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ILLNESS BELIEFS AND SOCIAL CHANGE: A STUDY
OF THE LUGBARA OF NORTHWEST UGANDA.

UNIVERSITY OF HAWAII, PH.D., 1978

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ABSTRACT

Lugbara illness beliefs were restudied twenty-three years after John Middleton's original ethnographic work to test the hypothesis that illness beliefs are sensitive indicators of social change in a society.

First, the nature of illness beliefs is examined. Because illnesses are incomprehensible and everchanging phenomena, unlike plant or animal species, the way in which a group classifies illness will reflect the nature of the world as they see it and will not correspond closely to classifications of disease processes as understood by cosmopolitan medicine; this will be more true the higher the taxonomic level. Thus, ethnoscientific analysis of illness beliefs is complementary to the older anthropological view of illness beliefs as a societal projective system in the Freudian sense. Robin Horton's view that traditional Africans have interpersonal explanations of illness because they live in a world where power is personal is discussed. The literature on one aspect of interpersonal illness beliefs—witchcraft and sorcery beliefs in Africa—is then reviewed, and the use of these concepts is found to be inconsistent. By studying a change in the illness beliefs of one group—the Lugbara—over time, the cross-cultural use of these categories is bypassed. Glick's assertion that illness beliefs mirror the nature and locus of power in a society and Mary Douglas' theory relating explanations of illness to variations in the boundedness and stratification of a society are developed into an explanatory paradigm for analyzing the changes in Lugbara illness beliefs.
Traditionally, when someone became ill, Lugbara considered first the possibility that patrilineal ancestors had sent the illness as a reprimand for the victim's or a close relative's moral transgressions. When the patrilineage was segmenting, witchcraft (the belief that men could harm others by spiritual means from a distance) was also a frequently considered cause of illness. Sorcery (the belief that women could make poison from snakes and roots to poison people's food) was considered last, since wives were outside the corporate patrilineal group and had little formal political power in Lugbara society. Since Middleton's study, the once all-encompassing patrilineal structure has been eroded by Western-derived political institutions, by young men's going on labor migration, and by mature men's growing of cash crops. The last change has also transformed the once-complementary husband-wife relationship into a competitive one; women still need land for subsistence crops. Present-day Lugbara illness beliefs reflect these changes: illnesses caused by ancestors and by witchcraft are no longer found, and in their place has arisen a new category of illnesses with obscure or impersonal etiologies which are thought to need Western medical treatment. Sorcery, in contrast, has grown in importance and now includes aspects of traditional witchcraft (sorcery is now performed by both men and women and can include object intrusion as well as poisoning by mouth); it is now described as 'true' Lugbara illness and treatment for it is sought from a Lugbara herbalist.

In conclusion it is suggested that illness beliefs can be located on a broad spectrum. One end of this spectrum is occupied by the traditional Lugbara system, in which personal power and personal explanations of
illness are dominant; the middle of it is occupied by systems such as
the present-day Lugbara system, in which both interpersonal and impersonal
explanations of illness are dominant; and the far end of it is occupied by
our own Western medical system, which first considers impersonal
explanations of illness and only secondarily (with psychiatric and
'functional' explanations) turns to the idea that an ill person's social
relationships may have something to do with his illness.
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In the beginning Spirit the creator of men created a man, Gborogboro, and a woman, Meme, and domestic livestock --goats, sheep, cattle, and chickens. Meme's uterus was full of wild animals. The gazelle broke out of her uterus and was followed by the other animals. Spirit then put children into Meme's womb. She bore a boy and a girl, who in turn gave birth to another boy and girl, until finally Jaki and Dribidu, the ancestors of the High and Low Lugbara people, were born.

CHAPTER I
THE THEORETICAL FRAMEWORK

1. Introduction: Subject and Methods

This dissertation explores the nature of the relationship between a society's social structure and one aspect of its cosmology--its system of illness beliefs. The data which are presented and discussed were collected during a year's fieldwork among the Lugbara tribe of West Nile District in northwest Uganda in 1972-73 (see Figure 1). The field site was located six miles south of Arua Town in Vurra county, near Kuluva Hospital, a Protestant mission hospital with two resident European physicians (see Figure 2). I lived there with my family in a vacant mission staff house from December 1972 to July 1973; prior to moving there I had spent five months living in Arua Town, during which time I had concentrated on learning the Lugbara language.

When I first arrived at Kuluva, I acquainted myself with the local Lugbara community and publicized my interest in Lugbara culture by making two 8mm films (one on Lugbara subsistence agriculture and one on housebuilding) and by participant observation--helping women with food preparation, water hauling, and other household tasks. After several weeks, I selected a small group of informants who had not had contact with the hospital except as patients and interviewed them intensively in a small building next to my house over the rest of the fieldwork period. Most of the interviews were taped for further study and linguistic clarification, and some tapes were brought back from the field. The
Figure 1. Map of Africa, showing Uganda
Figure 2. Map of Uganda, showing Districts
natural process of language acquisition determined the nature of the interviews—at the beginning they were very non-directed, and only later, when I was more skilled in speaking Lugbara, did I ask very specific questions about specific subjects. This progression from general questions to specific ones, from non-directed to directed interviewing, which was determined by the natural process of my language acquisition, is also the proper scientific procedure for investigating global subjects such as the nature of a people's cosmology and illness beliefs. At the end of the fieldwork period I became acquainted with a Lugbara female odzo or herbalist and diviner, and was able to interview and work with her in some depth.

The data obtained during this fieldwork was compared with the information on the same subject contained in the writings of John Middleton, a British social anthropologist who did the original fieldwork among the Lugbara in central Lugbaraland between 1949 and 1952. Middleton focused primarily on the religion and cosmology of the Lugbara; he has paid particular attention to witchcraft and sorcery beliefs. In his major work, *Lugbara Religion* (Middleton 1960), he identifies four kinds of causes of Lugbara illnesses: (1) illness sent by patrilineal ancestors of their own accord to reprimand someone who had violated the norms of Lugbara society, (2) illness sent by patrilineal ancestors when they were requested to do so by the living lineage elder or other senior man to reprimand someone who had violated the norms of Lugbara society, (3) illness sent by a living man of any age by means of witchcraft, and (4) illness sent by a living woman by means of sorcery (Middleton 1960:34-46, 238-249).
A number of social-structural changes have occurred in Lugbara society since the time of Middleton's fieldwork. Among them are the erosion of the authority of lineage elders by the development of more centralized political institutions; the further erosion of the elder's authority, as well as that of senior men in general, by the custom of labor migration (of young adult men going to southern Uganda to work as wage laborers); the introduction into the District of cash crops, which has eroded the authority that men had over their wives, since they now must compete with them for agricultural land to cultivate; and lastly, the growth of a Western educational system, which has lessened the authority which parents of both sexes have over their children. These social-structural changes are easy to identify, since traditional Lugbara society was composed of very small patrilineal-patrilocal groups living in relative isolation from each other under the leadership of one elder, who was the senior living male.

This restudy of the Lugbara medical belief system was done in order to test the hypothesis that explanations of illness are very sensitive indicators of changes in the social structure of a society. Among the Lugbara living near Kuluva Hospital, belief in illness caused by ancestral spirits has almost completely disappeared, and in its place has arisen a category of illnesses with rather vague and impersonal etiologies. The traditional category of witchcraft has likewise disappeared. The traditional category of sorcery, however, has been expanded and has taken on some of the characteristics of the traditional category of witchcraft. These changes can be explained by changes in Lugbara social structure, or by changes in the perception of the
efficacy of traditional versus cosmopolitan medical treatments; social-structural changes and the introduction of Western medicine have caused shifts in the perceived nature and locus of power in Lugbara society. The cognitive shift is not, I believe, due to missionary teaching per se, although the only way to be certain of this would have been to study a control group of Lugbara in a more remote location, and I was unable to do this. Two things argue against the importance of missionary influence: one, the sheer paucity of their presence (no more than three or four dozen were ever in residence in West Nile at one time); and second, the fact that the data presented here give no evidence that missionary teaching ever was or is an important cause of belief change. Furthermore, people of all ages described similar illness beliefs—if the change in illness beliefs were primarily due to missionary teaching begun in the 1940s, one would expect that this teaching would have differentially affected the cognition of older and younger Lugbara. This did not appear to be the case in the fieldwork area, and the informants with whom I worked most closely ranged in age from the very old to the very young. Thus I will here set aside the hypothesis that Christianity, acting as a competing cosmology, has caused the cognitive shifts found among the Lugbara. There is no doubt, however, that Christianity has provided a new and integrated world-view which has been easily taken on by the Lugbara, who have undergone much social change since the time of Middleton's fieldwork.

This research must be placed in the context of the extensive research which has been done on religion and cosmology, on the nature of ethno-scientific systems in general and sorcery beliefs in particular, and on
witchcraft and sorcery beliefs in Africa. These three theoretical frameworks will be discussed first, before we go on to examine traditional Lugbara culture as described by Middleton in more detail, then to examine the social-structural changes of the past twenty-five years, and finally to compare the new beliefs about illness to see if the expected changes have in fact occurred. By doing a restudy of one culture, we have avoided some of the pitfalls encountered in the use of the terms witchcraft and sorcery as etic or universal categories in cross-cultural studies. We shall begin by briefly examining the historical development of our understanding of the relationship between cosmology and social structure, then discuss some aspects of ethnoscience and ethnomedical theory, and finally review the research done on witchcraft and sorcery beliefs in Africa.

2. The Growth of the Concept of Cosmology

Anthropologists and other social theorists have recently begun to emphasize the close relationship between a people's illness beliefs and practices and the structure of the society in which they live (e.g., Glick 1967; Kleinman 1974; Illich 1975), although the interrelationship has been noted in passing in anthropology for a long time. It is surprising that more specific attention was not given to this subject earlier, for medical beliefs are an important part of cosmology, and a considerable portion of anthropological effort in this century has been devoted to examining the relationship between cosmologies and social structures. Observations on this more general correlation go back many centuries before anthropology became a separate discipline. Beginning with the Greek naturalist Herodotus, most people in
culture-contact situations have noted not only that the stranger's culture was different from their own, but also that the various aspects of that alien culture seemed to form a consistent and coherent whole.

Reflections on culture contact were in abeyance during the Middle Ages, but with the Renaissance, contact between Europe and other Mediterranean cultures was renewed, and the Age of Exploration soon brought even greater realization of the world's cultural diversity home to Europe. This awareness led to extensive change in Western ideas about the nature of the mind, ideas which reached fruition with the publication in 1690 of John Locke's *Essay Concerning Human Understanding*. Locke's empiricism about cognitive processes was a reversal of the previously dominant European belief that most cognitive and moral processes were innate, and his assertion that human beings are born as *tabula rasa*—'blank slates'—was a natural outgrowth of the increased culture contact which was taking place during the sixteenth and seventeenth centuries. Out of the awareness of cultural differences, the concept of culture as learned behavior was born.

The idea of culture as anthropologists use it developed over the course of the next two centuries. At the beginning of the twentieth century, two intellectual giants shaped the future of cosmological studies for all time—Durkheim and Freud. Freud discovered that early childhood experiences of family structure and interaction could shape an individual's view of the world for a lifetime (S. Freud, 1938). He was of course unaware of the extent to which his analysis was culture-bound, but his insights were a giant stepping-stone to those who came after him. Durkheim stated in his study of Australian aboriginal
religions concepts, The Elementary Forms of the Religious Life, that religious beliefs were the 'collective representations' of the structure of society as its members perceived it. These twin efforts on the relationship of individual experience to cosmology and of social experience to cosmology are not often cited, because they are the assumed foundation of all later studies.

Cosmology may be defined as 'a theory of the nature of the world.' Because illness and death are universal phenomena, beliefs about the nature of illness and death are important and universal aspects of cosmological systems of different cultures. There are other doors by which to enter into a people's system of thought and action, but few so wide as the study of medical beliefs, which easily permit the passage of ideas about the meaning of life, the nature of the aging process and of death, the nature of the physical world, the workings of the body, and the nature of sexual differences. Furthermore, there is good reason to think that beliefs about illness are sensitive indicators of social change. We need look no further than our own society for an example: changes in sex roles in the United States have in a few short years given rise to the home childbirth movement, an extensive phenomenon resulting from a reclassification of childbirth as a 'non-illness' by childbearers. The actual causal mechanisms in this case must remain obscure because of the complexity of American society, however.

3. Ethnoscience and Ethnomedicine

There are several different ways to study native medical systems. One of the most fruitful of these and the one which we shall examine first,
is the method known as ethnoscience. Ethnoscientific method has been
developed within the past twenty years as a subspecialty within
anthropology for the purpose of defining more rigorously the principles
by which peoples throughout the world classify various semantic domains.
Most ethnoscientific research has investigated the domain of folk biology.
Some general principles of classification within this domain have been
postulated: Berlin, Breedlove, and Raven (1973) suggest that all ethno-
botanical systems have five taxonomic levels, which they call 'unique
beginner', 'life form', 'generic', 'specific', and 'varietal'. They
hypothesize that in folk botany generally, as introduced species are
incorporated, they are glossed as foreign, and that the native specific
is termed 'true' or 'genuine'. Thus, for example, in Tzeltal, the taxon
?isim, 'grain', is classified in the following manner:

(Berlin, Breedlove, and Raven, 1973:223)
Corn does not cross-pollinate with wheat or sorghum, and so the Tzeltal classification system retains the discrete categories which started with the introduction of foreign grain species when the Spanish arrived in the New World. The language retains the record of culture contact at the specific level.

Illness classification is a very different process from plant classification for people without cosmopolitan medical technology. As Frake states in his paper on disease classification among the Subanum of Mindanao:

... A plant, passing from seedling to mature tree, changes radically in appearance. But a seedling of one kind invariably produces a mature plant of the same kind. A papaya seedling never grows into a mango tree. Consequently, the members of a plant category can be identified at any stage of growth, and terminological distinctions of growth stages do not affect classifications of kinds of plants. Given an illness at a particular stage of development, on the other hand, its symptoms may proceed along a variety of different courses or it may heal altogether. Just as one illness sometimes requires several disease names for complete description at any one time, so its course over time may pass through several distinct categories (Frake 1961:120).

Classification of illness is an effort to map a digital system onto a largely analogue one, and it is not surprising that 'the changing and unpredictable course of disease symptoms considerably complicates diagnosis' (Frake 1961:120). 'The real world of disease does not fit neatly into conceptual pigeonholes' (Frake 1961:130). Furthermore, in studying ethnobotany, plant specimens can be collected and brought together by the investigator for informants to compare; by contrast, instances of illness are orders of magnitude rarer than plant specimens (Frake 1961:123-124). Indeed, when one considers that disease categories are applied to rare and shifting phenomena which seem to arise from
inside the opaque container of the human body, it is a wonder that
cultures develop any very systematic folk system of disease classifica-
tion at all.

4. Medical Beliefs as Projective Systems

The fact that illness is a fleeting and ambiguous phenomenon can
be turned to our advantage, however. People's reactions to ambiguous
situations, from the oracle at Delphi to the psychoanalyst's couch,
have been used by investigators to elicit the categories of another
person's conceptual system. Illness beliefs, especially at the higher
levels of the classification tree where the elusiveness of illness will
have little input, can be regarded as a societal projective test—as a
way to get at a people's religious and cosmological ideas without
inquiring about them directly. This use of illness beliefs has been
espoused by anthropologists from as diverse theoretical traditions as
John Whiting (Whiting and Child 1953) and Mary Douglas (1973).

Leonard Glick has stated that decisions as to whether a given
illness should be given a certain label or not depends on three aspects
of illness: (1) the evidence for the illness, (2) the identification of
the disease process, and (3) the ascertaining of the cause of illness.
The evidence for illness is that which is observable to Westerner and
non-Westerner alike and could perhaps be identified with Western
medicine's 'signs and symptoms'; the latter two aspects are actually
alternative causal constructs. Cosmopolitan medicine diagnoses causes
by naming disease processes [e.g., 'tuberculosis', 'malaria'], while non-
Western medical systems diagnose primarily by ascertaining the social
cause of illness [e.g., 'sorcery by a co-wife', 'ancestor spirit sending
of disease'). Glick states that in non-Western medical systems, the cause of illness is often regarded as personal (Glick 1967:35-36).

5. **Personal and Impersonal Etiologies**

   Robin Horton, in his two-part paper on African thought and Western physical science, offers a hypothesis about the contrast between the personal quality of African theories of illness and the impersonal nature of our own which relates the two kinds of explanation to social-structural differences between Western and African societies. He states that for Westerners people come and go and cannot be relied upon, but that there is safety in the world of things; whereas for Africans, the physical world is precarious (bringing droughts, floods, etc.), but the social world (as a total support system) is reassuring and constant. Thus, he says, Westerners explain illness in terms of impersonal microbes and biochemical processes, while Africans explain illness in terms of interpersonal relationships, couched in the idiom of witchcraft and sorcery beliefs. (Horton 1967(I):65). Michel Foucault's book *The Birth of the Clinic: An Archaeology of Medical Perception* is a historical analysis of events in European medicine which led to the transition from personal to impersonal etiologies of illness. Foucault's thesis is that the development of hospitals and clinics led to the shift from personal to impersonal explanations of illness in Western medicine: it was only when sick people were brought together under one roof before the analytic gaze of the physician to have their symptoms compared with each other (cp. ethnobotanical methodology as described by Frake above on page 11) that they were reified as cases and not as persons. By the same process of hospitalization, physician and patient alike ceased to be embedded in
a common personal social structure. This development paralleled the
decline of witchcraft and sorcery beliefs in Europe (Borofsky, n.d.: 17-18). Ivan Illich makes many of the same points more tangentially in his book Medical Nemesis (Illich 1975). This shift from the pre-dominance of interpersonal to the predominance of non-personal etiologies took several centuries in Western society; in cultures undergoing rapid culture change the same shift may take only decades, as will be shown by this study.

6. The Nature of Illness Beliefs

The foregoing discussion can be integrated into a general theory about the nature of medical belief systems. As we have seen, the domain of illness can be diagrammed as a classification tree utilizing contrastive categories in the same way as any other semantic domain. Cosmopolitan medicine, because it is able to compare and contrast all sorts of aspects of disease phenomena with the tools of Western science (just as the folk botanist is able to do with plant specimens), will construct a classification tree with the names of infectious or other intrasomatic processes as its taxa and will disregard (except for a small residual category of illnesses unexplainable by its major model) interpersonal aspects of illness. Folk medical systems will have the same or similar taxa--visible manifestations of illness--at the bottom of its classification tree, but the higher-level categories will not be the names of intrasomatic biological processes but of kinds of illnesses which are close correlates of social categories of persons (except perhaps for a residual category for illnesses which cannot be explained on an interpersonal basis).
7. Witchcraft and Sorcery in Africa

A fully self-conscious awareness of the root of our own scientific cosmology was unnecessary, however, in order for anthropologists to recognize that non-Western cultures have very different kinds of cosmologies from their own. Early ethnographers noted, in culture after culture, the existence of beliefs in the efficacy of magic, both for accomplishing good and evil; beliefs in witchcraft and sorcery; in various shamanistic procedures; in divining; and in a host of other practices which seemed remarkable to investigators with Western habits of thought. Much careful ethnography on these subjects was done outside of Africa: Malinowski's work on Trobriand magic and Reo Fortune's study of Dobuan sorcery are
but two examples. Since the Lugbara are an African group, however, it will be sufficient to concentrate on the extensive work done there. Most African ethnographies report on illness beliefs in general, and many go into more or less detail on beliefs about witchcraft and sorcery. Some recent studies have attempted to draw general conclusions from cross-cultural comparisons.

Most of the later African ethnographies owe a great debt to Evans-Pritchard's study *Witchcraft, Oracles, and Magic Among the Azande*. He states that the Azande distinguish clearly between witchcraft and sorcery: "... the difference between a sorcerer and a witch is that the former uses the techniques of magic and derives his power from medicines, while the latter acts without rites and spells and uses hereditary psycho-psychical powers to attain his ends" (Evans-Pritchard 1937:387). Either sex may be a witch or a sorcerer; boys are thought to inherit witchcraft powers from their father and girls from their mother, in keeping with Azande ideas about sex determination in conception (Evans-Pritchard 1937:22-24).

A few years after the publication of Evans-Pritchard's work, Meyer Fortes published his study of Tallensi kinship. Among the patrilineal Tallensi, the power of witchcraft is passed through the mother only. Fortes reasons that since it is necessary for agnates to cooperate in patrilineal-patrilocal societies, it would be too disruptive for agnates to accuse each other of witchcraft, since witchcraft, unlike sorcery, is seen as a permanent part of an individual's personality (Fortes 1949: 34-35). Fortes' hypothesis has since been shown to have little cross-cultural validity in the light of data from other patrilineal-patrilocal
societies such as the Lugbara, but Fortes was the first to note a connection between the presence of witchcraft and the existence of strong corporate groups in a society.

Marwick, in the conclusion to his extensive study of the sorcery of the matrilineal Cewa, recommends that anthropologists restrict themselves to the study of accusations of witchcraft and sorcery, since these are in fact the only truly observable phenomena in the matter. Among the Cewa, he says, the function of sorcery accusations is to bring tensions to a head so that they can be resolved. Sorcery accusations between spouses are uncommon, because the matrilineage is very strong and divorce is frequent and easy; most accusations are between matrilineal kin—as elsewhere in Africa, tension and competition are characteristic of relationships between people of the same sex. (Marwick 1965:281-296)

Marwick's suggestion that anthropologists examine accusations clarified the field of inquiry which had been rather confused prior to his suggestion.

As ethnographic material on witchcraft and sorcery began to accumulate, anthropologists began to attempt cross-cultural comparisons of witchcraft and sorcery beliefs. One of the earliest of these efforts was that of S. F. Nadel (1952) who examined witchcraft beliefs in two pairs of African societies. The first pair—Nupe and Gwari in northern Nigeria—have identical patrilineal-patrilocal organization and identical child-rearing practices and adolescent rites of passage, but among the Gwari, witchcraft is believed to be performed by both sexes indiscriminately, while among the Nupe, only women are witches. Nadel believes this is because Nupe women, unlike their Gwari counterparts, are often
involved in itinerant trading, with the result that they are better off financially than their husbands, and that thus the culture expresses its fear and jealousy of women's financial and sexual freedom by attributing witchcraft to them. The other pair, the Korongo and Mesakin of the Central Sudan, are both matrilineal societies in which half of the children leave their father's household at six or seven years of age to live under their mother's brother's tutelage. The Korongo have no witchcraft beliefs, while the Mesakin believe that witchcraft operates only between maternal kin and especially that the mother's brother will bewitch his sister's son. Nadel attributes the difference to the different structure of age-grading in the two societies, which results in Mesakin mother's brother's greater resentment of aging. His second analysis seems more questionable, perhaps because he uses more variables than in the first case (Nadel 1952:18-29). Monica Hunter Wilson compared witchcraft in two other African societies which have similar economic and kinship organizations: the Nyakyusa of Tanzania and the Pondo of South Africa. She concerned herself mainly with the differing content of witchcraft beliefs in the two societies. The Pondo emphasize the sexual activities of witches, while the Nyakyusa stress witches' jealousy of and interest in food. She relates this to differences in the structure of the residential group: the Pondo group is based on a localized patrilineage, and so young unmarried people are surrounded by lineage mates with whom sexual activity is forbidden by incest rules, while the Nyakyusa residential group consists of several different patrilineages which do not hold their cattle in common, or share food, and so thus the members of poorer lineages may be jealous of those in wealthier lineages,
with whom they must live out their daily lives in close proximity (Hunter 1951:307-313). By far the most extensive comparative study of witchcraft and sorcery beliefs, however, is the collection of ethnographic material edited by John Middleton and Eric Winter (1963).

Middleton and Winter offer a number of interesting theoretical ideas in their introduction to the collection. First, they reassert the importance of the distinction between witchcraft and sorcery, first made by Evans-Pritchard. Second, they explain the existence of both witchcraft and sorcery beliefs in one society by the fact that lineage affiliation is sex-linked in unilineal societies, and that therefore people of one sex will have rights in certain property together, and therefore conflict over that property, and hence witchcraft accusations. They state that sorcery is retained as a redundancy to explain how the out-group harms people (Middleton and Winter 1963:8-12). Then they offer some hypotheses: (1) that accusations of witchcraft tend to be used between people living in societies in which unilineal principles are the basis for the formation of residential groups larger than the domestic household, while sorcery accusations tend to be utilized in societies where unilineal principles are not the basis for the formation of large residential groups (Middleton and Winter 1963:12), and (2) that in patrilineal societies, witchcraft accusations against women will only occur in those societies with the house-property complex; they give eight societies as examples: Gusii, Kikuyu, Kamba, Sulu, Swazi, Lovedu, Venda, and Pondo (Middleton and Winter 1963:16).* Middleton and Winter

*In house-property-complex societies, a woman is incorporated into her husband's lineage and becomes a link in the descent system. When a man dies, his property (say, cattle) is divided between his wives equally
speculate that witchcraft accusations against women are associated with house-property-complex societies because a woman is grafted into her husband's lineage to become an organic part of it; her status in that lineage is an inherent part of her social personality. Since witchcraft is a part of a person's being and can often operate without the person being consciously aware of it, while sorcery is always situation-specific and is consciously chosen by the sorcerer, the correlation of witchcraft accusations against women in patrilineal societies with the existence in those societies of the house-property complex seems a reasonable one. Finally, Middleton and Winter note that in urban areas and other areas of intense social change, witchcraft and sorcery are said to be on the increase; they attribute this to the increased social tension in such situations, and to the fact that a change toward Western norms of behavior increases people's reliance on achieved rather than ascribed status, which leads to increased competition, and hence to more frequent witchcraft and sorcery accusations.

Harwood, commenting on the Middleton and Winter essay in his book *Witchcraft, Sorcery, and Social Categories Among the Safwa*, feels that the evidence about patrilineal, house-property-complex societies points to a more general explanation than Middleton and Winter's: that in

and then passed to the children. If one wife has five sons and the other only one, the division is not altered in favor of the larger sibling group. Often, in HPC societies, adulterine children are assigned to the pater rather than to the genitor, and divorce is usually uncommon. In societies which do not have the house-property complex, a man's cattle would be equally divided among his sons regardless of their matrification.
societies where both witchcraft and sorcery beliefs are present, they are often utilized to express conflict within any two contrasted social categories. "In many unilineal societies [including the Mwanabantu Safwa] these happen to be 'incorporative' as opposed to non-incorporative or 'transactional' relationships. They might be used instead between males as opposed to females or between age-sets as opposed to within age sets." (Harwood 1970:139).

Research on the nature of witchcraft and sorcery beliefs is at present in a rather confused state. Most unfortunate is the fact that nearly every ethnographer has used the categories 'witchcraft' and 'sorcery' as universally applicable, etic categories. These terms originated with Evans-Pritchard's report that these were important distinctions to the Azande, and the use of them as cross-cultural categories was no doubt strengthened by the fact that Middleton discovered that the Lugbara have two rather similar categories. But in most of the case studies in Middleton and Winter's collection, however, it is not clear whether the distinction between witchcraft and sorcery is an emic distinction used by the peoples themselves, or one imposed by the anthropologists' use of Azande-Lugbara categories. Where the author does not make the distinction, we are not sure what this means, either. Victor Turner has pointed out that the terms 'witchcraft' and 'sorcery' are not even used systematically to mean the same things across the ethnographies of the collection (Turner 1964:314-325). Harwood asserts that the word generally glossed as 'witchcraft' in African ethnographies often refers to morally neutral power which can be used for good or for evil, while the English word is distinctly pejorative (Harwood 1970:69-76).
In conclusion he states that even the present chaotic state of witchcraft and sorcery research could be remedied if there were in the ethnographic record enough careful case histories which had been recorded using emic categories instead of generalizations derived from Azande beliefs and filtered through Western concepts of good and evil. But the only ethnographies in which he finds the case material adequate for reanalysis are Victor Turner's works on the Ndembu and John Middleton's work on the Lugbara. (Harwood 1970:139-140). Arthur Kleinman, inveighing against the similar use of Western psychiatric categories cross-culturally, recommends the same procedure for the field of psychiatry when he says that 'the ideal cross-cultural study would begin with local phenomenological descriptions'(Kleinman 1977:4). It is likely that such research would reveal a continuum of causes of illness, ranging from inherited and continual capabilities to cause illness, through occasional 'tapping' of spiritual power sources to cause illness, on into use of magical medicines in sorcery, and finally to use of biologically active poisons.

8. Impersonal and Personal Cosmologies

The general confusion in the witchcraft and sorcery research makes it probable that this path of inquiry need not be pursued any further. In any case, by examining only a shift in beliefs about illness causation within one culture, the whole matter of etic use of the terms witchcraft and sorcery can be avoided. Perhaps it is time to proceed in another direction, taking as our point of departure the suggestion that witchcraft in many societies describes a morally neutral power which can be used either for good or for evil. Leonard Glick (1967:33) states that
the person interested in studying a medical system will be interested in
the locus of power in that society and in how that power is controlled.
This returns us to the general theoretical framework discussed by Robin
Horton, described above, in his explanation of why Africans have personal
cosmologies and Westerners impersonal ones.

