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Nina Johnsen

# Maasai Medicine

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Practicing health and therapy in Ngorongoro Conservation Area, Tanzania

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1. The first part of the paper discusses the importance of the study.

2. The second part of the paper discusses the methodology used in the study.

3. The third part of the paper discusses the results of the study.

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7. The seventh part of the paper discusses the future research.

8. The eighth part of the paper discusses the references.

9. The ninth part of the paper discusses the appendix.

10. The tenth part of the paper discusses the conclusion.

11. The eleventh part of the paper discusses the acknowledgments.

12. The twelfth part of the paper discusses the contact information.

# Preface

The following thesis deals with Maasai medicine as practice and process, and is the tangible results of a three year research project with the working title 'Traditional Medicine in Development: A pastoral example' undertaken as part of a Ph. D study in anthropology, hosted by Institute of Anthropology at University of Copenhagen. The thesis has been a long way in the making, and would not have been possible without the assistance of numerous individuals and institutions to whom I owe thanks.

Institute of Anthropology at University of Copenhagen for three and half years granted me a junior research fellowship that not only provided an institutional framework but also an intellectual environment for shaping the results of my research through exchange of ideas. Some were inspiring, others provoking, all were helpful. The Danish Research Council for Development Research and The Danish Research Council for the Humanities granted me funds for 13 months of fieldwork. I am thankful for their interest in my research and generous economic support without which the project had never materialised. William Hanks directed me to the importance of triangular objects as dynamic models during a course he taught at Institute of Anthropology in Copenhagen. For that I can only say thanks, Hanks.

I am also indebted to family and friends who accepted my absence, geographically or of mind, and especially to my husband 'ole Niels' who accompanied me throughout fieldwork. Our sharing of experience has been invaluable in many ways. But most of all I am forever grateful to the many people in Tanzania, informants, assistants and friends without whose warm welcome and enthusiastic participation the following account would never have been possible. It is my hope that our mutual investigations of the foresty fields of Maasai medicine may have been useful to them as well. However, for the analytical results presented I bear sole responsibility. Individual mention of the numerous people who contributed will carry much too far, but to the following I am especially indebted, Dorthe and Martin Loft, Daniel Kimaro, the late Henry A. Fosbrooke, Geert Lassen Holm, Else Duch, William ole Nasha, Peter Metele, Miriam and Godfrey olle Moita, Gaspar Leboy, William Oleseki, Saita ole John, Christina Alba and Paco Sanz, the Sisters of Mary at Endulen Hospital, Ngilole ene Sanapari, John Kereto, Jackson Moinga, Lemurua ole Buluni, Ndaskoi and Lepilal ole Saning'o, Joshua ole Sanduta, Sikorei Kiyambwa, Saitabao ole

Malama alias ole Kinyanyi, and last but not least grandfather Saning'o ole Nakuroi.

In the following I have adopted the practice of writing Maa terms according to the phonetic principles of Kiswahili orthography. This seems to me the obvious solution, despite the existence of other systems designed by linguists, mainly because this is the way that Tanzanian Maasai write their language, making it easier to pronounce to people familiar with the phonetics of this East African lingua franca, and I saw no need to deviate from this principle. Throughout the following thesis Maa terms are employed whenever English does not lend adequate translation. Such concepts are explained in the course of the text, instead of in an appendix, in order to facilitate reading.

Readers who seek further botanical information and identification of Maasai medicines are advised to consult Lis Ellemann's thesis submitted for the Ph. D. degree to the Faculty of Natural Sciences, University of Aarhus, 1996. For the majority of the medicines described in this work are thoroughly identified, described and systematised by her, on the basis of a fieldwork covering largely the same area and conducted in a period immediately subsequent to the present studies.

*Nina Johnsen*

*August 1997*

## Chapter 1

# Meeting Maasai

## Introduction: Studying the field of medical practice

*Kinder ol-le-'modai, pe kindoki ol-le-'ngeno.*

We begin by being foolish and we become wise by experience.

Maasai proverb (in Hollis 1905:243)

This thesis explores Maasai medical practices. Although the bulk of literature on the pastoral Maasai of East Africa seems to be unusually voluminous compared to that on most other ethnic groups in the region, it is surprisingly narrow in focus when it comes to topics covered, mostly dealing with the intricacies of age-set systems and cattle husbandry. Only a few sources touch upon the field of medicine, and so far, no one seemed to have made Maasai medicine a primary research interest, despite the fact that within the last decades medical anthropology has been one of the most rapidly growing fields cultivated within our discipline. Hardly any studies on the medical practices of East African pastoralists are available, despite the fact that pastoral and agro-pastoral systems of production are well represented in the region. Further, the little there is indicates that not only Maasai medical practices but pastoralist medicine in general may be different from those of agricultural and urban groups, which medical anthropological literature of East Africa has so far focused on.

Therefore, the ambitions of the present thesis are first and foremost empirical rather than narrowly theoretical. It is my hope that the following chapters will provide the reader with a set of interrelated data rich enough to constitute an overview of Maasai health-related practices and the ways that these connect with and evolve around other major fields of Maasai culture. The present account is thus primarily intended as a monograph, an explorative first excursion into the vast fields of Maasai medicine, and if its results can make a small contribution to fill a wide gap in our knowledge of the health-related practices of East African peoples my main ambitions in writing it have been fulfilled.

As the goal of this thesis is to explore new fields within otherwise well-



described cultural practices of the Maasai, it becomes necessary at certain points to reinterpret old data, as it turns out that some cultural institutions and practices take on new significance when exposed to the medical gaze, of the practitioners as well as the researcher. Several of the chapters that follow take their point of departure in a reinterpretation of existing ethnographic descriptions and analyses. This is done in an effort to confront 'the view from the office' with 'the voice from the field', to borrow David Parkin's evocative terms (1990:182), in the firm belief that by doing this 'histories can be re-made and [new] relevancies discovered' (ibid.:199).

In doing so, I must also emphasize that I do not merely wish to write off past or contemporary hypotheses on Maasai culture as being incorrect. To the contrary, primary and secondary sources always constitute partial truths in the sense of being subject to, and at the same time reflective of, the historical and analytical contexts they are produced in. By re-presenting old insights from the works of others in conjunction with my own new empirical data I hope to be able to demonstrate convincingly the rich complexity of Maasai medical and health-related practices, and to provide additional focus on the dynamics of such practices in the processes of change, as well as the wider regional contexts within which they are enacted.

The present chapter begins with an account of how the present research project grew out of my previous work with the history of prophecy in Maasailand. Then follows a discussion of the multiple meanings of practice in relation to health activities in the light of Pierre Bourdieu's theory of practice. From there attention turns to the process of initialising fieldwork and to methodology, in the field as well as in the office, for data collection and subsequent analytical presentation of the material. In reflection of the basic experience that medicine is best viewed not as a system, but as a practice born out of the strategic choices and actual activities and discourses of people, this chapter is at the same time devoted to a presentation of some main research cooperators, assistants as well as key informants, and how we together began to explore the fascinating conceptual landscape of Maasai medicine. Lastly, I briefly sum up the contents of following chapters.

## **Empirical imperatives**

The idea to conduct fieldwork on Maasai medicine was originally conceived during the final stages of work with my thesis for the Danish degree of *magistra scientiarum* in anthropology, dealing with historical Maasai prophets and the concept of prophecy within anthropology (Johnsen 1992). My idea there was that the example of how

interpretations of the Maasai 'Laibons', or more precisely, *iloibonok*<sup>1</sup> changed through the colonial period from benevolent 'prophets' of a truly biblical kind towards an image of *iloibonok* as just another type of shrewd and power-usurping 'witchdoctors' illustrated how the whole issue of African witchcraft was closely connected to, and fueled by, the power acquisition of the colonial hegemonies and their lack of understanding of the phenomenon of African 'witchcraft' as different from the witchhunting craze of the European era of so-called Enlightenment.

The issue of prophecy has had surprisingly little theoretical attention within anthropology.<sup>2</sup> Apart from Max Weber's pioneering work on biblical prophecy (1965(1922), 1967(1917-19)), only Edwin Ardener (1989) had formulated a genuine theory of prophecy.<sup>3</sup> Interpreted within Ardener's model of the social and structural dynamics of prophecy it seemed that some historical Maasai *iloibonok* were indeed prophets, especially the famous Mbatiany who had prophesied the coming of white conquerors and devastating cattle epidemics, as were some of their lineage members who had migrated to found parallel institutions among the Nandi and Kipsigis. Yet most of them lived in times that were not truly prophetic, and they conformed much closer to the models of ritual specialists and healers. Through time the majority of *iloibonok* seemed to fit well in as classic diviners of the 'witchcraft, sorcery, and divination' literature: they were ritual specialists dealing in divination, ritual, and healing, and at the same time ambiguously close to the category of sorcerers so often described as a threat perpetually lurking in the shadows of other African societies. Yet, written sources had repeatedly stressed that the Maasai were strikingly less preoccupied with 'witchcraft' than their neighbours (cf. i. a. Hinde & Hinde 1901; Fosbrooke 1948). They also seemed to be uniquely monotheistic among East Africans (Olsson 1984), reflected for instance in the fact that Maasai have no ancestor worship, just as they have no general belief in spirits.

I began to formulate a project which would take up where the first one ended, and enable me to jump from analysis of past events and historical source material right into the practices of twentieth century Maasai and primary data collection. I wanted to do real, genuine fieldwork, and I wanted to meet the prophet. Or was he really a sorcerer? Anyway, I wanted to meet him, and judge for myself what he really was.

I had to base my project proposal and plan of research on what prophets do in the meantime, which is most readily subsumed under the concepts of ritual leadership and healing. Prophets are frequently akin to magicians, diviners and healers. Did not the one example of a messianic prophet whom Max Weber had conspicuously failed to reflect upon, Jesus of Nazareth, sometimes resort to pure magic,

often with elements of healing, to call the attention of his audience, like changing water into wine or making the lame walk?

The ethnographic literature of more recent times was surprisingly taciturn on *iloibonok*. Judging from the meagre recent descriptions (e.g. Spencer 1988; Talle 1988; Galaty 1979, 1982, 1983), *iloibonok* seemed to play a very minor role; they were only vaguely rendered as ritual specialists and the label merely served to bracket them out of the ensuing descriptions, leaving no clear impression of their present practice and function in Maasai society.<sup>4</sup> Moreover, the few contemporary scholars who had actually dealt with *iloibonok* were still primarily pursuing the reconstruction of their glorious past (Jacobs 1965; Berntsen 1979; Fratkin 1979). During fieldwork preparations two articles on *iloibonok* appeared in an issue of the journal *Africa*, devoted to the study of diviners, seers and prophets in Eastern Africa (Spencer 1991; Fratkin 1991). The overall aim of the entire issue, however, was still the construction of an historical anthropology of East African prophetic and divinatory traditions (Anderson & Johnson 1991).

At the time of colonisation Mbatiany had voiced his great prophecy of the coming of pale strangers who would be the only rescue of the Maasai in the coming epidemics. These epidemics would mark the demise of Maasai hegemony on the highland plains, and the prophecy led the majority of Maasai to welcome Europeans and seek their company (cf. e.g. Hinde & Hinde 1901:25-8; Merker 1904; Hollis 1905; Mallett 1923; Lemenye in Fosbrooke 1955/56; Kalter 1978). It was, of course, possible that the structural transformations Maasai society subsequently experienced had meant that they were of no importance any more. Even though this was the impression left from the 'muted' (Ardener 1989) status of *iloibonok* in the newer ethnographic sources, I doubted it very much. After all, their special power was hereditary, and they appeared to be key-figures in the Maasai age-set system.

The only material on medical practices I could find was sketchy, and again most of it stemmed from the oldest and not necessarily most reliable historical sources (e.g. Thomson 1885; Baumann 1894; Merker 1904; Hollis 1905; Fokken 1917; Leakey 1930; Storrs Fox 1930). Recently, however, a few sketches of the basic principles of Maasai medicine had appeared, all in the same volume on African medicine (Jacobson-Widding & Westerlund 1989). The Swedish sociologist of religion, Tord Olsson (1989), wrote on Maasai philosophy of medicines, Kaj Århem (1989) dealt briefly with the cosmological and symbolic aspects of why trees are medicines, and the Finnish anthropologist, Arvi Hurskainen (1989), gave a fascinating account of the emergence of spirit possession epidemics among the southern Maa-speaking, agro-pastoral *Ilparakuyu* who, like their purely pastoral Maasai brethren to the North, do not

traditionally acknowledge spirits.

It was fairly clear that, apart from Hurskainen's article, the fieldwork informing the articles had originally centered on other cultural themes. Thus, Olsson worked with religion and had his material from Kenya, whereas Århem wrote from the 'cattle-and-age-sets' tradition with a strong, structuralist inclination. Århem's paper had the advantage of dealing explicitly with material from the Maasai of Ngorongoro Conservation Area, whom I intended to work with too. On the other hand, Hurskainen designated the *Iparakuyu* as being unquestionably Maasai, although they form a group of Maa-speakers whom the pastoral Maasai have historically had a strained relationship to, including warfare (cf. Jacobs 1965; Berntsen 1976,1979,1980; Galaty 1993). Thus he wrote about a group that was rather differently organised when it came to mode of production, had had much closer contact to the coastal Swahili culture, and could therefore not automatically be assumed to be holding the same medical beliefs and practices as the pastoral Maasai. Yet it was fairly likely that, with time and the general marginalisation of pastoral cultures, unity and similarity among Maa-speakers had come to mean more than internal divergencies. Later, the fact that the 1991 'First Maasai Conference on Culture and Development' had included the *Iparakuyu* seemed to suggest such ethnic, political amalgamation. Medical amalgamation might be taking place as well.

These writings helped formulate the present project, as to me they raised more questions than they answered. From there grew a project that centered on the broad outlines of Maasai medical beliefs and practices in a context of development, rather than a narrow focus on Maasai *iloibonok*, or an equally narrow focus on traditional Maasai medicine. Here was definitely a promising topic for research, hitherto practically unexplored.

So in this sense it was more or less the project itself that led me into the domain of medical anthropology. My way of entry into the medical anthropology on Africa stemmed from a specialisation that dealt with rituals and religion. As I was soon to learn when I began reading up the relevant literature, this was the way that medical anthropology on Africa had itself developed (Whyte 1989). The common themes of interest which above all united the two research traditions since Evans-Pritchard's pioneering study *Witchcraft, Oracles, and Magic among the Azande* (1937) could thus be characterised as approaches to misfortune (Whyte 1989) and witchcraft, sorcery, and divination complexes (Johnsen 1992).

The ideas of many medical anthropologists were valuable new discoveries, helpful in forming my initial approach to Maasai medicine. More lastingly, however, they also helped form some general theoretical and methodological considerations on

medical anthropology as a subdiscipline, which has led me to reconsider not only my material far beyond the initial ambition, but also the appropriateness of demarcating medical anthropology as a specific subdiscipline, indeed the expediency of subdisciplines *per se*. Above all, it disturbed me how medicine was generally assumed to form a natural and discrete field of culture. Only rarely did the more specialised proponents of medical anthropology offer critical considerations on the relevance of such *a priori* assumptions, or explicitly recognise medicine as an analytically constructed field, rather than a universal empirical reality.

Therefore the present thesis is not particularly 'medical' in its analytical orientation, but adopts a generalist perspective on a broad field of health within wider cultural practices. From the onset, rather than narrowly describing cultural attitudes to disease, medicine and therapy with the implementation of modern health care systems and the institutions of bio-medicine as implicit points of reference, the basic idea of this project has been to provide new empirical material to shed light on what people actually do and think, their practices and considerations concerning health-maintenance in a changing world.

Ngorongoro Conservation Area seemed a promising, if politically harsh, site for fieldwork, and even more so because I had heard that it was next to impossible to get research clearance in Kenya, where politics were more unstable and tinged with violence than ever since the days of Mau Mau. Additionally, very little had so far been done on Tanzanian Maasai, it was allegedly fairly easy to obtain research clearance in Tanzania, and conditions in Ngorongoro seemed optimal for my project. Here was a group of Maasai who were likely to live pretty much as they had always done in the sense of upholding a purely pastoral mode of production, even if they were forced to do so because of imposed legislation. They lived in an area dedicated to conservation for more than thirty years, not only because of its unique, highly diversified landscapes and biotopes in a supposedly original state, but as well for the unique interplay with the area's human inhabitants.

This area, I figured, would be well suited for doing research on the basic principles of Maasai medicine. My thought was that they were the Maasai most likely to have retained a good knowledge of their traditional medicine, living far away from the commercial centers in a park that had quite successfully preserved their 'natural' habitat and thus their traditional sources of medicines. I reasoned that they would probably be practicing their medicine in a setting that was not too complicated by medical pluralism. Yet, a pluralistic situation was definitely present in the form of local biomedical health care institutions, so it was still an area where the development dimension could be well illustrated, as I knew it had a missionary hospital,

government-run dispensaries, and veterinary services run by the park authorities. There was even a development project working with veterinary medicine and primary health care, organised by an NGO, the Danish Volunteer Service.

