



# The tropics and the rise of the British Empire: Mungo Park's perspective on Africa in the late eighteenth century

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## Abstract

The young Scottish physician Mungo Park, aged 23, arrived in Africa in 1795 with a mission as specific as it was complex in those bygone days, namely to travel the entire length of the River Niger. In 1799, the story of this journey was published in a book that sold 1,500 copies in the first month alone, with two further editions published that same year, as well as the translation of the work into French and German the following year. In this article, the narrative of Mungo Park is examined by taking due consideration of the relationship between the tropics, science and travel in the early days of British expansionism into the heart of Africa.

Keywords: tropics; travel narrative; Mungo Park (1771-1805?); African Association.

### Travel plans and routes

“[For fully eighteen months] I had not beheld the face of a Christian, nor once heard the delightful sound of my native language” (Park, 2002, p.330). It was with these words that the Scottish physician Mungo Park sought to transmit to his readers the sense of being a foreigner on a voyage of exploration into the hinterlands of Africa. Park arrived in Africa in 1795, aged 23, contracted by the African Association – a society dedicated to promoting expeditions to exploit the commercial riches of the interior of the continent – for a task as specific as it was complex in those early days, namely to travel the entire length of the River Niger.

After reaching Jillifree in the Kingdom of Barra, Park continued on his journey to the city of Pisania, an outpost controlled by the British on the banks of the Gambia River and

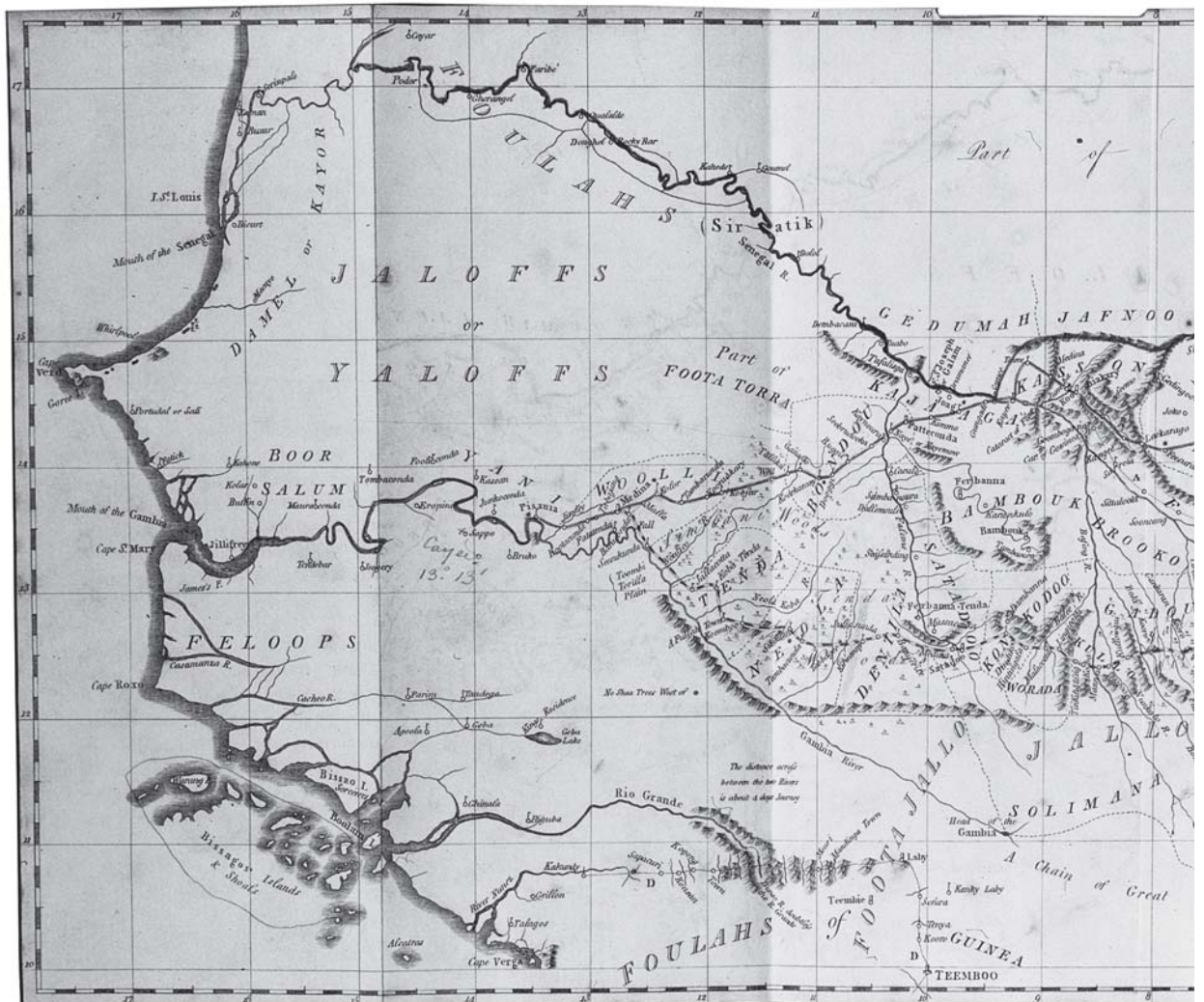
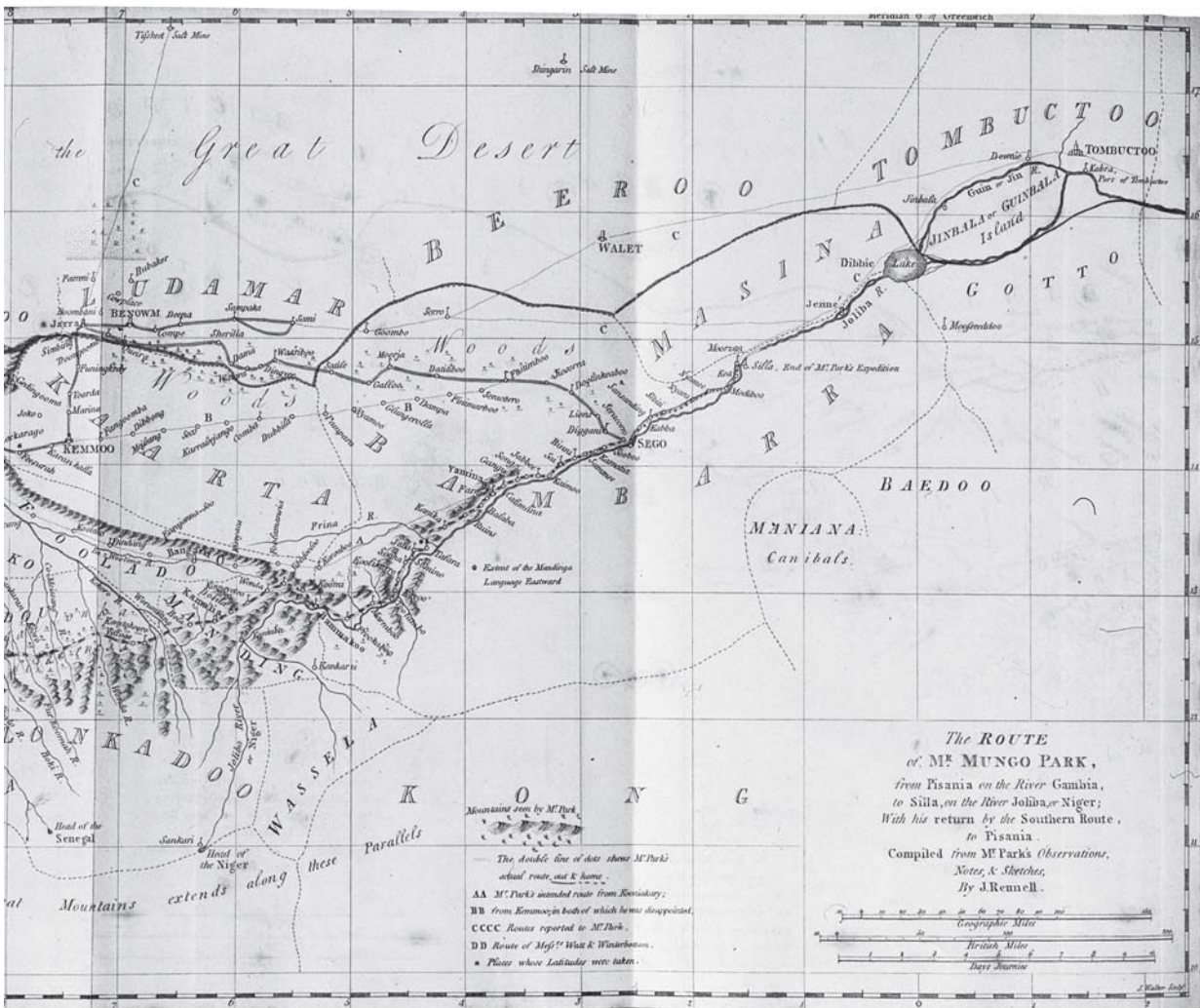