9. 'High-grid' and 'Low-grid' Societies

Mary Douglas discusses in depth the social-structural correlates of
personal and impersonal cosmologies in her book *Natural Symbols*. This
book has been the stimulus for most of the ideas which follow; I shall
not use Douglas' terminology exclusively, however, for two reasons:
(1) there are some theoretical problems with her schema, and (2) not all
of the paradigm which she presents is relevant to this dissertation. The
central concept of her work is the idea that 'personal' cosmologies
arise in tightly bounded social situations, where people have personal
control over others, while impersonal cosmologies arise when social
boundaries are loose and where there is little interpersonal control.
Examples of people in the latter social 'position' are members of
hunting and gathering groups, pastoral nomads, and certain segments of
our own society such as hippies and other urban transients. Inter­
personal control is a very weak force in the lives of these people,
because anyone who dislikes being controlled by others can simply 'up
and leave.' Such societies usually have few fixed or limited-access
resources--the magongo nuts and wild tubers are as available 100 miles
away; the sheep can be driven elsewhere to graze; and one city's social
services office gives out the same welfare checks as the next one's.
The important variables in the lives of members of these groups are not personal—they have to do with the variations in the seasons, the wild grasses and vegetables, or with the arbitrary regulations of a large bureaucracy whose workings are not felt as personal by the recipients. Douglas asserts that people in such social-structural situations will develop benign and unritualistic impersonal cosmologies. People in bounded social groups, on the other hand, will develop personal cosmologies: beliefs in gods who stand in intimate relationships with men, in punishing ancestors, and in witchcraft and sorcery.

'Boundedness' is very difficult to define operationally, especially in a complex modern society where it mostly goes on in people's heads rather than 'on the ground'. In simpler cultures, however, the most salient anthropological examples of bounded societies are agricultural societies. Agriculture introduces boundedness in three ways: first, people who grow crops are bounded by 'agricultural time'—crops which have been sown take several months to mature; secondly, they are bounded by 'agricultural space'—they cannot, within that growing season, move their fields elsewhere; and thirdly, they are often constrained by the limited availability of land itself. This last is dependent on demographic factors and the fertility of the land, the level of technoenvironmental efficiency, and a host of other variables, but the first two are determined by the nature of agriculture itself. Because of what agriculture is, people in agricultural societies find themselves in a bounded social situation, in which the major constraints on their behavior and resources are other people. This 'personal' factor increases as the resources, especially land, become limited. This latter fact, I think,
led Douglas to postulate two kinds of bounded societies, which she terms 'high-grid' and 'low-grid'. Grid as Douglas uses it is rather close in meaning to that of 'social structure'. Thus, 'high-grid' denotes a society with a well-defined and rigidly executed social structure, while 'low-grid' denotes a society in which the rigid social structure is collapsing or was never well-defined in the first place. In the high-grid situation, structural mechanisms exist to control and limit competition--land is allocated by a few senior men; age-grading may limit access to land to people over a certain age; there may be specialized roles (shaman, artisan) which remove people from agricultural competition; and so on. In the low-grid case, the controls on competition are lifted and existence becomes a free-for-all, with everyone struggling to get a 'piece of the action'. Because the society is still perceived as bounded, the competition becomes intense. Douglas asserts that the society which is bounded but which has a rigid social structure will have a primarily ritualistic cosmology, while one which is bounded but which has a weak social structure will have what she terms a 'witchcraft cosmology'.

10. Illness Beliefs of High-grid and Low-grid Societies

Douglas later goes on to describe specifically the kinds of illness beliefs which are found in the two kinds of bounded societies:

[Where there is high grid] disease and accident are either attributed to moral failures or invested with nobility in a general metaphysical scheme which embraces suffering as part of the order of being . . .

[In low-grid societies, there] flourishes a theory of evil that generally corresponds to fear of witchcraft . . . a cosmos dominated by ill-will and jealousy . . . Small competitive communities tend to believe themselves in a dangerous universe, threatened by sinister powers operated by fellow human beings. Instead of prayer, fasting, and sacrifice to
the deity, ritual activity is devoted to witch-hunting and curing from the effects of witchcraft (Douglas 1973:136-137).

She describes 'witchcraft' societies as dominated by the symbols of 'inside' and 'outside'. The witch is someone whose inside is morally corrupt, and who works harm on his victims by attacking their pure and innocent insides. Sometimes he sucks their souls out of their bodies, sometimes he poisons their food, sometimes he throws objects which enter their bodies. Often he needs access to their inner bodily juices--feces, saliva, semen--before he can hurt them. Douglas predicts that if we were to analyze the methods of attack, we would find a close correspondence between the social structure and the kind of attack most feared; she expects that soul-sucking and poisoning would be practiced by a witch within the local community, while object-throwing would be the practice of the far-off witch. Finally she sums up the basic features of a low-grid, stong interpersonal control cosmology:

There are four general characteristics of the witchcraft cosmology: the idea of the bad outside and the good inside, the inside under attack and in need of protection, human wickedness on a cosmic scale, and these ideas used in political manipulation (Douglas 1973:139-140).

11. The Lugbara Misclassified as a Low-grid Society

Douglas uses the Lugbara as an example of a witch-dominated cosmology, although at one point she does note that they seem to fluctuate between a state of high grid and low grid:

The only way in which a witch-dominated cosmology can be transformed is by a change at the level of social organization. John Middleton has described a cyclic move between ascribed and competitive social patterns with the predicted shift in cosmological emphasis (Middleton 1960). In the early stages of the growth of a new Lugbara lineage, leadership is ascribed by seniority in the male line. At this stage, though witch beliefs are latent, they
seem to lie inactive. All fortunes, good and bad, are sent by punishing ancestors who regulate behaviour through the mediation of the lineage elder. But as the lineage grows in size and as the elder ages and weakens, problems of succession split the group into rival factions. Competition replaces ascription. The ancestors recede into the background while accusations of witchcraft are bandied about by rivals for the leadership. Once the succession problem is settled (by the death or disgrace of the declining elder) ascription and the ancestors take over again (Douglas 1973:146).

It is not really clear from Douglas' writing whether 'high-grid' (rigidly structured) and 'low-grid' (weakly structured) are really two different kinds of societies, or simply different stages of structural development of small, face-to-face, bounded social groups. In any case, while Douglas has correctly read Middleton's analysis of the cycle of lineage development in Lugbara Religion, I think she is mistaken when she classifies them as a low-grid, competitive, witchcraft-dominated society. Middleton expressly warns us against this:

At the time of my stay the lineage which I studied was about to segment, and the amount of invocation, sacrifice, and dissension, expressed largely in ritual terms, was correspondingly greater than at other times in its history. But since all family clusters go through this stage periodically, this is no disadvantage. (Middleton 1960:130).

I personally doubt whether any society could remain permanently a low-grid, competitive, witchcraft-ridden state. Douglas may have been misled by something that Harwood points out about Middleton's translation of Lugbara terms for disease categories (Harwood 1970). Middleton noted four kinds of causes of illness (see page 4 of this chapter and Chapter II for a fuller description): illness sent by the ancestors of their own accord, illness caused by a living person invoking an ancestor to send illness, illness due to witchcraft, and illness due to poisoning (sorcery). In the Lugbara language, the term for the motivation for
ancestral invocation and for witchcraft is the same word: ole. Lugbara make a distinction between the legitimate and illegitimate uses of the power to bring illness to others (Middleton 1960:238-239, general discussion; pp. 156ff for concrete example). Douglas may have mistaken both situations involving the motivation of ole for witchcraft. (This will be discussed further in the chapter on traditional Lugbara culture, so that readers may draw their own conclusions.) It is likely that traditional Lugbara society fluctuated between a usual situation of ascribed leadership and clearly drawn lines of authority, and a less stable situation when there was a good deal of invocation and accusation of witchcraft just prior to lineage segmentation. On the basis of all the information available, I think that the Lugbara of Middleton's day should not be characterized as a 'witchcraft' society, as Mary Douglas has stated, but should instead be regarded as a high-grid, rigidly structured society, which at the time of lineage fission took on the characteristics of a low-grid, weakly structured, 'witchcraft' society for a limited period.

12. Lugbara Structural Change and the Change in Illness Beliefs

Since the time of Middleton's research, however, the locus of power in Lugbara society has shifted, and in some situations the nature of power has changed from personal to impersonal (to use Douglas' paradigm). If the nature of illness beliefs as set forth previously in this chapter is correct--that no obligatory relationship exists between observed phenomena at the lowest levels of an illness classification system and the way in which the illness 'universe' is divided up at higher levels of classification, so that the higher levels operate as a cultural projective
system—then we should be able to predict the changes in Lugbara illness beliefs if we can describe the social-structural changes which have taken place since the time of Middleton's field work in Lugbara culture.

Thus, in Chapter II we will examine traditional Lugbara society, emphasizing Lugbara concepts of power and how it was exercised and controlled. The examination will not be superficial; we must go beyond the superficial to tease out the concepts of power inherent in the origin myth, the agricultural system, the kinship system and the social structure, and the traditional system of diagnosis and treatment and physiological concepts. Then in Chapter III, we will look at the nature of the changes which have occurred in Lugbara society since the time of Middleton's research. In Chapter IV, we will examine the illness beliefs of present-day Lugbara informants to ascertain whether or not they reflect the changes in the structure of Lugbara society. In the concluding chapter, the implications of the findings for the study of illness beliefs in general and for witchcraft and sorcery beliefs in particular will be discussed.
CHAPTER II

TRADITIONAL LUGBARA CULTURE

1. The Lugbara Origin Myth

In the beginning, Spirit, the creator of men, created a man, Gborogboro, a woman, Meme, and domestic livestock—goats, sheep, cattle, and chickens. Meme's uterus was full of wild animals. The gazelle broke out of her uterus and ran into the bush and was followed by the other animals. Spirit then put children into Meme's womb (some say that she became pregnant after goat's blood had been poured over her legs, which taught her to menstruate). She bore a boy and a girl with magical power, who had intercourse with each other and in turn gave birth to another brother and sister, until after several generations Jaki and Dribidu, the ancestors of the high and low Lugbara people, were born (Middleton 1960:18-19).

Jaki and Dribidu were born outside of the Lugbara highlands; they grew up in that place and fathered children. They lived an uncivilized life: there were no incest tabus and they ate their children, walked upside down, and did other unnatural things. After a while they left their home and came to Lugbaraland. (It is said that Jaki entered Lugbara country through the Kakwa territory to the northwest but that Dribidu came from Ma'di territory east of the Nile (Middleton 1960:49).

When Dribidu came into Lugbaraland, he had been hunting and had killed a buffalo. He met a leper woman and she gave him fire with which to cook his buffalo meat. They set up a household and he cured her
leprosy with medicines, but their secret has been lost. After some
time had passed she became pregnant, which angered her family, and in
the settlement Dribidu paid them a seduction fine and bridewealth. He
later married other leper women and fathered many children. When he
died, he was buried on the slopes of Mt. Eti, where he had lived.
(His grave, house site, and broken water pots were still there in 1973.)
Jaki came to Lugbaraland in a similar way, and married and fathered
children, and was buried on Mt. Liru. The male children of these two
men--Jaki and Dribidu--were the founding ancestors of the Lugbara clans
(see Figure 3).

2. Some Basic Lugbara Concepts which the Myth Presents

In this narrative of the Lugbara origin myth, some basic aspects
of the Lugbara way of looking at the world are presented. Both man and
woman are spiritually created ex nihilo, and thus their fundamental
equality is in evidence: they are both spiritual beings born of Spirit.
Domestic animals are also spiritually created and, thus, in some sense,
they are the equivalent of human beings.

But the woman's uterus was full of wild animals, which broke out
of her uterus and ran into the bush. The woman has an aspect to her
being which the man does not--she gives birth to nature, in a natural
way rather than in a spiritual manner. The dual nature of woman is an
essential preoccupation of Lugbara thought: as a sister to her brothers
(as a member of her natal patrilineage) she is fully as spiritual as a
man, but as the bearer of living beings, she is part of the natural
rather than the spiritual world.
Figure 3. Map of West Nile District, showing Rivers and Mountains Eti and Liru
As the myth proceeds, these aspects of woman are developed within the narrower domain of human life. Spirit either puts children into her womb (spiritual creation of human beings) or she is "taught" to menstruate and then becomes pregnant (Lugbara believe that unshed menstrual blood becomes the fetus): the myth becomes ambivalent about whether the creation of children is a natural or a spiritual phenomenon. In any case, the woman conceives and bears children—a boy and a girl with magical power, who, by cohabiting, produce yet another incestuous sibling pair. In a mythological time and place when cultural life was not yet established, brothers and sisters could together bear children; the human family was self-perpetuating and the intrusiveness of affinal relationships was not necessary. Finally, though, Jaki and Dridibu, the two brothers who became the Lugbara hero-ancestors, were born and mythical time began to come to an end.

Dribidu, one of the brothers (already the notion of patrilineal segmentation is present) comes to Lugbara country and hunts and kills a wild buffalo, thus reasserting male control over the wild animals let loose like the creatures in Pandora's box from Meme's womb in the beginning myth. The meat of this buffalo, however, needs fire, the possession of woman, before it will be completely tamed. A leper woman gives Dribidu the fire for cooking his meat. Dribidu behaves in an anomalous manner, because cooking is the work of women. The leper woman is also anomalous, because she is without fingers and toes. Fingers and toes are called 'hand children' and 'feet children' in Lugbara, and the limbs of the body symbolize the patrilineage procreating and segmenting, as we shall see later on. Thus, the leper woman is a person
symbolizing a time without patrilineage. Dribidu cures her leprosy with medicines; in doing this, he is again acting out of character: healing with medicines is the work of women in Lugbara society. But the myth has already warned us that 'upside-down' behavior is appropriate to an uncivilized era. When the woman's leprosy is cured, she becomes pregnant. This angers her family, and so Dribidu must pay a seduction fine and bridewealth to them. By paying the bridewealth, he establishes the principle of affinal relations, and patrilineal life, as Lugbara know it, is born.

The myth exhibits several fundamental dichotomies of Lugbara thought:

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<th>male</th>
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<tr>
<td>spirit</td>
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<td>domestic animals</td>
<td>wild animals</td>
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<td>affinal relations</td>
<td>incest</td>
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In traditional Lugbara society, these binary divisions of the universe were mapped onto a concentric conceptualization of the physical and social world. An additional dichotomy of Lugbara thought is the key to understanding this map: the dichotomy of 'inside' (-a) versus 'outside' (amve). For Lugbara, the world is an aggregate of Venn diagrams—what is for us a restricted metaphor for logical types is for them the only physical and social reality.

3. **The Lugbara Physical Environment**

The ritual center of the traditional Lugbara universe was the localized patrilineal segment. The ritual head of a segment was the lineage elder. Under his jural authority were his younger brothers, their wives, and all their resident descendants; his patrilateral parallel
cousins and their wives and resident descendants; his own wives and
resident children and descendants; any other kin who, for one reason or
another, had chosen to settle matrilocally; plus any unrelated persons
who had attached themselves to the patrilineage as clients or dependents.

Every adult male had his own **aku**, 'compound' or collection of houses, for
his wives and children--those over whom he had domestic authority. The
senior men of the lineage owned and managed the domestic cattle and land
of the patrilineage. They arranged marriages and bridewealth exchange and
handled the allocation of the lineage's fields and were in charge of
ritual and religious matters under the direction of the lineage elder.

The lineage's inmarried women had general responsibility for raising
vegetable crops for the lineage on the fields which were allocated to
them by their husbands and the other men of the lineage. Thus, men were
in authority over animals and adult human beings; women, over children and
the vegetable world. The men of the patrilineage were 'inside.' The
women, although they were physically present in the patrilineage and
were the bearers of its children, remained 'outside' the central core of
agnatic relationships which formed the ongoing structure of the patri-
lineage. For the dependent members of a joint family, their own compound
or **aku** was the center of daily life. A man's compound consisted physically
of one or more round houses, each with a single door, smooth, grass-
thatched roofs, and mud-and-termite mound walls. One of these houses
was a cooking house containing a three-stone fireplace and grinding
stones. The houses were built on an oval, hard-pounded earthen area
thirty to forty feet across. This bare area had granaries, like miniature
houses on high posts, scattered between the houses. There was often a
small house constructed like a granary on stilts for chickens to roost in, an enclosure for young sheep and goats, and racks for drying harvested crops and for firewood storage. The bare area was usually fenced in by a high hedge, which, like the houses themselves, had a single space in it, by which one entered the compound. Outside the compound were the family's fields, in which the crops which were the main source of Lugbara livelihood were planted.

4. Lugbara Subsistence

The Lugbara distinguished three kinds of agricultural land: 'home' or 'compound' fields, 'outside' fields, and 'fields by the water's edge.' The home fields were fertilized with cow dung (as we have noted, cattle were the possessions of the men of the patrilineage) and were used for growing the grain used for making beer (beer-drinking was the pastime of men and beer was used in rituals which took place at the patrilineal shrines). The 'outside' fields were, as their name implies, further from the compounds. They went unfertilized because of their distance from the compound (the source of fertilizer), and were used for growing the staple agricultural crops of sorghum, finger millet, and sesame. Because they were unfertilized, they had to be left fallow more often than the 'inside' fields; the greater amount of land available at a longer distance from the compounds made this more shifting style of agriculture possible for these fields. Even here, in the practical aspects of agricultural technology, the importance of the 'inside-outside' dichotomy can be seen, as well as the association of 'men/domestic animals' with 'inside' and 'women/vegetable crops' with 'outside.' The third kind of field, 'fields by the water's edge,' was
scarce but very desirable. These fields were usually small, but they were located on or near riverbanks. They were either naturally swampy, or else they were irrigated by channels dug to them from the river. They were thus independent of the rainy season/dry season agricultural cycle, and therefore crops which were planted in them served as a reserve against the occurrence of droughts with resulting famines (these were rather frequent, occurring every ten years or so in any given area).

Field preparation was usually begun during the dry season. The rains began to taper off in late November and during the months of December, January, and February there was usually very little rainfall. During the early part of the dry season, however, the sun was far to the south, and the dryness was mitigated by the cool nights' deposit of dew on the ground, which kept the countryside green until well into February. In late February during some years there was a welcome episode of rainfall known by the Lugbara as 'the grass rains.' These rains would dampen the landscape so that slash-and-burn fires set for clearing the fields would not get out of hand, and would allow grass to spring up to provide much needed grazing for the lineage cattle. Their coming was, however, very unreliable. In March the weather grew hotter and a dusty haze came down from the Sahara to the north, limiting visibility to about one-third of a mile. Finally, the haze imperceptibly became true clouds and the rains began, usually in late March or early April. The haze was washed from the sky and Mt. Eti and Mt. Liru, the ancestral homes of Jaki and Dribidu, could again be seen from high points from as far as thirty or forty miles away.
After the fields had been burned, the men hoed the ground in preparation for planting. A newly cleared field was hoed three times; fields which had been under cultivation the year before needed only two hoeings. After a man had hoed the field, the wife to whom the field belonged and other women who were helping her went through the fields with a forked stick breaking up the heavy clods with a raking motion. They picked up bunches of dried grass and weeds and beat them with the stick to remove the dirt from their roots. Afterwards, the grass and weeds were piled on the field and burnt, and the ashes scattered as fertilizer and raked in. The field was then ready to be planted.

Traditionally, men sowed the seed. Most fields were planted with mixed stands—sorghum and/or millet was usually interspersed with beans and/or pigeon peas. When the crops sprouted, they were weeded two or three times during their growth by the woman to whom the field belonged, with the help of other women with whom she usually exchanged labor. If the woman had small babies, older girls of the household would care for them while their mothers worked in the fields, bringing them to be nursed by the side of the field if they cried.

Most of the traditional Lugbara crops had a four- or five-month maturation period. The crops were harvested in late July or early August, after the rains had peaked. Both men and women helped with the harvesting; it was essential that the harvesting be done speedily so that the crops would not become overripe and fall to the ground or be eaten by birds. Finger-millet had such a small seed that it was completely dry by the time it was harvested; it was therefore put directly into a granary. Sorghum, beans, and peas were harvested, brought to the
compound, and left in the sun to dry further so that they would not become mouldy when placed in a granary for storage. All of these crops were stored unthreshed. Sesame plants were cut at the base, brought to the compound, and tied heads-down to a special drying rack until the seeds became loose; the seeds were then stored in a granary.

When a woman wanted to prepare food for cooking, she first lifted the roof off the granary in which the desired crops were stored and removed the amounts of the various kinds needed. She then carried the grain in a basket to a granite outcropping near the compound and pounded it with a stone to thresh it. After this was done, she swept it into an open-ended winnowing basket and threw it up into the air; if it was a windy day, the wind would blow the chaff away; if not, she would blow on it while it was in the air to disperse the chaff. She would then bring it back to the compound to grind it.

Every married woman had two sets of grinding stones in her kitchen house. One set was for grinding dry flours such as millet, and the other set was for grinding sticky foods, such as sesame seeds, into paste. The stones were usually granite. The bottom stone of a set was flat and about one and one-half feet long by one foot wide, and often weighed over a hundred pounds. This stone was called the 'mother stone' and was passed down from mother to eldest daughter until a hole was worn through it, at which time it was set up as a fertility shrine, as we shall see further on in this chapter. The top grinding stone, called the 'baby stone,' was small and more oval in shape (about eight by four by three inches), and was chosen by a woman herself from a stream bed. It was thought to embody her personality in some way, and was buried
with her when she died. To grind grain, the woman placed the grain on the bottom stone and went back and forth with the small stone, bringing a little more of the grain underneath it with each forward passage. The ground flour was pushed forward and fell over the edge of the mother stone into a small, open-ended basket placed there to catch it. Experienced women ground their grain only twice, while beginners usually ground it three times. After grinding, the flour was then ready to be cooked.

A Lugbara meal consisted of a steamed bread or porridge (enya) eaten with a protein-rich stew (tibi). Except when animals were sacrificed on ritual occasions, when termite species suitable for eating were swarming and had been caught, or when river fish was available, the stew consisted of legumes (beans or peas) cooked in water and flavored with lye salt, with a sesame paste "gravy." Various wild greens were included when they were in season. The lye salt was made by placing ashes from certain kinds of wood in an old leaky clay cooking pot, pouring water onto the ashes, and collecting the ash water in another pot set underneath. (Very little sodium chloride was available in the Lugbara area before European contact, and this "salt" served as a substitute.) The steamed bread was prepared by boiling water in a large cooking pot, adding a carefully estimated amount of ground millet flour and stirring until it became too stiff to stir, and then turning it out onto a plate or banana leaf to stand for about fifteen minutes. As it stood, it stiffened further and became cool enough to handle.

Every commensal group had its own plate of steamed bread and bowl of stew. People ate by pulling off a wad of bread, dipping it in the
stew and eating it. The bread could also be indented with the thumb to form a well to "catch" the sauce, but further efforts to alter the ratio of bread to stew were considered greedy. In most large households, the senior men ate as one commensal group, the young adult men and youths in a second group, and the women and children in a third.

Bread and stew were eaten only once a day, at about sundown, when everyone was done with the day's work and people could sit around the fire and relax after eating. Sometimes other food was cooked with the evening meal for eating at other times; sweet potatoes, for example, could be roasted in the fire and eaten cold before going out to work in the fields the next morning. Pregnant and lactating women and young weanling children often ate a second hot meal during the day, usually in the morning. This meal consisted of idi, a thin soupy gruel made by boiling water and cooking a smaller amount of millet flour than would be used for the steamed bread, enya, and then adding to it sesame paste and water flavored with tamarind pods (tart and lemon-like). This food was thought to give people with high protein needs extra strength.

Lugbara women also brewed beer from the grain they grew. Beer was drunk at sacrifices and was an important part of ordinary daily male hospitality as well. It was brewed by a lengthy process. Sorghum was cooked and then allowed to sit, uncovered, so that it collected wild yeast species from the air. It was then ground and dried and used as the yeast catalyst for the bear. The batch of beer itself was made by cooking millet in much the same way as if for enya. When it was cooked, it was turned out on the floured floor of the cooking house to cool. When it was cool, the yeast was worked into it and it was placed in a large clay
pot and set aside to ferment. When it was drunk, it was the consistency of thick soup; it was very nutritious and was often substituted for a meal.

5. Concepts of Male and Female

Although Lugbara wives were 'outside' the central core of the patrilineage, and thus unable to participate as full members in its political and ritual life, nevertheless, they had an important role to play in Lugbara society by virtue of the fact that they were in charge of raising the food crops for the patrilineage. Lugbara conceived of agriculture as analogous to the raising of human beings, and thus certain parallels and oppositions were important in men's and women's responsibilities in the areas of raising crops and taking care of human affairs within the lineage. The whole agricultural process was seen as analogous to the human processes of conception, pregnancy and birth. Women were in charge of selecting the seeds to be saved out of a given year's crop for planting the following year. These seeds were called ori—the term Lugbara also apply to their ancestors who have left descendants in the male line, as we shall see further on in this chapter in the section on religion and cosmology.

Men hoed the fields and planted the seeds—processes analogous to sexual intercourse and conception, and then women were in charge of weeding and caring for the crops until their maturation—a process analogous to women's role of carrying and nurturing the unborn child in pregnancy. When the crops were finally harvested, they were the property of the woman; she managed their consumption and fed her husband and children with the cooked food. In a similar way, men managed the
marriages of their children in order to provide the lineage with domestic animals for bridewealth for further marriages, and with sacrificial animals for lineage rituals. Men had power over their wives in Lugbara society—they controlled the allocation of agricultural land essential to their wives for farming. But because women raised the crops chiefly with their own labor and because they owned the crops after the harvest, the power men had over them was equally balanced, and both husbands and wives had innumerable reasons to desire each other's success. This balanced relationship between husbands and wives in Lugbara society will become clearer after we have examined the Lugbara lineage system.

6. The Lugbara Lineage System

According to the Lugbara origin myth, Jaki and Dribidu started civilized patrilineal life when they moved into Lugbara country and married the leper women and fathered children who were the founders of the Lugbara clans. These clans were segmented into about sixty sub-clans, each of which was associated with a given geographical area. Middleton uses the term 'tribe' to describe the agnatic core of a sub-clan, its out-married women, and other members who were temporarily absent for one reason or another; he found that the average tribe numbered about four thousand (Middleton 1960:208). Tribes were segmented into smaller descent groups, which were in turn further segmented; Middleton refers to these as major, minor, and minimal lineages. The major or minor lineage (depending on how recently segmentation had occurred) was usually the group within which sexual intercourse was prohibited and within which adultery and homicide were regarded as sins with supernatural sanctions and methods of expiation, rather than as insults to be avenged. This was
also the group within which personal kinship terms were used. (Lugbara had a word, suru, to denote groups at any level of segmentation; this was also the word used for classification of the animal and vegetable world. It could perhaps be glossed as English 'kind' or 'species.' Lugbara conceived of every living thing in the world as existing in some kind of lineage or descent system.)

In traditional Lugbara society, men were either monogamous or polygamous. The resulting families under their domestic authority were grouped into larger residential units which Middleton calls 'family clusters.' This residential unit, which had as its patrilineal core the minimal lineage, was under the leadership of the lineage elder, 'ba ambo,' or 'big man.' As head of this lineage, the elder was its ritual representative in sacrifices to the ancestors and in its relationships with other coordinate lineages. As head of the family cluster (the residential group), he had authority over all its members: inmarried women, and men who had settled matrilocally because of famine or land shortage in their own patrilineages, as well as the minimal lineages' own more junior males.

The elder was succeeded when he died by his oldest son by his senior wife—the wife whom he had married first. It was even possible, because the Lugbara practiced widow inheritance, for a man to inherit a wife from his father whom his father had married before he married his own first wife. She would then become the son's senior wife, and her eldest male child would take precedence in the succession over the son's own first wife's male children. Thus, a man could be an elder only if he was both the eldest son of the eldest son of an eldest son (reckoning through males), and the eldest son of the senior wife (the one first married into his lineage).
This rule of succession applied without exception to the handing down of the power to perform sacrifices at ancestral shrines. But if the man succeeding to the eldership was not of strong character, was too young, or had little power or wealth, he would often have his secular authority usurped by a more powerful member of his patrilineage, who usually acted as a regent in the lineage's secular affairs, while still allowing the true elder son to perform rituals. When this regent died, his own son sometimes tried to succeed him and this often led to lineage segmentation. The process of segmentation itself moved very slowly, because lineage alignments were only apparent at sacrifices to the ancestors, and these occurred on an infrequent and irregular basis (every few months to two years).

Mary Douglas described the Lugbara lineage as alternating between states of high-grid and low-grid—states of ascribed and achieved leadership, but in *Lugbara Religion* Middleton actually notes five distinct stages of a traditional lineage's growth and segmentation. In the first stage, the distribution of authority and the remembered genealogical relationships corresponded closely and there was little conflict. In the second stage, conflicts of interest arose within domestic families, whose maturing sons wanted cattle for bridewealth and land for their wives to cultivate. The heads of these families exercised their authority in consultation with the lineage elder to allocate land and livestock, and their sons accepted this distribution of authority. In the third stage, conflicts of authority between the elder and the heads of segments and between the heads of families and their junior brothers began to arise as a result of increasing scarcity
of resources due to population growth, decreasing fertility of much-used land, and changes in the distribution of authority due to the deaths of senior men. Senior men who were still living might invoke the ancestors' spirits to bring sickness on the living, in order to maintain their authority; junior men might move away to attach themselves to matrilateral kin as sister's sons, or to unrelated people. In the fourth stage, the conflicts increased in frequency and seriousness, and were between heads of segments rather than between senior and junior men only. The elder tried to maintain the authority structure as it had been in stage one by invoking ancestral spirits to bring sickness. In the fifth stage segmentation finally occurred, usually after the elder died. This last stage could be delayed by smaller segments' moving away to escape the elder's authority (Middleton 1960:214-216). When a man moved his family away, he usually attached himself to a matrilateral relative. He and his descendants were known as sisters' sons or sisters' husbands, even though in time he became a mother's brother to his sister's children. They were also called 'strangers.' Widespread disaster such as war or famine could even cause a man to move and attach himself to a completely unrelated lineage, in which case he and his descendants were known as 'clients.' His descendants might in time be accepted by their host lineage as cognatic kin (Middleton 1960:8-9).

