

Healthways; Newfoundland Elders: Their Lifestyles and Values. R.R. Andersen, J.K. Crellin and B.O'Dwyer; Home Medicine: The Newfoundland Experience. John K. Crellin.

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Volume 15, numéro 2, fall 1999

URI : https://id.erudit.org/iderudit/nflds15_2rv03

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Éditeur(s)

Faculty of Arts, Memorial University

ISSN

1198-8614 (imprimé)

1715-1430 (numérique)

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Citer ce compte rendu

Hanrahan, M. (1999). Compte rendu de [*Healthways; Newfoundland Elders: Their Lifestyles and Values. R.R. Andersen, J.K. Crellin and B.O'Dwyer; Home Medicine: The Newfoundland Experience. John K. Crellin.*] *Newfoundland Studies*, 15(2), 257–262.

Healthways; Newfoundland Elders: their lifestyles and values. R.R. Andersen, J.K. Crellin and B.O'Dwyer. St. John's, Creative Publishers, viii, 176p., bibliog., index, 1998, softcover, \$12.95, ISBN 1-895387-97-3.

Home Medicine: The Newfoundland Experience. John K. Crellin. Montreal and Kingston, McGill-Queen's University Press, viii, 280p., illus., maps, notes, bib., index, 1994, cloth (\$44.95), softcover (\$17.95), ISBN 0-7735-1197-0.

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I AM PARTIAL TO ANY ethnographic text that lets Newfoundlanders speak for themselves. So much that has been written about this society is in digested form. It very often misses the most important points and is sometimes downright wrong. (For example, the misguided but enduring notion that the merchant was outport dwellers' only conduit to the outside world.) So I was delighted to read what thirty Newfoundland elders had to say about health maintenance, medicine (Newfoundland and allopathic), and coping in old age in a short, very readable book called *Healthways*. Among other things, the words of the elders reveal the sharp cultural divide between the pre-Confederation generation and those that followed.

Through the short stories, told by both men and women, we are offered glimpses into the economic adaptations that characterized pre-Confederation Newfoundland (or at least regions of it); these were a combination of market and subsistence production activities. Those interviewed believed that "rough food" (or "rough grub") was healthier than store-bought groceries. They didn't want for variety. They ate root crops, dairy foods, grains, berries, wild and domestic meat

(rabbit, beef, pork, mutton, partridge and fish), molasses, tea and treats like candy, apples and oranges, especially at Christmas.

Memorial University students love this book, probably because it brings them into direct contact with their heritage — something they will have missed in our high schools, where Newfoundland history is no longer taught. Yet they would have benefited much more had the book been strengthened in a number of ways. Most seriously, it lacks an interpretive framework. The narrative form is valuable in that it alters the power relationship between social scientists and informants by allowing people to speak for themselves; it also yields rich data. But this data cannot stand alone without analysis. In this sense, the book is step one — and it is the interviews that make it a good step one — rather than a polished product.

Secondly, there is also a problem with sampling and the conclusions drawn from the sample. Nineteen out of the thirty *Healthways* informants were Roman Catholic, which is a significant over-representation of the Irish influence on Newfoundland culture; approximately one-third of the province's population is Roman Catholic, not two-thirds, as in the sample. Further, most of the informants were from the Avalon Peninsula, the most populated and urbanized part of the province, even pre-Confederation. These factors make generalizations about Newfoundland, much less Labrador, implausible, yet the authors do not seem to realize this.

There has always been a tendency to overlook the diversity in Newfoundland culture. Yet the influences of Indigenous peoples, Jewish, Lebanese and other immigrants, the fishermen of the Iberian Peninsula and our recent ancestors' voyages to the Caribbean were not all one way. Our diet, for example, was altered by schooner trips to Barbados, where fishermen like my great-uncles Val and Vince Manning would get bananas and other fruit. When I listen to musical compositions like "The Portuguese Waltz," I suspect that Newfoundlanders' world-views were also affected. Yet these influences are so often ignored and the "Irishness" of Newfoundland overstated. This is true of history and social science literature as well as the simplistic and annoying tourism brochures that currently abound all over the province and, unfortunately, further afield. We need more good ethnographic work to counteract some of this.

Healthways makes this mistake in its discussion of the taboo against pregnancy, especially outside marriage. This taboo, as reported by some of the informants, was a strong one. It led to elaborate ruses to hide basic information, from children in particular. This may have been the case in Roman Catholic communities on the Avalon. But there were regions in Newfoundland where the taboos against pregnancy were not nearly as strong or, in fact, did not exist. Coastal Labrador, for example, is one of them. The authors do note an important difference in the way Catholics and Protestants view their lives, with the latter expressing much more dissatisfaction with pre-Confederation Newfoundland. (This was borne out by the national referenda votes in 1948.) Religion is a topic worth exploring, with regard

to healthways and other cultural issues, but without a conceptual framework this book fails to do that exploration.

