

African Medical Taxonomy:  
with special reference to mental illness.

It has been said that primitive classification of illness is completely unrelated to Western categories, and that in particular all forms of illness are said to be caused by witchcraft or supernatural agencies in primitive societies. Field discussed the problem briefly:

'The first problem of classification - whether to adopt an ethnological or a psychiatric basis - was easily disposed of. Had I chosen the former, each category would have remained hopelessly heterogeneous.' (Field:1960:149)

Since she felt that "witchcraft cases" would have covered most of their diagnosis, she used Western diagnostic labels such as depression and schizophrenia.

Over the last few years more interest has been taken in primitive classification. Kinship has always been a central area of investigation of such systems by anthropologists, but in the last decade other folk taxonomies have been studied, the field now being called "ethnoscience," by some. Before ever discussing the classification of illnesses in different cultures one has to ask if there is the category "illness" as such. There seems to be no report of a society that does not use a category closely resembling what we call illness. (It can thus be called an "etic" category since it is universal) (Romney and D'Andrade:1964). In the case of spirit possession, there may be areas where certain states are defined as illness in one society and not in another, but even in our own culture there are those who are difficult to classify as "ill" or "not ill". There may be doubts, for example, as to whether a person should be called eccentric or mentally ill.

The early papers on the subject of primitive concepts of illness tended to concentrate on concepts of causation, and although these could be classified, they were not the only system used and in fact seldom relate to the actual naming of illnesses. Clement's paper on "Primitive Concepts of Disease" was the first major work in English and deals entirely with theories of disease causation, discussing the ideas found throughout the world and postulating various patterns of diffusion to account for the presence of these ideas. He actually defines his subject as:

Primitive concepts of disease are those ideas held by primitive people as to the cause or genesis of sickness. (Clements: 1932:126).

His classification of causes has been modified slightly but is still the basic text on this subject. He firstly extracted three basic categories of cause:

- (1) Natural causes.
- (2) Human agency.
- (3) Supernatural agency.

He preferred, however, to call the last two Unnatural Causes of Disease and divide these into:

- (1) Sorcery. This is the action of human beings usually using contagious or imitative magic. He includes the evil eye in this.
- (2) Breach of Taboo. This may be unintentional. Confession is the usual form of treatment.
- (3) Disease - Object Intrusion. This is a tangible form of some disease producing agency and is thus a material form of the next.
- (4) Spirit Intrusion. This is the presence in the body of spirits. These may come by themselves, they may be sent by a sorcerer, or they may come as punishment for breach of taboo. Spirit intrusion and spirit possession may be similar and can be confused by ethnographers.
- (5) Soul Loss. This may occur by accident or the soul

may be abstracted by spirits or sorcerers.

Clements mentions three cures for spirit intrusion:

- (a) Commands to depart or exorcism.
- (b) Mechanical means such as cupping, bleeding or purging.
- (c) Brushing into an animal or object by transference.

Clements however does not mention the method of taming the spirit so that intrusion changes to controlled possession, which is the fundamental step in most instances of healing; by initiation into a formal 'possessed' relationship with the spirit that is causing the illness.

Hallowell in his discussion of Clements' work points out that sorcery can make use of several of the other causative techniques mentioned. Sorcery involves (1) the human agent (2) the technique employed (3) the specific proximate cause of the malady which actually produces the symptoms. This includes object or spirit intrusion and soul loss. (Hallowell:1935) Murphy uses Clements' categories in her account of the beliefs in disease causation amongst the Eskimos. (Murphy in Kiev (ed) 1964:61-69).

There has been some discussion as to whether there is a belief in natural causes at all in primitive medicine. This point is well reviewed by Ackerknecht in his paper "Natural Disease and Rational Treatment in Primitive Medicine." Most authors report that minor illnesses are the ones usually considered "natural". At the beginning of a disease no supernatural danger may be felt and home remedies are given. There may not be sufficient concern to consult a diviner. Some authors claim that all diseases are believed to have a supernatural origin, but in mild cases the patient will be content with palliation and not spend the money on a diviner. Only when simple remedies fail is the complicated supernatural machinery put into motion. These diseases considered natural by primitives are: (1) The very slight. (2) The very common ones. (3) Diseases imported by Whites. (Ackerknecht:1946:272). The reason for this latter is not obvious. It may be that it is an artifact due to informants being polite to White investigators, or it may be that the explanatory system is so rigid that it cannot accommodate new diseases. Ackerknecht himself does not believe in the notion of rationality in primitive medicine and says that mild illnesses are just not explained, it is not that their explanation is naturalistic. (ibid: 478).