Figure 1: Route of Mungo Park's expedition to the African hinterlands, departing from Pisania on the Gambia River, all the way to Silla on the Niger River. The continuous line represents the outward journey and the broken line charts the return journey (Royal Geographical Society)

the residence of fellow Englishman John Laidley, to whom he had been recommended. Between July and December 1795, the young explorer remained in Pisania preparing for the trip, with a daily routine that included the task of learning a smattering of the African language spoken along the route of his journey – the language of the Mandinka peoples' – and in order to adapt to the local climate during the height of the rainy season. During this adaptation period, Park was prostrated with bouts of fever in August and September, an incident which led him to prolong his stay with Doctor Laidley until the end of the year and to confirm his decision to leave in the dry season in order to avoid the increased risk of illness during the journey.

The route taken by Park between December 1795 and June 1797, dominated by differing local potentates, was between the limits of the 12th and 15th parallels of latitude north of





the Equator in the region of western Sudan. The Niger River, which was the destination of the expedition, runs inland, toward the desert, and at the level of the Gulf of what is now Nigeria it takes a 90° turn to the south, towards the Atlantic, where it flows into a massive delta. This region, known as sub-Saharan Africa or black Africa, had witnessed a process of Islamization marked by the adoption, to a greater or lesser degree, of the religious and cultural traces prevalent in Arab societies.

The people of the area of the Senegal and Niger Rivers incorporated Islamic traits from the eleventh century onwards, when they were linked to North Africa by caravans of camels and traders crossing the Sahara bearing Muslim merchandise and ideas. At the time of Park's expedition in the eighteenth century, the area had undergone significant change as the process of Islamization had abated and traditional religions had returned to flourish alongside Islam (Mello e Souza, 2006; Lovejoy, 2002, chapter 2). Local kingdoms geared to agricultural and grazing activities and characterized by hybridism in religious and cultural terms were the backdrop of the route traveled by the Scottish explorer and physician.

Mungo Park left the town of Pisanía only accompanied by an interpreter, by the name of Johnson, and a bearer known as Demba. Upon arrival in Silla, from whence he then returned, he was alone and had been presumed dead by his countrymen. What happened during the journey to the interior of Africa? Why did Mungo Park return before reaching the Niger Delta, which was his original destination? These issues it has to be admitted, troubled Park's contemporaries, but they would soon get their hands on the book that chronicled the expedition. In 1799, the story of the journey through the interior of Africa was published and sold 1,500 copies in the first month alone, with two further editions published that same year, as well as the translation of the work into French and German the following year (Pratt, 1992, p.74).

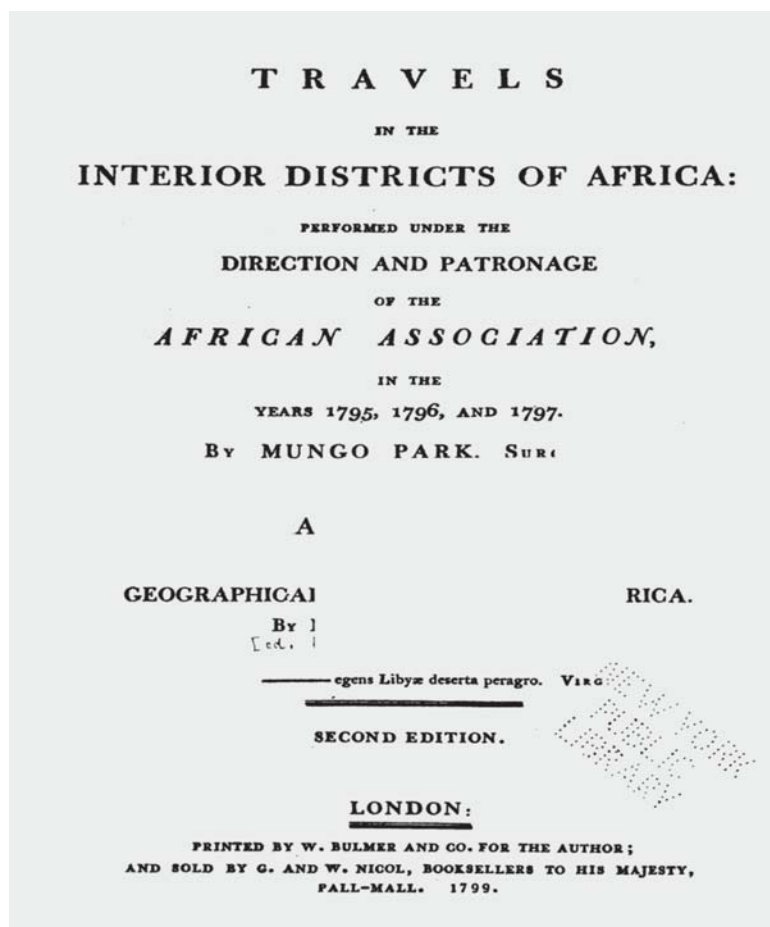


Figure 2: Cover page of the second edition of Mungo Park's book entitled *Travels in the interior districts of Africa*, published in 1799

