

THE DOCTOR AND THE HERBALIST: VIEWS BY GHANAIAN SCHOOL PUPILS

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1. Introduction

The ignorance of western trained doctors of traditional Ghanaian medicine exists alongside an awareness that traditional medicine continues to appeal to people. Instead of being motivated by this awareness to study the therapeutic function of herbs and other medical techniques used by traditional healers, most western students prefer to resort to non-medical explanations for the survival of traditional medicine. They speak of its "tenacity" as if they are speaking of a deep-rooted evil and ascribe its survival to psychological, religious or "superstitious" mental conditions of the Ghanaian patient and the people surrounding him.

This is strange because the obvious way to account for the "tenacity" of traditional medicine would be to investigate its therapeutic function. The fact that this investigation has hardly been started yet is the best indication of the low opinion that western science holds of traditional medicine (see further Twumasi n.d.: 13-14).

On the other hand it should be taken into account that the costs of drug research are enormous and can hardly be born by the Ghanaian economy. Addae-Mensah (1975: 25) writes that it can take eight to thirty years before a herb has been fully tested and appears as a new drug on the market.

I myself encountered considerable scepticism when I showed a long list of (alleged?) abortifacients to a number of white medical officers in Ghana. The list contained, among other things, 28 different herbs, which were totally unknown to the doctors concerned. Their lack of knowledge about these herbs, however, could not withhold them from expressing very denigrating remarks about the claimed abortive power of these herbs. A Ghanaian medical doctor expressed himself slightly more cautiously by saying that the only efficient traditional technique of abortion consisted of the insertion of a twig into the uterus and that all herbal techniques were nothing more than subterfuges to conceal the use of the twig.

Generally, however, the alleged success of herbal medicines is not attributed to conscious deception, but is explained by reference to

to imagination or error on the point of the patient. Maclean (1974:20), for example, points out that the majority of illnesses are self-limiting, chronic or psychological, which means that the "recovery" of the patient has often nothing to do with the medicines that have been taken. It should be noted that Maclean applies this to the European context as well. The success of (from an ethnocentric western point of view) "obscure" traditional contraceptives and abortifacients can be explained in a similar vein: not getting pregnant after sexual intercourse is often attributed to some contraceptive while the real cause must be sought in the woman's cyclus. With regard to abortion the argument goes: being over time does not necessarily mean that a woman is pregnant, so that when after some days or weeks, menstruation occurs, women tend to take it as a proof that the abortifacient has worked.

As long as African herbs have not been studied seriously, any judgment on them, whether positive or negative, will be unfounded. This paper, therefore, says nothing about the therapeutic ability of western doctors or Ghanaian herbalists, but deals exclusively with the perception of school pupils with regard to these two types of healer. It investigates the extent to which the younger generation continues to have confidence in traditional medicine. Another matter investigated is whether there is a difference in the way pupils view the western-trained doctor on the one hand, and the herbalist on the other. A third, more theoretical, question follows directly from the two previous ones: what do the respondents understand by "medicine"? The answer to this question has far-reaching consequences for any assessment of a people's medical attitudes and practices. Finally, it is not the aim of this paper to test hypotheses, but merely to make an inventory of a number of attitudes and perceptions concerning two types of medical practitioners and to highlight a fundamental problem in the comparative study of medicine.

2. The research ¹⁾

The data presented in this paper are based on participant observation in a Ghanaian country-town and on the results of tests that were made by school pupils in the Kwahu area. Although I was primarily concerned with marriage, sexual relationships, and birthcontrol, I was continuously confronted with sickness and death, healing and funerals. After studying the Twi language, I spent two periods of six months in the

house of a lineage head. My stay in that house and my identification with the lineage brought me in close contact with cases of sickness occurring in the lineage. I was occasionally involved in discussions about what steps to take for the cure of the sick.

