposed the traditional medicine practitioners because they felt that practitioners encouraged people to worship spirits instead of God.³⁸

Likewise, Ann Beck also indicated that prior to 1914 medical service in rural Kenya and Uganda was conducted by the Anglican, Presbyterian and Lutheran churches.³⁹ He added that besides their medical service, these missionaries also conducted evangelization activity by condemning the use of sorcery, witchcraft and magic as ways of treatment or medicine.⁴⁰ Similarly, Iliffe argued that until the 1920s, medical care and educational training for East African societies remained largely in the hands of the missionaries. For example, the protestant church missionary society (CMS) opened the first hospital at Mengo in the capital of Buganda and expanded their influence to the highland Kenya.⁴¹ The author further argued that the German Lutheran society also did the same thing in German East Africa. Hence, the penetration of modern medicine and missionary education throughout rural areas of Eastern Africa totally weakened and reduced traditional medicine in the region as a residual art.⁴² Ranger also indicated that the missionaries used their medical knowledge to their missionary end. They taught the people to develop the love of God and to abandon traditional medicine.⁴³

On the other hand, the colonial administrators also put their own pressure on the use of African medicine. For example, Mburu argued that in the colonial period, the Kenyan lost not only their political and economic right but they also lost their traditional medicine as well. He added that the introduction of new medical institutions in Kenya denounced the existing traditional medicine as quackery and superstition.⁴⁴ The author further indicated that the colonial administrators in Kenya expanded new medical care in place of the existing traditional medicine because the health of European settlers was partly depended on the health status of the Kenyans, especially for communicable diseases to which the European had no immunity.⁴⁵

Similarly, Chavunduka also noted that the other important reason why European made attempt to suppress traditional medicine was economic. He added that colonial administrators forced African peoples to depend entirely on medicine produced in western countries which in turn benefited the producing companies.⁴⁶ Moreover, in some East African countries, colonial government passed the witch suppression Act to accuse and ban witchcrafts. Many anti witchcraft movements were also carried out by witch finders and witch hunters and this weakened witchcrafts as a means or sources of medicine in the region.⁴⁷ Waite also noted that the witch finders in Tanzania forced the witchcraft in public to stop not only their acts of sorcery but also their activity to produce any form of medicine as well.⁴⁸

On the other hand, along with the expansion of urbanization, a number of government and mission hospitals were built in East Africa. This automatically influenced the traditional medical beliefs and practices of Eastern African societies at large. The schools which were largely controlled by the missionaries used to teach young African students about the love of God and modern medicine and discourage traditional medicine.⁴⁹ Generally, the colonial period in East Africa marked the demise of traditional medicine in favor of modern medicine which was highly advocated by the colonial administrators and the missionaries.

Traditional Medicine in Post-Colonial East Africa

The anti-colonial movement in East Africa ended with the liberation of Djibouti from French rule in 1977. Thus, in East Africa the period after 1977 is termed as post-colonial era, though Sudan becomes independent early in 1956 and Ethiopia was never colonized.⁵⁰

In this part, the paper tries to analyze the notions of scholars on post-colonial developments and future prospects of traditional medicine in East Africa. It also tries to evaluate the recommendation of scholars on the future mutual respect and coordination of traditional and cosmopolitan medicine in East Africa to mitigate the precarious health care system in the region.

In this regard, Waite argued that the post-colonial period in East Africa is marked by the revival of traditional medicine and traditional medicine practitioners. The author added that unlike colonial administrators, the newly elected African leaders were interested not only in expanding modern health services but also in initiating and encouraging traditional medicine practitioners to work alongside with modern health professionals. Traditional medicine recovered its former status in many East African countries and there were several attempts to bring about the recognition, official status, harmonization and collaboration with modern medicine as well.⁵¹ Similarly, Chavunduka noted that in post-colonial East Africa, the use of traditional medicine began to be significantly practiced because the newly elected African leaders began to give due emphasis for indigenous popular culture and knowledge in general and for traditional medicine in particular.⁵² Likewise, Iliffe indicated that besides appropriating different position at government hospitals and health centers for African doctors, the newly elected East African leaders encouraged traditional medicine practitioners at national and regional levels.⁵³

On the other hand, Fekadu and Chavunduka argued that the establishment of an association of traditional medicine practitioners and the opening of research centers in East Africa further paved the way for their final integration in to the official health care system.⁵⁴ However, traditional medicine practitioners continued to be reluctant to share their knowledge to modern health professionals. The latter also continued to despise and stigmatize the former as unskilled and harmful practitioners.⁵⁵ Fekadu further indicated that another important reason for the revival of traditional medicine in post-colonial East Africa is because of the development of research in the field and the shift in concern of WHO to traditional medicine to alleviate the precarious health situations in East Africa.⁵⁶