In this article, my objective is to analyse the narrative of Mungo Park by examining three questions that intersect to form a portrait of the relations between the tropics, science and travel in the early days of the British imperialist thrust into the interior of Africa. In this respect, I start by analyzing the general tone of Park's report, seeking to understand its link to the survival literature genre, after which I deal with the specifics of the perspective that the author formed about the tropics and then expressed in his narrative. Before I begin, I should stress that environmental arguments were in great vogue in Europe in Park's day, reinforcing the idea that societies were shaped in large measure by the constraints and possibilities of physical environments. We should therefore not only ask ourselves about the paradigms and the views on tropical Africa prevailing at the time, but also about the originality of Park when dealing with the tropical aspects of the areas he traversed.

By way of conclusion, I analyze the brief report on Park's second trip to Africa, the outcome of which cost him his life. The objective at this juncture is to define the context of a crisis in the legitimacy of the British Empire in the late eighteenth century, as well as the renewed expectations that this same empire nurtured in relation to the interior of Africa, the domination of which depended to a great extent on control of the barrier raised by disease.

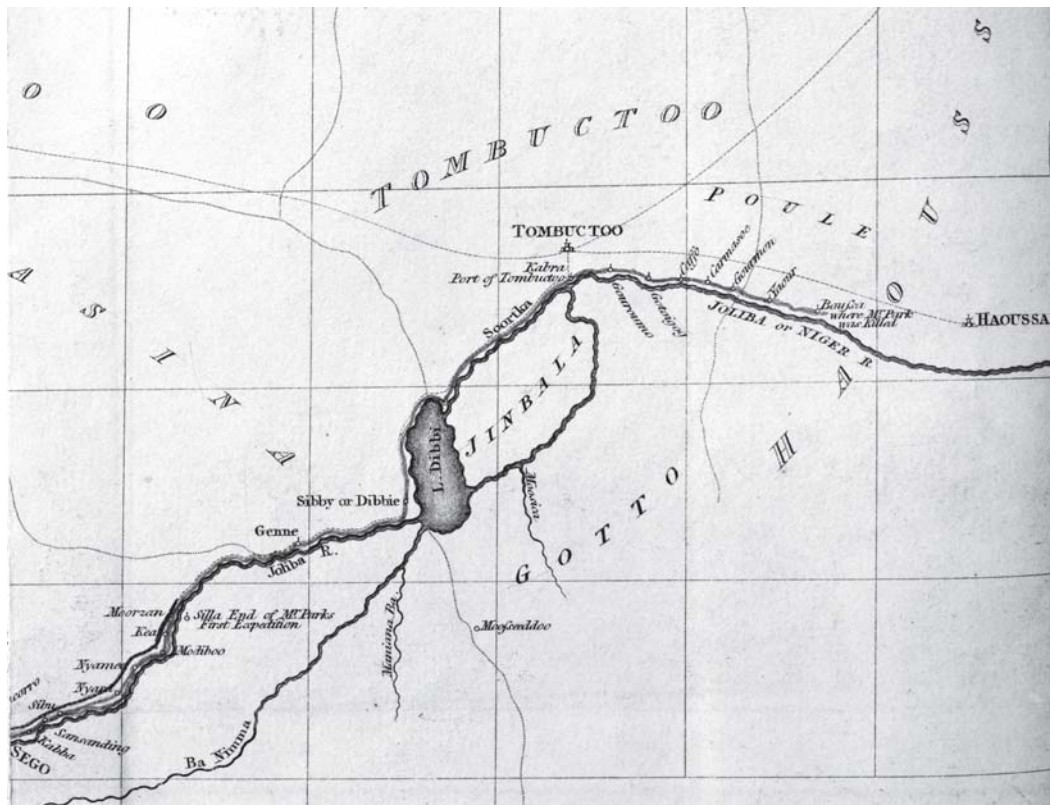


Figure 3: The itinerary of Mungo Park's second trip to Africa, which shows the region of the Boussa rapids, where the physician and explorer was killed in 1805 (Royal Geographical Society)

### **Viewpoints: travel, science and experience in Mungo Park**

A remarkable feature of travel literature lies in the fact that it is produced in a space that Mary Louise Pratt (1992) has called the contact zone. This is an expression coined to describe the regions where geographically and historically distinct people meet, establishing relationships that may be both superficial and indicative of a perspective of interaction. For, if travel tales generally place us before intensely lived or superficially observed experiences, it is worth remembering that there are no objective perceptions.

Since the end of the eighteenth century, the preoccupation with truth became a fundamental element of travel narrative and consequently of the posture of the narrator. Notebook and pencil in hand, the intrepid traveler was expected to hone his 'writing skills on the hoof,' record details and collect evidence. In the simple style of a person who recorded what he saw in the heat of the moment, he had to add a myriad of drawings, maps, charts and materials collected to give credence to the experience reported. And such observation criteria, it seems, were not confined to scientists engaged in creating an inventory of species and cataloging landscapes. Other travelers, be they only temporary residents or visitors, might not have the rigor of the scientists, but they should nevertheless not be mere spectators. There was certainly more scope for strictly personal reflection in this type of account; however, the conventions of the century and the genre demanded an observant eye, even in passing.<sup>2</sup>

In the case of travel literature of the eighteenth and nineteenth centuries, one of the first concepts to be observed is the very criterion of objectivity that motivated it translated by the intention to report faithfully what was seen. A first reading, however, is sufficient for us to note the diversity of references of which a travel narrative is the result. In this sense, a plethora of previous literature about the country, preconceived images and foreign references about local experiences color the memory of the traveler. Therefore, how can one appraise this kind of testimonial? The answer is simple, as it effectively applies to any kind of source analyzed by the historian: one has to question the testimonial of travelers on the basis of their social logic. In other words, placing a narrative, whatever its nature, in its historical context presupposes inserting it into the movement of society, investigating its networks of interaction and how it constitutes or represents its relationship with social reality.

