REVIEWS

Plural Medicine, Tradition and Modernity, 1800-2000. Edited by Waltraud Ernst. London: Routledge. 2002. xiii + 253 pp. ISBN 0-415-23122-1.

Healing Traditions: African Medicine, Cultural Exchange, and Competition in South Africa. By Karen E. Flint. Athens: Ohio University Press and Scottsville: University of KwaZulu Natal Press. 2008. xiv + 274 pp. ISBN 978-1-86914-170-7.

During the last decade there has been a shift in the way people view alternative systems of healing, which can be gleaned from the proliferation of shops specialising in alternative healing in mainstream malls and the popularity of yoga and tai-chi as ancient therapies to help 'balance' the stresses of modern lifestyles. Whereas earlier 'traditional', 'indigenous', 'folk' medicines were unequivocally perceived as 'unscientific', 'backward' and 'primitive', increasingly they are seen as positive alternatives and complements to biomedicine offering 'holistic' and 'natural' treatments. However, the appeal of alternative systems of healing has not been absolute; the negative connotations of 'traditional' medicine have not disappeared. Rather a tension has emerged around how indigenous medicines are viewed which is captured in its most acute form in the debates in various countries about sanctioning and regulating alternative medical systems and practitioners. The emergence of these debates coupled with mounting legal cases against international pharmaceutical companies seeking to patent aspects of 'indigenous' and 'traditional' medical knowledge has encouraged historians of medicine to investigate the domain of 'traditional' therapeutics. Moreover, the mix-and-match approach of health-seekers has thrown into relief medical pluralism, i.e. the co-existence of different medical systems in various societies.

Karen Flint's *Healing Traditions: African Medicine, Cultural Exchange, and Competition in South Africa, 1820–1948* and Waltraud Ernst's edited collection *Plural Medicine, Tradition and Modernity, 1800–2000* are two works that deal with some of the issues around traditional medicines and how these systems have developed over the nineteenth and twentieth centuries. Both these books challenge the view of indigenous bodies of knowledge as static, unscientific and irrational and argue that they are instead dynamic and continually evolving through their interaction with other medical systems. Flint examines 'African' therapeutics over a period of almost 130 years (from pre-colonial times to post-apartheid) in KwaZulu-Natal, South Africa, using a rich array of sources including travelogues, memoirs, government records, newspapers, oral traditions of Africans recorded in the early twentieth century as well as personal interviews with healers. She argues that what is understood as African medicine today is different from

how it was perceived at different points in history, for while it has retained some central beliefs 'indigenous' medicine has been, and continues to be, influenced by non-African medicines, practices and practitioners. The contributors to *Plural Medicine* make similar claims with regards to 'traditional' medicines in India, Africa and New Zealand by analysing the interaction of 'traditional' medicines with biomedicine under and since colonial rule. Both works effectively blur the boundaries between 'traditional' medicine and biomedicine, showing the degree of exchange and appropriation between them and highlighting the plurality of medical practice.

Healing Traditions considers how in early encounters between Africans and white colonists there was room for exchange between the two cultures as African medicine helped save many Europeans who did not have experience with local illnesses, while the medical expertise of missionaries facilitated the setting up of mission stations. During these interactions European medical practitioners adopted practices and remedies from African medicine and respected African healers. Similarly African healers incorporated European remedies and certain medicines into their therapeutic practice (93-127). Flint argues that it was only in the late nineteenth and early twentieth century that biomedicine distanced itself from 'indigenous' medicine, which was rendered as 'primitive' and 'unscientific' as part of the change in colonial strategy as well as in order to compete with existing medical systems. As a result of this distance the domain of African medicine came to be circumscribed and defined by the absence of Western medical practices and substances. Thus 'traditional' medicine in the African context was straitjacketed and the artificially constructed boundaries between it and Western medicine came to be policed by the colonial and later by the apartheid government.

Under the colonial and apartheid regimes cultural boundaries were policed not only between the whites and locals, but also between the different non-white groups such as Africans and Indians. One of the most important contributions of Flint's study is the uncovering of the long history of exchange between African and Indian therapeutics prior to their strict delineation as separate and distinct bodies of knowledge in the late nineteenth century – Indians adopted African medical practices, used African herbs and also took part in the medicinal trade of the region; and African healers adopted Indian substances into the local pharmacopoeia. Flint reveals that before 1891 there were many Indians who practised as *inyangas* (African herbalists). But after the 1891 legislation whereby *inyangas* had to obtain licences to practise they were denied licences on the ground that only Africans could be *inyangas*, regardless of the degree of assimilation of Indians in African society. However, the policing of boundaries between non-white cultures was less vigilant than of those between white and non-white cultures and hence exchange between these two medical discourses continued. *Muthi* (indigenous medicines) shops owned by Indians are an example of this continued interaction – in addition to stocking African herbs and remedies these shops also stock Ayurvedic medicines, Indian home remedies, etc.

