

Leading article

Prima fasciae for establishing medical anthropology in Sudan

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حيثيات من أجل إنشاء علم الأنثروبولوجيا الطبية في السودان
بقلم بروفييسور أحمد الصافي
أسناد التخدير، كلية الخرطوم للعلوم الطبية
المدير المؤسس للمؤسسة السودانية للتراث الطبي

تتترح هذه الورقة على كليات العلوم الطبية الإنسانية إدخال كرسي علم الأنثروبولوجيا الطبية ك تخصص جديد في العلوم الإنسانية، كما تقترح أن تصيف كليات الطب هذه المادة لدراساتها وتتنظر المهن الطبية والصحية في كل العلوم الإنسانية السلوكية والتطبيقية وتنقي منها ما ينفع الأطباء للارتقاء بمستوى الرعاية والخدمات الطبية. تعطي الورقة خلفية علمية وتاريخية للدراسات التي تمت في هذا المجال في السودان وما أضافته للعلوم البيولوجية. رصد المقال أعمال علماء الأنثروبولوجيا الأوائل وما نشره في هذا المجال في تقارير ودراسات إثنولوجية وأنثروبولوجية وفولكلورية واجتماعية وبيئية تسعى لفهم نظم الطب عند الجماعات الثقافية المختلفة في السودان، والدراسات المقارنة التي أجروها بينها، وما أضافته تلك الأعمال من معارف لمقدمي الخدمات الطبية. لكن ما زالت هذه المعارف مفرقة في الكتب والمجلات وفي كتابات الرحالة والمكتشفين والمؤرخين وفي بطون كتب الأدب والسيرة. تطرح الورقة محاولات كاتب المقال في أن يحقق هذا الهدف خلال العقود السابقة ومنها ابتعث عدد من الباحثين للتخصص في هذا المجال خارج السودان.

Introduction

This is a concept note proposing that any one or more of the Sudanese medical schools or any school in the humanities should take the lead to establish medical anthropology and organize and institutionalize this field. To our best of knowledge, this step has never been taken before in Sudan.

Medical anthropology, a sub-sector of anthropology, is broad and interdisciplinary. It links anthropology to sociology, economics, and geography, as well as to medicine, nursing, public health, and other health professions. It also facilitates collaboration among a variety of scholars including paleo-pathologists, human biologists, ethnologists, and linguists, to mention a few.

Medical anthropology deals with the evolution of the concept of medicine and health in diverse cultures, the development of health care systems, and bio-cultural adaptation. It analyses and compares the health of the different ethnic groups, and studies alternative forms of medicine, and the impact of culture and society on health. It identifies social peculiarities that affect health care systems and health awareness.

It has been repeatedly argued that increased efficiency in health cannot be achieved

through employing one discipline in isolation from others, but in taking a multidisciplinary approach. Medical anthropology can provide insightful information, which can add an illuminating dimension to epidemiological data, health behaviour theory and to Western biomedical knowledge.

The proponent of this project is not an anthropologist but a medical doctor with lifelong serious interest in the study of traditional health culture and Sudanese medical history and heritage. Over the years, he has clearly noticed the importance of and need for systematic medical anthropological studies and specialized approach to this field.

He himself has tried over the last three decades to impress upon social anthropologists, and sociologists, and upon research and academic institutions in Sudan to take this matter up. His frequent requests found no positive response. As early as 1984, he sent abroad two students to specialize in medical anthropology under a postgraduate scheme in the National Council for Research. One did PhD work in UK, the other in USA. Both completed their mission, one qualifying as medical anthropologist, the other nutritional anthropologist; one returned home, the other remained abroad.

Early work

To put this proposal in context, we sum up briefly the types of studies that were carried out in line with this field and the type of workers who performed those studies in Sudan. With few exceptions, these studies were carried out by social and cultural anthropologists, and sociologists. Other studies were carried out by workers in different discipline of knowledge including early Arabs, Europeans and Americans who have visited Sudan in the last two centuries as travelers, explorers, missionaries, historians, archaeologists, geographers, naturalists, botanists, folklorists, and as part of the condominium administrative officers and medical doctors, who studied the field with varying degrees of depth and focus.