In order to place Mungo Park's narrative in its historical context, it is important to bear in mind two events that preceded the birth of our explorer, but which are undoubtedly relevant to understanding the ways of narrating peculiar to travelers of the eighteenth century. Both occurred in 1735, marked in the field of sciences by the La Condamine Expedition and the publication of *Systema naturae*, the work of the Swedish naturalist Carl Linnaeus.

The geographer Charles de La Condamine was one of the main leaders of an international scientific expedition destined to provide the answer a contentious issue between British and French scientists at that time, namely was the Earth a sphere, as the French believed, or was it spherical and flattened at the poles, as the English thought? Divided into two teams under French leadership, several scientists set off for the Arctic and South America, the latter being the region for the destination of La Condamine. Although

it became a political nightmare, with the suspicion of espionage on the part of the French by their Spanish hosts (who dominated the West Indies at the time), the La Condamine Expedition achieved considerable results in the political and scientific fields. The first, stressed in the interpretation of Mary Louise Pratt (1992, chapter 2), was to build a kind of planetary consciousness, marked by a new orientation of scientific exploration geared to establishing partnerships unfettered by international rivalries. Another aspect, which was truly successful in the La Condamine expedition, was the extensive output of scientific narratives resulting from the journey and the emergence of a new genre of exploratory writing, namely survival literature. This genre, which was present in the writing of La Condamine, introduced the themes of danger, the perils and the marvels and curiosities of travel alongside the specifically scientific data, attracting an avid reading public.

While scientific exploration became a topic of interest – and the narratives of such journeys were highly popular among European readers – another kind of tradition of scientific writing began to appear on the European scene. The inspiration in this case came from the young Swedish naturalist, Carl Linnaeus, the creator of a classification system of nature that sought to impose order on the chaos of the natural world by providing models of botanical nomenclature and systemization of data gathered by scientists of different nationalities. From the second half of the eighteenth century onwards, and under the influence of Linnaeus, many explorers engaged in this natural history project and naturalist narrative, always animated by the collection of species, assembling collections and the recognition of previously unknown varieties.<sup>3</sup>

How to place the narrative of Mungo Park in the midst of these modes of writing and observation emerging in the eighteenth century? The story of the young Scottish physician, originally entitled *Travels in the interior districts of Africa performed under the direction and patronage of the African Association in the years 1795, 1796 and 1797*, was published in London in 1799, in the typical style of survival literature. Knowing a little about the formative

years of this young man, and the conditions of his departure for Africa, is crucial to understanding the narrative genre of his account and consequently of his own journey.

In the autumn of 1788, aged 17, Mungo Park embarked on his medical studies at Edinburgh University, where he developed a special inclination for botany, which was then part of the curriculum of medical education. His brother-in-law, the self-taught botanist James Dickson, introduced him to the British scientific circles and to Joseph Banks, cofounder of the Linnaean Society, established in 1788 in honor of the Swedish naturalist. Thanks to a recommendation from Dickson, Mungo Park was made an associate member of that society in 1792, just one year before completing his studies in medicine and going to Sumatra to take up the post of assistant surgeon on board the East



Figure 4: Mungo Park, author of *Travels in the interior districts of Africa* ([http://commons.wikimedia.org/wiki/File:Mungo\\_Park\\_portrait.jpg](http://commons.wikimedia.org/wiki/File:Mungo_Park_portrait.jpg))

Indiaman ship called Worcester, on which he was also in charge of botanical and zoological research.<sup>4</sup>

In 1794, back in Great Britain and with no immediate job prospects, Park offered his services as an explorer to the African Association, where he was accepted thanks to his medical training, his knowledge of geography and natural history and having proven his ability in the use of precision instruments to observe the areas to be explored. The African Association was the abbreviated name of the Association for Promoting the Discovery of the Inland Parts of the Continent of Africa, also founded in 1788 by Joseph Banks and a group of wealthy British patrons of science. The main objective of this society was to promote expeditions to exploit the commercial riches of the heart of Africa, a region essentially unknown to the Europeans during the era of the transatlantic slave trade (Curtin, 1998, p.130). Mungo Park was the fourth explorer recruited by the African Association with the task of charting the entire course of the Niger River and visiting the legendary Timbuktu, in addition to collecting detailed information from all areas covered. Given the failure of the three earlier expeditions, Mungo Park's journey can be considered a success: he traveled along the Niger River to the town of Silla and from there returned to the Gambia River – from whence his journey began – believing that if he went ahead, his findings would disappear along with him: “Worn down by sickness, exhausted with hunger and fatigue, half naked and without any article of value by which I might procure provisions ... I was convinced ... that the obstacles to my further progress were insurmountable” (Park, 2002, p.195).

A detailed description of the difficulties and marvels experienced during his journey along the Niger and Gambia Rivers is replete with episodes that have marked Park's tale as being in the tradition of survival literature, as mentioned above. Even with the skills of a naturalist explorer – we should not forget that he was trained in botany – Park opted for a narrative that smacked of adventure and was popular among nineteenth-century readers. In 1799, when the book was first published, it was learned that Park's journey was marked by moments of great tension on numerous occasions: he was robbed several times, attacked by Fulani natives, held captive in the Moorish camp of Ludamar in Benowm, pursued as a spy in the Kingdom of the Bambara peoples, and suffered from hunger and hardship throughout the journey. As noted by Alberto da Costa da Silva (2002, p.158), the myth of the European cannibal who used negro blood as dye for clothing or for preparing red wine persisted in many parts of Africa from the sixteenth century through to the late nineteenth century. Park's account, in the closing years of the eighteenth century, often stresses the apparent mistrust of Africans vis-à-vis the British, despite the fact that he traveled alone.

Park, however, survived the journey, returned and reported ‘what he saw,’ supposedly in line with the conventions of his time. Though his story moves away from naturalistic narrative, in vogue since the increase in popularity of *Systema naturae*, it is interesting to explore the vision that he formed about the tropics by reading between the lines of the description of his adventures. This view reveals the ambiguities experienced by explorers in Africa, obliged to deal with conflicting views about the status of the tropics in the second half of the eighteenth century. What were these views?



