Foreword

The holistic description of a medical system should describe the full range of practices in a society, and it should explain how these practices coexist in a changing structure of customs and social relationships. Few historians, sociologists, or other specialists have yet approximated these goals, and until now no anthropologist has attempted to describe a medical system in this manner. Herein lies the originality of *The Quest for Therapy in Lower Zaire* by John Janzen. In scale, complexity, and analytic cohesiveness it sets new standards for research in medical anthropology.

Books as rich in facts and ideas as this resist labels. It is an anthropological study, with the qualifying adjectives *social*, *medical*, *humanistic*, and *applied*. Because it describes a region of Zaire, it could also be classified among African studies books. But it will interest those who are neither anthropologists nor Africanists, for it is written so any reader, layman or specialist, who particularly wants to know how medical systems work, can understand and learn from it. It does this by inviting the reader to compare his own experience and knowledge with the facts reported here. The invitation is implicit in the concepts Janzen uses. His central concept is that of the lay therapy managing group consisting of kinsmen and friends, which is mobilized when illness strikes an individual, and which acts to define the situation

and to search for a remedy. The size and composition of the group varies according to circumstances. Though Janzen is describing a region in Zaire, readers will readily see comparisons with therapy management groups that exist in other societies they know about. Because the concept includes an aspect of events that can be observed in any society, and because Janzen uses it well, his description of particular facts in Kongo society reveal general truths about whole systems of action.

Books as rich as this one resist summary. The lay therapy management group is only one of its many concepts, all of which have in common Janzen's effort to describe the historical structure of medical pluralism. With the possible exception of a few small and very isolated societies, all medical systems in the world today are pluralistic. As the degree and organization of this pluralism varies, the central problem for a comparative study of medical systems is to develop theoretical paradigms to describe it.

In our own culture the influence of biomedical science and of doctors is such that it is essential to distinguish health systems from medical systems in order to define Janzen's subject, and to understand that medical systems, defined objectively, include all forms of practice. This book is *not* about the health system in Lower Zaire. If it were, it would analyze the adaptive and dysfunctional relationships between the human population and its parasites, the patterns of nutrition, fertility, mortality, and so on. It would be an epidemiological and ecological study about the interrelationships between species as they affect the normal functions of human beings. It might use social categories, but its fundamental theories and perspective would be drawn from clinical medicine, biology, and the cultural norms of medical practitioners. Quite the contrary—this book has a different perspective and theoretical structure, for it describes a regional medical system.

Medical systems are social and cultural. In contrast to health systems, their boundaries are not those of biological populations, species and ecological networks, but of political organization and cultural exchange. Medical systems are generated by acts of consultation between laymen and specialists, or by concerted acts

among laymen to cure, alleviate, or otherwise cope with physical affliction.

Medical systems use the categories of thought and sentiment common to many occasions and interests, which is to say that they are part of the general culture in a society. For example, the concepts of humoral medicine in Hindu, Chinese, and European tradition involve cosmological theories of an equilibrium of forces and elements in nature and of correspondences between the human body and the universe that are used in religious ritual, sorcery, food choices, art, and literature. In the present volume Janzen has written a fascinating chapter on the medical cosmology of Nzoamambu, a master *nganga*. He begins with an assertion, which is really a descriptive hypothesis: "It is characteristic of cosmologies to provide the material by which dominant cultural metaphors are organized." One might think this to be true in the so-called traditional cultures but not in "modern scientific medicine." In the conclusion to the chapter on Nzoamambu, however, Janzen comments on "the cultural embeddedness everywhere of symptom and disease language" by telling us that "only 55 percent of the entries in the World Health Organization's widely used 'International Classification of Diseases' (I.C.D.) are . . . reducible to single, universal, and duplicable, sign-symptom complexes . . . In other words, cultural assumptions rather than laboratory experiment pervade much of the I.C.D."

Medical systems become more defined institutional structures as the division of labor includes more specialist roles. In the past century the professionalization of medicine on a world-wide scale has created secular bureaucracies protected by state regulated limitations on practice, extended courses of socialization and training for different occupational roles within these bureaucracies, and a concerted effort by bureaucrats to reduce the degree of pluralism within medical systems. Janzen uses the term "Western medicine" to describe this system in Zaire. I prefer the term "cosmopolitan medicine" since the system evolved throughout the world—in Japan and Brazil, as well as in the colonial powers of Western Europe and North America.

Cosmopolitan medicine coexists everywhere with other systems of practice, forming more or less pluralistic, more or less integrated, and more or less syncretic regional systems. Janzen describes four coexisting systems among the Kongo people of Lower Zaire, of which the three indigenous systems are, from the perspective of laymen, tolerant, accessible, and experimental in attitude. On the other hand, he writes, "By failing to recognize etiological questions and by denying the validity of alternate therapies, Western medicine's practitioners communicated to their clients the closed, limited nature of Western medicine."

Janzen's strategy for describing medical pluralism in Zaire is to begin with what film-makers would call "an establishing shot." This is a long and comprehensive view, showing the topography of the region, the various settlements and kinds of people in it, their medical traditions, the effects on them of conquest and domination by an alien colonial power, and the on-going changes occurring since Zaire became an independent nation. The details of this description all serve to define the historical context of a rapidly evolving set of medical institutions.

Part II is edited in close-ups that show afflicted individuals, their kinsmen, friends, and the specialists they consult. Each chapter is a story of people caught up in the quest for therapy, describing on the ground level, in intimate detail, how the system works. The point of view in these narratives remains firmly that of Janzen and his collaborator, Dr. William Arkininstall, but they are told with a grasp of "the inside view" that characterizes truly distinguished anthropological field research.

In Part III Janzen shifts perspective, using tracking shots, more close-ups, long shots, and middle-distance views. His purpose requires this variety because he analyzes the patterns that link the historical structures described in Part I to social processes exemplified by the narratives in Part II. Each chapter in this final section of the book analyzes in a different manner "the logic of therapeutic systems" (another concept that will interest readers who may never plan to visit Zaire, but who want to learn how medical systems work).

Janzen's book makes an excellent beginning for a new monograph series, *Comparative Studies in Health Systems and Medical Care*. The purpose of the series is to build a field of scholarship that will bring together in a complementary fashion the work of medical specialists, historians, sociologists, and anthropologists, and it will publish new research reported in theoretically interesting ways. Scientists or humanists, interested in the nature of health systems and in the ways that medical systems evolve and vary, will find this first volume a source of pleasure and instruction.

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