These studies, whether found in general anthropological, sociological, folkloric, ethnographic or literary works, or in definitive medical anthropological studies, which were few, amassed useful information about the country, its people and prevalent customs and practices. They have contributed their fare share in studying or describing the healing methods of the people they came across and described the state of health, hygiene, sanitation, and medical practices in the early times. These sources remain our main repositories of the past of man's health in Sudan. Though illuminating and extremely valuable, all studies proved to be insufficient and did not provide overall scientific coverage.

Such studies and scattered observations on health problems, prevalent diseases, and their management were found in Sudanese chronicles and medieval historical records, and most were reported on anecdotally.

For example, most travelers (and sojourners) did not see in the Sudanese ways of life anything more than a collection of strange and barbaric customs, and some even created several myths and stereotypes about which present day researchers are still trying to

separate fact from fiction, as Tigani Al-Mahi noted⁽¹⁾. Others made sweeping generalizations about the people-their physical characteristics, vices and virtues, the way they behaved and the beliefs they held. Nonetheless, there is much to learn from the accounts they left behind, which are, in most cases, extremely engaging.

Of interest to us, here is what early writers wrote on the health of the country and its peoples, and how health and disease were managed. The documentaries left back by these early writers frequently proved to be of the utmost importance in tracing several medical practices. For example, much has been learnt about zar and tumbura from the writings of Frobenius⁽²⁾, Hurgronje⁽³⁾, Plowden⁽⁴⁾, Junker⁽⁵⁾, and others, female circumcision from the writings of Browne⁽⁶⁾, Burton⁽⁷⁾, and Bruce⁽⁸⁾.

Cursory comments could be found in several books of travelogue. The British administrator, traveler, and sportsman, Samuel White Baker (1821-1893), wrote many books on the Sudan, which contain good portrayal of the country then; but contain little information on health. He was in Sudan in the years 1861-65, and traveled all over the country. He mentioned the occurrence of a bad smallpox epidemic. In 1866, he mentioned a plague that broke out in Khartoum, but he did not accurately identify the disease⁽⁹⁾.

The Sudanese historian Abbas Ibrahim Muhammad Ali reviewed critically the literary works that described some of the Sudanese ways of life and customs in the last two centuries, in a booklet entitled *The Anglo-Saxon Teutonic Images of the People of the Sudan*⁽¹⁰⁾.

The Sudanese psychiatrist and bibliophile Tigani Al-Mahi⁽¹¹⁾ has, with great scholarship, called into question the quality of the ethnographic literature produced by the European travelers who visited the Sudan before the First World War. Tigani Al-Mahi thought it is fair to admit that those writers

were the faithful offspring of their times, and that the judgments they expressed, have more to do with the values of nineteenth-century Europe than those of the Sudan of that or any other time, where certain historical factors had contributed to their orientation, and the realities and stamp of the time had influenced and shaped the pattern of values affecting human relations and attitudes. The methodology, thus, of those writers in particular, leaves much to be desired. He said: "The review of the literature until the First World War, for example, and in this respect I shall have to be very frank, reveals a quality which, to say the least, is fictitious and grossly incorrect; half belief and half make-believe. Many authors were curiosity-hunters rather than academics, and their predilections were obtrusively for the strange and whimsical. Their writings created more enigma than they solved. The gulf between the observer and the observed was seemingly immense"⁽¹²⁾.

Early historians, travelers & explorers

Early Arab travelers and historians have played an important part in studying or describing the state of health, hygiene, sanitation and medical practices in the early times.

Ibn Daif Allah, in *Al-Tabaqat*, which contained biographies of notable Sudanese scholars, jurists, poets and holy men who lived during the Funj Kingdom (1505-1820), described a horde of customs and traditions of his time⁽¹³⁾.

Al-Tunisi in his narrative of the Darfur kingdoms, *Tashhidh Al-azhan bi-sirat bilad Al-Arab wal-Sudan*⁽¹⁴⁾, described the medical customs of the area not forgetting to illustrate his cases.

During the early years of the Anglo-Egyptian Condominium (1902-1914), government officials contributed remarkably to this field. Naom Shuqair, for example, compiled a massive treatise on the history and geography of the 19th century Sudan with sizable sections on prevalent health customs and

diseases and their treatment in different parts of the Sudan⁽¹⁵⁾.

