

Riddell takes the position that, particularly with the advent of a new political dispensation in Zimbabwe, the need for solutions to the problems of Black rural and urban poverty and unemployment, and of inequality in the distribution of assets and income, takes on added urgency. And since these problems are a result of policy biases contained in past strategies interacting with the structural processes summarized above, the solutions 'require . . . a very different alternative from the present approach'.

The Basic Needs Approach to Development

Riddell proposes that what is needed is a re-orientation of development philosophy and policy so that the satisfaction of the basic needs of 'the poorest sectors of the population' occupies a central position. Basic needs are defined as consisting of three elements: adequate private consumption, access to social services, and mass participatory democracy.

Unless adequately balanced with accurate portrayal, coherent thinking and clear expression, brevity in socio-economic discussion, particularly of policy issues, always carries the grave danger on the part of the presenter of misrepresentation of ideas — and of misinterpretation on the part of the recipients. I fear that this could be the result of the way that the Basic Needs Approach has been introduced to the context of Zimbabwe.

In so far as addresses the question of incorporating considerations of poverty, deprivation and distribution into the public policy decision matrix, the Basic Needs Approach says nothing shatteringly novel to the study of social problems. But in so far as it simply focuses on a (hopefully non-ephemeral) shift in emphasis in the thinking of world professional analysts and agencies about the *purposes* (and only secondarily *strategies*) of growth and development, the Basic Needs Approach only gives a new label to an universally important issue: humanity must struggle to alleviate poverty and its consequences.

Riddell's discussion of this shift is, I think, too brief. It also appears rather haphazardly and hurriedly assembled. Summarizing the Basic Needs Approach and juxtaposing that summary with comments on general macro-economic sectoral policy options, urbanization and industrialization, the role of foreign capital, technology and know-how, Research and Development, participatory democracy and self-reliance, the problem of the influence of East - West geopolitics on the evolution of strategic development options, etc., and presenting all this in a 13-page section, results in the likelihood that the meaning and implication of the Basic Needs Approach itself will be lost. Superficiality becomes almost inevitable.

Riddell raises many important and relevant issues in this pamphlet. Those issues are not new to this country and economy. That lack of novelty does not make them any less valid, or urgent. His presentation of these issues leaves much to be desired, for example, detail, rigour and, *for other analysts, theoretical explicitness*. The *over-riding* point, in my view, however, is that the issues are being raised. The country can only benefit from more thorough efforts.

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Traditional Healers and the Shona Patient By G. Chavunduka. Gwelo, Mambo Press, Zambeziana No. 3, 1976, 139pp., ZR\$5.90.

This study was part of Professor Chavunduka's doctoral research and was conducted mainly on a group of Shona patients in Highfield township in Salisbury, Rhodesia over the years 1968-72. With detailed statistics, case studies and numerous quotations, Chavunduka examines the process involved in defining the causes of illnesses, the decision-making process in the choice of therapy and the organization of traditional medical practice.

In the course of his analysis, he emphasizes that traditional healing is a service that exists for preserving health in its own way and that its healing is not exclusive to those with the most amount of money. Chavunduka discovered that the rural Shona patient first seeks the traditional healer's treatment and that of the professional physician last. The urban patient, however, seeks the services of a professional physician first and then that of the traditional healer, if no cure has been effected. As a general rule, however, most patients seek the services of the traditional healers when scientific medicine proves ineffective. More than 53 per cent of the urban patients in Chavunduka's series left the professional practitioner and resorted to the traditional healers when scientific medicine failed to produce expected results.

The study shows as well how ties of kinship are particularly brought to the fore in times of illness; money is made available to a kinsman who is faced with an illness but lacks money. The basic concept of extended relationship with its concomitant factors of sharing and helping one another is well brought out in this study. The concept of collective responsibility, so inherent in Shona society, is thus clearly demonstrated. The ancestral spirits may punish a whole group or some of the relatives with an illness or misfortune, if one of their members upsets them. An illness, therefore, concerns not only an individual but the whole family group.