Lugbara themselves said that 'a lineage segments after three generations' and that segments were distinguished 'by the marrying of wives.' This statement may seem surprising in view of the Lugbara emphasis on patrilineality, but as in most patrilineal systems, the way in which the system conceptualized women is the key to understanding
it. When a Lugbara lineage became separate, it segmented according to different maternal origin, that is, according to the difference between half-siblings and full siblings, and it took the clan-name of the minimal or minor lineage of its ancestress. Segments could also differentiate by the separation of the respective descendants of two full brothers; in this case the segments each took the name of their own brother-founder, or were given a new name for the occasion. But it is important to note that after a few generations these names came to be thought of as the clan-names of ancestresses, and the sex of the relevant people in the remembered genealogies was changed to conform to this belief (Middleton 1960:8).

The term suru, when used for lineage, was a secular term; as we have seen, it was also used as a synonym for 'kind' or 'species'. But since an elder's authority was largely based on his ability to call upon the spirits of the lineage's recently dead ancestors in the male line, there was also another term, used for the lineage as a ritual unit: ori'ba meaning 'seed' people (Middleton translates ori as 'ghost' in this context). An ori'ba was a group of people who defined themselves as a group because they offered sacrifices together at particular patrilineal shrines. The lineage included both living and dead members: "... are not our ancestors not people of our lineage? They are our fathers and we are their children whom they have begotten. Those that have died stay near us in our homes and we feed and respect them."' (Middleton 1960:25). The Lugbara were not aware of the presence of their ancestors all the time; only when sickness appeared did they wonder if the ancestors had sent it out of displeasure with the behavior of the living (ori ka),
whether one of the living senior men of the lineage had asked the ancestors to bring sickness (ole ro), or whether there was some other cause, such as withcraft or sorcery (Middleton 1960:27).

7. Lugbara Religious Concepts

The being who was thought to be 'above' (bua) and 'behind' (vele) the universe was God or Spirit, the creator and taker-away of people (ba o'bapiri, ba o'dupiri). God had two aspects: Adroa (-oa is another form of -o'ga, which means 'arising'; this ending is used as a diminutive suffix) and Adro. Adroa meant God in the sky—remote, transcendent, and ony eru, 'good'; Adro meant God in the streams and bush—immanent and ondzi, 'bad'. Adro lived principally in rivers; he (but there are no sex-marked pronouns in Lugbara) appeared in lightning, in whirlwinds, and could be heard crying in the grass fires at night during the dry season. He was described as being white or transparent, and as having only one leg and one arm; his whole body was split lengthwise so that he was only half a human being in form, and he was 'terrible to see' (Middleton, Magic, Witchcraft, and Curing, p. 62). The relationship of God to the ancestors was an oppositional one: sacrifices were made to God only on rare occasions of widespread droughts or epidemics, when a sacrificial ram (wheep were the animals sacrificed when God was involved) was driven out of the community toward Mt. Eti; Lugbara said that at these times they "'forgot their ancestors and sent a ram to the mountains'" (Middleton 1960:27-28).

As we noted in the origin myth, Adro or God created the first people, from whom all people were descended. Living people were called the 'people of the world outside'—ba orodri amve. Those who had died were
the 'people in the earth'—'ba nyakua. They were assumed not to bear further children after death, but otherwise it was thought that they led normal lives. Lugbara said that the spirits of the ancestors were glad when they were fed by their children who placed food from sacrifices in their shrines (Middleton 1960:28-29).

Every living person had a body, rua. After death the corpse was buried and disintegrated; it was not thought by Lugbara to go anywhere. The graves of senior men and women had fig trees planted on them which became part of the complex of external lineage shrines of a minimal lineage. But otherwise the grave was soon hoed and planted over. When a person died, the breath, ava, went out of the body, but it had no role after death. Along with breath, the orindi was thought to leave the body when a person died. The orindi (ori means 'ancestor' or 'seed', as we saw previously, and -indi is an intensive suffix) could think and behave willfully and consciously, and had responsibility in kinship matters; it can best be translated by the English word 'soul'. Children were not thought to have souls, and those of women were not as powerful as those of men. The seat of the soul in the body was called the asi, which Middleton says is the heart, or seat of the emotions, and which he distinguishes from tsulu, the heart as an anatomical organ; but asi can also mean liver, and is often used generally for upper abdomen, as in ma asini su su, 'my belly hurts'.

A man also possessed tali. Tali was given to a man at birth by Adro; it was thought to reside in the brain and the tsulu together with the asi. Tali increased with a man's social status in the community; it was associated with his actions as an individual rather than as a lineage
member. It was due to the power of God, the immanent aspect of whom, as we have seen, was outside the realm of the recently dead ancestors and everyday lineage affairs (Middleton 1960:31). Tali was also given by Adro to certain women who were odzos; odzos were midwives, herbal doctors, and diviners.

The 'ba nyakua, the people in the ground, were thought to be more responsible than the living. Since the ori (spirits) of the recently dead ancestors were the main moral force in a Lugbara community, the distinctions between different categories of ancestors, the types of shrines built for them, and the kinds of sacrifices offered at those shrines were very important.

8. Ancestors and Shrines

All of a person's forebears who had died were collectively known as a'bi. (A'bi means 'to go away', and is also the term of address for FaFa and MoFa.) This term included males and females, and those with children and those without. Middleton uses the word 'ancestor' to translate a'bi. As a collective group, they could send sickness to the living, and the shrines that were placed for them were placed for them as a group and not for them as individuals (Middleton 1960:32).

Individual ancestors became ori (literally, 'seed'; Middleton uses the word 'ghost') when a shrine was placed for them as an individual by patrilineal or a matrilineal descendant. An ori shrine could not be placed for a man who had no male children, since only men could place ori shrines. By having an ori shrine placed for him, the ancestor did not cease to be part of the collectivity of a'bi, but by its placement he also became an individual ancestor, in personal contact with his descendants;
he actually listened to words, knew thoughts, and observed and made judgments on the actions of his living descendants. This was especially true of those who had recently died. Ori were respected as 'seeds', even if they were not respected when they were alive. Lugbara said that sons did not respect their fathers when they were alive because the fathers were 'big men' and their sons resented their authority, but that 'a son sacrificed to his dead father because of respect' (Middleton 1960:34).

9. Ancestor Invocation

The patrilineal ori were the main moral force in the community, because living people could ask the ori to bring illness to a relative whose behavior violated the norms of Lugbara society. Ori invocation was called ole ro (the word ole has elements of both the English concepts 'jealousy' and 'indignation'). The ori could also send sickness on their own, without being invoked by anyone living, if they saw that someone living was acting in a way that offended them. Middleton calls this 'ghostly vengeance'; the Lugbara term for it was 'ori ka' (ka is a suffix which means 'an emanation from'--e.g., atsi, 'fire'; atsika, 'smoke').

A man could not invoke the ori against someone unless his own father was dead. In order to invoke, he would go to the shrines and sit near them and think his invocation, and the ori would hear him. If he spoke his invocation out loud, the person he was invoking against could die (Middleton 1960:36).

A general rule of Lugbara ori invocation (ole ro) was that men did not invoke against people who were not residing in their own family cluster. The elder of the cluster could invoke against all these people:
son, daughter, wife, son's wife, son's child, brother, brother's wife, brother's child, and sister, and his mother if she was living under his protection. He could invoke against his sister's child and his daughter's child, but usually did not if they were living elsewhere, because this would violate another elder's authority. But it was considered legitimate for him to invoke against a married daughter living with her husband, "because he married her mother with his wealth [i.e., cattle] and begot her" (Middleton 1960:40). He would usually not invoke against a married daughter unless her husband's lineage had defaulted on their bridewealth payments or failed to observe affinal etiquette. This kind of invocation would affect his daughter's fertility or her ability to nurse her children, who were of course members of her husband's lineage. The father could remove the sickness in this case merely by asking the ori to do so; in the case of ori invocation within the residential group, the sickness had to be removed by sacrifice (Middleton 1960:42).

Invocation was in most cases performed by an elder, but the ori could also be invoked by any adult man who was head of a family segment and whose father was deceased. It could even be performed by a minor whose father had died, if there was a just cause; this was not considered impertinent behavior on the child's part.

A man invoked the ori against someone when he was outraged at that person's antisocial behavior. The following examples of antisocial behavior were given to Middleton by Lugbara:

1) a man eats rich food, and doesn't invite you, his relative, to share it.
2) a man shows off his agility dancing and impressing girls, while you, his relative, stand at the edge of the circle alone.

3) a man strikes or fights with an older relative (occurs infrequently)

4) a man swears or shouts at a kinsman

5) a man deceives close kinsmen by stealing, cheating, or lying

6) a woman quarrels with her husband, or strikes him, or denies him the rights he holds in her

7) a man fails in his duties as heir or as guardian.

(Middleton 1970:38)

The most common victim of invocation was a son who did not obey his father. Other frequent victims were in-marrying women who did not obey their husbands and so caused trouble among the very people who had given bridewealth for them, and women who had married out and whose husbands had defaulted on their bridewealth payments (Middleton 1967:57). The latter were, of course, no longer under the authority of their natal lineage; they were invoked against because they were the only blood link between the two lineages which were in affinal relationship to each other; non-kin who were not in the invoker's residential group could not be invoked against. Women could also invoke against their children and their younger siblings, but only in situations which involved domestic (as opposed to jural) authority. In the two cases of women invoking which Middleton found, both women were of high status--one was an only child, and the other was the eldest sister of her sibling group (Middleton 1960:44).
10. **The Kinds of Shrines**

The shrines erected to the various kinds of ancestors were the focus of the relationship between the living and the dead. Shrines were made of pieces of granite. The most important shrines were placed under the main granary of the household, which traditionally held the staple crop—finger millet. The stones were usually arranged in various ways to make a little house for the ancestors, who were thought in some way to be present in the shrines. The stones' locations and arrangements were significant.

Within one family compound there were usually several different shrines. The most important was the one erected to the patrilineal ori of the lineage; it was called oridzo (literally, 'seed house'). It was placed under the main (the senior wife's) millet granary, and was made of granite slabs which were either laid flat in the ground like paving stones or made into a four-walled tiny house with a granite slab for the roof (sometimes the roof was made of thatch). Ori were said to live in the ground, but they were also in some sense thought to be present in their shrines, where they could overhear the daily gossip and talk of the living. These shrines were rarely placed for ori of lineage ancestors further back than the minimal lineage founder; the shrines of more remote ancestors were outside the compound walls and were called external lineage shrines. It was the recently dead—fathers, grandfathers, and their brothers—who were thought to be concerned with the behavior of the living, and thus their shrines were placed within the compound.

A man placed an agnatic ori shrine only when his father had died. Ori shrines were of two kinds: senior ori shrines, and junior ori shrines.
The man who placed the shrine was called the owner, *eipi*, a term which was also used for the possession of rights in livestock or women. The terms 'senior' and 'junior' referred to the status of the person placing the shrine; the ancestor honored was usually the same person. For example:

![Diagram of a familial lineage]

While A was alive, only he, as head of the polygynous family, possessed a shrine. If at his death the group did not segment, then his eldest son B would place a senior *ori* shrine to his father for his own use and that of all his brothers C, D, E, and F, while E could place a junior shrine to his father for the use of himself and his full brother F. Even if E and F moved away as an incipient new minimal lineage and began to be referred to by the clan-name of their mother, they were still ritually under the guardianship of B, and sacrifices at their junior shrine could only be carried out by B. If the full brothers separated, as was often the case when they reached late middle age because of quarreling among their wives, then the seceding group would place a junior shrine. When and if separation occurred, E would set up his own senior shrine for his
segment, and "because shrines should not be forgotten", he would retain the junior shrine also. If E's children were to separate into matri-segments, E's eldest son would take the senior shrine, and the eldest son of the junior matrisegment would take the junior shrine. But if sacrifices were never made at a shrine, then it might not be moved when a house got old and a new house was built at the edge of the compound to replace it, or when the family moved for interpersonal reasons (Middleton 1960:48-50).

Shrines did not have to be placed by a man himself; a son could inherit all of his father's shrines. At the time of his father's death, a man left the shrines alone, unless he was moving his compound somewhere else. He waited for sickness to appear in his family and then consulted an odzo (a female diviner) to contact his father's soul, which had been with God (Adro) in the sky since his father's death. This rite was called 'greeting the soul'. It was performed for the soul of every person who died, usually six months to a year after the death occurred. The female diviner asked the soul if it was willing to drink beer at the new shrine; then she said to the dead man's son: "'Today your father enters the home; yesterday he was outside (amve). Now he wishes to drink beer; he wishes to enter the home (akua).'" (Note the use of the word 'outside' contrasted with 'in the compound'; compare the terms for kinds of fields discussed above and also the conceptualization of women as 'outside' and men as 'of the compound'.) (Middleton 1960:51). A small amount of beer brewed for the occasion was then poured on the shrine (before straining, so that it still contained the 'ori'--the 'soul' or yeast) and the rest of it was shared by all the adult males of the minor lineage if it was a
senior shrine, or by all those of the minimal lineage if it was a junior shrine. This rite reaffirmed the unity of the lineage and admitted the shrine owner into the group of 'those who own shrines'. An eldest son would probably use all of his father's shrines; a man who inherited shrines from a dead brother might not do this if his brother had a son. A son's succession to his father's status had to be affirmed by the living senior men of the patrilineage, since in a sense the son was moving up into his father's generation; this was not the case if a man inherited shrines because of the death of an elder brother, and so validation by living senior males was not necessary. (Middleton 1960:51).

Besides the internal ori shrines placed under the main granary, there was a second kind of shrine, with two types, erected for the ancestors as collectivities; the two were closely linked together and were found in all compounds. The first time was called a'biva, which meant 'those who have gone beneath'. It was erected to the collectivity of male ancestors in a person's direct line of descent who had begotten children (a'bi was the kin term for FaFa and MoFa). Women did not become a'biva, "because they do not give food or beer to the dead; they are things of the grass only" (Middleton 1960:52). This type of shrine was inherited within the matrilineage only; it did not pass from one half-brother to another. It was placed under the roof overhang of a man's senior wife's house. The a'biva were said to bring sickness in the form of bodily swellings, on their own initiative rather than by invocation. If sickness was shown to be caused by the a'biva by an oracle, then the female diviner was called. The a'biva would tell her that they had sent sickness because their child had given them no food, and then food for them would be placed on the shrine.
Men who died childless did not become either patrilineal ancestors (ori) or a'biva. They joined the collectivity of childless ancestors called anguvua (literally, 'in the field'). They were not 'of the compound' because they had no descendants; in this they were like women and so 'of the field'. The anguvua brought sickness in the form of bodily swellings to children, because they had wanted to have children but got none. No shrine was erected to them, because shrines were erected by children for their ancestors and the anguvua had no children. If any children in the lineage became ill with swellings, the female diviner contacted the anguvua, and food was placed for them on the ground in the doorway of the senior wife's house. Barren women did not become even anguvua after death; they were 'nothing' (Middleton 1960:52-53).

A third kind of shrine associated with the dead was the abego shrine, which was placed about a year after death for a man or a woman who had died old and helpless. If such a person had been neglected while they were old and senile, they would send sickness after they died. If the dead person was a man's agnate, the shrine was placed with the ori shrines under the main granary; if the dead person was a matrilateral relative, the shrine was placed under the roof overhang of his senior wife's house (Middleton 1960:54).

A fourth kind of shrine was the tali shrine or tali house. This shrine was placed to all the ancestors who had left male children as if they represented a single lineage 'personality'. This personality was manifested in the actions of the living and was associated with the apical ancestor of the inner lineage, or the apical ancestor of his mother's lineage. If food was offered at the oridzo shrine, food also had to be
placed in the tali shrine. This shrine was sometimes called 'the land's personality' (Middleton 1960:54).

Lugbara also placed shrines called oku ori—'woman spirit' or 'woman seed'—for their female relatives in their mother's mother's line. A man could not place agnatic ori shrines until his father had died, but he could place matrilineal ori shrines (to his Mo's Mo) while his mother was still alive, because she had no formal political status in his lineage to usurp and because the placing of these shrines was no threat to his father, who was not even related to these women by blood. A man usually placed these shrines to his mother's mother and to his mother's sisters. A junior full brother used his senior brother's oku ori shrines, but of course a sibling set from another wife had to place their own shrines. These shrines were placed under the eaves of the house of the senior wife of the compound. When a man's mother died, he waited for sickness to be identified as coming from her by a diviner, and then placed the shrines. These shrines were 'owned' by men, but the ori were usually invoked by women. Ori ka, the sending of illness by the ori on their own, was also possible. The offerings were usually idi, the breakfast porridge (the food that, as we have seen, was eaten by young children and pregnant women), with milk, or sometimes the meat of a female goat. The offerings were made on behalf of a man by his sister, or sometimes his wife, although Lugbara said that a man's wife did not know the words of a man's mother's ori very well (Middleton 1960:55-57).

Shrines were also placed by the Lugbara for males in their mother's lineage. The offerings to these shrines were infrequent, but the mother's brother's ori were nonetheless feared. In everyday life a living mother's
brother had a strong sense of how his sister's son should behave and the latter felt much apprehension at his disapproval, perhaps even more so than with his patrilineal kin, since his relationship to his mother's brother was an individual one which cut across the lineage structure of Lugbara society. Sister's sons were necessary to their mother's brothers to cut the meat when the mother's brothers made sacrifices at their own patrilineal shrines. A mother's brother was said to love his sister's son, but to resent his loyalty to his own lineage, which had negotiated bridewealth with the mother's brother's lineage and was thus in a potentially hostile relationship (much Lugbara interlineage conflict was over bridewealth). He was said to think, 'if only my sister had been born a man, then my sister's son would have been of my own lineage' (Middleton 1960:58).

Sickness called *lutsugo* could be brought to a man by his true mother's brother thinking bad words against him, which caused infertility in his matrisegment's wives, livestock, and crops, and spoiled his luck in hunting. An oracle was consulted, and if a man's mother's brother was implicated, then a *lutsugo* shrine was erected, and a ritual meal was shared by the mother's brother and his sister's son, which removed the sickness. Later, a sacrifice could be made, and the oracles might also recommend that the same sister's son place another shrine called *drile-ondzi* (literally, 'bad luck'), which was usually physically a part of the *lutsugo* shrine. This shrine was placed to remove impotence, menstrual disorders, and other sexual problems from adult men and women (Middleton 1960:57-58).
Any adult man could have sickness brought to him by his mother's brother's lineage ori. If such sickness was found by oracular consultation, the oracles recommended placing a shrine called adro-ori, meaning 'mother's brother's seed' or adro ma oridzo, 'house of the mother's brother's seed'. The latter term was reserved for the shrine set for the ori of a true mother's brother, thus marking the mother's brother's death in the same way that a father's death was marked. These shrines were placed under the eaves of a man's mother's house if she lived in his compound; if she had died or moved back to her natal lineage (a fairly common occurrence), he placed it under the eaves of his senior wife's house. The mother's brother's ori and his lineage's ori were thought to bring sickness by ori ka--by the ori sending sickness on their own--invocation, or ole ro, as we have seen, rarely occurs between two males of different residential groups (Middleton 1960:58-59).

These shrines were all placed by the mother's brother or by another man of his lineage, and this lineage also provided the offerings; there was no ritual congregation, and no local community involved. Sterility was a very serious curse, and was not one commonly made against women who were bearing the children for one's own lineage, for obvious reasons: sterility would have affected the welfare and strength of one's whole lineage, as well as that of the individual being invoked against. The hostility felt by the mother's brother's group against the sister's son was directed against him, not as a relative by blood, but as a representative of a potentially hostile affinal lineage. The sister's son was the only possible victim, because ori could bring sickness only to those who were related to the invoker by blood, if they were not members of his residential group.
All of the shrines that have been discussed so far were placed within the Lugbara household compound. But there were also external lineage shrines, which were placed outside an elder's compound in the grass some yards away from the nearest path. Only an elder could sacrifice at them; indeed, only an elder was supposed to look at them. In southern Lugbara the principal external lineage shrine was called rogbo or rogboko; it consisted of two flat stones, one for each ori and an upright stone. At sacrifices, blood was poured onto the upright stone first, and it was thought to 'pass the words' to the others (Middleton 1960:61).

The external ori shrine was different from the internal ori shrines. Internal shrines were usually erected for a particular man's ori and remained dedicated to him until they were eventually forgotten or discarded. The external ori shrine's incumbent ori or ancestral spirits could change over a short period of time. The identity of the ori who were 'in' the shrine was disclosed by oracles. An ori became hungry and so was 'in' the shrine, and other previous inhabitants were said to have lost interest, or to have gone elsewhere--to the internal ori shrines or to their adro-ori shrines at other lineages--to eat. The ori were thought to be jealous of each other and to demand a fair share of food, so if sickness was frequently attributed by oracles to the external ori shrine, Lugbara said that this was a sign that a distant ancestor's ori was jealous of those ori already inhabiting the shrine. The incumbents were changed if the oracle consulted so recommended. It was usual for coordinate external lineages' shrines to have the same senior incumbent, but different junior incumbents who were half-brothers to each other, in
keeping with Lugbara theory that lineages segment because of sibling sets' different maternal origin (Middleton 1960:61-66).

This differentiation can be seen more directly in the external shrines known as dede shrines. Dede is the term of address for 'grandmother'; in the dede shrine it referred to any woman two or more generations senior to a person, including agnatic, cognatic, and affinally related women. The dede shrine consisted of three flat stones, the first representing the ancestress by which the minimal lineage was differentiated; the second, her mother; and the third, her sisters collectively. Unlike the adro-ori shrines, these were set for the spirits of the women themselves, and only women of the lineage could sacrifice at this shrine. This shrine was said to be like a wife to the external ori shrine, and was placed near it; it was never found existing by itself (Middleton 1960:66).

There were also external a'bi shrines. Fig trees were planted at the heads of the graves of important men and women; some of these men and women were lineage founders, and their graves had a stone placed on them at the foot of the fig tree. Strictly speaking, the stone was the shrine, but Lugbara often spoke as if the tree and the stone were one. Those who were lineage founders were of course also those whose ori inhabited the internal lineage shrines. The burial trees were sacred and could not be cut, and the land around them could not be cultivated. The resulting thickets were and are a prominent feature of Lugbara landscapes. Snakes and leopards, animals associated with Adro, God, were said to live in them (Middleton 1960:67).
All of the external shrines were of course once internal shrines. As Lugbara houses became old and termite-ridden, they fell down and new ones were built at the 'leading edge' of the compound to replace them and to allow for expansion of the lineage as younger members grew to adulthood and set up households of their own. New shrines, to the ori of the recently dead, became more important in invocation than the more distant ori, who were then said to be 'outside a little'. After a while these ori would leave the compounds and move to the external ori shrines and the burial trees. Lugbara said that they were still hungry, and that since they had no living children to feed them (their children and grandchildren having become internal lineage ori), they should therefore be given food when there was a sacrifice to the internal lineage ori. So, when there was a sacrifice, and a congregation was assembled, the elder's ritual assistant would take a small portion of the food to the shrines near the burial trees.

The external lineage shrines could also bring sickness, in the form of sterility of wives and of cattle, to the whole lineage, not just to one matrisegment. The external ori could not be invoked (ole ro); they were thought to be too far removed to be swayed in their actions by the desires of living elders and senior men (Middleton 1960:68-69).

11. Other Shrines

In addition to the internal and external lineage shrines, there were also fertility shrines. One, called eralengbo, was placed in the cattle enclosure hedge and was associated with the father of the ancestress for whom the minimal or minor lineage was named. It was made of an old
grinding stone with a hole worn through the center (these were the 'mother' grinding stones that were passed down from a mother to her eldest daughter). The other shrine was actually two closely associated shrines, tiri and ridi; they were placed either with the external lineage shrines or in the center of the main compound. Tiri was a plant, a species of aloe; ridi was a single flat granite slab with asiti grass planted near it and with a fence of ekaraka sticks around it. The Lugbara reported to Middleton that these two plants were 'things of Adro (God).'

The power of these shrines did not seem to be associated with particular ancestors. They affected women's and cattle's fertility and success in hunting (the origin myth intimated that women's fertility and the existence of wild animals were interconnected). Before men went hunting, a cock was beaten to death on the stone and eaten by the men and women of the minimal lineage; if the hunt was successful, the hooves and horns of the slain animal were placed on the stone, after which they were hung under the granary (Middleton 1960:69-70). Offerings were made at these shrines by a man who thought that his segment should become independent, in order to show that he was a 'big man' and in contact with a power greater than that of the ordinary ori—a power that could cause sterility (Middleton 1960:71).

The locations of all of the Lugbara shrines were of symbolic significance. The four shrines said by Lugbara to be of primary importance—the internal patrilineal ori shrines, the mother's brother's shrines (lutsugo and drile-ondzi), the patrilineal tali shrine, and the patrilineal abego shrine for a recently dead old man—were placed beneath the main granary (for finger millet) of the head of the household's
senior wife. This granary might be described as the ritual center of the household's 'natural' life. The shrines within and under the eaves of the senior wife's house were said to 'follow' the main shrines under the senior wife's granary as a wife 'follows' her husband. Other permutations --'senior' versus 'junior' ori shrines--stressed the status differences between senior and junior sibling sets and between older and younger brothers. The importance of patrilineality when compared with matrilineality is evident, as is the importance of patrilineal seniority and matrifiliation in determining patrilineal seniority.

12. Lugbara Sacrifice

Lugbara sacrifices have been mentioned but not described in detail. In order to understand their significance, the symbolic meaning of the kinds of sacrifices made and the contexts in which sacrifice was appropriate must be examined. The Lugbara sacrificed all four kinds of domestic animals--cattle, sheep, goats, and chickens. Cattle, sheep, and goats, which belonged to the lineage as a corporate group, were thought to possess souls (ori), and when one of these animals was sacrificed at an ancestral shrine, the ancestors were said to 'eat' the soul (ori) of the animal. Chickens, which were also classed as domestic animals, were not thought to have souls, just as women were not thought to have souls as powerful as those of men. Each of the different animals was used in a specific sacrificial context (Middleton 1960:97). Cattle and goats were the animals appropriate for the usual patrilineal shrine sacrifices. Sheep were used for sacrifices and ceremonies involving God or Adro, while chickens were used on occasions involving incest, illegitimacy, or when success in hunting was desired. We will examine sacrifices involving sheep and chickens first.
When a man died, his soul or orindi went to be with Adro in the sky. After several months, a female diviner performed the rite of 'greeting the soul'. The rite of 'cleansing the body', rua edezu, could also be performed concurrently, to cleanse the members of the dead man's compound from any trouble that might be brought to them by his soul because of unsettled grudges, whether explicitly stated or not. If the two rites were performed together, a goat was used for the sacrifice; if the 'cleansing the body' rite was performed alone, a sheep was killed. The sheep's blood was used to anoint the compound members, including married daughters, on the chest and insteps, and the house thresholds were also anointed. No meat was placed in the ori shrines, and the sheep was cooked and eaten by the people present, who did not sit by generations, as they would at a sacrifice to patrilineal ori. The cleansing the body rite was also performed when two brothers, especially two full brothers, had quarreled severely; when a girl had become pregnant before marriage; and when a person had committed incest. If they were performed alone, without other rites, a sheep was always sacrificed; in the cases of illegitimacy and incest, a cock was also sacrificed at the same time. In general terms, the cleansing rite was performed when people misused the status given to them by Adro at birth: brothers should not quarrel; women were created to bear children for their husbands' patrilineages; people were not supposed to commit adultery (Middleton 1960:109-110). A sheep was also used when the whole territory, as distinct from one patrilineal segment, was in danger from a drought or an epidemic, especially cerebrospinal meningitis. Blood drawn from the sheep's ears was used to mark the tribal boundaries, and then the sheep was driven out of the territory.
13. Causes of Illness

If illness occurred which was not clearly widespread and hence from Adro, certain steps had to be taken in order to arrive at a correct diagnosis before sacrifices could be made. The illness could be due to the ori having sent illness of their own accord (ori ka), or because someone living had invoked them (ole ro). Illness could also be due to some other cause, such as witchcraft or sorcery. An ill person usually had some idea about which of these causes might apply to his or her case, based on the symptoms from which he or she was suffering and on the state of his or her social relationships at the time. In order to confirm or invalidate these speculations, and to decide between conflicting etiologies, oracles were consulted. Each area had its own oracle operator or operators.

14. Oracles and Diagnosis

There were five different oracles (generically called andri): the atsife or rubbing-stick oracle, the boiling medicine oracle, the poison pod oracle, the rat oracle, and the chicken oracle. Any man who dreamed that he had the power to do so could become a rubbing-stick oracle operator. The power could be inherited, but in a single line only; thus, two brothers could not both be rubbing-stick oracle operators, and a man and his father could not both be operators if his father was still alive. Many atsife operators were the younger brothers of elders. The operator was held responsible for the success of the oracle, and he was paid for the consultation if the client was from another lineage.

