

James KIRKLAND, Holly MATHEWS, C.W. SULLIVAN III, Karen BALDWIN (eds.), *Herbal and Magical Medicine: Traditional Healing Today* (Durham and London, Duke University Press, 1992, 241 p., ISBN 0-8223-1217-4)

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Volume 15, numéro 1, 1993

URI : <https://id.erudit.org/iderudit/1082553ar>

DOI : <https://doi.org/10.7202/1082553ar>

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Éditeur(s)

Association Canadienne d'Ethnologie et de Folklore

ISSN

1481-5974 (imprimé)

1708-0401 (numérique)

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Citer ce compte rendu

Grant, G. P. (1993). Compte rendu de [James KIRKLAND, Holly MATHEWS, C.W. SULLIVAN III, Karen BALDWIN (eds.), *Herbal and Magical Medicine: Traditional Healing Today* (Durham and London, Duke University Press, 1992, 241 p., ISBN 0-8223-1217-4)]. *Ethnologies*, 15(1), 156–159. <https://doi.org/10.7202/1082553ar>

In *Trail to Heaven*, this made effective, at times powerful, literature of which few academics are capable, but the approach incurs problems. First, it runs the risk that exactly what some of the texts, or the encounters and events tying the texts together, signify is not always clear. Perhaps this uncertainty is necessary; the postmodern ethnographer's analytic voice is to be kept in check.

But this is where the two volumes differ; many of the articles making up *Little Bit Know Something* use analysis in order to move towards a form of understanding that can be at least compared with the understandings arrived at by other ethnographers working with comparable cultures. Many such comparisons are acknowledged by Ridington himself, and while all of them may not be equally profound, for me they make the collection especially useful. Other chapters are explicitly concerned with the methodology of how to preserve the voice of the other through the use of new techniques of communication.

We must also consider the possibility that these voices, the one of the ethnographer, as well as those of his people, hide as well as reveal. There is both artistry and artfulness in apparently artless self-exposure. But experimental work must be allowed to take chances.

Of the two, *Trail to Heaven* is the volume to re-read, the one given over largely to Dunne-za voices, as they try to make themselves understood to Ridington, and through him to us. But, it is also a book "without interpretation", and thus (for me, at least) often leaves the Dunne-za in their ineffable and unique splendour. *Little Bit Know Something* is a remarkable book which places the Dunne-za in comparative context, nicely complementing *Trail to Heaven*, and serving academia, the Dunne-za, and hopefully many non-specialist readers, well.

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As biomedicine becomes more scientific/scientistic — demagicked — and more firmly entrenched as the dominant model of diagnosis and therapy,

scholars from many fields have newly recognized the undiminished vigour of so-called "alternative" medical systems.

This collection of eleven essays (and an excellent bibliography), deceptively titled *Herbal and Magical Medicine*, examines medical pluralism. The volume documents the persistent viability of folk (or traditional) medical systems within a circumscribed area of the United States (eastern North Carolina and Virginia) with the intention of demonstrating the fruitfulness of interdisciplinary dialogue. The book evolved from an American Folklore Society panel organized by faculty of East Carolina University, which has archived a rich storehouse of folk medicine material. The eminent folk medicine expert Wayland Hand was involved in this project prior to his death.

The stated importance of this book is its application of a "multidisciplinary approach to a coherent cultural center of traditional folk medical systems" and the articulation of "a model of multidisciplinary inquiry applicable to the study of traditional medicine in any cultural context" (Mathews, p. 2). Further, the editors contend that the study of the complex relations between folk and bioscientific medical systems will encourage "more humane and culturally sensitive healing" (Mathews, p. 10).

The contributors to this volume do represent diverse (yet cognate) disciplines (medical anthropology, ethnobotany, medicine, psychological anthropology), although folklorists predominate. The perspectives of the authors are congruent and their methodological approaches incorporate case histories as primary resources. The chapters are somewhat uneven in quality, yet each author contributes to the discourse on the cognitive, behavioral and psychological negotiation of sickness undertaken by both healers and their clients. Further, problems of compliance and reciprocal mystification between patients and bioscientists, at the interface of sometimes conflicting beliefs and practices, are taken seriously here. Mathews, for example, in her discussion of adherents of root medicine, states that, not only do "the ways that they conceptualize illness and the therapies they embrace have consequences for their adherence to mainstream practices" but their therapeutic choices "may prove incomprehensible to mainstream practitioners who have no understanding of the attribution of the disease causation and assessments of treatment efficacy in [this] medical system" (p. 93-94).

