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SOME PROMINENT FEATURES OF NDJUKA MAROON MEDICINE

The health-care system of the Ndjuka Maroons,¹ which evolved through a 17-18th-century slave-culture synthesis of Amerindian, African, British and Dutch, and Portuguese Jewish ideas on illness and health, has many features in common with those of other Afro-Caribbean cultures.² The fact that its closest cultural counterpart appears to be Haitian medicine, which like that of the Maroons also stopped receiving a constant input of Western medical theory during the (late) 18th century, would seem to suggest a chronological cultural continuum for Afro-American health-care systems. From an early synthesis, that may have been wide-spread throughout the 17th and early 18th century Caribbean, these systems came under increasing pressure during the 19th century³ to acculturate toward the Hippocratic medical concepts popular in the West. They may have elaborated their local versions and developed their coherence by replacing many concepts and practices belonging to an earlier model.⁴ Maroon medical theory may be found to retain a higher proportion of ideas and practices from this earlier selection.

Perhaps the most outstanding feature of Ndjuka health-care is its complete immersion in the coherent socio-cultural whole, and the crucial role allotted to illness as the revealing mark of any troubled socio-cosmic relations. Unlike most Caribbean societies, those of the Surinamese Maroons, once their struggles with the colonial militia had ended in peace treaties and recognized legal status, enjoyed the political autonomy and geographic space that allowed them to develop full-blown African-style matrilineages and clans, bound in a tribal unity, ritually anchored in territories, sanctuaries and ancestral villages. In this holistic society, the problem of affliction belongs to the more general interpretive model of misfortune. But the multi-layered explanations of illness are worked out

in reference to elaborate concepts of body, the mobility and the permeability of its parts, its extensions, its inclusion in and mutual influence on wider and deeper social (genealogical) bodies. Cases of individual crises are anticipated, then seized upon: their somatic expression is molded by ongoing observations and speculations proffered by the bed-side congregation as to the organic influences and the perturbed relations which have contributed to the affliction. The majority of rituals in this society today attend upon just such signs, so that much religious activity is triggered off by affliction, and many exchanges within the social realm involve curing rites and payments for therapy.

TWO EXPLANATORY LEVELS

As has often been noted for other Afro-Caribbean societies, the explanatory model of illness among the Ndjuka distinguishes two orders of causality: one, a psycho-physiological level of interpretation which reasons in terms of an indigenous theory of bodily exchanges with the milieu (including the influence of symbolic acts) completed by a repertoire of specified⁵ illnesses, and two, a socio-cosmic level which points to relevant relationships. In local parlance these two explanatory registers are often distinguished by referring to those benign, mechanical syndromes as “illnesses of God” (*gadu siki*). Empirically, the distinction is clearly marked by the divinatory process which investigates only impinging socio-cosmic factors leaving it to the imagination of mortals to ponder the physiological aspects. In Ndjuka theory the two conceptual domains of causality are not divided into hermetic systems as they apparently are in Martiniquan medicine.⁶ In some instances, aspects of the socio-cosmic level appear to borrow a physiological logic – food taboos which are the markers of transcendental relationships revealed through divination, appear, by their automatic and predictable somatic symptoms to belong to the realm of mechanical causality. The two explanatory registers overlap at certain moments – as for instance in the interdependence of the “heart’s-breath” and the personalized spiritual element, the *akaa*. Both are present and articulated in the significance of each major part of the body. Emotional life, seated in the “heart’s-breath”, is often a turning point between the two levels according to whether emotional disturbances reverberate back against oneself or outward against others. Both levels of causality operate on certain basic principles, such as: 1) the capacity of important body parts to be invaded by, to contain or to conduct both physical and spiritual forces, from the exterior toward the inside, or vice versa, 2) the vulnerability to spirit attacks that results

from either weakened physical or troubled social conditions, and 3) metonymy – the capacity of a part (of the individual body or of the social body) to stand for the whole.

