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The practicality of metaphors and metonyms: Illness and medicines in Burkina Faso and beyond

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Science has taught us a materialist view of reality; what exists in a physical sense and can be measured, truly exists. The rest is addition, ornament: culture, human relationships, religion, values, rituals, symbols, art.

Cultural anthropology has another starting point. The only reality for anthropologists to describe and to reflect upon is experience. What is not experienced, has no meaning and, therefore, does not 'exist'. The study of human beings ('anthropo-logy') is the study of human experiences. They include human relationships, religion, values, symbols, poetry. What is ornamental to the natural scientist, may be the essence of life to the people anthropologists study.

If we want to study people's management of illness and medicines, we must start from what illness and medicines mean to them, from their experience.

For the purpose of this paper I have selected an ethnographic example of dealing with disease and medicine which is far removed from scientific, biomedical definitions. I want to present this material as a test case: to explore the strength and credibility of the anthropological perspective. How far can we go in accepting people's ideas on health and medicine and taking these into account when we argue for 'rational use of medicines in the community'? Does Sahlins' (1976) claim that "people act practically by acting symbolically" hold true for the medical metaphors and metonyms of Mossi villagers in Burkina Faso, which are at the topic of this paper?

The people

The Mossi, who are the largest ethnic group in Burkina Faso, count over three million people. Most of them are peasants living in the centre of the country. The soil is poor and farming provides them with a meagre income. Their most important agricultural product is millet, which forms the basis of their daily diet. Surviving is increasingly difficult due to erosion of the soil and migration of young people to urban centres. The Mossi are well known for their skills in the production of iron. Other handicrafts include leatherwork, cotton weaving and dyeing textiles.

In the field of medicine Mossi people predominantly rely on their traditional knowledge and practice. For many of them modern medical facilities seem very remote, in geographical but also in social and cultural terms. In most circumstances, local medical knowledge, both expert and popular, is closer to their perception of illness than biomedical explanation. In daily life traditional and modern medical therapies are used simultaneously. Some medical problems, meningitis for example, are considered to fall within the range of biomedicine whereas others may be more effectively treated in the community, by a healer or by people themselves. Hepatitis is an example of the latter category.

Koadanga

Mossi people are aware that biomedicine has no effective therapy for hepatitis. Its treatment takes a long time and does not address the cause of the disease. It is merely concerned with alleviation of the symptoms. In the local pharmacopoeia there are medicines against hepatitis which are considered more effective. Their potency is also recognised by biomedical health workers who sometimes prescribe them to their own patients.

In the Mossi language, Moré, hepatitis is called *koadanga* which means 'partridge'. The name

is related to the most popular treatment of the disease which involves the eating of a partridge. A partridge is killed and its large feathers are plucked. The bird is cooked with a herb mixture containing the roots of the *sosoga* tree and the bark or branches of the *kod-pokka* tree. The patient suffering from *koadanga* drinks the decoction and eats the meat of the partridge. All ingredients have a yellow colour: the roots, bark and branches of the two trees, and the skin and small feathers of the partridge. (The bark and branches of the *kod-pokka* tree are also used to paint leather yellow).

Koadanga illustrates Mossi homeopathic thinking: like cures like. The homeopathic principle invites for metaphoric and metonymic associations, in the description, explanation and cure of illness. In the case of *koadanga* it is the yellow colour which the ingredients of the cure and the symptoms of the disease have in common. Because of their similarity in colour the partridge gives its name to the disease and provides its cure. The example of *koadanga* presents the issue of this discussion: Mossi symbolism in dealing with disease and medicine.

Research

Between November 1988 and April 1989 Adèle Meulenbroek did research among rural Mossi people in the Basma region in Burkina Faso. She was a Dutch medical student with a great interest in cultural and medical anthropology. Her research was focused on local names of illnesses and of herbal and other indigenous remedies. She asked people to explain to her the meanings of those names. When she went through the list of terms and people's explanations, she was struck by the abundance of symbolic associations in their naming of illness and medicine.

