

# Disease, religion and medicine: smallpox in nineteenth-century Benin

*Doenças, religião e medicina: a varíola no Benim, século XIX*

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## Abstract

The essay examines, with special reference to smallpox, the perception and interpretation of disease in pre-colonial Dahomey, present-day Republic of Benin. Because disease is seen primarily as a punishment from the gods and not just as a medical problem or a bodily disorder, traditional cult priests play a leading role in making diagnoses and prescribing remedies, mostly based on medicinal plants. The prominence of Sakpata, god of smallpox, coupled with the influence of its priests is evaluated within the context of Dahomey's political history and the spread of the disease. This pivotal position was to constitute a challenge to the French colonial campaign to vaccinate against smallpox.

Keywords: smallpox; Sakpata; cult priests; medicinal plants; vaccination.

## Resumo

*O ensaio examina – com especial atenção à varíola – as percepções e interpretações das doenças no Daomé pré-colonial, atual República do Benim. Uma vez que as doenças eram vistas antes de tudo como punição divina, e não como problema ou distúrbio do corpo, os sacerdotes tradicionais exerciam papel central no seu diagnóstico e na prescrição de remédios, com base principalmente em plantas medicinais. A importância do culto a Sakpata, deus da varíola, juntamente com a influência dos sacerdotes é avaliada dentro do contexto da história política do Daomé e da disseminação das doenças. A posição crucial desse culto constituiu-se como um desafio para a campanha colonial francesa de vacinação contra a varíola.*

*Palavras-chave: varíola; Sakpata; sacerdotes tradicionais; plantas medicinais; vacinação.*

The present-day Republic of Benin was known until the mid-1970s as Dahomey, a name familiar to scholars and students of the transatlantic slave trade and African Diaspora. Dahomey was in fact the epicenter of the infamous Slave Coast of West Africa, roughly extending from the mouth of the Volta River to the Lagos channel (Law, 1991; Manning, 1982; Akinjogbin, 1967). It is estimated that half of the Africans forcibly shipped from this part of the West African Coast to the Americas during the transatlantic slave trade departed from Ouidah, which was integrated into the expanding kingdom of Dahomey in 1727 (Eltis, Richardson, 1997; Law, 2004; Soumonni, 1999, 2009). Ouidah also served as headquarters to the three major European nations involved in the trade, namely, France, England and Portugal. Not surprisingly, most of the captives embarked there landed in their colonies in the Americas, particularly in the Caribbean and in Brazil, with their cultural traditions.

Because of its centrality in the slave trade and transatlantic crossings, Dahomey continues to be the subject of scholarly attention. If the focus of most early academic studies was on trade (slave trade basically) and politically related issues, current research trends lay emphasis on the legacy of the trade on both sides of the Atlantic, more particularly in the field of ethnic identities and religious practices (Lovejoy, 2000; Lovejoy, Trotman, 2003). However, probably with the notable exception of Pierre Verger (1967, 1997), not much attention has generally been paid to the close relationship between ethnicity, religion and healing practices. Uncomplimentary comments about these practices in pre-colonial narratives and colonial reports are contributive factors to the little interest in the objective study of indigenous medical systems. Yet such research is necessary for a proper grasp of the challenges local peoples have always faced in dealing with their disease environment, an environment generally perceived in the nineteenth century as a “white man’s grave.” Such a study is also necessary as a step towards assessing local people’s attitude to the introduction of modern medicine as well as early colonial public health policy.

The present article examines, with special reference to smallpox, the traditional perception and interpretation of disease in pre-colonial Benin and their impact on the praxis of therapy. Because disease is not seen just as a medical problem or a bodily disorder, religious priests play a leading role in making diagnoses and prescribing remedies. More often than not, their expertise in treating some diseases with medicinal plants is overshadowed by the rituals of the exercise. After a brief survey of European accounts and views about indigenous healing techniques, the study will consider the significance of smallpox in the disease environment of nineteenth-century Benin and its interpretation and treatment. The last part of the essay will examine the impact of the introduction of modern medicine and colonial public health policy on the process of eradication of smallpox in the country. It will conclude by underlining the trust traditional healers continue to enjoy in present-day Benin.