The sick person, or his guardian, would first go to the rubbing-stick oracle operator and describe the facts of the case. The operator
then took a sorghum stalk and rubbed a piece of grass down the stalk while saying the names of those persons who were suspected of having brought the illness to the patient. When the piece of grass stuck, and did not slide smoothly down the stalk of sorghum, the name in the operator's mind at the moment was that of the person implicated. The operator and the client and/or his or her guardian would then discuss the case. If the agent was dead, the operator usually recommended the erection of a shrine to his ori, if none had been erected yet, with sacrifice to follow if the patient recovered. If the agent was a living person who had brought illness by invocation, he usually recommended reparation of some kind, depending on his perception of the agent's needs (livestock, beer, wives, etc.). The oracles were usually consulted by the elder of the sick person on his or her behalf, but a senior man who was not an elder could consult the oracles on behalf of his own dependents, especially if they were wives or children. If a senior man who was not an elder consulted another lineage's oracle without his own elder's knowledge, he was expected to use his own lineage's rubbing-stick oracle for verification. An elder did not consult his own lineage's oracle if he himself was sick, but would go to another lineage to consult with an oracle operator who was not too involved in the elder's own lineage's politics. Similarly, a rubbing-stick oracle operator himself went elsewhere for consultation if he became sick; Lugbara believed that 'his own oracle would tell him lies' (Middleton 1960:81). If a man consulted his own lineage's oracle on behalf of his sick wife, and someone in her lineage was implicated, the man would tell her father and he would seek confirmation at the oracles of his own lineage.
If the rubbing-stick oracle stated that the illness was due to an elder's having invoked the *ori* against the sick person, then the case would usually be brought to the other oracles. These other, 'confirming' oracles could be operated by anyone, and were much less open to manipulation than the rubbing-stick oracle. For example, in the boiling medicine oracle, the operator used small clay cups, each one of which represented a suspected agent, and poured a boiling herbal mixture into the clay cups; the cup or cups that boiled over represented those responsible for the illness. The other confirming oracles operated on similar principles. By consulting all the confirming oracles, a final verdict about the person or *ori* responsible for the illness was arrived at.

15. **The Sacrificial Process**

If a person was seriously ill, and the oracles determined that the cause was *ori* invocation (*ole ro*), or *ori ka* (the *ori* sending illness on their own), then an animal was consecrated for sacrifice; usually goats were used, but sometimes cattle. The sick person's elder led the animal around the person's homestead, four times if the patient was a man, three times, if a woman. The elder then consecrated the animal by laying his hand on it and promising it to sacrifice. The animal was then tied by the compound gate. If it urinated, and stood peacefully, this was a sign that it was acceptable to *Adro*; if it defecated, or acted stubbornly, this was a sign that *Adro* refused. The animal was then replaced in the herd. If the patient recovered, then the sacrifice took place; if the patient died, then *Adro* had refused the sacrificial animal and there was no need to sacrifice it.
The sacrifice took place at the home of the patient. If it was a sacrifice at the internal ori shrines, then all the old men of the internal lineage would come and sit under the granaries and house eaves and be given beer to drink. The women of the household prepared a meal of steamed bread and stew. Elders of different segments might quarrel, but there was no judicial process, because the cause of the illness had already been determined by the oracles.

The elder who was supervising the rite then stated out loud the main facts of the case. While he spoke, he held sacred larigbi leaves (leaves from the fig trees planted on the graves of important men and women) in his hand, and he was supposed to speak only the truth. The sacrificial animal was then killed by having its throat slit and was cut up by the sisters' sons of the lineage; they were uninvolved in the politics of the affair, and so they could cut the meat into equitable portions. (It was also considered bad for people of a lineage to dig graves for their own lineage members; this was another duty for sisters' sons.) The blood was collected in a pot; the carcass was scorched, skinned, and cut up, and the stomach and intestines and their contents were squeezed into a pot. Part of the meat was then placed in the shrines for the ori, and some of the blood was poured on the stones as well as unsqueezed beer (beer which still had the yeast--the ori or 'soul'--in it). The presiding elder then gave a second address; this address was much longer and went into the motives of all parties involved in the illness, as well as into the history of the lineage's segmentation. Other elders and senior men could speak afterwards. At the end, the entire congregation was exhorted to uphold lineage ideals: girls should
bring in good bridewealth and not destroy the lineage with illegitimate pregnancies, wives of the lineage should bear good and obedient sons, and the men of the lineage should not quarrel with each other.

The meat was then divided into the four limbs, which were not cut up, and the back and shoulders, which were divided into small pieces, and one limb and pieces of the back and shoulders were taken away by each member of the congregation who was designated as head of a family segment by the elder. The rest of the meat, with the stomach, intestines, and its contents, was cooked with the blood and served with enya (steamed bread) and beer and was consumed by the members of the congregation. The elder's portion of raw meat was the chest, the tongue, the liver, the kidneys, part of the intestines, the penis, and the testicles. These parts were thought to be okpo, 'strong', and others feared to eat them; they would refuse if offered. The elder and his family ate them cooked on the following day, with no special ceremony (Middleton 1960:83-96).

If the oracles showed that matrilateral ori were responsible for the illness, then sacrifice was made if the patient recovered, but no ritual congregation assembled for the sacrifice, and the people present did not sit by generation, as they did at a patrilineal ori sacrifice. This was in keeping with the conceptualization of the MoBr-SiSo tie as an individual one, which did not involve the principles of generational authority. The animals sacrificed were the same, however—goats and cattle.

16. Illnesses due to Witchcraft or Sorcery

The oracles could also arrive at the conclusion that a person's illness was not due to either the patrilineal or the matrilateral ori, but
was due to some other cause, such as witchcraft or sorcery. Witches ('ba ole'beri) and sorcerers ('ba enanya'beri) brought illness to people directly, without involving the ori.

Witches were men who brought illness to people for selfish and individual reasons, out of personal jealousy, unlike elders, who brought illness on people because they had violated the norms of proper social behavior. Witches were often people who had no patrilineal ties with their residential group, and possibly no cognatic ties either. They might be clients, who had fled some disaster or famine elsewhere. They were thought to be abnormal; to have gray faces 'like corpses'; red eyes, or possibly a squint; they avoided the frankness of eye contact when talking to people and they were thought to eat alone. They either sat and brooded over imaginary wrongs, or else acted overly friendly--visiting people and making cheerful conversation all the time. Lugbara would say 'has he no work of his own, that he visits everyone all the time?' (Note, however, that since politics was the primary work of men in Lugbara society, a man who was unrelated to the patrilineal power structure would have little 'work' de jure.) (Middleton 1967:55-67.)

Witches were somehow associated with Adro.

Witchcraft was not thought to be inherited, but because sons were thought to become like their fathers, a boy could become a witch if his father were one. Some witches walked at night and entered their victim's house silently; they sometimes took the form of an animal, especially a leopard, wild cat, snake, jackal, owl, or monkey (anomalous animals which were neither 'of the bush' nor 'domesticated'). This animal was the 'soul' or seed (orindi) of the witch--his body, rua, remained asleep in
his own hut. Other witches walked around in the daytime and spat on children's heads, sometimes even when they were asleep on their mother's backs, and the children would grow thin and sick. These witches were usually strangers; 'why else would they wander away from their own country?'. Other witches were envious of their neighbor's cattle, and stole the cattle ropes and used them to cast a spell so that the cattle sickened and died.

Unlike witches, sorcerers were women; they used various kinds of poisons against their victims. They were thought to put these poisons in people's food or beer; the poisons would make their victims sick, and could cause death. Illnesses due to both witchcraft and sorcery were handled by the odzo, a female herbal doctor and diviner. She could take a case decreed by the oracles to be one of witchcraft or poisoning, or one in which the patient or his or her guardian came to her directly, and divine with her divining calabash and find out who the witch or sorcerer was. She could also cure cases of witchcraft (from 'ba ole'beri) with magic; and cure sorcery (enyatani) with herbal treatments. These powers were inherited in the female line, and were given to an odzo by Adro when she was an adolescent girl, during a period when she ran into the bush and spent several days in a state of possession, naked and not eating (Middleton 1967:64).

17. Problems in the Literature about the Definition of Lugbara Witchcraft

Before continuing on, the nature of Lugbara witchcraft must be discussed. In Chapter I we noted that Mary Douglas misclassified the Lugbara as a "witchcraft-ridden" society because she did not heed Middleton's warning that his study of one Lugbara lineage took place
during a particular time in that lineage's developmental cycle—the
time just prior to segmentation. Now that the full traditional religious
and diagnostic system has been described, the nature of Lugbara witch-
craft can be more clearly defined. Harwood (1970) asserts that the
Lugbara term for ancestor invocation and the term for witchcraft are the
same—ole ro. But this is an oversimplification. Middleton states that
there are four possible causes for illness in traditional Lugbara culture:
the ancestral spirits' sending of illness to someone of their own accord
(orika); invocation of the ancestral spirits by a living person (usually
an elder or senior male) to send illness to someone (ole ro); witchcraft
by witches (’ba ole’beri); and sorcery by sorcerers (’ba enya’beri).
All of these agents, including ancestors sending illness on their own,
were said by Lugbara to be motivated by the sentiment of ole, derived
from le 'to like' or 'want' and o-, an intensifying or reduplicating
prefix. Ole in all these contexts should perhaps be glossed as
'indignation'. Witches (men) and sorcerers (women) were distinguished
from ancestors, elders, and senior men sending illness because the latter
sent illness to those over whom they had jural authority (usually their
dependents) in order to enforce proper Lugbara norms of behavior, while
witches and sorcerers were said to harm persons (usually non-kin) out of
personal jealousy. When the lineage was about to segment, much jockeying
for leadership positions occurred, and if someone asserted his right to a
position of leadership by invocation (ole ro), then others who were
jealous of his status could imply that he was a witch simply by hinting
that perhaps people in other segments, over whom he had no jural authority,
feared him also, i.e., that, like a witch, he caused illness to non-kin.
(Middleton has discussed this at length on pp. 156 ff. of Lugbara Religion.) Thus, Lugbara believed that there was an ongoing class of men called witches, whom the lineage leaders sometimes "joined" at the time when the lineage was in the process of segmenting. Witches and sorcerers as classes of people were 'outside' and were associated with 'God,' Adro.

The different kinds of diagnostic procedures used to determine whether the cause of illness was ori ka, ole ro, witchcraft, or sorcery, and the different kinds of shrines at which sacrifices were made if the illness was determined to be from the ancestors, and the different kinds of animals sacrificed, all have correlations with the Lugbara kinship system and with the way in which the human body was conceived. It will be best, therefore, to examine Lugbara concepts of kinship and physiology before summarizing this chapter by drawing a comprehensive picture of the categories of traditional Lugbara thought.

18. Lugbara Kinship Terminology: A Simple Version

Certain Lugbara kinship terms had a striking similarity to Lugbara cosmological concepts. In order to analyze this, we must first look at Lugbara kinship terminology. (See Figure 4.) Nearly all Lugbara kinship terms are the same for male or female ego; the differences will be noted below.

19. The Meaning of Tonal Differences in Lugbara Language

In this analysis, the meaning of tone in the Lugbara language must first be discussed. Tonal differences are phonemic in Lugbara. Words which are the same except for a tonal difference often have related meanings: one term is concrete, the other metaphorical. Some examples are:
Figure 4. Simplified Lugbara Kinship Diagram
àří   blood
āří   drum (beats like a heart or severed artery)
ti    to break off a piece of enya (bread)
tì    to bear or bring forth young
tii   cow, cattle (bring forth bridewealth, which in turn brings forth descendants)
tí    mouth, door of a house (exit, entrance)
sí    tooth
si    hailstones (white like teeth)

(This analysis is modeled after Edmund Leach's analysis of Kachin kin terms in his paper entitled "Animal categories and verbal abuse" (Leach 1964).)

The most obvious correspondence is that between the concept of Spirit or God, Adro, with the term adro, mother's brother. The term for mother's brother's lineage as a whole is adro'ba--'spirit people'--this term is contrasted with ori'ba, 'seed people', used to denote ego's own patrilineage. There are other correspondences also. Andrii, the term of address for 'mother' is the same as the word for oracle, except for a tonal difference. We have already noted the importance of matrifiliation at several levels of the Lugbara lineage system. Just as in the realm of diagnosis of illness, oracles were consulted to determine the agent, so in daily social life, matrifiliation was "consulted" or taken into account to determine how one should act toward one's fellow lineage members. Adri, 'brother', is the same word as the word for 'being', and a sibling for Lugbara was, in a sense, another self. The word for 'sister', amvi, is cognate with the word mvi, 'to send', perhaps because sisters are 'sent' elsewhere when they marry.
This kinship diagram is a bit misleading, however, because many Lugbara men were polygynous. If some polygyny is added to the model, it will become more confusing, but more emically accurate. (See Figure 5.) The way in which the system distinguishes between types of cousins is, as with most kinship systems, the key to understanding it. The mother's brother (*adro*) is grouped with his children—the matrilateral cross-cousins—the *adro-andzi*—the mother's brother's children, yet the Lugbara principle of generations differentiating within a patrilineage retains its importance, even when the differentiation is within a lineage other than ego's own. But for MoSi and her children, no generational principle is involved, and so they are not distinguished by generation. The simplified kinship diagram presented in Figure 4 informed us that full Si and Br are called *amvi* and *adri*. Now we see that they can be qualified by *azi* to denote both patrilateral parallel and cross-cousins. The word *azi* means literally 'another', and carries some of the connotation of 'outside'. Thus, one's "true" *adri* and *amvi* can be distinguished from half-siblings and from patrilateral parallel cousins by the optional use of the qualifier *azi*. The patrilateral cross-cousins must have this qualifier added—they are not even of the same lineage, but as Lugbara themselves stated to Middleton: 'If only our sister had been born a man, her children would have been of our lineage.' Ego identifies with his or her father in his close feeling of responsibility for his sister's children by calling them 'another brother and sister.' Ego's own lineage as a whole is *adro'ba* to the lineage of the sister's children, and we have noted that sister's sons are called upon to divide the sacrificial animals.
Figure 5. Expanded Polygamous Kinship Diagram
impartially at sacrifices and to dig graves for their mother's brothers' 
lineage at funerals. Thus, there is a sense in which birth and death 
move in opposite directions through the system: mother's brothers' 
lineage provided one's own lineage with one's mother; father's sister's 
sons dig graves for one's own lineage's dead.

The only terms which are different for male and female egos in the 
Lugbara kinship system are the terms for affines. A woman calls her 
husband's sister and her brother's wife awiazi, as well as using this 
term for her father's sister as a male ego does. For female ego, this 
term seems to denote "any woman with whom I stand one male link away in 
bridewealth exchanges." Thus, an awiazi is for a woman someone (FaSi)
whose marriage made her own birth possible, by bringing in bridewealth to her father's lineage so that her father could marry her mother, someone (HuSi) who made her own marriage possible by bringing in bridewealth so that her husband could marry her, or someone (BrWi) whose marriage she made possible by marrying herself and thus providing cattle for her brother to use as bridewealth. Marriage is for women (as wives but not as sisters) the structural equivalent of birth alone for men. Men are not in a structurally passive position in the matter of bridewealth circulation, and thus they have a different term for in-law, onyere. Onyere is derived from ony eru, 'good'. Men treat their in-laws with exaggerated politeness. In the next generation, the affinal relationship becomes one of mother's brother-sister's son (reciprocally adroi). Adro, 'God', is ony eru when remote in the sky; if present among men, Adro is ondzi, 'bad'; similarly the presence of one's in-laws at one's own compound is bad because associated with trouble over bridewealth, and affinal relations traditionally were said to lead to fighting and to witchcraft.

Affinal relations led to tension among the Lugbara because, as we have seen, Lugbara men resented the necessity for their sisters to go and bear children for another lineage. Lugbara women did not abandon their membership in their natal lineage upon marriage. Traditional Lugbara society was at the opposite end of the "wife-incorporation" spectrum from house-property-complex societies. If a Lugbara woman was murdered, for example, the compensation went to her own lineage. Divorce was very common, and many women, especially those at the top of their sibling group, returned home to their natal lineage, after their children reached independence, to be with their brothers and the other members of
their own lineage, for it was only in their natal lineages that women could acquire a reasonable degree of political status. Funerals of women were celebrated by three days of feasting, but marriage was marked by little special ceremony. A male informant's description of a traditional marriage (Appendix A-2) will perhaps clarify some of these concepts.

21. An Emic Lugbara Kinship Diagram

The expanded kinship diagram in Figure 5 is still not emically accurate, because Lugbara did not conceive of wives as equal to husbands in generational status; only as sisters were they equal to men of the same generation. In Lugbara, the elder 'ba ambo, was contrasted with the 'ba vele--the "people behind" him or his jural dependents. Similarly, a husband agupi, was contrasted with his 'ba vele--his wives and children. When Lugbara women moved to their husband's lineage upon marriage, they in effect "dropped down" a generation. (This is not as aberrant as it might seem, for Lugbara husbands are usually quite a bit older than their wives.) If we were to draw the affinal ties vertically, the kinship diagram would be much more emically "Lugbara." But because the whole kinship system was seen as centering around the elder of the minimal lineage, it would be even more emically accurate to draw the whole kinship system concentrically (see Figure 6).

In this schematic diagram we are looking at the structure of the Lugbara residential group "from the air"--this representation bears a close resemblance to the actual spatial arrangement of Lugbara households (cp. Middleton 1960:129ff). With respect to the elder a, everyone else is 'ba vele, 'the people behind'. With respect to their husband a, in one
Figure 6. Emic Lugbara Kinship Diagram
sense b and c are equal—in their own rights to land, sexual rights, etc.; in another sense, they are the equivalent of older sibling—younger sibling to each other, because b was the first wife married to a—this operates in the relative status and rights of their children as sibling groups vis-à-vis each other. Similarly, in one sense, sibling group d-g is equal to sibling group k-h—they are all "children of a"; in another sense, group d-g is as a group "older" or "more senior" than group k-h, because their mother b was married to a before c was married him. At an even lower level, within a sibling group itself, in one sense, d, e, f, and g are all equals, because they are all children of a, first-marriage children of a, and children of b; in another sense d is senior to f because he was born first.

The same rules apply to women's status in their natal group, although one must allow for the fact that much of their adult lives must be spent bearing children for another lineage elsewhere. Lugbara women were not integrated to any great extent into the lineage of their husband when they married. They did not move more than a few miles away when married and throughout their marriage they retained strong ties with their brothers and parents—we have seen that a woman's children as sister's sons to her natal lineage had important ritual duties to perform for their adro'ba at sacrifices and at funerals. A woman's relationship with her husband's lineage was "transactional" rather than "incorporative," in Harwood's terms—tenuous, subject to divorce, always being renegotiated. Nowhere is this more clear than in Lugbara names, for names were given to a child by its mother. About half of Lugbara names referred to conflict between the wife and husband as individuals, between the wife and the
husband's lineage, or between the two lineages as totalities. One woman's children were given the following names:

1. The woman's husband's relatives said that she was lazy, so when her first child was born, she named him Oku-ondzi --'bad wife'. This child died shortly after birth.

2. Still birth.

3. The husband said, 'We have now buried two children. This death is not coming from me, it is from you.' So the mother named her next child Dramadri--'the death is mine.'

4. The women said that her husband beat her too much. So when she gave birth to her next child, she named him Kalidria--'within the stick-on-top' [lineage].

5. The father of the woman's husband said that the woman was a bad wife and that the cows of the brideprice should be returned. So the woman named her next child, a girl, Omviru --'return them all.'

In a child's actual name, the conflict between affines is embedded as a daily reminder; his or her name denotes a social relationship and characterizes its quality.

22. The Two Lugbara Terms for 'Mother'

From all this evidence it can be seen that even though matrifiliation was very important in traditional Lugbara society as a structural principle, women as wives remained (as persons) 'creatures of the bush.' It would be rather remarkable if this paradoxical view of women as persons did not become evident in the earliest relationships that Lugbara had with significant women. It will be valuable to note here the development of the Lugbara child's terms for mother. It should not be surprising to find that there are two of them.

The first word that a child learns for his mother is the usual term which every Lugbara uses in speaking to his or her mother--andrii. This
term connotes the power and importance which a Lugbara mother had in the life of a young Lugbara child. Especially in polygynous families, where the husband was often away spending time with other wives, the child perceived his or her mother in her daily role as the person in authority over the 'most minimal' patrilineal segment--his or her sibling group. She commanded the labor of the child and his siblings with respect to the 'natural' life of the compound--the fetching of water, the grinding of grain, the preparing of food. The political work of men was to very young children as the life of the ancestors was to Lugbara adults--remote and incomprehensible.

As Lugbara children grew up and acquired an understanding of the political aspects of their society, however, they learned a new word to denote their mother. They discovered that their own destiny lay with their own patrilineage, of which their mother was not and could never be a member. The new term for mother, a'ia, was a term of reference, not of address; it was derived from the reciprocal term of address between co-wives, a'i. A'i is cognate with the word for the lye salt used in cooking tibi, stew, and has the metaphorical meaning 'bitter' or 'unpleasant'. Thus the new term for mother, a'ia, meant 'within the group of bitter ones.' This term was used within the sibling group alone or by the sibling group or any member of it with other members of their patrilineage, to denote their mother as a non-member of that lineage.

23. The Image of the Body

Mary Douglas has stated in Natural Symbols (p. 93ff) that a people's conception of the human body will mirror their conception of their society and its functioning. We have already noted in the discussion of the
Lugbara process of sacrifice that the bodies of sacrificial animals were divided conceptually and ritually into three parts: the four limbs, the non-intestinal internal organs, and the stomach and intestines. The human body is conceived in an analogous manner.

Most striking is the use of human limbs as metaphors for the patrilineal, generational principle. The word for head, dri, is the same as the word for hand, drí, except for a tonal difference: the conception may be that the head governs the whole body as the hand does the fingers. In any case, the symbolism of the hand itself is clear: fingers are called dri andzi, 'hand children', while the word for thumb is dri ago, 'male hand'. (Feet are conceived similarly.) We have already noted that the limbs of sacrificial animals are distributed to, and are symbols of, patrilineal segments, and we have also noted that the leper woman (without fingers and toes) in the origin myth is symbolic of a time without patrilineage. Lugbara do not articulate the following interpretation of this symbolism, but I believe it can be shown to be inherent in the metaphor itself: the hand represents the mother (andrii may be cognate with drí, hand). Just as children are born physically out of their mothers, the earliest authority or 'head', so the fingers, the 'hand children', branch out of and are an organic part of the hand itself. As a part of the hand, the fingers are all equal, but they lead a static existence; what they can actively do depends on their relationship with the thumb (the male principle). As extensions of the hand, the fingers do not 'compete' with each other; it is articulation with the male thumb --the patrilineal system--which causes competition--some fingers are more skilled than others (older and younger?) and only one finger can be
opposed at a time to the thumb in a precision grip. Although the foregoing is admittedly speculative, it can certainly be safely said that for the Lugbara, human limbs are metaphors for the patrilineage.

The internal organs of sacrificial animals (except for the stomach and intestines) were those eaten by the elder and his family; they were thought to be the seat of the animal's soul and to have powerful and mysterious functions. Similarly, in the human body, the liver was thought to be the seat of the soul. The penis was called ru agupiniri, 'a man's respect' (the word for the human body--rua--is derived from ru, 'respect' plus -a, and means 'within the class of respected things'). The uterus was called okpodzo, 'house of strength'. Okpo in Lugbara was used to denote disorganizing, entropic power--to describe diseases so serious that they could lead to death; the words of an elder who had his own selfish interests rather than those of the lineage at heart, or the activities of witches and sorcerers. In any case, the internal and male sexual organs seem to symbolize the patrilineage as a corporate entity, since they included the seat of the soul and since these organs of sacrificial animals were eaten by the elder, who embodied the patrilineage in his person.

The third system in the Lugbara conception of the human body was the one corresponding to the parts of the sacrificial animal cooked right after a Lugbara sacrifice and eaten as a commensal meal by the ritual congregation--the stomach and the intestines. The word for the human stomach was iribi dzo, 'house for grass' (this term seems to have been applied by analogy from domestic animals and their stomach contents), or anya dzo, 'millet house'--the destination of the traditional Lugbara staple...
food crop, finger millet. The intestine was called fii, a word which with another tone meant 'to enter'; the digestive system was the interface between 'outside' and 'inside' in the Lugbara conception of the body—the route of sorcery medicines, the poison of the women who were 'outside' the patrilineage.

Much of the foregoing section on the human body has been interpretive, although I think most of the ideas expressed were just below the surface in Lugbara thought. There was some correspondence between this image of the body and the spatial arrangements of Lugbara society (see Figure 7).

24. **Summary of Basic Lugbara Cosmological Concepts**

Several different aspects of traditional Lugbara culture have been set forth in some detail in this chapter. From these data, mostly derived from the work of John Middleton, we can see that every Lugbara child grew up in a universe of which his or her own patrilineage was the center. The ritual focus of that patrilineage was on the person of its elder and on the rites which took place at his patrilineal ori shrines. Although matrifiliation was very important structurally, women as wives were felt to be (and felt themselves to be) outside the corporate political life of the patrilineage into which they had married. The patrilineage was bounded on the outside by adro'ba—mother's brother's lineages—who were potentially hostile. The cosmological analogue of these affinal lineages was Adro—God, or Spirit—above and behind the universe, but only felt to be benevolent when remote from the affairs of the men within the patrilineage. It was Adro who had created the first man and woman, before patrilineal life had begun. In those early days,
Figure 7. Correspondence between the Lugbara Settlement Pattern and the Lugbara Conception of the Body
people committed incest and ate their children; similarly, Lugbara of Middleton's day felt that beyond their mother's brother's lineages were people even more remote, who perhaps lived an 'inverted' life of incest and cannibalism. For traditional Lugbara, time and space were co-variant and hence were treated as one dimension. Middleton has diagrammed this Lugbara conception of space-time in a concise diagram:

This concentric diagram will be seen to be analogous if not identical to the concentric kinship diagram on page 84.

The concentric gradations of Lugbara classifications, from most powerful to least powerful, can be seen in several different domains:

<table>
<thead>
<tr>
<th>spatial</th>
<th>ori shrine</th>
<th>compound</th>
<th>fields</th>
<th>bush</th>
</tr>
</thead>
<tbody>
<tr>
<td>social</td>
<td>elder</td>
<td>senior</td>
<td>junior</td>
<td>wives children</td>
</tr>
<tr>
<td></td>
<td>men</td>
<td>men</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
religious shrines

<table>
<thead>
<tr>
<th>ori</th>
<th>a'biva</th>
<th>anguvua</th>
<th>childless</th>
</tr>
</thead>
<tbody>
<tr>
<td>patrilineal ancestors</td>
<td>cognatic</td>
<td>childless women</td>
<td></td>
</tr>
<tr>
<td>&amp; matrilateral ancestors</td>
<td>men</td>
<td>who have died</td>
<td></td>
</tr>
<tr>
<td>as colectivities</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

causes of illness

<table>
<thead>
<tr>
<th>ori ka</th>
<th>ole ro</th>
<th>witchcraft</th>
<th>sorcery</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ancestors sending illness of their own accord)</td>
<td>(ancestral invocation by the living)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Lugbara usually collapsed these spectra into binary, formal oppositions:

<table>
<thead>
<tr>
<th>Inside</th>
<th>Outside</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culture</td>
<td>Nature</td>
</tr>
<tr>
<td>Order</td>
<td>Disorder</td>
</tr>
<tr>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>Genealogy</td>
<td>Myth</td>
</tr>
<tr>
<td>Patrilineal ancestors</td>
<td>God (Adro)</td>
</tr>
<tr>
<td>Below</td>
<td>Above</td>
</tr>
<tr>
<td>Earth</td>
<td>Sky</td>
</tr>
<tr>
<td>Before</td>
<td>Behind</td>
</tr>
<tr>
<td>Compound</td>
<td>Bush</td>
</tr>
<tr>
<td>Internal shrines</td>
<td>External shrines</td>
</tr>
<tr>
<td>Ori ka and ole ro</td>
<td>Witchcraft and sorcery</td>
</tr>
<tr>
<td>Domestic animals</td>
<td>Wild animals</td>
</tr>
<tr>
<td>Animal food</td>
<td>Vegetable food</td>
</tr>
</tbody>
</table>

(Middleton 1973:387)

Traditional Lugbara society was a strongly patrilineal one, in which the elder and senior men of the patrilineage exercised a great deal of authority over their in-married wives and the younger lineage members. The elder and other senior men had power over women because they controlled access to the agricultural land on which the women grew the crops, and they had power over junior men because they controlled the lineage's livestock, which were necessary for junior men in acquiring wives. Without the
agricultural work on the part of the lineage's wives, however, the senior men would have nothing to eat, and so it was in their own interest to allocate land to the in-married women of the lineage. Without the junior men of the lineage marrying and begetting children, they would have no descendants over whom to exercise authority, and thus it was in their own interest to allocate livestock to their juniors. Only by having many descendants could they become head of a separate segment, or possibly even an elder.

25. A Review of Lugbara Illness Concepts

Within the domain of illness classification, ori ka (the sending of illness by the ancestors themselves) and ole ro (the invoking of the ancestors to send illness by living elders and senior men) were the result of the legitimate exercise of power to strengthen the lineage structure of traditional Lugbara society. Witchcraft and sorcery, on the other hand, constituted the use of power in a disorganizing, idiosyncratic manner. Illness due to ori ka and ole ro was remedied by sacrificing domestic animals, the symbols of the patrilineage; illness due to witchcraft and sorcery were treated by the female odzo—the herbal doctor and diviner. Women as a class of beings were regarded as peripheral in Lugbara society, as we have seen, and thus the odzo's role as the curer of illness due to peripheral u...e of power was an appropriate one. Men were associated with the spiritual realm in Lugbara thought, women with the natural realm, and in keeping with this division, the odzo healed cases of witchcraft, an activity of men, with spiritual (magical) treatment, while to treat cases of poisoning or sorcery, she used "natural," herbal treatments.
In the diagnostic process, the oracles were consulted, and if they decreed that the illness was sent from the ancestors, sacrifice was offered; only if they declared that the illness was due to peripheral, non-kinship-based use of power was the odzo consulted. The ancestors of the patrilineage, the elder, and the other senior men were seen as primary in the structure of power in Lugbara society.