The terminology demonstrates the Mossi predilection of making metaphoric and metonymic connections to explain medical problems and to find suitable medicine. I am grateful to her for allowing me to use her work as a case for my discussion on the practicality of symbols in medicine.²

Metaphors and metonyms

Metaphors and metonyms - or synonyms of them - appear in early anthropological studies of magic, one of them being Frazer's 'Golden Bough', which was first published in 1890. Frazer's discussion of magic has been widely criticised because of his derogatory remarks about magic as faulty thinking: "a spurious system of natural law as well as an abortive art" (Frazer 1957:15). He refers to "the crude intelligence not only of the savage, but of ignorant and dull-witted people everywhere" (p.16). But when we 'clean' his writing from these sneers we discover a highly imaginative account of the working of magical thinking. Two quotations suffice to illustrate this:

If we analyse the principles of thought on which magic is based, they will probably be found to resolve themselves into two: first, that like produces like or that an effect resembles its cause; and second, that things which have once been in contact with each other continue to act on each other at a distance after the physical contact has been severed. The former principle may be called the Law of Similarity, the latter the Law of Contact or Contagion. From the first of these principles, namely the Law of Similarity, the magician infers that he can produce any effect he desires merely by imitating it: from the second he infers that whatever he does to a material object will affect equally the person with whom the object was once in contact, whether it formed part of his body or not. Charms based on the Law of Similarity may be called Homoeopathic or Imitative Magic (p.14).

Both branches of magic, the homeopathic and the contagious, may conveniently be comprehended under the general name of Sympathetic Magic, since both assume that things act on each other at a distance through a secret sympathy, the impulse being transmitted from one to the other by means of what we may conceive as a kind of invisible ether, not unlike that which is postulated by modern science for a precisely similar purpose, namely to explain

how things can physically affect each other through a space which appears to be empty (p.16).

Homeopathic magic is what we would call metaphoric, an association based on similarity. Contagious magic, which is based on some kind of contiguity, will be called metonymic.

It is striking that Frazer succeeds so well in explaining 'the native's point of view' while rejecting it so squarely. His eloquence in presenting the magician's view gives rise to the suspicion that after all these views were not so alien to the western scientist. Frazer was able to comprehend and appreciate them:

Thus the analogy between the magical and the scientific conceptions of the world is close. In both of them the succession of events is assumed to be perfectly regular and certain, being determined by immutable laws, the operation of which can be foreseen and calculated precisely (p.64).

The Mossi material, as we will see in a moment, suggests that people spontaneously group together phenomena which are similar or which relate to one another in terms of contiguity (nearness in place, time or otherwise). Frazer's concept of 'sympathetic' magic fits the Mossi way of medical reasoning. People tend to attribute causal principles to similarity and contact though they may not be able to account for their working in precise terms. Similarity and contiguity, we shall argue, and illustrate with some examples, are magnets which attract name-giving, causal reasoning and therapeutic practice. In a variation on the well-known adage *Post hoc ergo propter hoc* (After it, therefore because of it), one could say: *Sicut hoc ergo propter hoc* (Like it, therefore because of it) and *Ad hoc ergo propter hoc* (Near it, therefore because of it).

Mossi metaphors and metonyms

Inspired by Fainzang's (1986) study of medical views in another society in Burkina Faso, the Bisa, we discerned three directions in the use of metaphors and metonyms; some refer to description, some to explanation and some to therapy. The third 'direction' is the most relevant for the discussion in this paper: what role do metaphors and metonyms play in the way people select medicines for health complaints and select complaints for medicines.

Descriptive terms may contain a phonetic imitation of a symptom or relate the (symptom of the) illness to an object, a tree or an animal on the basis of similarity or contiguity. Similar associations are made with regard to cause and cure. After some relatively simple examples we shall present a few complex illness terms to highlight the metaphoric and metonymic vagaries which the Mossi in their home-herbalism follow to establish illness nomenclature, aetiology and cure.