### **The disease environment of nineteenth-century Benin**

Nineteenth-century accounts are replete with gloomy descriptions of the climate of coastal Benin and its disastrous impact on Europeans visiting the region as traders,

missionaries or explorers. The high death rate shortly after they arrived or settled in the area was a matter of concern for various agencies with interest in the country. The environment, characterized by a hot climate throughout the year and a flora with a mass of bacteria and parasites, has been painted as 'the most insalubrious in the world' (Bouche, 1885). Before the establishment of the French colonial administration during the last decade of the nineteenth century, prevalent diseases rooted in the region were poorly documented. Information relating to health conditions originated from a variety of scattered material, both published and unpublished. The bulk of this documentary material is made up of books, reports and accounts from travelers, explorers and missionaries. Common diseases and epidemics, the way indigenous people treated them and casualties resulting from various diseases, including incidents of death among European visitors and their guides, are mentioned here and there among other observations and comments on the political, social and economic environment. Descriptions of the symptoms of various prevailing diseases were generally vague since most of the authors of these accounts had no background training in medicine. Moreover, it is worth noting that knowledge about tropical diseases was limited in the nineteenth century. As a result, classifications and methods of diagnoses were far from accurate by modern standards. Thus, as pointed out by Philip D. Curtin, 'fevers' as a category could cover yellow fever, malaria, typhoid and a great deal more (Curtin, 1968, p.208). Consequently, the exact cause of death is not always known. Efforts to improve the situation were concentrated on those diseases most feared by European visitors. This was particularly the case with malaria, yellow fever and sleeping sickness. At the turn of the nineteenth century, it was possible for the newly established French colonial administration to send out notices, instructions and preventive measures about these three major diseases. This step was urgently needed in view of the heavy toll of these dreadful diseases among the tiny minority of Europeans in the colony. They were insistently reminded that there is no racial immunity against these diseases and that both blacks and whites are equally potential targets. However, the former, because of their relative isolation in rural areas and the low urbanization rate of the country, were not as vulnerable as the latter. Moreover, the two groups had a different approach to disease and medicine. The way the indigenous population dealt with the many diseases they were confronted with was a mystery and a source of derision for most visitors to Dahomey during the nineteenth century. According to Frederick E. Forbes (1966, p.174), who went there on two occasions in 1849 and 1850, sickness was prevalent in the country but, if attended at all, it was by "bad practitioners in medicine". The doctor was always welcome and, he claimed, all white men were supposed to be doctors. And to illustrate his claim, he went on: "I worked some miraculous cures with James' powder, diarrhea powder and quinine, but am convinced bread pills would have answered as well: the patients believed and were cured" (p.174). Forbes' remark underlines, albeit unconsciously, the close relationship between traditional religion and healing practices. Smallpox, one of the prevalent diseases he used to buttress his opinion, is significant in this respect. More than any other disease, smallpox is perceived as a god-sent punishment that can only be cured by the specific god empowered to inflict such a punishment or by the priests devoted to its worship.

### **Smallpox in the Benin disease environment**

If, as Forbes claims, the patients believed and were cured, it is because in pre-colonial Benin disease was primarily interpreted as a punishment of the gods for wrongdoing. The nature and severity of the punishment varied according to the nature and gravity of the offence committed. Not all doctors can treat all diseases. Similarly, they do not prescribe the same treatment for all diseases. In the nineteenth century, religious priests were the doctors of the various diseases plaguing the area. In charge of the cults for the country's many deities, they prescribed and supervised treatment for bodily disorders resulting from offending these deities. It is within this general framework that the significance and prominence of smallpox in the Benin disease environment is to be examined. This prominence is generally overlooked in favor of the cult associated with Sakpata, the god that inflicts smallpox as a dreadful punishment to those who offend him. As a result, a distinction is not always made between the history of smallpox and that of the Sakpata cult.