### **Mungo Park and his perspective on tropical Africa**

For a traveler like Mungo Park, a physician, man of letters and member of a prestigious scientific society, his perspective on the tropics would hardly be based purely on empirical observation. As stated by Nancy Stepan (2001, p.11), tropical nature, so often described by Europeans since the sixteenth century, is an imaginative and empirical construction at one and the same time. At the close of the eighteenth century, when Park left England bound for the heart of Africa, there were at least two major 'models' based on which tropical nature could be represented.

The best known of these 'models' came to light in the mid-eighteenth century, with the thesis of Georges-Louis Leclerc Buffon (Comte de Buffon) on the fragility or immaturity of the American continent. *Histoire naturelle*, published from 1749 onwards, launched the great divide between the Old and New World, in which the latter was in a decidedly unfavorable position. For the French naturalist, American nature and man were different and invariably inferior to those of the ancient continents. The hostile nature, the small insects, the swampy and humid aspect all conspired to form a vision of the alleged degradation of the American environment. According to the naturalist, the native of the Americas also had a frail constitution and potential. He was weak, sterile and immature, so Native Americans were unlikely to be touched by civilization.

For the historian Antonello Gerbi (1996, chapter 1), the work of Buffon is the precursor of Eurocentrism in the science of nature that evolved from the eighteenth century onwards. At the same time as the concept in Europe became more rounded and complete, the New World was consolidated from the standpoint of different intellectuals, as a place of degeneracy and alleged inferiority. With respect to the hierarchies between the old and the new worlds, Gerbi observed another notable fact: while the civil and political Europe defined itself as being in opposition to Africa, Asia and America, physical Europe stood behind the other continents of the Old World. So, this viewpoint leads us to suppose that visions of a tropical Eden and a nature paradise – often voiced by the explorers of America<sup>5</sup> – lost ground from the point of view of aesthetic representation and narratives about the New World from the eighteenth century onwards. On the other hand, according to the scheme proposed by Gerbi, during the eighteenth century the African continent enjoyed a positive relationship with Europe in terms of nature, as they both belonged to the Old World.

Alongside the controversy between the new and the old, which combined notions of natural history and anthropology, the outlook on the tropics in the late eighteenth century was also shaped by the field of medicine and by environmentalist theories. As Stepan (2001) claimed, medicine witnessed a revival of the classical geographical approach to disease during this period, in which an attempt was made to explain morbidity in terms of different locations and climatic conditions favorable to the onset of certain diseases. Prior to the emergence of the theory of germs in the second half of the nineteenth century, the miasmatic and environmentalist perspective on disease was predominant. Between the late eighteenth and early nineteenth century, the term medical geography began to be used by those who produced works and descriptions of diseases associated with different environmental locations and conditions (Meade, Earickson, 2005). It was in fact a revival

of Hippocratic thinking that brought a renewed emphasis to the interdependence between climate, topography and health. From the Hippocratic perspective, as perceived by physicians of the eighteenth century, there were parallels between environmental conditions (such as heat and humidity, for example), qualities of the body and the onset of disease.

Indeed, medical cartography originated at this time as maps of disease began to be charted on the basis of visual conventions laden with medical and political significance. These maps usually traced the progress of a disease – yellow fever, for example – in a specific location, establishing connections between certain diseases and given geographic conditions (Stepan, 2001, p.159). As a sign of the recent changes in medicine and politics, the term tropical disease was used for the first time in 1787 in a British medical treatise, indicating a special association between particular diseases and the warm climate of given areas.<sup>6</sup>

In the medical field, this association began to broaden from the mid-eighteenth century in relation to the Americas and the Caribbean, which were considered to be tropical by European physicians who were beginning to articulate their ideas about the character and specificities of the diseases found in the region. Later, around 1830, India and Africa also came to be considered tropical by virtue of the special characteristics of the diseases that prevailed there (Harrison, 1999).

Also in the body of environmentalist tracts in great vogue in the mid-eighteenth century, we should stress the intellectual impact caused by the publication of *The spirit of the laws*, a classic of the Enlightenment that appeared in 1748. In this book, Charles-Louis de Secondat, Baron de Montesquieu, disseminated persuasive arguments among his contemporaries about the malign and benign effects that climate had on the nature of man and his society. For Montesquieu, the “the empire of the climate was the first, most powerful, of all empires” (quoted in Arnold, 1996, p.21). In the view proposed by the French Baron, Asia and Europe were at the center of the debate: Asia, with climatic and topographic extremes, had produced a despotic, servile and inflexible society, while Europe, with its milder climate, was also represented as a more moderate region in terms of systems of government and legislation. By drawing moral and political conclusions from the arguments of environmentalists that circulated in eighteenth-century Europe, Montesquieu established contrasts within the Old World (a position contrary to that of Buffon, it should be noted), without however bringing Africa into the forefront of the debate.

Thus, at the threshold of the eighteenth century, at the time of Mungo Park’s first expedition to the heart of Africa, there was still a certain ambiguity about the tropical status of the continent. Undoubtedly, Africa was tropical in terms of the radical otherness perceived there by Europeans who came in contact not only with nature but also with the local population – said otherness, moreover, serving as a justification and motivation for the slave trade. On the other hand, Africa was part of the Old World and until the first half of the nineteenth century was not often considered a pestilential continent, as this was the tropical image originally more closely associated with America.

Park’s narrative about the African tropics reflects some aspects of this ambiguity prevalent at the turn of the eighteenth and the nineteenth century. One must remember that the story was published under the auspices of the African Association, whose main

objective, among others, was to convince European investors about the economic and commercial potential of the African continent. In many episodes, our explorer acknowledges that he is tormented by the rigors of hunger, climate and fever, but almost always offers the reader an outcome in which the positive qualities of the lands visited outweigh the difficulties encountered in the tropics. After escaping from captivity in the Moorish territory of Benowm – at the southern boundaries of the Sahara Desert – Park forged ahead through the forest without any provisions of food or water, hoping to reach any city in the Kingdom of the Bambara peoples. The punishing climate almost prevented him from moving forward: “A little after noon, when the burning heat of the sun was reflected with double violence from the hot sand, and the distant ridges of the hill, seen through the ascending vapour, seemed to wave and fluctuate ... I became faint with thirst ...” (Park, 2002, pp.161-162).

Believing himself to be at death’s door and with an imminent sandstorm brewing, Park found refuge in a small hut in a village of the Fula, where a woman with a “maternal gaze” sat spinning cotton. Summoning Park in from the rigors of the wilderness,<sup>7</sup> this ‘maternal’ woman spoke in Arabic inviting him to come in, and offered the weary traveler a plate of couscous and some maize for the horse, making the journey less painful. Continuing on his travels, another example of the diligence of Park in convincing his readers about the ‘civilized’ character of Africa can be found in the first description he makes of the Niger River, seen from the town of Segou: “The view of this extensive city, the numerous canoes upon the river, the crowded population and the cultivated state of the surrounding country, formed altogether a prospect of civilization and magnificence which I little expected to find in the bosom of Africa” (Park, 2002, p.180).