Descriptive metaphors and metonyms

Some examples may clarify what we mean by descriptive metaphor. *Bi* is the name of an illness resulting in pimples, perhaps measles. *Bi* is also the seeds of a certain bush. The pimples resemble the seeds and are given the same name. *Liuula* (an illness which is characterised by convulsions) is another example. *Liuula* is the name a bird: the convulsions are compared with the quick movements of the bird. *Neoongo* is an illness resulting in clefts and cracks in hands and feet. *Neoongo* originally means ostrich. The hands and feet resemble the legs of the ostrich which explains the use of the illness term. *Tiiga*, finally, is an illness which causes pimples over the entire body. Originally *tiiga* is the name of a tree. The skin of the person suffering from *tiiga* becomes rough and resembles the bark of the tree.

Other descriptive illness terms are based on the metonymic principle of contiguity in time of place. *Ti-suudo*, for example, is a type of diarrhea. According to our informants, the term is

composed of *tiiga* (tree) and *sunge* (to fall). The diarrhea occurs in the period that the trees are losing their leaves. But they also see a metaphoric connection: the movement of the falling leaves is compared with the symptom of diarrhea. *Yāg-zugu* is a term for pains in the forehead, migraine. The term is believed to consist of *yāka* (antelope) and *zugu* (head). The pain, our informants explained, is most intense in the morning and late afternoon, which are the periods when the antelope is most active. *Yebga*, finally, is a name for pains in head, ears and eyes, which produces pus from eyes and ears, sometimes leading to blindness and deafness. Teeth may fall out as a result of this illness. Originally, *yebga* means crocodile. As the illness occurs in the wet and cold season and the crocodile prefers a wet and cold environment, *yebga* is an appropriate name.

Causal metaphors and metonyms

Other figurative illness terms emphasise a causal relationship with a phenomenon in the physical world. Two examples of a metaphoric and two of a metonymic connection may suffice. *Ra-yaka* is a children's illness resulting in fissures around the anus. Folk aetiology claims that the term is composed of *raoogo* (wood) and *yaka* (forked): the fissures resemble the shape of forked branches (descriptive metaphor) which makes people explain the illness as the result of the mother using a forked branch to poke up the fire while she was pregnant. *Tāodre* is an illness which can manifest itself externally by a large furuncle, but - in a much more dangerous form - can stay with the body causing swellings of head and neck. The term is derived from *tāo* (to shoot). *Tāodre* is something which is shot. It is believed that the illness is 'shot' at the sick person.

An example of a metonymic connection is *pondre*, a children's illness resulting in emaciation and tiredness, resembling malnutrition. *Pondre*, literally, means toad; it is believed that the illness is caused by an enema containing a fluid for which grasses have been used on which a toad has been sitting and / or urinating. The second example is *raōngo*, a frequent and very liquid diarrhoea. The literal meaning of *raōngo* is heron. The diarrhoea, which apparently is associated with the heron's defecation (metaphoric description) is believed to occur when a heron flies over the village. When a heron flies, people say, it shits and screams at the same time and causes the disease. Mothers try to chase the bird away and shout: "Go away with your diarrhoea."

Therapy-related metaphors and metonyms

As the above examples have shown, metaphoric and metonymic associations are often intertwined. They become particularly difficult to distinguish in figurative references to curative practices. In the first three examples metaphoric views dominate.

The term *ra-yaka*, for example, which was mentioned above, a children's illness resulting in fissures around the anus (*raoogo* = wood; *yaka* = forked) is also related to therapy. The illness is treated by burning a forked branch (which resembles and has caused the fissures), mixing the black ash with butter and smearing the mixture on the anus. In the same vein, *ti-sundo*, a diarrhoea (see above; *tiiga* = tree; *sunge* = to fall) is treated by an enema prepared from the fallen leaves or the bark of a tree which has lost its leaves.