While many diseases in endemic and epidemic forms plagued coastal Benin during the nineteenth century, the way they impacted Europeans and indigenous populations differed. If smallpox, unlike malaria, sleeping sickness and yellow fever, was not the subject of major concern, it was because it primarily affected indigenous populations. Thus, while Pierre Bouche (1885, p.206-207) observed that he did not know any European who had ever escaped malaria during his visit on the coast, he noted, however, that smallpox was a source of "terrible devastation among the blacks," killing thirteen hundred people in Agoué alone in 1873 and, in late 1875, six of the eighteen blacks brought from São Tomé to garrison the Portuguese fort in Ouidah. Nevertheless, not much attention was paid to prophylaxis of the disease or its eradication before the advent of the colonial administration. Yet several seventeenth- and eighteenth-century accounts suggest that smallpox was the major cause of mortality among the indigenous population. The growth of the population, as argued by Robin Law on the basis of these early accounts, was restrained not only by recurrent famine but also by disease, especially smallpox. According to Dapper (in Law, 1991, p.61-62), occasional epidemics of smallpox caused "a great slaughter of people" among the population of Allada in the mid-seventeenth century. Tradition also has it that in the early eighteenth century, a Dahomina force campaigning in the interior was decimated by an outbreak of smallpox.

The prevalence of smallpox was a major problem for European slave traders in Dahomey because of its impact on their human cargo. In the late seventeenth century, many enslaved Africans shipped at Ouidah were found on arrival in the West Indies to be infected with smallpox. As a result, the English factor in Ouidah was instructed to be careful not to ship such infected people (Law, 1991, p.62).

It clearly appears that smallpox was therefore deeply rooted in the Benin environment long before the nineteenth century. However, its origin and introduction to coastal Benin remains a puzzle even though it has been established that the disease "was fairly widespread along the coast of West Africa by the nineteenth century, although even recent statistics do little to establish exactly the localities affected and the routes by which epidemics

spread" (Quinn, 1968, p.31). Much therefore remains to be done towards better knowledge of the history of smallpox in pre-colonial Benin.

What seems not to be in doubt is the interconnection between the political history of Dahomey and the introduction and organization of the Sakpata cult.

### **Sakpata, the smallpox god**

Luis Nicolau Parés' research work *A formação do candomblé: história e ritual da nação jeje na Bahia* (2006)<sup>1</sup> has highlighted this interconnection between history and religion in Dahomey as well as its impact on the formation of Candomblé in Brazil. Smallpox is one of the illustrative examples that this study examines in its historical framework. On the other hand, many other scholars' interest in smallpox epidemics in pre-colonial Benin lies more in the disease's religious interpretation and manifestation than in its symptoms and prophylaxis. Yet ritual ceremonies and healing practices are not unrelated. Unfortunately, mistaking form for content, European observers generally perceive indigenous prophylaxis through the sole lens of ritual ceremonies performed for local gods of specific diseases. Moreover, the significance of smallpox cannot be properly grasped outside the context of the history of Dahomey, as illustrated by Luis Nicolau Parés' study. In fact, "the religion of Dahomey includes several systems of belief introduced at different times and from different places, each system having its separate cult groups" (Argyle, 1966, p.174). This is hardly surprising: the king of Dahomey always took the gods and religious chiefs of conquered lands to his capital, Abomey, in order to secure their protection. This was particularly the case with Sakpata, god of smallpox (Glèlè, 1974, p.70-71; Hazoumè, 1938, p.420).

The perception and fear associated with smallpox are connected with the historical circumstances surrounding the introduction and worship of Sakpata in the kingdom. Smallpox is said to be the weapon of Sakpata; as a result, the introduction of this deity is also said to be subsequent to an epidemic of smallpox that swept through Dahomey. Since the Mahi country was the major area of Dahomey's expansion to the north and the source of war captives sold to transatlantic slave traders, it was identified as the origin of the dreaded disease. Both the assumed origin of the disease and the influential position of the Sakpata cult in the kingdom pantheon are to be accounted for by the leading role successive rulers played in the expansionist policy. It should also be born in mind that a number of unfortunate events in the kingdom were credited to the ill effects of smallpox. Thus, according to Herskovits (1938, p.137), several of the Dahomean kings "died of the dreaded disease, and more than one important campaign failed not for any lack of valor or military ability but because the Dahomean forces were decimated by the disease". Snelgrave (1734), slave trader and historian of Dahomey, reported in the 1730s that Agadja (c.1716-1740) had smallpox and that "his face was pitted" with the disease. Both Kpengla (1774-1789) and Gezo (1818-1858) reportedly also died of smallpox. Understandably, the fear of smallpox and of Sakpata was increased by such high personalities among their victims. It was also increased by its assumed contribution to military retreats or defeats of Dahomean armies. Thus, according to Burton (1966), in 1861 Glèlè was to attack Abeokuta with a large force, but smallpox broke out on the road and he was compelled to return.