The other research method consisted of uncompleted sentence-tests. These tests were made by 387 pupils of 11 randomly chosen middle schools and two secondary schools in Central Kwahu. The middle school, which lasts for four years, forms part of elementary education. The pupils are between 12 and 20 years of age. Our tests, each containing 19 sentences, were divided over a class in such a way that each pupil took one of the tests. The tests dealt with a wide range of topics such as marriage, pregnancy, abortion, witchcraft, poverty, sickness, death, and old age. Molnos' study of school pupils in East Africa (1968) suggested this research method. I benefitted from her experience and adopted some of her sentences so as to allow for comparison. The four sentences which are discussed in this paper appeared also in Molnos' test, but since she has failed to analyze the sentences, comparison with East African data is not possible.

The four uncompleted sentences are:

1. If a doctor in the hospital is able to cure a sick person, it is because.....
2. If a "dunsini" (herbalist) is able to cure a sick person, it is because.....
3. If a doctor in the hospital cannot cure a sick person, it is because.....
4. If a "dunsini" (herbalist) cannot cure a sick person, it is because.....

The aim of this test was to find out what associations were made spontaneously with certain topics, and the test can be regarded as a questionnaire with as open as possible questions. Many sentences were paired so as to allow for a comparison between reactions to related and contrasting topics. The sentences which are discussed in this paper can be paired in two ways. One can compare ideas about the competence - or incompetence - of one type of practitioner (contrasting topics), but one can also compare the answers referring to the western-trained doctor on the one hand, and to the herbalist on the other (related topics). Such a comparison would not be valid if one person completed related or con-

trasting sentences because of the other. For example:

1. If a doctor in the hospital is able to cure a sick person it is because he is clever.
2. If a doctor in a hospital cannot cure a sick person it is because he is not clever.

To avoid such a bias, related or contrasting sentences were divided over the four tests. This technique was also used by Molnos.

A final problem encountered during the administration of the tests was that of language. I had the choice between English and Twi. Twi had the advantage of being the pupils' mother tongue, so they should be able to express themselves freely in it. A disadvantage was, however, that their ability to write Twi is so poorly developed, that serious ambiguities would arise, quite apart from those inherent in the language itself. After some experimental tests it was decided to use English, in spite of the fact that many pupils had so poor a command of it as to limit them in expressing spontaneous associations. I made it clear that I did not care about spelling mistakes and that I was only interested in their truly personal views. The many mistakes which occurred, have been corrected in this paper.

3. The Akan

The research was carried out in Kwahu, a fairly densely populated rural area, about 150 kilometers north of the capital. The inhabitants of this area are also called Kwahu and belong to the matrilineal Akan. The Akan, who number about 4 million people, speak mutually intelligible dialects of Twi. Some other Akan groups are the Asante, Akyem, and Fante in Ghana and the Agni, Bawle, and Abbron in Ivory Coast. The Kwahu are most closely related to the Asante.

Although my investigations were mostly confined to the Kwahu, I am quite confident that conditions in Kwahu do not differ substantially from those among other Akan groups, certainly not among those in Ghana. I base this confidence on the literature, and on discussions with colleagues and informants from the other groups.

The area where I conducted the research has a centre, consisting of about 15 towns from 3.000 to 8.000 inhabitants each. These towns, with the exception of Nkawkaw, are located on a plateau where the

lets and vollages, some of which have grown out to communities with several hundred inhabitants. Contacts between town and villages are frequent: every day people from the villages come by with foodstuffs to sell, then to return home with such goods as are needed in the village. In the centre were two hospitals, both under missionary supervision, one Catholic and the other Seven Day Adventist (the latter has recently been taken over by the government). The doctors in both hospitals were, unlike those in government hospitals, whites, whereas the nurses were Ghanaian, but under white supervision. Another difference is that, apart from a token fee, treatment in government hospitals is free, whereas missionary hospitals charge patients since they are not sufficiently subsidized by the government.