The medical doctors of the Anglo-Egyptian Condominium who worked in the Egyptian Medical Corps, or as scientists, and administrators contributed a lot to our knowledge of the local practices in the various parts of the country. Under Andrew Balfour⁽¹⁶⁾ direction, medical doctors all over Sudan were asked to collect and document the medical practices of the natives. The articles he solicited and published in the Wellcome Research Laboratories reports (1906-1911), were pioneering in every sense⁽¹⁷⁾. Some of these articles appeared in *Sudan Notes and Records* (1918-).

Bimbashi RG Anderson, while Senior Medical Officer in Kordofan, described the medical practices and superstitions amongst the people of that region⁽¹⁸⁾. Later, he also described the tribal customs of the Nyam-Nyam and⁽¹⁹⁾ and Gour people inhabiting the eastern Bahr Al-Ghazal region, and the relation of these customs to the medicine and morale of these tribes⁽²⁰⁾. Bimbashi L. Bousfield, an Egyptian Medical Corps and Senior Medical Officer in Kassala in the eastern Sudan, described the local methods of treatment of diseases in that region⁽²¹⁾. Bimbashi Hasan Effendi Zeki of the Sudan Medical Department and Medical Officer at Gordon Memorial College described the healing art of the dervishes during the rule of the Mahdi and his Khalifa (successor)⁽²²⁾. Zeki had been taken captive to Omdurman by the Mahdi after he had captured the city, and had worked during his captivity as the Mahdi's medical adviser and attended him during his death. Sir Rudolph Baron von Slatin Pasha, Inspector General, Sudan Government, contributed brief but interesting notes on the health of the Sudanese. He furnished the Wellcome Laboratories Reports with notes on the local methods of the dervish healing practices and customs⁽²³⁾.

Several poisonous plants occur naturally in the Sudan. Early researchers, including Dr (Sir) Andrew Balfour, described some of these plants in the early reports of the Wellcome Research Laboratories in the first decade of this century⁽²⁴⁾. Robert Kirk⁽²⁵⁾ in 1946 and Mansour Ali Haseeb⁽²⁶⁾ in 1972 updated the knowledge in this field. Some minor accounts have appeared in Arabic describing the chemistry and pharmacology of some of these plants⁽²⁷⁾. Professor Salah Adam of the College of Veterinary Sciences carried out extensive research (and helped researchers) in toxic and poisonous plants that affected animal and man.

Abd Al-Hamid Ibrahim reviewed the medicinal plants and minerals that appeared in the publications of the Wellcome Research Laboratory Reports for the years 1906, 1908, and 1911, and compiled an inventory of the cited plants and minerals with their catalogue numbers in the Wellcome Museum of Medicine in Khartoum, which also contained artifacts and local articles relevant to health and disease as varied as surgical instruments, splints, amulets, pathology specimens, and material related to public health, sanitation and hygiene. The inventories were appended to the Annual Reports of the Government Analyst, Wellcome Chemical Laboratories Reports for the years 1958-59 and 1959-60⁽²⁸⁾. These appendices would have been of much help to researchers if the museum and its contents had not been lost!

Social Anthropologists

During the first half of the twentieth century, Social Anthropologists, for example, have contributed immensely to this field by studying the systems of healing in several Sudanese societies as part of their overall social and cultural studies. Edwards Evans-Pritchard studied the Azande⁽²⁹⁾, the Nuer, the Ingassana⁽³⁰⁾, the Bongo, the Mberidi and Mbegumba of Bahr Al-Ghazal; Charles and Brenda Seligman the pagan tribes of the Nilotic Sudan⁽³¹⁾, and R.G. Lienhardt⁽³²⁾, the

Dinka. Government senior officials contributed their fare share: Harold MacMichael⁽³³⁾ drew a history of Arabs in the Sudan, and in J.S. Trimingham's studies on Islam in the Sudan⁽³⁴⁾, we find a perceptive analysis of the magico-religious beliefs and practices associated with affliction and misfortune. Broun and Massey⁽³⁵⁾ and Andrews⁽³⁶⁾ early in the twentieth century compiled two books on Sudanese flora that have become indispensable sources for researchers, and particularly useful for those studying health culture and pharmacognosy.

