

Introduction

In 1918, former colonial administrator Luiz de Mello e Athayde published an article in the influential Bulletin of the Geographical Society of Lisbon, warning about the ongoing depopulation of Angola, Portugal's long-standing colony in West Central Africa. While old calculations, he argued, had assumed a total population of 10–12 million, or a density of nine inhabitants per square km, newer ones suggested a density of six, or even as low as 3.3, confirming his intuition that Angola's once abundant population had been and was still diminishing markedly. For the causes, Athayde pointed at the old emigration of slaves to the Americas, new emigration flows to Angola's neighbouring colonies and various factors that diminished fertility and augmented mortality. For the Ganguela population in southern Angola that he had administrated and studied, these were constant raids by the neighbouring Kwanyama, who enslaved Ganguela people and destroyed their livelihoods; diseases such as smallpox and the lesser-known local scourges of *michila* and *lindunda*; alcoholism; and birth-spacing practices. Athayde's rationales were less humanitarian than political and economic. If depopulation continued, he argued, Angola would soon face the same labour problem as other colonies, since only 'natives' could provide the necessary labour force needed for the colonial economy.¹

Athayde was neither the first nor the last Portuguese colonial official to warn about Angola's demographic decline. From the late nineteenth century until the aftermath of the Second World War, a steady flow of alarming reports expressed, provoked and cemented great concern about the 'quantity and quality' of Angola's 'native' population. Many of them made a similarly uncritical use of available demographic data and expressed rationales and solutions similar to those of Athayde, who urged the complete pacification

¹ Athayde, 'Perigo do despovoamento'. I use 'native' (*indígena*) as an actor's term. Contemporary Europeans used the terms interchangeably, either to designate the vast majority of Angolans still considered 'uncivilised' and hence subject to a specific political and civil status (*indigenato*) or, in a broader 'racial' sense, to designate all 'black', 'African' people in Angola. See also footnote 4.

and 'civilisation' of the colony, the spread of modern medicine, protection of infants and reduction of emigration. Fears among the colonisers that the African population, so crucial to the colonial project, was declining and degenerating dovetailed with broader (and shifting) ideological and political, economic and scientific concerns and interests and gave rise to a wide range of medical and administrative interventions.

These population discourses and policies are the subject of this book. It examines fears around depopulation and how these were entangled with a broad array of policies aimed at preserving, increasing and physically improving the 'native' population in Portuguese Angola. It argues that discourses and practices of population improvement affected Angola's African population in multiple ways, even if they were often underfunded, half-hearted, inconsistent and contested, as they involved a wide array of actors with sometimes converging, but often also conflicting, interests. It therefore analyses the agency and mutual interactions of ministers and governors, local administrators and imperial inspectors, doctors and missionaries, journalists and scientists, national and international organisations and networks, as well as Africans in their role as patients and nurses, mothers and midwives, labourers and chiefs, migrants and peasants. It also argues that depopulation anxieties and population politics in Angola were inextricably linked to similar discourses and practices in other parts of the (colonial) world. By exploring transnational and transimperial connections, I show that Portuguese colonialism was firmly embedded in a larger European context and thus make a broader argument against reductionist views of Portuguese exceptionalism so common in the literature.

The narrative is picked up in the 1890s, when colonial expansion, ideological shifts and epidemic sleeping sickness challenged conventional views on the 'native' population and triggered unprecedented concern among doctors, administrators and missionaries in Angola. The book follows this depopulation discourse through the first half of the twentieth century, showing how it was constantly reiterated by alarming reports about deadly diseases, low fertility, high infant mortality, endemic labour scarcity and rampant emigration, until it gradually faded away after the Second World War. I thereby explore the ambiguous role of demographic knowledge, arguing that anxieties about the size and evolution of the 'native' population were partly based on demographic data that colonial actors did not hesitate to instrumentalise for their purposes, even though these data were (often ostensibly) incomplete, flawed and contested.

Simultaneously, this volume shows how depopulation fears gave rise to a broad array of policies aiming to increase both the 'quantity and quality' of the population. It attends to the colonial response to sleeping sickness from the late nineteenth century onwards and the emergence of an ambitious programme of African healthcare after the First World War. This *Assistência Médica aos*

Indígenas (Native Medical Assistance) attempted to combat epidemic and endemic diseases, but also included new approaches to reduce infant mortality and improve maternal fertility and health. Finally, I underline the importance of colonial attempts to curb cross-border emigration via prohibiting most forms of labour migration and providing incentives for border populations to stay in Angola.

The book transcends major political caesuras. In October 1910, the revolutionary overthrow of the old constitutional monarchy (1822–1910), which had been dominated by landed elites, led to a republican form of parliamentary democracy in Portugal, commonly called the First Portuguese Republic (1910–26). It had its power base in ‘progressive’ urban bourgeois and intellectual milieus and was marked by huge social tensions, anti-clerical laws and endemic political instability, with 45 governments in 16 years. While these shifts had repercussions for colonial policies, the most fundamental change was the decentralisation of the Empire. New organic laws granted greater autonomy to the colonies, a change that reached its apogee in the 1920s, when Angola and Mozambique were governed by high commissioners with far-reaching prerogatives.²

In May 1926, the Republic was overthrown and replaced by a military dictatorship, during which royalists, conservative republicans and radical nationalists struggled for power, until, around 1930, the Minister of Finance (and from 1932 Prime Minister) António de Oliveira Salazar consolidated his position and began to construct the *Estado Novo*, resulting in a new constitution in 1933. The conservative, authoritarian and corporatist policies of the *Estado Novo*, which also included financial austerity and an increasingly pro-clerical stance, were gradually applied to the colonies. Perhaps the most defining moments were the reaffirmation of the unity of Empire and its political recentralisation in Lisbon, with the Colonial Ministry receiving strong powers of oversight, through the Colonial Act (*Acto Colonial*) of 1930 and the Organic Law of the Portuguese Colonial Empire (*Carta Orgânica do Império Colonial Português*) and the Overseas Administrative Reform (*Reforma Administrativa Ultramarina* – RAU), both in 1933.³

This volume attends to the impact of these regime changes on the colonies, as they entailed ideological changes, the renewal of political elites and the reform of governmental and administrative structures. However, it is critical of the extent to which they determined important shifts in demographic discourses and ‘native’ population policies. The long time-span of this book allows it to show that such changes were often gradual and that some milestone events, such as setting up the *Assistência Médica aos Indígenas* at the

² Proença, ‘Questão colonial’. See also Rosas and Rollo (eds.), *História*.

³ Meneses, *Salazar*; Oliveira, ‘Ciclo africano’, 479–86.

beginning of the military dictatorship in 1926, resulted from plans that had been conceived under earlier regimes. This is not surprising given the fundamental continuities in colonial policies between political regimes. All of them were strongly nationalist, pro-colonialist and anxious about Portugal's colonial prestige. Moreover, throughout the late nineteenth and first half of the twentieth century, deeply entrenched racism pervaded their paternalistic 'civilising missions' and discriminatory policies towards the 'native' population in Angola. The *indigenato* system, gradually established after the official abolition of European-controlled slavery in the 1870s and frequently (re)codified in the first half of the twentieth century, was only legally abolished in 1961. During that period, the vast majority of 'black' Angolans were considered 'uncivilised' *indígenas* and, much like in the French colonies, subject to a specific political, civil and judicial regime that excluded them from citizenship and key political rights and imposed specific labour duties and sanctions unless they had gained the status of 'civilised' *assimilados*.⁴ Certainly in some cases regime changes clearly mattered, but the continuities in population policies across political regimes underline the fact that the prisms of political, metropolitan and national history are not sufficient to understand changes in demographic and medical discourses and practices in Angola. A key argument made herein is that these were also – and sometimes primarily – provoked by international disruptions such as the two World Wars and the world economic crisis of the early 1930s and driven by broader changes in ideas, perceptions and practices that circulated among colonial powers through processes of inter-imperial learning and competition.

This book also acknowledges the particular position of Angola within the larger framework of the Portuguese Empire and hence the situatedness of Portuguese population politics in Angola. Angola was not just any Portuguese colony. With about 1.25 million square kilometres and presumably about 3–4 million inhabitants in the early twentieth century, it was by far the largest in area and the second largest in population (after Mozambique) of the eight remaining colonies in what had arguably once been Europe's first global maritime empire.⁵ Moreover, by the late nineteenth century, Portuguese colonial influence in Angola was already four centuries old. 'Discovered' (from a European perspective) by Diogo Cão in the 1480s, Angola's coastal regions were, in the sixteenth and seventeenth century, gradually brought under formal Portuguese control.⁶ They played a major role in the transatlantic slave trade.