This assumption held true in many respects, but it was also naive. In practice, the Ngorongoro Conservation Area Authorities have promoted only the conservation of natural resources; progressively the Maasai inhabitants have come to be seen as a direct threat to conservation efforts, and their cattle economy is now virtually shattered.

While the project slowly materialised on my desk in Denmark, an incident involving *iloibonok* occurred in Tanzania, which I learned of during my participation in the 'First Maasai Conference on Culture and Development' held in Arusha, Tanzania, in December 1991 (cf. ole Matwi 1993). A member of the leading *Ilparakuyu iloibonok* lineage, actually a brother of the leading *oloiboni* himself, had just been killed in an interethnic conflict, presumably because he was acting secretary of a newly formed nationwide *Ilparakuyu* cultural organisation, dedicated to re-examining and re-adjusting their culture towards a greater involvement in development efforts, 'recognizing that they were lagging terribly behind all other societies in the country' (ibid.:48). He had been chosen because he was the only one present in the founding assembly who had secondary school education, not because he was *oloiboni*.<sup>6</sup> Learning of this tragic event at a Maasai conference equally aimed at uniting all Maa-speakers around culture and development brought home to me that the political reality was indeed such that *iloibonok* might still in independent Tanzania be identified by some as hostile sources of conflict, and simply slaughtered.

### Practice theory and Maasai health practices

Frequently analysis in medical anthropology focuses on medical systems and personalistic agency, and for a time I adopted the systems approach, including the first months of fieldwork. Chapter 3 – in the course of other themes – tells the story of how I came to leave that approach again, once more favouring the original perspective on people's practices. Although *habitus* was becoming a fashionable word in the discourses of my colleagues, my single previous attempt at reading Bourdieu's *Outline of a Theory of Practice* (1977) had severely discouraged me from further excursions into his field of thinking, finding him far too advanced for my intellectual capacity. In the end, however, Bourdieu's theory of practice became my rescue. At a time when I had been analytically stuck with my material for a long time, and becoming

increasingly desperate, Institute of Anthropology in Copenhagen offered an intensive course on practice theory for Ph. D students. I realised that here was a theoretical perspective supporting my own basic, but far less theoretically informed interest in people's actual activities and motivated discourses, both equally important aspects of what Bourdieu calls practice. It fascinated me in particular how Bourdieu demonstrated that people's choices for action are seldomly motivated by a desire to adhere to a specific and consciously formulated system of belief as such. Rather he emphasized that actions are always strategically motivated and oriented towards specific goals and *ad hoc* situations, and that discourse was part of practice. His concept of habitus as the culturally specific, constituting a 'community of dispositions' (ibid.:35), provided theoretical insight into something that had increasingly fascinated me while in the field, and increasingly frustrated me when back in the office: how people constantly avoided providing explanations for their practices, always referring vaguely to custom and tradition, or suggesting I go find somebody more knowledgeable who could provide explanations. Århem had referred to the same phenomenon, speaking of how the cultural order was opaque to the Maasai themselves in certain codes of behaviour, articulating the unspeakable and imaginary (Århem 1989a:22). In like manner, Bourdieu speaks of practice as learned ignorance (Bourdieu 1977:156).

Although people do not react explicitly or consciously to systems and rules as such, there are nevertheless specific models at the bottom of habitus, according to Bourdieu. These are the generative cultural schemes. Drawing on his own fieldwork among the Kabyle of Algeria, Bourdieu writes:

The Kabyle peasant does not react to "objective conditions" but to the practical interpretation which he produces of those conditions, and the principle of which is the socially constituted schemes of his habitus. It is this interpretation which has to be constructed in each case, if we want to give an account of [...] practices which will do justice both to their reason and to their *raison d'être*, that is, to their inseparably logical and practical necessity (ibid.:116).

Substituting the Kabyle peasant with the Maasai pastoralist this formulation captures aptly the purpose of the present thesis. It is not my aim to discuss the possible theoretical virtues and disadvantages of practice theory vis à vis other theoretical complexes. Rather, to me practice theory serves as an inspiration for organising the material in ways that allow the textual unfolding of Maasai health-related practices as I experienced them, and in particular for uncovering some basic schemes of perception underlying them. These schemes, I believe, are largely opaque to the

practitioners themselves, but once identified provide new meaning to many aspects of health-related practice, just as they serve to integrate the seemingly disparate discourses on the social evils of sorcery.

Applying the concept of practice to health-related activities and discourses, it becomes necessary to dwell a little on notions of practice. Although 'practice' in the sense of Bourdieu covers the total sum of socio-cultural behaviour, including language and discourse on behaviour, and thus ultimately aims at adding the perspective of dynamic processes situated in time and space to the frequently rather static and reified concept of culture, the term 'practice' is conventionally vested with a much more narrow meaning in connection to medical topics. It usually refers to the specific practices of recognised specialists and institutions, or in other words, to the work of professional medicos. In order to avoid confusion caused by the multiple meanings of the term practice in medical contexts, I shall distinguish between laypeople's and their recognised community experts' practices versus those of specialists.

This analytical distinction is borne out of local distinctions. Maasai distinguish rather sharply between the common cultural knowledge on medicines of laypeople, which is readily exchanged and essential for all to have some knowledge of, and the practices of specialists, which they see as largely esoteric knowledge, comprising the secrets of business of people who practice for a fee. Apart from *iloibonok* who are the most prominent of Maasai specialists, there are a wide range of other traditions of medical specialisation. Such established specialisations are typically conceptualised as family traditions, knowledge inherited only within certain lineages. These lineages are often vested with foreign origins, thus emphasizing and reinforcing the notion that they are specialists, that is, that their therapies and explanatory models are different from those of laypeople. Accordingly they are consulted in cases with special problems that have failed to respond to ordinary therapy. Specialists, in my experience, are in general quite willing to engage in etiological discussions, but when it comes to details of procedures and ingredients, they become secretive. The problem is that frequently their explanatory models, although usually not their therapies, are unknown to or even distrusted by their Maasai clients, the standard claim being that as they practice for a fee they are not to be entirely trusted, even if they are sometimes indispensable for maintaining health.

Laypeople's practices, in contrast, are so widely disseminated and deeply integrated into the cultural habitus that most people, while fully capable of managing their own health according to 'custom', tend to refer to local community experts for explanations. Laypeople frequently help each other with treatments and advice, and



without being paid. With the most dangerous therapies it is mandatory that the patient has a supervisor to manage treatment. Supervisors are frequently people known as community experts. Unlike specialists, laypeople, including local experts, are usually quite eager to exchange even the minutest details on actual procedures and ingredients in therapies. This they do in reflection of the way that they themselves consult local community experts and exchange medical recipes for health maintenance, in a never ending quest for new therapies, to paraphrase Janzen (1978). However, even such commonly acknowledged community experts claim only to be especially knowledgeable on customs and traditional practice; when it comes to the why's and how's of etiology and new therapies, they routinely refer vaguely to *Engai* and experience, as do other laypeople. Further, living in thinly populated areas in which medical specialists tend to cluster in certain localities, for most people local exchange of knowledge on therapeutic procedures and substances is the far dominant way of seeking health, and this is further enhanced by the fact that the pastoral mode of production is ideally mobile; it is essential and integral to the Maasai way of life to be familiar with multiple medical landscapes. Thus, laypeople's practices are based on a continual process of exchanging discourses on their practical experience with therapeutic substances and procedures. This exchange takes place among laypeople themselves and their recognised experts; to the extent that specialists participate in such exchange it tends to be in their capacity as neighbours and community members.

However, apart from the application of herbal remedies, another important area of laypeople's health practices is purely ritual, and here the ambiguity of relations to *iloibonok* ritual specialists becomes even more pronounced. *Iloibonok* are furthermore the central objects of discourses on sorcery, in fact *iloibonok* are the only Maasai credited with capacity to perform sorcery by ordinary herders, a practice that *iloibonok* on their part invariably and most vehemently refute. There are hardly any accusations of sorcery or actual cases of misfortune believed to stem from sorcery acts among Maasai, but they nevertheless speak a lot about such supposed practices taking place clandestinely. Seen as a practice, Maasai notions of witchcraft and sorcery is rich in discourse, but remarkably lacking in actual behaviour.

Confronted with the task of establishing an analytical overview of the paradoxes and discrepancies I had experienced in the health practices of the Maasai, practice theory offered a way to let analysis expand on the very complexity of these paradoxes.

## Getting started

I arrived in Endulen in early June 1992, at a time of relative plenty. Before leaving home, I had primarily been thinking along practical lines of not arriving at a time when heavy rains might make access impossible, as the road leading from the regional capital Arusha to Ngorongoro was then extremely bad and not infrequently blocked for days due to mud. Deep open scars made by the downpour, wide enough to catch a wheel or two, at all times made this road a thrilling experience. Admittedly, I had also been calculating that the end of the rainy season ought to be a time of relative plenty in regard to milk yields and overall food supply, and thus a time when my introduction would at least not be hampered by people being too preoccupied with the bare necessities of survival.

I had good reasons for such speculations, as the time since my first brief visit in December 1991 had been dominated by one of the recurrent and prolonged droughts that characterize the ecological highland zone that the Maasai of East Africa are settled in. This particular drought had been serious and widespread enough to call the attention of the international media for weeks, and my continued correspondence with Martin and Dorte Loft, the Danish coordinator of the Danish Volunteer Service project and his wife, had provided vivid impressions of the local effects of this drought in Ngorongoro Conservation Area in terms of cattle deaths, illegal, yet vain, agricultural efforts, and widespread hunger. Indeed, the times had been so bad that the plight of the Maasai within the park had at last caught the attention of the outside community. Hunger relief from government, international development agencies, and churches had been the only means of survival to many a Maasai family according to the communications of the Lofts. The rains had finally come, though not as plenty as hoped for, so at the time of my arrival people were feeling at least some optimism for the immediate future again. Still, knowing from reading the communications of others is quite another thing than experiencing one's own friends suffering hunger, which became apparent later in my stay.

Before coming to Endulen I had already during a quick visit the previous year come to know two young Maasai men, a couple of 'school warriors', as I was later to learn that they locally call those young men who have exchanged the traditional education as herdboys and later as *ilmurran*, 'warriors' for want of a better English term, for a formal education in the national educational system. Gaspar Leboy and Peter Metele had both chosen to continue in secondary school – not an easy choice to make in Ngorongoro as it necessitates being sent far away to boarding school. There was in 1992 no secondary school in Ngorongoro Conservation Area, not even in the entire Ngorongoro District. In 1992 the Maasai NGO KIPOC started up fund raising and practical construction of a secondary school in the Loliondo area. This school is by

1997 shut down again due to lack of funds.

Gaspar was working as a social worker at the missionary hospital, and Peter had formal training as a mechanic; at the time he was employed as a village truck driver and project assistant by the Danish Volunteer Service. I had arranged to stay with the Lofts at the project house on the compound of the missionary hospital. When we arrived, however, things had developed into a deadlock concerning the proper management of the project. The coordinator had been sacked on alleged accusations of going solo in his efforts to help the Maasai. He had left Endulen only the week before and gone to Dar es Salaam to try to make arrangements for another NGO to take over the project, or in some way untie the Gordian knot with the DVS. Meanwhile Daniel, the Chagga cook in charge of the house, who was later to become our trusted Swahili teacher and friend, welcomed me and my husband to stay until we all heard from the coordinator again. The problems concerning the fate of the development project were to remain unresolved for most of our stay.

All this trouble around the development project we only learned about upon our arrival in Endulen. We had been stuck ourselves for weeks in Dar es Salaam trying to arrange a residence permit for my husband who was to accompany me through the entire stay.<sup>6</sup> After our lengthy experience in Dar es Salaam city, the fact that our Danish friends were not at the hospital in Endulen when we arrived could not shake us at all. We merely felt relieved at having come to Maasailand, at long last.

On our arrival, Gaspar and Peter were just going back to the wards after lunch. Gaspar to resume work, and Peter to take care of a relative, but they welcomed us warmly and informed me that by sheer luck a third friend of mine was just now in Endulen on his way to see his parents farther out in Osinoni, having holiday leave from his employment in Olduvai Gorge, one of the major tourist attractions in Ngorongoro Conservation Area in its capacity as the possible cradle of mankind. So we immediately drove down-town to find Godfrey Olle Moita, as he calls himself. We found him hanging out at the last shop, entertaining a bunch of *ilmurran* of the *Irking'onde* age-set. Though he is himself a junior elder, of the *Irmakaa* age-set, he belongs to the last of the three circumcision groups within the age-set.<sup>7</sup> Being almost a contemporary, Godfrey has a good deal of his friends in the senior circumcision group of the *Irking'onde*.

Being, as always, the perfect guide Godfrey immediately introduced me as an old friend who had come to write a book and find out all about Maasai medicine, classified my husband as an age-mate of his, and expressed his hopes that the *ilmurran* would receive us nicely, teach me about Maasai medicine, and guide me to the right sources of whatever information I would need. We were soon involved in a happy Coca-Cola

and Sportsman's cigarettes party, and Godfrey soon had us deep into a discussion of the virtues of the Maasai ritual called *olpul*.

From literature I had an idea that *olpul* was an orgy, a meat feast in the forest, and the sole privilege of the *ilmurran*. But apparently I had been all wrong. Within half an hour of practical fieldwork, I learned that *olpul* was in fact the Maasai *hospital*. These first informants explicitly likened the ritual of *olpul* to the hospital, because it was indispensable in the treatment of tuberculosis. No TB patient could ever hope for full recovery unless he or she followed up the several months of injections and tablets at the hospital with preferably several weeks of going to *olpul*, to get the excess of water from the many injections out of the body, lest the TB should develop into pneumonia. Quite likely other well-described cultural elements might have medical aspects hitherto unnoticed as such, and part of the project would possibly be a reinterpretation of known cultural facts, I realised. What had happened here was that my declared interest in medical topics had caused people to present things I thought I knew well from reading in an entirely new light. Thus the nature of one's topic of interest shapes the type of information one gets, but the newness of perspective may very well be in entirely unexpected areas.

At the time, I noticed this remarkable turn of events as a future topic, as well as a reminder of never taking anything for granted, just because I thought I had read all about it. I had enough to do just getting started, and the discussion on *olpul* that took place outside of Stanley's shop was for a time put aside in my mental attic. But it kept simmering, popping up several times as one of those disturbing incidents that never really leaves your mind and may end up being a most important insight, akin to what Sally Falk Moore has called 'diagnostic events' (Moore 1987). Having my whole preconception of what *olpul* was all about turned up-side down within the first hour of fieldwork proved to be one among many such diagnostic 'incidents' that did not always seem important in the course of events, but eventually led to new insights into the significant relations of Maasai medicine.

Gaspar and Peter, whom I knew as competent fieldwork assistants were already employed in Endulen, and so was Godfrey far away in Olduvai. Gaspar and Peter agreed to find me a capable assistant from the ranks of their age-set, and on their recommendation I hired William ole Nasha as a fulltime translator and assistant.

William was approximately 22 years old and had just completed secondary school. He was now awaiting his exam results before deciding whether to serve the then mandatory two years of military service necessary for continuing with law studies at university, or whether to continue his mission-sponsored education by joining the priestly seminary at Arusha. His mother being a widow, and his people

having suffered severe economic drawbacks from the effects of uncontrolled cattle diseases, he was eager to assist them economically in return for their long patience with his educational pursuits. Right from the start he was a most valuable co-worker and discussant of the project. He always gave me his frank opinions as to whether he thought particular ideas were well founded and promising topics to work on or whether they were without foundation in Maasai reality. During our cooperation William became progressively interested in scrutinizing the cultural foundations of the society he grew up in and had hitherto taken pretty much for granted. As a personal quality, William is highly perceptive of the crucial subtleties of language and semantics. His mastery of English was much better than anything I had hoped for. Thanks to William's linguistic talents I believe it has become possible to overcome some of the shortcomings stemming from my own incapacity in the Maa language. I had only 12 months to do my entire data collection, and besides, the example of the local American missionary priest was not encouraging. He has studied Maa for all the 20-odd years he has worked in Maasailand and conducts church services in Maa; yet the Maasai around Endulen joke about not being able to understand his, to their ears, foreign vernacular.

So, contrary to conventions in anthropology, I resolved not to study the local language in depth. During the first weeks William and I established a working method of discussing lengthily after and before each field encounter the linguistic details of key concepts and local terminology used, in order to solicit further topics for inquiry.

William's family is among the Maasai from Serengeti who voluntarily moved into the Ngorongoro Conservation Area in 1959 when the borders of the all-animal Serengeti National Park was demarcated. With this background he provided an inlet to a former independent territorial section of the Maasai which has so far passed almost unmentioned by anthropologists. The *Isiringet* Maasai now living in the dry lowlands around Kakesio-Osinoni represent a pattern of life significantly more nomadic than people around Endulen are nowadays, and William on many occasions suggested further inquiries into local patterns of variation.

