

Medizinethnologie

Eine Einführung

Reviewed by Sjaak van der Geest

Katarina Greifeld, ed. *Medizinethnologie: Eine Einführung*. Berlin: Reimer Verlag, 2013. 204 pages, €19.95. ISBN 978-3-496-02859-8.

Few medical anthropologists know that the first beginnings of their ‘discipline’ are located in nineteenth-century Germany. The main cause of their ignorance is probably the fact that most of those early writings were in German, which at that time – in contrast to today – was a prominent and widely known language in the fields of science, humanities, and art. The works of Adolf Bastian, Sebastian Neumann, Rudolph Virchow, Georg Groddeck, and later on Viktor von Weiszäcker and his colleagues were pioneering pleas for a more contextual perspective – social, cultural, political – on disease and medicine. Several concepts and discussions in medical anthropology that appeared one hundred years later were approximate reinventions or repetitions of what their unknown German ancestors had already written.

Greifeld’s book is also in German and for that reason likely to be overlooked in international discussions. That alone is a good reason to draw attention to it in a journal that is particularly interested in European medical anthropology. This review is therefore first of all an invitation to look ‘beyond the Anglophone world’ – once the title of a section in *Social Science & Medicine*. Greifeld’s volume is an introduction to medical anthropology for a German audience, for both academics and a wider public. It is, one could say, the fourth (totally revised) edition of an introduction written by Beatrix Pfeleiderer and Thomas Bichmann that appeared in 1985. Earlier revised editions appeared in 1995 and 2003. The book consists of a foreword by Bichmann, an introductory chapter written by the editor, followed by four

chapters on medical-anthropological themes in four geographical areas (South America, Oceania, Africa, and Europe) written respectively by Josef Drexler, Verena Keck, Ruth Kutalek, and Nicholas Eschenbruch. The final, sixth chapter deals with female and male circumcision, written by Greifeld, Petra Pfnadschek, and Armin Prinz.

All four editions of this *Einführung* contain a discussion about the German name of the discipline. That may seem trivial but is directly linked to its long history. The term ‘medical anthropology’, which is widely used in most languages, caused problems and misunderstandings in the German academic world. One could call this a result of the ‘law of the handicap of a head start’. First of all, ‘*Anthropologie*’ was not an option, because that term had already been taken by physical anthropology, an entirely different field of research. Moreover, the term was still very much associated with racist Nazi ideology. ‘*Ethnologie*’ or ‘*Völkerkunde*’ were usually preferred. But also the name ‘*medizinische Anthropologie*’ was not available; it was the term that Von Weizsäcker’s Heidelberger School had chosen for its anthropological approach to the theory and practice of medicine (‘*anthropologische Medizin*’ would have been a more correct name). The irony is that long before ‘medical anthropology’ was coined in social and cultural anthropology (in the 1970s), the term had long been in use in Germany, but with a slightly different shade of meaning, and is therefore not usable in present-day German cultural anthropology.

The struggle over the name (and identity) can be observed in the subsequent editions of the book, mentioned above. The first and second editions were presented as introductions to ‘*Ethnomedizin*’. That name caused of course international confusion as ethnomedicine was regarded as a part of medical anthropology and, moreover, widely criticised for its implicit ethnocentric meaning. In the third and fourth editions, the name was changed to ‘*Medizinethnologie*’, but as more and more German colleagues are publishing in English, ‘medical anthropology’ becomes increasingly ‘*salonfähig*’. In fact, in a footnote to her chapter, one of the contributors, Ruth Kutalek, pleads for the English term in German texts.

Since 1978, the German association for medical anthropology (AGEM) has its own journal *Curare*, which is also insufficiently known in international medical anthropology for the same reason: it is mainly in German, though English contributions are now becoming more common. Another ‘handicap’ is that the journal is not yet available through the Internet.

Finally – and perhaps unfairly brief – a few comments on the contents of this *Einführung*. Greifeld’s introduction sketches the history of medical anthropology in general and in Germany in particular, and points out some recent interests such as the influence of biomedicine on body image, medical tourism, and culture-specific syndromes. The chapter also contains a brief overview of facilities in Germany for the study of medical anthropology.

Each introductory textbook faces the challenge of how to strike a balance between an encyclopaedic overview (which by now is almost impossible in such a wide field as medical anthropology) and interesting case studies that demonstrate the methodological and theoretical achievements in the field. And if the emphasis falls on the encyclopaedic approach, as is the case in this book, the question arises how to organise that overview. Greifeld has chosen for a regional division of medical-anthropological work over four continents (with Asia curiously missing). Only the last chapter deals with a topic on which anthropologists have made notable impact: circumcision.

The problem with the regional chapters is that they are packed too full, and that each author must admit that it is not possible to speak about a whole continent as if it is a homogeneous society. Fortunately, the different authors do address different themes, but the selective character of the chapters also feels incomplete and somewhat arbitrary. The chapter on Oceania, for example, discusses chronic disease, nutrition, the consequences of climate change, and HIV/AIDS, whereas the chapter on South America focuses on aetiological concepts such as evil eye and hot-cold theories, and the African contribution pays special attention to the colonial introduction and reception of biomedicine in the context of medical pluralism. The chapter on Europe reflects on biomedicine as a cultural phenomenon.

Without criticising the quality of the regional chapters, I would – both as a reader and a teacher of undergraduate courses – prefer an illustrative collection of case studies or essays that combine ethnography with theoretical reflection and address classic as well as ‘hot’ present-day concerns in the field of health, illness, and medicine. A suggestion for the fifth edition?

About the author

Sjaak van der Geest is Professor Emeritus of Medical Anthropology at the University of Amsterdam, the Netherlands. He did fieldwork in Ghana and Cameroon and published on a wide range of topics, including perceptions and practices concerning birth control, witchcraft beliefs, Ghanaian Highlife songs, missionaries and anthropologists, anthropology of the night, and various topics in medical anthropology, in particular the cultural context of Western pharmaceuticals in non-Western communities, hospital ethnography, perceptions of sanitation and waste management, and social and cultural meanings of growing old. Personal website: www.sjaakvandergeest.nl.