⁴ See Cruz, *Estatuto do indigenato*; Silva, *Constitucionalismo e Império*; Silva, 'Natives'. See also Jerónimo, *Civilising Mission*, 26–30, 38–41. Compare with Mann, 'What Was the Indigénat?'.

⁵ See, for instance, Bethencourt and Curto (eds.), *Portuguese Oceanic Expansion*.

⁶ Birmingham, *Trade and Conflict*; Thornton, 'Early Kongo-Portuguese Relations'; Heintze, *Studien*.

Between 1500 and 1867, an estimated 5.6 million Africans were shipped as slaves from West Central Africa to the Americas, about two-thirds of them from the Portuguese-controlled port cities of Luanda and Benguela alone.⁷ Most were brought to Brazil and, over the centuries, cross-Atlantic exchanges forged an almost symbiotic relationship between both Portuguese colonies, to the extent that historians such as Luiz Felipe de Alencastro have characterised Angola as a sub-colony of Brazil.⁸ With Brazilian independence in 1822 and the end of the Portuguese slave trade from Angola in the mid-nineteenth century, Angola's position within the Empire changed dramatically. Driven by a widespread belief in the colony's immeasurable resources and economic opportunities and (compared to Mozambique) greater geographic proximity to Portugal, many colonialists came to see Angola as the new cornerstone of the reconfigured 'Third' Portuguese Empire (1822–1975).⁹ Angola's particular status, I suggest, exacerbated depopulation anxieties and, alongside local factors, shaped how population policies were conceived and implemented.

Reframing Portuguese Colonialism

By examining population discourses and policies, this book not only moves beyond existing scholarship on colonial Angola and the 'Third' Portuguese Empire in general; it also inevitably challenges how Portuguese colonialism in the late nineteenth and twentieth centuries has usually been framed and interpreted. Over recent decades, historians have mainly focused on explaining three issues: the particularities and contradictions of Portuguese imperial and racial ideologies;¹⁰ the persistence of forms of unfree labour well into the twentieth century;¹¹ and the belated and violent decolonisation process, with its protracted colonial wars (1961–74), late developmental policies and African nationalist movements.¹² Looking through these specific lenses has often

⁷ Eltis and Richardson, 'New Assessment'; Silva, *Atlantic Slave Trade*. On the social history of the transatlantic slave trade in Angola, see Miller, *Way of Death*; Candido, *African Slaving Port*.

⁸ See particularly Alencastro, *Trato dos Videntes*; Curto, *Enslaving Spirits*; Ferreira, *Cross-Cultural Exchange*.

⁹ See Chapter 1. The first (maritime) empire was organised around the Portuguese trading posts in India, the second (territorial) empire around the Brazilian economy and the third centred on Portugal's African colonies. For an overview, see Costa, Rodrigues and Oliveira (eds.), *História da Expansão*. See also Clarence-Smith, *Third Portuguese Empire*.

¹⁰ See Castelo, *Modo português*; Alexandre, *Velho Brasil, novas Áfricas*; Matos, *Côres do Império*; Bethencourt and Pearce (eds.), *Racism and Ethnic Relations*; Jerónimo, *Civilising Mission*.

¹¹ See Higgs, *Chocolate Islands*; Allina, *Slavery*; Ball, *Angola's Colossal Lie*; Cleveland, *Diamonds in the Rough*; Jerónimo, *Civilising Mission* and Monteiro, *Portugal*.

¹² Messiant, *Angola colonial*; Morier-Genoud (ed.), *Sure Road?*; Jerónimo and Pinto (eds.), *Portugal e o fim do colonialismo*; Jerónimo and Pinto (eds.), *Ends of European Colonial Empires*; Péclard, *Incertitudes*; Jerónimo, 'Battle'; Alexandre, *Contra o vento*.

induced historians to – implicitly or explicitly – characterise Portuguese colonialism as distinctly brutal and backward compared to other European colonialist projects. Tying in with some newer studies that challenge this idea of Portuguese colonial exceptionalism, this book contributes to rethinking and reappraising Portuguese colonialism in two ways. First, by focusing on the important but understudied domains of demography, medicine and ‘native’ policy, it contributes to a more complex and nuanced picture of Portuguese colonialism, especially since there are few studies on colonial policies ‘on the ground’ in Angola for the period between 1890 and 1945. Second, by adopting comparative, transnational and transimperial perspectives, I show that population politics in Angola were firmly embedded in broader European discourses and practices and, in many regards, not so ‘different’, let alone exceptional.

Population Politics and the Colonial State

Portuguese colonialism in Angola cannot be understood by looking at ideological formations, forced labour regimes and late-imperial intransigence alone, however real and afflicting they were for many Angolans. Portuguese colonialism in Angola was also (often in contradictory ways) underwritten by discourses, logics and practices that, following Michel Foucault, can be described as the ‘biopolitics of the population’.¹³

When Foucault coined the terms ‘biopower’ and ‘biopolitics’ in the mid-1970s, he referred to a set of technologies that emerged in seventeenth- and eighteenth-century Europe, used to know (*savoir*) and optimise the life of both the individual and the collective body.¹⁴ According to Foucault, the individual body was addressed through disciplinary institutions like the clinic, the prison and the army in order to ‘produce human beings whose bodies are at once useful and docile’, while the collective body required a different ‘series of interventions and regulatory controls: a biopolitics of the population’. Made possible by medicine and the emergence of statistics as a new scientific discipline, these interventions targeted the biological basis of the population, aiming to monitor and improve both its quantity and ‘quality’.¹⁵ My use of the term ‘population politics’ refers to this latter part of Foucault’s biopower/biopolitics paradigm. As summarised by Philipp Sarasin, this involved

the registration and regulation of the population ‘movements’ in a given society, ranging from the statistical registration of births and deaths, the state’s efforts to increase the birth rate and the most diverse forms of public hygiene and healthcare to

¹³ Foucault, *Volonté de savoir*, 183.

¹⁴ Foucault, ‘Cours du 17 mars 1976’; Foucault, *Volonté de savoir*, 177–91.

¹⁵ Inda, ‘Analytics of the Modern’, 6 (first quote); Foucault, *Volonté de savoir*, 183 (second quote).

the actual regulation of the population from a 'qualitative' point of view, in the end to the eugenically motivated extirpation of life deemed 'unworthy of living'.¹⁶

Historians of colonialism have criticised Foucault's biopower/biopolitics paradigm for two main reasons. On the one hand, some have rightly condemned the Eurocentrism of his account, which can be said to be both empirical and epistemological: Foucault neither used non-European (con)texts to support his claims nor does the rise of 'biopower' seem to have been influenced by events or thought from outside Western Europe. Thus, Ann Laura Stoler has asked what Foucault's analysis and chronologies would look like if one included colonial settings.¹⁷ On the other hand, scholars like Frederick Cooper and Megan Vaughan have downplayed the relevance of 'biopower' in the context of colonial rule in Africa, arguing that in most colonial settings power was 'repressive' rather than 'productive', more 'arterial' than 'capillary'.¹⁸ Against the latter critique, however, Nancy Rose Hunt has argued that 'Foucault's notion of biopower needs to be taken seriously for colonial Africa', since 'these were not just extractive economies, but ones that wilfully, if ambivalently, promoted life'.¹⁹

This book refrains from adopting Foucault's general epistemological and analytical framework, with his contested concepts of (bio)power and governmentality, or from entering theoretical discussions about the validity of his chronologies. Rather, it follows Nancy Rose Hunt's intuition and uses Foucault's concept of 'population politics' as an analytical lens through which to examine 'native policy' in colonial Angola. This unites the variegated discourses and policies targeting the biological basis of Angola's African population, allowing them to be considered holistically. This study even broadens the scope of the concept. Beyond policies geared towards reducing mortality and increasing natality, which have usually been the focus of historical studies on colonial biopolitics,²⁰ it also analyses policies aimed at curbing African emigration, as these related directly to the size of Angola's 'native' population. Most fundamentally, this book explores how population politics played out in a colonial context where power asymmetries were arguably larger than in Europe and, due to claims of racial difference, differently shaped. Simultaneously, it examines how Portuguese population politics were influenced by the fact that Angola was part of the tropics.

¹⁶ Sarasin, *Michel Foucault*, 167.

¹⁷ Stoler, *Race*, 1–18. On epistemological Eurocentrism, see Mudimbe, *Invention of Africa*, 19–20.