4. Various types of healers

There are various types of medical practitioners among the Akan. Let us start with the western-trained doctor. Although most of these doctors are now Ghanaian, and a growing number have also been trained in Ghana, the modern medical system is still very much identified with white people. The expatriate doctor is still common in the rural areas since most Ghanaian doctors tend to prefer the cities and larger towns (cf. Twumasi 1970:71-73; Sharpston 1972: 210). Non-Ghanaian doctors are usually employed by some missionary organization. During the time of the present research all doctors in the Kwahu area were expatriates, and it seems likely that many pupils had an expatriate in mind when they completed one of the two sentences referring to "a doctor in the hospital". White doctors usually stay for a few years only and never learn the local language. They live in bungalows, far away from the people and know very little about the daily lives of their patients. During their work they are almost always accompanied by nurses who function as interpreters.

Another practitioner of predominantly western medicine is the so-called dispenser. Dispensers usually have no formal training, although some may have gained a little medical experience while working in a hospital or clinic. They often run drugstores and offer medical services; they prescribe drugs and give injections. Although many dispensers try to present a scientific and professional appearance, the

sers cause serious injury to people by giving unsterile injections, or administering other forms of incorrect medical treatment. The high morbidity among young women is largely attributed to dispensers. Many dispensers practise their profession on the side and are, otherwise, teachers, clerks, farmers, and so on.

Although the number of dispensers in present day Ghana is alarmingly large, there is so far no systematic study of their practices. The illegal and harmful character of their practices makes them suspicious and evasive of observers and thwarts effective research. The very same reason, however, makes urgent a quick and thorough investigation.

Practitioners of traditional medicine are the herbalist, the priest-diviner, the moslem sorcerer, the prophet of prayer-healer and, to some extent, every member of the society.

The herbalist is called odunsini, which literally means "the one who uses parts of trees". Most herbalists, however, do not limit themselves to the use of herbs. Many add magical formulas, rituals and other expressive elements to their use of medicinal herbs. In this respect they approach the priest-diviner whose main occupation lies with the supernatural aspects of disease but who, in turn, frequently use herbs. One can perhaps say that the herbalist and the priest-diviner are ideal types of healer, representing in practice the two ends of a continuum. One end consists of practising medicine only with herbs, and the other of fighting the supernatural powers which cause sickness and misfortune. This also explains why in this paper the herbalist has been selected for comparison with the western-trained doctor; of all practitioners of traditional medicine the herbalist comes closest to the rational and "scientific" approach of western medicine.

The priest-diviner is usually referred to as ɔkɔmfɔɔ which means "The one who dances in ecstasy" or "the one who foretells the future". Another term frequently used is ɔbosomfɔɔ, which means "the one who belongs to the deity". According to some informants there is a slight difference between the ɔkɔmfɔɔ and the ɔbosomboɔ, but both are believed to be intermediaries of some deity by whose power they can foretell the future and offer protection against evil forces. The deity also gives them knowledge about the healing power of herbs. The priest-diviner is also described by Rattray (1927: 38-47) among the Asante, by Christensen (1959) among the Fante, by Alland (1970: 165-7) among the Abnon, by

Warren (1974: 374-405) among the Bono and by Field (1960) in her study of patients at various Akan shrines.

The Moslem sorcerer or malam is called kramo in Twi. As far as I know, a malam is never an Akan. According to Field (1960: 17) he makes both good and bad medicines by, for example, "copying out bits of the Koran and giving the client the dissolved paper to drink. They also use all the indigenous methods". The malam is more associated with evil than with good medicine. Among the Abnon moslem sorcerers are called sogo. Alland (1970: 161) writes that "they hire themselves out to individuals who wish to attack an enemy. They are often employed to make a rival in love impotent". Many people believe that these sorcerers make people sick "in order to be hired later as therapists" (p. 168).