CONCEPTION

Both mechanical and spiritual intervention are necessary to conception, though they are certainly not synchronous – in fact it is in the first phase of conception that the two levels of physiological and spiritual reality seem most separate. From the time of original creation, God left human reproduction to the influence of the Mother-Earth (*Goonmama*) materializing in the form of the boa constrictor (*papa gadu*), who taught Adam and Efa the mechanics of the operation. The particular aspects of sexual relations and the quality of the fertile fluids of both partners count heavily in bringing about conception. But conception is also due to the spiritual penetration of the woman by a spirit of place (*peesi pe a sama komoto*) which is a refraction of the Mother-Earth. The spirit marks the child's body as well as being partly internalized as a secondary soul (*bon gadu*) and influences its health, and later directs its productive and reproductive destiny. The foetus, through its fontanel, then receives nourishment from its mother and, from God, receives its vital spiritual element, the *akaa*, which is perceptible after birth as a throbbing in the soft spot of the head. Into this new life yet a third spiritual element incorporates itself, the *nenseki*, the returning *akaa* of a former ancestor, who may mark the body of the baby with characteristics of his or her own form or with the symptoms of the disease from which the ancestor died. Thus from its early beginnings, the baby is moulded by both spiritual and physiological elements and linked by personal bonds to each of the two opposing spiritual domains which dominate Ndjuka society: that of the forest and river and that of the ancestors – those of its matrilineage, those of its father's matrilineage, and those of the agnatic line. Rather than standing apart from the spirit world, each person is its incarnation, its container, its conduit and its medium: emotional and imaginative life is finely tuned to give these realities bodily expression.

At birth, the baby's body will be daubed with the blood of his navel string. This single act, like many ritual treatments, is effective simultaneously on two levels: infusing the infant himself with the vital essence of blood, and making its successful delivery the harbinger of others to come, thus insuring the creation of the mother's *paansu*, her future progeny (see below). The invigorating of individual and future genealogical bodies has its

corolary in marking the corpse in the same manner with the blood of a sacrificial rooster when, in the funeral rites, the two levels are finally fused: the subject exists, then, *only* in the socio-cosmic domain.

THE BODY⁷

Over a hundred and fifty indigenous terms identify different body parts, fluids and excretions, but most illnesses are diagnosed and treated with reference to only ten of these. A division of the body into upper and more spiritual (head and “heart’s-breath”) as opposed to lower (belly) and more polluting regions is relevant to faecal and menstrual excretions and to sex roles. It is also translated into functional right/left body oppositions and back/front oppositions related to houses and village quarters. But the more frequent division of the body in terms of illness is a tripartite one into: 1. head, (*ede*), 2. “heart’s breath” (*boh f’ati*) heart-lungs-liver, and for certain symptoms stomach, and 3. the belly (*bee*) including all other internal organs in the pelvic region. The head is predominantly the sounding board of spiritual forces, its afflictions are direct indications of the presences, absences or passages of spiritual entities and its afflictions are not generally diagnosed as physiological. The “heart’s breath” and the belly are both cavities which can be invaded by cold/wind and are mobile organs which may suffer displacement. The “heart’s breath” harbors the (usually dangerous) emotional life of the individual which can lie at the root of health problems for himself or for others, while the belly is the milieu where illnesses are seeded and where life and death take root. Cauldron of human metamorphoses in terms of the individual body, the *bee* is, in terms of *social* bodies, the eternal corporate matrilineage – all those, both the quick and the dead, who descend from a single individual “belly”.

Other prominent body parts in respect to vulnerability or therapy, mouth, eyes, legs-feet, and skin, represent important orifices conducting illnesses, cold/wind, essences (infecting or therapeutic), spirits, and shapes⁸ respectively to the “heart’s-breath” and belly, to the head, to the belly, to the total body and attendant spiritual entities. Breath and blood are subdivisions of these three fundamental parts, breath enjoying the metaphorical sense of personal strength and ambition, blood being not only the vital element of life, both physiological and spiritual essence, but the means of transmitting, through the maternal line, historically determined relationships, vulnerabilities, and forces.

The whole body is spiritually unified by a triple presence of the vital

spiritual element, the *akaa*. It is primarily in the head, secondarily in the “heart’s-breath”, and finally in the big toes. The feet/legs are in a privileged position: they bring the person into close contact with the forces and spirits in the domain of the Mother-Earth as well as the spirits of the dead, and they are highly expressive and frequently somatized.

A last and lesser opposition could be proposed between the back and the belly. The back lacking physiological importance (but a metaphor for the spiritual forces which stand behind one – namely one’s *akaa*, one’s ancestors), and the belly, devoid of sustaining spiritual presence (though it is occupied by the nonspiritual albeit biologically necessary worms). The belly invites penetration and occupation by spirits planting conception or illness and death. Death from spirit-implanted illness can occur only if the infection reaches the “heart’s-breath”, which, then, often falls, releasing the *akaa*, which passes out of the body. If, however, the attacking entity can be constrained through the power of *obia*, (see below) to rise into the head and express its grievance in trance-like possession, then it can, ultimately, be paid off, tamed and trimmed into a domesticated divinity which will protect against other invasions.