¹⁸ Vaughan, *Curing Their Ills*, 8–12 (quotes 10); Cooper, *Colonialism in Question*, 48–9 (quotes 48).

¹⁹ Hunt, 'Fertility's Fires', 429 (quote). See also Hunt, *Nervous State*, 7–8.

²⁰ See, for instance, Hunt, *Colonial Lexicon*; Thomas, *Politics of the Womb*; Bashford, *Imperial Hygiene*.

Tropics was not merely a geographical term, designating the area between the Tropics of Cancer and Capricorn, 23°26' north and south respectively of the equator, and hence including the Portuguese colony of Angola that stretches from latitude 4° to 18° S. It was also a powerful discursive term and social construct: the tropics were imagined as fundamentally different from temperate zones like Europe in climate and vegetation, diseases and human life.²¹ Unlike much of the historiography linking colonialism and the tropics, however, this book does not focus on the protracted scientific and political debates about the possibilities of white settlement and acclimatisation,²² but on how tropical visions and conditions shaped European politics towards indigenous populations. I claim that the indigenous populations in Angola were the object of overlapping processes of Othering, conceived and governed as a racial, colonial and climatic Other. Considered inferior and incapable of self-government and self-improvement, they had to be protected from the particular dangers of tropical nature – or to be torn out of their 'innate laziness' in order to take advantage of the immense possibilities tropical fertility apparently offered for agriculture.²³ As Warwick Anderson has argued, the domestication of the tropics, which became conceivable in the early twentieth century, justified colonial rule and 'technoscientific' interventions.²⁴

Of course, population politics in Angola were neither monolithic nor all-encompassing. Although most colonisers viewed a growing and healthy African population as a precondition for the colony's *mise en valeur*, colonial rule in practice often ran counter to this logic, due to the conflicting interests and priorities of different colonial actors. On the one hand, competing rationales such as the search for short-term economic gains or the desire for comprehensive political and military control explain why colonial rule in twentieth-century Angola was never about population improvement alone, but continued to be marked also by exploitation and oppression, and in some cases outspoken indifference or extreme violence. Moreover, although colonial population discourse usually spoke of 'natives' in a generalising and totalising manner, policies sometimes differentiated between population groups. Largely based on the theories and categorisations of colonial anthropology, certain ethnic groups were deemed less important for – or even detrimental to – the future of the colony and 'excluded' from 'positive' population politics. Cases in point are the 'Bushmen' in Southern Angola, who were conceptualised as a

²¹ Stepan, *Picturing Tropical Nature*; Arnold, *Tropics*, 110–4; Anderson, 'Natures of Culture'.

²² For a brief analysis, see Chapter 1.

²³ On the 'climatic Other' and tropical laziness, see Duncan, *In the Shadows*, 8, 12, 182–4.

²⁴ Anderson, 'Natures of Culture'.

'primitive and dying race' and largely neglected by the Portuguese colonial state until the 1950s, or the 'unruly' pastoralist Kuvale, who suffered genocidal violence and forced relocation in the late 1930s and early 1940s.²⁵ On the other hand, the outcome of population policies was often more modest than, or simply different from, what had been planned or expected, because their implementation was hampered by practical problems and internal conflicts in the colonial administration and/or undermined by the attitudes and actions of the Angolan population. Angolans not only resisted but also actively (re)shaped policies intended to govern them.

This argument about the tensions and boundaries of population politics links to a broader shift in the conceptualisation of the colonial state in Africa. Counter to earlier visions of a powerful and autonomous colonial state, historians have in the last two decades increasingly highlighted its weakness and internal contradictions. Especially before 1945, that is before the 'second colonial occupation' and the rise of the 'developmental state' with increased funding and expanding bureaucratic apparatuses,²⁶ colonial states were almost permanently underfinanced and understaffed, and hence unable to completely fulfil their own far-reaching claims of controlling and transforming colonial territories and populations that were often larger than those of their metropolises. According to this revisionist view, the power of colonial states was also limited insofar as they relied heavily on African and European intermediaries and operated with little expert knowledge. Thus, their impact on African societies and cultures was often fragmentary.²⁷

Various studies have shown that African intermediaries such as 'traditional' or newly appointed authorities, clerks, interpreters, soldiers, policemen, nurses and catechists were crucial for the functioning of the colonial state but were also difficult to control as they often followed their own agenda.²⁸ Some scholars, such as the sociologist Trutz von Trotha, have emphasised that the colonial state not only depended on African intermediaries ('external intermediarity'), but also on local European administrators ('internal intermediarity'), who in practice had significant discretionary powers. Until well into the twentieth century, these 'men on the spot', sometimes called 'the real chiefs of the empire', often acted independently from – and even contrary to the policies

²⁵ On the 'Bushmen', see Coghe, 'Reassessing Portuguese Exceptionalism'; on the Kuvale, see Pélissier, *História das campanhas*, vol. 2, 267–75 and Campos, *Ocupação*.

²⁶ See Cooper, 'Modernizing Bureaucrats' and Eckert, 'We Are All Planners Now'.

²⁷ Compare Young, *African Colonial State* with Berman, 'Perils'; Eckert, 'Vom Segen der (Staats-)Gewalt?' and Conrad and Stange, 'Governance and Colonial Rule'.

²⁸ See particularly the essays in Lawrance, Osborn and Roberts (eds.), *Intermediaries* and Glasman, 'Penser les intermédiaires'. On medical intermediaries, see also footnote 82.

devised by – the central administrations in the colonial capitals. Bringing them under more continuous and tight control was a long and difficult process.²⁹ Moreover, before 1945, and certainly before the 1920s, colonial rule in Africa was based on much less, and less systematic and stable, scientific knowledge than many colonial governments wished for, as the number of scientific institutions and experts remained low until the ‘second colonial occupation’ after the Second World War.³⁰

This book further teases out the implications of this paradigm shift for Angola, drawing on recent work by Alexander Keese and Philip Havik.³¹ It looks at the internal conflicts within and limitations of the colonial state that conditioned medical, demographic and administrative population policies. Attentive to the tension between colonial discourse and the ‘contested, fragmentary and often ineffective nature of colonial practices’, it sees failure as inherent to colonial rule.³² It also attends to the ‘epistemological worries’ of colonial officials and the feelings of vulnerability and helplessness they often experienced in the colonial situation – topics that have received increased historiographical attention in recent years and further bolstered the notion of a ‘weak’ colonial state.³³ Portuguese colonial officials not only worried about the size and the health of Angola’s ‘native’ population, but many of them also feared that Portugal was not as effective as other colonial powers in ruling and ‘developing’ them – or, at least, was perceived in this way by other colonial nations and Angolans alike. These deep-seated and multi-layered anxieties about Portugal’s comparative position as an imperial power played out at various levels of the colonial administration and gave way to variegated ‘politics of comparison’: comparing and emulating practices from colonial competitors in some cases; avoiding being compared in others; and struggling for international recognition of important ‘firsts’ or particularly ‘benevolent’ practices. Following Ann Laura Stoler on the ‘politics of imperial comparison’, this study examines why, how and to what effect colonial actors constantly engaged in comparisons with other colonial powers.³⁴

²⁹ Trotha, ‘Was war Kolonialismus?’, 63–4. See also, in greater detail, Spittler, *Verwaltung* and Trotha, *Koloniale Herrschaft*.

³⁰ See Tilley, *Africa* and, for the Portuguese empire, Castelo, ‘Investigação científica’.

³¹ See most notably Keese, *Living with Ambiguity*; Keese, ‘Searching’; Havik, “‘Direct” or “indirect” rule?’ and Havik, Keese and Santos (eds.), *Administration and Taxation*.

³² Duncan, *In the Shadows*, 2 (quote).

³³ See Stoler, *Carnal Knowledge*, 10; Stoler, *Along the Archival Grain*, 3 (quote). See also Reinkowski and Thum (eds.), *Helpless Imperialists*; Fischer-Tiné (ed.), *Anxieties, Fear and Panic*. For Portuguese Angola, see Roque, ‘Razor’s Edge’.

³⁴ Stoler and McGranahan, ‘Introduction’, 13–5.