By discoursing at length about the climate, health and disease in the regions covered, Park remained faithful to the perspective mentioned, preferring to highlight the positive aspects. While acknowledging that the rainy season from June to November, was particularly hazardous and unhealthy for Europeans, the young doctor chose to emphasize the healthy effects of the *harmattan*: “When the wind sets in from the north-east it produces a wonderful change in the face of the country ...” (Park, 2002, pp.239-240). This dry wind, Park said, was reputed to be highly beneficial, especially for Europeans, who recovered their health during this season. He himself reported how he experienced prompt relief from fever that afflicted him (in Pisania and Kamalia) during the *harmattan*. In the words of Park, the dry season brought the possibility of healthy living after the discomfort of the rains: “Indeed, the air during the rainy season is so loaded with moisture ... but this dry wind braces up the solids which were before relaxed, gives a cheerful flow of spirits, and is even pleasant to respiration ...” (p.240).

The only part of the report specifically devoted to diseases occupies only three pages and is revealingly entitled “Health and disease,” because Park’s perspective always seeks to highlight the local potential of Africans, including with respect to health. Although he observed that the African Mandinka rarely lived to an advanced age, the Scottish explorer said that they were afflicted by few diseases. Fever, dysentery, yaws, elephantiasis and leprosy were the diseases prevalent among the Mandinka. The author’s explanation for the allegedly low incidence of disease among Africans lay in their simple diet and active

lifestyle, which protected them against the health disorders caused by excesses of luxury and idleness. Thus, the narrative of Park in the late eighteenth century to some degree anticipated a notion prevailing among interpreters of the continent in later times, according to which the impact of colonialism of the nineteenth century was dramatic and changed the ecosystem in Africa to such an extent that it created an environment of increasing pestilence. The historian Maryinez Lyons (1992, p.54) suggests that this period witnessed by Park was once called The African Eden, as it was considered a time of greater equilibrium in the different ecosystems of the region and consequently of lower morbidity.

In addition to noting that the incidence of disease among Africans was low, Park observed the local therapies used to treat fever and classified them as being “superstitious” or “systematic.” The application of compresses and poultices followed by various ceremonies merely seemed to him to be able to instill hope of recovery in the patient, as well as

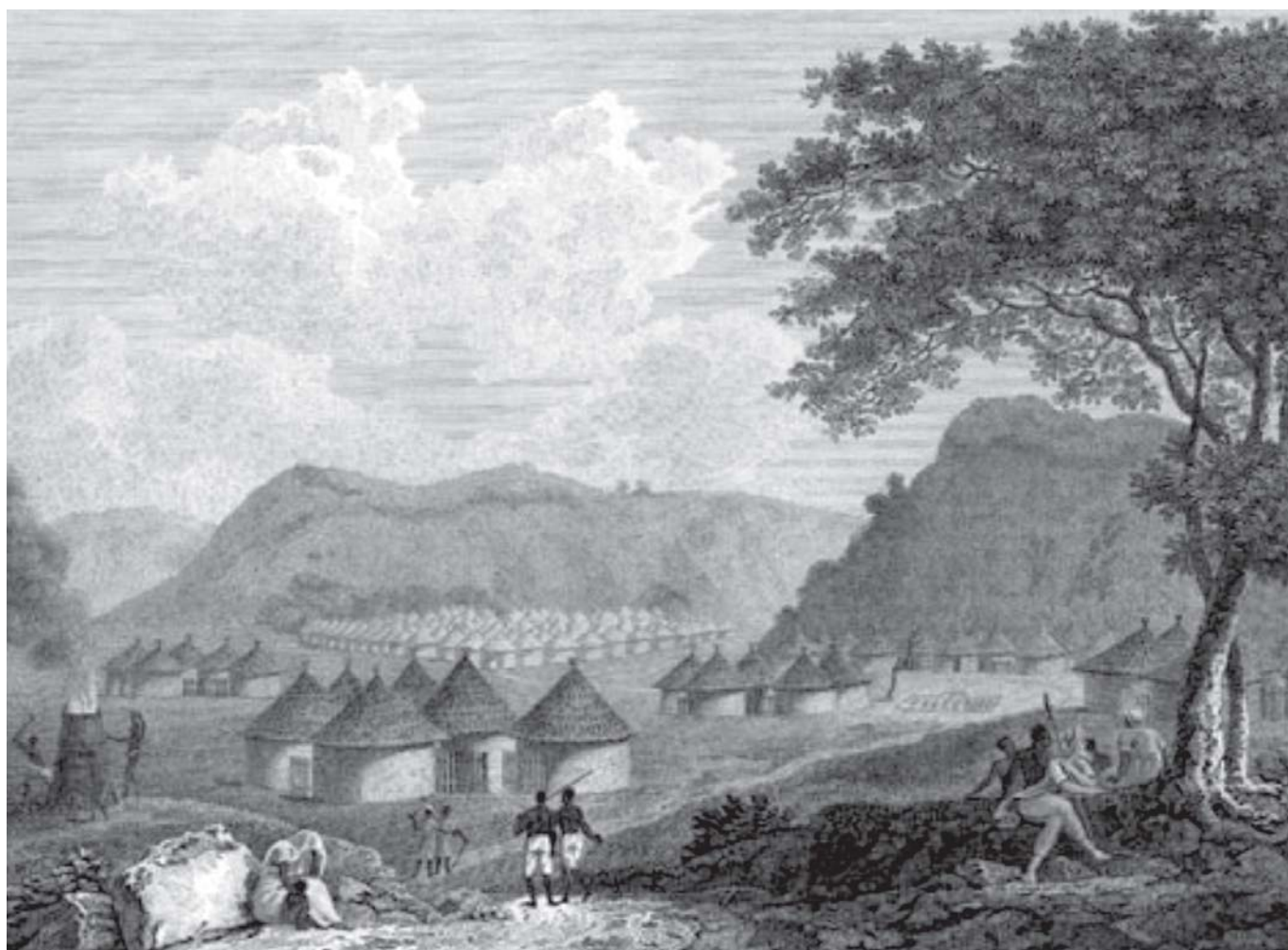


Figure 5: Landscape of Kamalia, one of the regions described by Park that was reproduced in the first edition of *Travels in the interior districts of Africa* (London, W. Blumer, 1799). The illustrations for this edition were drafted by the geographer Major James Rennell ([http://commons.wikimedia.org/wiki File:Kamalia\\_Mungo\\_Park\\_1790s.jpg](http://commons.wikimedia.org/wiki/File:Kamalia_Mungo_Park_1790s.jpg))



distract the mind from the sufferings and dangers of the disease. He saw vaporization, with the *Nauclea orientalis* plant being used to relieve fever, as being more systematic and efficient. He also considered the use of powders obtained from pulverized tree bark as being a methodical, albeit generally ineffective practice (Park, 2002, pp.255-257).

