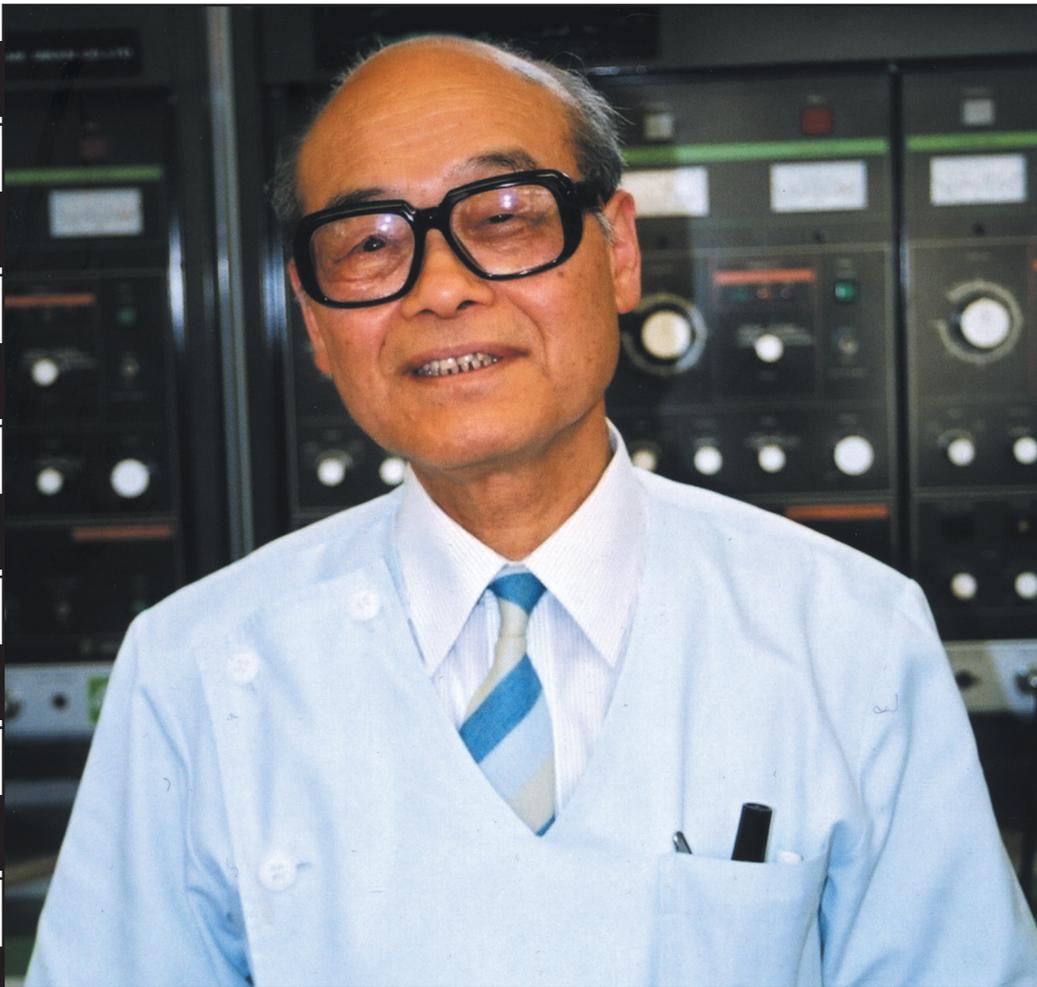


february 2003

volume V number 2

v e n

viennese ethnomedicine newsletter



Miyagawa-sensei



INSTITUTE FOR THE HISTORY OF MEDICINE, UNIVERSITY OF VIENNA
quondam ACADEMIA CAESAREO - REGIA IOSEPHINA 1785

department of ethnomedicine

Frontispiece

Miyagawa-sensei is a traditional bone-setter in Masuda, Japan, with more than thirty years of experience. *Seikotsu*, which literally means “correcting bones”, is the oriental form of bone-setting and is similar to Western style osteopathy and chiropractic. It was first introduced to Japan from China. The methods and techniques were further developed and adapted and kept secret for centuries. Today, the knowledge is available to everybody who qualifies for one of the many schools in Japan. Dr. Miyagawa successfully combines traditional wisdom with modern science and technology in his practice.

Photograph: B. Kostner

Viennese Ethnomedicine Newsletter

is published three times a year by the Department of Ethnomedicine,
Institute for the History of Medicine, University of Vienna, Austria.

Editor in chief

Armin Prinz, Department of Ethnomedicine, Institute for the History of Medicine,
University of Vienna, Austria

Editorial board

Nina Etkin, University of Hawaii at Manoa; Wolfgang Jilek, University of British Columbia;
Manfred Kremser, University of Vienna; Wolfgang Kubelka, University of Vienna;
Guy Mazars, University of Strasbourg; Rogasian Mahunnah, University of Dar es Salaam;
Traude Pillai-Vetschera, University of Vienna; Jun Takeda, University of Saga; Karl R. Wernhart,
University of Vienna; Zohara Yaniv, Volcani Center, Israel

Editors of this issue

Ruth Kutalek, Department of Ethnomedicine; Hebe Jeffrey, Institute for the History of Medicine

Content

Healthy Bowel Movements in Kwahu-Tafo. A Brief Note (Sjaak van der Geest)	3
Meeting with a Traditional Japanese Bone-Setter (Bernd Kostner)	7
Contributions to Visual Anthropology:	
Ethnomedical Film Work Among the Azande – Part I (Armin Prinz)	10
Medical Concepts in Mexico (Birgit Buxbaum).	16
Reader's Corner	20
Lectures of the Department	22
Publications of the Department 2002	24
Ph.D. and M.A Theses	25
Forthcoming Congresses	25

Submissions, announcements, reports or names to be added to the mailing list, should be sent to:

Editors, Viennese Ethnomedicine Newsletter, Institute for the History of Medicine, Department of
Ethnomedicine, Währinger Strasse 25, A-1090 Vienna, Austria

FAX: (+43)43-1-42779634, e-mail: ruth.kutalek@univie.ac.at

homepage: <http://www.univie.ac.at/ethnomedicine>

ISSN 1681-553X

Healthy Bowel Movements in Kwahu-Tafo

A Brief Note

Sjaak van der Geest

Excerpt from an old diary:

Kwahu-Tafo, April 1969. "I wake up from a bleating goat. Dawn, half-light. I hear people outside. A bucket is put on the floor, the handle falls down with a sharp click. Muted voices, a woman calls. Footsteps in front of my door. Cracking wood. People make fire. There is one sound that I can't identify, a monotonous and regular 'zzzz, zzzz, zzzz'. I get up and open the door. In the dusk I see a young girl sweeping the courtyard. She bends herself, left hand on the back. In her right hand a broom without a handle that brushes the earthen yard in large, regular movements. Yesterday's waste is shifted to the centre: banana peels, a rag, balls of paper, a piece of plastic, a broken sandal, spit out pieces of sugar cane, chicken waste, a tin of sardines, an old ballpoint, and a spoon that should not be there. For one moment the rhythm is interrupted, when she picks up the spoon and throws it in the direction of the kitchen. She continues her work, 'zzzz, zzzz, zzzz'. She draws parallel, slightly bent stripes on the soil.

Outside the courtyard silent figures pass, dressed in clothes that are firmly drawn around the neck because of the morning chill. They are on their way to the public toilet, fifty meters further down the road. It's rush hour, but silent. Nobody speaks. On the way to the toilet, people don't greet each other, as I will learn soon. A young boy enters the yard with a bucket on his head and pours some of the water into a pot on the fire. Water for bathing. My first night in Emmanuel Asirifi's house has passed. The day has begun."

The first sounds on my first day in Kwahu-Tafo, a rural town in Ghana, are sounds of cleansing. The courtyard is swept, water is collected and put on the fire for a bath and people visit the toilet.

Dirt and Danger

Cleansing is the keyword if we want to write

about 'healthy bowel movements in Kwahu-Tafo'. Kwahu-Tafo is the place where I settled for my first anthropological fieldwork many years ago. It is halfway between Accra and Kumasi, on the Kwahu Plateau. The inhabitants, Kwahu people, belong to the about eight million Akan in the country. Cleansing is 'the point'. Dirt is the great enemy. He who wants to stay healthy should remove dirt, from his yard, his house, his kitchen, his body; from the outside but most of all from the inside of his body.

Dirt is a central concept in the Akan culture of Ghana, in its physiology, its pathology, its aesthetics and in its 'sociology'. Dirt is something unwanted, something one should get rid of. There are several terms which refer to dirt. *Efi* is dirt which, according to some, comes from outside and attaches to the body, to clothes, to objects, or to a house. It has a temporary character. *Efi* is not a serious type of dirt, if one removes it in time. It is not dangerous. *Atantaneè* (lit. nasty or hateful things) is dirt which is more detestable. Most people use this term for dirt coming from inside the body: vomit, phlegm, menstruation blood, urine, or faeces. Human excrement lying somewhere is far more revolting than banana peels or a piece of plastic in the courtyard. *Eho yè tan*, it is disgusting, dangerous (Van der Geest 1998).

As in most languages, terms of 'dirt' assume much wider meanings. They are metaphorically applied to social, moral and aesthetic phenomena. Dirty = ugly = unattractive = nasty = bad = uncivilised = shameful = not respected. Cleanliness (*ahoteè*), on the other hand, is the pre-eminent metaphor to express positive appreciation. Clean = beautiful = attractive = good = civilised = respectable.