Prince, in his study of Yoruba beliefs about mental illness found that 20% of cases whom he saw in an indigenous treatment centre were said to be caused naturally. The factors involved were faulty diet, small insects, worms, black blood or watery blood, hemp smoking and other toxic effects and hereditary factors. (Prince in Kiev (ed): 1964:96). Presumably some of these could be thought to be due to magical processes also. The Ganda believe that epilepsy can be due to a lizard in the brain which may be there at birth and grow or be introduced by magical means. (Orley: 1970).

The distinction between sorcery and witchcraft has been emphasised by Middleton and Winter. The term sorcery should be used to describe instances where objects or medicines are used against victims. Such acts can be performed by anyone and are only called magical because there are no grounds in Western science for believing in them. Witchcraft, however describes a mystical power, residing in particular people. It may be enough for a witch just to wish evil against a victim.

Witches are usually thought to have other powers such as travelling at superhuman speed, turning into animals, or dissociating their spirit from the body and thus going about doing evil while apparently asleep in bed. (Middleton and Winter (eds): 1963).

The Ganda believe that illnesses can be brought by spirits or witchcraft substances. The spirits are of two types that can work in two different ways:

1. Those that do not kill people but merely require to enter into some form of relationship with people, and be placated.

2. Those spirits which are exceedingly dangerous and whose aim is to kill people. These latter are sent against people by other humans.

Amongst the nearby North Kavirondo Bantu a visitation from a spirit is usually a slow illness, not a sudden violent outbreak. This latter would be attributed to human agents. (Wagner: 1959:164).

The Ganda do not have a strong belief in witches, but rather in sorcerers. Some witches do exist who prepare substances which may be placed in such a way that the victim passes near them. These may cause a sudden unpleasant or even fatal illness but if not immediately effective, they may go on to produce a more gradual and persistent illness. I saw two cases which, I was told, were certainly due to witchcraft substance. One was a progressive wasting disease which lasted two years and ended in death, and the other was a dementia. When these substances are walked over in the path, they produce a painful swelling of a part of the body, typically a foot, spreading to the rest of the body. It may produce small sores over the legs. There is a separate Ganda word for poison. Poison is characterised by having to be taken by mouth and it produces severe abdominal pain, vomiting, and ultimately death if not treated. It is sometimes called the witchcraft substance of the Europeans. There is no difference in kind between witchcraft substance and poison, and there is considered to be no essential difference in their mode of action, even though the one is swallowed and the other can work from a distance. Similarly there is considered to be no difference in kind between those medicines which are given by mouth, those that are rubbed over the body and those that are worn wrapped in a piece of cloth around the arm or waist. (Orley:1970:19-20). Beattie has made a similar point about the neighbouring Nyoro:

'So for Nyoro poisoning is a kind of sorcery, indeed the most typical kind: as Westerners we distinguish, in terms of what we know of the operation of chemical and physiological laws, the act of putting noxious medicine in a person's food, from the procedure involved in buying another kind of medicine in a path where an enemy will pass: Nyoro make no such distinction. Even to burn a person's house secretly at night with the intention of killing or injuring him and his family is a kind of burogo (sorcery).' (Beattie in Middleton and Winter (eds): 1963:29).