Challenging Exceptionalism

This study challenges ideas of Portuguese colonial exceptionalism that underwrite much of the historiography.³⁵ The notion that Portuguese colonial rule in the late nineteenth and twentieth century was different from that of other European powers was already actively promoted by the colonial state itself. In the 1930s and 1940s, the *Estado Novo* revived and exalted an imperial ideology, already prominent in the late nineteenth century, according to which Portuguese ‘overseas expansion’ and colonialism was not only particularly benevolent, pious and assimilationist, but also an historical and essential mission of the Portuguese nation.³⁶ In the 1950s, the *Estado Novo* adopted ‘lusotropicalism’, a concept that had been nurtured by the Brazilian sociologist Gilberto Freyre since the 1930s, as its legitimising ideology. Including many of the aforementioned ideas, its main claim was that Portuguese colonialism was uniquely benign due to the absence of racial discrimination and a positive stance on miscegenation.³⁷ Arguably, claiming imperial exceptionalism was not exceptional for colonial empires, but it was, as Stoler has convincingly argued, ‘part of the discursive apparatus of empires’. Virtually all of them adopted self-images and imperial ideologies that set them apart and legitimised their ‘civilising mission’.³⁸

It is partly in reaction to such overly positive, lusotropicalist views, which continued to pervade debates on Portugal’s colonial past until long after decolonisation (and sometimes still do), that recent historians of Portuguese colonialism have focused on debunking the contradictions of its racial ideologies, the violence of its labour regimes, the mismanagement of its developmental policies and the belatedness of its decolonisation.³⁹ By doing so, however, they have contributed to an opposite form of exceptionalism, describing a particularly unfit, backward and cruel empire. This notion was already present in international critique during colonial times, and positive self-images promulgated by *Estado Novo* colonialists were partly directed at this. Negative exceptionalism has also been fed by the writings of the influential Portuguese sociologist Boaventura de Sousa Santos, who posited that, due to Portugal’s semiperipheral position in the capitalist world-system, its colonial rule was particularly weak and subaltern, marked by the ‘incapacity to colonize efficiently’ and a strong dependency on Great Britain.⁴⁰

³⁵ For a critique of Portuguese colonial exceptionalism that addresses some of the same points, see Havik, Keese and Santos (eds.), *Administration and Taxation*, x–xi, 18–23.

³⁶ Polanah, ‘Imperial Mystique’.

³⁷ See Castelo, *Modo português* and Anderson, Roque and Santos (eds.), *Luso-Tropicalism*.

³⁸ Stoler and McGranahan, ‘Introduction’, 10–13 (quote 10). ³⁹ See footnotes 10, 11 and 12.

⁴⁰ Santos, ‘Between Prospero and Caliban’, 9 (quote).

Arguably, this negative form of exceptionalism has, for a long time, also thrived on the lack of in-depth empirical studies on many other aspects of twentieth-century colonial rule in the Portuguese Empire, not least Angola, and the lack of comparative and transimperial studies that include the Portuguese colonies. In many domains (such as colonial medicine), Portuguese colonies have been ignored or at best been covered in a cursory way, thus leaving room for the assumption that ‘the Portuguese’ did things differently, or did not do anything. Portugal’s absence is, for instance, very striking in the newer and often explicitly transimperial historiography on sleeping sickness, one of the major themes of this book.⁴¹ This situation is now slowly changing, due to the work of a new generation of scholars probing deeper into the local practices and tensions of Portuguese colonial rule before 1945 and adopting comparative and transimperial perspectives.⁴²

While the main difference might ultimately have been the protracted and violent decolonisation process in the 1960s and 1970s, this does not, of course, mean that there are no specificities of Portuguese colonial rule prior to 1945.⁴³ Nevertheless, this volume challenges Portuguese colonial exceptionalism in three intertwined ways. First, it questions the analytical value of generalisations that, as Boaventura Santos and lusotropicalist ideology did, conflate discourses and practices over vast spaces and time periods into a single theorem about the exceptional characteristics of Portuguese colonialism. It proposes to look beyond ideology and to acknowledge the situatedness, internal contradictions and shifting character of colonial discourses and practices ‘on the ground’. Second, it questions the idealised norms of British (allegedly successful, peaceful and developmental) colonialism against which Portuguese colonial rule often seems to have been pitted. As Havik, Santos and Keese have argued, economic exploitation, repression and crude violence were ‘common features’ of European colonialism in late nineteenth- and early twentieth-century Africa. Although Portuguese administrations might often (though not always) have been comparatively underfunded and understaffed, this did not entail fundamental differences in policies, although, as I will show, such differences sometimes haunted Portuguese colonial officials.⁴⁴ Alongside Keese, this study advocates a shift in perspective to see Portuguese colonial rule not as ‘different’, but rather as a variation that was ‘in its own ways representative of European colonial practices’.⁴⁵ Third and most directly, it shows that Portuguese population discourses, anxieties and policies in Angola

⁴¹ See Chapters 1 and 2. ⁴² See footnote 31.

⁴³ Havik, Keese and Santos (eds.), *Administration and Taxation*, 21. See also Jerónimo and Pinto (eds.), *Ends of European Colonial Empires*.

⁴⁴ Havik, Keese and Santos (eds.), *Administration and Taxation*, 21–3.

⁴⁵ Keese, ‘Searching’, 241 (quote).

were in many regards connected and similar to those in other colonial spaces, particularly in (Central) Africa.

To substantiate this claim, this study adopts a double, that is comparative and transimperial, approach. On the one hand, it compares colonial debates, policies and practices regarding Angola's 'native' population with those of other colonial powers, thus embedding them in the broader history of colonialism in Africa and beyond. Therefore, it draws on existing historiography as well as primary sources from these other empires. On the other, it examines how colonial actors, ideas and practices circulated across colonial and imperial borders.⁴⁶ By using these transcolonial and transimperial lenses, this study demonstrates that Angola was not exclusively tied to its metropole, Portugal, but also connected in multiple ways with actors, debates and policies in other parts of the (colonial) world, including other parts of the Portuguese Empire. This book argues that neither depopulation anxieties nor the policies attempting to address them were unique to Angola, but in large part the result of multiple intra- and inter-imperial exchanges of ideas, fears and practices. It thereby shows that such exchanges were conditioned by changing situations and power relations. Some ideas and practices did not circulate widely, due to ignorance, indifference or outright rejection by colonial actors; others underwent important changes while circulating and being (re-)adapted to different local circumstances; and still others were applied with a time lag or in a different situation.⁴⁷

Simultaneously, this study also questions the 'Portugueseness' of population politics in Angola by attending to intra-imperial differences. Empires were not homogenous entities: not only did their parts have different levels of sovereignty, as Stoler has argued, but these were often also ruled in different manners, as George Steinmetz has masterfully shown by comparing 'German' native policy in South West Africa, Samoa and Qingdao.⁴⁸ The Portuguese Empire was also highly heterogeneous, with colonies that were all situated within the tropics, but as different in size, population, economics and geopolitics as the Cape Verde Islands, Macau and Angola. Rather than being the sole product of 'national' character, traditions or styles of thought, population discourses and policies varied considerably within the Portuguese Empire, due to differences in demographic conditions and disease environments, economic importance and geographical position, ethnographic representations and legal status of the populations they were targeting.

⁴⁶ On the chances and challenges of transimperial history, see Hedinger and Heé, 'Transimperial History'.

⁴⁷ See Raj, 'Beyond Postcolonialism', 343–4. On the non-circulation of knowledge and cultural production of ignorance, see Proctor and Schiebinger (eds.), *Agnology*.

⁴⁸ Stoler, 'Degrees of Imperial Sovereignty'; Steinmetz, *Devil's Handwriting*.

A striking example can be found in the migration policies discussed in Chapter 6. Whereas, from the late nineteenth century, the colonial government in Lourenço Marques (now Maputo) allowed tens of thousands of Mozambican labourers to work in the mines and farms of neighbouring South Africa and Southern Rhodesia every year and organised a monitoring system for this massive labour migration, the Colonial Ministry in Lisbon did not allow the government in Luanda to copy this model when corresponding foreign demands for Angolan labourers arose in the interwar years. Fears of labour scarcity might have been stronger in Angola, but the main reason for this differential treatment was arguably the different position Angola held in the imperial imagination: the heart of the Portuguese Empire and exclusively national terrain.