John Duncan (1968, v.2, p.84-85), in the mid-nineteenth century, reported a similar defeat of Dahomey's army as a result of a smallpox epidemic and fever. He believed that the shameful defeat increased the fear associated with the very name of smallpox, a disease "very much dreaded on the whole of the west coast, as well as in the interior".

If smallpox was so widespread and feared not only on the west coast but also in the interior, the Sakpata cult may not have originated in the Mahi country, as claimed by its Dahomean priests, Herkovits' main informants during his field research. In fact, Le Hérissé (1911, p.128), in accounting for the smallpox factor in Abomey's military defeats, suggests that King Agadja was introduced to Sakpata by the Dassa, neighbors of the Mahi but related to the Egba Yoruba of Abeokuta, and adepts of a similar god, known by the name of Sanponna. The likelihood of Sakpata (but not necessarily of smallpox) having a Yoruba origin is consonant with the history of relations between the famous Yoruba kingdom of Oyo and its rival Dahomey. It is well known that the latter's expansionist policy was met with decisive opposition from the former. As a result of a series of defeats on the battlefield, Dahomey, though not formally conquered and integrated into the Oyo kingdom, became tributary to it for over a century, from the 1730s to the 1830s. The conflicting relationship between the two polities did not prevent fruitful exchange in the field of cultural and political institutions. It did not prevent inter-marriage either between their political elites. Thus, Dahomean princes, fruit of such unions and educated by their mothers, were agents of the introduction of many Yoruba traditions in Abomey. The vodun pantheon, characteristic of the Aja-Fon cultural area, incorporated significant features of the Yoruba's Orisha pantheon. Lisa is a deity borrowed from the Yoruba Orisha (also known as Osanla or Obatala). The same is true of Mawu, borrowed from Yemowo and introduced in Dahomey under King Tegbesu's reign (1740-1774). Before acceding to the throne, Tegbesu, as a war captive, was educated in Oyo. It is no accident therefore, as rightly noted by Yai (1993, p.256), that the introduction of Mawu as a deity in the Fon kingdom took place under his reign.

Within the above historical context of interactions between the two cultural areas of the Fon and the Yoruba, the Sakpata affiliation is plausible, whether directly or through the Mahi country, as claimed by certain traditions. In either case, migration played an important role. According to Pierre Fatumbi Verger, the Tapa country might have been, if not the origin, at least the point from which the Sapata/Sanponna cult spread, an opinion not contradicted by the notion that this deity is of Yoruba origin since the Nupe, indigenous of the Tapa country, are culturally related to the Yoruba. Furthermore, Pierre Verger has identified a striking illustration of the Yoruba origin of Sakpata in its ritual ceremonies, both in Africa and in the New World, particularly in Brazil and Cuba. During their initiation, devotees of the Sakpata cult are called 'anagonu' (a Yoruba sub-group). The language spoken in convents of initiation to this deity is "an archaic Yoruba, still spoken by the Ana of the middle Togo" (Verger, 1982, p.211).

Sakpata taboos include antelope and guinea fowl, among others, because the stains of their skin and plumage evoke the symptoms of smallpox. The initiation of devotees in Sakpata convents was not limited to cult rituals. It was also an opportunity for introducing

them to the ways of healing smallpox, the disease inflicted as punishment to those who offended its god. As with many other diseases, treatment was based on specific medicinal plants known only to cult priests. That is why, as argued above, Sakpata cult priests are also doctors and healers of smallpox.

### **Some observations about the traditional treatment of smallpox**

The close association between plants used in religious cult rituals and those used for medicinal purpose makes a proper study of indigenous medical systems a difficult task. Indeed, all medicinal plants are sacred. Osanyin, their common deity, is the source of their curative property. However, each god has its specific plants that must be used in dealing with diseases inflicted by this god. What emerges from the picture is that cult priests operate as medical specialists within their religious domain. The first step towards a study of this 'medical' dimension of their activity should be the identification of plants, herbs or leaves prescribed for various diseases. Such an approach is appropriate for any attempt to arrive at an idea of what is being hidden behind the ritual ceremonies surrounding cult priests' healing techniques. With respect to smallpox, this attempt at moving beyond appearances was made with some degree of success by Pierre Fatumbi Verger, quoted above.