The intricate balance of traditional Lugbara society was thrown off-center by the coming of Europeans during the colonial period. In Chapter III, the history of Lugbara culture contact will be briefly described and the importance of economic and structural changes in Lugbara society as a result of Westernization will be noted.
CHAPTER III
LUGBARA CULTURE CHANGE

Traditional Lugbara culture as described in Chapter II has been affected in a number of ways by the coming of Europeans into the West Nile District. In this chapter we shall briefly describe the history of culture contact chronologically, and then examine the effect of the resulting changes on the locus and nature of power in present-day Lugbara culture. This will give us a basis for predicting changes in beliefs about illness. In Chapter IV, the actual illness beliefs reported by Lugbara informants will be set forth, and the predicted beliefs compared with the actual ones. In this way the hypothesis that concepts of illness are sensitive indicators of changes in the locus of power in a society will be tested.

1. The Early Period of Culture Contact

The traditional Lugbara belief that Adro in his immanent aspect wandered about in the bush as half a man hopping about on one leg, white in color and terrible to see, may have had its roots in tales of nineteenth century Arab slavers which reached Lugbara country (although the slavers themselves did not). According to the historian Alan Moorhead, Emin Pasha, a German naturalist and explorer who had traveled widely in the Middle East where he was converted to Islam, was the first European to enter Lugbara country. He took over the governing of "Equatoria Province" (as Uganda was then called) under Charles Gordon in 1878; in 1885 he entered what is now West Nile District, and stayed at Wadelai
along the Nile from 1885-1889. He brought with him Nubian troops from the Sudan who became important in the early colonial governing of the Lugbara and whose descendants still form a somewhat separate ethnic group in West Nile. Emin Pasha himself never journeyed up onto the Lugbara plateau, but he had a number of Lugbara porters (some of whom were still alive at the time of Middleton's fieldwork). When Emin died, West Nile became included in the Lado Enclave, and in 1894 the whole of the Lado Enclave was leased by the British to the Belgium Congo.

In 1900, the Belgians began to administer the Lado Enclave by opening several administrative posts within its boundaries, one of which was at Ofude in Lugbara country. For five or six years the Belgians kept a small garrison there, with several European officers and a detachment of Congolese troops. The troops subsisted by raiding neighboring Lugbara for cattle and grain, and their relations with their neighbors were therefore rather strained. The Belgian officers found it difficult to deal with an acephalous group such as the Lugbara, and so they appointed "chiefs" to mediate between themselves and the local population. The men whom they appointed were Lugbara who were followers of a prophet called Rembe. Rembe was a man from the Kakwa tribe who had started a cult, the main feature of which was the dispensing of sacred water which was said to protect people against cerebrospinal meningitis, Arabs, Europeans, and their cattle against rinderpest. These four abominations had appeared almost simultaneously in West Nile with the first European contact. When the Belgians had inquired who the leaders of the Lugbara were, these men appropriately had come forward or had been urged to by others, since they were the ritual experts in culture contact. The
Belgians made them "chiefs" and paid them for their services in cattle. These followers of Rembe were not elders of Lugbara lineages, but were people marginal to the traditional centers of power and wealth, and their appointment as chiefs was the beginning of the erosion of the traditional lineage system. The Belgians themselves were remembered as kindly gin drinkers, and most Lugbara hostility was directed towards these indigenous "chiefs" who forgot their proper place in Lugbara society and behaved in a greedy manner towards other Lugbara (Middleton 1965:3).

In 1908 the whole of West Nile became part of the Sudan. There was little direct effect upon the Lugbara, except that taxation was introduced for the first time. During the next quarter century, however, many foreigners (including Teddy Roosevelt) came to West Nile to hunt to bring back trophies and to kill elephant for ivory. There was no control over this great influx of foreigners, and they must have had considerable influence.

2. The Early British Administration

In 1914 the southern part of the Lado Enclave was transferred to the Ugandan section of the British East African administration, and A. E. Weatherhead became the first District Commissioner of West Nile. He set up a governmental station at Arua, and since that time Arua has been the seat of government for West Nile District. At the time of Middleton's fieldwork, elderly Lugbara could still remember him.

After the pax Britannica had been firmly instituted, Arab and Indian shopkeepers arrived. Taxation was instituted permanently during the First World War. West Nile suffered from many epidemics during this
period, as the area was in epidemiologic contact with the world, and so West Nile was not spared in the 1918 influenza pandemic. Smallpox and cerebrospinal meningitis epidemics also occurred. The prophet Rembe returned, and began teaching that the drinking of his sacred water would cure disease and drive out the Europeans, and that the cattle which had died of rinderpest would be returned to their owners. His cult was called Yakan or the Allah water cult, and his activities finally resulted in an anti-European uprising in 1919, after which the followers of Rembe who had first been appointed 'chiefs' by the Belgians were arrested and deported. Weatherhead then appointed Nubis as native 'agents'; they maintained relations between the District Commissioner and the local population until some of them were withdrawn from West Nile in the mid-1920s. From that time onward, local administration was in the hands of government-appointed Lugbara 'chiefs', and the administration of the District proceeded in an outwardly peaceful manner.

West Nile District at present includes Alur, Ma'di, and Kakwa speakers, as well as speakers of Lugbara (the largest language group). The District is divided into counties, sub-counties, and parishes; there are five Lugbara county chiefs, five sub-county chiefs, and under them parish chiefs, and then village headmen. Only the last two levels have any relationship to traditional structures (Middleton 1965:5). After independence, all these posts were filled by popular vote until the military takeover in 1972.

2. The Pax Brittanica--Later Culture Change

In the 1920s two missionary groups began their activities in the District--the evangelical Protestant Africa Inland Mission, which had
mission stations in the Congo, and the Roman Catholic Verona Fathers, who had previous mission outposts in the Sudan. The two groups began converting Lugbara to Christianity, and in the process they started a number of small bush schools, as well as one or two larger mission stations with European staff. These people planned the educational curriculum and worked on translating the Bible and other liturgical texts and religious works into the various languages of the District—Alur, Kakwa, and Lugbara.

4. Schooling

The mission schools co-existed with government schools during the period of late colonial and early independent governments, but shortly after independence the school curricula were standardized and the mission schools and the government schools were formally united into one educational system under the national government. Some of the missionaries remained in the country to teach, however. At the time of this fieldwork, most of the teaching staff at the Roman Catholic secondary school at Ombaci a few miles northeast of Arua were still Italian Verona Fathers (about 10-20 people), and there were still four or five British citizens at the Mvara secondary level teacher training school and Protestant mission headquarters on the outskirts of Arua. Most of the Lugbara population are either nominally Roman Catholic or Protestant (a few are Muslim), but Middleton's observation that the new religion sat easily side-by-side with older beliefs still holds today.

Very few people are educated beyond primary school. In the primary schools in Lugbara areas, instruction is conducted in Lugbara for the
first two years while English is taught as one of the several core subjects. In the third year, English becomes the language of instruction. Children's attendance at school is sporadic due to many factors. Their family may need them at home to help with child care and household duties if they are girls or with cash cropping if they are boys, or their family may not have enough cash income to pay the school tuition. It is difficult to make generalizations about the effect of schooling on culture change in West Nile, but it probably has not been a very effective vehicle for planned change via educational processes; its main effect has been to change the economic structure of households by removing productive members.

5. Labor Migration

Less formal educational situations, in contrast to formal schooling, have contributed much more to Lugbara culture change. Starting in the early colonial period, young Lugbara men were recruited as soldiers and taken to southern Uganda, and sometimes beyond, by the British. In the southern part of the country these young men learned about wage labor and about new technologies and cash crops that had been unknown to them in West Nile. It soon became customary for young men to go to southern Uganda and work as wage laborers to make and save money to help their fathers with bridewealth, so that they could marry when they came home. Much criticism was leveled against the returning young men by their elders, however, for their acculturation experiences in the south made them less capable of fitting in the traditional authority structure of Lugbara culture. These young men came back knowing some English, as well as new technology, and with money in their pockets they did not
need to be as submissive to their elders as young men had had to be in
the past. Their elders said that they were disrespectful, and drank too
much (distillation was one of the newly-acquired technologies), and did
not share their wealth with lineage members.

6. Economic Changes: Cash Cropping

When these men returned, for the most part, the married and settled
down but they retained their newly acquired knowledge of the advantages of
cash earnings and cash cropping. The British too were anxious for cash
crops to get started in West Nile so that the province would become an
economic asset, and so they made introductions independently right at
the District level.

A shortage of wood for housebuilding and firewood for cooking was
remedied by the introduction of Australian eucalyptus species, fast-
growing trees that were well suited to the climate of the Lugbara
highlands.

Coffee, cotton, and tobacco were also introduced by the British
with the hope that they would become the mainstay of the District's
economy. By trial and error, however, it was found that cotton would
not grow on the high Lugbara plateau, although it became an economically
viable crop in the hotter eastern regions of the District along the
Nile (see Figures 8 and 9). Coffee grew successfully only in the very
highest elevations of the District, and at present it is of very minor
economic importance in West Nile. Tobacco, however, grew well on the
plateau, and is today the major cash crop.

The introduction of cash crops changed the balance of power
between Lugbara men and women. In traditional Lugbara society the
Figure 8. Map of West Nile District, Showing Topography
Figure 9. Map of West Nile District, Showing Rainfall
women (as wives) were responsible for subsistence cultivation for the most part and owned the crops after they had been harvested, while cattle, sheep, and goats were the property of the men of a patrilineage. When cash crops were introduced, the women continued to be responsible for subsistence—the introduction of tobacco cultivation did not lessen the need for Lugbara to plant, harvest, and eat beans, peanuts, millet and sorghum, since there was still almost no food imported into the District available to be bought with the cash acquired from the selling of cash crops. The major result of cash cropping was that for the first time men and women were in competition with each other for agricultural land. Considerable ill-will must have resulted, as the land was already quite densely populated. Parts of central Lugbaraland had over 200 people per square mile in 1952 when Middleton's field work was done (Middleton 1960).

7. Food Shortage and Subsequent Introduction of Cassava

In 1942-43, an extensive famine occurred in West Nile District, and many people died. The British administration took action to remedy the situation by requiring every household to grow one-half acre of cassava as a famine reserve crop. Cassava is a New World root crop which had reached southern Uganda by 1900. Unlike the traditional crops, it is not propagated by seed, but by the planting of a portion of a mature cassava stalk. Thus, this new crop is outside the traditional symbolism of ancestors as seeds and crops as children. Cassava grows even in poor quality soil and requires much less care than traditional Lugbara crops. If it is grown with another "cover" crop, by the time the cover crop is mature and is harvested, the cassava plants are tall enough and dense enough to shade their own roots and thus require little or no weeding.
When the plants are mature, they can be left in the field and harvested at any time over a six-month period. Cassava is extremely drought-resistant, and the tubers contain hydrocyanic acid (HCN), which renders them almost immune to underground pests. Because hydrocyanic acid is also poisonous to human beings, however, preparing the tubers for eating is a rather complicated process. They are first dug up, washed, peeled, and then allowed to ferment in water or under wet leaves weighed down with stones, to remove the HCN. They are then scraped to remove the resulting mold growth, pounded with a stick to crumble them, and the crumbled pieces spread out to dry on the granite outcroppings near Lugbara houses that were traditionally used for threshing and winnowing millet and sorghum. When the cassava is dry it can be stored for several days, and is mixed with millet or sorghum to be ground into flour to make enya, the staple Lugbara carbohydrate bread.

Cassava has many advantages over the traditional staple crops. In the first place, it produces nearly twice as many calories per cultivated acre as traditional grain crops (Purseglove 1968:171-180)—a very real advantage where cash cropping by men has reduced the amount of land available for subsistence agriculture. Secondly, it produces its yield with much less labor input—an important factor where the work load of women has increased due to the absence of men on labor migration and the school attendance of their older children. Most importantly of all, its cultivation schedule is flexible—very important when labor is scarce. Cassava's disadvantage is that it only contains 1-2 percent protein, compared with the 6-8 percent of traditional sorghum and millet. Lugbara today continue to mix the traditional crops with cassava to make enya.
because of taste conservatism, and because of this mixing malnutrition does not appear to have increased as a result of the District's dependence on cassava. Thus, cassava became the District's answer to the land shortage resulting from cash cropping, and its adoption is probably both a cause and an effect of the doubling of West Nile Districts' population from 1950 to 1973.

8. The Network of Change

The economic effect of the doubling of the population has in turn been somewhat offset by the fact that the cessation of warfare has made it safe for wives and children to adopt a more dispersed settlement pattern and thus to utilize agricultural land more efficiently. Before the pax Britannica, a polygamous male kept his wives and dependent children in one compound, because he feared attack from hostile Lugbara lineages; today, cassava growing and the increased availability of firewood, coupled with the rise of local markets to allow any one household's crop imbalances to be remedied by local trading, have made the "one-wife household" an economically viable unit. Lugbara assert that there is less polygamy today than formerly, but this has not been statistically confirmed. Nevertheless, it is true that the missions discourage polygamy, while also realizing that Lugbara will not be monogamous for many years to come. It seems likely that there has been a slight reduction in polygamous households and that this trend will continue.

Figure 10 attempts to integrate some of the economic and social changes discussed above in a cause-and-effect network. Many of the factors are both causes and effects of change, and the diagram attempts
Figure 10. Causal Network of Some Factors in Lugbara Culture Change
to indicate this where applicable. The figure is not intended to be an exhaustive or final statement on Lugbara culture change, but only an aid to conceptualizing some of the feedback processes involved.

9. The Shifts in the Locus of Power

These changes which have taken place in Lugbara culture since the coming of the Europeans have caused a number of shifts in the traditional locus of power. In Chapter II, the cycle of lineage development was set forth in detail to amplify Mary Douglas' observation that a traditional Lugbara lineage alternated between states of ascribed leadership and achieved leadership. Now we must examine more closely how the economic and structural changes have affected this cycle.

When a traditional Lugbara lineage was not in the process of segmentation, the elder of the lineage was respected and obeyed by the more junior men who were, in turn, respected and obeyed by their wives and older children. Their wives were in turn respected and obeyed by their small children. The exercise of authority was based on complimentary relationships, in Gregory Bateson's terminology (Bateson 1972:61-72). We might diagram this schematically as follows:
When the elder became old, was weak personally, or for other reasons lost the respect of his juniors, symmetrical relationships (in Bateson's terms) came into play, with A and B competing for leadership. If segmentation occurred, the segments reverted to the ascribed leadership, complementary-relationships mode of interaction.

\[ \text{A} \quad \leftrightarrow \quad \text{B} \]

\[ \text{C (elder)} \]

This cycle was forever altered by the coming of the Europeans. When the followers of Rembe were set up as chiefs by the Belgians and paid in cattle, the elders' leadership was weakened by the presence of these chiefs who were economically powerful and who had direct contact with the colonial power. This weakening of the elders' position was continued by the developing custom of young men's going to southern Uganda on labor migration, which allowed them to be independent of their elders' authority in bride-price acquisition. These new factors helped destroy the authority structure of the patrilineage and weakened the corporate ties which had joined older and younger men in a radiating system of complementary relationships.

The introduction of cash cropping altered a different set of relationships. Those between men and their wives. Prior to cash cropping, men were in authority over their wives in a complementary relationship similar to that which existed between a traditional Lugbara elder and the other adult men of his lineage. With the introduction of cash cropping, the relationship between men and their wives became a symmetrical,
competitive one, in which a man had to choose between allocating land to his wife for subsistence crops and growing cash crops for himself on that same land, which he could then sell and use to purchase cattle for bridewealth. The increasing scarcity of land due to population pressure made this decision a difficult one. Cash cropping was very attractive due to the District's increasing accessibility to world markets and to Lugbara's increasing desire for cash income for buying trade goods and for other purposes such as paying taxes and school fees. Thus, cash cropping affected the traditional authority structure of Lugbara society, undermining the authority which men had traditionally held over their wives, by placing them in a directly competitive, symmetrical relationship.

The development of a Western-style educational system with universal school attendance for Lugbara children has not yet been fully achieved. Today, about one-half of Lugbara children attend primary school. But school attendance is weakening the bottom link in the chain of authority in traditional Lugbara society—authority which both fathers and mothers have over their children—especially that of mothers, since the bulk of school attendance is at the primary level, the age when the main authority figure in a child's life is the child's mother. Lugbara mothers' traditional access to the labor of their children and their authority to manage their household as a social unit is much less powerful because of increasing school attendance. The structure of the wife-and-children unit is, however, much more intact than the other parts of the traditional structure. If children are needed at home, they drop out of school, either permanently, or for the duration of the school year, and their labor is still highly valued at home.
The authority structure of the traditional Lugbara lineage has thus been weakened "from the top down" over the course of the last fifty years (see figure below):

First, the setting up of chiefs by the colonists and the instituting of the custom of labor migration for young adult men destroyed the authority which Lugbara elders had over the more junior men of their patrilineage at level 1. Second, the introduction of cash cropping weakened the authority which adult men had over their wives by placing them in a competitive symmetrical relationship with each other (level 2). Thirdly, the authority of both men and women over children has been weakened by increasing school attendance (level 3), but this part of the traditional structure is the most intact. The introduction of labor migration and of cash cropping affected the relationships between adult men and their seniors by changing the system from a closed, hierarchical one to a more open one. Especially in the case of labor migration, one man's success did not diminish that of another. In contrast, the effect of cash cropping on men's relationships with their wives was one of increased competition within a relatively closed system—the amount of available agricultural land. Adoption of cassava growing eased this
competition between men and women for scarce land somewhat, but as we have seen, population growth proceeded unchecked by famine as a result of cassava growing and the two changes proceeded through time in a relatively balanced state. (See Figure 11 for population map.) Thus, by the early 1970s, most adult men were participants in two systems—the open system of labor migration and world markets for cash crops, and the closed system of competition with other men and with women for scarce land within the District.

In 1972, Uganda experienced a change in government; President Milton Obote was deposed and went into exile in Tanzania, and General Idi Amin became the President of the country. This had a number of effects on the life of Lugbara in West Nile District. The nationalization of exporting companies made access to world markets for cash crops somewhat more uncertain, and has probably reduced the tendency of Lugbara men to go to the south as wage laborers. Subsistence agriculture gained a renewed importance; world-wide inflationary trends did not spare Uganda in their effects, and this too increased the relative value placed on subsistence agriculture. Finally, the government has made a strong effort to modernize Uganda by discouraging activities which would perhaps best be subsumed under the rubric of traditional Lugbara witchcraft. In general, Lugbara have become more self-supporting and self-reliant under the new government.

10. **Expected Shifts in Illness Beliefs**

Now that the history of structural and economic change in West Nile District has been reviewed from the coming of the first Europeans
Figure 11. Population Distribution in West Nile District, 1969
(each dot equals 500 people)
to the present, the ways in which these changes would be expected to affect the medical beliefs of Lugbara must be examined. We have noted that the authority of the structure of the patrilineage has been consistently weakened by several factors: the setting up of non-indigenous "chiefs" by the Belgians, the going of Lugbara men to southern Uganda on labor migration, and the development of cash cropping within the District itself. If the authority structure of the patrilineage was weakened by these factors, we would expect that the analogues of the patrilineage in the traditional illness system--illness caused by living men invoking the ancestors to bring illness to their dependents (ori ka and ole ro)--would become less salient or possibly disappear altogether. If competition between men for male leadership positions has become lessened due to the decline in importance of the patrilineal structure, then witchcraft accusations within the lineage might also be expected to decline. If the importance of subsistence agriculture has lost ground we should expect sorcery accusations, the traditional idiom of competition between wives for scarce resources, to have declined in importance. If fear of the "bad outside," as Douglas states, has been on the increase due to increased mobility, we might expect witchcraft and sorcery beliefs to increase. With the concept of the locus and nature of power in mind, let us proceed to examine the beliefs about illness held by Lugbara of today.
CHAPTER IV

PRESENT-DAY LUGBARA ILLNESS BELIEFS

1. The Research Setting: Kuluva Hospital

The informants with whom this research was done all lived within two hour's walk of Kuluva Hospital in Vurra county, six miles from Arua Town, the District seat of West Nile District. They were thus, like many other present-day Lugbara, within relatively easy reach of cosmopolitan medical treatment. None of them were employed by the hospital; their participation in the cosmopolitan medical system was limited to occasional contact with the hospital as out-patients.

Kuluva Hospital was founded in 1945 when Dr. Edward and Dr. Peter Williams--two English brothers, both of them physicians--moved their medical mission from Mvara near Arua to start their hospital in its present location. The hospital is a part of the widespread missionary effort of the Africa Inland Mission, an interdenominational evangelical Protestant organization which operates internationally primarily with American support. Kuluva itself is partially supported by the Williams' own home church (Anglican with an evangelical bent) in Reading, England, and some of Kuluva's shorter-term ancillary personnel have come to Africa under the direct sponsorship and financial support of this church. The Williams' father is deceased, but their elderly mother still lives with them at Kuluva.

The hospital began with a few mud brick-and-thatch buildings; over the years, houses for the staff (both African and European) have been built, the hospital has been expanded, and all the thatched roofs have
been replaced by corrugated iron roofs. About one mile from the hospital are several leprosy settlements—early in Kuluva's history, leprosy patients were brought from all over the District and were settled at Kuluva to allow them to be supervised in their treatment. These people have settled, separated according to linguistic groups, with their families near Kuluva, and the Kuluva staff give them their bi-weekly medication.

At the peak of Kuluva's activity all the staff houses were filled, and the hospital had three physicians, six nurses, and one handyman among their European staff. The hospital has about a dozen African employees, over half of whom are Lugbara. These people are employed on a half-time basis, because the mission cannot afford very high salaries. The Kuluva staff give as a positive reason for half-time employment the fact that their employees must devote some of their time to subsistence activities. It is true that no one raised in West Nile feels comfortable without their own food growing in their own fields, and that rights to land are not exercised soon lose their validity. In actual fact, of course, no one in West Nile works much more than five hours a day, except at certain peak seasons, and Lugbara men have traditionally had much less to do with subsistence than women. The pattern which seems to prevail is that the men working in the hospital have substituted their work for traditional male activities, and their wives have carried on basic subsistence tasks as before. The women who work in the hospital are an interesting group, who manage in various ways to reduce their subsistence activity work load in order to work at the hospital.

Treatment obtained at the hospital is of two kinds: in-patient and out-patient treatment. A person who is ill comes to the hospital and pays
2 Uganda shillings (28¢ U.S.) to be seen in the out-patient clinic, which lasts all morning or until all the patients have been seen. A smaller group of patients is seen in the late afternoon. The medical staff at Kuluva are proud of the fact that every patient who comes to the hospital out-patient clinic is seen by a physician; as we have noted, the Williamses do their own triage, instead of delegating diagnosing to medical assistants. Medical assistants do stool exams and examine blood smears for parasites, and dispense medicines in the hospital's pharmacy. The patients' hospital records are kept at Kuluva in the hospital's record room on 5" x 8" index cards which are filed by the patient's Kuluva number. The patient keeps a metal disk with this number on it (for which he pays 2 shillings) in his or her possession, and presents it at subsequent visits.

During the morning, someone usually preaches to the people waiting in the covered court yard to be seen in the out-patient clinic, and hymns are usually sung by the group also. The preaching is usually done by one of the African men on the hospital staff, but occasionally there will be a guest preacher. Most of the days the preaching is in Lugbara, but an effort is made to have preaching in Alur and Kakwa as well, as some patients are speakers of these languages.

When it is time for the doctor to see the patient, one of the African staff calls him or her in to the examining room, where the doctor sits at a desk. The doctor speaks to the patient or the patient's caretaker in Lugbara and asks them what is wrong; they respond by enumerating their symptoms. If they state that one of the problems is fever, the physician feels the patient's forehead. He decides whether any laboratory examinations are necessary; if so, he writes them on the patient's card.
He then turns the card and the patient over to a medical assistant, who directs the patient to the pharmacy or the laboratory. A more complete physical exam is done in cases in which the diagnosis is obscure; these cases wait until the end if they are not acutely ill. Many of the problems with which people present themselves at Kuluva are infectious diseases better diagnosed by history and by laboratory procedures such as examination of the stool for parasites than by actual physical examination.

Medicines are prepared for distribution in the pharmacy by an African medical assistant; the dependents of European staff help to package tablets for distribution by the pharmacy. (The pharmacy storage area is kept locked to prevent theft.) The Ugandan government supplies Kuluva with some of their more commonly used drugs. Some drugs, such as chloroquine phosphate for malaria, are included in the 2-shilling fee charged for the out-patient visit; the patients are charged for other drugs, such as Hycanthone for schistosomiasis, which are more expensive. If a patient is very ill, he or she will be immediately admitted to the hospital after being seen by the physician in the out-patient clinic.

The district has no emergency medical transportation system; ambulatory patients use the public bus system. Kuluva has a two-wheeled litter which attaches ingeniously to a bicycle for lending out in emergencies. It is used only very occasionally, Lugbara walking paths not being of the sort that permit two-wheeled traffic of any kind. The general rule is that patients come to Kuluva for treatment.

One of the requirements for admission, about which the hospital is very strict, is that before a patient can be admitted to the hospital he or she must have a caretaker—a person who will be present with them.
throughout their hospital stay to cook their meals, and to perform basic support nursing functions that would in this country be performed by a LPN and/or nurse's aide. The reasoning behind this is twofold. (1) The 'hotel' business is an administratively cumbersome and financially burdensome business for a low-budget hospital like Kuluva. (2) Patients, at least in Africa, get the best care at the hands of their own relatives. The hospital environment, while very much adapted to the rural African way of life, still contains alien elements, such as beds which are off the floor, and having a trusted relative nearby when one is in the hospital is immensely comforting. In the case of small children who are still nursing, it is of course a necessity. Furthermore, in a culture where poisoning is feared, it is reassuring to have one's relatives prepare one's food. The hospital provides small rooms for people who are caring for their in-patient relatives for a nominal fee (a few shillings per night). The staff issues a blanket for each in-patient upon admission; the caretaker provides the patient's food. If a patient from a distant area is admitted on a non-market day, it is sometimes difficult for them to obtain food, but most people manage until the next local market day (the Kuluva market meets on Mondays, Thursdays and Saturdays); sometimes the staff assists them, or persuades other local people to lend or sell them grain.

All of the staff at Kuluva are practicing Christians, and their faith is an important part of their life together. The European staff all attend church services on Sunday morning at the local church (Church of Uganda) which has an African minister. The order of service used is the Anglican prayer book translated into Lugbara. Most of them leave before
the sermon, which is often considerably longer than a corresponding sermon in a U.S. church. The European staff usually has its own English service on Sunday afternoon. There are a few African Inland Mission staff who live over the hill from the hospital—they are not connected with the hospital, but do such work as Bible translation; they also teach Sunday School, along with some of the hospital staff. Both doctors play in the church band for the Sunday service.

Living conditions at Kuluva would probably be described as austere by most Westerners. The hospital and staff houses have running water piped from a local well, which is capped with a hand pump that serves the local community. Hot water for baths is heated by building a wood fire under a 50 gallon tank. The mission has two diesel generators, each of which generates about 10,000 watts. They are run in the daytime only if needed to run the general anesthesia machine in the operating room or the hospital's washing machines, or if needed especially for something else. The power is routinely turned on at dusk, and turned off at 9:45 p.m. The men on the staff take turns doing 'generator duty'. There are no flush toilets on the mission station; each house has its own pit latrine. Each staff member or couple has at least one household servant (usually a Lugbara man) who does the cooking and washing and who goes to market on market days. Many also employ a more junior person to take care of the garden and to assist the cook. The two doctor's wives are both nurses with full-time hospital duties.

The Kuluva staff has concentrated on the provision of medical care for people who come to seek treatment, some from great distances. This has kept them more than occupied. The demand for the hospital's clinical
services has been extremely high, and time has not permitted the staff to do any public health education or formal teaching of Western health concepts except as the opportunity has arisen to teach individual patients in the clinical setting. The physician in charge of the outpatient clinic usually sees at least thirty to sixty outpatients a day, so time is limited even in the clinical setting with respect to a given individual patient. Thus, any effect which the hospital's existence has had on the beliefs about illness of the Lugbara living around it has not been the result of formal teaching but rather of empirically perceived efficacy of offered treatments or of an indirect effect on illness beliefs mediated by religious teaching. These influences acting more specifically on medical beliefs must be seen in the context of the general structural changes discussed in Chapter III, for the general structural changes have taken place around Kuluva just as they have elsewhere throughout the District.

2. Lugbara Illness Beliefs Today

Ten informants were interviewed in depth over a six-month period about Lugbara illnesses. Descriptions of the various illnesses, concepts of their etiology, and the kinds of treatment utilized were obtained from these informants. Toward the end of the fieldwork period a Lugbara odzo (female herbal doctor and diviner) was interviewed extensively, photographs were taken as well as samples of Lugbara medicinal plants which are used in treatment, and a film made of her treating a case of adraka.