Zim-piiga is a children's illness resulting in fever, diarrhoea, emaciation and sunken fontanel. *Zim* means fish, *piiga* means part. The sunken fontanel has the same shape as the head of a fish and is treated by hanging a fish head round the neck of the child. Some also say they use the fish to prepare an enema.

In the last example the emphasis lies again on metonym. *Yebga* (literally 'crocodile') is a term for pains in head, ears and eyes, as we have seen above. A bone of the crocodile, which is associated with the illness because it likes the same environment, is sometimes used to treat the illness.

The intertwining of description, aetiology and therapy

The few examples presented here suggest a clarity in the distinction of different illness terms which does not exist in the everyday perception and naming of health problems. In actual practice people tend to link descriptive, causal and curative references and lump them together. The existing illness terms have no clear-cut and generally accepted meanings. They rather constitute invitations for improvising exegeses to people who are asked about their meaning. An illness term which contains a concrete reference to an animal or plant or to an object in daily life leads informants to link the illness to that particular animal, plant or object by pointing out similarity and/or contiguity and seeking the cause and cure of the illness in the domain of that same animal, plant or object. Frazer's concepts of 'homeopathic' and 'contagious' association are clearly at work in the Mosi nomenclature, aetiology and therapy: where a metaphoric or metonymic link is perceived between an illness and some concrete object a causal connection is likely to be assumed as well.

Waafo, a skin disease, is named after a snake (*waafo*) because, as people say, it makes a child's skin stiff and shiny like a snake's skin. Moreover, the disease is believed to be caused by the pregnant mother's crossing of the snake's trail and it can be cured with the skin of a snake. The pathology and therapy is concrete and pictorial.

Four more elaborate examples may illustrate the rich and 'untamed' character of Mossi illness associations: *neoongo*, *tānt_ri*, *rasem-piungo*, and *nao-gada*.

Neoongo ('ostrich'), as we have seen, is a disease which causes clefts and cracks in hands and feet. It sometimes leads to bleeding. The disease occurs mainly in the 'cold' season. The informants explained the name of the illness by pointing at the similarity between the symptoms and the legs of the ostrich. Most informants said that the cause of the illness is unknown, but a few held the opinion that someone suffering from the illness had stepped on an ostrich's nest and broken the eggs. The black powder to treat the illness has to be prepared with the feather or a bone of an ostrich. The powder, mixed with butter, must be smeared on hands and feet.

Tānt_ri is the name of a wild pig, but it also is a term for an illness which causes itching pimples over the entire body. The illness may cause loss of hair. The skin of the patient, it is said, resembles the skin of the *tānturi*. Various informants said they did not know the cause of the illness, but some believed it could be caused by hunters' killing of the animal. The relatives of hunters also run the risk catching the disease when they touch the animal. In the treatment of the illness some people said a bone of the *tānturi* had to be used, but more specific information was not provided.

Rasem-piungo is an open space in the landscape, a spot where nothing grows. The term is also used for a children's illness which has as its most prominent symptom that the child loses hair. Biomedical observers suspect that the illness may be a fungus infection (*Tinea capitis*). Obviously, the origin of the term *rasem-piungo* is metaphorically descriptive. The child's bare head is compared with the bare spot in the landscape. But this is only the beginning of the associative ramification. Asked about the cause of the illness people are 'taken in' by the concreteness of the metaphoric picture and start to seek for causal explanations in the 'real' *rasem-piungo*: *Sicut hoc ergo propter hoc*. Some say that during her pregnancy the mother has walked over a bare spot in the land. After its birth the baby started to develop the signs of *rasem-piungo*. Others suggest that the child itself has walked over the spot. In both explanations the metaphoric relation has turned into literal truth. The free association has been 'naturalised', imprisoned in the factuality of natural conditions. A similar process takes place in people's reasoning about appropriate treatment of the illness. Again the metaphoric comparison proves its powerful hold over people's imagination: the treatment too is related to the natural *rasem-piungo*. People advise to treat the illness by mixing some soil from a *rasem-piungo* with water and smear it on the head of the patient. Finally, the metaphor extends its influence to preventive measures. Pregnant women are warned to avoid bare spots in the land and mother are admonished to keep their children away from such places in order to prevent *rasem-piungo*.