Rethinking Population History in the Twentieth Century

By analysing population politics in colonial Africa before 1945, this book also departs from, and simultaneously speaks to, both main strands in the historiography on twentieth-century population politics, thus challenging some of the main narratives in population history.⁴⁹ The first major strand of research has analysed the decline of fertility that was first diagnosed for France in the mid-nineteenth century and began to affect many other European countries around the turn of the century. Initially, this topic interested mainly historical demographers, who sought to statistically reconstruct and explain falling birth rates in Europe.⁵⁰ From the 1980s onwards, however, historians shifted attention to the political, social and cultural dimensions of this demographic phenomenon.⁵¹ They have shown how, in the late nineteenth and early twentieth centuries, declining birth rates triggered anxieties of both quantitative and qualitative population decline, the former threatening the external power of the nation-state, the latter the power balance within it. In the era of nationalism, both the size and composition of the population mattered for the future of the nation. Declining birth rates strengthened discourses of degeneration, as many contemporaries believed that this decline was greater among the 'educated classes' than among the 'lower and dangerous classes', and that this in turn would result in a growing dominance of 'undesirable elements'. Historians have argued that, although intertwined, fears over the size and the differential fertility of the population gave rise to the divergent intellectual answers and

⁴⁹ For an overview of these analytical strands, see Bashford, 'Nation, Empire, Globe', 170–1.

⁵⁰ For an authoritative analysis, see the contributions in Coale (ed.), *Decline of Fertility*.

⁵¹ For the political history of population, see Rosental, 'Histoire politique'.

political programmes of pronatalism and eugenicism.⁵² Pronatalist and eugenicist debates and policies have received much scholarly attention, also with regard to Portugal.⁵³ Colonial populations, however, are generally absent in this analytical framework, except for the anxieties of non-adaptation, degeneration and miscegenation regarding white Europeans in the colonies.⁵⁴

The second major strand, which has gained momentum over the past 15 years, explores the global dimensions of the population problem and puts non-Europeans centre-stage. It has, however, a strong focus on the problem of overpopulation and, concomitantly, the global population control movement after the Second World War. Scholars like Matthew Connelly and Marc Frey have shown how, between the late 1940s and early 1980s, neo-Malthusian concerns regarding rapid population growth in Asia and parts of Africa and Latin America gripped international 'experts' and national policy-makers. Partly due to the support of a small but powerful transnational epistemic community of 'population experts', these concerns triggered numerous programmes aimed at monitoring and limiting population growth in what had begun to be referred to as the 'Third World'.⁵⁵ A growing number of case studies have analysed how such 'family planning' programmes functioned in national contexts, in other words, how they were enmeshed with imperatives of modernisation and development or implemented through contraceptives and sterilisation procedures.⁵⁶

This book addresses the 'blind spots' of both strands of research. By studying pre-1945 Angola and showing that it was in many regards typical of large parts of tropical Africa and the Pacific, it makes the broader argument that discourses and policies with regard to colonial, non-European populations in the twentieth century were not only about overpopulation.⁵⁷ As such, this book also serves as a counterpoint to the work of Alison Bashford, who has retraced the genealogy of the global overpopulation discourse back into the

⁵² Teitelbaum and Winter, *Fear of Population Decline*; Schneider, *Quality and Quantity*; Soloway, *Demography and Degeneration*; Cole, *Power*.

⁵³ From the vast literature, and in addition to the previous footnote, see, on pronatalist policies, Thébaud, 'Mouvement nataliste'; Pedersen, *Family*; Cova, 'Histoire de la maternité' and, on eugenics, Adams (ed.), *Wellborn Science*; Stepan, *Hour of Eugenics* and Turda and Gillette, *Latin Eugenics*. For Portugal, see, on pronatalist policies, Pimentel, *História das organizações femininas*; on eugenics, Pereira, 'Eugenia'; Matos, 'Aperfeiçoar a "raça"' and Cleminson, *Catholicism, Race and Empire*.

⁵⁴ See, for instance, Campbell, *Race and Empire*; Saada, *Empire's Children*. For the Portuguese Empire, see Williams, 'Migration and Miscegenation'; Bastos, 'Migrants, Settlers and Colonists'; Cleminson, *Catholicism, Race and Empire*, 203–45.

⁵⁵ See especially Connelly, *Fatal Misconception* and Frey, 'Neo-Malthusianism'.

⁵⁶ See, for instance, Briggs, *Reproducing Empire*; Huhle, *Bevölkerung*; Dörnemann, *Plan Your Family* and various contributions in Hartmann and Unger (eds.), *World of Populations*.

⁵⁷ For this broader argument, see also Coghe and Widmer, 'Colonial Demography'.

interwar period.⁵⁸ It does not question that the – mostly Anglophone – experts at the centre of Bashford's argument were indeed beginning to view overpopulation, already apparent in some Asian countries, as a global challenge, in (geo) political, economic and environmental terms, in the 1920s and 1930s. Rather, it demonstrates that there was another, simultaneous, population discourse. Parallel to fears of fertility and population decline in Europe, Portuguese, French, Belgian and British colonial 'experts' in tropical Africa and the Pacific were still predominantly concerned with the intertwined problems of de- and underpopulation. In many of these colonies, including Angola, fears of rapid population growth and overpopulation only emerged after 1945, and often even much later still, after decolonisation.

These depopulation anxieties and corresponding population policies have not gone completely unheeded in the historiography on tropical Africa and the Pacific, but they have thus far been analysed in a fragmentary and unsystematic way. One strand of studies has focused on discourse, discussing how European observers attributed de- and underpopulation in a particular colony or empire to a variety of causes, most notably deadly diseases, low fertility, high infant mortality, the persistence of 'native' customs, emigration and the nefarious influence of colonial rule.⁵⁹ Another body of literature has analysed particular colonial policies aimed at countering depopulation, such as medical campaigns against epidemic diseases⁶⁰ or interventions in indigenous women's reproduction.⁶¹

This book goes beyond this insightful literature, broadening the scope of analysis in three main ways. First, analysing both discourses and policies, it provides the first book-length analysis of how depopulation discourses and population politics in colonial Africa were interwoven, and how the latter played out locally. Second, it does not focus on a single cause of depopulation but examines a broad variety of causes and policies. Looking at all three basic demographic movements (natality, mortality and migration), it connects various fields of study rarely analysed together, such as demography, health, reproduction, migration and border policies. Third, this book transcends the national framework that usually limits the scope of analysis in the aforementioned studies. It shows how (de)population discourses and policies crossed

⁵⁸ Bashford, 'Nation, Empire, Globe' and especially Bashford, *Global Population*.

⁵⁹ For colonial Africa, see particularly van Beusekom, 'From Underpopulation to Overpopulation'; Sanderson, 'Congo belge'; Hunt, 'Colonial Medical Anthropology' and Ittmann, *Problem of Great Importance*, 48–82. On depopulation anxieties in the Pacific, see Brantlinger, *Dark Vanishings*, 141–63 and the work of Alexandra Widmer, in particular Widmer, 'Of Field Encounters'.

⁶⁰ See further in this chapter.

⁶¹ See, for instance, Summers, 'Intimate Colonialism'; Hunt, *Colonial Lexicon*; Thomas, *Politics of the Womb*; Widmer, 'Imbalanced Sex Ratio'.

colonial and imperial boundaries and, without ignoring dissimilarities, argues that, in many regards, their actuation in Angola was typical of large parts of tropical Africa and the Pacific.

The Tensions of Colonial Demography

Population Politics in the Tropics also takes a closer look at the role of demographic knowledge in colonial population discourses and policies. Although population figures and indices figured prominently in debates about colonial populations, it is striking that how they were used has barely been examined in historiography, certainly with regard to Africa. Instead, much of the literature has been written from the vantage point of historical demography and/or social history. The main thrust of such studies has been to gather and 'correct' the scanty demographic data produced by colonial bureaucracies and religious actors to reconstruct demographic 'realities' and assess the influence of colonialism on African demographic regimes (fertility, mortality and migration).⁶² Since the late 1980s, historians have also looked at colonial demography from the perspectives of cultural and postcolonial history. However, many of these studies have, perhaps excessively, focused on the classificatory logics of the colonial census, thereby turning the idea that census categories reinforced or even created ethnic identities and differences, with all the social consequences, into a historiographical commonplace.⁶³

This book explores a different path of analysis. It does not pay much attention to the role of census categories in the production of Angola's ethnic landscape, nor does it aim to reconstruct its demographic past. It is not unlikely that the Angolan population effectively declined in the late nineteenth and early twentieth century, due to the long-term effects of the transatlantic slave trade, colonial wars of conquest, epidemic diseases, famine, and other disruptions caused or reinforced by colonial encroachment. Jan Vansina, for instance, in a nuanced case study on the Kuba in the neighbouring Belgian Congo, estimated population decline between 1880 and 1920 at 15–19 per cent.⁶⁴ Yet whether and to what extent such a decline occurred in Angola is a question that this book cannot and does not want to answer. There are no

⁶² See the studies in Cordell and Gregory (eds.), *African Population and Capitalism* and Fetter (ed.), *Demography from Scanty Evidence* as well as Cordell, Gregory and Piché, *Hoe and Wage* and Walters, 'Counting Souls'. For Angola, see Heisel, 'Indigenous Populations'; Heisel, 'Demography'; Heywood and Thornton, 'Demography'; Heywood and Thornton, 'African Fiscal Systems'.