The Lugbara informants described the illnesses listed in Table 1; a list of these illnesses correlated with English glosses is given in
Table 1
Lugbara Illnesses

<table>
<thead>
<tr>
<th>Lugbara name</th>
<th>Symptoms</th>
<th>Etiology</th>
<th>Treatment</th>
</tr>
</thead>
</table>
| a'bibia      | acute stomach pain | someone has removed part of your intestines | 1. rub the person's body once each day with haukau soaked in kerosene for three days  
2. cut temples and rub haukau leaves soaked in kerosene into the cuts |
| adraka       | general malaise, fever, headache | someone has thrown poison on your body, or left it on a path and you stepped on it | 1. pound isisi roots in motor oil and rub the person's body with it once a day for three days  
2. cut wrists, top of shoulders, ankles, and temples, and rub in pounded sendi aro roots mixed with motor oil |
| a'iriebe     | itchy skin lesions, especially on wrists and ankles | it arises from within a person's body | 1. wash the area with soap and warm water  
2. rub body, especially affected regions, with the oil obtained from boiling a snake (kind: arra) |
| apipi        | boil, with a white head | it arises from within a person's body | cut it and squeeze out the white matter, and it will heal |
| arika        | diarrhea, liquid or soft, with blood in it | unknown | pound the roots of the haukau plant (red leaves), mix with water, and have the person drink the resulting effusion |
Table 1. Lugbara Illnesses (continued)

<table>
<thead>
<tr>
<th>Lugbara name</th>
<th>Symptoms</th>
<th>Etiology</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>asia supi</td>
<td>pain in stomach</td>
<td>unknown</td>
<td>1. pound the roots of ebikobi plant, mix with water, and have the person drink the effusion</td>
</tr>
<tr>
<td>(aleni susu,</td>
<td></td>
<td></td>
<td>2. make an effusion of the pounded roots of arifebi with water and give to the person to drink</td>
</tr>
<tr>
<td>asini susu)</td>
<td></td>
<td></td>
<td>3. make an effusion of baka roots, and give to the person to drink (older people with teeth can also chew the roots)</td>
</tr>
<tr>
<td>atsikatsi</td>
<td>swelling like apipi,</td>
<td>comes from standing on refuse from komere nuts</td>
<td>pound abala roots, cut the swelling open, and put a poultice of the roots on the cut area</td>
</tr>
<tr>
<td></td>
<td>but without a white head</td>
<td></td>
<td></td>
</tr>
<tr>
<td>beleni</td>
<td>wound, usually on leg or foot</td>
<td>comes from chopping foot with a hoe, or</td>
<td>pound bidaa leaves with water and dry the mixture in the sun; put the resulting powder on the affected area</td>
</tr>
<tr>
<td></td>
<td></td>
<td>stepping on a sharp stick, or other trauma</td>
<td></td>
</tr>
<tr>
<td>drini gaga; dri</td>
<td>head hurts</td>
<td>unknown</td>
<td>1. pound the leaves of a kind of grass, make small cuts in the person's temples, and rub the pounded grass in</td>
</tr>
<tr>
<td>gazani</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 1. Lugbara Illnesses (continued)

<table>
<thead>
<tr>
<th>Lugbara name</th>
<th>Symptoms</th>
<th>Etiology</th>
<th>Treatment</th>
</tr>
</thead>
</table>
| e'dia        | you fall down and foam comes out of your mouth | it walks in your brain                  | 1. cook the blood and/or meat of a crested crane and feed it to the person ("not always effective")
|              |                                               |                                         | 2. cook arra (a kind of snake) and give the resulting oil or fat to the person to drink |
| ekekele      | swelling of inguinal lymph gland, usually on one side | comes from stepping on another person's urine | youngest child in the family rubs charcoal on the lesion |
| enyanya      | stomachache, prostration, swollen stomach, diarrhea, vomiting | someone poisoned your food              | 1. make tea of a'i roots and give to person to drink |
|              |                                               |                                         | 2. make tea of elipa roots and give to person to drink |
| eseseva      | your skin is rough and sensitive, and your neck hurts | comes from someone stepping on your shadow to harm you | pound otsiani roots and mix them with oil, make small cuts where it hurts, rub the oil mixture on them and then pull the offending black material out |
| fu'diro      | you itch all over and your skin becomes rough and scaly | it arises from your blood; it arises from inside your body | no home treatment (aro akusti 'yo) |
### Table 1. Lugbara Illnesses (continued)

<table>
<thead>
<tr>
<th>Lugbara name</th>
<th>Symptoms</th>
<th>Etiology</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>kadzua</td>
<td>red eyes, high fever, red mouth and a rash</td>
<td>it arises in the body; it arises from the blood</td>
<td>no bath for three days, until the rash appears. no other treatment</td>
</tr>
<tr>
<td>kelekele</td>
<td>an illness of children; they cough and cough</td>
<td>unknown</td>
<td>pound roots of <em>gatimba</em> vine and make a tea with water and give to the child to drink. older children can chew the roots with their teeth. the treatment gives them breath</td>
</tr>
<tr>
<td>leke</td>
<td>you hurt all over and have to lie down</td>
<td>someone who has died and is in the grave is &quot;pulling&quot; you</td>
<td>no home treatment <em>(aro akuari 'yo)</em></td>
</tr>
<tr>
<td>magingi</td>
<td>swelling on both sides of jaw in front of ears</td>
<td>unknown</td>
<td>no home treatment <em>(aro akuari 'yo)</em></td>
</tr>
<tr>
<td>mandzaka</td>
<td>leg swells, because of white worm inside</td>
<td>you drink it in the water. It's found especially at Adzia, where the water is milky</td>
<td>cut open the swelling and tease the worm out. Put the foot in cold water to make it come out. Wrap the end of the worm on a small stick so that it won't go back in, and keep on wrapping it around until it is completely out.</td>
</tr>
<tr>
<td>moboro (dule)</td>
<td>a wound (bele) that doesn't want to heal</td>
<td>someone put poison on the path and you step on it</td>
<td>no home treatment <em>(aro akuari 'yo)</em></td>
</tr>
<tr>
<td>Lugbara name</td>
<td>Symptoms</td>
<td>Etiology</td>
<td>Treatment</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------------------------------</td>
<td>------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>nyamini</td>
<td>red, itchy eyes</td>
<td>unknown</td>
<td>no home treatment</td>
</tr>
<tr>
<td>ndzuku</td>
<td>man has white discharge from penis;</td>
<td>comes from having intercourse with</td>
<td>pound ovu or eti leaves with water and drink the liquid, then go to the hospital for an injection</td>
</tr>
<tr>
<td></td>
<td>woman hurts in the back and her stomach swells</td>
<td>someone who has ndzuku</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) if she has a white discharge, she will still be fertile if she gets treatment; b) if she has long (3 week) bloody discharge, she may be infertile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ngarakadioni</td>
<td>you hurt in your heart and sides and cough;</td>
<td>it comes from above, from lightning striking you</td>
<td>no home treatment</td>
</tr>
<tr>
<td></td>
<td>if you cough blood, you will get better;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>if you do not, you may die</td>
<td></td>
<td></td>
</tr>
<tr>
<td>noini</td>
<td>you cough, and sit hunched over, and hurt in your upper back; this illness cycles with the moon</td>
<td>unknown</td>
<td>no home treatment</td>
</tr>
</tbody>
</table>
Table 1. Lugbara Illnesses (continued)

<table>
<thead>
<tr>
<th>Lugbara name</th>
<th>Symptoms</th>
<th>Etiology</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>odidi</td>
<td>it arises in the ear; pus comes out of the ear</td>
<td>unknown</td>
<td>put praying mantis eggs into the ear</td>
</tr>
<tr>
<td>(bilia suni;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>azo biliari'i)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ofu</td>
<td>it removes your ears, your fingers, and your toes</td>
<td>it arises from your body when another person curses your body, your sister-in-law, for example. If you quarrel with them and say you won't eat with them and then you do, you get ofu</td>
<td>pound odzo leaves with water and yeast, and wash the lesions</td>
</tr>
<tr>
<td>olindí</td>
<td>warts</td>
<td>comes with the wind</td>
<td>no treatment. They go away by themselves</td>
</tr>
<tr>
<td>(not classed as an illness)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ondereki</td>
<td>your eyes get bad, and your whole body is covered with wounds (bele). This illness cuts people down</td>
<td>it arises from inside your body, and then eats you outside</td>
<td>boil olu'bi leaves in water, and wash the sores with it</td>
</tr>
<tr>
<td>ovini</td>
<td>lightning comes from above with sickness and kills you instantly</td>
<td>ovi comes if you promise yourself to keep something for a certain purpose but then use it for another</td>
<td>no treatment</td>
</tr>
<tr>
<td>(not classed as an illness)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 1. Lugbara Illnesses (continued)

<table>
<thead>
<tr>
<th>Lugbara name</th>
<th>Symptoms</th>
<th>Etiology</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>otsatsani</td>
<td>it eats your whole body with wounds (bele); it removes your nose</td>
<td>another person sends it to you because of trouble between you</td>
<td>pound odzo leaves with warm water and yeast, and wash the lesions</td>
</tr>
<tr>
<td>oyaa</td>
<td>it eats your eyes; your whole body is covered with wounds (bele)</td>
<td>it arises by itself from your body</td>
<td>grind rusurusu leaves and put the powder on the wounds</td>
</tr>
<tr>
<td>ozua</td>
<td>harelip</td>
<td>Mungu (God) put it there when the baby was in the uterus</td>
<td>no treatment</td>
</tr>
<tr>
<td>wolo</td>
<td>you vomit yellow</td>
<td>a poison learned from the Alur tribe</td>
<td>1. grind haukau roots and make a tea with water and drink; you will vomit profusely. 2. roast wolo seeds and eat them, and you will vomit</td>
</tr>
</tbody>
</table>
Table 2. This collection is not exhaustive, but it does list illnesses which correspond to the most frequent diseases described by cosmopolitan medical sources (see Appendices B, C, D). All of the informants agreed on the etiologies of the different illnesses and also on the recommended treatments. This effectively eliminated the possibility that these etiologies were idiosyncratic ones which had evolved as the result of any one informant's interaction with the mission hospital as a patient, since different informants would have had different personal illness histories. The Lugbara odzo was not found to be in possession of any special knowledge of herbal treatments which the "lay" informants did not also possess; this would be expected from the traditional definition of her role--she was traditionally said to possess tali, the power that came from Adro, with which she cured cases of witchcraft, but not special or esoteric knowledge about herbal treatments.

Ori ka (the ancestors' sending illness to people on their own) and ole ro (living men's invoking of the ancestors to bring illness to someone) are strikingly absent from the informants' statements of the etiologies of Lugbara illness. It might be argued, however, that since the traditional diagnoses of ori ka and ole ro always had a reference to the victim's moral behavior within a given social field, that therefore informants would not give these as etiologies when discussing illness as an abstraction, but only when discussing an actual occurrence of illness in someone that they knew. As a check on this possibility, all the episodes of illness which occurred in the informants themselves and in their families, as well as three illnesses of the anthropologist or her family, were discussed and analyzed at length with more than one
Table 2

Lugbara Illness Correlated with English Gloses

<table>
<thead>
<tr>
<th>Lugbara illness</th>
<th>Western disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>a'biba</td>
<td>gastroenteritides of various causes</td>
</tr>
<tr>
<td>adraka</td>
<td>influenza; other viral infections</td>
</tr>
<tr>
<td>a'iribe</td>
<td>scabies</td>
</tr>
<tr>
<td>apipi</td>
<td>skin infections or boils</td>
</tr>
<tr>
<td>arika</td>
<td>Schistosoma mansoni infection</td>
</tr>
<tr>
<td>asia supi</td>
<td>overlaps with a'biba; includes less acute G.I. problems such as helminthic</td>
</tr>
<tr>
<td></td>
<td>infections</td>
</tr>
<tr>
<td>atsikatsi</td>
<td>traumaic wound, usually to lower extremity</td>
</tr>
<tr>
<td>bele</td>
<td>headache (probably mostly due to malaria, but overlaps with adraka)</td>
</tr>
<tr>
<td>drini gaga</td>
<td></td>
</tr>
<tr>
<td>e'dia</td>
<td>epilepsy (grand mal)</td>
</tr>
<tr>
<td>ekekele</td>
<td>Oncocerciasis</td>
</tr>
<tr>
<td>e a a</td>
<td>gastroenteritides of various causes</td>
</tr>
<tr>
<td>eseseva</td>
<td>influenza and other viral infections</td>
</tr>
<tr>
<td>fu'diro</td>
<td>?fungal infections; ringworm?</td>
</tr>
<tr>
<td>kadzua</td>
<td>measles (rubeola) and possibly herpesvirus infection</td>
</tr>
<tr>
<td>kelekele</td>
<td>whooping cough (pertussis)</td>
</tr>
<tr>
<td>leke</td>
<td>?</td>
</tr>
<tr>
<td>ma gi gi</td>
<td>mumps</td>
</tr>
<tr>
<td>mandzaka</td>
<td></td>
</tr>
<tr>
<td>moboro</td>
<td>probably includes tropical ulcer, Kaposi's sarcoma, and malignant melanoma</td>
</tr>
<tr>
<td>amini</td>
<td></td>
</tr>
<tr>
<td>ndzuku</td>
<td>gonorrhea</td>
</tr>
<tr>
<td>garakadio</td>
<td>pneumonia</td>
</tr>
<tr>
<td>noi</td>
<td>tuberculosis</td>
</tr>
<tr>
<td>odidi</td>
<td>otitis media</td>
</tr>
<tr>
<td>ofu</td>
<td>leprosy</td>
</tr>
<tr>
<td>olindi</td>
<td>warts</td>
</tr>
<tr>
<td>ovi</td>
<td>being struck by lightning</td>
</tr>
<tr>
<td>otsatsa</td>
<td>secondary yaws</td>
</tr>
<tr>
<td>oyaa</td>
<td>tertiary yaws</td>
</tr>
<tr>
<td>ozua</td>
<td>harelip</td>
</tr>
<tr>
<td>wolo</td>
<td>G.I. infections, especially infectious hepatitis</td>
</tr>
</tbody>
</table>
informant (usually three or more). These cases are listed below, as Western diagnoses:

Table 3

Illnesses Occurring in Informants and their Families and in the Anthropologist and her Family during the Fieldwork Period

<table>
<thead>
<tr>
<th>No. of Occurrences</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) hepatitis (not classed as illness by Lugbara)</td>
</tr>
<tr>
<td>(1) measles</td>
</tr>
<tr>
<td>(2) infections of skin on leg or foot (1 from hoe wound)</td>
</tr>
<tr>
<td>(4) colds (non-febrile viral infections)</td>
</tr>
<tr>
<td>(1) Schistosomiasis</td>
</tr>
<tr>
<td>(1) poliomyelitis (not classed as illness by Lugbara)</td>
</tr>
<tr>
<td>(1) acute febrile flu-like illness</td>
</tr>
<tr>
<td>(1) unilateral conjunctivitis of the eye</td>
</tr>
<tr>
<td>(1) acute gastroenteritis</td>
</tr>
<tr>
<td>(1) malaria</td>
</tr>
<tr>
<td>(1) leprosy</td>
</tr>
<tr>
<td>(1) infertility</td>
</tr>
</tbody>
</table>

In none of these cases were patrilineal or matrilateral ancestors implicated as causal agents in the illnesses. Near the end of the fieldwork period, when rapport had been well established, informants were asked specifically about ori ka and ole ro. All of the informants stated that ori ka and ole ro were causes of illness ewu andra Lugbarasirisi, 'from the former Lugbara times' but that sawadisi, Mundu etsazu ama eselia 'borisi, 'today, (since the time that the Europeans came among us) these are regarded as pagan concepts and are no longer believed in.' One informant used the expression 'things of the Devil.'
3. Lugbara 'Poisoning'

When informants were asked what illnesses caused the greatest problems among Lugbara today, eight out of ten informants gave a quick answer without hesitation: *enyatani*, 'poisoning.' Lugbara identify five different kinds of poisoning. The first and primary representative of the class of illnesses described as poisoning is also called *enyatani*, and the higher taxon derives its name from this lower one. The other four kinds of poisoning are *a'biba*, *adraka*, *eseseva*, and *wolo*.

*Enyatani* is said to be caused by an enemy putting a concoction made from the bark of certain trees, or by boiling the heads of a certain species of snake, into their victim's food. A person attempting to poison his victim in this way gives the victim food to eat by themselves (eating alone was and is considered aberrant in Lugbara culture), and makes some kind of excuse such as "go ahead and eat--I'm not hungry because I just finished eating." When informants were asked why the victim would not refuse to eat under these circumstances, several of them quoted a Lugbara proverb: *ama enya nya drinzasi*, "we eat poison because of shyness." Refusing to eat offered food would be a serious insult--the equivalent of accusing the food-provider of sorcery.

This kind of sorcery reached only its intended victim, since the victim was fed the poisoned food by himself. Two other kinds of the higher taxon *enyata* or 'poisoning'--*a'biba* and *eseseva*--also involved doing harm which was fairly 'victim-specific'--in *a'biba*, someone was thought to remove part of their victim's intestines; in *eseseva*, the person stepped on the shadow of his or her victim while at the same time wishing them harm. *Wolo*, a poison which was said to have been learned
from the Alur tribe, was also placed in the victim's food and thus, like enyata, was victim-specific. The last of the kinds of poisoning, adraka, was unlike the others because it could affect other persons besides the intended victim. The poisoner either threw the poison at the victim's body, or else placed it on a path that the victim was known to frequent. If the latter route was used, and another person besides the victim came along the path first, then that person would be poisoned instead of the intended victim.

Lugbara of all ages and sexes greatly fear all these kinds of sorcery, in particular the kind which comes from poison put in people's food. Since this fear of sorcery is the darker side of the Lugbara notion of the importance of commensality, we must examine this concept in more detail. As noted in Chapter II, when a person became ill with illness from the ancestors and then recovered, an animal was sacrificed and the intestines and part of its meat were cooked and eaten as a ritual meal by the congregation. This congregation included agnates, inmarried women, and dependent children of the patrilineage. This ritual congregation was called the enyati, which means "to pull off pieces of enya or bread." Today, enyati is used loosely to refer to the residential group, the group of people with whom one interacts daily and with whom one eats. One does not eat with strangers because of enyata, "poisoning." Examples of this in daily life:

One trusted informant, shortly before I left the field, described the fear she had experienced when she first came to my house one afternoon and I had offered her tea and wheat bread. I had not taken a sip from her cup before handing it to her, nor taken a bite from her piece of bread--this was a Lugbara equivalent of giving her food and not eating myself, since poison was traditionally said to be hidden by the sorcerer under her fingernail and dropped
into the food. This informant told me about the fear that she felt at that time. She stated that she drank the tea and ate the bread ("we eat poison out of shyness") and then she described how she went home and waited to see if she would become ill. She did not, and so she decided that I was not a sorcerer. She subsequently became a trusting informant.

Another informant spoke some English and had completed a year of secondary school. At one time a job opening for a nursery school teacher became available in Arua Town, six miles away and I suggested to this informant that she might qualify for it. She stated that she could not perform the job "because she would get so hungry." She feared to work outside of her commensal group because she might have to eat with strangers.

Lugbara informants in casual conversation stated that enyata was a Lugbara illness, and that "Europeans do not poison each other." Once, however, an older Lugbara man disagreed; he said that he knew of a case of European poisoning in Arua Town. A European man had a fierce dog, he said, and once this dog bit the children of another European man. The dog subsequently died. He was certain that the children's father had poisoned the dog. The others present all denied this possibility, and vehemently stated that poisoning was only a Lugbara illness: "We poison each other, you Europeans do not."

Three cases of the higher-taxon poisoning occurred of which I had close knowledge while I was in the field:

(1) A woman had bought a bag of salt on the black market and sold it from her house to people living in her area. After the salt had all been sold, one of her regular customers, her HuBrWi, came and asked to buy some. She was told by the woman that it was all gone. The customer accused her of refusing to sell the salt; she said that she was sure there was still some left, and that if she didn't get salt, there would be trouble. The next day the woman was prostrate in bed, with one eye red and swollen. In three days she had recovered. Consensus was that she had been poisoned (lower taxon).

(2) A boy of about twelve years of age fell out of a mango tree and died on the spot. Everyone said that he had been poisoned.
(3) A high school student became ill with *adraka*: fever, headache, and chills. He consulted an *odzo* or herbal doctor, who treated him for *adraka* with the aid of his female friend, who pounded the *isisi* roots. He recovered uneventfully. The doctor's opinion was that he had stepped on poison that had been left on a path for someone else. (A film was made of this treatment.)

One interesting feature of these three cases is that the first two do not have symptoms that correspond in any way to the symptoms of any of the five kinds of poisoning given by informants when discussing poisoning in the abstract. Earlier in this chapter concern was expressed that information about illnesses with "social etiologies" might not be obtained when discussing illnesses as abstractions. This concern seems justified in the light of these findings in the "poisoning" domain. Lugbara decide whether or not an illness is poisoning or not on the basis of the state of their social relations at the time. An example of the kind of reasoning involved can be seen in the complete transcription of one informant's discussion of the differential diagnosis of *arika* and *enyata*—both of which have the symptoms of stomach pain and diarrhea (see Appendix A).

4. Present-day Lugbara Diagnosis and Treatment

The nature of present-day Lugbara illness can be clarified by an examination of the processes of diagnosis and treatment. A partial taxonomic tree of Lugbara illness would be diagrammed as follows (see Figure 12).

When Lugbara living near Kuluva hospital today become ill, they first decide, in consultation with their significant others, whether their illness falls under the classification of 'poisoning' (*enyata*) or of 'other illnesses' (*azo azini*). If they feel they have been poisoned, they seek confirmation of their impression and herbal treatment from the
Figure 12. Partial Taxonomic Tree of Lugbara Illness
Lugbara odzo or female herbal doctor. If they think their illness is azo azini, they seek treatment at the mission hospital. The Lugbara odzo charges 50-100 shillings to treat a case of poisoning (one year's tuition at primary school); the mission hospital charges two shillings for an outpatient visit. Nevertheless, Lugbara do not go to the hospital if they feel that 'poisoning' is their problem; it is felt that the hospital clinic's treatment would be ineffectual. 'Poisoning' is viewed as an illness "of us Lugbara, what do Europeans know about it?" A comparison of the classification tree with the diagram showing traditional Lugbara polygamous kinship terminology in Chapter II is instructive. There it was noted that Lugbara contrast full with half-siblings by means of the qualifier azini, 'another,' added to adri to denote half-brother. Here the same term is used in illness classification—enyata is illness of 'we Lugbara' as if 'we Lugbara' were all one group, while azo azini are the 'other illnesses'—those which do not define Lugbara-ness and with which Europeans can thus be afflicted as well as Lugbara.

The Lugbara odzo's view of the universe of illness and treatments can clarify this further. The odzo describes her herbal treatments as aro akuari, "the medicine of the compound." Other treatments available in the community are described by her as aro amve, 'outside' treatments. The odzo today sees herself as the central figure in Lugbara treatment. (Compare the taxonomic tree of classification of grain by the Tzeltal, page 10).

5. Lugbara Illness Classification

All of the Lugbara informants were given groups of three illnesses previously described by them and were asked to pick the one which should
not have been classified with the other two and to tell the reason for their choice. Some representative responses are given in Table 4. A good many of the factual bases for the responses are rather particular—in number 1, for example, the case of moboro that the respondent had in mind was a woman who had a malignant melanoma on the foot and whose leg had been amputated at the mission hospital. These responses are of interest, therefore, not for information about particular diseases, but for principles of Lugbara thought processes. At this very general level of categorization, higher up than the distinction between 'poisoning' and 'other illnesses'—illnesses are divided into okpo, 'powerful diseases,' and those that are not so powerful. Those that are powerful can kill a person, or disfigure or incapacitate them seriously, in contrast to the diseases that are less powerful, which "eat only the eyes" or "only cause your stomach to hurt." Those diseases that are less powerful are the ones which, if you go to either the hospital or the Lugbara odzo quickly, can be cured. At this level also there is a correspondence with traditional categories: the illnesses resulting from witchcraft and sorcery traditionally were described as okpo, 'powerful.'

6. **Summary of Findings**

In this chapter, the illness beliefs of Lugbara informants living near Kuluva Hospital have been set forth. It was found that Lugbara today conceive of illnesses of the most general level of abstraction as "powerful" or "not powerful." The powerful illnesses are thought to lead to death if not treated quickly. At a more concrete level, illnesses are classed as either 'poisoning' (enyata) or 'other illnesses' (azo azini). For the former illnesses, treatment is usually sought at
Table 4

Representative Responses

(Note: these are rather literal transcriptions. The word 'outside' (amve) is one which Lugbara use in the classification process itself, and here has as its referent only that process)

1. magingi, moboro, ndzuku:

  "With magingi, people swell here (in front of their ears). In the old days, it would stop by itself. Moboro is the one outside, if it hasn't yet entered your body. If it has entered your body, if it has entered up to here (lower leg), then the doctor will say he must cut off your leg at the knee. If the disease is cut like this, then your body will stay alaa (alaa means clean, pure, correct, proper). If it is not cut, it will kill you. Ndzuku didn't exist at all in the old days."

2. atsikatsi, beleni, dri gazani:

  "Dri gazani is outside. Atsikatsi, if you cut it open, it will stop. It doesn't kill you into the grave aloaniko (aloaniko may mean 'at one time' or 'by itself'). Bele, if the odzo puts medicine on it, it will stop. It doesn't kill you.

3. odidi, ofuni, olindi:

  "Ofu is outside. Odidi means an ear which is exuding pus. If you put medicine in, if you find medicine, you will be cured. Ofu is very powerful. You give medicine, give medicine, give medicine. It cuts you powerfully."

4. onderekoni, otsatsani, ovini:

  "Ovini is outside. It stabs you--wham--into the grave. It's not really a sickness; it throws you into the grave with one time. (Another informant said that it came and killed you with the sickness that went along with it.)"

5. noini, ngarakadioni, nyamini:

  "nyamini is outside; it eats only your eyes. If you go to the odzo, you will get better. It goes from person to person. Noini and ngarakadioni are both very powerful (okpo)."

6. ozua, oyaa, wolo:

  "Ozua is outside. It arises inside you, while the baby is still inside."
Table 4. Representative Responses (continued)

7. a'biba, adraka, a'iribe:

"A'iribe eats your skin, but it is now what we call a sickness that kills you into the grave [like the other two]."

8. arika,adraka, bele:

"Adraka is outside. The other two will kill you into the grave. If you go quickly to the odzo, you can be cured."

9. apipi, arika, asini susu:

"Arika is a little outside, because . . . well, sometimes, if you have bad diarrhea, you can die. It is outside. Apipi, along with asini susu, if your stomach only hurts, your death won't arise from that. Because if you go and get medicine, you will arise (ngɑ, 'arise'), as was mentioned earlier, is the future auxiliary and means to arise, to get up, or to grow (of children and crops). And apipi, people used to cut it in the old days. You would arise, you wouldn't die from it. These two are the same, because people don't die quickly from them."

10. arika, adraka, enyanya:

"Before these all killed people, but arika is a little outside, because if you go to the odzo quickly, you won't die."

11. kadzua, otsatsani, ofuni:

"Nowadays kadzua is not so strong (okpo). If you get medicine quickly, you will be cured. Otsatsani, if there is medicine, you will be cured; if you are given an injection, you will be cured. Ofu is very strong. If this disease eats you, if you are at home (akua), and no one brings you medicine, you die. It cuts off your fingers and toes."
the mission hospital by the informants, although traditional Lugbara herbal remedies are known for most of these illnesses. For poisoning, on the other hand, Western medicine is not thought to be effective; treatment must be obtained, at great relative expense, from the Lugbara odzo or female herbalist.
CHAPTER V

'INSIDE OUT': THE NEW LUGBARA ILLNESS BELIEF SYSTEM

Chapter I of this dissertation was devoted to the development of the hypothesis that the higher taxa of illness classification systems reflect more about the locus and nature of power in a society than they do about specific aspects of diseases of that society. The hypothesis was tested by examining the social structure and beliefs about illness of Lugbara of the 1950s, examining the social structural changes of Lugbara society since then, and then examining beliefs about illness of Lugbara in 1972-73 to see if the predicted changes had taken place. It is the task of this chapter to evaluate the results.

1. Review of Chapter II

In Chapter II, the available ethnographic data published by John Middleton, based on his field work among the Lugbara between 1949 and 1952 was summarized. Particular attention was paid to ascertaining the locus of power in Lugbara society, and to the principles of illness classification, diagnosis, and treatment. In Chapter III, the general changes in the structure of Lugbara society which have resulted from the colonization of West Nile District and from subsequent developments were described. That chapter focused on the changes which new political institutions and economic patterns had on the distribution of power within the still formally operational traditional structures of Lugbara society. In Chapter IV, the illness beliefs of a group of Lugbara informants were examined to ascertain whether their beliefs about illness would take the
form predicted by the hypothesis from the social-structural changes which have occurred in Lugbara society since the time that John Middleton first studied the Lugbara in 1950. The content of the three chapters will be briefly reviewed before the findings are discussed.

Lugbara of Middleton's day lived in small patrilineal-patriloclal groups headed by a lineage elder. The elder was the senior living male of his segment—the oldest male child of the wife that had first married into his lineage. Under his jural authority were his patrilineal parallel cousins, his junior full brothers, and his half-brothers, and all their wives and children; all their adult sons and their wives and children; and of course his own wives and dependent children, and his adult sons and their wives and children. Wives for the men of the lineage were acquired with the lineage's cattle, by paying brideprice to the affinal lineage. Wives were allocated land by their husbands, who obtained the rights to the use of the land for them in consultation with the elder and the other senior men of the lineage.

The men hoed the fields and did the planting, after which the women weeded and otherwise cared for the crops until they were mature, just as they carried the unborn children; agriculture was seen as a process analogous to human biology. After harvesting, the crops belonged to the women who had grown them. A Lugbara wife had domestic authority over her children, and she was structurally very important to them because it was by virtue of their relationship to her that they were a full-sibling set, in structural opposition to their half-siblings—the children of their mother's co-wives. The seniority ranking of the different children-sets of one man was determined by the relative length of his marriage to
their mothers: the children of the wife that he married first were senior to their half-siblings by another wife. Thus marriage order of women was the structural equivalent of birth order for men insofar as it affected their descendants' seniority. Certain Lugbara kinship terms had important analogues in the cosmological system. The term for mother's brother, adro, was the same (except for a tonal difference) as the word for God—the being 'above' and 'behind' the universe, he who puts people on the earth and takes them away in death. The patrilineage and the patrilineal ancestors were thought to be in opposition to adro. The living members of the patrilineage were 'the people of the world outside', as distinct from the dead patrilineal ancestors, the 'people in the ground'. The lineage's inmarried women were 'the creatures of the bush', 'outside' in relation to men; in a similar manner, the living were 'outside' in relation to the dead. Wives were also described as being 'behind' their husbands. Thus adro, God, the collective representation of the lineages which were mother's brothers' to ego's lineage, was 'above' and 'behind' the universe, in opposition to the patrilineal ancestors, who were 'before' (in time) and 'below' (in the ground) (see Figure 13).