Pierre Verger's research methodology was unique, in many respects, as was indeed his entire life. He was not an outside observer of African religious practices and their influences in the New World. As an initiate of these practices on both sides of the Atlantic, he was in a good position to conduct his investigations from within and to have access to information unavailable to laymen. Thus, the use of plants in initiation rites aroused his interest in their use in prophylactic practices. His notes on over three thousand varieties of medicinal plants in Yorubaland resulted in the 1997 publication of an impressive volume with a preface by Theodore Monod and Jorge Amado (Verger, 1997). This work indicates the medicinal plants used to treat the most prevalent diseases in nineteenth-century Benin, along with their scientific and local names, the process of their transformation into appropriate medicines and the accompanying incantation or magic formulas. With respect to smallpox, four illustrative treatments based on this traditional medical system are included in the volume (p.170-173).

It is questionable how effective this traditional treatment actually was, entrusted to cult priests who dealt with smallpox and other bodily afflictions. If effective at all, how do we account for that? How do we determine the respective dynamism of the intrinsic curative virtue of the plants used and that of the spiritual intervention of protecting gods? For the French who established their colonial administration over Dahomey at the turn of the twentieth century, the question was not worth asking since, as opined by Pierre Bouche (1885, p.208), "fetish ceremonies" constitute the foundation of indigenous medical prescriptions. This initial bias was to have a negative impact on the smallpox eradication campaign in the then French colony of Dahomey.

## **The early French colonial policy for smallpox eradication**

Before the French colonial conquest of Dahomey in 1892, reliable data on the extent of smallpox in the country were rather scanty. Information and various accounts from the nineteenth century focused on the traditional perception and treatment of the disease as surveyed in the first part of this essay. But as from the 1890s it became possible to have an idea of the development of the various diseases afflicting the country. Monthly and annual reports from district colonial administrators (the famous “commandants de cercle”) were in fact sent regularly to the Governor of the Colony in Porto-Novo, who was responsible for forwarding them to the General Governor of AOF (French West Africa) in Dakar. Though these reports were more concerned with issues of tax collections and the loyalty of indigenous populations to France, they generally devoted a section to health and to measures against prevalent diseases and epidemics. Most of these reports are preserved at the national archives in Porto-Novo. Information relating to health is classified in various sections of Série H, Santé et Assistance. The following pages are based on data gleaned from this series.<sup>2</sup>

In their policy of eradication of the various diseases plaguing their new colony, the French rightly prioritized sanitation and vaccination. However, the contempt they felt for traditional healing systems impacted the expected response from local populations. This was particularly the case with the smallpox eradication campaign. As discussed above, smallpox was one of the diseases over which cult priests had the greatest control. The implementation of any policy of eradication of the epidemic that did not take this factor into account was likely to have a limited impact. This was what actually happened with the eradication campaign launched as soon as the colonial administration was established. Stiff penalties were attached to non-observance of the strict preventive measures enacted by administrative colonial authorities. Thus, any case of smallpox had to be reported to administrative or medical authorities. Failure to do so would incur a fine. All the people living in a contaminated house had to be vaccinated. Any material used by deceased people had to be buried with them or incinerated.

After its initial launching in 1904, the vaccination campaign was subject to periodic evaluation. The first evaluation, carried out in 1906, coincided with a major eradication campaign. The report by the colonial health department admitted that the operation was not a success. In terms of coverage, only school children, mostly in urban areas of the southern region of the country, were vaccinated. Worse, the quality of the vaccine administered was not beyond question. Some observations and recommendations were made about these serious shortcomings. With regard to the poor coverage by the vaccination campaign, the basic factor was identified as “indifference, indeed even resistance, of indigenous populations” (Rapport..., 1906, p.7). In Porto-Novo and other cities with public and private schools, vaccination operations were relatively easy. But the number of vaccinated school children was an insignificant portion of the population. The report suspected ‘fetish priests’ of being the agents of resistance against vaccination. They used their influence over their adepts to prevent them from getting vaccinated because “their benefits are reduced when they have few patients to treat, smallpox being their assured commission

money” (Rapport..., 1906, p.7). Such a local reaction to the campaign was to be expected from Sakpata priests, traditional healers of smallpox. But, as argued above, the contempt for traditional medicine prevented the French colonial authorities from taking this reality into account in their campaign strategy. While it is easy to vaccinate school children, it is an arduous task to vaccinate in rural areas where belief in the power of the god of smallpox is solidly established. Since coercive means could not be used to have people vaccinated, the report cautiously recommended patience: little by little and step by step, the population would come to understand the benefit of vaccination. As for the questionable quality of the vaccine imported from Lille and Bordeaux, this was initially attributed to the vaccine’s source, but it was later realized that the cause resided in the conditions of its preservation. As a result, vaccine tubes were kept in pots filled with water from the time they were received until they were used. A lasting solution to the problem, the report suggested, would be the creation of a local institute for the production of needed vaccines.