Nevertheless, Iliffe and Read argued that in post-colonial East Africa the demand for traditional medicine significantly increased in both urban and rural areas. They further added that in urban area, this is due to the dissatisfaction with modern medicine while with rural

areas is due to lack of modern medical doctors, shortage of modern medicine and its unaffordable price.⁵⁷ Iliffe further argued that the use of modern drugs to treat HIV AIDS, cancer and other chronic diseases have been already realized. Hence, today even in urban centers where professional medical care is highly developed, people are often seeking traditional medicine to get cure from their ailments.⁵⁸ Similarly, Chavunduka also noted that the use of traditional medicine in post-colonial East Africa has persisted because of the failure of modern medical science to get better or even good results in certain types of diseases.⁵⁹ However, his argument apparently seems exaggerated.

Generally, despite various attempts by early missionaries and colonial governments against the use of East African traditional medicine, it has persisted to be used as an important medicine till this day.

CONCLUSION

The medical history of Africa in general and East Africa in particular is not yet well studied. However, traditional medicine was the only medical care for East African societies in the past. Despite its strong and very long association with the society, no significant research has been conducted in the field by social scientists of the region.

So far, there is no clear evidence regarding the beginning of traditional medicine in East Africa. However, most scholars argued that it has been practiced since time immemorial. Scholars also didn't deny the influence of Egyptian and Arabian medicine on East African traditional medicine because of their age old contacts. Thus, the traditional medicine of East Africa is believed to be an amalgamation of both foreign influence and indigenous developments.

The pre-colonial period in East Africa was characterized by the use of traditional medicine as the only medical care for the society. It was also the period in which traditional medicine practitioners enjoyed tremendous prestige among the societies of East Africa. They were not only medical specialists but they were also expected to solve all human problems at large.

In colonial East Africa, however, traditional medicine and traditional medicine practitioners were pressurized and denounced by the missionaries and colonial administrators. The former opposed the practice of traditional medicine because they felt that traditional medicine practitioners encouraged the society to worship spirits than God. On the other hand, the latter suppressed traditional medicine because of economic reason and their strong ambition to expand modern health services for the society.

Nevertheless, the post-colonial period marked the revival of traditional medicine in East Africa. After independence, African ruler in general and that of East African in particular began to give due attention to indigenous popular culture and this eventually facilitated the expansion of traditional medicine in East Africa. Moreover, the establishment of an association of traditional medicine practitioners in each East African countries and the development of interest among modern health organization towards traditional medicine further encouraged the growth of traditional medicine in East Africa.

Finally, I would like to suggest that traditional medicine is one of East African indigenous wealth that it has not yet been exploited properly for medical end. Therefore, further researches on the area have to be made and traditional medicine practitioners including herbalists should be encouraged to do more in the field and to use it for development end.

Endnotes

¹Margaret Read, *Culture, Health, and Disease: Social and Cultural Influences on Health Programmes in Developing Countries*, (London: Travistock Publications Ltd, 1966), p.15.

²G.M Van Etten, *Rural Health Development in Tanzania: A Case Study of Medical Sociology in a Developing Country*, (Assen: Van Gorcum Company Ltd, 1976), p.2.

³Fekadu Fullas, *Ethiopia and Traditional Medicine: Common Medical Plants in Perspective*, (New Jersey: Grandview Boulevard, Sioux City Press, 1970), pp.1-2.

⁴Read, p.16.

⁵Etten, p. 3.

⁶Reta Pankhurst, "International Conference of Ethiopian Studies: A Look at in the Past," In Sven Rubenson (ed.) *Proceedings of the 7th International Conference of Ethiopian Studies*, (Addis Ababa: Institute of Ethiopian Studies; Uppsala: Scandinavian Institute of African Studies; East Lansing: African Studies Center, Michigan State University, 1984), p.2.

⁷Etten, p.3.

⁸Alessandro Triluzi, "Center-Periphery Relations in Ethiopian Studies: Reflections on Ten years of Research in Wellega History," In Sven Rubenson (ed.) *Proceedings of the 7th International Conference of Ethiopian Studies*, (Addis Ababa: Institute of Ethiopian Studies; Uppsala: Scandinavian Institute of African Studies; East Lansing: African Studies Center, Michigan State University, 1984), p.360.

⁹John Middleton and E.H Winter, "Introduction," in John Middleton and E.H Winter (ed.) *Witchcraft and Sorcery in East Africa*, (London: Routledge and Kegan Paul Ltd, 1963), pp.2-3.

¹⁰E.E. Evans Pritchard, *Witchcraft, Oracles and Magic among the Azande*, (Oxford: Clarendon Press, 1937), pp.1-2.