Eventually, Peter was also to be enrolled as a full-time assistant during the second half of my stay, working primarily with population surveys. One survey was conducted together with the Polish anthropologist Tomasz Potkanski. Together with Martin Loft, Potkanski had designed a questionnaire to assess the level of poverty, the killing rates of the prevailing bovine diseases, as well as the degree to which indigenous mutual self-help mechanisms were still able to relieve herdsmen of the most immediate effects of cattle death. As the survey was well-designed and aimed at

soliciting data that had my interest as well, I decided to join the survey so it could cover the entire administrative entity of Endulen Ward, rather than conduct a parallel survey towards the same ends. The main results from this survey have already been published in Potkanski's *Property Concepts, Herding Patterns and Management of Natural Resources among the Ngorongoro and Salei Maasai of Tanzania* (1994b). Peter worked rather independently with the survey, partly because he was well trained by Loft and Potkanski, partly due to the fact that he was widely known as a local Endulen youth working for his people's desire to be assisted in their development efforts. When the household survey was completed, I decided to hire Peter to assist me in a survey of the health histories of all patients coming to Endulen Hospital for a limited period of time. Occassionally he also served as interpreter and assistant in interviews and participant observations. Thus, Peter gradually became an integral part of the team, and towards the end of my stay when the Danish botanist Lis Ellemann arrived to carry out her own Ph. D. project, continuity was up-held in two ways: Lis Ellemann hired Peter as her primary assistant, and as Lis Ellemann and I intended to cooperate, I had a close link to the field for another year.

Finding female assistants was difficult beyond solution. Hardly any Endulen women speak English, the only two who had the linguistic skills necessitated by my own ignorance, were otherwise engaged. Miriam, Godfrey's fiancé at arrival, wife and mother when we left, was one of the few girls from Endulen who had gone to secondary school; even better, she had training as a veterinary assistant. Indeed, she had had to escape from her father to enlist at the training college, though he now took much pride in his educated daughter. In general, Maasai older generations discourage formal education for daughters lest they be lost to Maasai society, but Miriam had, contrary to their fears, come home to work for her people in their customary occupation of choice. She had had the luck to be employed by the veterinary services, and for most of my stay she lived and worked far away in Olduvai. She did, though, offer me the intimacy of sisterly assistance on several occasions. For the sake of intercultural exchange, experienced mothers, themselves having *ilmurran* sons, would sometimes talk of matters not meant for the ears of unmarried men, recognising that our only means of effective communication would be through my *ilmurran* assistants.

Not only Miriam, but a whole range of young educated Maasai readily offered their assistance in communications whenever events required spontaneous help. This composite group of young educated people also assisted me in promoting the project to the general public and they initially solicited the first range of prospective informants, working on the basic requirement that they find people with an already

established interest in the subject, as I assumed such people were most likely to agree to put up with my inquisitiveness. Secondary requirements were that together informants should be representative of the different geographical sub-areas, as well as of different wealth strata. I did not at the time put much priority on balancing sex and age ratios, trusting that time would allow for the compensation of any initial bias. As it turned out, and quite suggestive of the local image of a person of medical wisdom, all the key informants initially suggested were in fact male, and elders too. Later volunteer informants of both sexes and all ages showed up from near and far, but in the beginning I worked intimately with the narrow range of key informants suggested to me.

### Meeting Maasai

Most prominent among these first acquaintances was ole Nakuroi, an approximately 85-year old *olaigwenani*, local spokesman of his age-set, *Ilterito*. He had come as a child with his parents from the *Ilarusa* agricultural section of the Maasai. In daily matters no one seemed to remember that ole Nakuroi was an *Olarusai* by origin. By coincidence I later heard a story of how he had obtained his position as *olaigwenani* when the first *olaigwenani* had had to retire due to physical weakness. There had been a competitor to ole Nakuroi for the respected office, and I was told the story by a child of this competitor. She suggested that as a person who truly was an *Olarusai*, ole Nakuroi was sure to have used sorcery against his competitor in securing his own election. I only heard of this suspicion once, but it serves to illustrate that *Ilarusa* are stereotyped locally as habitual, sometimes almost compulsory, practitioners of sorcery.

Ole Nakuroi soon appointed himself as my classificatory grandfather. Initially William and I saw this as a matter of the old man wanting to emphasize his great age, long experience, and knowledge. When my mother came visiting, he readily admitted that she was possibly of the same age as his first (but now separated) wife and thus I was more like a child to him. I was much later to find out that the real crucial point of claiming grandparenthood was more likely to be related to the fact that Maasai fathers, according to the code of respect, have to observe strict food avoidance not only towards their own daughters but towards all classificatory daughters, that is, including daughters of age-mates, indicating thus their status as tabooed sexual partners. When grandfather Nakuroi was many months later hospitalised at a time of very low milk yields and widespread hunger he each morning showed up for tea at my house, bringing an elderly friend or two.

Grandfather Nakuroi's *enkang'* had formerly been situated very close to the present hospital site, but when the hospital was built the proximity of his residence started attracting an overwhelming number of strangers who might have 'eyes' that could weaken the health of children and animals. So he had moved his *enkang'* a few kilometers up the mountain slope, into what one might call one of the residential suburbs, *inkutot*, of Endulen. It was within walking distance from my residence, so William and I developed a habit of paying many little morning visits there, simply walking there on foot, through the scrub (and always on the alert for signs of resting buffaloes or lions in the thickets). We were both much attracted by ole Nakuroi's expert way of presenting his knowledge, and by the vastness of this knowledge itself. Despite his age he was almost every day busily engaged in hoeing his small field of maize and beans, much to his three wives' and their sons' concern. Being a long time *olaigwenani*, he had perfected his skills in presenting matters in an orderly and preplanned way; such oratory skills together with knowledge, intelligence and physical strength are actually prerequisite for being chosen as *olaigwenani*. I was often impressed by the general Maasai ability to organise information as veritable speeches with, William told me, much emphasis on the beauty and melody of words; it is an art much valued in Maasailand to be an impressive and stylish speaker, and especially *ilaigwenak* are supposed to excell in this. Ole Nakuroi was a great talker, he enjoyed talking important matters over, as much as he loathed gossiping, and it is my impression that he had always prepared our sessions very well; several times I got strictly composed lectures on the subjects we had mutually agreed should be our next.

Often our sessions would cause a group of elders and *ilmurran* to squat around us, under the large *oreteti* tree which is the hallmark of ole Nakuroi's *enkang'*. A huge specimen of this tree close to the roadside some kilometers north of Endulen is by the Maasai around Endulen, with its big Catholic missionary church and its tiny Lutheran ditto, usually rendered as the Maasai church, as it is an important place for praying to *Engai*. *Oreteti* is also frequently planted around human dwellings simply to have a shady place to rest. Such a tree was ole Nakuroi's, and it was a popular local place of gathering where people regularly dropped by to hear and tell news. It is my impression that ole Nakuroi really excelled in his oratory when such gatherings occurred during our conversations, as if he took the opportunity to lecture his fellow Maasai on the traditional wisdom of their culture.

Ole Nakuroi never failed to extract from me what additional knowledge I might have on a subject from reading books on the history and culture of the Maasai, or make me explain some of the strange habits of white people that he had never understood. He had never learned to read himself, but he always stressed the



importance of learning and that this nowadays meant that the Maasai must send their children to school in order not to lose their rightful part in development entirely. He sometimes mildly scolded one of his *ilmurran* sons for not having stayed in school when he had had the chance, and this son now kept his younger brother in school – much to the boy's regret. I give these details to underscore the fact that it seemed to me that ole Nakuroi was never in doubt that we were writing a book together, that I was the mere instrument who knew how to 'decorate' paper, as the Maasai say. To perform a ritual may in Maa be expressed as 'decorating', as rites of passage are generally marked visually by a new bodily decoration or the donning of a new type of ornament. It seems quite logical to see white peoples' habit of always writing things down as our dominant kind of ritual, and as the only magic we are truly in control of.

Grandfather Nakuroi had a cohabitant, ole Kinyanyi, who in the course of time came to contribute as much as ole Nakuroi to the collection of data. Ole Kinyanyi had been born and raised around Endulen. The relationship between ole Nakuroi and ole Kinyanyi was one of mutual advantage; ole Kinyanyi was a poor man, an *oltorroboni* as they say, he had lost all his cattle but two due to the unrestricted cattle diseases. He was doing tasks for ole Nakuroi; being a member of the *Irmeshuki* age-set he was a good deal younger and more physically able than old man Nakuroi who belonged to the oldest living age-set. In return he would, or rather his single wife would, once in a while receive little gifts of food. Being destitute is always shameful to a Maasai elder, for whom the only social role and full-time occupation is that of being a herdowner. In fact losing one's herd is tantamount to an end to being Maasai, *Iltung'anak Loonkishu*, 'people of cattle', as the Maasai call themselves. Association to a more successful herdowner is a conventional step in the strategy towards becoming a herdowner again, but having to do so is generally perceived by the Maasai as becoming a kind of servant, hence the shamefulness. It took some time before I realised that this was the true nature of their association. When our acquaintance was still new, I perceived the relationship between these two elders in the *enkang'* as basically being one of mutual friendship and help, the younger being a tactful listener and receiver of the elder man's wisdom.

Gradually, however, ole Kinyanyi revealed himself to be as interested in the subject as the old man himself, and gradually he demonstrated a remarkable ability to supply me with intriguing and peculiar details. At times he would elaborate theories on the spot having been intrigued to do so by our conversation, add details to ole Nakuroi's overall structure, and during our sessions he would many a time descreetly take over when the old man was tiring of too much talk. I realised that ole Kinyanyi helped much in preparing our sessions, letting the old man present their common

findings. Unlike grandfather Nakuroi, ole Kinyanyi did not disapprove of small talk, and he would often supply us with many pieces of information that there was no real consensus about, especially as my research focus shifted gradually from topics of therapy to various discourses on evil. *Kinyanyi* means sinew, and even though the nickname was first applied to his mother and then given on to him as 'son of Sinew', it suited his lean, yet tough and sinewy figure as an accurate description, and during my entire stay he supported my efforts at grasping Maasai medicine with unrestricted friendship and an intellectual tenacity as pronounced as his appearance.

Another key informant was Joshua ole Sanduta. Originally an *Osiringeti* (*pl. Isiringet*) he had for a number of years, after the evacuation of the greater Serengeti Plains, lived in the vicinity of Osinoni, but a few years before he had moved to the Endulen area. Joshua, as his name indicates, is a Christian. He belongs to the tiny Lutheran community in the area, but it is my impression that he is not a frequent churchgoer, and his Christianity did not prevent him from adhering fully to customary Maasai practices, including polygamy and the circumcision of daughters. It did, perhaps, incline Joshua to be a non-believer when it came to matters of sorcery and magic.

His Christian background had given him one skill commonly associated with Christianity: he was literate. He had received his education back in the colonial days and it had included being taught English, although Joshua mostly found his English to be too rusty to practice in conversation, he was among the few elders who could actually read the English instructions on veterinary drugs brought back from trade expeditions to Kenya. Accordingly, he was often consulted by his neighbours. Being literate he knew the conditions of modernity better than many Maasai, and he had been elected as village representative in the political committee of Ngorongoro District Council. Joshua wore his western-style city-outfit with the same ease as he wore his Maasai *shukas*, apparently feeling at home in both worlds.

Though it was named after his still living but ancient father, Joshua was the *de facto* leader of the *enkang'*. It was a fairly big and relatively wealthy family *enkang'*; with a range of Joshua's full- and half-brothers of all ages and their families living there it was always a place of much commotion. It displayed several gates indicating the separate living quarters of independent males characteristic of larger *inkang'itie*. This *enkang'* is situated in another of Endulen's outlying sublocations, some 8-10 kilometers away from the hospital compound. This far away we always drove there by car, causing a small congregation to have assembled expectantly at the shade tree even before the car came to a halt. During interviews Joshua and his brothers' numerous *indoyie*-daughters would invariably practice the difficult art of wagging their plate-like

necklasses seductively, utilizing the darkblue enamel of our rented embassy Nissan Patrol as a rare full-figure mirror. The smallest boys, the *inkaiyok*, not yet old enough to go herding with the bigger boys, the *ilaiyok*, would practice their herding-skills by flagging their toy herding sticks at this odd creature. In his anxiety to be able to deliver back the car with as few scratches as possible, my husband would despairingly resort to the only disciplinary means that seemed to make immediate sense to the little rouges and threaten them with a stick, this being the customary way that *ilmurran* assert their disciplinary authority on the younger generations. Joshua's place was indeed a lively place.

Joshua is a busy man; if not on travel to meetings of the District Council in Loliondo about 200 kilometers away, or to Arusha in order to fetch a higher price for his goats than possible at the monthly markets in Endulen, he would be busy at home, and whenever he and I had found a convenient moment to sort out some of the matters of medicine, he was constantly interrupted by practical matters related to animal husbandry or local politics. After a few such disconcerting sessions Joshua came to my house after a spirited marketday. William had left for the day, so we had to understand each other through a combination of Joshua's eloquent Swahili, my poor Swahili, Joshua's rusty English and expressive body language. He was complaining that all these different matters he always had to attend to made him forget what he had carefully planned to tell me; that the neatness of Maasai tradition tended to become lost due to all these interruptions. Therefore he wished me to sponsor him a notebook 'just like your own' and a pen, so that he could make his notes in the evenings, when he might have a little time to himself.

Joshua was building himself a square house in the *enkang'*, Its square form and thatched, elevated roof stood in marked contrast to the round-shouldered, oval dung-and-mud-houses of the women otherwise dominant in the *enkang'*. It was indeed unconventional for a Maasai elder to engage in house construction, this being a task of the mothers. Several people all over the area were currently erecting round dung-and-mud-houses with conical thatched roofs in order to accomodate for the requirements following from adopting agriculture. Thus, new housing styles were to be seen everywhere, and these *Ilarusa*-style houses were explained as a Maasai effort to modernize themselves. Joshua being one of the dedicated proponents of development it was perhaps only suitable that he should go for a square, even more modern house. He said that he was building it in order to keep in line with development, and to have a place where he could sit and think for himself without being constantly bothered with the problems of his numerous family members. I thought it a little odd that a Maasai elder, no matter how modern, would actually build a house of his own. But

then again, who was I to think it odd that a man in a reign of polygyny might sometimes want a little privacy.

Later, at the wedding of one of Joshua's younger brothers, together with Miriam who was acting as the Mchagga bride's instructor, I went to see Joshua's newly circumcised daughter who was in ritual seclusion in this house, and I discovered what the house was really used for: it was alternately a goat pen, and a place to store maize and other valuables, and for the time being apparently a convenient place for the semi-secluded daughter to stay in. Its walls of cane allowed her full sight, yet hid her from the possible 'eyes' of strangers. Having been constantly asked how my husband and I could stand living all alone in the big house at the hospital without having just a few goats to keep us company, I could easily picture Joshua sitting at night in the troublesome company of the always curious goat kids doing his home-work for our sessions. Surely the goats would help him chew the pencil.

Anyway, Joshua asked for a notebook, which I of course was more than happy to provide, and for the following sessions at *enkang'* ole Sanduta we could both be seen displaying our notebooks on our laps. I figure it added sufficient seriousness to our undertakings, at least it seemed to have the effect of diminishing the many interruptions. To the unknowing observer, we must have looked as if engaged in some odd kind of contest. One might say that we were, though, literally writing a book together. When Joshua had thus prepared his information in writing, he typically took it down in Swahili; no Maasai has yet been taught to read and write his own language at school. On some occasions Joshua found that in order for me to truly grasp the subtleties of Maasai thinking, he lacked adequate Maa words, and he would thus switch into Swahili, sometimes occasioning a vivid internal discussion between him and William as to the nuances of words in either of these languages. Being old time neighbours in Osinoni they both cherished these sessions a lot. Joshua was especially informative on the medical practices of people in the drier plains areas, and he thus formed a valuable counterpart to ole Nakuroi and ole Kinyanyi who were more intimately familiar with a much more humid and foresty environment. Representative of the Maasai who have started introducing modern biomedical remedies into their traditional practice, he was one of the few who felt relatively at ease with them, and he was therefore sometimes used as an informal veterinary expert, as he was not afraid of giving injections. He had a vast knowledge on traditional medicine too, and he was widely respected for both.

Joshua was genuinely suspicious of all supposedly magical phenomena, especially the types of healers for whom elements of magic and mystery was central to their fame. It may partly be a result of his colonial Christian education, yet Joshua was

also a natural skeptic inclined to disbelieve that there is anything beyond the observable. However, his disbelief did not include *iloibonok*, although he readily admitted that there were less able individuals among them. Such scepticism was not uncommon, especially from men I often heard it volunteered, and the majority of these were never Christians. Typically, however, such utterances would be followed up by relating a particular episode in which something was indeed inexplicable, and even if one should not trust the kinds of magic that can be bought and sold, one should not discredit *iloibonok* and their rightful god-given magic altogether. Often such reasoning would apply to other kinds of specialists as well. Thus, although many were sceptical of individual practitioners, nobody fully rejected the culturally central idea that *iloibonok* are specially gifted, and sent to the Maasai by *Engai*.

