

articulation apart, Maputo is far different from Brazzaville; whether the regime in Luanda is substantively different from that in Cotonou. Constant references are made, for example, to the immense difficulties inherent in programmes of radical socio-economic transformation in fundamentally 'soft' states. Both situationally unique conditions (e.g. the destabilising role of South Africa, a theme Saul somewhat overplays in his chapter on Mozambique) and the basic weaknesses of African states have led to the failure, or shelving, of much of what is uniquely 'Marxist' in the Afro-Marxist state. The book's merits might have been immeasurably strengthened had there appeared at some juncture either a general discussion of the problems attending the radical re-array of power in Africa or a comparison with the 'softer' Afro-Marxist states on the continent.

Notwithstanding some of these reservations, Keller and Rothchild have succeeded in putting together one of the best compilations of essays on Angola, Mozambique, Ethiopia and Zimbabwe. The study is also a valuable comparative contribution to the growing literature on Afro-Marxism on the continent. Hopefully a more modestly priced paperback edition may yet be issued, for the book also possesses sound pedagogic merits.

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MURRAY LAST and G. L. CHAVUNDUKA (eds.), *The Professionalisation of African Medicine*. Manchester: Manchester University Press, in association with the International African Institute, 1986, £29.95 hardback, £12.95 paperback.

'Healers have for long been treated like trees on savannah farms—not formally cultivated, yet valued and used, particularly by women and children. They have remained an essential part of the social landscape, signposts and providers of shade during the day's labour.' This beautiful metaphor (p. 259) summarises the position from which the editors set out to describe and explain processes of change in 'traditional' African medicine. The phrasing forecasts those processes of change: 'Yet today, they are being included as an integral part of the field of health: in some countries they are carefully husbanded by government officials, politicians, planners . . . ; elsewhere some healers, if not actually being uprooted as socially "dead wood", are being pruned back, while others are having new ideas grafted onto their stock of traditions'.

This collection of papers originates from an International African Institute seminar which was held in 1983 in Botswana. The seminar's title was identical to the one chosen for this book. Excluding its introduction and conclusion, the book contains twelve contributions about eight countries: Zimbabwe, Botswana, Tanzania, Malawi, Ghana, Zambia, Bénin and Nigeria. One paper refers in more general terms to Southern Africa. One contribution does not have a regional focus. The poor representation of francophone Africa (only Bénin) and the absence of countries with other languages (Portuguese, Spanish, Arabic, Amharic) should be noted.

Having just finished editing a book myself, I know the headaches and disappointments which it involves. One cannot get the authors to stick to the theme and the quality of the contributions tends to vary. The latter problem may not be surprising but the former is; particularly if the theme has been carefully defined beforehand and all the authors have agreed to conform to it. Both problems also affect the book under review to some extent.

The title of the collection is both attractive and misleading. What do the editors mean by 'professionalisation'? Last, in his introduction (p. 6), admits that there is much ambiguity in its definition and ends up with a list of four technical characteris-

tics which distinguish a profession from other occupations: autonomy—the ability to regulate itself without interference from employers or clients; monopoly—over a defined sphere of work; an ideology of service—a code of ethics governing relations between professionals and clients; and a body of esoteric knowledge, which includes a system of training and reproduction of membership. This definition can hardly be considered final (a Dutch medical sociologist, Klinkert, has remarked that twenty randomly selected authors report forty different characteristics, twenty-five of which are mentioned only once), but it could have provided a useful starting point for the various authors. Measured against Last's introduction, however, only a few contributors discuss the theme of the book in any depth.

A theme which is much more prominent in this book is the relationship between 'traditional' African and 'Western' medicine. For some authors the recognition of the former by the latter seems to satisfy their definition of professionalisation. This ethnocentric view (professional is what is equal to Western medicine) is partly responsible for the somewhat puzzling direction the book takes. It should be said, however, that it would hardly be possible to assess the future of African medical traditions without discussing their relationship with the Western tradition, which has acquired almost universal 'structural dominance' in Africa, to apply Lee's terminology. Last (p. 13) is clearly aware of this fact. He names four powerful oppositions to traditional medicine: political ideology, religious doctrine, science and 'popular culture'. The representatives of Western medicine are found under 'science'. They object to traditional medicine because it is unscientific and leads to delays in effective treatment, to physical damage and death. They are also influential in the dominant political ideology, which considers traditional medicine as the heritage of a dated political system, and in the religious opposition, both Christian and Muslim, which views it as superstitious and evil. The popular opposition to traditional medicine, finally, is less well known. Last refers to local court cases and articles in the popular press accusing healers of quackery and abuse of power.

