

ginal individual to central religious prophet by displaying powers through visions and healing techniques. Underlying the prophet's imaginative process is a struggle over the traumas of dependency needs, the death of a father, and marginal social status. Despite his success, he shows evidence of not really coming to terms with conflicts over his father's death. He suffers from an apparently hysterical crippled condition; he denies feelings of guilt, yet expresses tortuous relationships with God and battles with the devil.

Stephen's conclusion skillfully draws out the central themes of the ethnographic essays, showing how in each case individuals use culturally sanctioned autonomous beings (like souls, familiars, witches, and spirits) to come to a deeper understanding of themselves. In all the essays, we catch a glimpse of what specific people really think and feel—a treat that is still too rare in anthropological studies.

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A Continuing Trial of Treatment: Medical Pluralism in Papua New Guinea, edited by Stephen Frankel and Gilbert Lewis. Dordrecht, Holland: Kluwer Academic Publishers, 1989. ISBN 1-55608-676-x, 334 pp, illustrations, references, subject index. Cloth, US\$89.00; Fl165; £53.50.

This book explores the position of biomedicine in the contemporary health care strategies of Papua New Guinea. Contributing authors were invited to frame their studies around

questions of continuity, change, and pluralism, and to interpret how the personnel and materiel, and at least implicitly the conceptual bases, of biomedicine have been received by different societies throughout the country. The marked geographic and sociocultural heterogeneity of Papua New Guinea offer no end of variety across such factors as settlement size and density; subsistence and diet; communication within and among diverse populations, including colonizers; floral and faunal complexity, including infectious agents, vectors, secondary hosts, and items that can be exploited for disease prevention and treatment; variations of water, soils, and other resources. All of these affect perceptions of health and the circumstances and treatment of illness; as the studies compiled here illustrate, the experiences of biomedics and biomedicines in Papua New Guinea are as varied as the ethnographic contexts into which they have been introduced.

In an introductory chapter Frankel and Lewis summarize the history of (biomedical) health services in Papua New Guinea and note some key issues in the interpretation of medical pluralism. They emphasize the biobehavioral character of all aspects of human health and illness and remark on agents of change; the influences of varying social, cultural, and environmental circumstances on epidemiology; issues of compliance and dependency; the elements of medical decision making; the influence of biomedicine on indigenous therapeutics; and the interaction of religion and medicine.

These issues resonate throughout individual chapters. For example, Car-

rier describes how on Ponam Island biomedicine and indigenous medicine are not simply juxtaposed as alternatives, but biomedicine is interpreted within the framework of local understandings of disease etiology. Barker draws similar conclusions from his observations among the Maisin. The complexity of therapeutic decisions is treated as well by Counts and Counts among the Lusi, and by Roscoe among the Yangoru Boiken. Herdt describes changes in healers' roles, pragmatics, and ideology as they inform medical choice among the Sambia. Strathern comments on the "remarkable fusion" of therapeutic modalities in Mount Hagen, offering what has become a commonplace observation: the adoption of therapeutic paraphernalia or practices does not signify comprehension of the medical paradigms within which that technology was created. Transformation of power structures is central to Lipuma's interpretation of the increasing use of biomedicine among the Maring. Chowning's judgment that Kove have lost confidence in their own therapeutics concludes one of this book's less evocative chapters.

Almost all the essays consider the moral contexts of illness as expressed in sorcery. In the Torricelli Foothills, Allen notes that local responses to shifting disease spectra and patterns of morbidity and mortality include—not paradoxically after all—both increased attributions of sorcery and ready acceptance of medicines introduced from outside. Hyndman elucidates the role of gender in differential diet and health among Wopkaimin populations. Young notes similar dynamics among Goodenough Island populations, and

shows further how such patterns have been affirmed by the paternalistic social ideologies of missionaries. Jenkins documents how changes in health attitudes and practices resulted from mission activity and provide for contemporary populations a biomedical health service that is "culturally acceptable" to the Amele people.

Apart from what little cross-referencing occurs in the introduction, there is no effort to co-relate the different chapters, which are presented sequentially and without thematic, topical, or microgeographical subdivision of the book. In addition to a comparative perspective, these essays would have benefited from being placed in a more far-reaching social and political context. Further, it is readily and unfortunately apparent that health was not a primary concern of the research on which some of the authors draw.

Careless copyediting or proofreading of several chapters leaves some merely irritating, but several substantial, errors. These include sentences reiterated in the last several paragraphs of Young's chapter, and substitution of the word *residence* for *resistance* in Allen's title.

Although medical anthropologists and Papua New Guinea specialists will likely find this collection lacking in several respects, it is an interesting collection of essays, and medical pluralism in Papua New Guinea is certainly a timely theme.

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