Joshua's scepticism was of a different kind than ole Nakuroi's authoritative nonsense attitude, and together with ole Kinyanyi's willingness to speculate on any subject he found interesting, if not firmly established in consensus, the three of them presented a fairly composite selection of personalities. They would independently of each other agree on many subjects, and disagree totally on others. I believe that they represented a fair sample of different attitudes, the variety of the data they offered and their disagreements make me trust my data to be fairly representative. Later, I got other key and casual informants, including women, *ilmurran* and children, but more or less the range of opinions on various subjects were well established with the three elders that I worked intensively with in the beginning. I delay presentation of other friends from the field until the subjects that I discussed with them are drawn into analysis.

### Capturing voices from the field

Theoretical considerations are always prone to change considerably from project design through fieldwork to final analysis, and I hope that by also focusing on those processes of rethinking analysis, method and material, and the events and instances that caused the underlying assumptions to become explicit, it will become possible not only to describe the highly complex relational and processual character of Maasai medicine, but also as truly as possible to lay open before the reader the methodology behind this thesis.

In a recent monograph, *Dialogue and the Interpretation of Illness: Conversations in a Cameroon Village* (1994), the Dutch anthropologist Robert Pool has demonstrated how methodology is of central consequence for the course of

fieldwork, as well as for analysis, by focusing on the very interview situation itself. The strength of Pool's work is its methodological transparency; it is based on the verbatim transcriptions of interviews, or 'dialogues' as Pool prefers to call them, alternating with in- and out-of-fieldwork reflections leading to major shifts in methodology and analysis, whereby he demonstrates the highly processual and contextual character of local concepts. By focusing directly on the mystifications and inconsistencies encountered in the field, Pool was forced into a total redefinition of his subject of inquiry and the working mechanisms of Cameroon health beliefs, realising progressively that his original plan of research had been too narrowly focused on the conventional interests of medical anthropology. The Cameroon reality of daily discussions with informants constantly took Pool to areas of culture that he had not beforehand considered of importance, causing him to shift attention from disease terminology and local perceptions of kwashiorkor, towards a focus on broad issues like misfortune and belief in witches. Pool ends up arguing the essentially relational, processual and contextual character of indigenous terminology; capturing precisely the 'untranslatability' of concepts between cultures becomes his essential project. In the process, he totally abandons the original aim of investigating kwashiorkor disease complexes and devotes himself to a deconstruction of meaning. As such, Pool subscribes fully to the post-modern text-debate demanding reflectivity in anthropology, but by doing this he ends up in the fallacy of putting reflectivity before informativity – casting out the baby with the bathwater seems to be a dominant fashion in much recent anthropology.

I only became familiar with the work of Pool after my own fieldwork had been completed, and analysis was far progressed. It caused me to restructure my material entirely, as Pool demonstrated a practical methodology for letting those inconsistencies and puzzles that had persistently bothered me stand as important points of insight, not embarrassing proofs of poor fieldwork. Pool brought it home to me that far from being a matter of people having nice, orderly systems of meaning on health and therapy which they would, and could, readily elaborate at length in front of a friendly resident anthropologist, reality is always much less ordered, not offering coherent and systematic bodies of knowledge ready to be taken down for the world to read. Instead, Pool shows that one gets closest to grasping the 'system' by realising from one's own failures that there is really no such apparent and consciously applied 'system'. Although the society that Pool stayed in is in many ways in marked contrast to that of the Maasai, Pool's experiences nevertheless made him question some of the same basic assumptions within medical anthropology that I had become increasingly occupied with.

When I started up fieldwork in Endulen, I more or less consciously copied what I believed was the classic procedure. I hired assistants, took time to explain to them in detail what I wanted to do and consider their comments and inputs, and I relied on them to identify some good informants, who not only had a local reputation for being especially knowledgeable on the subject of traditional medicine and health care of humans and animals, but who were also likely to take enough interest in the subject to be willing to discuss matters over and over again with me.

I was not very conscious of what particular subject my first questions to informants should center on. I initially concentrated on finding someone to start addressing my questions to. I was determined to take one step at a time and let things develop out of the actual context. After all, the Maasai were the true experts on the subject I was going to illuminate for the sake of science, and I was confident that they would know how to direct me to the relevant details of investigation within the broad field I was interested in. I wanted to do sensible, sensitive fieldwork.

Part of my conscious strategy had from the beginning centered on using the tape-recorder more than pen and pencil for recording data. My reasoning was that being largely illiterate and living in an area where strangers equipped with notepad and pencil usually meant something bad like tax collectors, these artefacts may in themselves be symbols of superior power, whereas I hoped that to people who cherished an oral tradition, the tape-recorder would be less offensive. Also, I thought that taping everything for subsequent transcription was a method that reflected true thoroughness, nothing would be lost in the process, it would all be there if I should later on need to find clues that I had not in the situation paid attention to. I had very dedicated opinions on this issue, sported by some current enthusiasm for the new possibility of taking portable computers directly into the field. I remember a certain vivid discussion where I voiced my rather old-fashioned viewpoints on how carrying a computer in fieldwork encounters was a most powerful demonstration of technological and economic superiority; exactly the kind of power positioning I did not want to stumble unawares into. On this occasion I had vehement support from two Ugandan guest students, who like me, and for much the same reasons, strongly argued that portable computers were totally out of the question, that notepad and pencil were only slightly better, but that the tape-recorder was generally acceptable.

Discussing this consideration with William before starting up our first interviews, I received genuine support. Also William felt that demonstrative literacy could be an obstacle in itself. He related how he had on several occasions been mistaken for a tax collector or other nosy official when he had last year served his duty as a catechist in partial return for the education the church had given him. Neither

William nor I on that occasion demonstrated real intimacy with Maasai feelings on this subject. In our very first interviews, we were soon in the position of having our informants ask us if we were not taking notes. "Where are your notebook and pencil, are you not going to take any of this down?" was ole Nakuroi's question at our first session, and it fell something like ten minutes after initial introductions.

Suddenly we were both acutely aware that people actually expected me to write things down, after all it is the special habit of white people to always decorate paper; everybody are expected to carry out their rituals dutifully. We then introduced the tape-recorder which was accepted on the ground given that this device would enable us to catch everything verbatim and not miss anything. I may be imagining, but I had a distinct feeling that ole Nakuroi was actually a little disappointed at this, as if he was doubting whether I was really capable; how could I write a book if I did not really master writing?

It soon proved that tape-recording and verbatim transcription was not really a workable procedure. As anyone who has tried it will know, transcription of tapes is extremely time consuming, if not outright tiresome. Accordingly, many anthropologists hire assistants to type out transcriptions for them. I did not have such an opportunity, as typing is not among the general skills in Maasailand. I could have lived with hand-written transcripts or I could have done it myself as I had, for once in my life, plenty of time for such tasks.

One factor I had not anticipated, however, was that the physical circumstances were not favourable for tape-recording. Sitting on mountain slopes in the hot midday air of the savanna my informants usually chose the most windy spot in order for us to be comfortable, and although this usually meant that the number of flies attending the session was not too overwhelming to be really annoying, I soon found out that the tiny microphone that came with my semi-professional interview-recorder would not only catch the smallest breeze, it also had an irresistible attraction to flies. Listening to tapes where the wisdom of informants is frequently overtone by the sounds of flies cleaning their legs or multiplying the species may be quite evocative, but it is not particularly illuminating for science. Besides, there was always the Maasai habit of lavish spitting to take into account, so I soon found myself busier securing a reasonable quality of recording than a reasonable quality of questioning. I ended up having tapes full of wind, flies, and spitting; my otherwise discreet microphone seemed to prefer noises to voices. Furthermore, taped interviews tended to become stiff and very formal, the oratorically conscious Maasai would soon take to composing the most beautiful speech of their life, it seemed, as if they were talking to an audience including all of mankind. If nothing else went wrong, I could be sure that the tape



would run out at the most important moment.

I therefore gradually abandoned the tape-recorder in favour of good old pen and paper. It strikes me now that somehow ole Nakuroi and the other elders who appreciated the magic of writing got it their way; I kept true to the habits of my culture, and I guess I conveyed a more dignified and serious image of myself that way. At the time of fieldwork I merely saw my own giving in to the technical difficulties as a sign of weakness, not being able to conduct fieldwork as it truly should have been done. Working through an interpreter I had sufficient time to take short-hand notes during the all Maa sequences, and I quickly developed a workable system of stenography. I wrote such notes out in full length immediately upon sessions in discussion with William who had his culture's full capacity for making 'headnotes' (Ottenberg 1990; Sanjek 1990) despite 13 years of schooling, and I believe my notes to be quite comprehensive, if not containing all the eh's and hm's of tape-transcriptions. Later on, I occasionally took to training my own capacity for making 'headnotes'. This came partly out of admiration for the Maasai capacity for this, partly because I encountered situations in which I was unable to take notes at all, because it was dark or inappropriate in the situation.

Since, I have learned that also anthropologists working at more homely latitudes have felt the burden of tape-recorders overwhelming. Lianne Wilken (1995) relates how in northern Italy she had much more success in getting interviews after her own expensive tape-recorder broke down and she started using her daughter's "My first Sony". As she puts it: 'a glaring matter in shrill red, blue, and yellow colours and with a microphone the size of a beer bottle' (Wilken 1995:155; my translation). Wilken's problem was initially that people had no objections to talking to her, on admittedly sensitive data, but as soon as she wanted to tape-record interviews they became silent. The breakdown of the 'serious' tape-recorder coincided with a shift in field location, and she subsequently became much more selective and sensitive about taping interviews, soliciting to tape only people whom she knew trusted her. Wilken concludes that apart from her increased sensitivity in deciding whether to tape or not, the strategy of working with the colourful, childish tape-recorder had an amazingly disarming effect on people (ibid.:160). I wish to point out that there might be the additional reason that it had a disarming influence on *her*; it gave her relief from the burden of being at the controlling end, and thus helped her overcome a particular power position. Substituting her professional looking instrument with a silly and childish caricature, she probably also changed her signalling of position to that of a less confident researcher, thus indirectly crediting her informants the power.

I give this parallel, yet different story to draw attention to the fact that choosing

one's power position might not be a very deliberate or even conscious part of methodology. Reality works in very subtle ways, sometimes counter-effecting our best of efforts. I had anticipated that the symbolic message conveyed by notepad and pencil might be offensive whereas the tape-recorder would be inoffensive in an orally inclined culture, whereas Wilken had thought more along the line of tape-recording being more like the "hard data" of other sciences, more 'true' data than the notes one takes down in often unreadable handwriting (ibid.). She found out that tape-recordings are even as problematic and even as full of unfinished sentences and inconsistencies. So, if nothing else, the mentioning of Wilken's experience here serves the purpose of legitimating that in the course of time I abandoned the tape-recorder almost entirely and lived up to the expectations of my informants that white people master the rite of writing better than anything else. Still, both of us were caused to adopt new strategies *precisely* because of our experiences in these encounters, indicating that the way informants react to our carefully pre-planned methodology is indicative of a considerable, if somewhat 'muted' (Ardener 1989), power position on their behalf as well.

I had come with a vague idea that I was to record the Maasai medical system. With no firm agenda delineating my first enquiries, I simply started by introducing myself as somebody who had come from Denmark to understand Maasai medicine in order to write a book about it. That instantly made sense to all the Maasai who bothered to take an interest in my odd appearance on their premises. Not a single individual ever questioned the wisdom of this pursuit, in fact they usually remarked rather spontaneously that this was a marvellously good idea, as the Maasai indeed possess the best medicines of all.

I realize in retrospect that presenting myself in that way was in fact also an agenda, and a method for starting fieldwork, albeit an unconsciously applied one. Unawares I had chosen to present myself through a presentation of my scientific ambitions. I consciously thought of it as explaining my self-imposed presence among the Maasai by giving some kind of justifiable purpose that would make sense and establish mutuality, but by expressing my hopes for a possible tangible outcome, I probably had in mind my analytical desires that the whole intellectual philosophy of medical reasoning together with its underlying cosmological universe would lay open before me when I left. In short, I wanted to grasp the *system* as such, in a way that enabled me to test Maasai medicine against the theoretical hypotheses of anthropology.

Going through my notebooks I see now that my first weeks of fieldwork must have caused William no small amount of despair. On several occasions I have noted

that William politely complained of having hard times translating my neat, systematic, and extremely scholarly questions into something which made meaning in Maa. Often my way of posing questions simply could not be rendered in Maasai idioms without forcing William to make a cultural translation. It is William's virtue that he faithfully stuck to my more deliberate instructions of minimizing the risk of cultural translations. I had asked him to inform me, whenever this was an inevitable consequence of my inapt questioning. I made these notes on William's interpretation problems as reminders to myself that I should ask questions that were meaningful to non-academic Maasai. I did not realize, however, that this meant that my assumptions of the inevitable presence of an abstract, philosophical system only waiting to be revealed by the right informant was simply made implicit, thus depriving my Maasai counterparts of the possibility of explicitly correcting my false assumptions. Too, I was quite obsessed with the idea of not asking leading questions, but by avoiding this so faithfully, I merely avoided the opportunity to have my germinating hypothesis as to the nature of the Maasai medical system rejected before it had fully encaptured me. Thus, to use a relevant metaphor, I was for quite some time so narrowly looking for the medical forest that I did not really see that it was made of trees.

### **Introduction to individual chapters**

Chapter 2 describes the political ecology of health and hunger in Ngorongoro Conservation Area, and the long-term developmental process leading to the alarmingly poor state of Maasai cattle economy within the area. Thus, the chapter is intended as a political historical background for coming chapters and topics. It presents a bird's eye view of the socio-economic conditions of the Maasai of Ngorongoro Conservation Area, so that the reader may be able to keep an overview of the many valleys and peaks of the landscape of cultural practices to be presented in subsequent chapters. In doing so, it takes a closer look at the conceptual construction of Ngorongoro Conservation Area as a wildlife sanctuary, and traces some historical consequences of other large-scale epidemics set in motion by the advent of the colonial hegemonies.

Chapter 3 focuses on Maasai notions of landscape and their importance in health and therapy, in order to take a closer look at Maasai medical substances, systems of classification and conceptual categories. It mainly investigates laypeople's practices of finding and applying medical substances. Thereby it discusses the nature of medical systems of practice departing from the 'voice from the field', and takes a critical view

on why personalistic agency has acquired analytical dominance in much medical anthropology on Africa.

Chapter 4 departs from a methodological discussion of specialists versus laypeople's practices, in order to take a closer look at a group of symptoms that Maasai find so alarming that they seek specialist therapy, when home remedies fail. It discusses how firm diagnoses are only established in retrospect, and how laypeople's remedies operate at two therapeutic levels, where medicinal fluids aim at curing symptoms, while the medicinal substance or essence of such fluids eliminates the disease matter. This group of symptoms, perceived as sexually transmitted, characterises a group of related diseases that are largely implicit in people's anxieties, but nevertheless forms a general model for conceptualising disease, including the incorporation of new disease complexes. The importance of externalising disease matter is demonstrated through the example of a popular, urbanised specialist in cup-setting who stands in marked contrast to local cup-setters, revealing disease as negotiated meaning. Finally, it is demonstrated how this model for disease rests on the basic conceptual scheme of the thorn, revealing a fundamental conceptualisation of disease as caused by external objects through bodily penetration.

The interrelationship of dietary and therapeutic practices is the theme of analysis in chapter 5. Departing from a discussion of the role of blood in Maasai diet it is argued that the cultural meaning of blood necessitates a historical reconsideration of Maasai blood consumption as a therapeutic practice basically aiming at health maintenance. From there discussion turns to the cultural code of commensality which regulates *ilmurran* diet and behaviour, and is fundamental to the social construction of polygyny. Through a discussion of historical and ethnographic interpretations of the unique *olpul* ritual in the light of new field data it is then demonstrated how *olpul* is not only a warriors' orgy in the forest, but also a highly important therapeutic ritual meant to build the body.

Chapter 6 takes its point of departure in a local *oloiboni's* prophecy of my coming to Endulen, and how this prophecy facilitated cooperation, resulting in a diagnosis of childlessness on my behalf. It presents a model of discourse within practice theory, and analyses *iloibonok* divinatory practices as largely consisting of discourse. Ordinary Maasai have strong opinions on their *iloibonok*, and they are quite critical of their present conduct, and a model of these discourses on *iloibonok* and *esetan* is presented, in order to set a framework for subsequent discussions. It demonstrates how *iloibonok* control of fertility rituals in the homesteads of the elders may be openly contested by their clients.

Chapter 7 takes a closer look at how Maasai discourse on *iloibonok*, *esetan* and

fertility evolves around a perceived interrelationship between external bodily states and inner moral qualities, and how *oloiboni's* diagnosis was met with a contesting women's discourse on childlessness. It describes laywomen's fertility practices, pregnancy and post partum care, in order to demonstrate that there are other forms of fertility magic than the one that emanates from *iloibonok* specialists. It is further related how *iloibonok* are keenly aware of local opinions about them, and how they try to counter the popular idea that they have degenerated into commercial charlatans with a discourse on false *iloibonok* of foreign origin having intruded their sphere of influence.