Dirt also takes a central place in the explanation of sickness. Almost half of all disease causations collected by Warren (1974: 317-18) among another Akan group are related to dirt.

People are very concerned about avoiding dirt in order to stay healthy. One should cover food to protect it against flies and other dirt from outside. One should wash one's utensils, sweep away dirt which will attract insects, clean the containers in which water is stored, wash one's clothes regularly, and so on. A pure body, neatly dressed, in a clean house, stands for a healthy person. Warren (1974:320): "Daily bathing is very important ... and at least two baths a day are taken, one prior to beginning the day's business and one prior to retiring at night. Babies are bathed more frequently. Clothing is kept very clean and washed and ironed frequently." "Adware yè oduro, (Taking a bath is in itself a medicine)", writes the Ghanaian sociologist Yaw Osei (1978: 42).

The presence of dirt *in* the body is seen as the most important cause of sickness. If one does not go to the toilet everyday and one allows faeces to remain in the body for too long, one may get all kinds of diseases. For good health, therefore, a regular visit to the toilet is a *sine qua non*. A daily bowel movement is ultimate hygiene.

There is an analogy between the daily washing of the body, the daily visit to the toilet and the daily sweeping of the yard. That analogy increases in strength if we realise that all three 'rituals of cleansing' take place early in the morning. They mark the beginning of a good day. If one starts the day without any of these activities, it is a bad start and one runs the risk of encountering problems.

Defecation as Prevention

There has been a long tradition of 'testing stools': since time immemorial, the quality of human faeces has been regarded as a reliable indication of someone's state of health.

Hippocrates writes:

"It is best when the stools are soft and formed, and passed at the hour customary to the patient when in health; their bulk should be proportionate to the amount of food taken. Such stools indicate a health condition of the lower bowel. But if the stools be fluid, it is best that they should not be accompanied by a noise, nor passed in small quantities at frequent intervals

... It is a bad sign if the stools are very watery, or white, or particularly yellowish or frothy ... Signs more indicative of death are when they are dark, or livid, or oily, or rust-coloured and foul-smelling" (Lloyd 1983: 175).

The mothers of Kwahu-Tafo inspecting their babies' faeces seem to follow Hippocrates' instructions. They too study the colour, smell, form and substance and are particularly attentive to the presence of worms. People of all generations have studied their faeces or had experts do so. Thousands of little containers with stools are delivered everyday to hospitals and labs for all kinds of tests. If one knows the tree by its fruits, one knows man by his turd, not only his physical condition, also his mental. "As long as your turd is okay, *you* are okay", according to one of my uncles who reached the age of 103.

A regular movement of the bowels is not only a *sign* of good health, it also is a *condition* for it. That is how the people of Kwahu-Tafo look at it, anyway. They believe that dirt which stays a long time in the bowels starts to ferment and heat as happens in a dunghill. It may affect the blood and spread throughout the body and then try to break out of the body in other ways (cf. Osei 1978). Boils, for example, are seen as the result of dirt, and so are piles, ulcers, excessive phlegm, headaches and skin rashes. A daily visit to the toilet is therefore the first rule of thumb for a healthy life. Someone who has not been to the toilet for one day is 'constipated'. People start using laxatives as soon as they have 'missed' a day. Enemas too are busily used and have become part of popular self-medication. Mothers preparing and applying herbal enemas to their babies were a common sight in the households where I stayed. Osei (1978: 43) refers to an "abdominal theory of health and illness":

"The ability of the body to resist a disease agent allegedly depends on the proper functioning of the abdominal organs, especially the stomach; for *òyareè biara firi yafunu mu*, (every illness originates from inside the abdomen) ..."

And he continues:

"... the Akan desire and care for regular free bowels is virtually a ritual. That is why the

enema syringe could be found in every Akan household and rectal suppositories are the commonest medicines known and prescribed even by laymen.” (Osei 1978: 44)

“Free the bowels first” is the motto of one of his informants, because with free bowels one does not become sick and does not need any medicine.

Regular bowel movement also provides a healthy appetite as one has made room for new food. An elderly man cited the following proverb to express his view on the matter: *Wo poma na wo to a, na egye*, (If you load a gun well, it gives a loud bang). I could not quite figure out the point of this saying, but one of my friends explained that one can load the gun after having shot (the big bang) and load it again. The proverb showed in both a graphic and acoustic way the healthy alternation between eating and defecating.

It is not only important to move one’s bowels *everyday*, it is also advisable to do so *early in the morning*. When I asked a woman why it should be done in the morning, she replied: “Before you put in new food, it is better to take the old one out.” I was again reminded of the proverb of the gun. One man remarked that one should count oneself among the sick if one had not been to the toilet in the morning (*Sè wonkò tiafi anopa a, woka ayarefoð ho*). “Shit fears the sun” (*Ebin suro owia*), another one lectured, “When you are in bed and the sun rises, you want only one thing: going to the toilet.”

We have seen that defecation promotes health in the long term as it prevents the piling up of dirt and – as a consequence – the outbreak of illness, but it also produces health and relief with immediate effect. After a visit to the toilet, one feels relieved, freed from a burden, ‘liberated’. In the Dutch language people speak of a “(heavy) delivery”. Lea (1999) compares defecation with other types of ‘discharge’: relieving one’s feelings, getting something off one’s chest, confession. Defecation is ‘catharsis’, cleansing. In the activity of excretion people experience the perfect balance of control and relief, tension and *détente*. Bowel control can be regarded as a metonym of Crawford’s (1984) cultural definition of ‘health’: an equi-

librium of self-control and release, two key values in most cultures. Lea (1999:12) thus summarises Crawford’s ‘vision’:

“On the one hand, self-control which meant self-denial and control over what one eats, drinks and smokes, was seen as leading to a healthy body, and on the other hand being able to relax and be free from worry, to be able to let go, was also valued as necessary for health.”

Bringing this down to the level of bowel control and bowel release she continues:

“In terms of excretion, too, there is a contrast between the pleasurable experience of being able to excrete, when the need arises, which I term having embodied self-control, and the uncomfortable experience of conflict between the mind and the body in which we either try to exert self-control over a rebelling body in order not to excrete at a culturally inappropriate situation or suffer from a body that just won’t let go. Both being able to let go, and being able to hold are valued and welcomed; just as not being able to let go when necessary and not being able to hold on are sources of embarrassment and discomfort.” (Lea 1999:12)

A regular and orderly bowel movement represents rule and order in general, the basic principle of a life that is under control. If dirt, in Mary Douglas’ fortunate term, is ‘disorder’, then irregular and uncontrolled bowel movement is disorder in a double sense. It ducks out of the rules that people themselves have set. Conversely, regulating the movement of bowels defeats the chaos of dirt. The danger rising from dirt is brought under control. Order is both the aim and the starting point of hygiene. Regular bowel movement is the origin and summit of civilisation, while uncleanliness is the acme of dysphoria and loss of status.

“Dirt is the evidence of the imperfections of life”, Valerie Curtis (1998: 13) cites McLaughlin. Someone who does not control his bowels, is not fully human, still a child. Incontinence constitutes one of the most devastating experiences in a human life. Such a person not only *has* a disorder, but *has become* disorder, a synonym for ‘dirt’ as Douglas (1966) has pointed out.

Culture as Prevention

If culture can be seen as the way in which people, together, attempt to make life as comfortable as possible for themselves, one also could define culture as one enormously complex system of prevention. Culture is getting rid of dirt, creating and restoring order. Not only religion, as Geertz (1973) argues in his famous essay, is a movement against chaos and disorder. In all areas of culture one finds people sweeping their rooms and yards, washing their dishes and bodies, and putting their houses in order against bugs, dirt, unrest, danger, misfortune, and sickness. Prevention is culture, culture is prevention.

Within that total system of preventive thought and action, daily bowel movement takes a central position. The concentration devoted to this daily activity in Kwahu-Tafo is part of a complex system of cleansing rituals which begin before daybreak, when the innocent anthropologist is still fast asleep.

Note

Acknowledgements. I want to thank my friends who never tired of discussing faecal matters with me: Monica Amoako, Kofi Ron Lange, Patrick Atuobi, Anthony Obeng Boamah, Benjamin Boadi and Yaw Darko Ansah.

