

LETTERS TO THE EDITOR

To the Editor:

I wish to respond to certain statements made by Steven Feierman in his recent article, "Struggles for Control: The Social Roots of Health and Healing in Modern Africa," *African Studies Review*, 28, 2/3: 73-147, 1985. Feierman attempts to make the point that some scholars have wrongly assumed that "traditional healing" is something that "traditional Africans" do and that the latter are thus special and peculiar people. To sustain this perception of alleged scholarly assumption, he selectively musters interpretations from the published works of myself and my late colleague, Dominique Traore.

With specific reference to the cities of Timbuctoo and Djenne he states that we "make the unjustified assumption that when dramatic growth does not take place, change does not occur." The full sentence that he refers to reads: "Traditional medical beliefs and structures in these cities have tended to remain static, whereas in the still expanding larger urban centers, the traditional system has adapted newer values and attitudes."¹

Our statement does not exclude the element of change for we purposely used the verb "tend", which implies inclination and direction of course, not the concept of rigid immutability conveyed by Feierman's interpretation of what we said.

Our conclusions about traditional medicine in Timbuctoo and Djenne were not based on assumptions but on many years of careful field observations. It is worth noting that Horace Miner stated in the foreword of the 1965 edition of his 1953 classic work on Timbuctoo that his observations of 24 years before were by and large still valid.²

Feierman also cites another article by Traore and myself³ as an example of one in which the assumption is made that what is 'prescientific' is not rational. This is a misrepresentation of our statements which read as follows: "All of these methods can be said to fall into the prescientific category of treatment. For the people who use them, however, they are considered to be definitive therapy for smallpox." This statement speaks for itself in that it clearly implies that these therapeutic modalities are rational for the people who use them.

Yours sincerely,

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NOTES

1. Imperato, P.J. 1975. "Traditional Medical Practitioners Among the Bambara of Mali and Their Role in the Modern Health Care Delivery System," *Tropical and Geographical Medicine*, 27, 2: 211-21.
2. Miner, H. 1965. *The Primitive City of Timbuctoo*, Garden City, New York: Doubleday.
3. Imperato, P.J. and Traore, D. 1968. "Traditional Beliefs About Smallpox and its Treatment Among the Bambara of Mali," *Journal of Tropical Medicine and Hygiene*, 71, 5: 224-28.

Feierman replies:

I did not intend the brief mention of Pascal James Imperato's use of the words "traditional" and "pre-scientific" as a sweeping criticism of his valuable work. But the original comments do stand. Imperato and Traore write that "The transition from this form of pre-scientific traditional thinking to the scientific, finally comes when someone asks how he contracted smallpox and not why" (1979: 17). I demonstrate that so-called "traditional" medical thought has strong pragmatic elements, based on observation. It asks questions which Imperato and Traore characterize with the word "how" in addition to others asking "why". Observation and testing did not wait for the arrival of biomedicine in Africa; they were practiced back in the distant past. Similarly, twentieth-century city dwellers in Africa and Europe ask questions about the ultimate moral causes of their suffering; these are not restricted to "traditional" Africa.

Imperato claims I have overlooked implications of mutability in his description of Mali's ancient cities, but he actually writes in the article cited that "In old cities such as Djenné and Timbuctoo, little change has occurred since the inception of the colonial period.... These cities have remained rather insulated from the changes generated by Western technology in other large African cities" (1979: 202). In reality, western technology is not the only source of medical innovation. Islamic medicine renews itself from within as new texts flow from one part of the Muslim world to another. Local non-Islamic medical traditions also alter themselves; they do not await the stimulus of contact with western technology. When household structures and disease patterns change, healers are forced to adapt or to be perceived as irrelevant.

Local African practitioners are the creators of medical knowledge, not merely recipients of a medical tradition. We need a history of folk therapeutics in the active voice.

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