After independence, expatriate and Sudanese anthropologists contributed to the study of the medical systems. Jean Buxton studied the Mandari⁽³⁷⁾; Ahmed El Shahi and Haydar Ibrahim, the Shaigiya; Ian Cunnison the Humur tribes of southern Kordofan⁽³⁸⁾ and Harold Barclay Burri Al-Lamab⁽³⁹⁾ and Nadel, the Nuba of southern Kordofan⁽⁴⁰⁾.

Postgraduate work

Several case studies in healing practices were carried out in partial fulfillment of postgraduate degrees in anthropology, folklore, medicine, pharmacy, and veterinary sciences, agriculture or for other academic pursuits inland and abroad. A representative sample include Holy⁽⁴¹⁾ and Abdullahi Osman Al-Tom, studying the Berti of Darfur^(42,43); Sharaf Al-Din Abd Al-Salam the saints' cult in the Sudan⁽⁴⁴⁾; Abdullahi Ali Ibrahim⁽⁴⁵⁾, the impact of Rubatab metaphor on social, political and health life of that tribe and their neighbours; Sayyid Hamid Hurreiz, birth, marriage, death and initiation customs and beliefs⁽⁴⁶⁾ and rites of passage⁽⁴⁷⁾ in central Sudan; Idris Salim Al-Hasan Um Dawan Ban Religious institutions⁽⁴⁸⁾; Awad Al-Basha, couching techniques in Kordofan⁽⁴⁹⁾; Amir Ali Hasan the maseed system in the Gezira^(50,51); Hamid Rushwan, Female Circumcision: prevalence, complications, attitudes and change⁽⁵²⁾, and Asma Al-Darir⁽⁵³⁾ and Amira Hasan⁽⁵⁴⁾, and a host of writers focused

attention on female circumcision. The list of such dissertations is long.

Folkloric and literary studies

The list of literary and folkloric studies is also long and varied. It includes the articles written by Abdalla El Tayib in English in SNR⁽⁵⁵⁾, in which he described the customs of the Riverain people of the Sudan⁽⁵⁶⁾, in addition to the works of Cloudsley⁽⁵⁸⁾, and Hall who described women's customs⁽⁴¹⁾, and the extensive library of The Institute of African and Asian Studies of the University of Khartoum including the work of El Tayib Mohamed El Tayib, Farah Eisa, Sayyid Hurreiz, Ahmed Abdel Rahim Nasr, Sharaf Al-Din Abd Al-Salam, and several others.

Studies of health culture

In their oral literature, the Sudanese described their health norms and explained ill health. They offered various forms of treatment. However, they did not write down explicitly what causes disease, disability, and harm. Neither did they write their recipes. These had to be reconstructed by analyzing available data, and to do this we had to conduct intensive field surveys and dig into several sources including archeological relics, oral tradition, information scattered in historical chronicles, travelers' accounts, and literary sources. All these sources contributed remarkably to our knowledge of many tribes, and documented and preserved valuable data⁽⁵⁹⁾.

In the last half of the twentieth century, research institutions were established. The Institute of African and Asian Studies of the University of Khartoum, the Aromatic and Medicinal Plants Research Institute and Traditional Medicine Research Institute of the National Council for Research appreciative amount of data related to health among different tribes has been collected by researchers.

During the last decades of the twentieth century, definitive studies appeared as early as 1968, on traditional medicine namely Ahmad

Al-Safi Native Medicine in the Sudan: Sources, Concepts and Methods⁽⁶⁰⁾, which was prepared for the Salamabi prize competition launched by the Sudan Research Unit, University of Khartoum. In 1999, Ahmad Al-Safi published his wide-ranging account of traditional medicine in a book entitled Traditional Sudanese Medicine, a primer for health care providers, researchers and students targeting health care providers, students of medicine, pharmacy, veterinary, agriculture, medical sociology, medical anthropology, and folklore. The book contains a 2500-reference bibliography of traditional medicine and history of medicine, and a 600-item Sudanese **materia medica**⁽⁶¹⁾.