There are difficulties enough for those who wish to relate Western disease categories to primitive categories. For those who wish to relate Western categories to primitive categories of causation the position is even more difficult as is illustrated by Le Vine's study of the Gusii of Kenya. (Le Vine in *ibid*). He states that in any one instance, death or an illness may be ascribed to different causes by the different people involved. For the uninvolved observers it is most convenient to ascribe misfortune to natural causes or

neglect. An ill man himself is likely to say that he has been bewitched and blame a relative or neighbour rather than to think that he is being punished. The relatives in their turn, either use the occasion to express their hostility against a third party whom they claim is bewitching the ill man or, if they wish to avoid disruption, will claim that it is caused by the ancestors. Women tend to be more prone to make witchcraft accusations, perhaps because they are outsiders who care less about their disruptive effect. Lineage elders on the other hand, who wish to preserve unity, try where possible, to turn blame of others into self-blame.

The Ganda recognise the way in which different people attribute different causes to an illness. They have a proverb; a Lubaale, Hero Spirit, punishes with reason, provided that it has not killed one of your own relatives. Bennett found difficulties when asking Ganda parents about their childrens' diarrhoea. Although relatives admitted a possible cause of the diarrhoea was obusobe, a ritual mistake made in pregnancy or infancy, none admitted that this was the reason for their own child's diarrhoea (Bennett et al:1964). Although there are said to be some diseases that result from the breaking of certain taboos, it does not seem to be an important reason given in these days. Madness in a mother following child-birth is thought to be brought by her committing adultery during pregnancy. Southwold investigated the beliefs associated with a rash which may be seen in infants because the mother ate salt during the pregnancy. He states that although he had read about this belief,

'I never heard of a specific case of anyone with the disease, and when I approached it from the other end, by asking what would happen if anyone did break the taboo, people were pretty sceptical whether anything would.' (Southwold:1959:45).

'People will tell you that buko is an illness that people get through committing incest, but when you ask what happens to a man who commits incest and is not prosecuted they will say "nothing".' (ibid:p 46).

There appears to be no literature on the classification of "natural" causes in primitive medicine, but these are not necessarily clearly distinguished from supernatural causes. What we may call "natural" are those explanations which are most sensible in Western terms. In many cases these causes are thought to be secondary to supernatural factors. The "natural" causes that appear in the literature may be classified:

- (1) Invasion of the body by external agents;
  - (a) Living agents, worms, lizards or insects.
  - (b) Non-living agents such as poisons. Poisoning is only an instance of disease-object intrusion which happens to fit in with Western notions of causation.
- (2) The mal-function or movement of certain organs or the blood.
- (3) Dietary factors which includes eating foods which are prescribed for ritual reasons.
- (4) Hereditary factors which may be expressed in terms of some family spirit.
- (5) Environmental factors such as the moon's phases or cold winds.
- (6) Contagion, the mechanism of which is seldom if ever specified.

Thus Hoernlé says of the Bantu of South Africa that: 'Worms they have seen in their stools, and often think that the pains in their bodies may be caused by such wandering about among the different organs, or even by the organs getting displaced within the

body.' (Hoernle & Schapera (ed):1937:227).

Amongst the Ganda, stomach aches of all kinds are usually referred to as *enjoka*. Whilst in general this word has the connotation of "worms", not all forms are thought to be due to worms. An early European traveller in Uganda reported an encounter with worms amongst the Ganda.

'Another difficulty is that natives often come for treatment for imaginary complaints. One of the great Waganda Chiefs, the Kago, used to come to me regularly with his story of the "worm". One day the "worm" was in his heart; another day in the small of his back, another time it had travelled to his arm, and so on. I gave him the benefit of the doubt, and treated him for rheumatism, oppression, or anything rational bearing on his symptoms. In spite of all, his ailments grew daily more stout and strong. One day I gave him a strong purgative. He did not reappear for a week; when he came, he was accompanied by one of his men leading a fat sheep. He had never given me the slightest acknowledgment for the scores and scores of times he had come to me for the treatment which he was receiving gratis. This day he solemnly made me a present of a fat sheep. He reassured me that my last medicine was splendid. The effect was such, he said, that he really thought he was about to die, and that it had utterly prostrated him for days. He felt, however, that he was cured and he came to thank me publicly. It was many months before he was troubled again by his old enemy the "worm". I was interested when one day the Mission doctor, Dr. A. Cook, incidentally mentioned to me that some natives came to him with imaginary diseases. They cause a serious loss of time to him whom I know to be one of the most able and hard-working men I have had the privilege of meeting either in professional consultation or in private life.' (Ansonge:1899:191-2).