Chapter 8 considers the modernisation of Maasai medicine in a national context. It departs from a discussion of medicines as commodities in East Africa are particularly apt to transgress ethnic boundaries and established authorities. Through a discussion of some colonial evidence it is demonstrated that the discourse on *iloibonok* moral corruption, and innovation through the immigration of foreign specialists, contrary to the opinions of contemporary Maasai in Ngorongoro Conservation Area, is not a recent phenomenon, but possibly a rather constant feature. Through the local examples of an immigrant specialist in *Ilarusa esetan*, and a case of the brand new phenomenon of spirit possession in Ngorongoro Conservation Area, as well as a discussion of how Maasai medicines are increasingly marketed in towns all over Tanzania, it is argued that whereas Maasai seek to incorporate the discourses on misfortune and symptoms of their surroundings, a similar process is going at the level of the nation-state where urban Tanzanians are getting increasingly interested in commodified Maasai medicines. However, in correspondence with the marginalised position of the Maasai within the nation-state it is only the medical substances of the Maasai that are incorporated, not their discourses.

Lastly, the conclusions take up three highly interrelated themes that have been central in the construction of this thesis; the interrelationship of modernity and tradition, laypeople's health practices versus specialists, and agency versus systemic features in Maasai health practice.

## Notes

- 1 'Laibon' is an anglicized form of the indigenous term *oloiboni* (sing.)/*iloibonok* (plur.). Various other forms of spelling may be encountered, such as 'lybon' – in the very old sources – or 'loibon' – for example throughout the recent anthology by Spear and Waller (1993). The last form may even be

seen with the plural form 'loibonok' (cf. Fratkin 1991; Anderson & Johnson 1991). Although the adoption of an anglicized form amounts to a convention in literature, including the academic writings of renowned anthropologists and historians, I find it unnecessary to adopt a hybrid term like 'laibon' or even 'loibon/loibonok'. The phenomenon is purely stemming from within a Maasai context and has no meaning beyond that context. Any attempt at making it more familiar by anglicizing it seems to me futile. Thus, the original singular and plural of the Maa term will be adopted throughout this thesis, as will other key concepts. Other terms have likewise conventionally been anglicized in literature, such as writing 'morán' and 'morans' instead of *olmurrani* (sing.)/*ilmurran* (plur.). Though conveniently translated as 'warrior' the concept of '*ilmurran*' connotes much more than just warriorhood, and through history it has too often been solely associated with aggressive behaviour. I see no reason why indigenous terms should not be used in their true form, and I find it desirable to retain the generic terms in italics whenever standard English does not lend us adequate translations.

- 2 Though uncountable numbers of scholars had written about prophets, few had actually defined the phenomenon. To most writers prophets were just there, and the real phenomenon of analytical interest was the movements supporting them (cf. i. a. Adas 1979; Clastres 1975; Emmet 1956; Fabian 1979a, 1979b; Fernandez 1978, 1979; Lanternari 1974; Linton 1943; Mair 1958-59; Mooney cop. 1965; Nicholas 1973; Wallace 1956; Willis 1970).
- 3 According to Ardener, prophecies are predictions of singular moments in which time and space converge and turns society inside out. After such collapses in the parameters of society, society is not arbitrarily restructured, but new social structure arises out of the old cultural content, and new cultural content is conditioned by the old social structure. Prophets must to some degree be outsiders and stand apart from the social community of other individuals, to be able to see what is taking place. Like Cassandra, they are frequently not listened to beforehand, and afterwards, their predictions stand as trivial. They are usually muted, and to those living within the social space of that particular society, transformations are usually not experienced as radical change, but as continuity, albeit with sign reversals (Ardener 1989:134-158).
- 4 Spencer (1988) did offer a few tentative sketches to a possible interpretation of the institution of Maasai *iloibonok* through time. However, these merely served to call attention to a future volume, provisionally entitled 'Models of the Maasai'. To the best of my knowledge this volume has yet to appear.
- 5 Just after the great days of Maasai prophecy, in the beginning of this century Mbatiany's son Olonana, The Soft One, had adopted a policy of sending lineage members to the new schools realising the future importance of this new institution (King 1971:121). It remains speculation whether such early interest in schools stemmed from a sensation of literacy as a new, powerful 'white man's magic', or from a realisation that, as colonial authorities were trying to forbid and force the Maasai to abolish the institution of *ilmanyat* as well as of warriorhood altogether (Storrs Fox 1930:451). Also in Ngorongoro Conservation Area *iloibonok* are oriented towards formal education. Of the two *iloibonok* I came to know best, John Kereto was himself a former school teacher now practicing his hereditary craft. He was the younger brother of the leading *oloiboni* Birikaa, just like the slain *lparakuyu oloiboni* had been in his area. *Oloiboni* Sandai ole Mures had, as is quite usual with eldest brothers among Maasai, not received any school education himself, but his younger brother was also a school teacher.
- 6 According to Tanzanian law, a researcher is, presumably, per definition male. As a country that respects Muslim as well as African customs, a researcher is permitted to bring his wives and families, in plural, during the stay. But, according to other articles of Tanzanian legislation, a man is supposed to provide for his family, so the fact that my single husband was to be supported by his researching wife for a whole year was quite suspect. Apparently, no easy solutions could be found. The immigration department were very sorry that they 'could not stretch the law'. A sign on the

wall saying 'strictly no tips' seemed to confirm this admirable attitude. Only the minister of foreign affairs could decide, and he was in Dodoma for a lengthy session in Parliament. Eventually, the problem was solved through the very Tanzanian method of *ndugunization*: through the assistance of the Danish Embassy the problem was taken to a senior civil servant in the President's Office, who had a relative ranking high in the immigration department, and this relationship finally did the miracle.

- 7 Unlike the northern Kenyan sections, which divide each age-set into a right- and a left-hand circumcision group, the southern sections of Maasai in Tanzania are subdivided into three circumcision groups within each age-set. The Maasai living in Ngorongoro follow the pattern of recruitment into three circumcision groups, and in the length of time, the two senior circumcision groups of an age-set will be referred to as the 'right hand division' of that age-set.

## Chapter 2

### The Field in Context

#### Place-making and the political ecology of health and hunger in Ngorongoro Conservation Area

The African crater came to an end when the Maasai, who had enriched its life, were banished from it. Now that has been succeeded by the European crater, empty of man as an inhabitant, but seething with man as a day tripper. The magnificent display of unspoiled nature is as artificial as a safari park in the grounds of an English stately house, because without man as pastoralist or hunter there is nothing 'natural' about the balance that is so painstakingly conserved.

Patrick Marnham 'Fantastic Invasion: Dispatches from Contemporary Africa', 1980.

*In Fosbrooke (1986)*

The following episode took place in the rainy season 1993, shortly before I concluded fieldwork in Ngorongoro Conservation Area in Tanzania. For some time, two rhino babies had been the major tourist attraction in the Ngorongoro Crater. Contrary to the rule of staying at respectful distance from animals, every day several tourist vehicles could be seen encircling the rhinos at close distance, stalking their prey as it were. Alarm was aroused among game wardens when one rhino left the Crater. Now there were only 9 rhinos left (Melita 1993:5), where there had been at least 109 before the 1974 eviction of the Maasai from the Crater, at that time possibly the world's largest single concentration of black rhinos (Fosbrooke 1986:16). In the following weeks game wardens spent considerable efforts trying to locate it, before it fell prey to 'Somali' poachers coming in from Kenya through the Masai Mara and Serengeti National Parks. One Maasai commented on these expeditions: 'Why don't they ask us, where this rhino is. We know. We always know. They think it is already dead, but it is not. We keep an eye on it. It went to Lake Ndutu. It was fed up with all these Landrovers'. The Maasai of the localities the rhino had passed on its exodus kept track of it by exchanging information on its whereabouts. Tourism, it seems, is beginning to be felt as a burden by the animals in the sanctuary that has been set aside for their



preservation.

### **Place-making and national parks**

Among others, Gupta and Ferguson have called attention to the implicit notions of space in the social sciences (1992). They state that challenging the assumed isomorphism of space, place, and culture 'raises the question of understanding social change and cultural transformation as situated within interconnected spaces. The presumption that spaces are autonomous has enabled the power of topography to conceal the topography of power' (1992:8). Rather than taking the autonomy of primeval communities for granted, we must foreground the spatial distribution of power relations in analysis, in order to understand the process whereby spaces achieve distinctive identity as places (*ibid.*). Similarly Hastrup and Olwig (1996) argue that the idea that cultures and people are naturally rooted in particular places has meant that mobility has been regarded as a special and temporary phenomenon, gypsies and nomads providing the exception to prove the rule. After all, nomads move in well-defined patterns within fixed territories. We should, with de Certeau (1986:117), realize that "space is a practiced place", and that 'practices overlap, intersect and blur the boundaries of place' (Hastrup & Olwig 1996:4). Indeed, territories themselves are overlapping (*ibid.*). Hastrup & Olwig recommend that the notion of culture be theoretically reconceptualized through detailed ethnographic studies of the siting of culture as a dynamic process (*ibid.*:3).

The history of the Serengeti National Park and the adjacent Ngorongoro Conservation Area offers an example of actual place-making that challenges the interrelated idea that certain sites are relictual representations of a primeval, natural order and can be discretely preserved as such through the construction of national parks. The demarcation of Serengeti National Park and Ngorongoro Conservation Area as discrete and bounded, if unfenced units of nature preserved for the benefit of the global community has meant that the pastoral Maasai customary inhabitants, while locked within imaginary, but nevertheless real boundaries, in practice have become deterritorialized to the point that not only their cattle economy has broken down, but also their customary mechanisms of mutual self-help in times of individual destitution (Potkanski 1994a, 1994b). The customary strategies of the Maasai in times of crisis in their pastoral mode of production, that of temporarily reverting to hunting or agriculture, are not compatible with conservation objectives. Hunger is now a chronic condition for the pastoralists in Ngorongoro Conservation Area, and

management has frequently voiced the point of view that the only possible long-term solution to the problems of the approximately 40,000 Maasai is a relocation outside the park areas.

Thanks to tourism Ngorongoro District is one of the most foreign exchange earning districts in all of Tanzania, yet it has one of the poorest infrastructures in the country. In the almost 40 years of managing nature conservation it has increasingly been ignored that the foresighted legislative construction of the Ngorongoro Conservation Area as a multiple land use zone was originally made in recognition of the harmonious interaction between man and biosphere (Homewood & Rodgers 1991:2). Mary Leakey found the first homonid skull in Olduvai Gorge in the same year as the Ngorongoro Conservation Area was established (ibid.:33), and significantly, the borders around the Ngorongoro Conservation area were drawn in a way that included this important archaeological site in the Conservation Area, not the all-animal Serengeti Park. Ever since, archaeological excavations, especially around Olduvai and Laetoli, have increasingly documented Ngorongoro Conservation Area as one of the Cradles of Mankind with a history of some 3.5 million years of homonid occupation (ibid.: 31), and it now seems evident that pastoralists have been present in the area for some 2,000–2,500 years (ibid.:57).

However, as the opening episode suggests, also the main objects of conservation, the communities of wildlife, have been highly affected by this process of place-making, and it becomes increasingly apparent to conservationists that the overall development may not have been for the better in the long run. Despite constant surveillance of the Crater the rhinos are almost extinct due to commercial poaching, whereas the wildebeest population has erupted to the point where beginning soil erosion is observable in certain corridors on their migratory routes. Tourist vehicles are likewise responsible for increasing soil erosion on the crater floor, and further demands for bathing facilities etc. at the lodges on the crater rim are likely to restrict not only the vital water resources available to Maasai and staff within the area, but also to the communities outside the conservation area, as the Northern Crater Highlands form an important water catchment zone for a much wider area. The ban on pastoralist pasture maintenance through range burning has meant an increase in detrimental wildfires, and, probably, the spread of unedible, coarse grasses reducing the carrying capacity of highland pastures.

While not wishing to romanticize indigenous cultures as inherently closer to nature or more ecologically sound *per se*, I nevertheless do propose that a major reason for the present state of affairs in Ngorongoro Conservation Area stems from a failure to comprehend the processual interconnectedness of Maasai territoriality and

the spatial distribution of wildlife.

Basing their arguments on regular aerial wildlife censuses conducted by the Kenya Rangeland Ecological Monitoring Unit, Homewood and Rodgers conclude that areas in which Maasai pastoralists are settled generally have a remarkably high concentration of wildlife compared to national parks with no human inhabitation bounded by agricultural communities (1991:197ff). These censuses suggest that wildlife conservation in a number of national parks in East Africa is actually dependent on Maasai pastoralist rangelands as buffer zones for the survival of the migratory or seasonally dispersing wildlife populations, and that pastoralism contributes to the retention of a high wildlife component.

However, the Maasai in Ngorongoro Conservation Area have so far had few economic benefits from conservation or tourism. Although there have lately been creative Maasai initiatives towards getting a share in the economic benefits from tourism, such as Crater donkey safaris guided by Maasai 'warriors', they are not approved by management. Facing hunger and no solutions to their poverty, they are for the first time beginning to feel resentment towards wildlife, which may eventually lead to the widespread killing of animals for meat. Maasai are otherwise extremely food-selective, preferring to subsist solely on the products of their domestick stock, but they have periodically reverted to hunting in times of poverty. Especially eland and buffaloes are likely targets; based on observations of types of excrements and of shared diseases the Maasai classify these species as relatives of cattle, just as they say that gazelles are distant relatives of goats. They have a myth, used to tease women about their economically subordinate position, saying that these groups of wildlife were once the domestic stock of women, which escaped and turned wild because the women were too busy feeding their children. Now fathers have lost most of their stock too, and it has, in a sense, been turned into wildlife. So far, there is no evidence that Maasai have participated systematically in commercial poaching, but if no solution to their problems is found it may be a matter of time.

The Maasai have intimate knowledge on wildlife, and the few who have found occupation as safari guides are quite popular among tourists. That the Maasai have a great potential as co-conservationists is illustrated by the following. In 1992 the Maasai in Osinoni had for some time hosted a pair of hippopotamus at their only permanent cattle watering-point, a man-made dam constructed as part of the agreement to vacate Serengeti. This pair seemed to have materialised out of nowhere, as it were; there had never been hippos in that area before, the closest hippo colonies being some 70 km away. When the hippo pair grew into a family of three, the Maasai in Osinoni were extremely proud to display this local attraction to passing visitors, and despite the fact

that having hippos at the watering point was not without problems for the herdboys, they expressed much concern when eventually the hippo baby died.

What I am arguing here is that a new approach to conservation based on community cooperation and local empowerment is probably the best way to reverse this long-term development. Maasai communities do in reality constitute a strong potential as cost-effective allies in conservation, once it is realised that their pastoral mode of production is not antagonistic to conservation objectives but to a large extent the very means by which this landscape has been culturally constructed in the first place.

### **Parking pastoralists**

Due to growing concern over big game hunting the Ngorongoro Crater was declared a closed reserve by the British colonial administration in 1928, and the entire Serengeti-Ngorongoro area was declared a National Park in 1940, but before 1951 there was no active enforcement of legislation (Århem 1985:49). At that time legislation did not affect the rights of people living within the area; indeed they were explicitly protected and given positive assurance that there would be no interference with their rights to live in the park. Practical conservation measures nevertheless increasingly restricted human activity by forbidding hunting, regulating human settlement and movement of livestock, and banning the use of fire in range maintenance. In 1954, all cultivation in the area was prohibited, and, in the words of Århem, 'a single-use concept of conservation, epitomized by the notion of National Park, came to dominate resource management' (ibid.). Such restrictions caused political unrest among residents, which in 1959, on the eve of British rule, resulted in the partitioning of the original Serengeti National Park into two separate land use units, Serengeti National Park, exclusively reserved for wildlife, and Ngorongoro Conservation Area, in which human inhabitation was not only permitted but should be actively developed according to the multiple land use designation. At this reorganisation the Endulen-Kakesio area, which is the basic area of research in this study, was included in the Ngorongoro Conservation Area; it had hitherto not been included in the protected areas (ibid.:51). At that time, this area had long been subject to some cultivation, including commercial farming.

In fact, several sublocations in the Conservation Area had long been subject to agricultural activities alongside pastoral activities (ibid.:54). In the Endulen area commercial farming was practiced by non-Maasai immigrants until the seventies.<sup>1</sup> In

the early part of the century some Germans had established a couple of farms on the crater floor (Homewood & Rodgers 1991:70). They functioned for some decades, coexisting with the abundant wildlife and the Maasai, but at the time of the establishment of the Conservation Area, there were only ruins left. Although such ruins could be seen as a national heritage, they have gradually been removed. Reportedly staff members stationed at Headquarters just above the Crater have utilised the remains in constructing their living quarters. Less favourably interpreted, the removal of such testimonies of former settlement helps uphold the illusion that the Crater is a natural zoo.<sup>2</sup>

The vast Serengeti Plains was the customary home area of the *Isiringet* section of the pastoral Maasai, who had for long occupied the area permanently and utilised the plains as their wet season commons together with members of other independent Maasai sections coming down from the surrounding mountains in the rainy seasons. From then on, however, it was set off as the exclusive habitat of wildebeest and other migratory ungulates. An international lobby concerned with preserving the unique, migratory routes of the wildebeest had successfully argued that continued competition for resources between wildebeest and Maasai cattle would inevitably prove detrimental to the wildebeest. In exchange for improved water facilities and the establishment of veterinary services the *Isiringet* Maasai in 1959 agreed to vacate the area and move permanently to their former dry season refuge in the mountains. The Ngorongoro Highlands were a long-established<sup>3</sup> common dry season grazing ground of three independent territorial sections of the Maasai, the *Isiringet*, *Ilsalei*, and *Ilkisongo*, all coming up from surrounding plains (Jacobs 1965:124). Today some 40,000 members (Potkanski & Loft survey; pers. comm.) of these sections live permanently within the area, and a disease-aggravated poverty process forces them to become increasingly sedentarised in the highlands around the few trading centres in the area.