Correspondence may be addressed to the author: Sjaak van der Geest, Medical Anthropology Unit, University of Amsterdam, Oudezijds Achterburgwal 185, 1012 DK Amsterdam, The Netherlands; e-mail: vandergeest@psew.uva.nl

References Cited

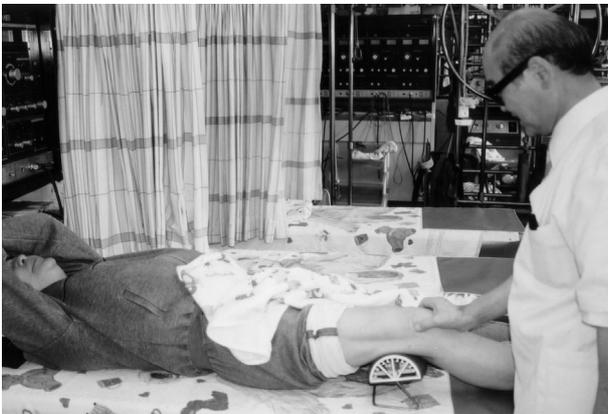
- Crawford, R. (1984) A cultural account of 'health': Control, release, and the social body. In: J. B. Kinley (ed.) *Issues in the political economy of health care*. New York, Tavistock, 60-103.
- Curtis, V. (1988) *The dangers of dirt: Household, hygiene and health*. Wageningen: Agricultural University Wageningen, Dissertation.
- Douglas, M. (1966) *Purity and danger. An analysis of concepts of pollution and taboo*. Harmondsworth, Penguin.
- Geertz, C. (1973) Religion as a cultural system. In: C. Geertz: *The interpretation of cultures*. New York, Basic Books, 87-125.
- Lea, R. (1999) 'The shitful body': Excretion and control. In: *Medische Antropologie* 11, 1, 7-18.
- Lloyd, G.E.R. (ed) (1983) *Hippocratic readings*. Harmondsworth, Penguin.
- Osei, Y. (1978) *Traditional medicine among the Akan of Ghana*. Unpublished Ph.D. thesis. Medical Faculty, Ruprecht Karl University, Heidelberg.
- Van der Geest, S. (1998) Akan shit: Getting rid of dirt in Ghana. In: *Anthropology Today* 14, 3, 8-12.
- Warren, D.M. (1974) Disease, medicine and religion among the Techiman-Bono of Ghana: A study in cultural change. Ann Arbor, University Microfilms International.

Letters from the Field

Meeting with a Traditional Japanese Bone-Setter

Bernd Kostner

In Japan many different forms of traditional healing and modern medicine coexist quite harmonically. *Seikotsu* is the ancient art of bone-setting, similar to Western style osteopathy and chiropractic but is still distinct in its theory and practice. The methods were handed down only orally, and were kept secret for long until this century. This article gives a brief introduction and describes the every-day life of Dr. Miyagawa, who has practiced *seikotsu* for over 30 years.



Dr. M. palpating a patients knee for diagnosis

Japan is an island country consisting of more than 5000 islands. Because the country was isolated from foreign influences over several centuries, many forms of Eastern culture survived a long time, and can still be found today, among them, oriental healing arts. The ancient art of bone-setting is just a branch of the big tree of oriental medicine. Acupuncture and moxabustion, Eastern massage and herbal medicine, as well as various Buddhist, Shinto and esoteric forms of spiritual practices co-existed until the 19th century. Although the Japanese developed many therapeutical practices on their own, most of what remains today from oriental medicine was brought to Japan from China and Korea. The Japanese have always understood to integrate foreign culture into their own and to adapt it to their needs and beliefs.

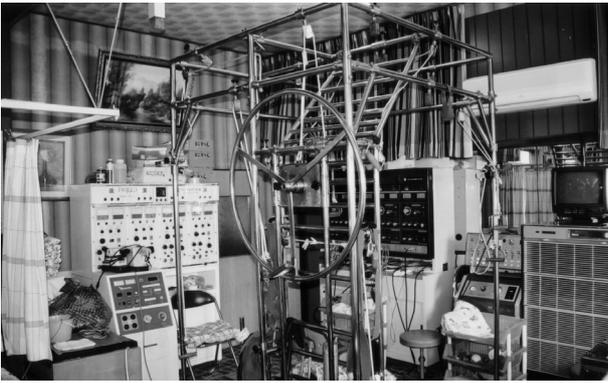
Bone-setting is a manual form of healing, where

broken bones, dislocated joints and distorted ligaments are corrected and set together in a way that the process of healing is accelerated and not disturbed. Periods of peace were short in Japanese history and due to countless bloody wars with thousands of severely injured soldiers, it was a necessity to bring the art of bone-setting to perfection. But it was not until the arrival of osteopathic skills from China that what is known today as *seikotsu* could be developed. The character “*sei*” means to correct or bring into the right place, and “*kotsu*” means bone.

I first encountered *seikotsu* when I worked as an assistant at Osaka Medical University. The son of a professor had a complicated fracture resulting from a car accident and although he was initially treated at the traumatology department, the process of healing seemed to be too slow and complicated by a lot of pain. So the professor took him to a traditional bone-setters



Dr. M. using electrotherapy on a patients knee



Dr. M's clinic is full of modern technical equipment

clinic, and after one or two treatments the fracture healed completely and all the pain had disappeared. Because I regularly met the patient in the medical library, I was able to witness this unbelievable story. But it was not until seven years later that I took the chance to walk into the practice of a traditional bone-setter, Dr. Miyagawa.

In fact, I expected to be taken to a cave hidden in the mountains, to a blind centenarian with a long grey beard who practiced magical healing rituals. But as this was a distorted picture of my imagination I had to be disappointed. To my surprise, Dr. Miyagawa was a very ordinary man using rituals and utensils that are common in Western hospitals. The clinic was loaded with technical equipment to a degree that one had the impression of being aboard a space ship traversing our galaxy. Was I at the wrong location?

Dr. Miyagawa's clinic is situated in the provincial city of Masuda which is inhabited by approximately 50,000 people, located in Shimane-province in the Northwestern part of Honshu, the biggest of the four main islands of Japan. The medical infrastructure of the Masuda could be defined equal to any modern city in Europe, with a modern hospital. The clinic is close to the town centre, one street parallel to the main road which goes to the railway station, and there is a little river running close to it.

Dr. Miyagawa is a man of over sixty years, small compared to European body size, but average for Japan, he has strong hands that can be painful or pain relieving to nearly any joint of the body. He is nearly bald with some grey hair, and big black spectacles from the pre-war

era are resting on his nose. His voice is firm and gentle, but he rarely speaks. He was educated in the art of *seikotsu* over thirty years ago in a school of classical bone-setting in Tokio.

He decided to do so because as a young man he suffered from osteoarthritis that did not improve after treatment with modern drugs and after only one session of *seikotsu* he was completely cured of all his pain. He remembers that his teacher never spoke a word to him but his hands were talking all the time they were demonstrating the skills and techniques. When he received the diploma and decided to settle in Masuda to open his own clinic he had a hard time in the beginning, because in the first decades following World War II everything that came from the West was regarded as superior to anything of Japanese origin. Although his skills proved to be beneficial to his first few patients, most of the people chose to go to the hospital and undergo Western medical treatment. Only if that treatment did not improve their complaints for a long time would they chose to resort to a form of traditional treatment. He found out that he could attract more patients if he implemented more technical equipment in his clinic and so he started to buy such equipment for physical therapy which he used in addition to his traditional treatment. Today, even the hospital sends many patients to him and the female assistant in his clinic can hardly keep up with the many requests they get.

Asking if I could watch his everyday work and interview his patients, he nodded. One patient aged 65 came because of a sharp pain in his left



Manipulation of spinal vertebrae



Treatment of a dislocated jaw

knee. After being examined in the hospital by magnet-resonance-tomography it was clear that the lateral meniscus in his knee was injured probably from overstrain. The doctor from the hospital did not recommend him having an operation but instead to undergo *seikotsu* treatment. After the first treatment with Dr. Miyagawa, the pain went away immediately, but as he had made a second appointment he came again. The doctor placed his warm hands over the knee without touching it, as if he was feeling the aura of the body. After a while he said a few words explaining that the healing process was still ongoing and that the patient should not carry anything heavy. He then touched the knee with both hands, the left hand below the knee, the right one on top of the patella. His hands started to move in a way that cannot easily be explained by the words of someone who does not know the art, but it looked like his hands were vibrating and pressing the knee. After that, Dr. Miyagawa took a set of electrodes, placed them above and below the knee, then turned to a huge machine to press a little button, and a high-pitched sound

could be heard. He left the electrodes in for 15 minutes during which time he treated another patient. After the electrodes, he smeared a special ointment on the knee, the smell of which resembled very much the so-called “tiger balm” that is sold in tourist shops in Asia. Later I was told that the ointment was prepared by a local pharmacist using different aromatic oils including camphor oil. The patient said that he felt a warm sensation from the ointment, and the skin on his knee was reddish. Finally, an elastic bandage was wrapped around the knee and the patient was released from the clinic.

Currently oriental medicine, as well as American osteopathy and many other forms of natural healing are becoming more and more popular. By benefiting from different medical systems we are able to offer a broader variety of therapies for different conditions and demands. There is, however, much left to discover in the ancient art of Eastern bone-setting, of which *seikotsu* is only one form.



Traction of the neck by using the patients body weight

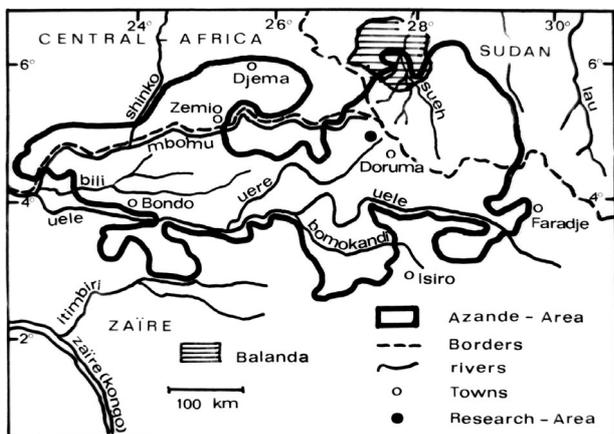
Contributions to Visual Anthropology

Ethnomedical Film Work Among the Azande – Part 1

Armin Prinz

The Azande and their medical practices became known worldwide through the remarkable work of Sir Edward Evans-Pritchard (1937).¹ There can hardly be an anthropologist who has not read his lively descriptions without growing excitement and fascination. His natural powers of expression are accompanied by a scrupulous regard for accuracy that continually astonishes me. I would even go so far as to say that, after having made a four-year field study of the medicine of the Azande, anything not mentioned in his various publications – apart from small variations or special therapeutic procedures – must have come into existence after his time.² It is easy to criticize some of his views from the modern standpoint, but it should be remembered that Evans-Pritchard was imbued with the true spirit of anthropology. Unlike most of his contemporaries, he had the desire to understand a culture on its own terms; to not write-off unexplained phenomena as nonsense, but to unflinchingly seek the reasons behind them.