The Ganda also classify some diseases as "those of fornication". These include the venereal diseases but also include the madness that occurs after child-birth. Although they have the notion of contagion they cannot describe the mechanism by which they think it occurs. They believe that epilepsy, leprosy and consumption are contagious and they isolate people suffering from these diseases. (Orley:1970:35).

The relation between ideas of natural causation and witchcraft amongst the Azande have been clearly laid out by Evans-Pritchard.

'In speaking to Azande about witchcraft and in observing their reactions to situations of misfortune it was obvious that they did not attempt to account for the existence of phenomena, or even the action of phenomena, by mystical causation alone. What they explained by witchcraft were the particular conditions in a chain of causation which related an individual to natural happenings in such a way that he sustained injury.' (Evans-Pritchard: 1937:67).

Thus a victim of some accident, although seeing clearly some of the natural events leading up to it, wants to know why it should have happened to him rather than someone else and at that time rather than at another. Misfortune requires a fuller explanation in addition to that which can be given by crude observation.

The naming of diseases, however, is seldom related to causation in primitive medicine. Naming tends to depend on the part of the body affected and the symptoms of the disease. Sometimes the response to treatment is used to define the illness in broad terms. Junod says that:

'Thonga call the complaint from which they suffer by the name of the organ affected: for instance "I have a foot, I have a hand, I have a neck", means; "I have a pain in my foot, my hand or my neck". "He has a head" means "He is mad". For "I have a headache", the expression "I feel my head", would generally be used.' (Junod:1913:430).

The Tallensi name illnesses by reference to the part of the body most affected, but there is a vague notion that all forms of illness are manifestations of disorder either of the head or of the belly or of both. (Fortes and Mayer:1969:41). The Azande know diseases by their major symptoms. Diseases are named (1) After the part affected. (2) After the sensations they produce or their effects on the organism. (3) After something in nature to which they bear a resemblance. (4) After their cause. (5) After their cures. (Evans-Pritchard:1937:482).

The Ganda also have a tendency to think of their illnesses in terms of that part of the body affected. Thus a cough may be referred to as ekifuba (chest), provided that the context indicates that illness is being talked about. By changing the prefix of the word, one can indicate different diseases of the chest. Thus there is akafuba (consumption or tuberculosis) and olufuba (asthma). Because of this already established way of thought, the Ganda seem to have readily taken to the idea of a group of illnesses within the category 'diseases of the brain'. (Orley,1970:p4).

The Subanum also use the part of the body affected in their naming of disease, but they use other criteria as well. (Frake:1962). Some causes are important criteria in classification such as a wound, a bite, a burn or a worm, whereas others are not important as criteria in naming since they appear to cover a very disparate collection of phenomena. Such are the sorts of causes listed by Clements such as object-intrusion or soul loss. It is only the exceptional case that is re-named as a result of a seance or divination. Frake's already classic description of Subanum naming of disease emphasises the way that symptomatology is used. Symptoms may be localised internally or externally in certain parts of the body. Deformity in a particular area or pain, itch or irritation in particular areas may help to refine the diagnostic name.

Mental illness appears to be recognised in all areas of the world and is defined by its symptomatology as reflected in the patient's behaviour, as also is epilepsy. Jilek and Aall-Jilek report from Tanzania, however, that:

'The Wapogoro do not possess a concept of mental disease. They have, however, a fairly clear notion of what constitutes a deviation from culturally accepted patterns.' (Jilek and Aall-Jilek:1967:208).

It is uncertain what they mean by this. Edgerton reported a study of four East African tribes. (Edgerton:1966). All had terms corresponding fairly closely to Kichaa in Swahili which is the word usually used for madness. No great variety of terms were found in any one language, and where there are several terms they do not seem to imply different symptomatology.