Most contributions provide examples of how practitioners of traditional medicine try to survive under this pressure of inimical forces. Their strategies usually imply some kind of surrender to the principles of biomedicine. Indeed, a more appropriate title for the collection would have been: 'The *de*-professionalisation of African medicine'.

Chavunduka gives a somewhat apologetic account of Zinatha, a healers' association in Zimbabwe of which he is the president. His contribution is more an annual report than a critical analysis. But the 1899 Witchcraft Suppression Act, which is presented in the appendix, is interesting. Staugard describes the religious and social context of healers in Botswana and pleads for co-operation between traditional and biomedical practitioners. He is aware that co-operation could lead to the absorption of traditional medicine but seems optimistic that such a development can be avoided. Professionalisation, in his eyes, implies supportive control by the government without loss of social-cultural identity; to me this would be no less than a miracle.

Semali reports on a survey among 320 healers in an urban district in Tanzania. Almost all the healers favoured some training in modern health care. An association of healers, UWATA, existed only for a short period. The author does not elaborate on the reasons for its rapid eclipse, which seem to have included competition for leadership, medical abuse and monetary problems.

Twumasi and Warren compare attempts in Ghana and Zambia to bring about co-operation between traditional and modern practitioners in health care. They believe that indigenous healers are valuable to biomedicine because of their cultural 'kinship' with patients and their direct accessibility. Their over-optimistic conclusion is that '... the indigenous healers are evolving with the help of the governments as an occupational group acceptable to modern Ghanaian and Zambian societies' (p. 134).

Sargent, in her description of Bariba traditional midwives in Bénin, is more

cautious. She views the government's role as an attempt to gain control over indigenous medicine and explains why people remained so suspicious of initiatives to set up an association of healers. The government's stated reason was to protect the public against harmful medical practices. The healers resisted because the objectives of the association clashed with their concern about keeping their knowledge and practices secret. The local people had their own reasons to sabotage the government's plan: they remembered the bad treatment they had suffered in the government maternity clinic. Sargent is right when she concludes that the government's plans reflect the beliefs and values of the elite and that indigenous practitioners cannot expect true professionalisation to flow from these plans, but only 'para-professionalisation', which implies subordination and loss of identity.

Reynolds's paper deals with the acquisition of medical knowledge by healers in Shonaland, Zimbabwe. Healers cherish the secrecy of their knowledge and usually claim that they did not learn their skills from others, but that the knowledge was revealed to them. Exposing their knowledge and therapeutic techniques to others may even affect their efficacy. If that assessment is correct, I fail to understand how 'professionalisation' among them could be achieved.

Feierman provides a rather cheerful picture of pre-colonial indigenous healing and preventive medicine in Tanzania. He approves of the government's attempts to involve the old traditional healers in the national health system, provided their unique cultural value is respected. How such a wonder can be achieved is not discussed. One would expect that Feierman, who in numerous publications has discussed the political and economic moulding of African health care, would treat the issue of the position of traditional medicine in present-day Tanzania less glibly.

Oyebola focuses his attention on the official recognition of traditional healers in Nigeria and on government attempts to integrate them into the national health care system. The result is often that traditional healers start copying Western medicine. The following quotation (p. 232) illustrates this: 'In order to counteract the criticism of lack of uniform standards among their members, some traditional healers' associations now issue certificates to their members. . . . The traditional healers have also started putting some of their medicines in bottles that are well labelled. . . . Many of the healers' associations have tried to meet the legal provisions of the companies act by engaging lawyers who help them in drafting constitutions. . . . A few healers have set up traditional medicine hospitals where girls with little education are given uniforms and function as "nurses". Instances of traditional healers owning and using stethoscopes have been reported in a national daily.'