Of importance to health is the maintenance of a normal flow of body substances (of breath, blood, sperm, milk, urine, excreta, menstrual blood) whose stoppage is dangerous to the organism, whose evacuation is not only beneficent but therapeutic. Intake (particularly of foods)⁹ is ambivalent and fraught with threats both physical and spiritual (especially tabooed foods or witchcraft) while evacuation (though operative only on a mechanical level) is cleansing and is therapeutically provoked by laxatives, emetics, and diuretics to eliminate dirty waters, blood clots, or the pollution caused by cold or fever. The extreme permeability of the body to outside influences and spirits, and the constant risk involved in absorbing substances puts the person in jeopardy. Attempts are made to counteract invasion by shutting oneself up at night behind closed doors and windows, during the day, by amulets called “locks” (*tapu*) worn on the person and fixed to medicinal baths. Like other Afro-Caribbean medical systems, that of the Ndjuka concentrates much activity on reinforcing body and spiritual resistance to affliction through prophylaxes.

BODIES, SINGULAR AND PLURAL

Bodies engender other bodies in an enveloping sequence of mutually influencing units. The intruding presence of a woman into spiritual haunts invites her fertilization by the spirit of the place and brings into being

her *paansu* – “off-shoots”. The *paansu* forms the nucleus of the matrilineage and stands as a half-way house between individual reproductive ambitions and complete social groups. The *paansu* is not a social group, but the raw material of which the matrilineage (*bee*) will be formed. Its imagery conjures up a sort of sexless, botanical reproduction linked to the female-dominated world of jungle gardens, of mother and children permanently rooted to a single plant exclusive of any paternity. In the maternal domain of *paansu*, men are children, and authority, to the extent that it exists, belongs with the grandmother. A woman’s *paansu* is naturally imbedded, from the start, in the wider matrilineal social unit. After the third generation its contours melt imperceptibly into the body of the lineage where male ancestors and living uncles confer cultural, judicial and historical dimensions on the larger social body. But, the intrinsically greater embodiment of the *paansu* united by its genealogical ties remains a single unity with regard to most of the spirit world. Spirits of the bush and river, refractions of the Mother-Earth, stand at the poles of human conception and disintegration: they are directly responsible for the increase or decrease of the *paansu*, while spirits of sorcery or angered ancestors attack its members indiscriminately; the weakest spots tend to be children and pregnant young women.

The wide social group, the *bee*, is also seen as a single body by lineage ancestors and by *kunu* spirits which are fewer but more powerful than the many which besiege the *paansu*. If birth is a specialty of the *paansu*, illness and death are major concerns of the wider social body, the *bee*, which assures ascension to ancestor status. It is the *bee* which transmits to future generations, through the matrilineal blood, the sum of its individuals’ relations to the spirit world.

DIAGNOSIS AND THERAPY

Socio-cosmic causes behind illnesses (and formerly behind deaths) of lineage members are, therefore, of prime importance to lineage authorities since the problems they represent may devolve onto the affected person from within the collective body, may extend then to other members, may affect relations with other lineages, or, originating with the afflicted individual, be added to the collective lineage heritage. Revelations of this order must, then, meet with the approval of elders and dignitaries who are invested with lineage authority by virtue of being representatives of the ancestors and closer to them. However, though lineage direction may discount or curb irrelevant or irreverent interpretations of affliction, it does not exercise

total control over them. Illness is a forum in which many voices may speak their mind, allowing all impending problems and fears to surface and find expression and perhaps partial resolution. The several proposed explanations may all receive approbation, for illness is both a mysterious and a messy affair in which a person first rendered vulnerable by a physical or relational weakness is then preyed upon by an increasing number of forces and prevented from getting well by other, background, factors which withhold benediction or spoil the atmosphere generally. Despite a number of preferred diagnoses, since there are no exclusive, one-for-one correlations between symptoms and socio-cosmic explanations, any illness is an opportunity for complete social and religious commentary.

THE MECHANICS OF INTERPRETATION

Ostensibly, the motive for analyzing an illness is to select the appropriate therapy. We have noticed that causality can be situated simultaneously on an organic level and on a socio-metaphysical level. There is no contradiction in affirming that a post-partum infection is due to the infiltration of the vulnerable cavity by cold because the young mother forgot to take the precaution of boiling water before drinking it and, at the same time claiming that angry words exchanged some time earlier between the girl and her aunt are responsible. Both aspects will be dealt with in therapy. In fact, no matter how dominant any spiritual interpretation may become, treatment will continue to tackle the affliction from the physical angle as well, since physical and socio-spiritual vulnerabilities or strengths reinforce each other in a vicious – or victorious – circle.