Questions about aetiology produced no consistent replies and certainly witchcraft was not seen as the sole cause. Some attributed it to a worm in the brain, not usually introduced by witchcraft, others said it came for no reason. All tribes recognise the possibility of multiple causation. Further enquiry in each of the four tribes for a description of what was meant by that tribe's word for madness brought very similar answers but with some differences in emphasis. The Sobei (Uganda) most often mention nudity, shouting, talking nonsense and violence. The Kamba (Kenya) mentioned violence and nudity most frequently as the features of madness. The Hehe mentioned nudity frequently, but most often mentioned a timorous retreat from people to a solitary life in the bush. They did, however, talk of two types of madness, the violent and the passively fearful. The Pokot most often referred to talking nonsense, but murder and arson were also mentioned. They also distinguished between "wild" and "mild" mad people, but these were not regarded as mutually exclusive types. A notable emphasis in all the tribes was upon nudity. Even the Pokot whose men are typically nude, are horrified by nudity among women. Violence seems very frequently mentioned, as has been noted over much of Africa. Hallucinations were very seldom mentioned, but all mentioned that psychotic acts occur without good reason. None of the behaviour regarded as mad in these tribes would not also have been so regarded in the West. Two of the tribes recommend treatment more than the other two, and this may be related to their belief that it is caused by witchcraft and at least temporarily curable, whereas those who regard it as incurable tend to recommend harsh treatment more than medicine.

There have been very few studies of the indigenous classification of mental illness. Those attempted have usually done nothing more than list the names given to various conditions that would be called mental illness in the West. Examples of this type of study from Africa have been reported from amongst the Bemba, the Shona and the Yoruba. It is very difficult from these accounts to distinguish what are the indigenous systems of classification and what has been imposed upon the terms to make them fit Western diagnostic groups. Thus Brelsford discusses various classes of the insane, in many of which there are various sub-classes given Bemba names. He lists the classes as (1) Idiots and imbeciles. (2) Madness. (3) Temporary violence or fits. (4) Hysterics. (5) Melancholics. (6) Bhang intoxication psychosis. (7) Eccentricity, (not madness). (8) An aimless wanderer. There are several terms given for varieties of sub-normals. Cases which show violence, even though sub-normal, are called "mad". One informant described the typical madman:

'This person does not mind anything. He stabs another without fear. He jeers when he is most painfully tied up. He swears and curses without fear and reason, and he walks naked without shame. He does great violence and is the proper Legion spoken of in the Bible.' (Brelsford:1950).

Gelfand gives the names of many disorders in Shona, but there seems no system in his description. This may be due to the fact that there is no system behind these names. We see, however, the name ebenzi included in three disease names, and we can assume that they should be classed together in some way, but we are not told what meaning this word has. This same applies to the word kupenga which also is included in three disease names. (Gelfand in Kiev(ed):1964:165-170).

Among the Yoruba the term were is used for all forms of insanity, particularly chronic forms. (Leighton & Lanbo: 1963:106-8). The symptoms covered by this term are; talking

to oneself, obvious hallucinations, aimless activity, refusing food because it is thought to be poisoned, sleeplessness, tearing clothes, inappropriate defaecation, urination and smearing, and sudden attacks on people with loss of memory afterwards. The category were is modified by other words. Thus were alaso (that wears clothes) refers to a patient who is normal most of the time but becomes mad periodically. Were agba is the psychosis of old age. Were d'ile (of the lineage) is hereditary psychosis. Ipa were is madness associated with epilepsy. There are different words for an acute psychotic episode, mental deficiency, and postpartum psychosis. The Western category of neurosis is not so easily used in dealing with primitive categories.

'Yoruba healers often do not make a clear distinction between physical disease and psychoneuroses. This failure is understandable because many Yoruba neuroses present largely physical symptoms.'  
(Prince in Kiev(ed)1964:86-8).

Grand mal epileptic seizures and childhood convulsions are given distinctive names.

Amongst the Tallensi the stereotype of the mad person is that his talk is wild and confused and his behaviour erratic and sometimes violent. (Fortes and Mayer:1969:48). Laubscher makes brief reference to the fact that the Tembu distinguish two forms of madness. The one is characterised by odd behaviour without undue excitement. This is thought to be a sign of the necessity for ritual training to be a doctor and if prevented such a person will lose his senses, and become afflicted by the second major category of madness, characterised by:

'Confusion of mind, stupor and stuporous dementia, and has special reference to epilepsy and catatonic stupors.' (Laubscher:1937:222).

