

The second set of chapters (9 through 14) address issues of health-sector efficiency. Phillips assesses the efficiency of various measures to control diarrhoeal diseases across 9 countries. The analysis entails a number of limitations, given that it is based on published data from a variety of sources. However, a useful contribution is made as Phillips attempts to quantify both inputs and outputs (morbidity episodes and mortalities averted) across a broad range of clinical (e.g. cholera vaccination) and behavioural (e.g. improving hygiene practices) strategies. As she states in her conclusions, she has identified some strategies for diarrhoeal disease control which appear to be worth promoting, she has highlighted areas for further research in this area, and elaborates quite clearly on the limitations of using cost-effectiveness analysis as a tool for guiding decision-making in this context.

The chapter by Britan-Dicowsky and Dunlop outlines an econometric analysis of hospital costs in Ethiopia to determine the efficiency of large vs small facilities as well as the agglomeration of services. Simply by virtue of the rarity of such an analysis, the chapter makes a useful contribution. However, substantively, there are a number of data limitations which make conclusions and generalizations difficult. The authors recognize that policy implications for pricing hospital services in developing countries are dubious pending further investigation with more complete data. The subsequent analysis by Prescott presents the results of another modelling exercise which addresses cost-effectiveness of alternative chemotherapy regimes for schistosomiasis. Prescott's main conclusion is that the optimal choice depends not only on cost but also on behavioural factors; i.e. rates of compliance with treatment and screening. As suggested, the modelling exercise is called into question when one realizes that no single chemotherapy regime is necessarily the optimal choice in all circumstances.

Foster's chapter addresses a cross-country comparison of the economic aspects of the production and use of pharmaceuticals. Her very useful review considers several aspects of drug supply and use including both economic (e.g. prices and financing) and non-economic (compliance and equity). Again, given limitations in the data, Foster raises more questions than she answers. Recognizing this, she sets out a dense research agenda which focuses on the site and situational factors inherent in the issue of providing pharmaceuticals in developing countries; e.g. domestic production, equitable access.

Berman and Sakai analyse operating efficiency in the use of human resources (self-reported allocation of staff time)

and expendable supplies (monthly reports) in rural public health services in Java, Indonesia in 1982. Unfortunately, the data are far from complete. Their analysis found low relative productivity levels which led to high average personnel costs. This could be rectified by reducing the number of staff in low-utilization facilities and/or managing existing staff better. The analysis also uncovered an inefficient use of expendable supplies which these researchers attributed to a lack of discipline in use. Recommendations include: more efficiency studies to identify areas for improvement, rewarding efficiency and generating demand for under-utilized services. The final chapter reviews past attempts at budgetary reform to increase efficiency of health care delivery in Ghana. The authors suggest a more useful way to proceed is through functional analysis and budgeting, which they illustrate through their own research in The Gambia.

In summary, the book raises many questions and answers few. As part of the conclusion to the introductory chapter, the editors identify a number of gaps and attempt to draft a long-term research agenda. However, the latter is based primarily on the concepts of economics (inputs, outputs, productivity, efficiency). This is not surprising, given the context of the work. However, it would be useful to set these concepts within the context of improved health—however defined—as an outcome in and of itself and to further address the appropriateness of translating economic concepts and techniques from health economics research in 'developed' to 'developing' countries. From a teaching perspective, the book's value lies as a useful source of supplementary readings. Hopefully, a third volume will soon be in the works which addresses some of the theoretical, substantive and methodological gaps identified by the book's contributors.

#### REFERENCES

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**Falsch Gehandelt—Schwer Erkrankt. Kranksein bei den Yupno in Papua New Guinea aus Ethnologischer und Biomedizinischer Sicht**, by VERENA KECK. Wepf, Basel, 1992. 381 pp. Sfr. 55.—.

Verena Keck spent twenty months—between 1986 and 1988—doing anthropological fieldwork among the Yupno who live in the mountains of the Finisterre Range in North-Eastern Papua New Guinea. Her study was part of a multidisciplinary research project in which two other anthropologists, two physicians and one psychologist participated. Her aim was to arrive at an 'emic' understanding of the Yupno health system. In her view, earlier students of Papua New Guinean medical beliefs and practices, such as Lewis, Frankel, Jones and Schiefenhövel, had allowed their own biomedical beliefs to enter their ethnographic accounts, producing a mixture of 'etic' and 'emic'. She wanted to avoid that mistake by applying a truly 'culture-immanent approach'.

In the first chapter she expounds her theoretical stand with regard to medical anthropological research. Then she introduces the reader to Gua, the village where the most important part of the fieldwork took place, and explains the Yupna concept of man. The fourth chapter, the centre of the book, contains the history of Nstasiŋge, a little boy who falls seriously ill when he is 7 months old and whose illness causes a lot of unrest and palaver in the community. Keck uses the boy's illness as an extended case history in which many elements of the Yupno medical system are revealed. After giving a meticulous account of all the events, explanations, discussions, accusations, conflicts and therapeutic actions around Nstasiŋge's illness from the Yupno perspective, she presents the viewpoint of the biomedical people who got involved in the case. Clearly, the hermetic separation of the two perspectives is a logical outcome of her critique of earlier ethnographers.