The author rightly points out that some of these examples are extremes of modernisation, which will lead to the disappearance of the cultural heritage that 'enhances the therapeutic effectiveness of traditional medicine'. The examples show how problematic it is to equate professionalisation with government recognition. Moreover, the most worrying aspect of 'modernisation' is not even mentioned by Oyebola: the growing practice of indigenous practitioners of dispensing Western pharmaceuticals.

Pearce is the only author who professes uneasiness with the definition of professionalisation that is applied in the book. Subjecting traditional medicine to the principles of Western medicine to assess its professional status is a queer way of reasoning. Pearce points out that there are fundamental differences between indigenous and Western medicine in the acquisition, storage and dissemination of knowledge. At the same time she argues that the strict objectivity claimed by Western science does not hold true. The emphasis on emotion, the spoken word and social knowledge and the fostering of secrecy in indigenous healing remain formidable obstacles to its subjection to the 'scientific' standards of professionalism set by national governments. Pearce's conclusion is clear: 'The indigenous system needs to be studied on its own terms' (p. 255); any other approach will be detrimental to its

professional status. I have already said that the book tells us more about de-professionalisation than about professionalisation.

The editors are aware of this contradiction. In their concluding chapter they aptly sum up the dangers for indigenous African medicine. One is that healers will be used as 'a stop-gap until other personnel are "properly" trained'. The implication would be that 'in the long run traditional medicine will be phased out by "progress" and successful competition from the new health personnel' (p. 267). A more ironic development, however, would be that indigenous medicine did not perish in its competition but in its embrace with biomedicine. Those who zealously advocate the survival of indigenous medicine should be worried at the rapprochement of indigenous practitioners and biomedical physicians. The future of professional African medical tradition lies in competition rather than in peace. By this I have not said anything about the desirability of such a survival. That depends on its therapeutic qualities. Last's last remark in the introduction, that the ultimate test of indigenous medicine lies in 'its success with patients as therapy' (p. 15) is very true. None of the contributors discusses this issue. Pearce is the only one who makes an attempt.

I agree with the editors' pleas, at the end of the book, for an entirely new model of profession for indigenous African medicine, but that is hardly a conclusion derived from the contributions that precede it. The imagination needed for such a model is conspicuously absent in most of them.

The book does discuss interesting themes in African medicine, however: for example, the production and reproduction of medical knowledge and particularly the role of secrecy in indigenous knowledge and practice. An important paper by Ngubane on ritual killing in Southern Africa deserves to be mentioned here, although it does not really fit in the *official* theme of the book.

Finally, what puzzles me in these papers is that *none* of the authors provides us with a detailed description of a particular case of—attempted—'professionalisation'. We hear vague optimistic accounts and intriguing allusions to failures and conflicts. Only Sargent tells us a little bit about what 'really happened' in one case. It is a good anthropological tradition to write elaborate case studies in which the roles and viewpoints of various actors are presented and critically analysed. I am convinced that several of the authors could have provided such case material. Why didn't they? Did their empathy for the healers or their involvement in government planning prevent them from a more critical assessment of the various failures of 'professionalisation'?

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DON FOSTER, DENNIS DAVIS and DIANE SANDLER, *Detention and Torture in South Africa*. London & Claremont, SA: James Currey, 1987, 250 pp., £19.50, ISBN 0 85255 317 X hardback, £7.95, ISBN 0 85255 318 8 paperback.

Despite the title, this book is likely to be of interest to lawyers of the white opposition in South Africa as the work is limited to their perspective. The topics of detention and torture are both very important and are large subjects in their own right. The attempt to marry the two in this book does not really come off because neither subject is dealt with in adequate depth. First, the book needs some detailed discussion of how detention fits into the South African government's overall strategy for dealing with dissent, the remarks made by the authors in chapters 1 and 2 being far too cursory. Second, the detention system could really do with some comparative discussion, looking at the use of similar systems elsewhere: for example, the internal exile system used in the Soviet Union, the use of exile by the French government for Basque terrorists and the Prevention of Terrorism Act in Great Britain for keeping suspected terrorists on the western side of the Irish Sea.