The Nyakusa can also use the same term for running mad and having a fit. (Wilson:1957: 53 fn). Some Bemba use the same word for madness and epilepsy - this latter being called the "madness of a hawk." The Lenje of Zambia, however, do not consider that epilepsy is related in any way to madness. (Haworth:1969:6).

The Ganda believe that there are four main kinds of diseases of the brain. These are madness, epilepsy, foolishness and dizziness. They distinguish two kinds of madness, the wild and the mild. Dizziness is considered to be an illness, not merely a symptom, and is thought of as "the brother of epilepsy" in the same way that sleep relates to death. Just as a cough may be referred to as "the chest", so when one asks what is wrong with a mentally ill person, the reply is "the head", although this term can also be used for headaches. While most people acknowledge that the present classification of madness and foolishness as diseases of the brain is "correct", many of the older people said that these diseases were originally thought to affect a person's heart. Epilepsy and dizziness were probably always thought to be diseases of the head and this is indicated by what is probably a fairly old custom of cupping the head to cure epilepsy. (Orley:1970:4).

The Ganda refer to an illness which strikes only small children causing them to have febrile convulsions as eyabwe. The word itself means "theirs" (the children's) and refers to the fact that it is thought to be brought by "their bird" which is an eagle. This is a reference to the suddenness of the onset of the illness, just as a bird of prey swoops down to catch its prey, and also to the fact that during a

convulsion, the eyes turn up as if to see the bird flying above them. If such a bird is seen, the women with the children may shout up at it that the child is really quite an old one, hoping to deceive the bird into thinking that the child is too old to be attacked. There are various other preventive measures, such as the tying of a small bell onto the left wrist, the noise of which will frighten the bird, or attract the mother's attention if the child moves to fend it off. (ibid: 9-10).

The association of birds with epileptiform fits and convulsions seems to be common to many parts of Africa. Amongst the Bemba the term used for fits in children is the same as that used for a sparrowhawk that is found unconscious on the ground, presumably after missing a swoop. (Brelsford:1950). In another part of northern Zambia the word used for epilepsy means "the madness of a hawk". (Haworth:1969:6). Turner has reported that the treatment for epilepsy amongst the Lunda consists of the beak of a bird which "flies up and down spasmodically like an epileptic, making a whirring sound." (Turner:1963:29). The Wapogoro believe certain birds should not be killed, especially the fish eagle, because it circles and then drops to the earth like an epileptic in an attack (Aall-Jilek:1965:71). (It is of interest to note that the word used for fits by the Mohave of North America means "hawks copulate". (Dovereux:1961:73) ).

There are few ethnographic accounts of primitive concepts of body function. A few investigators give some information as to the ways in which mental disorder is related to the body. On the whole they are associated with the head or the heart, but occasionally abdominal structures are implicated. Thus, as we have already mentioned, the Thonga associate madness with the head. (Junod:1913:430). The Tallensi have a vague notion that all forms of illness are due to disorders in either the head or the belly or both. (Fortes and Mayer: 1969:41). In much of the African literature there is probably a greater emphasis on the association between madness and anger as expressed in the American colloquialism "to get mad" meaning "to get angry". The Nyakusa say that a madman may recover but:

'When he is angry his heart seems to be full of madness again.

They say a mad person talks to himself like someone in a passion of grief, or anger, or fear, and moulds the earth.' (Wilson:1957:80,83).

The Bemba describe the melancholic as one who "has a heart", or is sick in the heart. (Brelsford:1950:47). The Lozi considers that epilepsy is caused by an insect which when it attacks the heart of a patient causes foaming at the mouth and irregular movements of the legs and arms. (Howarth:1969:7). Amongst the Wataita (related to the Kanba of Kenya), illnesses of the heart include anything involving abnormal cravings, fears or urges. Thus a type of kleptonania is said to be a "heart" illness, also:

'....Saka (a type of spirit possession) is said to belong to this category (of the heart) because it is an illness of "wanting and wanting". It does not belong to the other category, illnesses of the head, which are called isu, madness.' (Harris:1957:1050).