The prophet or prayer-healer fills the gap between the non-healing Christian minister and the non-praying western-trained doctor. This gap did not exist in the traditional setting where the priest-diviner was - as he still is - both a religious and a medical expert. The sudden rise of countless prophetic movements and independent churches in many parts of Africa cannot be understood without taking into account the aspect of healing. ²⁾ It is estimated that there are now about 300 independent churches in Ghana, most of them in the cities and towns of the southern part of the country. Baeta's (1962) study of nine such churches shows that all of them practise healing. Significantly, independent churches in Ghana are commonly referred to as "healing churches". The prophets not only practise healing through prayer but may use all kinds of objects including herbs.

So far we have looked at the various specialists in traditional and western medicine, but it should be emphasized that everybody has a basic knowledge of medicinal herbs, and the ways of applying them. There is no clear distinction between a "professional" herbalist and a layman who knows about herbs. People who have a fairly large knowledge of herbs may be consulted by friends, neighbours or relatives, and become some kind of herbalist for a limited group of insiders. It is my impression that most sicknesses are treated initially by home medicine, and when this does not work, a more experienced layman may be consulted. If this does not produce positive results the patient is taken to a specialist. The most common method of medical self-help is the enema. Enemas are believed to cure almost any sickness. Kaye (1962: 116) who collected information about various aspects of the bringing up of children in

37 Ghanaian communities also stresses the importance of the enema; he also mentions suppositories of ginger and pepper and herbal drinks. The practice of medical self-help also shows itself in a long list of allegedly abortive herbs which young people mentioned to me (Bleek, 1976: 213-4).

5. The doctor viewed by school pupils

It has often been suggested that indigenous, traditional, practitioners of medicine, much more than western-trained doctors, deal with the deeper-lying causes of disease. Indeed certain diseases are regarded as incurable by western medicine, since they are caused by supernatural forces which are unknown to western science. It were these factors which led me to compare the position of the western doctor with that of an agent of indigenous medicine. I was particularly interested to discover whether all indigenous medicine was perceived as dealing with supernatural powers or whether some of it was also believed to be working on - in western eyes - a scientific basis. The question, in other words, was whether western and indigenous medicine are regarded as having different domains, working on different levels. In this regard I chose the herbalist, as being most like the western doctor, as one pole of my research. This section reviews the ways in which Kwahu school pupils perceive the work of the western-trained doctor who represents the other pole, both in his successes and in his failures. The herbalist will be discussed in the next section.

A large majority (78%) of the pupils seem to give a physical or "scientific" explanation for a doctor's success in curing a sick person. Some ascribe the success to the medicine, others to the doctor's ability and knowledge³⁾. Some of their answers are cited below: If a doctor in the hospital is able to cure a sick person it is because....

- the doctor has good medicine for the sick person.
- he prescribes the right medicine for that particular sickness.
- he is well trained.
- he has been sent to school and he has knowledge of science, especially biology. He has been taught at high colleges how every living body is.
- he takes good care of the sick man and has patience, love and

A few seem to put more stress on the will of the doctor. I have put these answers in a separate category to allow for a comparison with answers referring to psychic powers of the herbalist. A typical answer in this category is:

- he does not want that person to die.

Only one pupil ascribes the doctor's ability to cure primarily to the will of God, although he does add the doctor's experience:

- of the will of God and the amount of experience the doctor has.

Two pupils make a slightly negative remark by emphasizing that a herbalist is also able to cure:

- a dunsini too can cure a sick person.

A doctor's failure to cure a sick person seems to be also explained predominantly (70%) in physical terms: the medicines are not good; he is not a good doctor or the sickness is too serious. Some of the answers are: If the doctor in the hospital cannot cure a sick person it is because:

- he does not have a good medicine.
- he may get short of medicine.
- the doctor is not a qualified doctor.
- he cannot find where the disease is.
- he was not a good doctor.
- he did not mind his studies.
- the sickness is very serious.
- the person stayed at home for a very long time before going to the hospital.

