women's solidarity that does cross-cut class differences. The *zaar* provides a supportive, culturally-approved context for women's interaction in a culture which otherwise demands female seclusion. And Llewellyn-Davies gives a fascinating account of Maasai culture while examining two manifestations of women's solidarity, one of which is potentially subversive to the male-dominated hierarchical order, the other of which has the effect of reaffirming it.

Sharma, focusing on the issue of sexual segregation, demonstrates how it can, when coupled with village exogamy, an ideology of public modesty, and an internal hierarchical household structure in a village economy, militate against the formation of solidarity. In the north Indian village she studied, women in households are separated by differences in interest and power, by age group, making it unlikely that they will be able to come together on an equal footing for cooperative purposes.

Croll, in tracing the historical, political, and cultural influences on women's solidarity in China, shows how exogenous factors such as the conscious decision on the part of the Communist Party to redefine the division of labour and alter the balance of power in favor of women had a profound initial effect, as did the establishment of female solidarity/study groups in all of the villages in the 1920's. Croll discusses the waxing and waning of these study groups, and specifically addresses the on-going conflict between women's identity as women, and as members of a class.

This book is consistently well-written, and suitable for graduate courses in both Women's Studies and Anthropology. Its small size belies the volume of useful information it contains.

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Anthropologists have again staked their claim to an important area of experience, only to discover that the boundaries of that field are elusive if not altogether indeterminable. It is not surprising that 'medical' anthropologists still argue about the nature of their subject matter, however, given that cultural anthropologists have never settled upon a definition of culture. But therein lies the very value of this book, for "illness" is but one sort of misfortune, and misfortune, in one sense, is the source of all cultural paradigms. Thus, what on the surface would appear to be a book with limited appeal is, in fact, one which should stimulate wider interest. Medicine, as one of the contributors sees it, "should be defined as a set of dimensions cutting across all institutions and deeply embedded in all aspects of culture" (p. 51).

The contributions of this book need to be viewed in a broader perspective. The proceedings are the product of a symposium held in California in early 1980. The symposium followed a conference on the history of disease and medicine in Africa, and preceded a conference in Cambridge, England on African systems of causality and classification in medicine and health. Several of the contributors to this volume participated in the other two conferences as well, though the scope of the last conference was broader and the range of theoretical perspectives greater.

The book represents the work of ten scholars, all but one of whom have worked in recent years with traditional or indigenous therapeutic systems in Africa. The topics

covered range from theoretical considerations of the production of and control over medical knowledge and the social relations which define such production, to pragmatic evaluations of the potential for integration of indigenous practitioners and biomedical paradigms. Janzen, Warren, Reid, and Kramer and Thomas have written on the adaptability of basic indigenous paradigms, the effects of technological development and the "advancing biomedical invasion" on illness and its treatment, and the social, cultural, technological, political, and historical factors which demand or effect change in paradigms or practices. Warren, Reid, and Kramer and Thomas have examined "hierarchies of resort" and the variables which determine utilization of a given resource. The distinctions which separate biomedicine and traditional health care systems are discussed, with the focus on concepts of etiology patients's and therapists' expectations (9), efficacy or perceptions of efficacy distribution of services, practitioners, and facilities, methods or modes of administration of drugs, and preventive, restorative, and ameliorative objectives. The need to further define the content of ethnomedical studies and to develop a "theoretical framework for comparative research distinct from the biomedical paradigm" is discussed, though no convincing framework is proposed here.

Several conclusions must be drawn from this and the two other works previously mentioned. No longer are African indigenous systems identified as "closed" systems. The internal complexity of systems is admitted, the sophistication of multicausal etiologies is explored, the exploitation of alternative therapeutic systems by afflicted individuals and their "therapy managing groups" emerges as the rule rather than the exception, and the capacity for change, accommodation, and integration of indigenous systems is documented. African beliefs concerning illness causation are no longer relegated to the categories of "magic" and "religion" and the therapeutic practices aimed at eradication or amelioration of illness are not treated solely as methods for the resolution of social conflict. Both the psychosocial and biochemical effects of treatments are acknowledged. Indigenous systems are no longer viewed as existing in isolation, rather the authors now describe pluralistic medical configurations in which individuals move across system boundaries without awareness of the anthropological significance of their actions.

As many of the governments of developing nations have come to realize, biomedicine cannot be effectively and efficiently delivered to the entire population. Further, as Fabrega notes, a basic theme which emerges from this collection of articles is the "tenacity and persistence of traditional African systems of medicine" (p. 247). Several governments have, as a result, initiated attempts to utilize indigenous practitioners or to evaluate the therapeutic means which they employ.

Biomedicine has additional limitations. The biomedical paradigm generally restricts the area of investigation to the body, whereas indigenous paradigms allow diagnosticians to expand the universe of sign production beyond the body's boundaries into the realm of social relations. While biomedicine exhibits a more solidly based understanding of the physiology and biochemistry of human organisms and the disease organisms which attack them, it is far less effective in dealing with the illnesses which arise from failures of the organism itself, that is, from failures of the homeostatic mechanisms.

Researchers who work with indigenous systems have come to realize that the biomedical model of illness causation and therapy is a symbolic system, the "product of Western social institutions". What is now needed, and what is only broadly hinted at here, is a comparative model which examines the complexity and contradictions of