The Subanun beliefs about the liver are somewhat akin to Western notions of the heart and Frake recorded no instances of diseases being attributed to the heart there. (Frake:1962).

The Ganda believe that both the heart and brain think, but this probably represents an incursion of western thought, for it is still possible to find older people who say that only the heart thinks. The heart is thought not only to be the centre of emotions such as fear, anger, joy and jealousy, but in the past it was also considered the place where wisdom and memory reside. Whereas older people believe in the primacy of the heart, the young normally say that the brain and the heart work together, the heart deciding things and sending a message to the brain which in turn passes it on to the body. (Orley: 1970:1).

There are two conditions of the heart which in some cases may represent neurotic illness. In the first the heart is referred to as being agitated or fearful and in the second it is said that the heart has fallen or failed. The first condition refers to a pounding of the heart with fright and may be used merely to refer to feeling startled. It is most commonly thought of as an illness in which the person experiences an intense fear causing him to run away and hide in the bush. (Orley:1970;p8). This running away into the bush has been commented on by authors working in Africa as an aspect of the "mad" syndrome. Field describes it in Ghana as a typical feature of most acute psychotic episodes, and Fortes and Mayer note it amongst the Tallensi(Ghana).(Field:1968:32). (Fortes and Mayer:1969:66).

The word used for the heart in these conditions is omene and refers not only to the heart but to the small bone at the base of the sternum (xiphisternum) and to the small bone at the base of the spine (coccyx) and the associated region of the anus. The condition in which it is said to fall or fail may affect either or both of these. It manifests itself in a general weakening of the body and failure to eat. Sir Albert Cook referred to the condition in the usual term taken by many physicians and surgeons to such disorders. He wrote of "the stalwart man with a frame of Hercules, who wastes ten minutes trying to persuade you that his heart has fallen from its right place." (Cook:1954:124).

The importance of the heart in African thought has been emphasised by Muwazo, a doctor working in Kampala.

'Africans of the present day resemble Europeans of previous centuries in regarding the heart as the centre of life; the soul is also thought to reside in or near the heart. Africans consider that the heart is normally motionless, they have no knowledge of the circulation of the blood. The exact position of the heart is not understood clearly, but the whole of the front of the chest and the upper abdomen is regarded as a dangerous area. Palpitations and any sensation which can be interpreted as a movement of the heart are considered to be specially dangerous, for the soul may be moving and may leave the body, and life may thus be in danger. In some patients fever is chiefly noticed and attributed to the cardiac palpitations which accompany slight exertion, especially if anaemia is present; and many Africans are anaemic.' (Muwazo and Trowell:1944:149).

He goes on to state that many of these cases are probably neurotic and others are malingering. These latter:

'naturally complain of the heart, for this would appear the best illness to feign. It would never occur to them to feign a peptic ulcer or blindness, for diseases of the "Heart" or the "Soul" are, in their opinion, the most serious. (idem.)

The final method of classification of illnesses is by "nationality". This usually depends on treatments and comes into prominence when there are competing systems of treatment. Illnesses may be said to have come from neighbouring tribes and this may be due to a similar mental process that attributes illness to witchcraft from a neighbouring homestead. Where Western treatment is offered, it seems that some diseases are seen to be very amenable to this treatment and are perhaps Western diseases. Those illnesses not amenable to Western medicine (particularly psychogenic illnesses) are said to be indigenous. The Zulu recognise disease as being susceptible to Western medical treatments, usually obviously organic illnesses, whilst psychogenic illnesses are distinguished from them.

'These things are "kwaZulu" (of the Zulu Race), and cannot be put right by a White man with an injection.' (Lee:1950;10).

Loudon also discusses a conversion hysteria called ufufunyana:

'The Zulu class ufufunyana as a Bantu disease, a term they use to cover all conditions which they believe to occur only among their own people and to be susceptible only to indigenous Zulu methods of treatment. (Loudon in Opler (ed):1959:361).

These diseases are thought to be due to spirits or witchcraft and are accompanied by stereotyped dreams and are usually associated with rather ill-defined or generalised pain. It may be diagnosed as such by a diviner.