A second man prepared the way for my interest in Azande medicine, the Belgian doctor-Dominican father, De Graer. He published only one work (1929), in which he gives a



Azande area



Our logo for this series: Azande children inspecting the camera of a visual anthropologist.

Photograph: Manfred Kremser

comprehensive description of common illnesses, their antidotes and therapeutic measures. A type of treatment for acute urethritis that I filmed,³ in which a plant extract with antibiotic properties was blown up the urethra with the aid of a grass stalk, had been described by him in detail in the 1920s.⁴ This points to the high quality of his work, since such treatment would normally be a rare occurrence and outsiders would not be admitted.

Thanks to these two authors, we possess an extensive literature on Azande medicine. What was missing was photographic and film documentation. The few photos by Evans-Pritchard are, in contrast to his written work, uninformative and of poor quality. For this reason, during my first journey to the Azande in 1972, I began to collect photos of their traditional medicine and to explore the possibilities of mounting a scientific film project.

The Project and its Difficulties

In 1973, I was fortunate to be able to take a course on scientific anthropological filmmaking at the Institute for the Scientific Film (IWF) in Göttingen, given by A. Dauer, P. Fuchs and E. Schlesier. The institute then provided me with a Bolex 16mm spring tension camera and 1000 meters of black-and-white film for my 1974 journey.

With this simple silent film equipment, I spent about ten weeks on the farm of the Azande healer, Bagu, in the village of Zangi, 35 kilometres from the small Congo frontier town of Doruma, near the Congo-Sudan-Central Africa



Traditional treatment of a patient with goitre: the healer Bagu examines the enlarged thyroid gland.

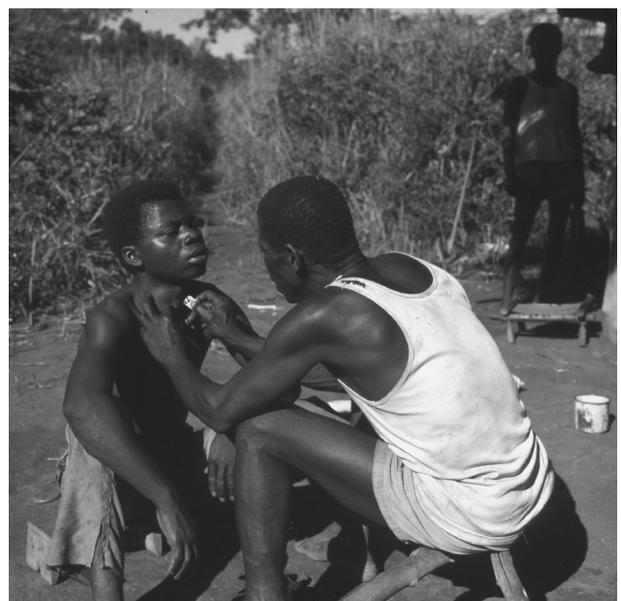
border. I had learned about Bagu on my first journey, and the photos of him and his family that had been given to me had disposed me very favourably towards him. My host was a very popular healer (I have unfortunately to use the past tense. He died in 1980). People even came over the border from the Sudan to seek his help. During the first month of my stay, I watched him giving treatment without taking out my camera. I waited until I felt that he was not overly disturbed by my presence, then I began to take photographs. People did not seem to be put-off by my camera; on the contrary, they were delighted to be photographed, and children in particular found my big middle-format camera an endless source of fascination (see above the logo of this section). After six weeks I started filming in Bagu's farmstead.

All praise to my friend Bagu for his cooperation. One word was enough – for example, that I had to reload the camera or shoot from a new angle – and he would temporarily stop what he was doing. Neither he nor his patients showed any signs of stress when I sometimes took several hours, not improved by my own clumsiness, to film treatments that normally would have lasted a quarter of an hour. When I called “Stop” to Bagu, he practically froze in mid-motion, then continued from the next angle without interfering with the treatment itself.

On one occasion, during the scarification of a patient with goitre, he wanted to make an extra

incision into the skin from a new angle in order to facilitate my camera-work; the patient angrily refused.⁵ His gesture of refusal can be seen briefly in the completed version of the film.

In this way, I was quite satisfied with my progress. My first film, however, was dogged by ill-fortune.⁶ The so-called process of “Zairianization” led in 1974 to a certain periodic aversion to whites and their activities in Zaire. In particular, lower-level officials in tribal areas felt themselves obliged to clamp down on activities that in their view were offensive to the dignity of the people of Zaire. From time to time, such activities were taken to include the filming of “poor” or poorly clothed people, a group to which the indigenous population, of course, belonged. A further focus of mistrust with these officials was the fear of pornographic photography, a fear that is regrettably not without foundation with regard to tourists in Africa. I was unlucky enough to choose as my first subject the treatment of a hernia in a man of about seventy. I was ordered to stop filming by the senior police official in the township of Doruma. Imagine my pleasure when Bagu and the patient offered to continue the treatment in a secret location for the sake of my film. This complication, coming as it did in my very first film, made me nervous for the remainder of my stay, and I was happy when I finally completed my schedule. It turned out that my fears were unnecessary: I later dis-



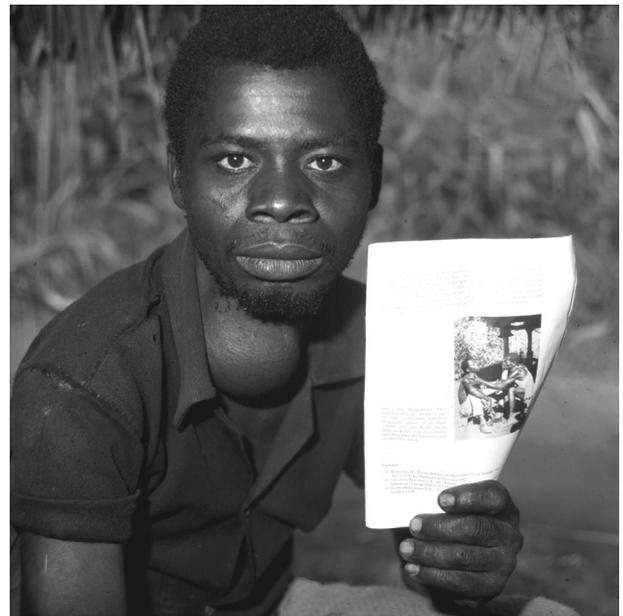
The healer makes ten incisions into the skin covering the goitre with an old blade made in Europe.

covered that Chief Ukwatutu, the ruler of the territory I was visiting, was well disposed towards me and thoroughly approved of my films. It appeared that a young man who had helped me for a while, but whom I later dropped due to his unreliability, had reported me to Chief Ukwatutu for filming naked people and the manipulation of their genitals. The chief had him locked up for spreading rumours, giving as a reason his own emphatic approval of the documentation of his people's medical art.

Unfortunately, I also had to endure the occasional criticisms of "experts" – who had mostly never travelled outside Europe – alleging that I failed to respect people's private lives in these short films. It is true that three out of a total of six films on traditional methods of treatment show manipulation of the male genital area. However, this corresponds to statistical reality since in this part of Africa, hernias and venereal diseases are the main reason patients come for treatment. Neither I – in terms of my intuitions – nor the people themselves – if I may say on the basis of my experiences with the Azande – felt my film work was an intrusion into their private lives. To close this unhappy topic, I would like to tell an anecdote. The Japanese authorities refused at first to release some of my films to the EC archives in Japan on the grounds of pornography. It was only after our then-Professor for Japanese Studies in Vienna, Dr. Krainer, had written an acid letter in



Bagu smears a mixture of healing oil and a black powder made of different herbs obtained by charring and grinding a special kind of wood thoroughly into the cuts.



The patient nine years after the first treatment which was recorded in the film E 2326. He proudly shows a copy of my publication on his treatment. On the skin numerous cicatrices are visible.

Japanese to the head of customs that the guardians of that nation's morality were finally persuaded of the films' scientific qualities.

In addition to the six films on traditional methods of treatment, I also filmed the famous Azande poison oracle *benge* and the termite oracle *dakpa*, both of whom had already been described in detail by Evans-Pritchard. It took much time and patience before I was able to see these oracles. People kept answering my queries: „Yes, in the old days they had done it, but now they were all Christians and they wanted nothing more to do with the devil and his works.“ It was not until I accidentally stumbled upon an oracular séance that it became easier for me to attend questionings of the oracles, which in actual fact, are still of great importance.

Results and Prospects

For me, these films are not only of documentary value, but have helped me greatly in my study of Azande traditional medicine. Careful attention to every small detail of a particular treatment, both during the treatment itself and in subsequent cutting, expanded my scientific horizons. Even years later, after repeated viewings, I discover new details that help me in my work.