A final problem with the book has to do with the theme of poverty, a constant in Newfoundland ethnography. The image of the malnourished tubercular outport Newfoundlander is a persistent one. Yet there is considerable evidence in this book and elsewhere that food shortages were restricted to certain times (e.g. "the hungry month of March"), regions, and, in some communities, to certain families. For example, "Mrs. Mary Whelan" of Conception Bay tells the moving story of her attempts to help her neighbour who lived in poverty. Referring to her neighbour as "a woman with a family," she implies that there was no adult male in the household, which is significant both socially and economically. Yet early on the authors state:

Readers should wonder why the narratives do not reflect more of the bleak history of Newfoundland in the first half of the century. This was a time of economic disruption and disadvantages for this generation. We have to ask whether or not many have forgotten or chose to push to one side, hard times and isolation (p.7).

I have to ask why social scientists doing work in Newfoundland consistently single out the theme of poverty as something Newfoundlanders themselves cannot properly assess. Why can't we believe the St. John's woman who says:

A lot of people thought years ago that it was terrible in Newfoundland, but it wasn't. Everybody had their fields, they had their cows, and they had their fresh butter, they had their eggs and you had excess eggs to sell and barter for something else in the stores, food supplies or whatever you might want (p. 64)?

The context in which her statement is presented leads us to suppose that this is romanticism (and perhaps cultural pride), while the authors have not presented convincing evidence to the contrary. This woman's memories, and others like hers, are just as valid as the recollections of direst poverty, and deserve to be factored into the equation.

Poverty is complex. Above all, it is a relative concept. Given the uncomplicated class structure of our outports, it is unlikely that there was much *relative* poverty in Newfoundland historically. I know there were cases of absolute poverty in Newfoundland, particularly at certain times and in certain places. I also know that during the Depression, my aunt's family returned from Detroit to Witless Bay because they were assured of a superior food supply on the Southern Shore where they could "make" fish and grow their own vegetables. Although we lack a good ethnography of the Depression in Newfoundland, the anecdotal evidence is that they were not the only family to recognize the more threatening spectre of urban poverty and hunger.

One of the difficulties facing researchers is that a solid and useful definition, much less understanding of poverty has never been developed for Newfoundland (which, after all, defies so many other conventions of social science). Such a definition is sorely needed, and we need to separate partisan politics from our thinking about it. It seems that the question of whether or not Newfoundlanders are poor and to what extent has always been linked to power struggles. With his lecture circuit talk of impending famine, master fund-raiser and “Angel of Labrador” Wilfred Grenfell emphasized and quite possibly exaggerated poor living conditions here.¹ There was also the Commission of Government, followed by Joe Smallwood’s bombastic and successful attempts to convince Newfoundlanders of their backwardness and destitution. Too many Newfoundlanders remain almost unaware that the Great Depression and its problems and tragedies were not confined to Newfoundland and Labrador. We need to shift the clutter out of the way before we can develop a clear picture of poverty in historical Newfoundland. Right now, we just don’t know. *Healthways*’ emphasis on the historical politico-economic context is brief, however, almost scant. This in itself makes its analysis likely to fall prey to conventional wisdom.

Home Medicine lacks the wider ambitions of *Healthways* but it accomplishes what it set out to do — to educate readers about the wide range of concepts and behaviours associated with what author John Crellin calls “self-care” in Newfoundland. Sourcing material from 3500 records at MUN Folklore Archives, gathered between 1963 and 1989, as well as further interviews and published material, this book is a jewel.

The heart of *Home Medicine* is its examination of illnesses, conditions, treatments, and medicinal ingredients by topic: “From Abortion to Zam-Buk Ointment” (pp. 57-247). We learn that Dr. Bond’s Gum Salve was used to cure haemorrhoids (or “piles”). Itch was relieved through the use of a pre-20th century tradition that involved steeping alder buds and drinking the tea. At least some people believed that wearing a green ribbon around the neck prevented nosebleeds. The remedies described in detail are a combination of commercial preparations and home-made solutions. They tend to be more food — or kitchen — based in Newfoundland than plant-based, compared to, say, the medicine of Indigenous communities in Labrador. All this provides rich material that gives us insight into how Newfoundlanders lived and how they viewed the world around them.

