
Despite the enormous ecological, cultural, and linguistic heterogeneity that characterizes Papua New Guinea, and the wealth of anthropological work that has occurred there, only a handful of ethnographies have focused solidly on medical issues. Indeed, somewhat surprisingly, the total volume of sociocultural work dealing with sickness and healing in this region of the world is not yet large. Hence, this volume, encompassing seven very readable chapters supplemented by maps, photographs, notes, and so forth, comprises a welcome and important expansion of a slim body of literature.

Beginning relatively uncritically with a summary of major work in medical anthropology dealing with the concept of ethnomedicine, the book quickly moves on to introduce the Yupno and their way of life in a remote highland region of the eastern Finisterre Range of the Huon Peninsula in the northeastern part of Papua New Guinea. Several chapters summarize Yupno ecology, contact history, social organization, and concepts of person, before launching into an account of their medical thoughts and actions. In particular, Keck discusses their clan structure and kinship system, including the complex land rights, economic exchanges, and political obligations surrounding marriage and bride-price practices. These sections assume that the reader has a working knowledge of basic anthropological approaches to kinship structures or is willing to learn them. In order to successfully understand the intricacies and nuances of the powerful data and analysis that follows, this kind of theoretical exposition and knowledge cannot be avoided. The rewards are well worth the intellectual effort of delving deeply into Yupno thought and kinship practices in order to realize their centrality to this people’s way of life and cognitive processes around sickness and healing.

Together, these three early chapters provide the necessary theoretical and informational background for the reader to understand the events recounted in the particular case that serves to provide extensive data and an intellectual bridge to the second, more analytical half of the book. This central case involves the prolonged serious illness of the infant Nstasinge, whom Keck encountered first in 1987. Here the author expands through richer detail and contextualization her previously published journal articles about this child and his kin groups’ healing attempts, focusing in particular on their diagnostic and therapeutic efforts. In this pivotal chapter (chapter 4), Keck uses a series of commentaries from Mayu, the little boy’s mother, along with accounts of several meetings involving more than twenty people, mainly extended family members, to chronicle how this group of Yupno grappled with and conceptualized the historical, kinship, and natural causes of Nstasinge’s illness, and the corrective actions necessary...
to heal him. This triangulation across various data sources allows the author not only to present how the Yupno recognize and respond to bodily disorders as “oppressing problems” but also to examine the ways in which government-provided biomedical services permit the Yupno to select and incorporate some non-Yupno elements into their attempts to alleviate, exacerbate, avoid, or manipulate ill fortunes stemming from mismanaged or improper kinship arrangements.

Keck successfully demonstrates that the idea of “oppressing problems”—caused by ruptures in the myriad threads that comprise the fabric of social and kin relationships essential to proper Yupno existence—is a highly versatile one. This central organizing concept is able to account for many different kinds of problems at multiple sites of social and cultural significance for the Yupno. It is a pity, however, that Keck does not conceptually link the idea to a similarly named concept present in the work of medical anthropologists such as Merrill Singer or Philippe Bourgois. The conceptual similarities could nevertheless be fruitfully explored by readers themselves.

From the single provocative case in chapter 5, the book turns to presenting a systematization of Yupno medical thought. This chapter comprises the very heart of this ethnography in which oppresssing problems are seen to have many origins, forms, and possibilities for resolution. It is not only an integrative but also a wide-ranging chapter, discussing the uses of plants and other materials to counteract bodily disorders; the importance of myths, portents and dreams, ghosts, and bush spirits for causing, diagnosing, and prognosing disease; the categorization of disorders as in need of “cooling” or “heating”; and the actions of specialist healers such as “soothers.” All of these, in turn, revolve in complex ways around ecological features of the land, religious beliefs, present and historical clan and kinship relationships, social obligations, insults, and slights. Again, Keck skillfully brings to bear multiple data sources and literary devices in order to organize and understand the Yupno production, distribution, and management of illness through complex concepts and material and social relationships that are upheld, breached, and repaired, in many ways covert or overt, witting or unwitting.

Chapter 6 provides a useful summary and conclusions about the main points presented in light of the data and analysis sections of the text—the two preceding chapters. The book ends with an epilogue in which Keck provides more recent information about the Yupno and their situation, and about the parents and family of Nstasinge, including information up to 2000, a decade after his death. The presentation of extended word-sketches of eight central informants and research assistants involved in this work is a pleasing and useful section, as are the list of botanical classifications, the glossary of terms, and the notes.

While it is interesting to know the kinds of biomedical diagnoses and treatments available and provided Nstasinge at Teptep Health Centre, as presented in chapter 4, such information is not necessary for appreciating the intellectual scheme that makes up the Yupno’s medical worldview. It is
unfortunate, then, that in chapter 5 there is also a long and unsuccessful digression into trying to incorporate biomedicine’s worldviews and activities into some sort of direct comparison with Yupno thoughts and actions. An extensive table “matches” Yupno terms for various symptoms with their alleged biomedical equivalents. The language of biomedicine invoked here is not only overly precise, even jargonesque, but it is also inconsistently applied. For example, headache is described as “cephalgia,” yet fever is not equivalently labeled as “pyrexia,” and one simply has to wonder how many Westerners, whether health professionals or not, actually refer to burns as “combustio” (or is this an unnoticed typo?). Moreover, a single term is often used for symptoms that in fact would require a process of examination and differentiation among several possible diagnoses in order to establish the correct one (for example, the Yupno term “bad eyesight” might indeed be the Western “loss of vision, pterygium, or cataracts,” but it could also conceivably be diplopia, optic neuritis, or a series of other visual abnormalities). The utility of this kind of comparison between two entirely separate epistemological systems is dubious at best, and odious at worst, for it is not clear just exactly what such a comparison is intended to convey.

The epidemiology of disorders brought to Teptep Health Centre is interesting, as are the historical excerpts from patrol officers’ reports, but they simply do not belong in direct comparison with Yupno concepts and medical understandings. Indeed, the information about Teptep Health Centre, its staff, their training and attitudes to the Yupno, the difficulties encountered by the Yupno in accessing services, and so forth, is a very revealing account. But it should have been relegated to its own short chapter and not placed in unfortunate juxtaposition with an otherwise important and thought-provoking exposition of the structure of Yupno medicine. Or, far more provocatively, it would have worked well had the health center staff’s attitudes and Yupno difficulties with their services been extensively discussed as another form of “oppressing illness” imposed on the Yupno. It would be a mistake, however, to let this relatively small section in chapter 5—some 20 pages out of over 300—dominate one’s perspective and overly detract from what is otherwise a stellar accomplishment and very important addition to the literature, not just on Papua New Guinea but in medical ethnography in general.

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