A central aspect of traditional Lugbara religion was the belief that the patrilineal ancestors could send illness to a living descendant to reprimand him or her for not behaving properly. An elder or other senior living man could also invoke the ancestors to send illness, and the ancestors would hear his words and comply, if they felt that the invoker had just reason for his request. If a man was thought to be making the request out of selfishness, though, instead of having the lineage's true interests at heart, an accuser would hint darkly that the
Figure 13. The Lugbara Kinship System and its Cosmological Analogues
invoker was one with 'ba ole'beri', 'the people with jealousy in their hearts', or witches. Witches were thought to travel abroad at night, sometimes in the guise of familiars, bewitching people or harming their cattle or dependents on an idiosyncratic, non-kinship basis. Illness could also come from sorcerers' poisoning people; these were usually jealous wives who poisoned their co-wife's food over land disputes or other competition over scarce resources.

In order to distinguish between these causes of illness, the Lugbara had certain diagnostic procedures. If a person fell ill, either the sick person or his father or guardian would go to consult an oracle operator. If the oracles showed that the patrilineal ancestors were causing the illness, a sacrificial goat or sheep (or sometimes an ox) was dedicated for sacrifice. If the person recovered, the animal was then sacrificed; if the person died, Lugbara did not sacrifice the animal, for his death was a sign that God had refused the sacrifice and wanted to take him in death. If the oracles decreed on the other hand that the cause of death was witchcraft or sorcery, the sick person was taken to the Lugbara odzo or female herbal doctor. She was able to distinguish between a case of witchcraft and a case of sorcery by divining with her divining gourd, and she could cure both kinds of illness--the witchcraft by magical means, and the sorcery with herbal treatments.

If the diagnosis of the oracles was ancestor-sent illness or illness caused by ancestor invocation, an animal was dedicated for sacrifice, as we have noted. If the patient recovered, a ritual congregation made up of the patrilineage members plus inmarried wives and other attached
persons assembled on an appointed day. First, speeches were made which reviewed the history of lineage relationships and the facts of the particular case; then, the animal was killed and cut up and the four legs distributed to the heads of family segments. The chest and internal organs except for the intestines and the penis and testicles were kept by the elder and eaten by him and his family the following day. The intestines and its contents, plus some of the meat from the body of the animal, were cooked and eaten as a ritual meal by the congregation. These three divisions of the animal's body corresponded to aspects of the way in which Lugbara viewed their society. The legs represented the patrilineal segments—the principle of successive generation. The chest and other internal organs represented the patrilineage as a unit, personified by its elder. Finally, the stomach and its contents—the interface between outside and inside in the animal's body—was eaten by the congregation, which included wives. This confirmed the women's relationship to the patrilineage as the mothers of its children, and stated that the residential group was one enyati—'bread-breaking' or commensal group.

The human body was viewed in an analogous way. The first division—the limbs—represented lineage differentiation and the generational principle. The fingers were collectively called 'the hand children'; the thumb, 'the male hand'. The hand and arm were seen as a metaphor of the lowest level of the patrilineage; the hand itself represented the mother. Just as all children are equal in the eyes of their mother, so the fingers are all equally dependents of the hand, and equally useful collectively in a power grip. In opposition to the 'patrilineal principle' of the thumb ('male hand'), however, seniority operates, and the 'eldest'
(the index finger) is the most capable. Only one finger can work with the thumb at one time, just as only one brother could possess a major patrilineal shrine. The second division of the body—the internal organs—were thought to be the seat of the soul, especially the liver and heart; the penis and testicles were called ru, 'respect', and the whole body was called rua, meaning 'within the class of respected things'. Respect was the attitude which junior men of the patrilineage were expected to have toward their elders. The uterus, in contrast, was called okpodzo, 'the house of power' or 'strength'. This same term was used to describe the words of witches, and sorcery medicines, and seems to have been associated with women and with the power of nature as contrasted with culture. The uterus' involuntary contractions were a powerful metaphor for the general uncontrollability of nature, for the power of fertility which only women possessed, and for the disruptive influence that inmarrying wives had on the solidarity of the patrilineage. Lastly, the third division of the body—the stomach and intestines—were called anyadzo—'the grain-house'. As the interface between the body and the outside world, they were the pathway by which sorcery poisons entered the body. Here the symbols of 'inside' and 'outside' which Douglas mentions as important in witchcraft and sorcery beliefs were very potent.

In traditional Lugbara culture, the lineage had a developmental cycle. The lineage alternated between periods of ascribed leadership, when ori ka, illness sent by the ancestors, was the most usual cause of illness, and periods of competition for leadership, when ancestor invocation and witchcraft were thought to be the primary form that
illness took. There was no phase in which illness was thought to be predominantly the result of sorcery, because inmarrying wives were probably never under intense competition with the other lineage wives for land or for other resources all at one time, as men were when the lineage leadership was under question. Sorcery traditionally was a sporadic affair between wives of one or two individual men at a time, since the wives of the lineage were in no way a corporate group, and this sorcery was of little structural importance since traditional Lugbara society was composed of a strong agnatic core, with inmarried women on the periphery.

2. **Traditional Lugbara Diagnosis**

   The preeminence in Lugbara thought of the patrilineage and of agnatic relationships is nowhere more evident than in the traditional diagnostic procedures. Illness was assumed to be from the patrilineal ancestors unless the oracles specifically decreed otherwise, and the diagnostic pathway was as shown in Figure 14. Only when the various oracles had decreed that a given case of illness was not from the ancestors did the person involved go to consult the *odzo* or female herbalist. As a female, she was an appropriate person to treat illnesses caused by the use of power from "outside" the patrilineage, since women epitomized "outside-ness" in the Lugbara scheme of things. She cured witchcraft caused by male witches by spiritual, magical means. This was appropriate since maleness was associated with spirituality in Lugbara thought. She cured 'poisoning' due to the activities of female sorcerers with herbal remedies, again appropriate, since femaleness was associated with the natural, physical world.
Figure 14. Diagnostic Pathway
3. **Traditional Lugbara Society as an Illustration of Horton, Douglas, and Harwood's Views of the Relationship Between Social Structure and Cosmology**

Traditional Lugbara society is an excellent illustration of the ideas of Robin Horton, Mary Douglas, and Harwood about the social structural correlates of cosmological belief systems in general and about the nature of witchcraft and sorcery beliefs in particular.

Horton asserted that "for Africans the physical world is precarious but the social world is constant." Douglas stated that societies in which the important variables in people's lives are other people (as distinct from the seasons, wild vegetables, and game animals) will have personal cosmologies. Certainly, traditional Lugbara cosmology was a predominantly personal one, dominated by patrilineal ancestors who retained all the qualities of the living: jealousy over food, over greater attention paid to other ancestors, and indignant over lack of respect on the part of their descendants. The forces of evil of Lugbara cosmology--witches and sorcerers--were also personal. Witches and sorcerers were both said to be motivated by human jealousy. There was a difference between witches and sorcerers, however. Harwood hypothesized that in a society where witchcraft and sorcery beliefs are both present, they will be associated with contrasting social categories of persons such as males and females, people within age sets as opposed to people of different age-sets, or, more generally, people involved in incorporative versus people involved in transactional relationships.

Men were involved in a corporate, personal power structure which focused from the top down on the social task of organizing the material
and human resources at the lineage's disposal. Women's power was multi-centered and diffuse—women were the ones who actually did the work of Lugbara society, but, like a non-unionized labor force in a modern society, they were unorganized. Their personal relationship with their husband's lineage was fleeting and subject to continual renegotiation (unlike those of women in house-property-complex societies). Only through others, as the mothers of their husband's children, did they in any way participate in the corporate life of the lineage into which they had married. Their relationship with that lineage's other inmarried women was even more 'transactional' than their relationship with their husband and his lineage—with other women they were in competition for agricultural land, for success in child-bearing, and for their husband's attention and for his access to other scarce resources. Other women were at worst obstacles, at best objects. The structure of power in Lugbara society was adequately expressed by the emic Lugbara statement that men were cultural beings, while women were creatures of nature, like wild animals—without ongoing, "cultural" ties making them part of a corporate group. This complementary dual nature of power in traditional Lugbara society could be threatened from the outside. The threat, like the power itself, existed in two forms: witchcraft and sorcery. Witchcraft, the work of men, corresponded to the centralized, focused patrilineal power structure; witches harmed people simply by drawing on the power inherent in them, as male persons. Sorcery, the work of women, on the other hand, utilized natural materials, since women were creatures of nature, like animals, without recourse to the kind of power which men possessed simply by being male. Thus the configuration of
traditional witchcraft and sorcery beliefs confirms Harwood's assertion that where both are present, witchcraft will address itself to incorporative relationships, sorcery to transactional ones.

4. Review of Chapter III

In Chapter III the effect of colonialization on the structure of Lugbara society was described. The first weakening of the patrilineal system occurred when the Belgians set up the followers of the prophet Rembe as 'chiefs' as intermediaries between themselves and the general Lugbara population, and paid them in cattle. The power which these 'chiefs' had as a result weakened the power of the traditional Lugbara elders over Lugbara lineages and destroyed forever the concentric, unifocal nature of political power in Lugbara society. The elders' power was further eroded by the development of the custom of younger male lineage members' going on labor migration as wage laborers to southern Uganda. This effectively changed a closed system to an open one: young men could earn their own bridewealth, and did not have to submit to the authority of their elder and the other senior men of their lineage as they had in the past. This 'opening up' of the system finally became a permanent part of Lugbara life at home in West Nile District itself with the introduction of cash crops. Adult men, as a result, could have a permanent cash income while at the same time be married and father children. Migrant labor, for the most part, had not been a permanent occupation for males. As we have seen, however, in Chapter III, cash cropping intensified the already acute land shortage. The problem was solved by the adoption by Lugbara women of cassava, with its greater yields per acre, as a staple crop.
Then in the early 1970s, two things occurred: (1) rising inflation and the increasingly erratic access to world markets made cash cropping a much less attractive occupation in cost-benefit terms, and (2) the limits of the expansion of the agricultural system by the adoption of cassava-growing were reached. The expanding openness of the social system was brought to a halt. Women were still in control of subsistence agriculture, but the corporate power of the lineage as an all-encompassing social universe was long gone. Men had been increasingly involved in transactional relationships for some time—brief relationships with southern Ugandans while they were away on labor migration; relationships with the middlemen within the District who bought their cash crops; relationships with government officials and tax collectors; and the newly-transactional relationships with their lineage-mates and wives in competition with them for agricultural land.

5. **Review of Chapter IV**

In Chapter IV, the illness beliefs of a group of Lugbara informants living near a mission hospital were examined. Illnesses were said by them to be of two kinds: illnesses due to sorcery (Lugbara: 'poisoning' or *enyata*), and illnesses due to other causes. Of these latter illnesses, most of the etiologies given were either impersonal, or the informants stated that they did not know the cause of the illness. Only a very few were said to result from difficulties in interpersonal relationships. These 'other illnesses'—non-poisoning—were thought to be treatable by the Western physicians at the mission hospital, although traditional herbal remedies for most of them were known by all of the informants. Illnesses from 'poisoning', *enyata*, on the other hand, were
described as 'true Lugbara illness' and were not thought to be amenable to cosmopolitan medical treatment.

6. The Shift in Illness Beliefs: A Mirror of Social Structural Change

This configuration of beliefs about the nature of illness is exactly the one that would have been predicted from knowledge of the social-structural changes in Lugbara society. The weakening of the patrilineage is correlated with the disappearance of illnesses due to ori ka and ole ro--illness sent by patrilineal ancestors. Maleness itself as a social category has become viewed as less potent, and thus witchcraft has also disappeared. Women, however, have remained potent in their role as the growers of Lugbara society's food, and so the category of enyata, poisoning, traditionally associated with them has remained. These shifts in the locus of power might be diagrammed as follows:
7. **Illness Beliefs as Spectra Along a Personal-Impersonal Etiology Continuum**

The present-day category of *enyata* has new interesting aspects which were not present traditionally. In the past, *enyata* was a minor, peripheral cause of illness, and the word *enyata* denoted only the poisoning by a jealous woman of her lineage co-wife or one of her co-wife's children, usually because of competition over scarce resources. This category *enyata* has since then been amplified to include, besides this traditional co-wife poisoning, the magical harming of a person by stepping on his shadow or by removing part of his intestines, or the leaving of poison on a path for the victim to step on. Today all these kinds of poisoning are thought to be performed by persons of either sex. Present-day poisoning seems not to be a unitary phenomenon in terms of etiology, but instead to comprise a spectrum:

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<table>
<thead>
<tr>
<th>like traditional</th>
<th>like traditional</th>
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</thead>
<tbody>
<tr>
<td>witchcraft</td>
<td>sorcery</td>
</tr>
<tr>
<td>personal</td>
<td>impersonal</td>
</tr>
<tr>
<td>removal of victim's intestine</td>
<td>stepping on victim's shadow</td>
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At the left end of the spectrum is a belief which would actually be classed as witchcraft, using witchcraft in the etic sense as employed by Evans-Pritchard and by Middleton and Winter, if it were encountered as an isolated phenomenon, for it involves magical action at a distance rather than manipulation of material substances. At the far right is a
cause of illness which is not person-specific at all, and which differs in no way, except for the conception of the sorcerer's intent, from, say, cosmopolitan medicine's belief about how hookworm is transmitted; and it certainly has some kinship with the Western concept of biological warfare. Anyone can step on this poison and be harmed by it, not just the intended victim.

8. **Counterarguments answered**

Some may wish to explain the shift from the traditional personal explanations of illness to present-day impersonal ones as the result of direct feedback resulting from the perception of the efficacy of rational cosmopolitan curative procedures. The efficacy of Western medicine's treatment of such diseases as skin infections, pneumonia, yaws, and malaria has doubtless led to increasing value being placed on cosmopolitan medical treatment in general. Such feedback can be incorporated into our 'locus of power' model, however, for the fact that western medicine can cure these diseases might of course lead Lugbara to think that patrilineal ancestors and elders cannot cause them, although this would not necessarily be the case. Also, it would be a mistake to overestimate the value of Western medicine--there is so much infectious disease in West Nile that cosmopolitan medical treatment is only temporarily efficacious at best. Where, for example, 60-80 percent of the children have positive malaria smears at any given time, chloroquine treatment will only stave off reinfection for as long as it is circulating in the blood. (See Appendix B for a summary of epidemiologic research among the Lugbara.)
Others may wish to explain the increased importance of poisoning over other illness by the fact that the Lugbara are increasingly mobile, and that this mobility has led to an increase in the incidence and prevalence of viral, bacterial, and helminthic gastrointestinal infections—which have the same symptoms as the Lugbara category of oral-route poisoning. As we noted in Chapter I, however, Africans do not in general diagnose on the basis of Western concepts of body disease processes. In Chapter IV, we noted that while poison in a victim's food is theoretically said to affect the gastrointestinal tract, with vomiting and diarrhea as its principal symptoms, an actual recorded case described in Chapter IV had the visible manifestation of a red, itchy eye. Furthermore, there are illnesses with gastrointestinal symptoms which are classed as 'other illnesses' instead of as 'poisoning'. When Lugbara become ill today, they first consider whether they are likely to have been poisoned—whether anyone is angry with them or jealous of them for any reason. In consultation with their significant others, they decide whether their illness is 'poisoning' or 'other illness' and then seek treatment from the appropriate source—the Lugbara odzo or the mission hospital. The new diagnostic pathway is as follows (note the absence of oracles as branch points):
The decision of whether to classify a given illness as 'poisoning' or as 'other illness' is not made on the basis of symptoms, but on the status of the ill person's interpersonal relationships at the time. (See Appendix A for an informant's discussion of the differential diagnosis of arika and enyata.) Thus, at some very basic level, Lugbara still conceive of themselves in a personal world.

Still others may wish to argue that 'poisoning', the 'female part' of the traditional Lugbara medical system, has remained while the other, male-related aspects of the traditional system have disappeared simply because men and women have been differentially affected by culture change. "Locus of power" arguments, they would assert, are needlessly complicated. Such an argument would adequately explain the disappearance of ori ka, ole ro, and witchcraft. It would not, however, explain the amplification of the category of enyata from the traditional poisoning by a jealous woman of her co-wife's food to include, on the one end of the spectrum, the magical removal of a victim's intestines, to the leaving of poison which can harm anyone (intended victim or not) on a path, at the other end of the spectrum. Nor would it explain why today both men and women are thought to poison people. The 'locus of power' argument explains the data adequately.

9. Expansion of the Ideas of Illness Beliefs as Spectra

Beliefs about the causes of illness can be thought of as comprising a spectrum ranging from personal to impersonal explanations, which correlate in the social sphere with a spectrum ranging from incorporative to transactional relationships. In the case of the traditional Lugbara, as we have seen, the spectrum had the following range:
As a result of culture change and resulting shifts in the locus of power in Lugbara society, the Lugbara spectrum of illness has shifted considerably to the right. The category of sorcery has retained its previous denotation, but it has also spread out to the left to include illnesses such as a'biba—the magical removal of a victim's intestines (a belief similar in quality to traditional Lugbara witchcraft beliefs), and it has also spread out to the right to include illnesses such as adraka (an illness which is nearly as impersonal in its etiology as a Western disease). We can put the two spectra together to show the shift:

Harwood's statement that where witchcraft and sorcery are both present, the one will relate to incorporative, the other to transactional relationships, still holds true, but only as a special case of a relationship which might be more generally stated as follows: In societies where power is personal, and where more personal and less personal explanations of illness are present, the more personal explanations of illness will refer to incorporative relationships, the less personal, to transactional
ones. In traditional Lugbara society, ori ka and ole ro were more interpersonal, incorporative illness explanations, witchcraft and sorcery, less incorporative. Thus paradoxically, in the modern Lugbara situation, sorcery is a statement about incorporative interpersonal relationships, and the one who treats sorcery, the Lugbara odzo, who was once in charge of a very peripheral domain of illness, now sees herself as in charge of the 'medicine of the compound'; like the traditional Lugbara elder, she is at the center of the circle of personal, incorporative relationships. Lugbara society has been literally turned 'inside out' by culture contact.

The shift in Lugbara illness beliefs over a 25-year period of Westernization has been used to test the hypothesis that a shift in the locus and nature of power in a society will result in a corresponding shift in illness beliefs. In traditional Lugbara society, focused, personal, corporate power rested in the elder of the patrilineage and the other senior men. This power was based on the elder's ascribed leadership according to the rules of succession and was filtered down the generational ladder of the patrilineage through hierarchical interpersonal relationships, which were complementary, in Bateson's terms. Power was also vested in the lineage's inmarried wives, for they performed the bulk of the labor involved in subsistence agriculture, but their power was not formally organized in any way. Wives were not incorporated into their husband's lineage, and lineage co-wives were in competitive, symmetrical (in Bateson's terms) relationships with each other. When leadership became weak, men competed for the leadership position, as women did all the time with each other for always-scarce resources. Because men were associated in Lugbara thought with cultural
life, and women with natural life, there were two explanations of illness to express similar interpersonal situations—witchcraft, or belief in spiritual harming of their victims by magical means for men, and sorcery, or the belief in the putting of harmful physical substances in a victim's food for women. The changes wrought by colonialism in Lugbara society destroyed the all-encompassing power of the Lugbara patrilineage and shifted the locus of power in two directions—to the impersonal, Western-derived political institutions on the one hand, and to the women of Lugbara society, who were still raising the society's food and bearing its children on the other. A corresponding shift has taken place in explanations of illness. Lugbara now distinguish two kinds of illness—illnesses with vague, mostly impersonal etiologies, and sorcery or poisoning, which has been amplified in both a personal and impersonal direction from the traditional category. This new set of illness beliefs corresponds to the new loci and different qualities of power in modern Lugbara society. These new illness beliefs illustrate a more general explanation of illness beliefs which can be derived from Harwood’s statement about the nature of witchcraft and sorcery beliefs; they validate the importance of the distinction between personal and impersonal power stated by Mary Douglas in her book *Natural Symbols*; and they lend credence to Glick's insistence that anyone interested in studying a society's medical system will be interested in the locus and nature of power in that society.

10. **Further Directions for Additional Research**

The suggestion that beliefs about the causes of illness are close correlates of a society's social structure and sensitive indicators of
changes in that structure is suggested, but not proven, by the Lugbara data. There are several directions that further research in this area could take.

A study of a control group of Lugbara who are more remote from missionary influence would rule out the problem mentioned in Chapter I that the competing cosmology of Christianity may have been a factor in Lugbara cognitive change. The idea presented in this chapter—that sorcery will be used to represent conflict in incorporative relationships only when witchcraft beliefs in that society have disappeared or were never present—could be tested with a cross-cultural survey. The general hypothesis of Harwood's—that where both witchcraft and sorcery beliefs are present, the former addresses conflict in incorporative relationships, the latter, conflict in transactional ones—could also be tested. First, however, useful etic definitions of witchcraft and sorcery would have to be developed from careful ethnoscientific study of emic categories in this domain in a number of different societies. An attempt should also be made to find control groups for the Lugbara situation—Nadel's Nupe, where acculturation has led to the women rather than the men becoming involved in transactional relationships, as itinerant traders, is a good example of the kind of control group needed. The forms which human societies take in Africa are sufficiently diverse that any needed control can be found within this one culture area: matrilineal versus patrilineal societies; societies in which men rather than women bear the burden of subsistence agriculture; societies in which a lack of unilineal organization has given a very different pattern to the relationship between sex roles and illness beliefs; and
societies which are at different stages of acculturation and integration into cosmopolitan medical systems. Only by this kind of study will our understanding of the relationship between a society's illness beliefs and its social structure be advanced.

Secondly, this research suggests some further research that could be done on the nature of culture change itself. Change usually results in cognitive dissonance for those undergoing it; the Lugbara experience demonstrates one way in which the cognitive dissonance brought about by culture change is resolved. Lévi-Strauss has stated that the human mind structures its experience of the universe in binary oppositions (Claude Lévi-Strauss, *Structural Anthropology*, passim). Much debate has been engendered by the structuralist thesis; a particularly good discussion of the problems with structuralism as well as its strengths can be found in E. R. Leach's book *Claude Lévi-Strauss* (especially pp. 15-33). This is not the time and place to embark upon a critique of structuralism; it is certainly the case that human beings all over the world do frequently order and thus comprehend their universe in terms of binary oppositions. This seems to be especially the case in unilineal societies, where the difference between male and female determines not only a person's own sexual identity but also one's own and others' membership or non-membership in social categories and corporate groups of daily social importance. The Lugbara are a classic example of such a society, as Middleton has shown. A general hypothesis about culture change might be formulated: when a society with cognitive structures which are primarily binary undergoes change, it is 'easier' to 'reverse the signs' of the related social categories than to invent
a whole new set of attributes. Thus, as we have seen, the Lugbara *odzo* or female healer ceased to be 'outside' and became 'inside', in Lugbara terms; she is now the central figure of the 'true Lugbara' medical system. We can see this process operating in our own society as well: traditionally, strength was an attribute of men; weakness, a characteristic of women. As women became 'liberated' in the late 1960s and early 1970s, physical achievement in sports became a social necessity for girls and women. The path of least resistance for reduction of cognitive dissonance is to reverse the sign of the characteristic, rather than to develop a totally new paradigm. This process seems to be especially true of changes in sex roles, but may be true in other areas as well. It would be worthwhile to examine aspects of other traditional medical systems which are tied to gender (sex of healers, diagnostic pathways) to see if this general observation about change is a useful way to think about medical systems in a state of change.

Lastly, we come to the question raised by Mary Douglas—the relationship between the nature of power in a society and its cosmology—the difference between systems of personal and non-personal control. I would like to suggest that there is a higher order spectrum of medical systems, on which the traditional Lugbara system falls far to the left, the modern Lugbara system, somewhere in the middle, and our own cosmopolitan medical system, far to the right. We noted that in traditional Lugbara society the diagnostic pathway considered first the possibility that a given illness had been sent by ancestral spirits, and only secondarily, after such a cause had been ruled out by the oracles, was a more 'asocial' cause such as sorcery even considered. In the modern
Lugbara situation, the diagnostic pathway 'straddles the fence'; both social and nonsocial causes of illness are given equal consideration by a sick person and his or her relatives. In our own medical system, on the other hand, as medicine is generally practiced today, nonsocial explanations of illness are paramount. An ill person in our own society goes to see a doctor for diagnosis. The doctor considers nonsocial etiologies first, and prescribes treatments on that basis. Only if this 'first-time' therapy fails does the physician consider diagnoses which are similar (in ascribing the etiology to an interpersonal situation) to Lugbara ancestor-caused illnesses--impiety to societal norms, interpersonal problems, or 'functional' (in the medical sense) explanations, such as the one currently used by physicians referring patients to a chronic pain clinic: "psychophysiological musculoskeletal reaction."

I would like to suggest that this is because the locus of power in American society resides primarily in a network of transactional relationships. Those who are embedded in a primarily personal universe for the majority of the day are the impotent: old people, women, and children. Among the Lugbara, power is personal; in America, to be too personal is to be powerless. We need not belabor this point--it is not intended as criticism, but only as useful for analysis. The American finds himself or herself in a world of symmetrical, transactional relationships, and thus the American's medical world is one where impersonal, nonsocial medical diagnoses are predominant.

Thus, in traditional Lugbara society, illness beliefs reflected the personal nature of the social world in which Lugbara lived; in modern Lugbara society, the world is both personal and impersonal, and
the diagnostic system reflects this change; and we can perhaps predict that in the future the Lugbara will have a system of beliefs about the causes of illness which will be very much like our own, which considers non-personal 'causes' of illness first, and only after these have been ruled out, turns to the idea that an ill person's social and interper-sonal world may have something to do with his illness.
APPENDIX A

DIFFERENTIAL DIAGNOSIS OF ARIKA AND ENYATA

(Lugbara text narrated by an older woman, and free translation)

(The informant was asked how one could tell the difference between arika and enyata: I = informant; A = anthropologist.)

I: 'Ba isunî arika enyatasi kö. Azo arikani lö 'ba ba asia.

A: Agu azini ka enyata fe midri, mi ngga su su nggoa ya?

I: Agu azini ka asi ondzi ba mi'be, ka le mi enya, kaniko enyata 'ba pizô asiarisì, ovuni arika vilerile kö. Agu ka e'yo i le mi enya, enyata azinìpi kanisì, eri ni di afa 'da fe midri azinî nyaka alia; eri ba mini nyaka alia. Eri nyakani ba mini a'dule! Eri e'yo, kini, "adi ye mi afa 'do nya? Adesikô a te enya ti, a ku ku 'do'i, a tra 'di 'bo, mi emu nya." De te 'ba 'di dra mi alenia. \'ya, mi di mu nyaka'di nya, mi di nya 'bo, nyaka'di di fii mu ei mi alia, pii mi alia.

A: Eri pii ya?

I: E. Eri di pii mi alia. Ka di pii mi alia 'bo, mi di ba 'yo, kini, "'A-'a, i asi te 'doni oo!" Kanikò ii ka nya etu'be kanikò inisì, mi 'yo, "'A-'a, ii asi te 'doni oo... II mu te nyaka nya di ya vile? 'A-'a..." Nyaka'di de ni tsutsuro'do mi alia kö. Eri vini to ii alia pii pii ondzi. Mi di 'di o'yo 'dini. Mi aleni su, mi aleni su--'a'ya--mi ale ka su 'dini 'bo, eri di etsa we'de, we'de, we'de, we'de, we'de, we'de, we'de, 'a-'a-'a-'a, eri di etsa ambo. Ka etsa ambo 'dini 'bo, eri di fe midri mi aleni su, ka le fe midri... Azinisì... sawa azinisì, dii dii, mi mu dii, \:: di mu dii, mi dii, mvi gbe; mi dii, eri mvi gbe; mi dii, eri mvi gbe. Eri dro, mi di mba mi alia amboru mi alia. 'Di nyaka 'ba azinî fe midri asi ondzisiri'i. Enyata 'ba aliari'i.

A: Ovuni arika...

Informant: People don't get arika from enyata (poison). Arika only affects people in their stomach.

Anthropologist: If someone gives you poison, where will you hurt?

I: If another person is angry with you (lit. 'puts a bad liver with you'), if they want to poison you, perhaps with the poison that makes your stomach swell, it isn't like arika. If a person says they want to poison you, with poison of one kind or another, they know how to give you that stuff--perhaps in your food; they put it in your food. They give you food to eat all by yourself! They say, "Who's making you eat this food? Because I just ate, so I'll just sit here--I'm full; you come and eat." This person has just put death into your food! Well, you eat the food; when you have eaten it, the food enters your insides, and swells there.

A: It swells?