The fifth chapter is an attempt to bring some order in the dazzling flow of opinions and actions surrounding the

boy's illness. It leads her to a classification of local illness interpretations in four types. The first is the assumption of minor ailment, which is not really considered an illness, the second, translated as 'oppressive problems' is more serious and brought about by a person's wrongdoing, consciously or unconsciously. The cure consists of an open discussion of the fault. The third type is illness caused by a bush spirit, which can only be treated by a specialist. The last and most serious type of illness is purposely brought about by an evil person who commissions a specialist to steal the victim's body-soul or attack him in another way. All types of illness bring about a state of being 'hot'. 'To be ill', *sit*, means literally: I burn or I heat. The purpose of therapy always implies 'cooling down' the person.

The book ends with a conclusion and eight appendices, including an extensive English summary, a presentation of the main characters in Nstasiŋge's case, data of a health survey, an overview of 242 local medicinal plants, from which 147 have been determined, a list of 55, more or less medically related objects, which the author collected for the ethnological museum of Basel, and 27 beautiful pictures.

Without any doubt Verena Keck has produced an impressive and very complete description of the Yupno social and medical cosmology. The ethnographic groundwork is admirable. The book proves a *Fundgrube* of information about these people at the threshold of a new age, information which would soon have been lost if she had not recorded it.

Her theoretical position and critique of fellow ethnographers is somewhat outdated, but—paradoxically—has enabled and urged her to do this meticulous job resulting in a description (reconstruction?) of precolonial medical thinking and acting. The merit of the authors criticized by her, is that they showed the mingling of old and new in the heads of the people. Papua New Guinea is one of the most exuberant examples of cultural appropriation and reinterpretation of cosmopolitan medicine (a most fitting term in this context) into local traditions. Lewis and the others did not so much mix etic and emic perspectives, but rather demonstrated how the emic perspective included a large arsenal of terms, ideas and practices derived from what used

to be 'Western' medicine. Keck's separation of the biomedical and 'ethnomedical' part of Nstasiŋge's case is artificial and forced. Her rich description of the people's experiences with the health centre and the hospital shows that the two worlds are no longer separate, but have been fused (and 'confused' as Strathern remarks) by them. It is ironic that she has resisted that conclusion since there is nothing which demonstrates this chaotic unity more convincingly than the case history. It seems likely that her determination to stick to the 'emic' picture and to leave out the confusing inroads of biomedicine, has led her to over-systematize Yupno medical beliefs.

Apart from this disagreement, I enjoyed this book, not only for its solid research work, but also for its warmth and empathy, which I regard the hallmark of good ethnography. When, at the end of her research, she returns to the village, she meets Nstasiŋge, who is then 2 yr old, mentally and physically handicapped. The mother has another baby, the father has left to work in the town. Keck closes the case with an epilogue by the mother:

I don't often think about it any more. I am not angry . . . Really, he wanted to die, but I did not know what to do . . . I loved him and looked after him. I never give him to anybody else . . . We go together to the farm. I lay him down and work in the garden. I look for sweet potatoes. I hear him when he cries and think he is hungry. I give him some cooked potatoes and lay him down again. I continue my work. That's how I do it and when I have enough potatoes, I take him up and the two of us return home.

Keck's book is a fascinating and moving *document humain*. It deserves to be translated into a language which the children of this disappearing world are able to understand.

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**Dimensions of New Contraceptives: Norplant and Poor Women**, edited by SARAH E. SAMUELS and MARK D. SMITH. Henry J. Kaiser Family Foundation, 1992. 123 pp., single copies available at no charge.

This relatively small book examines the potential of Norplant as an effective method of birth control and addresses some of the concerns the new contraceptive presents in terms of safety, accessibility, punitive/coercive use and noncontraceptive effects on health in general, especially the conceivable risk of sexually transmitted diseases due to the neglect that might arise in the use of condoms. The book draws together six well written short papers from leading researchers and policy experts who examine the controversial questions that have come about since the introduction of this promising new contraceptive. The six articles are clearly written and free of technical jargon making the book and its findings accessible to a wider audience. Its strength lies in its simple but effective presentation of factual information in a language the common layman can easily grapple with. The topics discussed in the book are: Norplant clinical trials, Norplant and poor women, Norplant and women of color, potential for coercion, issues in evaluating Norplant, and other new contraceptive technologies.

The first contribution in the book presents evidence of the effectiveness of Norplant based on data garnered from clinical trials conducted mostly in developing countries. Common side effects from these trials are highlighted, among them irregular bleeding in the initial months or the first year, headache, dermatitis, weight gain, and nausea. While highly effective in preventing pregnancy, doubts on its effectiveness for women weighing over 150 lb are raised. Even though Norplant has been used and documented in other countries around the world, the data in this article seems suspect due to the sparse nature of information available on usage and side-effects in the United States. As Julia Scott, one of the contributors in this book notes very few of the women in Third World settings have been monitored or studied 10–15 yr after Norplant use, raising concerns about its long-term effects on women and the children they bear after using Norplant (p. 42).

The second article by Jacqueline Forrest argues that lower-income women are more likely to have an unwanted pregnancy than their wealthier counterparts, and are also likely to have little or no access to effective contraception. Although the author acknowledges that the publicly-funded family planning program has helped to equalize access to contraceptive methods by subsidizing the cost of services, poor women are restricted by cost in choice of