¹¹Allan L. Young, "Medical Beliefs and Practices of Begemeder, Amhara," PhD Dissertation, University of Pennsylvania, Department of Anthropology, 1970, p.2.

¹²Fekadu, p.3.

¹³Gloria Waite, "Public Health in Pre-Colonial East-Central Africa," In Steven Feierman and John M. Janzen (ed.) *The Social Basis of Health and Healing in Africa*, (Berkeley, Los Angeles, Oxford: University of California Press, 1992), p.212.

¹⁴William C. Cockerham, *Medical Sociology*, (New Jersey: Prentice Hall Inc., 1982), p.3.

¹⁵Assefa Balcha, "Traditional Medicine in Wello: Its Nature and History," MA Thesis, Addis Ababa University, Department of History, 1992, pp.11-12; Fekadu, p.15; Read, p.26; Waite, p.213.

¹⁶Assefa, pp.11-12; Fekadu, p.15.

¹⁷Read, p.26; Waite, pp.213-214.

¹⁸John Iliffe, *East African Doctors: A History of Modern Profession*, (Cambridge: Cambridge University Press, 1998), pp.1-2; Read, pp.26-27.

¹⁹Middleton and Winter, p.12.

²⁰Iliffe, p.9; G.W.B Huntingford and C.R.V Bell, *East African Background*, (London: Longmans and Green Co.Ltd, 1950), p.29.

²¹Iliffe, pp.9-10.

²²Huntingford and Bell, p.30.

²³Richard Pankhurst, *An Introduction to Medical History of Ethiopia*, (New Jersey: The Red Sea Press Inc, 1990), p.114; Read, p.17; Fekadu, p.29; Waite, p.214.

²⁴Pankhurst, pp.213-14; Fekadu, p.29.

²⁵Read, p.17.

²⁶Waite, pp.214-15.

²⁷Marc H. Dawson, "Socioeconomic Change and Disease: Smallpox in Colonial Kenya, 1880-1920," In Steven Feierman and John M. Janzen (ed.) *The Social Basis of Health and Healing in Africa*, (Berkeley, Los Angeles, Oxford: University of California Press, 1992), p.96.

²⁸Allan Harwood, *Witchcraft, Sorcery, and Social Categories among the Safwa*, (Oxford, International African Institute: Oxford University Press, 1970), p.2.

²⁹Gordon L. Chavunduka, *Traditional Medicine in Zimbabwe*, (Harare: University of Zimbabwe Press, 1994), pp.1-2.

³⁰Read, pp.15-16.

³¹Waite, pp.216-217.

³²Fekadu, p.16.

³³Iliffe, pp.26-27.

³⁴Marcia Wright, "East Africa, 1870-1905," in Roland Oliver and G.N Sanderson (ed.) *The Cambridge History of Africa, 1870-1905, Vol. VI*, (Cambridge: Cambridge University Press, 1985), p.567.

³⁵Roland Oliver and J.D Fage, *A Short History of Africa*, (New York: New York University Press, 1962), p.182.

³⁶Waite, p.228.

³⁷Bill Freund, *The Making of Contemporary Africa: The Development of Society since 1800*, (Bloomington: Indiana University Press, 1984), pp.97-98.

³⁸Chavunduka, p.5.

³⁹Ann Beck, *A History of British Medical Administration in East Africa, 1900-1950*, (Cambridge, Massachusetts: Harvard University Press, 1970), p.51.

⁴⁰*Ibid*, p.59.

⁴¹Iliffe, pp.18-19.

⁴²*Ibid*, pp.19-20.

⁴³Terence O. Ranger, "Godly Medicine: The Ambiguities of Medical Mission in South Eastern Tanzania, 1900-1945," In Steven Feierman and John M. Janzen (ed.) *The Social Basis of Health and Healing in Africa*, (Berkeley, Los Angeles, Oxford: University of California Press, 1992), p.258.

⁴⁴F.M Mburu, "The Social Production of Health in Kenya," In Steven Feierman and John M. Janzen (ed.) *The Social Basis of Health and Healing in Africa*, (Berkeley, Los Angeles, Oxford: University of California Press, 1992), p.409.

⁴⁵*Ibid*, pp.410-411.

⁴⁶Chavunduka, pp.5-6.

⁴⁷Middleton and Winter, p.24.

⁴⁸Waite, p.229.

⁴⁹ Chavunduka, p.7; Mburu, pp.410-411.

⁵⁰Oliver and Fage, p.216.

⁵¹Waite, p.230.

⁵²Chavunduka, p.11.

⁵³Iliffe, p.58.

⁵⁴Fekadu, p.17; Chavunduka, p.23.

⁵⁵Waite, p.230.

⁵⁶Fekadu, p.17.