Seen from a Maasai point of view the history of conservation management has been one continuous process of land alienation, restrictions imposed on their pastoral mode of production, and broken promises. The only alternative solution to a future total eviction from the area so far voiced by management is the possibility of a further sub-zoning of the Conservation Area, in which case the Maasai will be further concentrated on still less land. In realization of their precarious political position the Maasai in Ngorongoro Conservation Area have in recent years responded to this process of deterritorialization by seeking recognition and reterritorialization, internally as well as externally.

That the removal of competitors has been of great advantage to the wildebeest is evidenced by the fact that their numbers have grown from an estimated 200,000 in

1959, peaking at an estimated 1.4 million in the late seventies, and now apparently stabilised around a million (Potkanski 1994b:49), amounting to an annual population growth rate of close to 15% before the stabilisation. In comparison, Maasai cattle holdings have dropped from an estimated 161,000 in 1960 to an estimated 113,000 in 1987 (Homewood & Rodgers 1991:146). In the same period the human population has probably doubled. The wildebeest eruption has meant that the wildebeest who come to calve now migrate well beyond the unfenced boundaries into the corner of the Serengeti Plains formally lying within the Ngorongoro Conservation Area.

The wildebeest eruption has been further facilitated by forced immunisation of Maasai cattle against rinderpest, a disease communicable to wild ungulates. However, Malignant Catarrh Fever, which the calving wildebeest transmit to cattle, practically debar the Maasai from utilising the crucial, highly nutritious short-grass associations of the plains, forcing them to stay almost all year in the tall, but nutritionally inferior grasses of the highlands. This enforced sedentarisation in the relatively moist and well vegetated mountains again leads to drastically increased levels of tick-borne diseases in cattle, both East Coast Fever, also known as Theileriosis, and by the Maasai as *oltikana*, and within the last 15 years a brand new cerebral variety of this disease, Bovine Cerebral Theileriosis, by the Maasai called *olmilo*. Thus, while ticks and the diseases they transmit are mainly a rainy-season problem of the highlands, 'the wildebeest disease', due to the unrestricted movements of wildebeest beyond the borders of the Serengeti National Park, poses a rainy-season threat in the lowlands at precisely the moment when mobility between pastures is most crucial.

Together Malignant Catarrh Fever and especially the two varieties of Theileriosis, none of which are as yet curable but only preventable, are responsible for truly alarming and accelerating levels of cattle mortality. Thus in the period from the dry season of 1991 until, and including, the rainy season of 1992 the altogether 593 Maasai individuals living in an average, arbitrarily chosen locality would have had together 1,574 head of cattle, if all could have been kept alive. However, they lost 37 animals due to East Coast Fever, 250 due to Bovine Cerebral Theileriosis, and 115 due to Malignant Catarrh Fever. These diseases were responsible for a total mortality of more than 25%. At the same time the people had to sell and slaughter an additional 268 head of cattle in order to fulfill their ceremonial obligations and, especially, to get money to buy food (primarily maize flour) and medicine. They then had 904 head of cattle left, part of which were ill at the time of the survey. For simplicity I have omitted developments in smallstock, but it does not look much better. However, the overall tendency is towards more smallstock relative to cattle (Homewood & Rodgers 1991:146-8), in itself a sure sign of growing poverty among pastoralists.

It has been calculated that the neighbouring pastoral Barbaig who live in similar surroundings, and to whom cereals form an important part of the diet, that absolute subsistence minimum is 5 head of cattle per capita (Kjaerby 1979). Homewood & Rodgers argue that although livestock counts in Ngorongoro Conservation Area are for methodological reasons not quite reliable, they are nevertheless revealing of tendencies. Thus, recalculating cattle and smallstock holdings into standard stock units they document a drop from an average of 12 standard stock units per capita in 1960 to 5 in 1979 (1991:216). Thus before the first registered outbreak of the new, cerebral variety of Theileriosis, Maasai economy balanced on absolute subsistence minimum. Since, cerebral Theileriosis has rapidly taken on epidemic proportions, and Potkanski (1994a) has calculated that in 1992 average stock holdings were about 3 per capita. These data reveal that only after the introduction of cerebral Theileriosis has the cattle economy dropped well below absolute subsistence minimum, but also that the development towards such conditions has been long-termed. In this perspective it is not surprising that the clan-based systems of pooling livestock gifts to help unfortunate, destitute kinsmen re-establish their herds is rapidly breaking down. Few have any cattle left to redistribute.

Facing hunger, the Maasai have much to their own regret adopted small-scale hoe-cultivation of primarily maize and beans.<sup>4</sup> Agricultural activities being illegal within the premises of the conservation area, such cultivators were in the beginning imprisoned and prosecuted, but realising that the government was unable to provide alternative means of survival on a permanent basis, the ban on cultivation was temporarily lifted in 1992. However, this is only a temporary solution to what seems to be an inherent problem of the park construction.

### **Veterinary administration versus Maasai veterinary practice**

As mentioned before, when the Maasai were moved into the national park – or rather, when the park moved into Maasai territory – it was part of the deal that management should develop a veterinary service to assist the Maasai in developing their pastoral production. In the last decade or so, an increasingly smaller part of the total budget has been set aside for this purpose, salaries taking the greater toll. In the same period the Ngorongoro Conservation Area Authorities (NCAA) has for the first time been able to make a profit, despite the fact that about 240,000 tourists visit the area each year (Chicago Tribune 1996). The veterinary staff is almost exclusively non-Maasai, they are poorly paid, and because of the isolation of the place, there are few

possibilities of earning an additional income, which is often necessary to keep children at school. Such conditions favour corruption, among other things leading to private sale of veterinary drugs, if they reach the area at all.

Thus, in recent years the veterinary dip services have become practically defunct. Ideally, cattle should be dipped in acaricides once a week in the dry season and twice a week in the rainy season in order for prophylaxis to be optimally effective. During the year I did fieldwork the Endulen dip was only working one week, and that happened to be in the dry season when tick control is not as urgently needed as in the rainy season. This is not a new development. Homewood and Rodgers were doing their research in Ngorongoro around 1981; they describe what may possibly have been the first outbreak of the new cerebral variety of Theileriosis in Olairobi village close to the Crater Headquarters (Homewood & Rodgers 1991:185-6), and they stated laconically: 'Tick control is a major management issue. The NCAA has in the past held responsibility for acaricide dips for livestock: these are largely non-functional' (ibid.:184).

In 1994 the Danish NGO, Natural Peoples World, conducted a pilot project to demonstrate that it was possible to halt cattle death rates caused by tick-borne diseases completely by relatively small means and efforts, simply by performing the dipping programme as prescribed and leaving it in the control of the pastoralists themselves. Hardly any cattle died of tick-borne diseases during the experiment (Loft, pers. comm.). However, because of the political sensitivity of the issue of pastoralism in Ngorongoro, and a change of Minister for Development in Denmark, the main programme never materialised. The economic situation in Tanzania leaves no hope that the dipping programme will be restored in the foreseeable future.

A contributive reason for the poor state of affairs in the veterinary department is without doubt the poor economic situation of the Tanzanian nation state ever since the oil crisis in the early 1980s severely paralyzed Tanzanian economy, but it must be equally attributed to a miscomprehended veterinary strategy which has contributed much to upset the delicate balance between wildlife and cattle that existed at the establishment of the park. There are, however, several indications that the tick problem could be greatly reduced, and at no cost at all, if the Maasai veterinary strategies were allowed to be practiced.

Maasai traditional veterinary practice has primarily consisted of prophylaxis. One of the main components has been seasonal rotations between pastures, based on knowledge of disease interaction between wildlife and cattle, insect-borne diseases, high risk periods, and range burning (cf. Branagan 1962. Thus, disease minimization is an integral aspect of Maasai territoriality.



As the development process in general and the poverty process in particular forces the Maasai at large into a steadily more sedentarized way of life, it becomes vital to realize that far from being a backward remnant from less civilized eras, Maasai transhumance is a highly specialised form of production, expertly making the most of the conditions of nature that characterise their environment and limit their production.

According to Maasai within Ngorongoro Conservation Area it is nutritionally crucial that cattle in the rainy season get periodic access to the mineral-rich short grass associations of the lower-lying plains bordering on the greater Serengeti, the two landscapes in reality forming an ecologically continuous entity. They maintain that cattle staying all year round in the highlands become weak and actually start losing weight in the rainy season, unless they are taken to the short grass pastures of the plains. At the same time it is important to move cattle out of the tall grass of the highlands during the rainy season. This grass is particularly favourable as a deposit of ticks. In the rainy season in the mountain areas grass can be seen virtually dripping ticks from every straw. As mentioned, Bovine Cerebral Theileriosis apparently surfaced in the area in the 1980s. The first official report on the new problem appeared in 1988, dealing with an outbreak in Olairobi (Homewood & Rodgers 1991:185). The disease is still not very well understood within veterinary science.

The Maasai generally maintain that the disease came at the same time that they observed a new kind of tiny ticks. The local name is in characteristic Maasai fashion quite telling of symptoms. *Olmilo* means 'dizziness', after the characteristic headshaking movements and turns on the spot that infected cattle display as first symptoms. When these symptoms are observed, the animal usually dies quickly after, although it is claimed that young animals may survive, and afterwards seem to be immune to the disease. It is a daily practice to remove all visible ticks from the animals upon return from grazing. However, this is next to impossible with the tiny ones. These small ticks are known to crawl into the ears of grazing cattle, and this allegedly accounts for the behavioural characteristics of infected cattle.<sup>5</sup>

Mortality rates from the Endulen survey point towards this disease as the single most important cause of the collapse of the cattle economy. Moving cattle into the plains in the rainy season in order to avoid the ticks is complicated by the danger of contracting Malignant Catarrh Fever from the many wildebeest migrating to the same area with the onset of the rains.

The Maasai maintain that Malignant Catarrh Fever, *engeeya oingati* 'the wildebeest disease' in their idiom, is contracted through contact to the remnants of wildebeest placentas, which cattle will accidentally put their mouths into when

grazing the infested area. They believe this contagion to be possible for up to a month after delivery, at which time it is not possible to actually see where placentas have been left, and accordingly, they keep cattle away from the plains once the wildebeest have arrived and started calving, and until well over one month after the last wildebeest have finished calving and have moved west towards Lake Victoria again.

According to veterinary practitioners, Malignant Catarrh Fever is a virus transmitted through drop infection, and although the indigenous theory of transmission is thus not entirely scientifically correct, it witnesses a working knowledge based on intimate empirical observation of disease transmission which is quite sound, and even veterinaries may popularly acknowledge the Maasai description of disease-transmitting matters, as did Roy Lewis who served as veterinary in Kenya and was in close contact with Maasailand for 25 years: 'The cause of the disease known as Malignant Catarrh in cattle is known to be present in the foetus, foetal membranes and fluids of the wildebeest cow' (Lewis 1968). While the wildebeest themselves seem unaffected by the fever, it is fatal to cattle.

Before the establishment of Serengeti National Park and Ngorongoro Conservation Area this practice of utilising the plains in the short time-span from the sprouting of fresh grass to the arrival of the wildebeest, and again after their departure, meant that the highly nutritious short grass associations could be exploited for one month before and again one to two months after the wildebeest season, and that at a time when fodder reserves in the highlands were not only temporarily depleted and thus needy of time to regenerate, but when disease transmission in the highlands were worst. However, when cattle were submitted to enforced routine immunisation against rinderpest for the sake of wildebeest conservation this immediately caused a formidable eruption of the wildebeest population, a clear indication, it seems, that this development is far from 'natural'. This has caused the yearly wildebeest migrations to spread far into Ngorongoro Conservation Area, with the result that major parts of the nutritionally vital short grass pastures bordering on the Serengeti National Park never become available. The low-lying plains can only be utilised for a period of less than a month after the sprouting of the first green grasses and before the wildebeest arrive, causing a further weakening of the general constitution of cattle, making them still more vulnerable to disease.

The people of Esere, a ward in Endulen village, and one of the localities in the small corner of the Serengeti Plain lying within the borders of Ngorongoro Conservation Area, have been virtually locked in their dry season pasture, as they have Lake Eyasi, which is tse-tse fly area, to the other side of their permanent settlements (Potkanski 1994b). In despair they recently tried to adopt an old technique

formerly used on the Serengeti Plains to keep the wildebeest at a distance. They constructed a long thorn-fence intended to stop the wildebeest from coming all the way up to the pastures immediately adjacent to their settlements, but their efforts were all in vain as the very numbers of wildebeest pressed them past the fence. Besides, such fencing is not permitted.

Consequently, the Maasai are left with the option of keeping their cattle almost all the year in the customary dry season pastures of the highlands, causing these to become overexploited already in the rainy season. They are never left fallow long enough to regenerate, which severely limits the option of setting aside areas for long-term regeneration intended to be used solely in the periodically recurrent years of extended drought. Besides gradually, but steadily depleting the carrying capacity of the highland pastures, this enforced confinement to the highlands means extended exposure to ticks in the rainy season, and an increase in tick levels. As cattle are no longer spending most of the dry season in the tick-free lowlands, ticks are provided with an abundance of hosts to multiply lavishly.

With the declared aim of preserving unique plant and animal species as well as biotopes, the Ngorongoro Conservation Area Authorities in the 1970s banned the other major traditional prophylactic method of the Maasai, consisting of the burning of highland pastures towards the end of the dry season. Maasai herd owners rationally explain the burning of pastures by the wish to reduce the number of ticks and other insects troubling cattle. The wish to facilitate the immediate sprouting of good, fresh grass with the onset of the rains is a contributing factor. Likewise, the spread of scrub at the expense of pastures may be a reason for burning. Especially around *inkang'itie* this rationale is often important as it provides safe grazing nearby for the youngest of animals and herdboys alike, and reduces the danger of having large and dangerous animals hiding at close quarters. The timing of burnings is conditioned by the intention of the burning; thus burning intended to favour the sprouting of grass is primarily done in the end of the dry season, whereas burning near human residences or other vital facilities that one does not wish to set on fire is done in the rainy season. It goes without saying that lack of burning equally facilitates rapid growth in the number of ticks.

In 1992, towards the end of the dry season the Endulen side of Mount Makarot was daily clad in smoke from various pastures on fire. However, and quite significantly, this illegal practice was not observable on the Olairobi side of the mountain. Olairobi lies in the immediate vicinity of the administrative headquarters, and despite the fact that tick levels are actually very high in this area, presumably the epicenter of the disease, people refrain from burning ranges in the vicinity of the

authorities' headquarters for fear of retributive measures. Around Endulen people publicly attributed the cause of such fires to accidents in connection to the practice of honey collectors of smoking out the bees, although such statements were given with a wink of the eye, so to say. Honey collection is not only a customary occupation of destitute herdsmen among Maasai, as well as in East Africa in general, but also a form of production that the administration favours as compatible with nature conservation. Thus, the standard excuse adopted for explaining the fires could not readily be prosecuted by the administration.

The ban on range burning was made in connection to a major political redesign of nature conservation in Tanzania in the 1970s, in which nature was given still more priority in Ngorongoro Conservation Area. In practice, this also meant that agricultural pursuits within the premises of the Ngorongoro Conservation Area were made illegal enough to adopt a policy of prosecuting any such pursuits regardless of extent and purpose. Hundreds of Maasai family heads who have cultivated tiny maize plots solely in an attempt to avert the selling off of their herds to feed their families, not because they liked it, have had their crops burnt by the authorities and have themselves been imprisoned for months.<sup>6</sup> Agriculture was formerly not seen as a threat throughout the area. At the beginning of the century some Germans had succeeded in establishing a couple of farms on the crater floor itself. These farms continued to function for decades. The Endulen area, with its rich black cotton soils, was subject to intensive farming as late as the 1970s. Odd specimens of exotic, domesticated crops like sisal and pomegranates may occasionally be met in the young acacia forest immediately southwest of Endulen village, bearing witness that intensive agricultural activities took place not so long ago.

At the same time as the burning of pastures and agriculture was banned, a large scale, prestigious USAID Range Project was initiated, in which cattle dips, development of existing water resources and regulation of cattle management from top-level had high priority. The project, though, never really came to work, and the only lasting effects were the establishment of a number of cattle dips run by the veterinary services, and improvement of a few water facilities. And, perhaps, an increased interest within the veterinary services in experimenting with prestigious projects centering on stock improvement and intensive beef and dairy production. Two such projects have been utter failures. A herd of 1,000 head of stock-improved beef cattle was reduced to 100 within a year due to lack of disease resistance, and it went likewise with the stock-improved, high-yielding milking cattle. In 1992-93 all cattle dips were out of operation, and a disastrously deteriorated national economy and rising market prices on necessary drugs made it quite impossible to maintain the

necessary chemical prophylaxis. As the situation is, there is no immediate hope that the national supply situation in respect to veterinary drugs will improve in the near future.