Physiological causality, however, is rarely important in determining therapies since most of these take charge of the symptoms rather than the causes. Such diagnoses are rarely (with two known exceptions) within professional practice, but are simply free-for-all commentary voiced by the surrounding family. Nor do they include much information from the afflicted individual, whose state is more manipulated and spoken of by others than by himself. The probing questions necessary to Western diagnoses are foreign to the Ndjuka understanding of functional ills.

Interrogation becomes important, however, in sounding out the occult. We noted earlier the distinction between organic causality and problems involving relationships as being marked out, once and for all, by divination. Mediums in trance, “carry oracles”, swaying arm-bands, moving calabashes, etc. may be solicited to give their opinions on the contributing socio-cosmic factors in question. Most of these oracles are “professional” which

is to say they belong to the category of *obia* (see below). Their revelations are usually cautious, proceeding step-by-step, always allowing for the intervention of ideas from the participating family group and leaving the case open to further interpretation. Questions to oracles (other than mediums) are framed by proposing a first series of six or seven major headings which are then further refined into some twenty minor subgroups, and finally linked to specific events. The exceptionally rich repertoire of socio-spiritual causes in this society is probably the result of the original pooling of ideas from many African cultures.

OBIA

With the rare exceptions of a possessing ancestor or of sorcery spirits, the voices speaking through divination are, as is almost all therapy, classified as *obia*. *Obia* (also spelled *obeah*) is an original Afro-American category evolved in the early days of British West Indian slavery and still prevalent in former British colonies, though considerably narrowed to the quadrant of (often black) magic. It seems to have welcomed, in a single conceptual frame-work, any and all transcendent knowledge-authority, relationships and powers which each new African arrival managed to bring with him to surmount the bitter realities of poverty, illness, death, and slavery. To the category of *obia* belongs all of Ndjuka religious life with the exception of that pertaining to the ancestors or witchcraft, all positive magical practice, all rituals not relating to the dead, all therapy except for some devalued home-remedies. *Obia* is then a vast, heterogenous category, open to the participation of all and each Ndjuka who, according to his own bent, develops an increasing number of personalized links to this category during the course of his lifetime. As most people begin acquiring their first *obia* in the form of valued remedies learned in early adult life and as each *obia* bears the stamp of professional medical practice, roles of patient and practitioner alternate both in practice and in ideology. As the Ndjuka put it: "The leper treats the leper".

Ndjuka society is at once hierarchical, rank and authority devolving upon one in any particular situation by virtue of relative age, genealogical or affinal relationships, or appointment to ancestor-representative positions; but it is at the same time defiantly egalitarian. The egalitarian ideology is rooted in the individualized system of production and quest of wealth and in the equal opportunity of each individual to develop his own relations to *obia*. Though much of the major *obia* is tightly bonded to lineages which jealously guard their exclusive rights to its use, there remains a

large quadrant of minor *obia* including most medical practice which is open to personal acquisition, use and transmission. The quest for health in this society is a door-to-door search, both for diagnoses and for treatment; all interpretations and medications can be added one upon another. Despite the fact that certain gifted individuals accumulate many different *obia* and mediumships and, thus, come to the foreground of therapy in later life, there is almost no one who does not pride himself in having some form of personal *obia* which allows him to detect the occult aspect of ills or offer some forms of therapy to an occasional or in-family clientele. Like the sharing of food, the alternating treatment *of* and treatment *by* others is a high form of sociability.

All *obia* is creation in combination. It seems to represent, on another plane of interaction between society and nature, a structural inversion of the passive, sexless conception of life by a woman accidentally trespassing upon the precincts of an earth or water spirit and inseminated by this entity. Ideologically male-oriented, and antithetical to sex relations and female pollution, the making of *obia* involves intentional penetration of the Earth-Mother's domain by men who actively apply ancestral knowledge-authority to essences, forces, and spirits drawn from the realm of forest and river to bring forth a new power which will work to sustain the human existence born of a first, ambivalent spiritual encounter.