Seven pupils (9%) interpret the doctor's failure as an indication that the sickness should be cured by another type of healer. It is not altogether clear whether their argument is purely technical, or based on the belief that the sickness was caused by evil powers and should therefore be dealt with by a traditional healer. A number of illustrations make this point clearer:

- the sickness is not a doctor's disease.
- all sickness cannot be cured by a doctor, but some by a dunsini.
- that sickness is not a doctor's sickness but is caused by witches, so that person must go to a priest.

ness is the reason that the doctor cannot cure it. He cannot cure it because:

- of the witches in the one's house.
- the sickness is strange and comes from the home.
- the disease is not a medical one, but from the house.

6. The herbalist viewed by school pupils

At first glance the herbalist's ability to cure seems to be explained in rather technical or rational terms by a majority (56%), for example: If a dunsini is able to cure a sick person it is because.....

- he has medicine.
- he has some medicines which are good.
- of many medicines he knows in the bush and uses to cure the sick person.
- he has studied and knows the use of leaves and trees surrounding us.
- that person is clever and works hard so that he can cure a sick person.
- he has skill in his work.
- he is a good dunsini.

A group of pupils (23%) refer to psychic or magical rather than to medical-technical qualities of the herbalist: If a dunsini is able to cure a sick person it is because.....

- he or she may have mercy upon the sick person.
- he wants the sick person to become well.
- the sick person really believes that he can cure him/her.
- the dunsini is powerful.
- of the juju he will use.
- he is helped by his spirits.
- of his gods.
- he believes in the medicine or his gods. If you have hope that if a snake bites you, you will not die, it can come true.

Others (9%) refer to the Christian God. (It is note-worthy that nearly all pupils use a capital G for the Christian God and a small g for traditional gods.) These speak:

- of God who gave him the power to cure a sick person.
- God's power he has put in the herbs or the medicine he will use to cure.

It is interesting to note that 5 pupils (7%) spontaneously associate the herbalist's practice with money. It is well-known that some herbalists charge exorbitant prices for their treatment and refuse to release a patient before the price has been paid. Thus the herbalist carries on his practice because.....

- he has got some money.
- he wants to get money.
- he always wants money, wants people to believe his god, and wants to become rich.

Two pupils write that the doctor had not been able to cure this person, because:

- it is not all the sick person which a doctor can cure.
- a doctor cannot cure that person.

Other remarks, which did not fit into one of the categories, say for example, that the patient was a pregnant woman of had had an accident ("....he did not look at the road"), or had attempted to cause an abortion. In spite of the fact that the uncompleted sentence suggests something positive, namely that the herbalist is able to cure, four pupils (6%) produced rather negative associations:

- the dunsini does not have any good medicine.
- that person was not properly sick.
- that a doctor can also cure a sick person.
- he has no better medicine than a doctor.

Maybe he is a liar. He just wants money from the sick person.

If a dunsini is not able to cure a sick person, this is attributed to the fact that he has no medicine, or no good medicine (45%), or that he is not a good herbalist (10%), or that the sickness is too serious (5%).

- he has no medicine.
- he did not have a good medicine to give to the sick person.
- he is not a good herbalist.
- he forgot to put something in the medicine for the sick person.

After that the person will be well

Eight pupils (11%) blame the patient because he has no belief in the herbalist or does not follow his instructions.

- the sick person does not believe in him.
- there is nothing spiritual in it. I think it can cure you, if only you have a strong belief in it.
- the one cannot obey the rules of a dunsini.

Six pupils (8%) remark that the sickness can better be treated by a doctor or suggest this in an indirect way.

- the sickness is for the doctor to cure.
- the person should go to a hospital to see a doctor. A dunsini has no medicine.
- he has not got any medicine because he or she is not a doctor and a doctor can cure the sick person.

Five pupils (7%) explain the herbalist's failure by saying that the sickness must have been caused by witches or evil powers.

- of his bad gods.
- witches want to kill the person.
- of the witches in the sick person's house, because some witches make some people ill, so that they cannot be cured.

Five other pupils (7%) remark that the Christian God is against the herbalist.