⁵⁷Iliffe, p.58; Read, pp.15-16.

⁵⁸Iliffe, pp.58-59.

⁵⁹Chavunduka, pp.10-11.

REFERENCES

1. Assefa Balcha. "Traditional Medicine in Wello: Its Nature and History." MA Thesis, Addis Ababa University, Department of History, 1992.

2. Young, Allan L. "Medical Beliefs and Practices of Begemeder, Amhara." PhD Dissertation, University of Pennsylvania, Department of Anthropology, 1970.

3. Published Sources

4. Beck, Ann. *A History of British Medical Administration in East Africa, 1900-1950*. Cambridge, Massachusetts: Harvard University Press, 1970.

5. Chavunduka, Gordon L. *Traditional Medicine in Zimbabwe*. Harare: University of Zimbabwe Press, 1994.

6. Cockerham, William C. *Medical Sociology*. New Jersey: Prentice Hall Inc., 1982.

7. Dawson, Marc H. "Socioeconomic Change and Disease: Smallpox in Colonial Kenya, 1880-1920." In Steven Feierman and John M. Janzen (ed.) *The Social Basis of Health and Healing in Africa*. Berkeley, Los Angeles, Oxford: University of California Press, 1992.

8. Etten, G.M Van. *Rural Health Development in Tanzania: A Case Study of Medical Sociology in a Developing Country*. Assen: Van Gorcum Company Ltd, 1976.

9. Evans Pritchard, E.E. *Witchcraft, Oracles and Magic among the Azande*. Oxford: Clarendon Press, 1937.

10. Fekadu Fullas. *Ethiopia and Traditional Medicine: Common Medical Plants in Perspective*. New Jersey: Grandview Boulevard, Sioux City Press, 1970.

11. Freund, Bill. *The Making of Contemporary Africa: The Development of Society since 1800*. Bloomington: Indiana University Press, 1984.

12. Harwood, Allan. *Witchcraft, Sorcery and Social Categories among the Safwa*. Oxford, International African Institute: Oxford University Press, 1970.

13. Huntingford, G.W.B and Bell, C.R.V. *East African Background*. London: Longmans and Green Co. Ltd, 1950.

14. Iliffe, John. *East African Doctors: A History of Modern Profession*. Cambridge: Cambridge University Press, 1998.

15. Mburu, F.M. "The Social Production of Health in Kenya." In Steven Feierman and John M. Janzen (ed.) *The Social Basis of Health and Healing in Africa*. Berkeley, Los Angeles, Oxford: University of California Press, 1992.

16. Middleton, John and Winter, E.H. "Introduction." In John Middleton and E.H Winter (ed.) *Witchcraft and Sorcery in East Africa*. London: Routledge and Kegan Paul Ltd, 1963.

17. Oliver, Roland and Fage, J.D. *A Short History of Africa*. New York: New York University Press, 1962.

18. Pankhurst, Reta. "International Conference of Ethiopian Studies: A Look at in the Past." In Sven Rubenson (ed.) *Proceedings of the 7th International Conference of Ethiopian Studies*. Addis Ababa: Institute of Ethiopian Studies; Uppsala: Scandinavian Institute of African Studies; East Lansing: African Studies Center, Michigan State University, 1984.

19. Pankhurst, Richard. *An Introduction to Medical History of Ethiopia*. New Jersey: The Red Sea Press Inc, 1990.

20. Ranger, Terence O. "Godly Medicine: The Ambiguities of Medical Mission in South Eastern Tanzania, 1900-1945." In Steven Feierman and John M. Janzen (ed.) *The Social Basis of Health and Healing in Africa*. Berkeley, Los Angeles, Oxford: University of California Press, 1992.

21. Read, Margaret. *Culture, Health, and Disease: Social and Cultural Influences on Health Programmes in Developing Countries*. London: Travistock Publications Ltd, 1966.

22. Triluzi, Alessandro. "Center-Periphery Relations in Ethiopian Studies: Reflections on Ten Years of Research on Wellega History." In Sven Rubenson (ed.) *Proceedings of the 7th International Conference of Ethiopian Studies*. Addis Ababa: Institute of Ethiopian Studies; Uppsala: Scandinavian Institute of African Studies; East Lansing: African Studies Center, Michigan State University, 1984.

23. Waite, Gloria. "Public Health in Pre-Colonial East-Central Africa." In Steven Feierman and John M. Janzen (ed.) *The Social Basis of Health and Healing in Africa*. Berkeley, Los Angeles, Oxford: University of California Press, 1992.

24. Wright, Marcia. "East Africa, 1870-1905." in Roland Oliver and G.N Sanderson (ed.) *The Cambridge History of Africa, 1870-1905. Vol.VI*. Cambridge: Cambridge University Press, 1985.