All *obia*, from the most modest remedy in a woman's repertoire to the most powerful divinity are said to be basically the same thing. Almost all therapy, then, is considered to operate along the same principles, regardless of whether one is treating a banal ailment, ritually removing the effects of bad words or grooming a new possessing spirit. The dichotomy earlier cited between physical and socio-spiritual ills vanishes in the therapeutic category of *obia*. *Obia* treats both. *Obia* makes use of the forces of the Mother-Earth harbored in white clay and flourishing in plants whose essences are extracted and combined into a new medicinal entity. All *obia* is fusion, nascence and transcendence. A single plant used to treat a symptom is not *obia*. Yet, interestingly enough, the use of single plant remedies, so much in favor among neighboring Amerindian cultures and possibly learned from them, persists in Ndjuka households as a devalued, first-aid medication for minor physical problems whose recipes are freely exchanged and whose use is not validated by payment.

In therapy, then, the cleavage between biological and supernatural causes is suppressed, whereas a new, technical, division does appear between what is sacred medicine, *obia*, and what is secular phytotherapy. The sacredness is not strictly determined by the botanical identity of any particular plant: many plants are highly sacred but they may also be picked, paid, and

used for simple earthy virtues, such as home-remedies or and even as food. The use of these same plants in different therapeutic contexts suggests that their therapeutic value evolves through several levels of increasingly spirit-focused stages which exploit, for each level, distinct potentialities of the plant.

LEVELS OF THERAPY

On the lowest level, a single plant may be used or simply a commercial product taken at the first on-set of ailment to combat the symptoms.

The second level is already considered sacred medicine, the simplest form of *obia*, and requires payment. Symptoms, but also malfunctions, syndromes, and specified ailments are treated without reference to socio-spiritual causes.

A third level of therapy proceeds to recognize the intervention of spiritual or social problems, but attempts to eradicate them without defining their nature. Some of the *obia* on this level are named, learned and transmitted, such as "clean-body *obia*" which erases impinging evil forces. Others are improvised happenings under the spiritual inspiration of the practitioner-medium. Plant ingredients here may be seen as calmatives, or spirit-chasers. Such techniques are resorted to when it is suspected the revelations may be of a delicate nature or, like sorcery investigations, have unfortunate social repercussions.

A turnabout occurs when divination is undertaken. Inevitably a socio-cosmic cause will be cited, and, if divination proceeds to inquire further, a particular spirit or ghost will be named. On the fourth level of therapy appropriate rituals must be undertaken. Most of these revolve around a central theme of payment to the intervening spirit and the taking of plant baths. In the case of illness caused by an ancestor spirit, the plant concoctions are said to "remove the hand of the ancestor" whereas in the case of nature spirits, the precise spirit is called and offered his plant while touchy neighboring spirits must be appeased with theirs and various other aspects, left to the inspiration of the *obiaman* (practitioner of sacred medicine).

On the ultimate level of therapy, the focus of action is no longer directed toward the illness, nor toward resolving its cause, but is concerned with transforming and domesticating the spirit that sent the illness. At this stage the plants used are said to be "words", with all the magical, activating power that implies. They may function as commands. They may also be endowed with such specific cultural or physical properties that they appear

more personified than the spirit itself which, like a canvas, takes on its colors and contours from the plants used to fashion it. In the crucial phase of domestication, the master plant, combined with others, rises to become the spirit's "boss", to be invoked by the possessed medium in trance.

PAYMENT - *PAIMAN*¹⁰

No understanding of socio-cosmic causes of illness, nor of their therapy is possible without some reference to the crucial concept and praxis of "payment", or *paiman*. *Paiman* is basic to the normal judicial regulating of social conflict which may anger ancestors, provoke lineage *kunu* and weaken the social body, leaving it prey to devastating spirit intervention. Resolving differences between people by payment is therefore a sort of social prophylaxis continually warding off illness and death. *Paiman* is central to repairing damage and restoring harmonious relations between mortals and spirits disturbed by them. It is, then, the ritual exchange resorted to when spirits have retaliated for a wrong by sending illness. And *paiman* is the obligatory return for work, especially sacred work, and therefore the necessary counterpart to all *obia*. In the making of *obia*, each participant, each ingredient, each owner of contributing essences or knowledge-authority is paid with appropriate offerings (clay, twigs, food, rum, cloth,) to guarantee their help. The emergent *obia* is recognized and feted by important theatrical performances of payment.

It may be noted in passing that however played-down, payment is a ubiquitous characteristic of Afro-Caribbean medicinal systems. The importance of payment in Afro-Surinamese ritual was earlier commented on by a Dutch student of anthropology, P. Schoonheyem, following a brief period of field work, but his analysis of this exchange missed the point, focused as it was on its impressive economic aspect. The high finance sometimes involved in *paiman* is in fact but a material residue of what is, in Afro-Surinamese societies, an example of Mauss' classic *fait social total* - a total socio-cosmic phenomenon, a conceptual pillar of society.