- God has rejected his mission and, on the other hand, God has not blessed the herbs which he would use to cure the sick person.
- that dunsini did not cure the sick person with the name of God.
- apart from God there is no one who can do wonders.

Some unclassified answers express negative thoughts about the herbalist or the patient. The herbalist is criticized because he deceives people and charges too much. The patient is blamed because he or she is morally bad.

The issue of deception on the part of the traditional healer has been common in the writings of western observers, but appears also in a study by a Ghanaian author who writes that a medicine man secretly makes his eyes red by applying a herbal juice to his eyes, whereas the onlookers ascribe the redness to the power of a spirit or deity. Another "trick" mentioned by the same author is that the healer goes out in the night to listen to gossip or that he invites the children to his house when the adults have gone to their farms and tries to gain information from them

patients who come to him. His knowledge is then again ascribed to his contacts with ancestral spirits and deities (Twumasi 1975:28-29, 37-38).

7. The concept of "medicine"

Before comparing the views of the pupils concerning the doctor and the herbalist, we must deal with a fundamental methodological problem. The pivotal question is: what do the school pupils understand by "medicine"? When they say that a doctor's medicines are good, do they mean the same as when they say that a herbalist's medicines are good? And do they, in either case, refer to physical or natural qualities of the medicines?

The term "medicine", as it is used by the school pupils, is a literal translation of the Twi term aduru. Aduru is any drug or chemical preparation which is not used as food. Usually it refers to drugs used against sickness, but it can also refer to poisonous drugs which, for example, are used against enemies. This category also includes the "medicine" which is used in poison-ordeals directed against witches. Witch-hunting cults like Tigare and Barakune use such "medicines" which allegedly kill a witch who refuses to confess or at least, infect him/her with illness. The standard expression for describing such an event is aduru akye no (he/she has been caught by medicine). The meaning of "medicine" as a protective substance is similar to the protective power which it has in witch-hunting. Debrunner (1959:92-94) writes that powders and drugs are used to protect individuals as well as communities against evil powers. However, it is not altogether clear to what extent we can speak here of a supernatural working of medicine. Debrunner's description suggests rather that supernatural powers are averted by natural means. For example, some medicines are supposed to "make your blood bitter, so that no witch cares to taste it",.... medicated or herbal water is used for bathing to make the flesh bitter and nasty to the taste,..... incisions are made and medicine is rubbed in, "thus making the patient bold enough to withstand the witches". There are, however, practices which cannot so easily be explained in direct physical terms. For example, carrying medicines around the neck or putting them under one's pillow, although a vaguely perceived physical effect should not be too readily excluded in these cases. It is reasonable to assume that medicines work in many different ways: some have to be swallowed, others are applied through

whether people refer to natural or supernatural qualities when they talk about "medicine" is impossible to answer, for the term "super-natural" is only significant in a culture where "natural" is limited to the visible and palpable world. The fact that "medicine" (aduru) denotes both "scientific" and "magical" medicine could perhaps be regarded as an indication that no strict distinction is made between them (cf. Ackerknecht 1971:152-3). This lack of distinction between natural and supernatural, "scientific" and "magical", does not apply to traditional medicine alone; it also applies to western medicine. It implies that we have no guarantee that a pupil is speaking in strictly "scientific" terms when he says that a doctor "has good medicines". Alland (1970:177) for example, writes that the Abron term for "medicine" (sino) "includes magical devices and real medicine, either of which may be native or western". A similar observation has been made by Imperato and Traöre (1969:66) in Mali: "vaccination is an amulet which works when Koranic charms and diviners' incantation have failed".

We must, therefore, conclude that the analysis of the pupils' completed sentences has taught us very little, because the term "medicine" proved highly equivocal and rendered statements about the qualities of doctors and herbalist ambiguous. Answers which at first might seem "scientific" statements in the western sense of the word, because they mention the qualities of medicines or, of the doctor/herbalist, may well include "supernatural" elements. The "uncompleted sentences" test was not suited to investigating "scientific" versus "traditional" thinking. Other research tools will fail as well because the starting point is artificial and foreign to the thinking of the people concerned. However, even if the comparison between opinions about doctors and herbalists provides no conclusive evidence in this field, it does suggest one other important clue to the understanding of the roles of doctors and herbalists.