My lecture course on ethnomedicine at the University of Vienna has also benefited from these films. Being straightforward, they bring theory to life for my students. They have also helped me when giving popular lectures. Excerpts have been shown several times on German and Austrian TV.

In my opinion, audiovisual methods have made it possible for the first time for proper ethnographic work to be done in the field of ethnomedicine. In procedures where the tiniest details can be of great significance – medical treatment is a good example – the medium of film, which can be played back indefinitely, offers the necessary precision. Documentary records of this kind can also be analysed by scientists from other disciplines, whose different intellectual dimensions may enable them to spot details missed by the author himself.

For these reasons, I have decided to produce further film documentations of Azande medicine with improved equipment. This attempt has been made 1986 to record portraits of various healers and their medical work on colour sound film. Particular attention was paid to the different skills of individual healers and the specialized clientele they attract. More about this film work will be reported in one of the next issues of our VEN.

Notes

¹ From his many works on the Azande it is perhaps sufficient to mention his masterpiece, *Witchcraft, Oracle and Magic Among the Azande* (1937).

² Geomancy in the form of the sand oracle, *alamana*, is currently of central importance as an aid to diagnosis. This oracle is not, however, mentioned by Evans-Pritchard. Closer investigation on my part revealed beyond any doubt that this form of divination has become popular only in the last thirty to forty years. The oracle, *alamana*, is shown in the EC film “Traditional treatment of a patient with a disease of the thorax” (E-2324).

³ EC film, “Traditional treatment of a patient with acute urethritis” (E-2321).

⁴ “Practiquer des lavements urétraux d’une infusion dans un peu d’eau tiède d’écorces de la racine de Wila, ou du ... Ces lavements sont effectués au moyen d’un petit chalumeau délicatement introduit dans le canal urétral. Ce chalumeau est surmonté d’un cornet fait en feuilles, qui contient l’infusion.” (De Graer 1929: 234)

⁵ EC film, “Traditional treatment of a patient with goitre” (E-2325).

⁶ EC film, “Traditional treatment of a patient with hernia” (E-2326).

Summaries of the Films

E 2322 Azande (Equatorial Africa, North-East Zaire) – Traditional treatment of a man suffering from acute urethritis. The fibrous bark of the root of a particular plant (*Pentadiplanta brazzeana* Baill.) with a strong smell of horse-radish, which has been preserved in the ground until used, is scraped off, placed in a funnel made of a leaf, and dissolved in water. The liquid obtained is blown by the practitioner with a small tube made of a grass-blade into the patient’s inflamed urethra.

E 2323 Azande (Equatorial Africa, North-East Zaire) – Traditional treatment of a patient having prostatitis. The practitioner extracts the oil required for the treatment from peanut butter boiled with an admixture of drugs in his medicine pot. He then rubs the oil carefully on the sick man’s body, especially on the highly inflamed genital region. The patient also has to consume a spoonful of the oil and the residues from the oil extraction. The treatment is concluded with the drinking of a drug solution, smelling strongly like horse-radish.

E 2324 Azande (Equatorial Africa, North-East Zaire) – Traditional treatment of rheumatic patients. The practitioner chars a special kind of wood over the fire, reduces it to powder, mixes the powder on a special potsherd with healing oil, and rubs the resulting black paste into incisions cut previously with an old blade made in Europe in the patients’ skin.

E 2325 Azande (Equatorial Africa, North-East Zaire) – Traditional treatment of a patient having a thorax disease. By massage and rubbing with a handful of fibrous material from the inner bark of a particular plant the practitioner “extracts” the disease from the thorax of a woman in the form of small splinters of bone. In this way he removes altogether eleven small splinters, preventing them afterwards from getting back to the woman’s upper body by anointing it with healing oil. In order to detect the guilty person, e.g. the person having caused the disease by special spiritual powers and abilities, the practitioner carries out a sand-oracle, which reveals the husband’s mistress as responsible for the illness.

E 2326 Azande (Equatorial Africa, North-East Zaire) – Traditional treatment of a patient with goitre. After palpating the goitre the practitioner makes with an old blade made in Europe ten incisions into the skin covering the goitre. In a special potsherd he mixes healing oil with a black powder, obtained by charring and grinding a special kind of wood, and rubs the resulting thick paste thoroughly into the cuts.



An old man is preparing the termite oracle: he has prepared two sticks to be put in the termite mound overnight. One is cut from the *kau* (*Bauhinia thonningii*), the other from the *dakpa* (*Bauhinia reticulata*). If the termites eat the first one, the answer is negative, if they eat the second, the answer is positive.

This drawing from the Azande boy Mihidi (see VEN 5,1) shows how the termite oracle is conducted. The operator puts the sticks into the termite mound and ardently prays that it will give a correct answer.



The traditional healer Bingbayo asks the geomantic oracle alamana to advise a client who has bad luck in hunting.



A small chicken is exposed to the poison oracle *benge* (*Strychnos icaya*).

E 2327 Azande (Equatorial Africa, North-East Zaire)
– **Traditional treatment of a patient with inguinal hernia.** The practitioner extracts the oil required for the treatment from peanut butter boiled with an admixture of drugs in his medicine pot. The collecting oil is skimmed off in a half gourd, the residues are consumed by the patient. Only after this the practitioner rubs the healing oil on the large scrotal hernia.

E 2379 Azande (Equatorial Africa, North-East Zaire)
– **Termite-oracle.** Among the Azande termites are not only appreciated as food, but they also play a large role in the suprasensitive conceptions of this group. To carry out the termite-oracle, two different sticks are placed in a termite-hill overnight; the oracle depends on which of the two is eaten, alone or chiefly, by the termites. During the whole procedure the consultant addresses the termites in the form of a dialogue. Among the methods of divination of the Azande the termite-oracle occupies a middle position, its efficacy is not so great as that of the poison oracle.

E 2380 Azande (Equatorial Africa, North-East Zaire)
– **Poison-oracle.** For the Azande the most efficacious form of divination is the poison-oracle. Scrapings from

the red root fibres of an unspecified plant are dissolved in water and administered to a young chicken. Shortly after the animal is seized by tetanic spasms. After four to six such seizures the chicken either dies or it survives without showing any further signs of poisoning. For each consultation of the oracle two chickens are required: one to answer the question put to the oracle, one to test the answer. If the first animal dies, the answer to the question asked is affirmative; to test the answer, the question must be repeated that way that the answer is confirmed by the surviving of the second chicken. If the first chicken is spared, the answer to the question is negative; to confirm the answer the second animal has to die. If both animals should live or both die, the oracle is not valid and must be consulted again.

References

De Graer, P.A.M. (1929) L'art de guérir chez les Azande. In: Congo, 10 (1, 2, and 3).

Evans-Pritchard, E. (1937) Witchcraft, Oracle and Magic Among the Azande. Oxford, Oxford University Press.

Student's Projects

Medical Concepts in Mexico

Birgit Buxbaum

This article gives an overview of general medical concepts in Mexico. These theoretical reflections are part of preliminary investigations and form the basis of my research project. In this project I intend to study medical concepts in Mexico City, especially at the Sonora market, the most famous plants market in Mexico and Latin America. My aim is to discover the reasons for the popularity of this market by means of participant observation as well as structured and semi-structured interviews with buyers, sellers, patients and healers. Questionnaires shall also be used. Additionally it will be analysed to what extent indigenous therapies are accepted in a modern metropolis like Mexico City and if we can observe some kind of revival of the indigenous knowledge of medicinal plants today. In order to get to know the different sectors of the market, it will be necessary to carry out interviews with local authorities. However, I would like to dedicate my research on long-term interviews with key informants. The main questions in my investiga-

tion about the Sonora market shall be: what social class and what sex do the buyers and sellers of medicinal plants belong to, how often do the buyers visit the marketplace, against which diseases do they use these remedies, what types of healers are found at the Sonora market (denomination, description of their activities, vocation, apprenticeship and initiation) and which kind of medical concepts do we come across.

Introduction

Mexican markets have always been very popular for the distribution of indigenous knowledge about medicinal plants and the herbal medication by healers (*curanderos*). In the prehispanic cities of Mexico markets were called *tianguis*. The most famous could be found in Tenochtitlan and Tlatelolco. Diego Rivera documented the social life at these markets in his famous mural paintings (*murales*) in the National Palace of Mexico City.

Trade was a very important economic activity for prehispanic cultures which was organized either on local or interregional level. It strengthened the economy, initiated the exchange of knowledge and caused the diffusion of cultural traits among different groups.

Among the Mexicas the *tianguis* was the place where once a week the producers from the surroundings gathered to trade. Products of the region were delivered and exotic fruits, feathers and animal skins, ceramics and luxurious ceremonial instruments, jewellery and, of course, also herbs from different areas of Mexico and foreign countries were sold.

General Mexican Medical Concepts

The medical knowledge of prehispanic Nahuas was called *ticiotl*. This expression contains more than just magic and superstition. Viesca points out that under *ticiotl* also the Nahuatl vision of the world, their system of values, astrological ideas and so on were subsumed (Viesca 1997: 7).

The Nahuatl name for healer was *titicih*. We derive much information about these healers from the analysis of codices and other historic documents, namely the Codex de la Cruz-Badiano, the works of Bernardino de Sahagún and his indigenous informants, the books from Francisco Hernández and derived texts from his work (López Austin 1975; Viesca 1997).