⁶³ Classic texts are Cohn, 'Census' and Anderson, *Imagined Communities*, 164–70. See also the critique in Appadurai, 'Number in the Colonial Imagination', 316. For Africa, examples include Christopher, 'To Define the Indefinable'; Uvin, 'Counting' and, though embedded in a broader analysis, also van den Bersselaar, 'Establishing the Facts'.

⁶⁴ Vansina, *Being Colonized*, 127–49.

detailed case studies like Vansina's for Angola and, in recent macro-studies, historical demographers and economic historians have not reached a consensus on whether the population in Angola, and (West) Central Africa as a whole, effectively declined. Using back-projections of late-colonial censuses, usually of 1950 and/or 1960, to cope with the lack of reliable data from earlier periods, they have come to different conclusions. While Patrick Manning has suggested a very low, but continuous population growth in Angola between 1850 and 1920, which then accelerated from the 1920s onwards, Ewout Frankema and Morten Jerven have posited a net population loss of 15 per cent between 1890 and 1920 for the whole of Central Africa, without providing any detail on Angola.⁶⁵ The differences between these studies reveal the basic tension of back-projections: they are always estimates that hinge on how authors determine 'standard' growth rates and quantify the impact of colonial 'disruptions' such as wars, famines, and epidemics.⁶⁶ Exemplary of the epistemological problems of reconstructing early colonial African demography is the infamous case of the Belgian Congo. Whereas some historians, followed by elements of public opinion, have assumed a net population loss of up to 50 per cent between the onset of colonial conquest in 1885 and 1930, much more than the 15–19 per cent calculated for the Kuba by Jan Vansina, others remain sceptical as to whether decline exceeded 10 per cent or even occurred at all.⁶⁷

Rather than trying to reconstruct Angola's demographic evolution, this volume approaches demographic knowledge from a constructivist perspective. It examines why, how and by whom demographic data in Angola were produced, and how these numbers, percentages and indices subsequently circulated and were interpreted, debated and used by a broad array of colonial actors. In line with recent historiography on other colonies, it shows that the production of demographic data on Angola's 'native' population met many obstacles and that hence data were relatively scarce and inaccurate, certainly before the first 'scientific' census of 1940.⁶⁸ It also draws attention to the contradictions that arose from the fact that these data were produced by various departments in the colony, each with their own rationale and method of data gathering. It thereby foregrounds the role of medical doctors in colonial

⁶⁵ Manning, 'African Population' and the appendices (esp. B15) available as spreadsheet at www.dataverse.pitt.edu/archive/users.php (last accessed 10 December 2020); Frankema and Jerven, 'Writing History Backwards', 925–7.

⁶⁶ For a critique of population estimates and back-projections, see Caldwell and Schindlmayr, 'Historical Population Estimates', 192–202.

⁶⁷ See the discussion in Sanderson, *Démographie coloniale congolaise*. Compare with Vansina, *Being Colonized*, 127–49 and Manning, 'African Population', appendix B15, who attests population stagnation and even slow growth for this period.

⁶⁸ See, for instance, Fetter, 'Demography in the Reconstruction'; van den Bersselaar, 'Establishing the Facts'; Gervais and Mandé, 'Comment compter'; Barbieri, 'Utilité des statistiques'.

demography, which has been almost completely overlooked by historians (see Chapter 4).

Moreover, by analysing the circulation and consumption of colonial demographic intelligence, this study also draws attention to a crucial, though thus far unexplored tension of colonial demography, at which the eminent demographer Robert René Kuczynski hinted in 1937 when he bemoaned the ‘appalling’ extent to which colonial officials were ‘tempted to draw far-reaching conclusions from the scanty population data at their disposal’.⁶⁹ Indeed, although colonial officials were mostly aware of the deficiencies of their demographic data, they continued to circulate and interpret these data, either because they perceived this as their bureaucratic duty or because particular numbers, percentages or indices suited their agenda. The fiction of the numbers not only promoted the ‘illusion of bureaucratic control’, as Arjun Appadurai has stated with regard to British India;⁷⁰ numbers also served to fuel or appease depopulation anxieties and to legitimise particular population policies.⁷¹

Colonial Medicine

Most of the population policies studied in this book relate to medicine. While demography was about measuring change within a population, medicine promised to increase its ‘quantity and quality’. Following Foucault’s idea of population politics, this book attends to the multiple and varied efforts to reduce the mortality, increase the natality and improve the overall health of Angola’s ‘native’ population. Somewhat surprisingly, this story has hardly been told. Although colonial medicine is a burgeoning historiographical field, with a vast and growing number of articles and book-length studies on British, French, Belgian or German colonies in Africa,⁷² twentieth-century Angola has thus far received very little scholarly attention. Notable exceptions are Martin Shapiro’s pioneering, though rather broad PhD thesis and Jorge Varanda’s work on the health policies of Diamang, a major diamond company in northeastern Angola.⁷³ Scholars of the Portuguese Empire have mostly

⁶⁹ Kuczynski, *Colonial Population*, xii–iii.

⁷⁰ Appadurai, ‘Number in the Colonial Imagination’, 316–20 (quote 317).

⁷¹ For this instrumental use, see also Dörnemann, Overath and Reinecke, ‘Competing Numbers’.

⁷² See particularly Vaughan, *Curing Their Ills*; Lyons, *Colonial Disease*; Headrick, *Colonialism, Health and Illness*; Bado, *Médecine coloniale*; Hunt, *Colonial Lexicon*; Bell, *Frontiers of Medicine*; Neill, *Networks*; Webel, *Politics of Disease Control*.

⁷³ Shapiro, *Medicine*; Varanda, *A Bem da Nação*; Varanda, ‘Crossing Colonies and Empires’; Varanda, ‘Cuidados biomédicos’.

focused on earlier time periods⁷⁴ or other colonies, most notably Goa and Guinea.⁷⁵

While exploring this virtually uncharted empirical terrain, this volume draws upon and contributes to major turns in the historiography of colonial medicine that have, over the past four decades, vanquished the ‘humanitarian’ master narrative, reframed the interactions between colonial health officials and indigenous populations and embedded them in broader transnational and global contexts. The first, and perhaps most fundamental, of these turns started in the 1970s–1980s, when the often heroic narrative of medical progress, which focused on the conquest of particular tropical diseases and the achievements of ‘great European men’, began to give way to a more critical view of the connection between medicine and imperialism that paid greater attention to the social, political, cultural and economic contexts of health, disease and medicine.⁷⁶ Drawing upon Daniel Headrick’s influential work on the role of technology and infrastructure in nineteenth-century European imperialism, many have questioned the disinterested, humanitarian and benevolent character of colonial medicine. Some reframed it as a ‘tool of empire’, used by colonial powers to penetrate, control and exploit the territories under their rule.⁷⁷ Others, particularly scholars working on urban sanitation measures or large-scale disease campaigns, stressed the violence, racism and disruptive effects of colonial medicine in practice.⁷⁸ Still others have focused on the confrontation between Western medicine and African healing practices, refuting the assumption that Western epistemes and practices simply eclipsed African ‘therapeutic practices’ often dubbed ‘traditions’. Instead, they claim that this encounter often led to medical pluralism, that is the co-existence of beliefs and practices from different healing systems.⁷⁹

In concert with such critical perspectives, this book shows that colonial medicine in late nineteenth- and twentieth-century Angola indeed served as a ‘tool of empire’. Beyond facilitating the survival of European settlers, state officials and missionaries in tropical environments, the introduction of Western

⁷⁴ See, for instance, Walker, ‘Acquisition and Circulation’; Kananoja, *Healing Knowledge*.

⁷⁵ See in particular the work of Cristiana Bastos and Philip Havik, most notably Bastos, ‘Doctors for the Empire’; Bastos, ‘Medical Hybridisms’; Havik, ‘Public Health and Tropical Modernity’ and Havik, ‘Public Health, Social Medicine’. See also Silva, *Land of Flies* and Williams, *Healthy Colonial State*.

⁷⁶ For this shift, see MacLeod, ‘Introduction’, 4–6. Paradigmatic works are Arnold (ed.), *Imperial Medicine*; MacLeod (ed.), *Disease, Medicine, and Empire*; Feierman and Janzen (eds.), *Social Basis*.