8. The doctor and the herbalist: a comparison

Let us begin this discussion by showing a more detailed breakdown of the answers referring to the doctor on the one hand, and the herbalist on the other (Tables 1 and 2).

Table 1: Division of sentences about a doctor/herbalist who is able to cure a sick person (percentages in brackets).

	doctor	herbalist	total
medicine is good	29 (32)	26 (38)	55 (35)
doctor/herbalist is clever	41 (46)	12 (18)	53 (34)
psychic/magic power	5 (6)	16 (23)	21 (13)
name of God mentioned	1 (1)	6 (9)	7 (4)
money mentioned	-	5 (7)	5 (3)
other positive or neutral	12 (13)	15 (22)	27 (17)
other negative	2 (2)	4 (6)	6 (4)
Total	90 (100)	68 (100)	158 (100)
no answer/unintelligible	12	17	29
Final total	102	85	187

Table 2: Division of sentences about a doctor/herbalist who cannot cure a sick person (percentages in brackets).

	doctor	herbalist	total
no (good) medicine	10 (13)	33 (45)	43 (29)
not a good herbalist-doctor	27 (35)	7 (10)	34 (23)
sickness too serious	17 (22)	4 (5)	21 (14)
sickness caused by evil powers	7 (9)	5 (7)	12 (8)
sickness for other type of healer	7 (9)	6 (8)	13 (9)
patient has no belief	-	8 (11)	8 (5)
name of God mentioned	-	5 (7)	5 (3)
patient will die	6 (8)	1 (1)	7 (5)
other	3 (4)	4 (5)	7 (5)
Total	77 (100)	73 (99)	150 (101)
no answer/unintelligible	19	20	39
Final total	96	93	189

Table 2 suggests that the pupils have much more confidence in western than in traditional medicines. If a herbalist fails to cure a patient, almost half of the pupils think that his medicines are not good, but if the doctor fails, only 10 (13%) give such an explanation. Moreover, if we look more

closely at these 10 answers, we see that only 3 of them speak of a medicine that is not good. The others say that the doctor has no medicine or not enough. If a doctor fails to cure a patient, the fault must lie with him since western medicine is nearly infallible. Conversely, if a herbalist fails, his inferior medicine is to blame. This picture does not emerge from the parallel sentences dealing with the doctor or the herbalist who succeeds in curing a patient (table 1). However, it seems to me that the negative sentences were more apt to elicit clear-cut ideas about medical practices.

With some simplification and provocation we might perhaps say that it is not so much the doctor, but his medicine which has such a high prestige in Kwahu. Conversely, herbalists are not so much respected because of their medicines, but because of their personal capacities. Such an explanation is hardly surprising if we consider the work situation of western-trained doctor and herbalist. The former has a minimum of contact with the patient. Most rural hospitals are understaffed and doctors have no time for paying personal attention to patients. Language barriers, when the doctor is a foreigner, and incipient class barriers when he is a Ghanaian, often provide further obstacles to doctor-patient communication. The herbalist, on the other hand, usually deals with the patient in a very personal manner and devotes considerable time to the patient's emotional and social problems. Furthermore he is likely to be much closer to the patient in social and religious terms.

Alland (1970) in his study of Abron medicine comes to a similar conclusion when he writes that "confidence in western drugs seems greater than confidence in doctors". (1970:170).⁴⁾ It should be pointed out, in conclusion, that the prestige of western medicine is so high that the marginal and unpersonal role of the western-trained doctor does not prevent people from attending the modern hospitals and clinics. "The doctor often appears to be an unnecessary adjunct to the distribution of medicine", as Alland (1970:170) writes. Such an attitude can, however, lead to very dangerous excesses. The widespread acceptance of "dispensers" and drugstore keepers as distributors of western medicine is a case in point.

