over, it seems to me that such a notion of medicine merely takes for granted the positivist assumptions of biomedicine. Medicines are not rational per se, objective things that impose their logic on other realities. What seems concrete in medicines may upon closer inspection turn out to be not that conrete at all.

Similarly, I see no reason why illness should be defined in terms of medicine. Illness is far more complex. Experiences of health and illness are embedded in a more encompassing symbolic order. There is no reason, therefore, to claim that illness should be defined in terms of the medicine. Why not the other way round? It would perhaps add more to our understanding of the efficacy of medicine if we were to define it within the same context and by means of the same logic that also gave meaning to the illness. The medicine might gain meaning from a different direction, in terms of the illness itself. People's conceptions about and models of illness and healing, whether they be "traditional" or not, are perfectly capable of interpreting medicine in the terms of their own model. They may thus provide medicine with new, additional meanings in and through a creative, metaphoric process.

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Reply

De Boeck's remarks about our article on the metaphoric and metonymic "working" of medicines (van der Geest and Whyte 1989) are primarily directed to our use of "metaphor." He finds that our emphasis on the way

metaphors concretize impoverishes the conception of metaphor and leads to an objectivistic notion of illness and medicine. His comments raise several good points, but they miss our primary intention in the article. We agree with De Boeck that the mission of metaphor is not completed by grasping the inchoate and that metaphor's meaningful potential is very rich indeed. Nor would we dispute his assertion that creative processes may move both ways between medicines and illness. The cultural reinterpretation of Western pharmaceuticals in terms of local conceptions of illness and healing is well established (Bledsoe and Goubaud 1988; Etkin, Ross, and Muazzamu 1990; Nichter 1980). The reason we concentrated on one direction of movement, the "effect" medicines have upon illness, is that we were trying to explain the widespread "charm" of medicines and the ways people use them as strategies for dealing with illness. De Boeck's points about metaphor are intellectually pleasing and may help us to explain how people attribute culturally specific meanings to medicines. But they do not answer the questions we posed about the appeal and the social and experiential effects of medicines.

We chose our conceptual tools in order to deal with a series of interrelated issues: the place of medicines in the social relations of healing, the commoditization of medicine, the popularity of commercial pharmaceuticals, the strategic use of medicines (both indigenous and imported) to treat illness. Our emphasis on the concreteness of medicines allowed us to propose an explanation of general processes of therapeutic meaning, while retaining an interest in social relations, and the transaction of commodities. De Boeck's main concern seems to be the nature of metaphor, whereas our argument comprehends other problems as well. If we emphasized the notion of strategy, it was because we recognized people as actors dealing with illness and not simply as thinkers generating meaning.

When we wrote that metaphorization makes illness a concrete and "natural" phenomenon, thus providing a favorable context for treatment, we were not taking for granted "the positivist assumptions of biomedicine," as De Boeck alleges. We argued that illness is an inchoate experience with a multitude of potential meanings. Concretization by metaphor—or metonym—is an ingenious cultural device for overcoming the confounding complexity of the illness experience. We showed how biomedicine itself uses concretization in relation to illness. The redefinition of illness as a tangible and treatable problem is characteristic of what culture is: the organization of communal existence and individual life through the creation and communication of order and meaning. It allows people to conceptualize, express, and solve problems. Dow's description of symbolic healing captures our viewpoint:

> In the curing process the healer particularizes part of the general cultural mythic world for the patient and interprets the patient's problems in terms of disorders in this particular segment. [Dow 1986:60]

For the anthropologist, treatment with drugs is bound to be symbolic and the concretization accomplished in the use of medicines is always an "as-if" strategy. To what extent people involved in the illness (patients, support groups, health workers, etc.) take the concretization literally is a matter for research.

Our purpose was to draw attention to medicines as a particular type of therapy, not to develop a theory of metaphor. Yet a critical examination of concepts is always necessary, and we thank De Boeck for his contribution. It has prompted

us to think about another fundamental issue, which he does not mention: the tacit assumption of our article is that the associative logic of metaphoric and metonymic thought, found in our own culture, applies universally. Is that assumption valid? Or is the extrapolation of "our" metaphor and metonym to other cultures a new form of ethnocentrism? These questions are urgent, given the present enthusiasm for the concepts of metaphor and metonym in anthropological interpretation.

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