The combination of initiated cattle dipping no longer taking place, the ban on range burning, and the fact that the animals are confined in highland pastures almost all year round due to the strongly increased risk of contracting Malignant Catarrh Fever in the plains is catastrophic. The Maasai of Ngorongoro Conservation Area are left, literally, with a choice between Malignant Catarrh Fever and Theileriosis.

Among biologists and nature conservationists the subject of range burning is highly controversial. Especially zoologists and the international wildlife lobby view burning as extremely harmful, whereas botanists and ecologists now seem increasingly to favour the view that the entire bio-diversity in the Ngorongoro Conservation Area may actually be dependent on a strictly controlled periodic burning of the ranges. Certain tree species are positively dependent on firing in order to germinate. There is much internal disagreement among experts as to whether or not the absence of burning facilitates the spread of certain unedible highland grass species such as *Eleusine Jaegeri*, and further research into the matter is one of the Ngorongoro Conservation Area Authorities' research priorities (pers. comm. 1994). In recent years the NCAA have started to experiment with controlled burning, in later years natural, spontaneous wildfires have devastated in less than fortunate ways. Therefore the NCAA, assisted by external experts, has begun to undertake controlled burning of areas in need. One could support the point of view that economic resources could be saved for better use by allowing the Maasai to perform a regulated form of their traditional practice.

Besides such prophylactic practices, traditional veterinary medical care also consists of a range of ritual precautions, as well as mineral and herbal remedies aiming at both prevention and cure of disease. In the present context such practices are of less relevance, especially because the Maasai themselves express a conviction that nowadays, with the current levels of hitherto unknown cattle diseases, traditional practices other than range burning and seasonal movement of cattle, including regular visits at mineral deposits, have proven to be more or less futile. The majority of herd owners express that they only continue to practice indigenous techniques because there are no modern drugs available. Accordingly, such veterinary practices will be discussed in subsequent chapters when relevant in connection to other topics. A few details do, however, contribute to an understanding of Maasai veterinary practices.

The Maasai had their indigenous methods of vaccination. These are in accordance with the techniques of pastoral, ethno-veterinary practices documented

from all over Africa (cf. McCorkle & Mathias-Mundy 1992). For example, a certain success was apparently achieved in immunising cattle against rinderpest (Lewis 1968). The Maasai deliberately exposed cattle to the weak variety of this disease, recognizing that they would then develop immunity towards the deadly variety (ibid.). Instead of moving the whole herd to where the disease was, it was also possible to carry the disease to the herd one wanted immunized, my informants told me. In Maasai rinderpest is called *olodua*, 'the bitter one'. This name partly connotes the disastrous effects of an outbreak of the epidemic, but it mainly refers to the fact that in post-mortem butchering of cattle dead from the disease – autopsies as it were – the Maasai have observed that the gall-bladder, also called *olodua*, is much enlarged.<sup>7</sup> A herdsman wanting to immunize his cattle against rinderpest could get a gall-bladder from an animal having suffered the weak variety of the disease, and by letting his cattle dip their muzzles into it provoke an outbreak in his own herds. However, this practice was made superfluous when compulsory immunization against rinderpest was introduced at the establishment of Serengeti National Park and Ngorongoro Conservation Area as this disease also affects wildebeest. The immunization programme has thus facilitated the explosion of the wildebeest population, and had the side-effect of a much higher level of Malignant Catarrh Fever transmitted to cattle.

The Maasai are fully aware that erratic prophylaxis against Theileriosis may be very harmful, and they wish nothing more than an effective protection against these diseases. Therefore many herdowners privately try to obtain the needed chemicals even at very high costs, recognising their importance for the survival of the herds, and realizing that a smaller herd in good health is the best strategy in the long run. Prices on chemicals are high, though, and in 1992-93 the price for an all-year immunization of one animal exceeded its local market value, so the whole idea of dipping appears to be hopelessly beyond cost-effectiveness. Further, chemicals are often not obtainable in the required quantities.

Consequently, as the need for modern veterinary health care is deeply felt, the Maasai have widely adopted self-administration of modern drugs to their herds, including experiments with human drugs; the principles behind scientific medicalization are not well understood. Currently, such practices facilitate the spread of a new type of veterinary community expert, people who know how to administer injections. It is doubtful whether these practitioners have sufficient knowledge of drugs to do it correctly, partly because the right drugs are not always there, and they tend to use whatever they have in the hope that it might work, and partly because the importance of giving sufficiently large doses is not well understood. Besides, instructions on drugs obtained from Kenya are mostly in English. So far, there is no

indication in Ngorongoro Conservation Area that such injectionists have started administering injections with drugs or traditional medicines to human beings, which is a common phenomenon all over the developing nations, where indigenous and biomedical practices meet. It is, however, very likely that it is only a matter of time; self-administration of pills is currently widespread. It is quite telling that in a pastoral culture the phenomenon of injectionists is starting up as a veterinary practice.

Alongside the adoption of modern veterinary practices the Maasai still use some herbal medicines to treat their herds, but mostly in cases of minor ailments like worms and fleas, and with the latter, acaricides are increasingly seen as a never failing remedy. Veterinary herbal medicines are seldomly the same as those used for treating people. Maasai assume that being separate kinds, animals and humans largely require separate remedies.

Rituals are still deeply integrated in the general stock-managing practices. Such rituals are performed by elders as well as by the ritual specialist *oloiboni*. Ritual treatments primarily aim at preventing epidemics and stimulating fertility, often for humans and animals alike. Besides purely ritual elements, such therapeutic consultations often contain practical advice on where to avoid grazing because of outbreaks of communicable diseases and the like.

### **Applied policies on the East African commons**

The most tragic aspect of the entire process is that the Maasai have wholeheartedly adopted the belief that modern veterinary procedures are superior to their own indigenous practices. They say themselves that changes of veterinary practices are due to the fact that modern veterinary drugs are far more effective, and that there are now many more serious cattle diseases in the area, many of them being unknown in the past. They are keenly interested in participating in a sensibly planned development scheme aimed at keeping their cattle healthy. Although persistent in their preference for a pastoral way of life, they are extremely eager to acquire new knowledge (cf. Rigby 1986) and remedies to improve their pastoral performance, and their knowledge on biological matters is expert.

Working with the Maasai of Monduli Mountains (cf. Ndagala 1991), the Tanzanian sociologist Ndagala is among the few Tanzanian social scientists who have conducted studies among the pastoral Maasai. He has called attention to the enormous impact of Garrett Hardin's theory of the Tragedy of the Commons (Hardin 1968) on the policies applied to African pastoralists (Ndagala 1990). Hardin's theory has been

misunderstood to represent a general model of an in-built mechanism for land degradation in the pastoral mode of production, in which the combination of communal ownership to land and individual ownership of cattle inevitably leads to land degradation, which again leads to famine, as, according to Hardin's model, each herdowner is supposed to think only about how to obtain a maximum increase of his herds, even at the expense of the future quality of pastures (McCabe 1990). Thus, in Hardin's world view, communal ownership is a tragedy.

Hardin had no first-hand experience with African pastoralist production, however, and he did not account for the social mechanisms regulating communal land ownership systems of pastoralists. Besides, the model was never intended to be an economic or ecological theory. The image of the communal pasture was presented only as an illustration of Hardin's demographic hypothesis that individual self-interest will result in the abuse of a commonly held resource.

Yet, the theory has been widely taken to reflect an economic as well as an ecological dogma about pastoralism. 'This belief', Ndagala writes, 'gave rise to "top-bottom" conservation policies and programmes in pastoral areas. Pastoralists have always been told what to do. The "bottom-up" approach, whereby they would be listened to and their ideas taken into account, has never been a popular one' (ibid.:176).

Based on anthropological and ecological interdisciplinary fieldwork data on land use practice among the Turkana of northern Kenya, J. Terrence McCabe has demonstrated (1990) that the same attitude has prevailed in development projects there, as it has in relation to most of Africa's 25-30 million pastoralists;<sup>8</sup> yet Turkana pastoralism was in no way found to degrade land through overstocking beyond the carrying capacity of the environment.

McCabe reminds us that such attitudes to pastoralism did not originate with Hardin. In the 14th century Ibn Khaldun discussed the same issue (ibid.:82). Within anthropology Herskovits in 1926 formulated a similar interpretation of pastoralists as economically irrational and automatically driven to overstocking by an obsession with cattle of a basically symbolic and ideological nature, the so-called East African Cattle Complex. Herskovits' ideas were partly prompted by the 1920s Dust Bowl environmental catastrophe in the USA, which caused an enormous outpouring of writings on soil conservation (Enghoff 1990:10). Enghoff notes that even Herskovits built his model on already existing ideas (ibid.). On a general level such arguments reflect the mental attitude of the territorially fixed and bounded agri-culture towards the mobile and seemingly unbounded nomads.

Hardin's theory gained support because it underpinned convictions already



widespread, McCabe maintains, and most importantly, it happened to appear in print just prior to one of the recurrent, extended Sahelian droughts in which hundreds of thousands of head of livestock succumbed (McCabe 1990:82). Hence, Hardin's theory took on the character of a prophecy. Subsequently, desertification of productive rangelands took place on a hitherto unobserved scale, causing donor agencies and national governments on a wide scale to adopt the position that pastoral nomadism was inherently destructive to the environment. Accordingly the implementation of development programmes aimed at privatizing formerly communal rangelands. McCabe states: 'these projects have met with almost uniform failure, and have in many instances contributed to increased human suffering and the further degradation of the land' (ibid.:83).

Although the appearance of Hardin's theory coincided with the growing concern for a possible process of desertification in the Sahelian belt, there is some evidence to support that extended droughts are not a new phenomenon, but a feature of the climatic regime constraining the long-term resource utilisation of East African range lands. The International Livestock Center for Africa has recorded the occurrence of serious droughts in northeastern Africa with an unstable frequency of about a decade from 1918 to 1984 (McCabe 1990). In the decade following the appearance of Hardin's theory East Africa actually experienced two such periods immediately upon each other. Probably this unusual climatic variation has contributed significantly to lend Hardin's Commons model explanatory value, especially as it also coincided with an increase in externally donated development programmes to the newly independent African states, and a general concern for the possible consequences of demographic explosion all over the developing nations. For certain, Hardin's theory contributed further to the pattern of development support to East African pastoralists established in colonial days according to which settlement, destocking, pasture- and stock-improvement have been seen as the only rational way to make pastoralism economically and environmentally sound.

The history of the Ngorongoro Conservation Area and the Serengeti National Park provides an example in which the former commons of pastoralists have been transformed into the commons of the global community along similar lines of reasoning. Ndagala reminds us that although East African pastoralists presently occupy arid or semi-arid lands, they do not merely do so, 'because pastoralism is the best form of land use in these areas. They also do so, because they have been forced off better land [...] Land alienation for farms, parks, ranches, and so on has exploited the ecological and geographical variations of areas occupied or previously occupied by pastoral societies (Ndagala 1990:175). Ndagala argues that pastoralists have a system of

resource conservation based on territoriality, and in his view, land degradation is a reflection of the 'erosion' of territoriality in traditional pastoral resource management (ibid.:176). Much of the misunderstanding of pastoralist utilisation of rangelands, he states, stems from a failure to capture precisely which features are important in control over land in pastoral production.

In studies of pastoralism focus is solely on the land concept, whereas for pastoralists it is not so much land in itself that is seen as a resource; rather it is the resources of water, salt licks, and types of pastures contained in such a territory that are important. Particularly resources like permanent water and mineral sites may be scarce and scattered. A pastoral territory, Ndagala states, 'envisages an area which includes all these components while, at the same time, allowing easy mobility and manoeuvrability should the need arise. It is an area-unit that encompasses all the spatially-dispersed elements necessary to pastoral production. Territory is, in a way, an ecological notion' (ibid.). Thus the boundaries of a territory are defined in relation to resource accessibility.

It is precisely because of the failure to understand this crucial notion of territory that it has been possible to alienate large tracts of land from pastoralists in the belief that such areas were free land, not realising that apparently unused land areas controlled by pastoralists were crucial drought reserves purposely set aside for enabling survival in the irregular, but frequent years of drought.

McCabe calls attention to the same basic misunderstanding of pastoralist systems of production. Pastoral rangelands are often confused with supposedly 'open access systems', he states, in which there is no regulation of access or use (McCabe 1990:83). However, such open access systems do not seem to be in operation anywhere among the world's pastoral systems of production, although these range from systems of individually owned pastures, as seen among some nomadic peoples in Afghanistan, to highly regulated systems incorporating the agricultural production systems of neighbouring ethnic groups, as that of the West African Fulani, or to systems of free access to pastures, but owned rights to water, which are operative among many East African pastoralists (ibid.).

### **Maasai territoriality**

The Maasai have such a system of free access to pastures but owned rights to water. A territory, as well as the section of people who occupy it, is called *olosh* (pl. *iloshon*). Within each *olosh* there are several sub-units, or localities, *enkutoto* (pl. *inkutot*),

and in daily matters of production and political decision-making these *inkutot* are the operative units, whereas *iloshon* are mainly operative in ritual matters of territorial coordination, and in the past in warfare. According to Mol the original meaning of *olosh* is 'plateau' (1977:109), and ole Nakuroi explained the term as referring to 'where people sit'. Usually *iloshon* take their names from pastures, often plains, whereas *inkutot* generally take their names from characteristics of the landscape they are situated in. Thus, *Endulen* refers to a characteristic scrub of the area, *oldule*, while *Olairobi* simply means 'the cold place'. When people move to settle in the area of another *olosh*, however, the name of their *olosh* of origin tend to cling to them, often into the next generations, indicating that *iloshon* are as much a matter of social groupings of people. In case of large-scale migrations of entire local communities having taken place in the past, original names tend to become perpetuated regardless of the fact that they no longer refer to the main area of permanent settlements. This is to be seen, for instance, in the case of present day *Ilpurko*, who are spread over a much larger area, and most of them in Kenya, whereas the Purko Hills are situated on the Tanzanian side of the border, between the Salei Plains and Loliondo. This characteristic makes it possible to trace to some degree historical spatial processes.

It is above all residence within the territory of an *enikutoto* which gives herd owners access to the use of the territory. However, each territorial unit has a territorial 'overflow' as Ndagala has called it,

into other such units which were utilised in times of emergency after consultation with the respective localities. This arrangement enabled the pastoralists to benefit from the geographical variations encompassed by their territory [...] not only was it normal for members of one *enikutoto* to move into another for grazing purposes but pastoralists could, in extreme cases, move all the way from southern to northern Maasailand if deemed necessary (Ndagala 1990:177).

It is, moreover, not uncommon to take up permanent residence with an *olosh* other than one's own. Territorial divisions and sub-divisions mainly indicate the units predominantly used by a certain group rather than areas of exclusive use. Territory is, as Ndagala puts it, 'a communally-controlled resource subject to a number of corporate rights and obligations' (ibid.). There are, however, reasons to suspect that although Ndagala thus accounts for a certain 'overflow' between *inkutot*, his model of the territorial units is nevertheless still a little too static and bounded seen in a broader perspective.

Arguing that although the Maasai system of customary property rights to

resources appears to be well researched (by Jacobs 1965; Galaty 1981; Århem 1985b; Talle 1988; Ndagala 1990; Kituyi 1990; Kituyi & Kipury 1991), Tomasz Potkanski states that it has nevertheless only been described partially or in general terms. Accordingly, Potkanski has set himself the task of analysing the entire system in detail as well as demonstrating how it works in practice among the Maasai of the Salei Plains and the Ngorongoro Conservation Area (Potkanski 1994b:2).

Elaborating on this analysis his Ph. D. Thesis (1994a) further demonstrates and analyses how certain social mechanisms of mutual assistance known as *engelata* exist, according to which cattle in cases of poverty may be redistributed at the level of the clan, *olgilata*, pl. *ilgilat*. Apparently, this institution was previously also operative at the level of clan moieties, *Loodomong'i*, 'the red bull', and *Orrokkiteng'*, 'the black ox', respectively called. In his thesis Potkanski concludes that extreme poverty is now so widespread in Ngorongoro Conservation Area that the institution of *engelata* is at the point of breaking down. It will carry much too far to summarize all of Potkanski's remarkable findings in this study, and readers are therefore referred to seek the details of the system in his writings. Suffice it here with Potkanski to state briefly that the Maasai maintain that in principle they can graze their cattle everywhere in Maasailand (1994b:16), but in practice it happens only in emergencies such as widespread drought (ibid.:17). For example, in the droughts of the 1970s much livestock was moved between Kenyan and Tanzanian sections in an attempt to relieve the effects of the droughts (ibid.:18). In the spring of 1997, thousands of head of cattle from Kisongo, Loliondo and Engaruka have again been moved into Ngorongoro Conservation Area in search of grass, as the rains have once more failed over most of Eastern Africa. Especially at Esirwa, where *oloiboni* Birikaa lives, the concentration of animals has been very high, causing beginning destruction of plants and the spread of contagious diseases. In daily practice Maasai distinguish between primary and secondary user's rights to pastures, as well as between individual and collective rights in basic resources such as water. Man-made water resources are individually controlled and inherited by a man's eldest son, whereas natural sources are collectively controlled at the level of *enkutoto*. Still, a needy herdsman will never be denied at least some water. Likewise, individual controllers of wells will share any surplus with kin and neighbours.