I: Yes. It swells inside you. When it has swollen inside you, you say to yourself, "Uh-oh, my stomach, just here, Oh!" Whether you ate when the sun was shining or at nighttime, you say, "Uh-oh, my stomach, just here, Oh!" Now, this food won't leave your insides alone. It stays in your insides and swells terribly. You talk in this way to yourself. Your insides hurt, your insides hurt--well then, when your insides have finished hurting, they become we'de, we'de, we'de, we'de, we'de [onomatopoeic word for gas in stomach]. And then, your insides become huge! When they have finished becoming huge, ... if they want to give you ... Then again.... sometimes you have diarrhea [dii is a special word meaning to excrete liquid stool], you have diarrhea, you have more diarrhea, it comes back, you have more diarrhea, it comes back again. It's terrible, and your insides swell up very big. This is the food that somebody gives you because of a bad heart. The poison which is inside you.

A: It's not like arika...

I: It's not like arika. Arika is not enyata (poisoning). Poisoning is different. People give you poison in your food.
APPENDIX B

LUGBARA MARRIAGE

(Narrated by a young male informant, free translation)

When someone wants to get a wife, they make friends with her mother or father. They exchange food, to become friends. When food has been exchanged, the boy's people come to discuss [lit., 'greet the matter'] of that girl. Her family says, "So you want to marry this girl?" They say, "My friend, how does it look to you [if we want to]?" And the girl's father says, "It's O.K., it's not bad." Then they will give you 100 shillings. You will also give 50 shillings, and you will greet the girl. When you have greeted the girl, then your people will drive the cattle inside the girl\(^1\) [\textit{sic}, meaning 'to the compound of the girl's lineage]. Some cut out 8 cows [from their herd], some 10. When the cows have been brought, then the girl's people begin to take her out [of her own compound] to your place, to the compound of the people who have bought her. While the people are coming, if there is any water on the way, they cut some shillings. The people give the shillings to the water; then the girl will cross over it. Again, if there is any large rock on the way, the people first give money, then the girl comes past.\(^2\) When they have arrived at the compound, the girl there whom the people have bought for you as a wife, she goes and stands by the

\(^1\) Note the use of 'inside' here.

\(^2\) Adro was thought to dwell in water and rocks; water is drawn by women and rocks are used for preparing food, as we have noted. A stream is often the boundary between two lineages' areas---water can be a barrier as well as an essential resource.
entrance [to the compound] outside. She doesn't enter into the compound. People give 100 shillings first, then she goes in. When she arrives inside the compound, the people who brought her [unintelligible]. Then they begin to go back to their own ori'ba by means of their compound. They look for chickens, millet, beans, and peanuts in the granary; when they find them, they take them [for their people] to eat, all of it. When they arrive at your house the next day, they cut another one or two hundred shillings; the people then go back, but that girl doesn't eat there. When she was coming there, her people brought food for her all the way from their place and came and ate it. If you have already given that money, she will right away begin to eat there at your place [lit., emi vele, 'behind you (pl.)']. Then the people who brought her complete their return; those people, when they have stayed there two or three days, then they return. This is how it is.

---

3 sic! This shows clearly that aku, compound, is the physical manifestation of the spiritual ori'ba.

4 Note the food that the girl's people bring ('female' food) and how commensality is only very gradually established.

5 The marriage is complete when the groom's family has fulfilled their obligations so that the girl eats behind the groom, i.e., she has become his dependent.
G. S. Nelson was the District Medical Officer in West Nile from 1950 to 1956. In this capacity, he organized a survey of schistosomiasis in West Nile District. After examining 2,000 urines from school children in West Nile without finding any evidence of infection with *Schistosoma hematobium*, he decided to confine his survey to investigating *Schistosoma mansoni* infection.

In the survey, Dr. Nelson and his assistants examined 10,000 persons and obtained fecal smears from each of them. These were placed under a 7/8" coverslip and examined with a 2/3" objective. (They assessed the probable error of this method by examining 394 patients from Arua Hospital by three different methods: (a) simple smear, (b) centrifuged stool, (c) and acid ether extraction. It was found that method (a) detects only 2/3 as many cases as method (b) and that when method (b) is compared with intestinal findings at autopsy, it detects only one-fourth of the cases with intestinal evidence of infection. Thus, in their survey they took the observed incidence of *Schistosoma mansoni* infection and multiplied it times three to obtain what they call the probable minimum incidence (P.M.I.).) Reproduced below is a table giving the prevalence of *Schistosoma mansoni* infection in two geographically represented areas—one from the lowlands along the Nile and the other from the highlands along the River Anyau in Terego.
### A. ALONG NILE

<table>
<thead>
<tr>
<th></th>
<th>Under 2 yrs.</th>
<th>3-5 yrs.</th>
<th>6-10 yrs.</th>
<th>11-15 yrs.</th>
<th>16-20 yrs.</th>
<th>21-40 yrs.</th>
<th>+ yrs.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. Examined</td>
<td>135</td>
<td>193</td>
<td>419</td>
<td>212</td>
<td>136</td>
<td>348</td>
<td>208</td>
<td>1,651</td>
</tr>
<tr>
<td>No. Positive</td>
<td>2</td>
<td>49</td>
<td>195</td>
<td>79</td>
<td>50</td>
<td>125</td>
<td>67</td>
<td>567</td>
</tr>
<tr>
<td>% Positive</td>
<td>1.3%</td>
<td>25%</td>
<td>45%</td>
<td>37%</td>
<td>35.2%</td>
<td>33.7%</td>
<td>30.6%</td>
<td>30%</td>
</tr>
</tbody>
</table>

| % Minimum | 4% | 75% | 98% | 100% | 93% | 89% | 82% |
| Probable Incidence | |

### B. ALONG ANAU RIVER

<table>
<thead>
<tr>
<th></th>
<th>Under 2 yrs.</th>
<th>3-5 yrs.</th>
<th>6-10 yrs.</th>
<th>11-15 yrs.</th>
<th>16-20 yrs.</th>
<th>21-40 yrs.</th>
<th>+ yrs.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. Examined</td>
<td>185</td>
<td>688</td>
<td>583</td>
<td>275</td>
<td>295</td>
<td>1,022</td>
<td>324</td>
<td>3,327</td>
</tr>
<tr>
<td>No. Positive</td>
<td>0</td>
<td>25</td>
<td>48</td>
<td>30</td>
<td>24</td>
<td>55</td>
<td>14</td>
<td>196</td>
</tr>
<tr>
<td>% Positive</td>
<td>0</td>
<td>3.7%</td>
<td>8.3%</td>
<td>10.9%</td>
<td>7.8%</td>
<td>5.5%</td>
<td>3.9%</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

| % Minimum | 0 | 11% | 25% | 33% | 24% | 17% | 12% | 17% |
| Probable Incidence | |

174
The prevalence of *Schistosoma mansoni* in Vurra, where my study was conducted, and in which Kuluva Hospital is located, is reported by Nelson to be very low (Probable minimum incidence=2%). He found that West and East Ma'di, Lower Okorro, Jonam, Arua township, and Terego all had a P.M.I. of over 30%. Nelson found it surprising that the general prevalence was higher in males than in females, since females have contact with water when doing domestic chores. He cited, however, the remark of a secondary school principal that 'the brightest and most outgoing students seem to be the ones who develop *Schistosoma mansoni* infections.' The latter remark may contain a clue to the cause of the difference in males' and females' infection rates. Young boys have much more free time than girls, who are busy with household chores and in areas near running streams they spend a good deal of time swimming or wading; they probably, in fact, have more extensive contact with water than girls do. (West Nile males do not have a higher rate because of labor migration, because the male and female rates are already divergent in the 6-10 year age group.) No significant difference was found in the hemoglobin concentration of Arua Hospital outpatients with and without *Schistosoma mansoni* infection, but in Jonam County *Schistosoma mansoni* infection, alone or combined with hookworm, causes a slight but consistent lowering of the hemoglobin concentration in young children and in females. In villages with more hookworm but no *Schistosoma mansoni*, the hemoglobins were higher.

Nelson also did a survey of leprosy in West Nile District. He found that leprosy is more common in the Nile lowlands; the prevalence in the densely populated highlands was uniformly less than 10 cases per
1,000 population. In Vurra it was 7.9 cases per 1,000 population. The
district as a whole has 12.4 cases per 1,000 population. His conclusion
was that leprosy is most common in moist low areas which have "very
primitive dirty living conditions" and "in which tuberculosis infection
has been absent, because the two diseases provide cross-immunity to
each other."

Up until the W.H.O. began its Burkitt's Lymphoma research project
in 1971, no careful surveys of the general population had been done
which were not specifically focused on one disease, except for a survey
of child health conducted by Dr. D. P. Jelliffe, a pediatrician from
Makerere University. He took advantage of the fact that a survey of
trypanosomiasis (sleeping sickness) was to be conducted in northern
West Nile, on the Aringa plain, and arranged to have a team conduct a
general survey of children's health at the same time.

They checked the names given to them by the people surveyed against
the parish tax register and the memory of the parish chief. The sleeping
sickness team examined all people and took blood samples and gland
aspirates if they found any swollen glands. At that point, the mothers
with pre-school-aged children were diverted and Dr. Jelliffe's part of
the survey began. The child's name, age, sex, and number of siblings
alive and dead were recorded; the child was then weighed and examined by
a Makerere pediatrician. The following laboratory specimens were collected
from every fifth child:

1) blood from finger-prick for
   a) thick film (for malaria)
   b) thin film (for malaria)
   c) sickling preparation (for sickle-cell)
2) blood taken in pipette (for colorimetric hemoglobin
determination)

3) Peri-anal Scotch tape sample (*Enterobius vermicularis* or
pinworms)

4) stool sample collected by glass tube inserted in anus
(for intestinal parasites).

A piece of candy was then given to the crying child and any obvious
disease was treated. The mother then sat holding the child while the
child's dietary history was obtained from her, and an attempt was made
to verify the birth date she had reported earlier in the interview by
correlating the child's birth with events in the agricultural calendar.

Jelliffe found the following cultural features about the Lugbara
interesting: (1) that they extract the lower incisors at about 14
years of age for girls and a few years later for boys, (2) that the
mother names the children—boys four days after birth, and girls, three;
and that names often reflected tension between the father's and mother's
lineages, or commemorated a dispute or battle, or were associated with
death, (3) that the traditional diet had been millet and sorghum,
supplemented by peanuts, beans, and sesame, but that since 1950, every
householder had been required to grow 1/2 acre of cassava per year as a
reserve in case of famines, (4) that eggs are tabooed to females over
seven years of age, and that grasshoppers are eaten by males only, and
(5) that the main cash crops are cotton and tobacco.

The survey took place in January, an average month at a nearby
dispensary for most common disorders, with the exception of tropical
ulcers.
OMUGE DISPENSARY--CAUSES OF OUTPATIENT VISITS BY MONTH

<table>
<thead>
<tr>
<th>Date</th>
<th>Females Less Than 5 years</th>
<th>Males Less Than 5 years</th>
<th>Malnutrition Less Than 5 years</th>
<th>Diarrhea Less Than 5 years</th>
<th>Scabies Less Than 5 years</th>
<th>Trop. Ulcer All Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan.</td>
<td>184</td>
<td>210</td>
<td>4</td>
<td>59</td>
<td>39</td>
<td>85</td>
</tr>
<tr>
<td>Feb.</td>
<td>159</td>
<td>150</td>
<td>3</td>
<td>49</td>
<td>19</td>
<td>76</td>
</tr>
<tr>
<td>Mar.</td>
<td>161</td>
<td>194</td>
<td>4</td>
<td>70</td>
<td>18</td>
<td>73</td>
</tr>
<tr>
<td>Apr.</td>
<td>177</td>
<td>227</td>
<td>4</td>
<td>61</td>
<td>25</td>
<td>61</td>
</tr>
<tr>
<td>May</td>
<td>208</td>
<td>236</td>
<td>3</td>
<td>66</td>
<td>33</td>
<td>51</td>
</tr>
<tr>
<td>June</td>
<td>161</td>
<td>200</td>
<td>3</td>
<td>63</td>
<td>28</td>
<td>58</td>
</tr>
<tr>
<td>July</td>
<td>152</td>
<td>180</td>
<td>3</td>
<td>47</td>
<td>34</td>
<td>55</td>
</tr>
<tr>
<td>Aug.</td>
<td>163</td>
<td>193</td>
<td>10</td>
<td>94</td>
<td>94</td>
<td>49</td>
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<tr>
<td>Sept.</td>
<td>395</td>
<td>264</td>
<td>3</td>
<td>88</td>
<td>41</td>
<td>43</td>
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<tr>
<td>Oct.</td>
<td>251</td>
<td>247</td>
<td>1</td>
<td>65</td>
<td>34</td>
<td>69</td>
</tr>
<tr>
<td>Nov.</td>
<td>227</td>
<td>246</td>
<td>3</td>
<td>41</td>
<td>46</td>
<td>110</td>
</tr>
<tr>
<td>Dec.</td>
<td>165</td>
<td>187</td>
<td>2</td>
<td>50</td>
<td>37</td>
<td>77</td>
</tr>
</tbody>
</table>

Their findings can be summarized as follows:

Weights of Lugbara Children (Standard = Gomez* classification)

<table>
<thead>
<tr>
<th></th>
<th>Over 90% of Standard</th>
<th>90-75%</th>
<th>75-60%</th>
<th>Below 60%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants (under 1 yr.)</td>
<td>26.4%</td>
<td>38.3%</td>
<td>28.4%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Children (1-3 yrs.)</td>
<td>22.2</td>
<td>46.4</td>
<td>24.1</td>
<td>7.4</td>
</tr>
</tbody>
</table>

*standardized on southern Ugandan children

HEMOGLOBIN VALUES

<table>
<thead>
<tr>
<th>Hemoglobin (g%)</th>
<th>228 infants %</th>
<th>179 Preschool Children %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 3</td>
<td>2.5%</td>
<td>1.2%</td>
</tr>
<tr>
<td>3 - 5</td>
<td>37.5</td>
<td>26.4</td>
</tr>
<tr>
<td>5 - 7</td>
<td>41.0</td>
<td>40.8</td>
</tr>
<tr>
<td>7 - 10</td>
<td>19.0</td>
<td>29.8</td>
</tr>
<tr>
<td>Over 10</td>
<td>0</td>
<td>1.82</td>
</tr>
</tbody>
</table>

The Sickling rate was 1.9 percent. There were only 8 cases of Ankylostomiasis, so Jeliffe felt that this was not an important correlate of anemia. (All 8 cases also had malaria parasites.) No relationship
was found between malaria parasitemia and/or splenomegaly and clinical anemia:

<table>
<thead>
<tr>
<th></th>
<th>0-1 yr.</th>
<th>1-3 yrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Mean Hemoglobin</td>
</tr>
<tr>
<td>Total of all types of parasites and/or spleno-megaly</td>
<td>184</td>
<td>5.6</td>
</tr>
<tr>
<td>Total with neither parasites nor spleno-megaly</td>
<td>58</td>
<td>5.9</td>
</tr>
</tbody>
</table>

The analysis of the stool samples for parasites yielded the following results: Stool samples from children under one year of age were too small and had to be discarded. They obtained 103 specimens from children aged one to three years and found that

- 7.7% had *Ankylostoma ova* (hookworm)
- 2.9% had *Entamoeba histolytica* cysts (amoebas)
- 9.0% had *Ascaris ova* (round worms)
- 4.8% had *Giardia intestinalis*
- 9.0% had *Enterobius vermicularis ova* (pinworms)
- 9.0% had *Strongyloides larvae*

Scotch tape perianal swab: 12 of 338 or 3.5% showed *Enterobius vermicularis ova* (pinworms).

The spleen rate (number of children with enlarged spleens) was:

- under 1 year: 61.7%
- children 1-3: 57.9%

### MALARIA

<table>
<thead>
<tr>
<th></th>
<th>Infants (259)</th>
<th>Preschool (257)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. Positive</td>
<td>% Positive</td>
</tr>
<tr>
<td><em>Pl. falciparum</em></td>
<td>72</td>
<td>27.9</td>
</tr>
<tr>
<td><em>Pl. malariae</em></td>
<td>45</td>
<td>17.0</td>
</tr>
<tr>
<td><em>Pl. falciparum &amp; malariae</em></td>
<td>4</td>
<td>1.5</td>
</tr>
<tr>
<td><em>Pl. vivax</em></td>
<td>3</td>
<td>1.1</td>
</tr>
<tr>
<td>All species</td>
<td>124</td>
<td>47.8</td>
</tr>
</tbody>
</table>
MISCELLANEOUS CONDITIONS

<table>
<thead>
<tr>
<th>Condition</th>
<th>Infants No.</th>
<th>Infants %</th>
<th>Preschool No.</th>
<th>Preschool %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congenital abnormality</td>
<td>2</td>
<td>5.0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Charms</td>
<td>179</td>
<td>43.0</td>
<td>75</td>
<td>20.0</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>28</td>
<td>7.0</td>
<td>17</td>
<td>4.5</td>
</tr>
<tr>
<td>Corneal scars</td>
<td>1</td>
<td>2.0</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>Neck glands</td>
<td>14</td>
<td>3.5</td>
<td>13</td>
<td>3.5</td>
</tr>
<tr>
<td>Ear discharge</td>
<td>16</td>
<td>4.0</td>
<td>5</td>
<td>1.3</td>
</tr>
<tr>
<td>Nasal discharge</td>
<td>76</td>
<td>19.0</td>
<td>46</td>
<td>12.8</td>
</tr>
<tr>
<td>Caries</td>
<td>0</td>
<td>0</td>
<td>15</td>
<td>4.8</td>
</tr>
<tr>
<td>Medicinal incisions</td>
<td>37</td>
<td>8.9</td>
<td>50</td>
<td>13.3</td>
</tr>
<tr>
<td>Vaccination scar</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>Cardiac murmur</td>
<td>9</td>
<td>2.2</td>
<td>10</td>
<td>2.6</td>
</tr>
<tr>
<td>Umbilical hernia</td>
<td>173</td>
<td>41.9</td>
<td>171</td>
<td>45.6</td>
</tr>
<tr>
<td>Palpable liver</td>
<td>194</td>
<td>46.9</td>
<td>128</td>
<td>34.1</td>
</tr>
<tr>
<td>Thrush</td>
<td>1</td>
<td>0.2</td>
<td>2</td>
<td>0.5</td>
</tr>
</tbody>
</table>

The following nutritional conditions were found among the children surveyed:

NUTRITION SURVEY RESULTS:

<table>
<thead>
<tr>
<th>Condition</th>
<th>413 infants No.</th>
<th>413 infants %</th>
<th>376 preschool Lugbara children No.</th>
<th>376 preschool Lugbara children %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kwashiorkor</td>
<td>1</td>
<td>0.2</td>
<td>1</td>
<td>0.27</td>
</tr>
<tr>
<td>Marasmus</td>
<td>3</td>
<td>0.7</td>
<td>3</td>
<td>0.8</td>
</tr>
<tr>
<td>Clinical Rickets</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0.8</td>
</tr>
<tr>
<td>Hypochromotrichia</td>
<td>161</td>
<td>39.0</td>
<td>161</td>
<td>42.9</td>
</tr>
<tr>
<td>Angular stomatitis</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>Clinical Scurvy</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>Pretibial edema</td>
<td>11</td>
<td>2.7</td>
<td>10</td>
<td>2.6</td>
</tr>
</tbody>
</table>

*No Bitot's spots, follicular hyperkeratosis, pellagra rash, or flaky paint rash was seen.

The table on the following page summarizes Jelliffe's findings when he questioned the mothers about their child's dietary history.

Jelliffe felt that feeding and weaning of Lugbara children when compared to other Ugandan ethnic groups was very good. The hypochromotrichia (light-colored hair), if, as he stated was not 'just dust,' might
PERCENTAGE OF CHILDREN EATING LISTED FOODS AT VARIOUS AGES

<table>
<thead>
<tr>
<th></th>
<th>0-6 months</th>
<th>7-12 mo.</th>
<th>13-18 mo.</th>
<th>19-24 mo.</th>
<th>2yrs.+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Porridge</td>
<td>2.5</td>
<td>8.7</td>
<td>25.7</td>
<td>18.2</td>
<td>17.7</td>
</tr>
<tr>
<td>Cassava</td>
<td>3.3</td>
<td>10.6</td>
<td>22.9</td>
<td>11.4</td>
<td>47.2</td>
</tr>
<tr>
<td>Millet</td>
<td>2.5</td>
<td>See Enya</td>
<td>See Enya</td>
<td>See Enya</td>
<td>35.3</td>
</tr>
<tr>
<td>Sweet Potatoes</td>
<td>5.0</td>
<td>28.5</td>
<td>54.4</td>
<td>60.2</td>
<td>72.5</td>
</tr>
<tr>
<td>Milk</td>
<td>5.8</td>
<td>15.9</td>
<td>25.7</td>
<td>37.5</td>
<td>29.4</td>
</tr>
<tr>
<td>Eggs</td>
<td>1.7</td>
<td>3.9</td>
<td>10.5</td>
<td>21.6</td>
<td>11.8</td>
</tr>
<tr>
<td>Beans &amp; Peas</td>
<td>5.0</td>
<td>44.9</td>
<td>61.9</td>
<td>77.3</td>
<td>74.5</td>
</tr>
<tr>
<td>Ground nuts &amp;</td>
<td>4.1</td>
<td>28.5</td>
<td>35.2</td>
<td>50.0</td>
<td>35.3</td>
</tr>
<tr>
<td>Sesame</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ripe Bananas</td>
<td>1.7</td>
<td>9.2</td>
<td>15.2</td>
<td>31.8</td>
<td>15.7</td>
</tr>
<tr>
<td>Meat &amp; Soup</td>
<td>0.8</td>
<td>20.3</td>
<td>35.2</td>
<td>39.8</td>
<td>58.5</td>
</tr>
<tr>
<td>Fish &amp; Soup</td>
<td>3.4</td>
<td>8.7</td>
<td>12.4</td>
<td>10.2</td>
<td>17.7</td>
</tr>
<tr>
<td>Greens</td>
<td>0.8</td>
<td>5.8</td>
<td>10.5</td>
<td>11.0</td>
<td>35.3</td>
</tr>
<tr>
<td>Tea</td>
<td>0.8</td>
<td>6.3</td>
<td>14.3</td>
<td>49.8</td>
<td>11.8</td>
</tr>
<tr>
<td>Tibi</td>
<td>0</td>
<td>9.7</td>
<td>10.5</td>
<td>8.0</td>
<td>5.9</td>
</tr>
<tr>
<td>Edi</td>
<td>0</td>
<td>2.4</td>
<td>1.9</td>
<td>1.1</td>
<td>3.9</td>
</tr>
<tr>
<td>Enya</td>
<td>0</td>
<td>25.1</td>
<td>56.1</td>
<td>86.3</td>
<td>84.7</td>
</tr>
<tr>
<td>Gruel maire</td>
<td>0</td>
<td>4.5</td>
<td>9.4</td>
<td>28.4</td>
<td>7.8</td>
</tr>
<tr>
<td>Maize en cob</td>
<td>0</td>
<td>0</td>
<td>1.9</td>
<td>2.3</td>
<td>3.9</td>
</tr>
<tr>
<td>Paw paw</td>
<td>0</td>
<td>1.0</td>
<td>2.9</td>
<td>3.2</td>
<td>15.7</td>
</tr>
<tr>
<td>Sugar Cane</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2.1</td>
</tr>
<tr>
<td>Wild fruits</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2.1</td>
</tr>
</tbody>
</table>

have been due to increased metabolic demand caused by frequent bouts of malaria and other infectious diseases with their resulting high fevers, rather than to any basic inadequacy of the diet per se. There was a low incidence of Kwashiorkor (protein-calorie malnutrition). He found it surprising, though, that the children were so retarded in growth (see weight chart), because Lugbara adults were larger than the Baganda adults on whom the classification was standardized, and he wondered if anemia could be the cause of the growth retardation. The anemia itself he felt was caused by a mosaic of many factors—malaria was not the cause in all cases, he said, and the sickling rate and rate of ankylostomiasis were too low to account for it either. (In view of Nelson's findings
associating anemia with \textit{Schistosoma mansoni} infection, one would like
to know the prevalence of schistosomiasis in Jelliffe's population.)

Jelliffe warned the reader to be aware that a survey of this type misses
diseases such as acute gastro-intestinal disorders, which may account for
a good deal of the morbidity of the population. But he said that "the
low incidence of intestinal helminths suggests that the fecal-oral route
does not transmit a great deal of disease in Lugbara country in spite of
faulty excreta disposal, due to the preparation and consumption of food
in small, wife-and-children units."

Jelliffe felt that a similar survey in the highlands of West Nile
would complete the health profile for the Lugbara. He concluded by
saying "In East Africa, it has been found that the diseases which
children get depend very much on the way of life of the tribe to which
they belong: in one geographical area a pastoral nomadic tribe will not
have the same disease pattern as a settled agricultural tribe. Social
medicine is in fact closely related to social anthropology."

Jelliffe, D. B.; F. J. Bennett; R. H. R. White; T. R. Cullinan; and
E. F. P. Jelliffe. The children of the Lugbara: a study in the
techniques of paediatric field survey in tropical Africa. \textit{Tropical}

Nelson, G. S. Leprosy in the West Nile District of Uganda: an epidemi­
ological study with special reference to the distribution of
leprosy in Africa. \textit{Transactions of the Royal Society of Tropical

Nelson, G. S. \textit{Schistosoma mansoni} infection in the West Nile District
of Uganda. Part I. The incidence of \textit{S. mansoni} infection. \textit{East
distribution of \textit{S. mansoni} with a note on the probable vectors.
Anaemia and \textit{S. mansoni} infection. \textit{East African Medical Journal}
APPENDIX D

TEN MOST FREQUENT CAUSES OF OUT-PATIENT VISITS TO GOVERNMENT DISPENSARIES IN 1971*

<table>
<thead>
<tr>
<th>Disease or Condition</th>
<th>Number</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Febrile illnesses</td>
<td>147,326</td>
<td>26</td>
</tr>
<tr>
<td>2. Respiratory tract infections</td>
<td>122,827</td>
<td>22</td>
</tr>
<tr>
<td>(excluding Tuberculosis)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Diarrhoea</td>
<td>111,015</td>
<td>20</td>
</tr>
<tr>
<td>4. Trauma</td>
<td>88,528</td>
<td>16</td>
</tr>
<tr>
<td>5. Eye infections</td>
<td>28,444</td>
<td>5</td>
</tr>
<tr>
<td>6. Measles</td>
<td>18,490</td>
<td>3</td>
</tr>
<tr>
<td>7. Tropical Ulcer</td>
<td>17,449</td>
<td>3</td>
</tr>
<tr>
<td>8. Infections of Ears</td>
<td>13,700</td>
<td>2.4</td>
</tr>
<tr>
<td>9. Intestinal Worms</td>
<td>9,074</td>
<td>1.6</td>
</tr>
<tr>
<td>10. Chickenpox</td>
<td>8,052</td>
<td>1.4</td>
</tr>
</tbody>
</table>

*From the Annual Report of the District Medical Officer and Medical Officer of Health, Arua, West Nile District, 1971.
## APPENDIX E

### TWELVE MOST FREQUENT CAUSES OF OUT-PATIENT VISITS

TO KULUVA HOSPITAL, JULY 1963-JUNE 1964

<table>
<thead>
<tr>
<th>Disease or Condition</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Malaria (all Spp.)</td>
<td>2,527</td>
</tr>
<tr>
<td>2. Hookworm (Ankylostomiasis)</td>
<td>2,233</td>
</tr>
<tr>
<td>3. Diseases of Alimentary System</td>
<td>2,017</td>
</tr>
<tr>
<td>(Gastroenteritis and other)</td>
<td></td>
</tr>
<tr>
<td>4. [Ante-natal]</td>
<td>[983]</td>
</tr>
<tr>
<td>5. Roundworm (Ascariasis)</td>
<td>967</td>
</tr>
<tr>
<td>6. Respiratory Diseases</td>
<td>658</td>
</tr>
<tr>
<td>(excluding Tuberculosis)</td>
<td></td>
</tr>
<tr>
<td>7. Diseases of Eye</td>
<td>437</td>
</tr>
<tr>
<td>(excluding Trachoma)</td>
<td></td>
</tr>
<tr>
<td>8. Diseases of Genito-Urinary System</td>
<td>352</td>
</tr>
<tr>
<td>(325-female)</td>
<td></td>
</tr>
<tr>
<td>9. Schistosomiasis, Intestinal</td>
<td>231</td>
</tr>
<tr>
<td>10. Scabies</td>
<td>206</td>
</tr>
<tr>
<td>11. Diseases of Ear</td>
<td>156</td>
</tr>
<tr>
<td>12. Skin infections</td>
<td>151</td>
</tr>
</tbody>
</table>

**Total Attendances:** 11,472

<table>
<thead>
<tr>
<th>Disease or Condition</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total disease</td>
<td>10,489</td>
</tr>
<tr>
<td>antenatal</td>
<td>983</td>
</tr>
</tbody>
</table>

(Source: Kuluva Hospital Records--Report to Ugandan Government)
Berlin, Brent, Dennis E. Breedlove, and Peter H. Raven  

Borofsky, Robert  

Douglas, Mary  

Durkheim, Emile  

Evans-Pritchard, E. E.  

Fortes, Meyer  

Fortune, Reo  

Foucault, Michel  

Frake, Charles O.  

Freud, Sigmund  
1938  *The Basic Writings of Sigmund Freud.* (Tr. A. A. Brill) New York: Modern Library.

Glick, Leonard B.  

Harwood, Alan.  
Horton, Robin

Illich, Ivan

Kleinman, Arthur

Leach, Edmund R.

Locke, John

Malinowski, Bronislaw

Marwick, Maxwell G.

Middleton, John

Middleton, John (ed.)
Middleton, John and Eric H. Winter (eds.)

Moorehead, Alan

Nadel, S. F.

Turner, Victor

Whiting, John W. M. and Irvin L. Child

Wilson, Monica Hunter