The 1910 evaluation did not show significant improvements in campaign progress. Instead, it pointed out the persistence of smallpox among local populations while other contagious diseases were falling rapidly as a result of significant progress in environmental sanitation. The situation, as shown by subsequent administrative reports, worsened between 1910 and 1912, particularly in the Abomey district, where an alarming death rate and subsequent low population growth can be accounted for by smallpox epidemics. It is not unlikely that Sakpata priests’ hostile attitude to vaccination against smallpox contributed to the persistence of the disease. It should also be noted that indigenous populations were to be persuaded that modern medicine was more helpful in tackling smallpox than their traditional medical prescriptions. This was not the approach adopted by the colonial administration. Its harassment of the so-called fetish priests and other coercive measures turned out to be counterproductive. The vaccination campaign, despite the official feeling of satisfaction underlining many reports from district officials, failed to reach the majority of the population. Not surprisingly, outbreaks of smallpox epidemics occurred frequently in various parts of the country three decades after the French conquest.

### **Final considerations**

The close relationship between religion and medicine in pre-colonial Benin as illustrated by this smallpox case study provides historical background for a proper grasp of public health policy issues in the present-day postcolonial state. The nation-state that emerged in 1960 from the French colony followed its metropolitan model in many respects. Coercive measures, not only in tax collection but also in sanitation matters, are illustrative of this trend. Under the colonial administration, practitioners of traditional medicine, though ridiculed as sorcerers and charlatans, never ceased their activities. Indigenous populations, particularly in rural areas, continued to rely almost exclusively on traditional medicine. Today, despite the undeniable progress of modern medicine, the majority of the population strongly believes in the effectiveness of this traditional medicine largely based on the use of medicinal plants. Vaccinations against contagious and endemic diseases are not systematically conducted and vaccination campaigns start only when such diseases have

escalated into widespread epidemics. With respect to smallpox, its eradication in Benin, as elsewhere, was the result of sustained efforts under the supervision of the World Health Organization and its committed staff, such as doctor Donald A. Henderson (Hochman, Palmer, 2010).

The eradication of smallpox in Benin did not result in the death of Sakpata, its deity. There are two reasons for this. Sakpata is the deity of all eruptive diseases, not only of smallpox. Medical prescriptions for the healing of such diseases are not reducible to the religious rites associated with them. And consulting traditional healers of any disease does not necessarily imply membership in their cults. What matters is the appropriate recipe for a specific health problem and, in many cases, an in-depth knowledge of medicinal plants, a knowledge generally transmitted from generation to generation as a family legacy. It is therefore not surprising that the practice of traditional medicine is no longer the monopoly of cult priests. Both rural and urban dwellers have recourse to its services even when and where a modern health care delivery system is readily accessible. As in the old days, it is strongly believed in present-day Benin, even among the educated elite, that disease is not just a medical problem or a bodily disorder. It can result from devilish action. If this is the case, depending solely on Western medicine is seen as risky. This inescapable reality informs current government initiatives towards rationalizing traditional medicine by subjecting it to modern testing devices. In this context, a national program of traditional pharmacopoeia and medicine has been established within the Ministry of Health. Under the supervision of an appointed director, the program has promoted a number of meetings and workshops for practitioners of both traditional and modern medicine over the past ten years. The findings of research sponsored by the program shed light on nineteenth-century narrative accounts of prevalent diseases and indigenous healing techniques. They also provide a comparative historical background for early colonial health policy and the current particular interest in the curative potential of traditional medicine (Petit, 2007).

## NOTES

<sup>1</sup> The book has been translated into French and published under the title: *La formation du Candomblé: histoire et rituel du vodun au Brésil*, Paris, Karthala-Sephis, 2011.

<sup>2</sup> See in particular, the “Rapport de la Campagne Antivariolique en 1906”.

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