9. Conclusion

impressions which deserve further research. The central question concerning the extent to which pupils view both the western-trained doctor and the herbalist as doctors who practise medicine according to "scientific" rules, could not be answered, most probably because the respondents themselves do not clearly distinguish between "scientific" and "magical" thinking. The concept of "medicine" applies to both natural and supernatural activities. The only clear suggestion offered by this paper is that school pupils have considerably more confidence in western medicines than in traditional ones. It seems reasonable to argue that the popularity of western medical care is better explained by the perceived qualities of its medicines than of its doctors.

The data are based on tests of uncompleted sentences among 387 pupils of middle schools and secondary schools in Kwahu, Ghana. Extensive participant observation enabled me to set up the test by formulating and selecting the sentences and to interpret the responses.

NOTES

- (1) The research, which was carried out in 1973, was made possible through a grant from the Institute of African Studies (University of Ghana). I am further grateful to Klaas van der Veen who commented on a first draft of this paper.
- (2) The extensive study of Barrett (1968) about the rise of these churches in Africa in fact fails to discuss this factor. This must be regarded as a serious shortcoming of this otherwise excellent book.
- (3) It should be noted that some pupils gave more than one explanation within one sentence. In that case only the first mentioned explanation has been used for quantification..
- (4) Although I do not think that Alland's observations apply fully to the Kwahu situation, it seems worthwhile to quote him more extensively:

"Confidence in Western drugs seems greater than confidence in doctors. This is reinforced by many factors. The majority of patients in the clinic and hospital are examined only casually by African nurses, and only the most serious cases are referred to the overworked doctors. Most clinics are staffed exclusively by nurses and even lesser technicians, who often prescribe medication when they ought to refer the patient to the hospital with a doctor in residence. There is little ritual associated with Western medical treatment. The paraphernalia of the examination room is seldom seen, and medical examinations are usually cursory; thus the doctor often appears to be an unnecessary adjunct to the distribution of medicine." (Alland 1970:170)

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TRADITIONAL BONE SETTING IN KWAHU, GHANA

Ingrid Tijssen

1. Introduction

Western medicine came to Ghana in 1844 at the time of the first British colonization, when doctors and nurses arrived to give medical assistance to colonial officers. Initially they restricted their services just to this group, but later they extended them to the Ghanaian personnel of the British. The rest of the population continued to go to traditional doctors or made use of medical help provided by missionaries in rural areas. In 1924, during the administration of Sir Gordon Guggisberg, the first hospital was established

After Independence (1957) Western medicine was more firmly institutionalized and spread over the country. Health centres were built, medical field units were installed, and the number of qualified personnel increased. Between 1957 and 1963 the number of medical officers grew from 330 to 904 (Twumasi 1975). Doctors were trained in Western Europe and Russia until Ghana opened its own medical faculty. At the moment Ghana has two medical schools, one in Accra and one in Kumasi.

The introduction of Western medicine under official auspices has strongly affected the position of traditional healers. Western medicine has ready-made and instant solutions for a number of medical problems. Operations and injection in particular carry high prestige. Western health care has, however, some drawbacks. It emphasises cure at the cost of prevention. It does not pay sufficient attention to the cultural and personal backgrounds of the patients. Western medicine often fails when more is required than merely medical-technical treatment. It is no wonder, then, that chronic diseases and psychiatric disorder which usually last a long time and require personal attention, have remained predominantly the field of traditional healers, as has been pointed out by a large number of medical and anthropological investigators. Conversely medical treatment of a more technical character is believed to be mainly carried out by representatives of Western medicine. In this paper, however, I want to present an example of technical-medical treatment which is generally regarded as being a part of the expertise of traditional healers.

Data were collected during a period of two years when I was staying in the Kwahu area of Ghana. My husband was then a medical officer in a Catholic