A similar approach seems to be taken by the Eskimos. Murphy describes a shrewd shaman:

'He was one of the shamans who changed, not by giving up shamanism, but by adjusting shamanism to fit new circumstances - recognising, for example, that Western medicine works for white-man's diseases like tuberculosis, while shamanistic medicine works for different illnesses.' (Murphy in Kiev(ed): 1964: 77).

In South Iran it is not the lack of response to Western medicine that is the principle criterion but a positive response to rituals aimed at the Zar spirit. The patient attends a Zar ceremony and if he becomes unconscious during the ceremony, it is an indication that he is afflicted by Zar. Otherwise the patient must go to a Western style doctor.

It is interesting to note that the patient who is diagnosed as being possessed by Zar will not respond to any treatment administered by a Western doctor. Not only do they fail to respond to medical treatment, but in many cases they become worse. If a doctor gives an injection to these patients, they become extremely manic or withdrawn. In the native dialect, they say that Zar and the needle are not compatible, and that the more you give injections the worse the patient becomes. (Modarressi in Prince (ed): 1968: 151-2).

This type of classification into indigenous and non-indigenous illnesses is used by the Ganda. Thus not only do the Ganda ascribe diseases to certain parts of the body, but they also classify them according to three sets of

dichotomies.

1. Those that come by themselves and those that are sent or caused by witchcraft.
2. The strong and the weak.
3. Kiganda and non-Kiganda.

In general the Kiganda illnesses are those that the Ganda believe to have been already afflicting them before the Arabs and Europeans came to their country, but the Ganda imply certain other things when they refer to illnesses as Kiganda. The Ganda think of their illnesses as "strong" illnesses, and they are usually thought to be sent by another although there are many exceptions. There are traditional forms of therapy for them although in these days the traditional art of healing is thought to have been largely lost. Western medicine is not considered to be particularly effective in treating such illnesses. The underlying feeling is that Europeans know how to treat their own diseases with their own medicines. Those illnesses which are untreatable by Western medicine or are difficult to treat, as in the case with much mental illness, are thought therefore to be Kiganda diseases, and are of course strong since traditional forms of therapy are not often very useful either. There are other reasons for strong Kiganda illnesses being thought to be brought by witchcraft. Madness, epilepsy and other strong illnesses bring an enormous amount of trouble to a patient and their family and usually tend to follow a chronic course extending over many years, if not a lifetime. In order to cope with such a stressful situation an explanatory model (paranoid in nature) is formulated by the family, which apart from helping them to talk about the illness, also absolves them from blame and opens up a course of action. No one bothers to use such a model when referring to a cold, but the "strong" diseases are almost always said to be sent. Thus the typical Ganda illness such as madness or epilepsy are said to be sent by another Kiganda and strong. (Orley:1970:p15).

The classification into "come by themselves" and "sent by another", is confused by the notion of contagion. This is a recognised mechanism even though some illnesses are regarded as contagious which we would not so regard in the West, an example of this being epilepsy. It would seem that there always was an indigenous classification of illnesses into contagious and non-contagious, but that this was disrupted by the advent of Western medicine, which includes a very strong notion of contagious diseases. These diseases thought contagious in the two systems presumably varied widely and the result has been to leave a certain amount of disorder in this field. These mechanisms of the genesis of illness are not mutually exclusive and although a "natural cause" is postulated there is still the desire to explain why this natural cause operated at a particular time and in a particular way.

The evidence presented shows that while African medical taxonomy varies considerably in detail, there are some common features, which are well illustrated by the Ganda case. The six most common criteria used for classifying diseases in Africa are:

1. The part affected
2. The kind of symptom
3. Some convenient natural symbol.
4. The cause
5. The cure
6. The national origin

Western medical science uses categories based on different criteria. We have seen, for example, that contagion

is important in Western medicine as a cause. To the Ganda, cause may be differently determined and the notion of contagion will then only be important in determining social treatment. For the ethnographer it is more important clearly to describe his people's taxonomy than to devote futile effort to matching Western scientific and folk analyses.

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