⁷⁷ Headrick, *Tools of Empire*, 3–14, 58–79. See also Curtin, *Disease and Empire*.

⁷⁸ See Swanson, ‘Sanitation Syndrome’; Lyons, *Colonial Disease* and Lachenal, *Médicament*.

⁷⁹ See the groundbreaking Janzen, *Quest for Therapy*. On the concept of medical pluralism, see also Vaughan, ‘Healing and Curing’, 290–2; Bruchhausen, ‘Medical Pluralism’. I have borrowed the term ‘therapeutic practices’ from Janzen and Feierman, ‘Preface’, xvi, who reject the term ‘traditional’ for being (or suggesting to be) antithetical to ‘modern’.

biomedicine increasingly aimed to improve the health of Africans needed as labourers for the economic *mise en valeur*, extend social control over them and, by framing healthcare as part of Europe's civilising mission, increase the international legitimacy of colonialism.⁸⁰ Using a broad range of previously unexplored sources, the demographic, political and economic rationales of colonial medicine are analysed in this volume. Yet, as various historians have pointed out, the 'tool of empire' concept does not fully render the complexities of medical interactions in the colonial situation.⁸¹ In the first half of the twentieth century, biomedical interventions in Angola, as in most parts of colonial Africa, were still limited in scope and efficiency, due to internal shortcomings and conflicts, and the resilience of competing indigenous beliefs and practices. Local beliefs about disease causation often persisted and many Africans continued to prefer local remedies over biomedical treatment, or combined elements of each in local forms of medical pluralism. Further, Western biomedical practices were often brutal and disruptive. During the vast anti-sleeping sickness campaigns extensively analysed in Chapters 2 and 3, colonial health services forcibly relocated, incarcerated and treated a large number of people.

Despite this violence, this book rejects a binary opposition between (passive) African patients and European health workers. In line with a growing body of literature on other (African) colonies inspired by subaltern studies and the postcolonial turn, it shows that medical interventions depended on the collaboration of Africans. The agency of African 'patients' could take multiple forms, ranging from avoidance and outright resistance (for instance through hiding, evasion or non-compliance) to the (partial) acceptance of, and even demand for, new biomedical interventions. Often, their views and actions forced colonial health officials to rethink and reshape their programmes and practices. Moreover, African agency was not limited to 'the sick'. The spread and acceptance of new biomedical practices largely hinged on the collaboration of African intermediaries, such as local chiefs, nurses and midwives. Trained by both state and missionary doctors, medical auxiliaries played an important role in colonial health campaigns, but often followed their own agenda.⁸²

The fault lines of colonial medicine not only ran between Africans and Europeans. While leading European doctors in Angola championed the organisation and expansion of medical campaigns and basic African healthcare for the sake of demographic improvement and international legitimacy, parts of

⁸⁰ See also Shapiro, *Medicine*.

⁸¹ See, for instance, Arnold, *Colonizing the Body*, 15, 292–3; Au, *Mixed Medicines*, 6–7.

⁸² See, for instance, Lyons, 'Power to Heal'; Turriffin, 'Colonial Midwives'; Kalusa, 'Language' and Webel, 'Medical Auxiliaries'.

the colony's administration and public opinion criticised the costs, the modalities and sometimes even the very utility of such population politics. Hence, ambitious health plans were recurrently thwarted by reluctant governors-general and austerity-led colonial ministers, or eroded by the passive resistance of local administrators anxious about their authority and on whose collaboration medical officers largely depended. Although personnel and budget were significantly expanded in the 1920s, the colonial health services in Angola (as in virtually all colonies) were almost permanently underfinanced and understaffed. Moreover, conflicts over goals, methods and individual career paths also arose within the health services themselves or between doctors in Angola and experts in tropical medicine in Lisbon – a new medical specialty based on parasitology that was institutionalised in Europe's imperial metropolises in the early twentieth century to deal with the major diseases in the (tropical) colonies.⁸³ Colonial medicine, hence, was not simply a 'tool of empire', but the result of continuous and complex negotiation processes between a multitude of colonial actors.

These negotiations did not only take place within Angola or between Angola and Portugal. Tying in with the recent transnational and global turns in medical history, this book emphasises that, as for colonialism in general, medical knowledge and practices circulated across colonial and imperial boundaries, furthered by the intra-imperial mobility of doctors, international conferences and journals and transimperial collaborations.⁸⁴ The transnational and global perspectives adopted throughout this study reveal the multiple, varied and changing connections between medical ideologies, programmes and practices in Angola and other parts of the (colonial) world. Thus, this study not only provides a first book-length transimperial history of colonial medicine in Angola: it also serves as an addition and corrective to various recent and explicitly transimperial histories of colonial medicine in Africa that have, for epistemological or practical reasons, 'forgotten' the Portuguese colonies.⁸⁵

Angola's transnational connections not only included state actors, but also international organisations and private philanthropies, such as the League of Nations Health Organisation (LNHO) and the Rockefeller Foundation, whose global involvement in health campaigns has received much scholarly attention

⁸³ See Chapter 1.

⁸⁴ While first programmatic calls were published in the late 1990s, major transnational and transimperial studies appeared only in the 2010s. Compare Arnold, 'Introduction', 11 and Anderson, 'Postcolonial History' with Digby, Ernst and Muhkarji (eds.), *Crossing Colonial Historiographies*; Neill, *Networks*; Mertens, *Chemical Compounds* and Lachenal, *Médicament*. For the Portuguese empire, see Varanda, 'Crossing Colonies and Empires'; Bastos and Barreto (eds.), *Circulação do conhecimento*.

⁸⁵ See Chapters 1 and 2.

recently.⁸⁶ Missionary societies intervened in the health of Angola's 'native' population as well: by hiring professional doctors and nurses and training African nurses and midwives, foreign Protestant missions provided basic healthcare and targeted specific diseases and health problems.⁸⁷ Examining their involvement in fighting sleeping sickness and medicalising childbirth, this book also reveals the ambivalent attitudes of Portuguese state doctors and the colonial administration towards them.

Sources and Archives

Population Politics in the Tropics draws upon a large number and variety of primary sources, many of which have hardly, if at all, been used in historical research. These were unearthed during extensive research stays in libraries and archives in Angola, Portugal and various other European countries.

The published sources used in this study range from official government documents such as administrative reports, law texts and statistical publications to more personal considerations such as memoirs and travelogues. Within this range are also numerous scientific, medical and more generalist colonialist pieces, presented at national and international conferences or published as journal articles or monographs. Angolan newspapers, a large collection of which is held in the National Library in Lisbon, also conveyed valuable insights. Beyond providing information on local events and institutions, they were also the sites where high-ranking colonial officials aired ideas, policies and results. It is necessary to remember, however, that virtually all documents published in Portugal and its colonies during the military dictatorship (1926–33) and the *Estado Novo* (1933–74) underwent state censorship.⁸⁸ Sensitive issues and voices particularly critical of state policies were hence largely filtered out.

In order to analyse the inner life of the colonial state, archival sources were crucial. The present study is based on extensive research in the collections of the Portuguese Colonial Ministry, stored in the *Arquivo Histórico Ultramarino* (AHU) in Lisbon, and of the central government (*Governo Geral*) of Angola, preserved in the *Arquivo Nacional de Angola* (ANA) in Luanda. In these official, though still much under-used, repositories of Portuguese colonial rule in Angola, I have consulted a wide array of sources produced by agents of the

⁸⁶ On the LNHO, see Weindling, 'Philanthropy'; Borowy, *Coming to Terms*; Sealey, *League of Nations Health Organisation* and Tworek, 'Communicable Disease'. On the medical work of the Rockefeller Foundation, see Farley, *To Cast Out Disease* and Stepan, *Eradication*.

⁸⁷ On missionary medicine in colonial Africa, see Ranger, 'Godly Medicine'; Landau, 'Explaining Surgical Evangelism'; Jennings, 'Healing of Bodies' and the contributions in Hardiman (ed.), *Healing Bodies*.

⁸⁸ See, for instance, Barreto, 'Censura' and Gomes, *Militares*.

colonial state such as colonial doctors, administrators, governors and inspectors. While these sources offer valuable insights into the depopulation anxieties that haunted colonial officials and the related population policies, they also present two basic problems.