What is interesting to note, however, is how while at one level legislation intended to segregate did indeed prevent cultural exchange between African and Indian medical systems, at another level it inadvertently facilitated it. For exam-

ple, the Group Areas Act prevented Africans from having commercial enterprises in towns and cities whereas Indians could set up shop closer to urban centres and transportation hubs. Flint argues that this explains the rise of Indian *muthi* shops in Natal in the 1930s and 1940s.

By throwing into relief the fluidity of African therapeutics and the porous nature of seemingly culturally-specific healing practices, Flint challenges the established understanding of different medical systems as hermetically sealed, mutually exclusive and culturally bounded. In so doing she undermines the notion of strict and clear boundaries between the different races and communities in South Africa and shows the multicultural origins of 'indigenous' medicine – i.e. the plural cultural heritage of African medicine. For example, she shows that 'Indian *inyangas* were and are not only the holders of so-called African indigenous medical knowledge but its shapers and contributors as well', thereby questioning exactly how African 'African indigenous medicine' actually is (182).

Since cultural boundaries are fundamentally porous, cultural practices and ideas are adopted, appropriated and modified in societies where different communities live together, even when there is seemingly strict policing of cultural boundaries. The outcome according to Flint is 'a polycultural amalgam that blends together various strands of influence, creating new and sometimes unexpected patterns in the cultural fabric' (17).

This exchange between seemingly separate medical cultures is the main theme explored by most of the contributors to *Plural Medicine* with the express aim of highlighting the constructed nature of 'tradition'. In his chapter on Indian indigenous pharmaceuticals Maarten Bode focuses on the manner in which large Indian pharmaceutical companies package Ayurverdic and Unani treatments: not only are the product forms 'modern' (pills, capsules, syringes, etc.), the aggressive marketing strategies also draw on biomedical discourses and the language of science (e.g. laboratory-tested). Bode argues that the producers of Indian pharmaceuticals are actively engaged in redefining its contours as science is added to culture. The boundaries of biomedical practice in India are also being constantly negotiated as allopathic physicians straddle their formal training with their 'faith in the medical beliefs of their forefathers' and prescribe allopathic drugs alongside Ayurvedic and Unani medicines (98).

This pluralism in the practice of medicine on the part of healers is not exclusive to India. In her article on traditional healing in Swaziland, Ria Reis shows how in modern-day Swaziland the syncretic behaviour of health-seekers has induced many practitioners to incorporate a wide array of practices including biomedical, 'traditional' and 'new age', thereby blurring the boundaries between traditional and modern medicine. She shows that it is not only biomedicine that incorporates aspects of local medicine but in fact that 'Swazi healing easily (also) incorporates biomedicine into the traditional idiom of illness and healing' in such a way that it is not possible to think of medical pluralism in Swaziland as two distinct medical systems existing next to each other between which patients choose.

While the mix-and-match approach of practitioners of medicines ('Western' as well as 'traditional') is crucial to understanding how ideas and practices are exchanged and appropriated between different medical cultures, the role of medical

auxiliaries and intermediaries is also significant and is largely under-researched. Hence Anne Digby and Helen Sweet's chapter on nurses in twentieth-century Africa is a valuable addition to the book as they highlight the crucial role played by bio-medically trained African nurses in the interaction between Western-trained doctors in mission hospitals and local patients. Digby and Sweet show that though African nurses were trained in mission hospitals in the hope that they would help displace indigenous medical practices by convincing local communities of the benefits of Western medicine', in actuality they operated as 'cultural brokers' who reconciled their role as 'standard bearers of Western medicine' with their belief in 'traditional' systems of healing. So while in the hospital setting, where nurses were closely monitored, they did work to displace and undermine indigenous beliefs by biomedical practices, this was not the case in more remote outpatient clinics where supervision was limited. There nurses had more autonomy and developed a medically plural approach advising patients on the range of options between Western and indigenous medicine.

Thus the divide between tradition and modernity is rendered superficial when we consider the degree to which practitioners and subordinates borrow and incorporate practices from other medical systems into their own. In his chapter on Chinese medicine in *Plural Medicine*, Volker Scheid uses the example of Professor Rong, a physician and teacher of Chinese medicine, whose practice draws on the biomedical research of his students to promote his traditional formulas. As a result 'elements of a traditional practice are transformed by being connected to modern ones imported from the West' (145). Scheid makes the very interesting suggestion that it may be more useful not just to think of pluralism between distinct and different medical systems but to understand medical practice as inherently plural.