Nao-gada is an illness which causes sore and stiff feet and may also lead to wounds on the feet. *Naore* means 'feet' and *gada* 'string' or 'bandage'. Biomedical observers believe they can identify the illness as sinusitis, arthritis and rheumatism. Some explain the name of the illness ('feet string') with a reference to the ropes which are tied around the front legs of a donkey and which cause sore spots and wounds. These wounds resemble the wounds of the human illness. Others say that the

term means that the one suffering from *nao-gada* cannot walk, like the tied donkey.

Informants did not know what caused the illness but questions about therapeutic treatment resulted in an inventive analogy. Strips of animal skin, which traditionally are used to pack salt when it is transported, are tied around the feet. The therapeutic analogy is that although the strips have remained around the salt blocks for a long time (the salt comes from far), they will eventually be removed when the salt is unwrapped and sold. It is hoped that in a similar way, the illness will go away from the feet, when the strips are removed.

Keesing (1987), in his critique of anthropological interpretation, reproaches his colleagues for taking metaphors and metonyms too seriously. Dead metaphors are resuscitated by anthropologists who hear them for the first time. Meaningless terms are charged with whatever informants are willing to say after being pressured to do so by the anthropologist. Symbolism is created in the ethnographic encounter. One could imagine what would happen if a stranger would ask a person in England to explain the meaning of the disease term 'depression'. The native Englishman may start associating the term with the weather phenomenon which is so common in his country and the stranger may conclude that the disease itself is directly linked to the weather. 'Misplaced concreteness' also occurs in symbolic interpretation. It was Galen who, almost two millennia ago, rejected the idea that 'hysteria' had anything to do with the uterus, from which it originated etymologically. But Galen was a physician, not an anthropologist. He was not interested in popular medical beliefs.

It should not be ruled out that much of the Mossi ethnographic data was produced at the spot, with the researcher as catalyst (cf. Pool 1994:23) and that they should be regarded as 'negotiated fiction' (again Pool's term). Perhaps, a more trustworthy answer to the anthropologist's questions would have been: I don't know (as in fact several informants did reply). However, we don't think this critical remark conflicts with the clue of our argument. The mere fact that people did make the above associations, whether instantly or based on common knowledge, shows the symbolic train of their medical thinking and acting. Few people can 'make up' stories out of nothing. Apparently, the concreteness of the symbolic images provided sufficient 'stuff' to enlighten the researcher about the causes and appropriate cures of the various illnesses.

Metaphors, metonyms and medicines

Metaphors

Metaphors help us to grasp 'reality' in an intellectual sense, to see the world in a certain way and, consequently, to communicate about that intellectual experience. Metaphors have a practical value; they help people organize their lives. Fernandez (1986:8) applies Burke's definition of proverb to metaphor: a "strategy for dealing with a situation". But it is still not clear how that metaphoric assistance, that strategy, works. To explain this, Fernandez resorts to a spatial metaphor: metaphors "take their subjects and move them." (1986:12). Where? One of the most popular "movements" accomplished by metaphors in everyday life is from inchoateness to concreteness. A metaphor, like a proverb, is "a predication upon an inchoate situation. It says that something much more concrete and graspable - a rolling stone, a bird in the hand - is equivalent to the essential elements in another situation we have difficulty in grasping" (Fernandez 1986:8).

Let us apply this to the experience of not feeling well, a typical example of a situation that is difficult to grasp. Although bodily sensations seem very direct and concrete to the subject, they are elusive and obscure at the same time. Pain, for example, is an indefinite experience. The subject does not fully understand his own body and, worse, he finds it extremely difficult to communicate the pain sensation to others. Pain, by definition, is a lonely situation. What cannot be shared by others cannot be discussed and recognized by others and thus remains, in a sense, abstract, a non-experience.