A common theme throughout the volume is the cognitive function of folk medicine, the provision of meaning when no meaning is evident (sickness), the creation of order out of disordered minds or bodies. Hufford, a folklorist, articulates this theme in the initial chapter. Arguing for greater cooperation (not cooptation), understanding and mutual respect between practitioners and clients of different medical systems, Hufford (p. 30) offers the standard argument: "From those forms of suffering that medicine can only partially ameliorate — and there are many of those — to the nonmedical needs of the sick — such as finding

meaning in suffering and death — folk medicine represents the continuing response of culture to human needs.”

Kirkland, a folklorist, describes how fire is talked out of burns while Sammons, a psychiatrist, discusses the underlying physiological mechanisms that structure the efficacy of this common folk treatment. Here, Sammons suggests, the active principle is hypnosis (or persuasion, as it is commonly called).

Mathews, another folklorist, analyzes root medicine, the African-American tradition, “which combines a belief in the magical causation of illness with a naturalistic disease etiology and an acceptance of Protestant Christian theology” (p. 71). Lichstein, a physician, then reinterprets rootwork from the bioscientific perspective and posits that the primary task of physicians is to overcome the “demoralized” condition of individuals who define their symptoms as the consequences of hexing.

The remaining chapters of the book address the medicoreligious metaphor of “spiritual heart trouble” (Camino), Lumbee herbal medicines (Croom), folk beliefs surrounding pregnancy (Sullivan) and, finally, a semiotic analysis of the discourse on folk medical knowledge and practices (Baldwin). Here, the authors incorporate a bioscientific critique within their analyses. The chapter on Lumbee herbal remedies by the ethnobotanist Croom carefully documents the rich pharmacopoeia of this group while comparing Lumbee remedies with other botanical medicines. Croom critically examines the complex and difficult task of determining both the “risks and benefits” of folk remedies; he also includes two appendices which summarize Lumbee herbal therapies. This discussion is valuable and goes beyond the bland praise of Native acumen.

Given the stated importance of this book by its authors, does this volume fulfill its aims? The multidisciplinary analysis within the geographic parameters is partly successful, although the particular traditions (except for the Lumbee) are not unique to this area. Given the common use of narratives, does this knowledge encourage “a more humane and culturally sensitive healing?” (p. 10). Jones (1980: 304) has proposed that tracing the relationships between case histories and curing has four potential functions, two of which are particularly relevant here: “The data base for describing a tradition of healing and for determining the motivations of healers and their patients and... a source of insights for understanding more fully the nature of human thought processes and behavior.” At this level, the collection is successful. The discussions do indeed account for patients’ decisions and, importantly, imply personal *agency* in therapeutic choices; furthermore, the case histories document and contextualize these decision-making processes. This is a major strength of this volume.

The book has some weaknesses, however, not unrelated to its perspective. Given its avowed multidisciplinary focus, the reader is surprisingly, yet continuously, conscious of the dominance of the bioscientific model. Indeed, descriptors

such as “bizarre”, “overly dramatic” and “primitive ideas” indicate that an underlying ethnocentricity pervades the text. This, of course, is a pitfall (increasingly articulated within anthropology) of “studying down”: the adherents of these folk medical systems are members of a particularly impoverished population, as Baldwin points out in the Preface, and a subtle attitude of disparagement can be detected. Here, the demographics are skewed toward the old, the poor and the disabled; however, McGuire (1988) recently demonstrated that very variable groups within the United States exploit diverse therapeutic modalities. This bias is unfortunate and damages the usefulness of this collection of essays which would be suitable otherwise for an undergraduate course in medical anthropology.

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Barbara RIETI, *Strange Terrain: The Fairy World in Newfoundland* (St. John's, Institute of Social and Economic Research, Memorial University of Newfoundland, 1992, xvi+273 p., note, preface, photographs, notes, bibliography, informant index).

Ever since its settlement, Newfoundland has been home to fairies and their lore. Immigrants primarily from England and Ireland found that the wooded islands off the coast of mainland Canada were populated by fairies, “good people”, pixies, etc. According to Barbara Rieti, fairies were likely to be encountered in the areas “betwixt and between” nature and culture — in gardens, along well-trodden pathways, and in barns. One could be “fairy-led” while out