The first is that the sources available in the aforementioned archives only constitute a small part of the documents produced by the Portuguese Colonial Ministry and the central government in Angola between 1890 and 1945. Whole collections are missing or, due to the lack of personnel, have not yet been processed by archivists, so that they are (still) inaccessible to the scholarly community.⁸⁹ In Portugal, this not only concerns the AHU: the incorporation and processing of archival collections on Portugal's national and colonial history of the twentieth century has long not been given priority, since the undertaking of twentieth-century history was hampered by censorship and taboos.⁹⁰ In Angola, many local archives were destroyed during the colonial and civil wars, or are almost inaccessible to (foreign) researchers.⁹¹ A particular setback for this study was that the records of the Angolan health services for the time period under consideration here have never entered the ANA or AHU, and that I was unable to locate them elsewhere. I have found (copies of) reports and correspondence in other collections in the same archives, but, overall, my analysis of health policies relied on printed sources to a greater extent than I would have wished. Further, it is important to note that both AHU and ANA only possess rudimentary catalogues, making research a time-consuming, haphazard and often frustrating experience.

Using sources from the AHU also raises a second issue. Most of these documents were written or compiled either by officials of the Colonial Ministry in Lisbon or high-ranking colonial authorities in Angola, such as governors-general, provincial governors and directors of services. These were the documents considered important enough to be sent from Luanda to Lisbon, whereas reports from and correspondence with the lower echelons of the colonial administration in Angola were usually not forwarded. It is important to acknowledge the biases this creates. High-level documents tend to be more polished and programmatic and contain less information on the local practicalities and everyday complexities of colonial population policies, not to speak of African attitudes and actions. Fortunately, some local reports and correspondence did end up in the AHU, often as part of larger files, conveying a more actor-oriented and nuanced picture of colonial rule. Even so, the main

⁸⁹ On the situation in the AHU, see also Castelo, *Passagens para África*, 34–5; Ball, *Angola's Colossal Lie*, 14–5; Keese, 'Why Stay?', 80–1; Havik, 'Public Health and Tropical Modernity', 642.

⁹⁰ Domingos and Pereira, 'Introdução', 15.

⁹¹ Pacheco, 'Arquivos queimados', 33–7; Thompson, 'Taking the Graduate Students'.

consequence is that this study tells more about the thoughts and actions of Portuguese colonial officials in Angola than about African views and actions, and is hence much less Africanist than originally conceived.

To attenuate the gaps and biases of the sources in the AHU and ANA, and to introduce transnational perspectives, these are complemented with archival material from over a dozen other archives located in Portugal, Belgium, France, Germany, Great Britain and Switzerland. In Portugal, I found important reports on the 1930s and 1940s in the personal archives of António de Oliveira Salazar and his successor Marcello Caetano, who was Minister of Colonies from 1944 to 1947, stored in the National Archives in Lisbon, the *Arquivo Nacional da Torre do Tombo* (ANTT). To grasp Angola's connections with other colonies and international organisations, such as the League of Nations, I consulted the Foreign Ministry's *Arquivo Histórico-Diplomático* (AHD-MNE). For some more specific questions, I have drawn on documents from the *Arquivo Histórico Parlamentar* (AHP) and a small collection of letters from a leading medical doctor in Angola, held by his great-nephew Luiz Damas Mora.⁹² Visits to public archives in Brussels, London and Berlin and to the archives of the League of Nations in Geneva served to further explore the international and transimperial connections of Portuguese population policies in Angola. Finally, I consulted the archives of the Protestant Baptist Missionary Society (BMS) in Oxford and of the Catholic Congregation of the Holy Spirit in Chevilly-Larue (AGCSSp) near Paris, two of the most important missionary societies present in colonial Angola, to elucidate the role of missionaries in healthcare and other population policies.

Structure of the Book

The book is organised both chronologically and thematically. Following the unfolding of the depopulation discourse and the policies adopted to turn the tide, it gradually advances from the late nineteenth to the mid-twentieth century, when depopulation fears slowly faded. Each chapter focuses on different aspects of Portuguese population politics.

Chapter 1 charts the emergence of depopulation anxieties and population politics in Angola around the turn of the twentieth century. It argues that a new epidemic of sleeping sickness in the 1890s played a key role in this process, as it served as a catalyst for various shifts in the configuration of Portuguese colonialism in Africa. Raging in the historical heartland of colonial Angola, sleeping sickness was thought to cause tremendous population loss and, hence, seen as a threat to the economic future and legitimacy of Portuguese

⁹² These are now published in Mora, *António Damas Mora*, 91–106.

colonialism. Medical intervention became a demographic and economic necessity, a national and international imperative and a scientific opportunity. Moving beyond demographic discourse and broader shifts in colonialism, Chapter 2 analyses the multi-faceted practical efforts to check sleeping sickness in Angola until the end of the First World War. It argues that Portuguese doctors actively contributed to the transimperial efforts to understand and cure this deadly disease, but that the implementation of new biomedical knowledge and practices ‘on the ground’ was seriously hampered by various factors, most notably the distrust and resistance of many Angolans, difficult ecological conditions and a chronic lack of resources.

The next three chapters move forward into the interwar period, showing how the scope of medical and demographic intervention broadened with the establishment of a more comprehensive and better funded programme of African healthcare, the so-called *Assistência Médica aos Indígenas* (AMI), in the 1920s and its orientation towards social (i.e. collective and preventive) medicine. Chapter 3 examines the debates leading up to the establishment of this AMI programme in 1926, the programme’s general structures and objectives as well as the structural constraints that eventually limited its expansion in the 1930s. It shows that, aside from demographic, medical and economic considerations, a decisive rationale for the AMI programme was Portugal’s desire to defend its legitimacy as a colonial power against growing international critique after the First World War, most notably from within the newly established League of Nations. The chapter also looks at how the anti-sleeping sickness campaign became an essential part of this new health scheme. The main argument of the chapter is that, in the interwar years, the history of both the AMI scheme and anti-sleeping sickness measures were profoundly shaped by processes of inter-imperial comparison and exchange. These could take the form of (explicit or implicit) inter-imperial borrowing, collaboration, but also competition.

Chapters 4 and 5 concentrate on further aspects of the AMI programme and the dynamics of practical implementation. Chapter 4 attends to the barely studied role of doctors as ‘field demographers’ and population experts in tropical Africa. As depopulation anxieties grew even stronger after the First World War due to new statistical data, doctors used the structures of the AMI programme to collect and analyse demographic data in a far more systematic manner. The chapter explores the rationales, methods and tensions of this ‘medical demography’ in interwar Angola, attending to the transnational circulation of practices and the agency of the African population. It argues that, despite the multiple difficulties in gathering accurate data, doctors often drew far-reaching conclusions. By suggesting that the population had begun growing again and that the major problem was no longer excessive mortality from diseases nor low fertility, but rather rampant infant mortality, they used

their demographic data to legitimise the AMI programme and to shift attention towards infant healthcare.

Chapter 5 discusses how this shift played out in practice. It looks more closely at three kinds of interventions aimed at curbing maternal and infant mortality in Angola in the 1920s–1940s and connects them with debates and policies in Portugal and other African colonies: the establishment of state maternity hospitals and concomitant education of Angolan midwives; philanthropic initiatives such as infant welfare dispensaries promoted by high-ranking Portuguese women in urban areas; and the Protestant mission maternities and midwife training schemes. The chapter argues that all three schemes were underwritten by a strongly negative image of African mothers, whom they wanted to instil with the ‘art of motherhood’, but that passive resistance and selective appropriation by African mothers changed their orientation.

Finally, Chapter 6 goes beyond medical interventions and highlights the spatial dimensions of population politics in the first half of the twentieth century. It focuses on the anxieties and counter-policies that the emigration of Angolans to neighbouring colonies provoked among colonial officials. Presumably, Angolans emigrated, temporarily or permanently, to work in foreign mines, plantations or infrastructure, to avoid taxes and forced labour, or to improve their standard of living. Although demographic knowledge about these migration movements was partial and unstable, they reinforced existing fears of population decline and about Portugal’s prestige as a colonial power. In turn, they led to administrative and religious policies in border regions, such as tax reductions, the settlement of Catholic missions and the improvement of administrative control. The chapter also reveals conflicting views between the Colonial Ministry in Lisbon and the central government in Luanda about the advantages of prohibiting intra- and transimperial labour migration.

The Conclusion summarises the findings of the book and wraps up its key arguments. It is followed by an Epilogue on posterior developments, showing that after the Second World War depopulation fears gradually faded away, but that, unlike what happened with regard to many other parts of Africa and the emerging ‘Third World’, indications of sustained natural population growth did not readily spark fears of overpopulation. Densities were still considered low and the massive influx of white settlers was justified with Angola’s allegedly tremendous potential to absorb population growth.