By likening the pain sensation to other experiences that are more tangible, we move, in Fernandez's terms, the inchoate to a domain where things are easier to grasp. The metaphoric assistance in dealing with not feeling well is that it makes the complaint specific, even palpable.

Images from the tangible world of nature and physics are applied to the elusive experiences of nausea ('a wave') and pain ('a vice'). Illness assumes an appearance of concreteness which makes it accessible for communication and therapeutic action. Metaphors and metonyms show their practicality.

Terms transform illness into empirically verifiable phenomena. In biomedicine both doctors and patients use physical and technical terms to describe the cause of the complaint: defect, tension, shock, rupture, stricture, pressure, perforation, stress, expulsion, and sedimentation. They speak of canals and vessels, flow and congestion, the intestinal flora, growths, and invasions.

Cassel (1976) analysed 2,000 tape-recorded doctor-patient conversations in New York City. He concludes that doctor and patient are inclined to refer to illness in terms that suggest a distance between the person and the illness. Illness is depersonalized and becomes an 'it'. This is also a way of objectifying and concretizing a diffuse subjective experience.

Concretistic and mechanistic images of illness and health are familiar in popular speech. The body and the heart ('ticker') in particular, are referred to as an engine that may break down, not run well, become worn out, and need to be checked. Terms like 'fuel', 'battery' and 'spare part', are frequently used to describe health problems. The plumber's model of the body, with its pipes, pressure, circulation, flushing and draining, is apt for many of us (cf. Helman 1994:25).

Metaphoric movements of medicines

It is not difficult to see that the concretization of illness brought about by metaphor prepares the ground for the use of medicines. If the problem is physical, then the remedy should be physical. Medicines appear the perfect answer to the problem.

Western pharmaceuticals, as substances, change the substance of the ailing body. Vitamins supplement deficiencies in the metabolic system of the body, thus restoring the normal physical condition. Diuretics promote the excretion of water and electrolytes by the kidneys. Insulin reduces the blood-sugar concentration in the body. Antibiotics and micro-organic substances destroy or inhibit the growth of other species of micro-organisms.

In a medical system which is characterized by ideas of 'hot' and 'cold', medicines are believed to influence the hot-cold balance (cf. Logan 1973). Peasants in the Northern Andes of Peru believe that black medicines are most effective in absorbing the heat (Oths 1992). In Rwanda, medicines are applied to restore the regular flow of bodily spirits (Taylor 1988). Among the Sakhalin Ainu (Ohnuki-Tierney 1981), as among the Mossi, medicines are selected on homeopathic principles; an illness associated with a certain animal is treated with substances of that same animal. Everywhere metaphoric concreteness sets the tone.

Metonyms

There are two closely related metonymic processes that are of great significance for making illness concrete and facilitating the use of medicines. These are 'part for whole' and 'localization'. Locating a health problem in some part of the body has mainly two effects - it makes the complaint more specific and allows for directed action. Locating the complaint in a part does not deny the suffering of the whole body or the whole person. The implied causal ordering of the metonym is that the illness of the (whole) person is brought about by the dysfunctioning of one body-part.

Locating the complaint is, as it were, providing a geographical map for therapeutic intervention. Medicines, as we have seen, are believed to work in a very concrete manner. They change the physical composition or restore the mechanics of a body part. They can be applied locally or sent to the troubled area through the canals of the metabolic and arterial system. The localizing metonym shows the way for medicines to be taken.

Another metonymic style of explaining and dealing with illness is, 'producer-product'. Experiences can be made concrete and tractable by seeing them as conditions that have been brought

about by some agency. Attributing illness to a certain person is transporting the elusive experience to the concrete world of social relationships where power, knowledge, and specialized techniques of others can be marshalled to solve the problem. Medicines become metonymic substances in that they are treated as physical representations of a larger context of which they are a part. Personal relations may take a prominent place in that context.