David Arnold and Sumit Sarkar also highlight the limitations of the tradition–modernity binary in the Indian context by considering how homoeopathy with its Western origins came to be accepted and assimilated in nineteenth-century Bengal and was framed as an 'almost indigenous form of medicine' especially in middle- and lower middle-class Indian households. Moreover, the dichotomy between Western and indigenous is problematic as it creates a romanticised image of indigenous medicine that homogenises it, masks the differentiation and diversity within it, and de-historicises it. As Ernst points out in her introductory chapter, what is categorised as any 'traditional' medical system today is 'the result of negotiations between main protagonists at any one time, namely authors of medical treatises, promulgators of medical lore, practitioners, state authorities, cultural communities, patients, and the public' as well as the result of interactions with other medical systems over time (7).

A closer look at what are seen as indigenous medical systems reveals that what is seen as 'traditional' was in fact a reconstruction and reformulation of medical systems in order to compete with the increasing dominance of biomedicine under colonial rule or as part of anti-colonial and nationalist projects. Scheid's chapter on Chinese medicine illustrates this well as he argues that traditional Chinese medicine is seen inside as well as outside China as an ancient and authentic medical practice. However, what is seen as traditional Chinese medicine today is actually a practice that was revived and refashioned in accordance with Western

principles of scientificity and heavily promoted by the Communist state in China since the late 1950s. Claudia Liebeskind makes a similar claim regarding Unani (Islamic) medicine in India. She argues that Unani medicine underwent considerable change under colonial rule; nationalist ambitions informed its revival as a 'rational and 'scientific' body of knowledge in order to contest the hegemony of state-supported Western medicine. Scheid's and Liebeskind's chapters are especially useful in challenging the oft-held idea of traditional medical systems as age-old, unchanged and unchanging bodies of knowledge that operate outside the sphere of politics. Both these chapters firmly locate the revival of indigenous medicines in India and China within the politics of forging national identities to resist and contest domination.

Another important contribution is Kate Reed's chapter on medical pluralism among South Asian women in Britain. She considers how space, context and diasporic networks contribute to the different ways in which 'traditional' medicine is perceived and hence what it constitutes in different settings. Using the case of British Asian mothers in Leicester, she shows how their ability to draw on alternative forms of healing through diasporic networks along with their use of Western health products renders distinguishing between Western and non-Western medical discourses at the level of practice very difficult.

The overarching question that both the books under review pose is: what is traditional about traditional medicine? They highlight the fluidity of 'traditional' medicinal systems and argue that 'traditional' medicines are not static and timeless but dynamic and constantly evolving in response to political, economic and social circumstances. In doing so, the aim of the books is not to go to the other extreme, empty the category of 'traditional' and render it completely useless. Instead they show how, contrary to the common understanding of 'tradition' as timeless and fixed, the category is flexible, subject to change and has been strategically deployed to contest hegemony and domination. For instance Flint shows how the label of 'traditional' worked as a means of asserting power both by white legislators who use it to limit the purview of non-biomedical healers and by the healers themselves to claim authenticity and legitimacy in South Africa.

In exploring the manner in which traditional medicines have been framed, reformulated and reconstituted in different contexts, the contributors to *Plural Medicine* seek, firstly, to move away from the dichotomising discourse of tradition and modernity (or Western and non-Western) and, secondly, to show that medical systems are inherently 'multi-faceted, forever in flux and never purely delineated' (4). While most of the chapters effectively draw attention to the superficiality of the divide between 'traditional' medicine and biomedicine, their focus on the interactions between Western and non-Western medical systems as opposed to, for instance, the exchanges between different 'traditional' medical systems, does at some level prop up the precise binary that they seek to undermine.

Healing Traditions, on the other hand, not only questions the separation between biomedical and non-biomedical knowledge but also argues that there was considerable exchange between different non-Western medicines such as the African and Indian systems of healing. By considering the interactions between African, European and Indian medical systems, Flint reveals that traditions and

practices which are seemingly specific to a culture are actually the result of interactions between cultures. In so doing she moves beyond breaking down the tradition–modernity binary which has become an almost commonplace exercise among historians since the publication of Terence Ranger and Eric Hobsbawm's *Invention of Tradition* in 1983.

In her introduction to *Plural Medicine* Ernst notes that medical historians have been slow to make use of anthropological insights into non-Western cultures, and calls for more studies of non-Western medical systems that cut across and draw on different academic methodologies. Published just six years later, Flint's book is the ideal realisation of this call as it is a well-researched, anthropologically informed study of the 'historic interconnectivity of present-day cultures' (17).

Historical investigations like these two books are especially relevant for us today as governments across the world are veering towards recognising and regulating 'indigenous' knowledge but are unaware of the historical connections between cultures which have actually shaped what appear to be age-old traditions of a specific culture. The importance of these works is further underscored when we consider the growth of the heritage industry, which in its attempt to recognise indigenous practices and preserve 'traditions' may inadvertently be constraining the dynamism and permeability of cultures and reinforcing the tradition–modernity binary. Both of these books are not only important contributions to the field of medical history but are also useful to scholars interested in studying the divide between cultures and knowledge systems.

Amna Khalid
Department of Historical Studies
University of Cape Town