Another fact that caught the attention of the explorer was the ability of Africans in surgical treatment. In Park's opinion, they were better surgeons than physicians. The skill in treating fractures and dislocations, and in the cauterization of inflammatory abscesses was observed by the Scottish physician, who was also impressed with the bloodletting methods using suckers commonly found in the coastal regions of western Sudan. Mungo Park's approach is indicative of a posture adopted in the reports of the first contacts between Western medicine and indigenous medicine, namely a time when the prevailing outlook on local medical practices was more open and egalitarian, according to David Arnold (1997, p.1408). With the advance of colonialism in Africa, notably from the second half of the nineteenth century onwards, hostile attitudes towards native therapy became dominant as Western doctors became convinced of the alleged scientific superiority of their practices.

Thus, reading between the lines of Mungo Park's report, his outlook on the African tropics bore some traces of a period of slow change in the paradigms on tropical nature. The idea of a Tropical Eden, which was present in the impressions of the early explorers in the non-European lands, was gradually becoming transformed among different intellectual sources from the mid-eighteenth century onwards into a kind of purgatory for white men. Park, however, espoused a more temperate and conciliatory position in his account: he acknowledged the rigors and difficulties of climate and fevers, while concomitantly reaffirming the positive aspects of the interior of Africa, which was tropical in its otherness, but certainly susceptible to accommodation and acclimation.

### **Expansion, disease and empire in the early nineteenth century**

The end of the eighteenth century witnessed the beginning of a shift in the modes of legitimation of European imperialism. With the impetus of new ideologies that came hard on the heels of the French Revolution and English humanitarianism, the defense of liberty as a natural and fundamental right became an internationally upheld invocation, triggering widespread debate on antislavery arguments. The humanitarian movement can be seen as part of a shift in attitudes towards work and property, without however distancing itself from the interests of capitalism that emerged after the Industrial Revolution. In this respect, the increasing loss of legitimacy of slavery and the transatlantic slave trade was subtly juxtaposed with the needs of European capitalism seeking out new markets and competitive forms of production with the logic of slave-run plantations (Bender, 1992).

In this scenario of transformation, the ideologies of European colonialism and expansion also experienced adjustment: the 'civilizing mission,' 'scientific racism' and the paradigms of development and progress gradually occupied the space previously reserved to the logic of the profitable slave trade. In England, the birthplace of the humanitarian and anti-slavery movement, the legitimation of the new colonizing discourse came to

concentrate on the exploitation of natural and commercial resources and, not least, on the notion that certain territories and people required and beseeched domination.<sup>8</sup> Expeditions such as that pioneeringly undertaken by Mungo Park in the 1790s would acquire renewed impetus in this scenario of transformation, especially from the next decade onwards.

Returning to a level of more restricted changes, the early nineteenth century saw Park married and living as a provincial doctor in the small town of Peebles in his native Scotland. In the fall of 1803, however, the promise of a tranquil life was dashed by a further summons, this time issued by Lord Hobart – the incumbent Secretary of State for War and the Colonies – who offered Park the mission of leading a new expedition into the heart of Africa, under the auspices of the British government. The skills and prior experience of the young Scot certainly qualified him for the task. Whatever the case, the choice of Park as expedition leader causes us to reflect on the multiple roles played by physicians in pushing back the colonial frontiers. They acted as explorers, used their medical expertise in ensuring their own survival and often served as fully-fledged scientific observers. As shown by David Arnold (1997, p.1396) they also played the role of diplomats, often acquiring privileges and a reputation because of their abilities, which led them to garner economic and political concessions for the Europeans.

Park started out on his second expedition to the Niger in January 1805 and in early March he arrived at the Port of Cape Verde, where 44 mules and supplies were purchased and shipped aboard before continuing on the journey to Gorée<sup>9</sup>, on the coast of West Africa. At this port, Park consulted Major Lloyd, a resident British soldier, about the best alternatives for remunerating the troops who would accompany him into the interior. They both agreed that the greatest incentive for the soldiers would be doubling their pay during the mission, and their release from military duties in African stations, after their return. The offer must have been attractive, because despite the dangers that awaited the troops, 35 soldiers of British origin signed up for the expedition. According to Philip Curtin (1998, pp.12-13), the probable explanation for soldiers to risk their lives voluntarily in West Africa was a combination of ignorance, coercion and intolerable living conditions in Europe itself. There were no statistics on the death toll of Europeans in Africa, and research into medical topography was in its infancy, such that before the 1820s and 1830s, most Europeans were rarely aware of the real health risks posed by Africa. In this context, it should be added that the interior of the continent, namely the destination of Park's expedition, was then seen as a source of gold and riches as well as a promise of a more healthy life for Europeans, compared to the more humid areas of the African coastline.

Probably motivated by these expectations, another person joined the caravan consisting of Park, his soldiers and three personal assistants when they reached Kayee, on the banks of the Gambia River. The fortieth member of the expedition was the Mandinka merchant Isaac, who was ready to serve as a guide since he was accustomed to long journeys into the interior. In August 1805, when the convoy finally reached the Niger River, three quarters of the soldiers had died from diseases.

The succinct diary kept by Park (2002) on this second journey gives us an insight into the calamitous progress of the fateful voyage: "September 24th. – Seed and Barber (soldiers) died during the night, one of fever, the other of dysentery. Paid the Somonies twenty

stones of amber for burying them” (p.373). A few days later, news of a private who died of dysentery and was eaten by wolves during the night is a clear indication of the precarious and dramatic conditions experienced by Park and his men: “October 2nd. – Marshall and W. Garland (privates) died; one of fever, the other of dysentery. During the night the wolves carried away Garland, the door of the hut where he died being left open. Buried Marshall on the morning following, in a corn field near the church” (p.375).

In December of that same year 1805, it was Park’s turn to lose his life in the heart of Africa. By this stage, Park’s caravan was composed of four Europeans, three native slaves and the Arab Amadi Fatoumi, who guided the expedition downriver along the Niger from the town of Sansading down to Boussa, where everyone died except for Amadi.