Metonymic movements of medicines

The 'charm' of medicines is that, even removed from their medical context, they retain a potential connection to it. The medicines have a metonymic association with medical doctors who prescribe them, with laboratories that produce them, with medical science that forms their ultimate ground. Through medicines people enjoy the fruits of medical expertise without the inconvenience of actually having to go to the doctor.

It is not only the case that medicines are associated with doctors, however. In many situations they represent a whole cultural context. This probably explains the frequently cited popularity of medicines with a foreign origin (cf. Whyte 1988: 225 ff.). Hand in hand with the near universality of ethnocentrism goes a widespread belief in cultures throughout the world that extraordinary knowledge can be found elsewhere, far away usually. Supernatural (or rather supercultural) capacities lie outside the domain of the familiar. An exotic provenance of medicines, therefore, is easily seen as a promise that these are indeed superior.

The way in which a medicine's connection to another cultural context may be emphasized to enhance its charm is beautifully illustrated by a Philippine television ad for 'Alvedon', a brand name for Paracetamol, manufactured by Astra of Sweden. Pictures show a Swedish doctor taking the drug, while an announcer explains that Alvedon is the product of "the same Swedish technology" that produced the Volvo. This is followed by pictures of the tennis champion, Björn Borg, and the Nobel prize ceremony in Stockholm (Tan, personal communication).

Conclusion

The distance from Mossi herbs to modern pharmaceuticals is shorter than we may have expected. What Mossi home-care herbalists and consumers of biomedicine have in common is their dependency on the concreteness of metaphors and metonyms.

Among the Mossi, names, causes and treatments of illness reveal a strongly metaphoric and metonymic style of reasoning. Cause, effect and cure are grouped together around powerful images derived from everyday life such as tools and other objects of daily use, plants and animals. These images are 'good to think' in the sense that they do not only help to name and classify the illness, but also provide the 'stuff' for its causal explanation and cure. Mossi associative reasoning amply demonstrates the appropriateness of Frazer's concepts of homeopathic and contagious 'magic'. The existence of a concrete point of metaphoric or metonymic reference has a magic hold over etiological and curative beliefs. People derive intellectual and social satisfaction from linking illness concepts to key images which are attributed to both pathological and curative action. This contradiction - or at least paradox - is never explicitly discussed and does not seem to worry these home-herbalists. The contradiction simply dissolves in the 'heat' of the image.

The Mossi 'order' seems far removed from the one of natural science classification and Aristotelian logic. Upon closer look, however, their and our style of reasoning may be less far apart. Metaphoric and metonymic associations also underlie the everyday logic of people in 'modern' society. Notions of the hereditary and contagious nature of disease, for example, can be seen as attempts to provide a causal explanation through a metonymic connection. And an increasing number of studies shows how much metaphor and metonym is jumbled up in the empiricist rationalism of natural science (cf. Martin 1987, Latour 1990).

The meaning of medicines must be understood in terms of the experience and conception of illness. Metaphors are often used to concretize illness, which opens the way for therapy by *things*.

But the very existence of medicines as a form of treatment motivates the conception of illness in appropriately concrete (and therefore treatable) terms. In providing concrete models for feeling ill, medical science provides many of the metaphors we live by.

Medicines, herbs as well as pharmaceuticals, predicate a graspable world of healing upon the sufferer, giving the imagined `itness' of the disease the countering `itness' of the medicine and vice versa. Discursive and associative reasoning are inextricably bound up in a continuous process of mutual production and the `linguistic embellishment' of aetiology and cure is part of the therapeutic efficacy.

Notes

1. This paper is based on two earlier articles dealing with metaphors and metonyms in medicine (Van der Geest & Whyte 1989; Van der Geest & Meulenbroek 1993).
2. Meulenbroek's (1989) thesis is in Dutch. A brief co-authored article (Van der Geest & Meulenbroek 1993) appeared in English.

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