Chavunduka observes in his study that there is a sense in which the traditional healer can be said to outmanoeuvre the professional physician whose pre-occupation is largely the physical cure of his patient. The traditional healer is interested in the cure of the whole man. The professional physician asks the patient to tell him where the pain is and then he diagnoses. The traditional healer identifies himself with his patient far more than that. He is like the priest who identifies himself with his client's difficulties and social problems. He heals both the body and mind of the client. Conditions considered to have a primarily supernatural cause are taken to him because the professional physician has no means of coping with them. Illnesses of 'African' origin that are caused by witches are believed to be better treated by traditional healers, while professional doctors are believed to deal far better with diseases caused by germs. However, it seems that it is difficult for patients to tell whether their ailments were 'African' or 'European' in origin.

The traditional healer also outmanoeuvres his professional counterpart in that he is believed to provide his clients with protective medicines that ward off any harmful magic or witchcraft. On the other hand, the reputation of the traditional healer is not as high as it used to be owing to the influence of Western education, Christianity and the efficacy of scientific medicine. Missionaries discouraged traditional healing because they thought that it encouraged superstition, witchcraft and ancestral worship.

Traditional healers sensing the threat to the existence of their profession have reacted by forming their own medical associations such as The True

African Ngangas Herbalists Association of Africa. These associations issue their own medical certificates and diplomas and badges. All this is designed to protect themselves against extinction and to retain public confidence. Chavunduka also shows how through the cash economy, traditional healing is being transformed from a healing service into a profit-making enterprise.

Chavunduka's book is generally interesting and represents, in a very schematic way, a modest beginning in an important and fascinating field of study. It goes beyond the typical descriptive method of some anthropologists. We can conclude from this study that the traditional healer is still holding sway and that his services often meet felt needs, and that he has a big role to play in the treatment of millions of patients in Rhodesia or perhaps throughout Black Africa.

It is, however, necessary to enter a word of caution. The analysis presented in the book is mainly based upon research in one township, Highfield, which is in no sense representative of the whole of Rhodesia. How far it is possible to draw generalized conclusions from this analysis is, therefore, a moot point. Also, the book is, unfortunately, padded out with numerous and long quotations from text books which could have been reduced to a minimum and only referred to in a paraphrased manner.

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A Shona Urban Court By G. Chavunduka. Gwelo, Mambo Press, Occasional Paper, Socio-Economic Series No. 14, 1979, 70pp., ZR\$2,25.

In this brief survey Professor Chavunduka sets out to trace the history, function, the proceedings and the type of cases brought before the Makoni Court in St Mary's Township near Salisbury. The Court is the traditional *dare*, though modified, in an urban setting. It was instituted at the request of Mr Makoni and the residents of St Mary's Township. It was initially established on a local basis in 1962 but soon attracted litigants from all over Salisbury's townships.

The court primarily solves social problems that, the residents consider, the District Commissioners cannot satisfactorily arbitrate; such cases include disputes between husbands and wives, disputes between neighbours, between boys and their girl friends, and adultery. Difficult cases are referred to the D.C.; these include divorce, and disputes over custody of children. Some other cases are referred to the chief as they demand a ritual settlement; incest is one of such cases.

The author observed a number of innovations at this court such as the taking of the oath to God, and the keeping of records of court proceedings. A most peculiar innovation is that a man who gives any woman ~~some~~ money in return for sexual favours is guilty of promoting prostitution.

If the reader is looking for a systematic analysis of this research, he will be disappointed. There is an absence of a coherent thematic development. The case material itself is hastily treated and the book is reduced to a superficial description of a variety of themes not directly related to the court or the research. Digressions occupy almost 70 per cent of the text. For example, in Chapter 2 the author deals at great length with witchcraft and social functions, bringing in irrelevant quotations that have nothing to do