Concepts about man and his body played an important role. The body was seen as a reflection of the world, as a microcosmos, in which the navel was the centre. A dualism between the left and right side and between the front and back side of the body was postulated. López Austin theorised on the existence of three entities which were located in the brain, the heart and the liver and identified with the *tonalli*, the *teyolia* and the *ihíyotl*. The first of these entities is related to the sun and comes from *Omeyocan*, the supreme stratum where the dual god resides. The *teyolia*, “that what makes people live” or as it is translated “soul”, corresponds to the centre and therefore is situated in the heart. The *ihíyotl* has at the same time aerial and terrestrial characteristics (Viesca 1997: 11).

Very important was also the polarity cold/hot.

The body reflects the nature of the universe. Its “sky” represents the vertex of the skull. It is “hotter” than its feet which represent the “underworld”. The Nahuas believed that the body is a receiver and transmitter of cosmic influences. The picture of a naked man who is surrounded by twenty calendar signs serves as a good example. The different parts of the body are subordinated to different signs as is shown in the Codex Vaticanus A (Viesca 1997: 11; Rodríguez 1944: table 12).

The náhuatl expression for disease is *cocoliztli*. It has mainly external influences.

Viesca (1997: 13-14) mentions seven different reasons for *cocoliztli*:

- *) Disease can be caused by the presence of gods or beings from superior levels of the universe
- *) by the actions of forces which belong to the same realm
- *) Divine powers that inhabit beings that live on the terrestrial surface have impact on the well-being
- *) *Cocoliztli* can be provoked by gods and beings which come from the underworld
- *) by forces or influences from beings of the underworld
- *) by beings of the same realm that dwell on the terrestrial surface
- *) disease can also be caused by other human beings.

The diseases are defined by their causal agents and the place in the universe where they come from. Many diseases found in náhuatl thought cannot be compared to the occidental pathological notions. The most important element is to keep a balance. This is linked closely to the structure of the world: the vertical levels – the top, the terrestrial surface and the underworld – and the four cosmic directions and the centre. Heat is related to the superior spheres and to the terrestrial surface to the east and the south; cold is related to the underworld and to the earth to the north and the west. The centre, personified by man, shares both, heat and cold.

It is the merit of Viesca who demonstrated that the *ticiotl* of the Nahuas was more than only empirical knowledge. Behind that we can find a “theory”, a form of structured knowledge which is integrated into their vision of the world and in culture and society as a whole.

Types of Healers in Central Mexico

Aguilar et al. (1999: 36-40) list a number of different kinds of traditional healers in central Mexico.

The *curandero* (male or female healer) is able to cure diseases in general but he can also specialize in one field. He or she is a person elected by God who has to fulfil his mandate. His qualities and his knowledge depend on the medical background within the scope of his family and on his personal experiences.

The *huesero* treats problems of the skeleton like pulled muscles, broken bones and muscle pain.

The *sobadero* cares for patients whose “organs have left their right place” (sunken fontanelle, uterine descent).

The work of the *partera* (midwife) is not only limited to the medicinal aspect, she is also in charge of the care of mother and child (preparing the meal, washing the clothes and cleaning both of any possible impurity through *temazcal* or vapour baths).

The *hierbero* functions as a specialist for herbs: he knows how, when and where to collect the plants, how to prepare them and which is the adequate dosage. He has inherited this profound knowledge about medicinal plants from his ancestors. In his therapy he does not only use herbs but also rituals and prayers.

The activity of the *granicero* is in close relationship with the control of climatic phenomena like rain, hailstorms and high winds and also with the agricultural cycle. It is supposed that in prehispanic times the control of these phenomena was related to the treatment of illnesses that were caused by wind and rain.

Brujo or *hechicero* is the name for a person who is able to provoke and at the same time cure illnesses. People think that the *brujo* can control the supernatural forces and acts as a mediator and negotiator with the devil, the highest representative of these forces. He is thought to be a “*nahual*”. That means that he can transform himself into an animal to harm people.

The *adivino* (fortune-teller) treats all aspects

regarding the *suerte* (luck) of a patient. Therefore he uses in his prophecies different material and symbolic elements like dreams, smoke, maize grains and of course hallucinogens.

A person who has specialised in curing illnesses by means of prayers is called *rezandero*. Sometimes these specialists also function as priests in funerals and religious festivities.

The therapy of a *chupador* consists in sucking out objects that are placed in the body of the patient by means of witchcraft.

Medicinal Plants Sold at the Sonora Market

The Sonora market is located on the Fray Servando Teresa de Mier street no. 419 in the Merced Balbuena colony in Mexico City. Its existence can be traced back to the beginning of the 20th century. At this time the Sonora market was part of the market La Merced. The Sonora market opened its doors on September 23rd in 1957. Until 1974 after several enlargements and renovations it reached its present-day structure.

The name is derived from the nearby Sonora cinema which no longer exists. Today the Sonora market covers 10,262 square metres. It contains two passageways. In the first ceramics, handicrafts, esoteric articles, herbs, toys, living animals, articles for social events (birthday, marriage) and decorations can be found. In the second mainly images of saints, articles for *limpias* (cleansing rituals) and also medicinal plants can be bought.

Bye and Linares (1987: 201) who studied the Sonora market during the years 1981-1986 found more than 260 fresh plants that can be bought at this market. I would like to mention some of the most important medicinal plants that can be found at the Sonora market. The names of the plants and the preparation of the remedies are cited in Aguilar et al. (1999) and Martínez (1996).

Ajo (garlic, *Allium sativum*): garlic is, of course, mostly destined for culinary use, but the traditional Mexican pharmacopoeia also grants garlic an eminent place. Garlic juice is applied

to scorpion stings and spider bites. Garlic taken internally is regarded by many people as a stimulant of the body in general, and traditionally has been used to control hypertension and arteriosclerosis *Aguate* (avocado, *Persea americana*): for intestinal worms, grate 8 to 10 grams of fresh avocado-pit rind into a glass of water, and the next day sweeten it, drink it but eat nothing

Añil (indigo, *Indigofera suffruticosa*): for children's headaches, boil leaves until they are soft, then apply the leaves like a bandage to the forehead

Arnica (golden aster, *Heterotheca inuloides*): for bruises, boil the petals into a mass, and apply

Cedrón (lemon verbena, *Aloysia triphylla*): tea from the boiled leaves, taken while fasting, regularizes the menstrual flow, and eradicates worms

Chicalote (prickly poppy, *Argemone ochroleuca*): for stomach pain, mash 4 grams of seeds in 200 cc of water, take it two or three times a day

Cola de caballo (horsetail, *Equisetum* spp.): brewed teas of the stems are diuretic, and have been used against dysentery and gonorrhea *Culantrillo* (maidenhair fern, *Adiantum capillus*): to „thin the blood“, for constipation, liver problems and kidney stones, boil about 5 grams in half a litre of water, and take a small cup every day

Encino (oak, *Quercus* spp.): for diarrhea, drink tea made from boiling the tree's bark

Hierba de la golondrina (spurge): white latex from the plant is famous for curing “spots on the eye”

Maguey (maguey, *Agave atrovirens*): for bruises and pains resulting from hard blows to the

body, squeeze juice from a roasted leaf, boil it down, sweeten it, and drink

Palo dulce (*eysenhardtia*, *Eysenhardtia polystachya*): for kidney problems, place wood chips into water, and when the water turns blue, then red or amber, drink

Romero (rosemary, *Rosmarinus officinalis*): to improve digestion, drink a tea made of the boiled leaves

Ruda (rue, *Ruta graveolens*): highly regarded for its ability to induce menstruation, and to abort fetuses; in too high concentrations it is exceedingly poisonous

Sauco (elderberry, *Sambucus mexicana*): for the cough, make a tea from the boiled flowers

Uña de gato (*pisonia*, *Pisonia aculeata*): several plants go by this name, drink tea from boiled leaves and bark to ease arthritic pain in the joints

References

- Aguilar Contreras Abigaíl, María Edith López Villafranco, Santiago Xolalpa Molina (1999) La herbolaria en el centro de México: Historia, Cultura y Tradición. In: Herbolaria mexicana: Mexico Desconocido 5, 5-71.
- Bye, Robert & Edelmira Linares 1987: Usos pasados y presentes de algunas plantas medicinales encontradas en los mercados mexicanos. In: América Indígena Num. 2, 47, 199-230.
- López Austin, Alfredo (1975) Textos de medicina náhuatl. Instituto de Investigaciones Históricas, UNAM, México.
- Maximino Martínez (1996) Las plantas medicinales de México. Edición Botas.
- Rodríguez, Luis Angel (1944) La ciencia médica de los Aztecas. Editorial Hispano Mexicana, 5 de Mayo 59, UNAM, México.
- Viesca, Carlos (1997) Ticiotl - Conceptos médicos de los antiguos mexicanos. Facultad de Medicina, UNAM, México.

Reader's Corner

Please send us your opinion regarding specific articles, the newsletter in general or relevant issues in ethnomedicine/medical anthropology.