Paiman is the archetype of essential exchanges - those not concerned with the simple sharing of material resources among relatives or the reciprocity of mutual gift-giving. *Paiman* deals with the problem of unequal exchange. It resolves the quandary of how to make restitution in material terms for some essence lost or risked through the rendering of services, the use of a person's name, the abuse of his person, etc. In so doing, it does more than gratify his material desires: it addresses the restorative

essence of (often symbolic) riches to higher instances or more spiritualized entities (one's own *akaa*, one's family group, one's ancestors, the spirit to whom one is medium, etc.) Although the predominance of this concept in Ndjuka culture allows its extrapolation and application in ever-widening circles of meaning and social interaction and its translation into many different forms, *paiman* is preferably expressed, like *obia*, in a heterogenous combination. This avoids any equivalence being implied between the essence to be restored and a single material item. The category of riches, *gudu*, understood in its larger, philosophical, sense, embraces at once human life (styled "riches of the *bee*"), "living" things (rooster, egg, gun) and valuables, which themselves are also animated with a shadow of spirituality. Essence lost can only be replaced by a multiple form of material riches, in a sort of cornucopia effect. The most faithful translation of the concept of *paiman* into practice can be seen in relation to the making of *obia*, where the practitioner receives his emoluments in the form of a heterogeneous package at the center of which figure the two doubly symbolic and complementary forms of riches: that of cloth (associated with women and spirits of place) and that of rum (associated with men and with ancestors).

Payment, both in concept and in empirical terms, ultimately evokes questions of life and death. Non-payment of service or disservice weakens the "loser" or incurs his wrath or that of spiritual entities associated with him, creating a milieu propitious to the appearance of illness. Payment, then, is that half of an exchange cast on the side of life, strength, revitalization. "Payment does not kill."

Yet the concept of payment can also be turned into a negative form: one "pays" for one's faults. *Paiman*, in the Ndjuka system of justice, is often at once a restitution to angered ancestors or their human representatives and a punishment inflicted on the guilty party. Heavy fines do not kill, but they are intended to hurt. As the Ndjuka put it, "*paiman* is our prison."

We may also discover the metaphor and the rationale of *paiman* at the most basic level of metaphysical exchange in the Ndjuka universe, that of conception, illness and death. For in relation to earth spirits, both conception and death are the "payment" exacted or inflicted by the spirit, according to the severity of the intrusion. Physiological change and metaphysical exchange between spirit and person are here provoked by the same disturbance and meet with the same reaction – the spirit's "going to the belly", holding life hostage or placing lives in an interim state (pregnancy being considered a form of illness whose outcome – birth or death – is yet unknown). In both cases, sooner or later, the spirit will

be "paid" by an offer of material riches substituting for that of human life. If the spirit accepts, then health will be recovered; if it refuses, illness will evolve into death, adding its perturbations to the collective lineage heritage.

NOTES

1. This article is based on information gathered during four field trips from 1984 to 1988 financed by the Ministère de la Patrimoine as part of a multidisciplinary study of Maroon medicine, conducted under the auspices of ORSTOM.
2. See, for example: Bougerol, 1983; Dobbin, 1986; Grenand, 1987; Loyola, 1983; Métraux, 1953; Mischel, 1959; Peeters, 1979; Wong, 1976; Wooding, 1983.
3. C. Bougerol (1983) makes much of pressures brought to bear on slaves in the French islands at that time. In our opinion she exaggerates the passive mimicry by French slaves of the Hippocratic hot-cold syndrome through ignorance of hot-cold oppositions already functioning in native African systems (see Bonnet 1985).
2. Ndjuka Maroons never adopted the full hot/cold opposition so important in Caribbean medicine, but may have been in the process of replacing an earlier concept of dangerous air or wind by the predominant idea of polluting "cold" for the two are used synonymously and "cold" in Ndjuka theory has little to do with temperature.
3. To date, our research has turned up 105 distinct ailments identified by Ndjuka.
4. Peeters, 1979.
5. For a complete analysis of body concepts see Vernon, n.d.
6. Forms seen and touched (the skin acting as an orifice of equal importance to the mouth) can penetrate the pregnant woman and imprint themselves on the developing foetus.
7. Vernon and Delpech, 1989.
8. Vernon, 1987.

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