The information we have today about Park’s second expedition was left to us in the correspondence he exchanged with his wife and in the brief records that Park himself kept during the expedition up to November 1805. The reports after that date were drafted by Amadi Fatouma and sent to the British government after being translated in Senegal by the English officer Colonel Maxwell. According to Fatouma, the expedition was crossing through the Hausa Kingdom when it was accused of leaving a city without paying tribute to the king. The following morning, the king apparently sent a group of men to attack the caravan. Two slaves who were in the back of the canoe were killed first, and six other crew members, including Mungo Park, jumped into the water and drowned. Fatouma alone stayed in the canoe and survived the attack, though he was held prisoner in Yaour for three months. Years after his release, in 1811, Fatouma was located in Senegal by Isaac – the head guide of the caravan – and Park’ fate finally became known.

For the five decades that followed Park’s journey, the European expeditions to the Niger were doomed to failure largely due to the ravages of fever and dysentery. As suggested by Curtin (1998, p.27), the main issue discussed by advocates for expansion between the 1820s and 1830s could be encapsulated in the following question, namely: would diseases permit the building of an empire? From the 1840s and 1850s onwards, however, discussion of the colonial administrators adopted a new tone, which was indicative of the changes in the relationship between disease and empire: how can we protect ourselves from diseases in order to carry out the imperial activities that we consider to be in the national interest? The answer to this last question began to be formulated by the systematic introduction of the prophylactic use of quinine against tropical fevers, reducing the death toll among European troops stationed in Africa by half. From then onwards, one can affirm that medical practices in the areas of expansion of the colonial frontiers may not have created political hegemonies, but they certainly helped to maintain them, since the control of diseases became part of the discourse of the alleged superiority of European colonialism (MacLeod, Lewis, 1988). In areas like Africa, where the European population was minimal compared to the native population, medicine was crucial to the ideological justification of empire. Even if they were directed primarily to the Europeans themselves, colonial medical practices symbolically reinforced the ‘pacificatory’ and ‘civilizing’ role of imperialist expansion. Control of diseases thus created favorable conditions for the establishment of forms of government of an imperialist stripe, since they disseminated the discourse of moral and intellectual superiority required by the colonizers at local level.

According to Michael Worboys (1997, 2003), until 1890 the practice of ordinary therapeutics in extraordinary tropical conditions prevailed at the frontiers of the European empire in Africa and Asia. Until that point, therefore, the dominant argument among physicians and health officials attributed differences of degree, as opposed to type, in relation to diseases suffered in the tropics: they were the 'diseases in the tropics' or diseases of hot climates. According to this standpoint, the serious diseases experienced by Europeans in the tropics were analogous to those known in the temperate zones, and could be treated with some variations in the therapies practiced by Europeans in other latitudes.

A different position was assumed by David Arnold (2003, p.13), for whom the physicians working in the tropics were frequently more than messengers of metropolitan medicine. This was due to the fact that a significant proportion of medicinal therapies in use in Europe between the sixteenth and nineteenth centuries were based on medical practices imported from the Americas.<sup>10</sup> For Arnold, colonial medicine was a practice resulting from a synergistic relationship between the center and the periphery, rather than a simple transfer of European ideas and techniques.

At the turn of the century when 'tropical medicine' became a specific area of study in its own right, based on the imperative of the laboratory, of germ theory and of parasitology, medicine practiced by Europeans in colonial areas also became imbued with new content. It consequently became a new civilizing force, whose promise of success depended on microscopic skills, prevention and control campaigns and, evidently, of hitherto unprecedented levels of intervention together with the native population.<sup>11</sup>

The times of Mungo Park – a physician-explorer capable of unreservedly acknowledging the systematic healing practices and the skills of African surgeons – were already a thing of the past. In the new era of colonialism from the 1850s onwards, the discourse of European superiority was paramount and was a basic pillar of legitimacy of the expansionist project.

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#### NOTES

<sup>1</sup> The Mandinka were the people that would become the Mali empire, which had an Islamic influence beginning in the twelfth century (Costa e Silva, 2002, p.63).

<sup>2</sup> On the subject of travel in the eighteenth and nineteenth centuries, see Wolzettel, 1996; Sussekind, 1990; and Kury, 2001.

<sup>3</sup> For further details about this Swedish naturalist, see Koerner, 1996.

<sup>4</sup> The biobibliographical information on Mungo Park presented here is based on the introduction of Bernard Waites to the 2002 edition of Mungo Park's book.

<sup>5</sup> With respect to this, see Holanda, 1994.

<sup>6</sup> The term tropical disease appears to have been first used by Benjamin Mosely, in *A treatise on tropical diseases: on military operations and on the climate of the West Indies*, published in London in 1787. The use of the term would only come in to general use later, in the closing decades of the nineteenth century.

<sup>7</sup> The concept of wilderness permeates the whole of Park's narrative, always referring to the rigors and difficulties inherent in a tropical area and considered savage in the eyes of a European. For the author,



however, the wilderness is often offset by the redemptive action of African women, who helped him in dangerous or menacing situations.

<sup>8</sup> According to Edward Said (1995, p.40), imperialist ideas and practices acquired a coherent and systematic bent from the second half of the nineteenth century onwards. In this context, imperialism was defined as an act of accumulation and acquisition, driven by “powerful ideological formations that included the notion that certain territories and people required and beseeched domination” (free translation).

<sup>9</sup> The island of Gorée, in Senegal, was an outpost of the slave trade between Africa and the Americas, and was especially active from the seventeenth century onwards.

<sup>10</sup> The discovery of quinine’s tonic and antipyretic powers, later used in the treatment of malaria, was attributed to the indigenous South American indians. According to Royston Roberts (cf. Marks, 1999, p.83), there are reports of a legend according to which the Andean Indians of America knew about quinine but considered it to be poisonous. On one occasion, however, a native burning with fever drank water from a puddle containing cinchona bark and recovered. From that moment onwards the natives began to use the essence of cinchona bark to combat bouts of fever. Knowledge about the healing powers of ipecac (also known as ipecacuanha or poaia) is also attributed to Native Americans, who pounded the root, mixed it with water and took it as a purgative drink.

<sup>11</sup> For an overview of the changes that marked the shift from ‘medicine in the tropics’ toward ‘tropical medicine,’ see Worboys (2003). The foundation of the London School of Tropical Medicine in 1899 under the direction of Patrick Manson, marks the turning point in these changes, as ‘tropical medicine’ taught there became a prestigious and politically influential medical specialty in the march of imperial progress. With the emerging notion of the existence of ‘tropical diseases’ from the 1890s onwards, the association was made between such diseases and the presence of parasites and vectors especially linked to tropical regions.

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