The Viennese Ethnomedicine Newsletter is a remarkable publication. The contents of the articles are of enduring interest to an international readership and are very valuable because many articles bring into focus how fieldwork in ethnomedicine is actually conducted. In this respect the newsletter is absolutely unique. The excellent illustrations that accompany the articles are of professional quality, and add an important dimension to the reader's comprehension. It is particularly interesting to read regularly about the research that continues to be carried out by this dynamic group of people working in ethnomedicine at the University of Vienna. I certainly hope the Newsletter will continue its good work.

Margaret Lock PhD.,
The Marjorie Bronfman Professor in Social Studies in Medicine
Dept. of Social Studies of Medicine,
McGill University,
3647, Peel St.,
Montreal,
Quebec, H3A 1X1

The Viennese Ethnomedicine Newsletter is interesting and worthwhile. You have my support for your activities. At some point, you should contact my colleague Professor Byron Good who is now the Head, Department of Social Medicine at Harvard Medical School. You may want to visit the Department for a few days to see how medical anthropology is taught to medical students here.
Good luck.

Arthur Kleinman
Esther and Sidney Rabb Professor of Anthropology
Department of Anthropology, Harvard University
Professor of Medical Anthropology and Professor of Psychiatry
Harvard Medical School
William James Hall Room 330
33 Kirkland Street
Cambridge MA 02138

I should like to congratulate you and your co-workers on the "VEN-Viennese Ethnomedicine Newsletter" published by the Department of Ethnomedicine, University of Vienna, under your editorship since October 1998. I am always looking forward to receive new issues of this excellent journal which offers much more than a newsletter. Not only are the articles highly informative and of practical relevance to primary health care in developing countries, they are also composed in a vivid descriptive language that reflects the immediate impression of the genuine fieldworker. "VEN" stands out among similar periodicals because of its fascinating illustrations, especially in the regular section "Contributions to Visual Anthropology" which features original colour photos of traditional healers and curing procedures. However, what makes these "Contributions" absolutely unique are the beautiful reproductions of drawings and paintings by indigenous artists illustrating the traditional medicine and sorcery practices they observed, and by local people depicting their own experience of such practices. It is gratifying to hear that the efforts of your Department, at which I had the privilege of teaching as guestprofessor, have been recognized by Vienna University and its prestigious medical school, so that courses in ethnomedicine/medical anthropology are now obligatory in the new curriculum for under-

graduate medical students. Let us hope that “VEN” will receive sufficient support to not only continue its publication but to allow for a significant increase in circulation, for the benefit of students, scholars, and health care workers. With my best wishes for you and your colleagues,
Sincerely,

Wolfgang G. Jilek, MD, MSc, MA, FRCP(C) Clin. Professor Emeritus, University of British Columbia (Canada) Former Chairman, Transcultural Psychiatry Section of the World Psychiatric Association

Just a note to thank you for including me in the distribution of the Viennese Ethnomedicine Newsletter. I have found it interesting to read and useful as a resource for some of my medical anthropology students here at the University of Iowa.

Mac Marshall, Ph.D.
Professor of Anthropology
Editor, Medical Anthropology Quarterly

I am very pleased to have access to the Viennese Ethnomedicine Newsletter, and have encouraged colleagues interested in new approaches to healing and alternative therapies to subscribe. This is a very important field in the Pacific, so interest in the lead that the University of Vienna has taken with this Newsletter is very supportive of your work.

The University of Vienna’s renown in the field of medicine has been further enhanced by its leadership in embracing the fields of ethnomedicine and ethnopharmacology. As these latter fields expand in their contributions to health and well-being world-wide, so the University of Vienna’s position at the apex of the History of Medicine will be further enhanced.

The Newsletter has produced articles on local medical practices from all around the world. The efficacies of herbal remedies, and indigenous healing practices stand alongside western medical practices in today’s world as alternative modes of achieving both physical and social well-being. Consumers are found in both traditional communities where those products and practices have been used for centuries, as well as in western communities where alternative medicines have become a major industry. Profits from the latter market have induced further searches for other healing substances as used in non-western societies, as documented in the Newsletter.

The international market for herbal remedies exists alongside and has become compatible with prescribed synthetic medicines. The knowledge systems behind these herbal/local remedies are largely unknown. So articles in the Viennese Ethnomedicine Newsletter are important to provide a basis for understanding the efficacies of herbal remedies which can be translated into modern medicine. The growing interest in and demand for “natural” products also necessitates good background information on these new found remedies. St. John’s wort, ginkgo, valerian and kava have been transferred from their traditional settings by non-western consumers to become widely available in the western world. People are expressing (through their pockets) the desire for closer understanding of their environment and its products. Herbal remedies allow them to regain control over their own healing processes.

As the medical profession responds to these needs, they too see background information on the efficacies and usage of these new modes of treatment. The Newsletter thus enables them to become better informed, and provides an important source of knowledge so vital in today’s information age.

In the Pacific today, e.g. at Fiji School of Medicine, new interns are encouraged to incorporate local approaches to healing with western practices. Patients are treated with local as well as prescribed medicines. Physicians from outside the region seek sources of information about these local medicines, for which there is growing documentation.

The Viennese Ethnomedicine Newsletter has established a niche market to provide for this important field of information. It is to be hoped that the Newsletter will continue to grow and widen its subscription list, so that this information can be widely disseminated.

Sincerely

Dr. Nancy Pollock

Acting Director of Development Studies and Senior Research Associate in Anthropology

Victoria University of Wellington

New Zealand

I write to compliment you and your department on the production of a very impressive and interesting newsletter in Ethnomedicine, and to thank you for sending up to date editions. My students in medical anthropology have benefited from various articles that correspond to their own work.

Certainly, an ethnomedical course requirement in the medical school curriculum is a very laudable undertaking. Physicians must know about medical practices other than their own, and the principles on which these therapies and health practices are based. Then too, there are significant cultural dimensions in Western biomedicine – the doctor/patient relationship, the clinical process, the patient's understanding of his or her condition, the course of an illness, and many more – that are subject to anthropological analysis.

In exchange for your generous supply of good reading, I have asked my publisher McGraw-Hill to send you a review copy of my recent textbook *The Social Fabric of Health: An Introduction to Medical Anthropology* (2002).

Best wishes in your endeavors at the University of Vienna.

John M. Janzen

Professor

The University of Kansas

Lectures of the Department

Armin Prinz: Introduction Ethnomedicine (for graduate and undergraduate students)

Start: Wednesday, March 19, 5.00-6.30 p.m., Institute for the History of Medicine, auditorium (Josephinum), Währingerstr. 25

Introduction, theoretic and methodical concepts, the position of Ethnomedicine in Medical Anthropology, ecology and epidemiology, medicine and cultural change, patterns of medical thinking and doing, humoral and solidar concepts, culture-bound syndromes, surgical practices in Ethnomedicine; all topics with slides/examples from own research

Armin Prinz: Seminar Ethnomedicine

Start: Wednesday, March 19, 3.15-4.45 p.m., Institute for the History of Medicine, auditorium (Josephinum), Währingerstr. 25

Ruth Kutalek: Ethnopharmacology and -botany

Start: Tuesday, March 11, 1.15-2.45 p.m., Institute for the History of Medicine, auditorium (Josephinum), Währingerstr. 25

Introduction and history of Ethnopharmacology and -botany, important plants and plant-groups (mind-altering plants, hunting poisons, ...), use and categorisation in indigenous societies and in our own, field-techniques of collecting plants

Sjaak van der Geest: Culture and Defecation

Start: beginning of May (exact dates to be announced), Institute for the History of Medicine, auditorium (Josephinum), Währingerstr. 25

Anthropology and the concept of dirt (theoretical perspectives: Darwin, Douglas, Elias, Miller)

Anthropologists and (the study of) defecation

Ethnographies of defecation (Ghana, Cameroon, Germany, UK)

Defecation and health

Defecation and care

Defecation and enculturation

The language of defecation

Recycling human faeces

The toilet as social/cultural space

Culture and defecation

Sjaak van der Geest: Seminar Pharmaceutical Anthropology

Start: beginning of May (exact dates to be announced), Institute for the History of Medicine, auditorium (Josephinum), Währingerstr. 25

The symposium will be based on the recent book *Social Lives of Medicines* (S.R. Whyte, S. van der Geest & A. Hardon eds.) and covers the following themes:

I. Introduction

1. An anthropology of materia medica

II. The Consumers

2. Mothers and children: the efficacies of drugs

3. Villagers and local remedies: the symbolic nature of medicines

4. Women in distress: medicines for control

5. Sceptical consumers: doubts about medicines

III. The Providers

6. Drug vendors and their market: the commodification of health

7. 'Pharmacists' as 'doctors': bridging the sectors of health care

8. Injectionists: the attraction of technology

9. Prescribing doctors: medicines as communication

IV. The Strategists

10. Manufacturers: scientific claims, commercial aims

11. Health planners: making and contesting drug policy

V. Conclusion

12. Anthropologists and the sociality of medicines

Sjaak van der Geest: Seminar Old Age: Cultural Meanings and Aspects of Care. Comparative Aspects

Start: beginning of May (exact dates to be announced), Institute for the History of Medicine, auditorium (Josephinum), Währingerstr. 25

The objective of the symposium is to contrast and compare ethnographies of old age in Ghana, India and The Netherlands and reflect on their underlying correspondence. It will be argued that in spite of conspicuous differences, the conditions of “successful ageing” in the three cultures are surprisingly similar. The question will then be raised to what extent we may assume intercultural “rules” for a human and dignified way of growing old. Austrian contributions will be invited to broaden the discussion. The following themes will be discussed:

Ethnographies of growing old (Ghana, India, The Netherlands)
Austrian observations
Autonomy and dependence in old age
Family care and institutional care
Views on death (including euthanasia) and old age
Reciprocity and respect as leading concepts
Conclusions and future questions

Dagmar Eigner: Schamanic Therapy II

Institute for South-Asian Tibetan and Buddhist Studies, 1 hour, block (to be announced)

Publications of the Department 2002

Prinz, Armin: Contributions to visual anthropology: Mihidi’s drawings. Four journeys into the world of Azande witchcraft. In: Viennese Ethnomedicine Newsletter, 5,1, 17-21

Prinz, Armin: Schamanen als clown-doctors. Ein Beispiel von den Azande Zentralafrikas. In: Gerda Baumbach (ed.) Theaterkunst & Heilkunst. Studien zu Theater und Anthropologie. Köln, Weimar, Wien, Böhlau, 195-209

Prinz, Armin: Editorial „Flugmedizin aktuell“ In: A. Prinz (ed.) Themenschwerpunkt: Flugmedizin aktuell, Wiener Medizinische Wochenschrift 152, 17/18, 439-440

Prinz, Armin: Obesity and fatness among the Azande. In: G.M. Kostner & K.M. Kostner (eds.) Atherosclerosis: risk factors, diagnosis, and treatment. Monduzzi, Bologna, 535-540

Kutalek, Ruth: Traditional therapy and witchcraft in Tinga-Tinga paintings. In: Viennese Ethnomedicine Newsletter, 4, 2, 12-14

Kutalek, Ruth: Ethnomykologie. In: Österreichische Zeitschrift für Pilzkunde 11, 79-92

Kutalek, Ruth: Gerda Baumbach (ed.): Theaterkunst und Heilkunst: Studien zu Theater und Anthropologie. Book review. In: Viennese Ethnomedical Newsletter, 5, 1, 33.

Kutalek, Ruth; Plasser, Franz und Telesklav, Wolfgang: Therapeutic Touch im Wiener Kaiser-Franz-Joseph Spital. Qualitative Evaluierung (Projectreport)

Abu-Baker, Hwiada: Infertility as a social experience. In: Viennese Ethnomedicine Newsletter, 5,1, 24-30.

Binder-Fritz, Christine: Regel-lose Frauen. Wechseljahre und Altern bei Maori-Frauen in Aotearoa/Neuseeland. In: G. Kosack, U. Krasberg: Wechseljahre im Kulturvergleich. Ulrike Helmer Verlag, Königstein/Taunus, 131-149.

Binder-Fritz, Christine: The role of Maori midwives in promoting women’s reproductive health in New Zealand. In: Proceedings. ICM conference 2002 in Vienna. Midwives and women together for the family of the world. CD-ROM.

Binder-Fritz, Christine: Ethnicity and reproductive health: transcultural perspectives on birthing and safe motherhood among minority women in Austria. In: Wiener Klinische Wochenschrift. Abstracts.

International conference: Gender & health. Realizing a gender sensitive health care system. September 16-18, 2002 in Vienna. Beilage zu Wiener Klinische Wochenschrift. 114. Jahrgang. Heft 17-18. Supplement 3. Springer Verlag. Wien, 14.

Binder-Fritz, Christine: Entbinden oder Gebären? Überlegungen zur geburtshilflichen Versorgung von Migrantinnen in Österreich. In: Österreichisches Museum für Volkskunde. Aller Anfang. Kataloge des Österr. Museums für Volkskunde. Band 80. Wien, 159-165.

Binder-Fritz, Christine: Papa tu-a-nuku, das Land, die Erde nährt uns wie eine Mutter: Geburt in der Mythologie und zeitgenössischen Kunst der Maori Neuseelands. In: Österreichisches Museum für Volkskunde. Aller Anfang. Kataloge des Österr. Museums für Volkskunde. Band 80. Wien. 99-105.

Binder-Fritz, Christine: A multidisciplinary joint research project with the Mahidol University in Thailand. In: Viennese Ethnomedicine Newsletter 4, 3, 26-30.

Binder-Fritz, Christine and Tuti Hinekahukura Aranui: Chronicles of our trip to Europe. A journey undertaken by a Maori and two Hawaiian women to attend a conference "Shamanism in the new millennium". In: Viennese Ethnomedicine Newsletter, 4, 2, 3-13.

Burtscher, Doris: Working with "doctors without borders" – how to conduct ethnomedical fieldwork under adverse conditions. In: Viennese Ethnomedicine Newsletter, 4, 2, 13-14, 18-19.

Burtscher, Doris: Contributions to visual anthropology: massages - a treatment in traditional medicine of the Seereer-Siin in Senegal. In: Viennese Ethnomedicine Newsletter, 4, 3, 15-18.

Eigner, Dagmar: Die Bedeutung veränderter Bewusstseinszustände in der schamanischen Therapie. In: K. Edlinger, G. Fleck, W. Feigl (Hrsg.): Organismus – Bewusstsein – Symbol. Wien, Peter Lang, 180-194.

Eigner, Dagmar: Von der Ziegenhirtin zur Stadtschamanin. In: T. Pillai-Vetschera (Hrsg.): Zwischen Gestern und Übermorgen – Frauen in Südasien. Wien, Peter Lang, 43-58.

Eigner, Dagmar: Shamans' comments on their rituals: A preliminary report. In: Viennese Ethnomedicine Newsletter, 5,1, 3-24.

Michalitsch, Maria: Pharmacology of foods in traditional Chinese medicine. In: Viennese Ethnomedicine Newsletter, 4, 3, 3-11.

Ph.D. and M.A Thesis

Weigl, Peter Georg: Chicha de maiz. Soziokulturelle und ethnomedizinische Aspekte des Maisbiers in Peru.

Haider, Gebhard: I want to be a healer not a doctor. Werdegang einer Heilerin in Tamil Nadu, Südindien.

Forthcoming Congresses

5th European Colloquium on Ethnopharmacology. Valencia, Spain May 8–10, 2003 Local Organizer: Prof. Dr. José Luis Fresquet-Febrer. *Secretariat:* 5^o Coloquio Europeo de Etnofarmacología, Instituto de Historia de la Ciencia y Documentación López Pinero, Univ. de Valencia – CSIC, Avda. Blasco Ibáñez, 15, E-46010 Valencia (España), Teléfono: 0034-963 864164 Fax: 0034-963864091 and 0034-963613975. E-mail: Etnofarmacologia@uv.es · <http://www.uv.es/Etnofarmacologia> Techn. Organis.: Tel 0034-9607 189 Fax 0034-9633 406, Hotels etc E-mail: congresos.valencia@viajeseci.es

2nd International Symposium Ethnobotany, La Paz, Bolivia, September 14–16, 2003 Contact: Ronald Chavez email: simposio@rasca.co.cr www.costarricense.com/workshop.org

The Austrian Ethnomedical Society

President: Armin Prinz, Vicepresidents: Wolfgang Kubelka and Karl Wernhart, 1.
Secretary: Ruth Kutalek, 2. Secretary: Christa Kletter, Treasurer: Wolfgang Telesklav

Dear friends and colleagues!

If you want to become a member of the Austrian Ethnomedical Society and to get the VEN regularly (three times a year), please send the completed form back to:

ÖSTERREICHISCHE ETHNOMEDIZINISCHE GESELLSCHAFT
(AUSTRIAN ETHNOMEDICAL SOCIETY)
c/o Abteilung Ethnomedizin
Institut für Geschichte der Medizin
Währingerstraße 25
A-1090 WIEN
AUSTRIA

MEMBERSHIP ENROLLMENT

Member (Euro 17,-)

Student Member (Euro 7,-)

MEMBER NAME:

.....
.....

ADDRESS:

.....
.....

FAX: PHONE:

E-MAIL: PAYMENT BY VISA AND MASTERCARD POSSIBLE

DATE:

SIGNATURE:

With your membership you help us to publish this newsletter.
If you are already a member, please hand forward this application form to somebody who might be interested in our work.

Contributing Authors



Sjaak van der Geest. M.A., Ph.D., teaches Cultural and Medical Anthropology at the University of Amsterdam, fieldwork in Ghana and Cameroon, research on perceptions and practices concerning birth control, reinterpretation and use of Western pharmaceuticals in non-Western communities, perceptions of sanitation and waste management, and on social and cultural meanings of growing old in Ghana.



Bernd Kostner, M.D., O.M.D. (oriental medical doctor, University of Graz) two years research assistant at Osaka Medical University, Japan, 4 months at the Zhejiang College of Traditional Chinese Medicine in Hangzhou/China.



Birgit Buxbaum, M.A. (social and cultural anthropology, University of Vienna) has written her M.A. thesis about the use of *ayahuasca* in shamanistic practices in Western Amazonia, is currently preparing a research project about medical concepts in Mexico



Armin Prinz, Prof., MD, Ph.D. head of the Department of Ethnomedicine (University of Vienna), since 1972 research among the Azande in Zaire

Photograph last page

The traditional healer Bagu, main informant in the films presented in this volume, during a healing seance *avule*. He was a very popular practitioner who unfortunately died in 1980. People even came over the border from Sudan to seek his help. I stayed in his homestead for more than two months and was received very friendly by him and his patients.

Photograph: A. Prinz



Bagu

Sponsored by
 Vienna
International
Airport