Another highlight of the book is its interesting historical overview of the role of Gerald S. Doyle and his enterprises (perhaps Doyle is best remembered now for the memorable radio program he sponsored, “The Doyle Bulletin”). By selling nerve pills and other concoctions, Doyle was partly responsible for the commercialization of self-care in 20th century Newfoundland. Interestingly, though, Crellin is able to show that he did so in a way that actually promoted tradition and community. This was accomplished through publications that juxtaposed “folklore” with a plethora of ads for his products. One of these was the famous songbook,

Old Time Songs and Poetry of Newfoundland, which was distributed free in 1927, 1940, and 1955 (as well as twice after Doyle's death).

There is also a useful discussion of the role of the once ubiquitous *Dr. Chase's Almanac* with Crellin focussing on familiar themes in advertisements. One of these, food as health products, is the subject of much current attention by food sociologists, anthropologists, and historians. After Confederation, Canada's *Amended Food and Drug Act (1934)* applied to Newfoundland. This led to a decline in the range of available preparations. Because the Act made it illegal to advertise directly to the public, the number of products available plummeted to about 6000, from over 60,000.

Crellin is thorough in raising important questions, and he takes care to note the difficulty of answering them: how widely held were particular beliefs and practices? Which have disappeared? Have any re-emerged? How do changing attitudes about religion and medical authority impinge on health care? (This last question harkens back to *Healthways*, which reinforces the notion that religion was a dominant ideological force, certainly in some Avalon Peninsula communities).

The author recognizes the central role of the non-market economy and, crucially, that it led to diverse experiences across Newfoundland. He also notes that some medical statements about poor health resulted from misunderstanding of Newfoundland culture. He says this happened up until about 1950, but I see no clear reason for the choice of this particular date. While Crellin makes necessary conceptual statements, he falls into the well-worn trap of concluding that "a generally poor state of health often did exist" (p.14). This apparently poor health predisposed people to skin infections, fatigue and "many other vague symptoms, if not more serious problems." Without comprehensive health data, retrieved quantitatively and qualitatively, it is worth restating that we cannot make such general assertions. At the very least, we need to clarify the adverbs and adjectives that are (over-) used to describe social conditions like poverty and poor health in Newfoundland (and elsewhere).

Part of Crellin's motivation in compiling this intriguing text is his awareness that health care practitioners need to be educated about cultural attitudes, values, and beliefs, especially those related to self-care. This pertains not only to Newfoundlanders, of course, but also to Indigenous peoples and the range of ethnic groups that make up the Canadian mosaic. The need for consideration of cultural differences vis-à-vis medicine and medical practices was identified nearly twenty years ago² but work in this area remains underdeveloped.³ Practitioners are well-advised to factor self-care and cultural attitudes into their treatment of patients. A 1998 study of 150 adult patients from thirty Indigenous nations in the United States found that 38% saw an Indigenous healer in addition to their allopathic practitioner.⁴ Of those who did not, 86% would consider seeing one in future.⁵ Significantly, only a small minority (14.8%) of these patients informed their physicians about

their use of a healer.⁶ This points to a conscious clash between self-care and allopathic medicine.

Both *Healthways* and *Home Medicine* offer portraits of Newfoundlanders historically as active in their own health maintenance and promotion. The cultural characteristics of self-sufficiency and ingenuity just about fly off the pages of both books. Newfoundlanders are also revealed to be adaptable, perhaps extraordinarily so. It is perhaps this sometimes unfortunate feature that has allowed us to slip into our present role of passive “patients” heavily dependent on the allopathic system. The contrast is testimony to the cultural ruptures we have experienced in this century. In view of this change, Crellin’s collection of the “strikingly wide” range of beliefs and practices that served to build and preserve health is a particularly valuable addition to the canon of Newfoundland knowledge.

Notes

¹Readers are encouraged to read Chapter 14 of Ronald Rompkey’s *Grenfell of Labrador: A Biography*, Toronto: University of Toronto Press, 1991.

²Kunstadter, Peter. “Medical ethics in cross-cultural and multi-cultural perspectives.” *Social Science and Medicine* 14B, 4 (1980), 289-96.

³Turner, Leigh. “An anthropological exploration of contemporary bioethics: the common sense.” *Journal of Medical Ethics* 24 (1998), 127-33.

⁴Marbella, Anne M., Mickey C. Harris, Sabina Diehr, Gerald Ignace, and Georgianna Ignace. “Use of Native American healers among Native American patients in an urban Native American health center.” *Archives of Family Medicine* 7 (March/April 1998), 1.

⁵*Ibid.*

⁶*Ibid.*