The Sudan shared in the recent worldwide resurgence of interest in studies of culture, in search of identity, self-sufficiency and for fulfilling national pride. In this endeavour, Tigani Al-Mahi unequivocally pioneered this search with much enthusiasm, devotion, and talent.

Tigani was a Sudanese psychiatrist and social scientist of great distinction; he lived with an unequalled love of the culture he was born and brought up in. Over and above his interest, his psychiatric career brought him into contact with invaluable sources and key informants in research fields. Tigani Al-Mahi contributed significantly to the inception and promotion of an African model of psychiatric health delivery that came to be known as the "village-system" as typified by that of the village of Aro in Abeokuta in western Nigeria. The system permitted treatment of the mentally ill by utilization of the inherent dynamic resources of the social environment as the principal therapeutic technique.

Earlier, T. Adeyoye Lambo (a Nigerian pioneer psychiatrist) and Tigani Al-Mahi postulated that under stress-emotional or otherwise-newly-acquired and highly differentiated social attitudes and ideologies are more susceptible to 'damage,' leaving the basic traditional beliefs and indigenous moral

philosophy functionally overactive⁽⁶²⁾. This insight led them to recognize the part played by indigenous psychotherapeutic approaches in the total management of patients, without any lowering of standards of medical practice. They also found, through long practice in Africa, that a multi-disciplinary approach and collaboration with traditional healers is necessary for better scientific understanding of man and his environment.

In addition, Tigani's insights in problems of fieldwork and methodology in the social sciences are shrewd and should be carefully studied by all field workers in the social sciences, especially the uninitiated. Much is to be found in his book *An Introduction to the History of Arabic Medicine*⁽⁶³⁾ published in Arabic, and in his papers in the two volumes of collected essays edited by Ahmad Al-Safi and Taha Baasher and published by Khartoum University Press in 1981⁽⁶⁴⁾ and 1984⁽⁶⁵⁾.

Zar has been an area of much attention by several writers, psychiatrists, sociologists and cursory writers. Psychiatrists were investigating zar bori patients as early as the mid-thirties. Tigani Al-Mahi in 1943 or earlier labeled them as hysterics⁽⁶⁶⁾. It is generally true that such patients suffer from many psychosocial and psychophysical ailments including social stresses and strains, and a host of bodily and psychic diseases⁽⁶⁷⁾. The complaints themselves may camouflage inner troubles. The zar practitioner deciphers these complaints to reach a diagnosis, and perform rituals to appease the possessing spirits.

Pamela Constantinidis^(68,69), and Samia Al-Nagar⁽⁷⁰⁾, studied Sudanese women

institutions specially the zar cult, and G Makris, and Ahmad Al-Safi⁽⁷¹⁾, the tumbura cult in Omdurman, Ahmad Al Safi and Samira Amin, Zar in Sudan⁽⁷²⁾. Zenkovisky studied the marriage customs of the women of Omdurman and did notice the whimsical zar⁽⁷³⁾. Suzan Kenyon⁽⁷⁴⁾.

In the International Symposium on the Spiritual Dimension of Traditional African Medicine, held in Khartoum early 1988, Professor Sheikh Idris Abd Al-Rahim expounded on his experience and reported his results on zar⁽⁷⁵⁾. Professor Lewis's offered his deprivation cult hypothesis⁽⁷⁶⁾, which stipulates that the zar provides a forum that accommodates women and other deprived groups. In such a forum, these groups have an opportunity to fantasize their afflictions, act out their difficulties, and exploit possession to gain desired ends or make a protest, which cannot be expressed overtly otherwise.

Anthropometry

Anthropometric studies have been pioneered by Alexander MacTier Pirre who studied the physical characteristics of the Dinka, the Nuer, the Shilluk, and the Brun in the first decade of the twentieth century⁽⁷⁷⁾. Dr Pirre also collected artifacts including medical and surgical appliances⁽⁷⁸⁾. The physical characteristics of the Arabs have been studied by crowfoot⁽⁷⁹⁾.

In conclusion, medical anthropology is currently not taught in any university in Sudan. We hope this concept note has shed some light on this field and offered convincing prima facie for action.

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