Primary users of pastures are the members of the *enkutoto*, whereas visitors from other *inkutot* or even *iloshon* have secondary user's rights, and through time and regular seasonal use secondary user's rights become institutionalised (ibid.:18). When this happens, it is no longer necessary to negotiate use. Secondary user's rights are often reciprocal, and, Potkanski finds, contrary to what Ndagala and others have

assumed, they do not necessarily follow the boundaries of *iloshon*, but primarily reflect broad, ecologically continuous and self-sustaining units which may encompass adjacent areas belonging to other *iloshon*. As Potkanski points out (*ibid.*), this finding is contrary to the concept of territorially discrete and exclusive *iloshon* presented by Ndagala, although he does account for a certain territorial 'overflow' at the level of *inkutot* in times of emergency. According to my informants, though, the notion of *iloshon* as territorial units, that is as units of geography and landscape, is only relevant in normal times; when people are temporarily on the move during an emergency it is revealed that these units are basically social differentiations of people who think of themselves as local communities within the nation of Maasai.

The details of the particular institutionalised grazing arrangements and stock movements in Ngorongoro Conservation Area are extremely complex when identified at levels below sectional units, and thus for the present purpose best comprehended from Potkanski's excellent schematic illustrations, which he has kindly allowed me to reproduce (see fig. 1a and 1b).

It is evident from Potkanski's registration of herd movements that the overall tendency in the system of stock movements is for the well-watered mountain chain of *Oldionyo Laaltaatwa* itself to be utilised as an area of permanent settlements and the primary area of grazing throughout the dry season, and in the height of the rainy season when wildebeest inhibit access to the lower plains area. Of particular interest is the finding that the Maasai explicitly base their herd movements on a system of recognized ecological zones of dominant plant vegetation, nutritional values, availability of water, and disease interaction patterns with wildlife, conceptualised as basic categories of landscape, *olpurkel* and *osupuko*. In the following chapter I shall examine more closely these Maasai notions of ecology and landscape, as they are equally fundamental in Maasai medical practice. For the present purpose, it is important to emphasize that Potkanski's maps illustrate the severely restricted system of pasture management as it is practiceable under conservation rule, definitely not the ideal system of movements. For most of the rainy season they are at present practically debarred from their extremely vital pastures in the part of the Serengeti Plains which technically lies inside the conservation area.

### **Conflicting paradigms: mobility versus sedentarisation**

Mobility is crucial in such a climatically restricted system of production, as seasonal movements of herds facilitate distribution over wide areas, allowing periodically



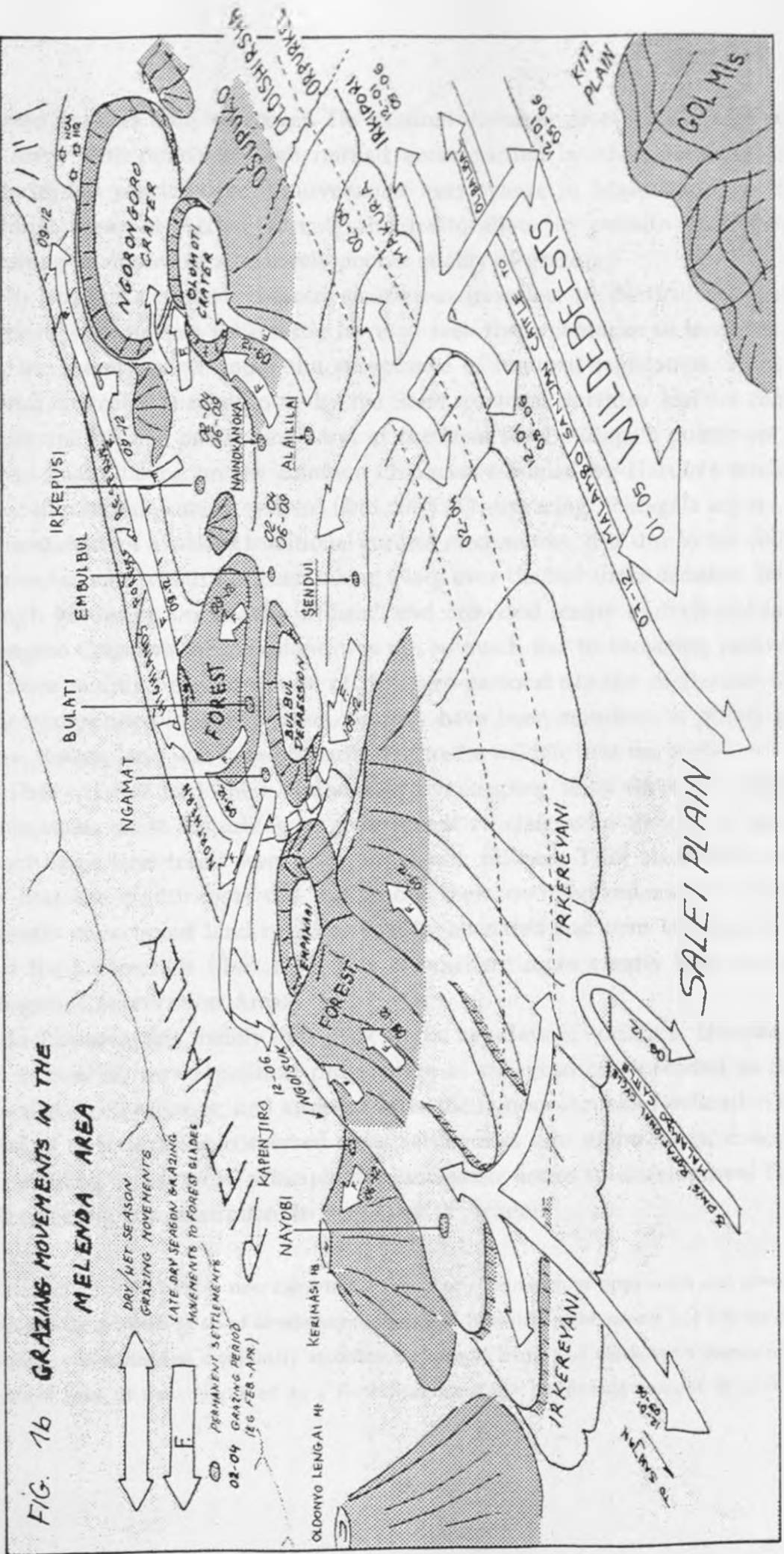


FIG. 16 GRAZING MOVEMENTS IN THE MELENDIA AREA

DRY/WET SEASON  
 GRAZING MOVEMENTS  
 LATE DRY SEASON GRAZING  
 MOVEMENTS TO FOREST BLADES  
 PERMANENT SETTLEMENTS  
 02-04 GRAZING PERIOD  
 (E.G. FEB-APR)

SALEI PLAIN

WILDEBESTS

GOL MIS

IRKEREVANI

IRKEREVANI

OLDONYO LENGAI HI

NAYOBI

KAPENTIRO

INBO SUK

NGAMAT

BULATI

EMBULBUL

IRKEPUSI

NGORONGORO CRATER

OLOMOTI CRATER

OSUPUKO

FOREST

FOREST

FOREST

FOREST

FOREST

FOREST

FOREST

FOREST

KERIMASI

KAPENTIRO

KAPENTIRO

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exhausted pastures time to recover. The gradual alienation of especially high-potential range areas with relatively high rainfall accompanied by the imposition of fixed boundaries has restricted such movements everywhere in Maasailand, as in other pastoralist areas of Africa, forcing the pastoralists to sustain their herds on diminishing territories of a relatively poorer quality of grazing.

In Ndagala's area of research, such areas were lost in particular to incoming cultivators who did not necessarily have to seek the acceptance of local councils of elders, but mainly acted under the acceptance of national legislation. Thus, 'when territorial control was taken over by the State, pastoral territory lost its communal character and became public land', and at the local level, Ndagala points out, public land was finally taking on the common character assumed by Hardin's model to be intrinsic in pastoral grazing systems (ibid.:182). 'Overgrazing', Ndagala argues, 'is not the consequence of a lack of traditional control mechanisms. It is due to the collapse of these mechanisms which has been taking place over the last three decades' (ibid.:176). Although bordering on heavily utilised and crowded Iraqw agricultural lands, in Ngorongoro Conservation Area land was not so much lost to incoming cultivators as these have mainly been members of the agro-pastoral *olosh* of *llarusa* who are readily incorporated into the system, or they have been members of purely pastoral *iloshon*. Rather, land was here primarily lost to the wildlife and the parks.

That *inkutot* had their boundaries overlapping with those of others, was, Ndagala states, most disturbing to government officials, who thought it unrealistic that such large land tracts were ever effectively utilised. They used their doubt to prove that the pastoralists did not know their own boundaries. Consequently, supposedly unoccupied land could be readily alienated and firm boundaries drawn around the pastoralists (ibid.:177). This is nowhere more clearly born out than in Ngorongoro Conservation Area.

In Tanzania, this mainly took place in the hey-days of socialism. *Ujamaa*, as it is called in Swahili, was a political programme of villagization, intended to facilitate socialism and self-reliance, and adopted after the famous Arusha Declaration in 1967. It aimed at concentrating dispersed rural settlements into manageable, concentrated units according to a ten-cell principle to allow easier access to development facilities, as well as easing administration. In the words of Århem:

The welfare of the people now came to the fore. The elimination of oppression and poverty became the supreme goals of development, increased production the means [...] The ujamaa village was defined as a voluntary association of people living and working on communally owned land. It was conceived as a revitalisation of the traditional concept of *ujamaa*,



meaning "communal living" and implying unity and self sufficiency, cooperation and sharing (Århem 1985a:19).

Thus, the *ujamaa* campaign was envisaged as a popular movement designed to mobilise the peasant masses politically, and it aimed at a change from below and within, involving full community participation (ibid.:20). It is quite striking that this programme was actually modelled on concepts closely akin to those assumed to affect the pastoral mode of production negatively in Hardin's model. Contrary to expectations, and several five-year plans, the programme never gained popularity, and only measures of coercion introduced in the early 1970s could secure the programme some progression. Despite the fact that the *ujamaa* programme was the largest resettlement effort in the history of tropical Africa (ibid.:22), most *ujamaa* villages were only registered by name in order to receive government benefits and never established communal relations of production nor nucleated villages.

The failure to implement the intended programme among the country's majority of agriculturalists caused the government to realise that it had to take a different course among pastoralists (ibid.:40), resulting in the launching of the so-called Operation Impernati in Maasailand, *impernati* meaning 'permanent settlements' in Maa (ibid.:41). The operation was launched in 1974-75 with the aim of establishing permanently settled livestock development villages, and planning teams went out to instruct the pastoralists to form villages according to already existing localities. According to Århem the process was generally quite smoothly carried through, and the village layouts flexibly imposed and adapted to local conditions, often modelled on existing land use and settlement patterns. Hence movements were mostly minor relocations within already occupied territories. But coercion did occur; at least two settlements in Ngorongoro were burned down in order to make the inhabitants move, and the general planning was poor. Often people were simply concentrated around pre-existing trading centers (ibid.:42). Endulen and Olairobi villages are examples of such administratively created villages around pre-existing trading facilities. Since, much voluntary concentration around these villages and trading centres has taken place, and continues to do so, but above all, this is an effect of the poverty process. Facing hunger, destitute herdsman move to where food is. Concomitant to these efforts towards further sedentarisation, the Maasai were excluded from the Crater and the ban on cultivation was more forcefully upheld.

Århem points out that the Maasai responded tactically and strategically to this operation, displaying initial compliance in the expectation of acquiring rights of occupancy in their land and help to defend their pastures and water sources against

encroachment from agriculturalists, yet at the same time fearing the villagisation programme as another step towards their subjugation and alienation from their lands. And rightly so, because in effect the operation imposed a new, supreme authority structure on the traditional community by introducing the nation-wide system of party-controlled local leaders even in the smallest *enkutoto*. This weakened the traditional political leadership and located the centre of authority outside the pastoral community, as Århem noticed (ibid.:44). It also made an effort towards creating more nucleated and sedentary settlement patterns, and restricted the size of settlements and of herds, creating among the Maasai a feeling that their very way of life, the transhumant mode of production, was under threat.

In retrospect my Endulen informants generally agreed in the awareness that compared to other ethnic groups in Tanzania they had been left largely unaffected by the villagisation campaign, as the various traditional *inkutot* in the Endulen area had merely registered as ten-cells united in forming the various wards of Endulen village, and few actual movements of people took place. Likewise, in some instances *balozis* – local, elected representatives in the new governmental system – were in 1992-3 traditional leaders who had become members of the CCM ruling party in order to be able to display the party membership book that determined eligibility. However, the Maasai in Ngorongoro Conservation Area have generally come to realise that the skills of the younger and more educated generations are crucial in dealing with the outside world, and quite a few *balozis* are recruited from their ranks. In contrast, in internal political matters traditional modes of organisation and leadership continue. Ndagala (1990:177) is of the opinion that villagization has meant a radical change in the Maasai concept of *enkutoto*, to the effect that people now identify more with their respective villages ‘such that boundaries of *inkutot* have become almost identical to those of the villages’ and today movement is more limited (ibid.).

People in Endulen definitely identified strongly with their residential *inkutot*, as they have always done, and they did indeed recognise that life now-a-days is much more sedentarized than it used to be. However, contrary to Ndagala, they primarily connected growing sedentarisation to the drastic decline in herd sizes and thus their state of poverty. According to their explanations it is quite simply that when a man’s herds dwindle below a certain level, moving cattle becomes uneconomic and a waste of energy, no longer a means to facilitate further growth.

Thus, indirectly, the goals of Operation Impernati have been achieved, and perhaps the fact that it was partly modelled on concepts not entirely strange to Maasai organisation accounts for its relative success, but the netresult has been contrary to intentions. Maasai cattle economy in Ngorongoro Conservation Area has definitely

become highly sedentary and stock levels in cattle have been drastically reduced. Yet, this has far from meant that the Maasai have been able to increase their contribution to the national economy through supply of beef and dairy products, nor have they received a larger share in the benefits from development. On the contrary, stock reduction is the result of growing levels of disease, not improved breeding and care; pastures appear to have become even more depleted, not because of overstocking beyond carrying capacity, but rather because of undergrazing, and particularly because of poor maintenance. The only development benefits ever established by the colonial and conservation area authorities, man-made water facilities and the veterinary services, have been allowed to deteriorate. *Vis-à-vis* the rest of the nation the Maasai seem to be more under-developed than ever.

Historically, many Maasai territorial sections have taken their names from plains, such as the *Isiringet*, the *Ilkisongo*, and the *Ilsalei*, indicating that it is here they feel at home. Plains names have tended to cling to sections of people even after large-scale, sectional migrations, of which several took place during colonialism, including forced migrations into reservations. The Maasai in Ngorongoro Conservation Area, however, are now effectively land-locked in the highlands, having hardly any access to the plains. Reflecting that the Crater Highlands are now effectively their home, the Maasai inhabitants commonly refer to the Conservation Area that they live in as *Oldoinyo Laaltaatwa*, or *Osupuko Laaltaatwa*, that is, the Mountain, or the Dry Season Refuge of the Tatoq, thereby reflecting awareness of historical territorial processes. In their efforts at establishing their *de facto* territorial unit as an independent section of the modern era recognized to have its own specific problems, they are currently forming their own NGOs, attempting to obtain political recognition and influence on decision-making through donor-sponsored development projects.<sup>9</sup> These organisations, however, are formed around the internationally recognized name Ngorongoro. Parallel to gaining external political recognition through building such modern institutions around traditional and modern types of community leaders, internally the local leading ritual specialist, *oloiboni* Birikaa, has concomitantly sought independent ritual recognition for their *de facto* section through a dispute over age-set payments with the supreme *oloiboni* in Monduli. Externally as well as internally, the Maasai in Ngorongoro Conservation Area are currently deeply engaged in a process of reterritorialization.

### **Territorial turmoil and the history of disease**

At the separation of Serengeti National Park and Ngorongoro Conservation Area in 1959 the Maasai living in Serengeti were forcibly moved to Ngorongoro Conservation Area. In 1959 an estimated 1,000 Maasai individuals lived permanently within the approximately 12,000 km<sup>2</sup> area of the Serengeti Plain. This meant a serious land alienation. Not only did the *Isiringet* Maasai have to accommodate themselves and their stock within the approximately 8,300 km<sup>2</sup> of the Ngorongoro Conservation Area already inhabited by some 10,000 people; in reality all of them lost extremely vital pastures.

Not much has been recorded concerning the structural position and historical development of the *Isiringet* Maasai relative to other groups of Maasai, a fact which partly reflects the disproportionate academic attention that the Kenyan sections have received compared to Maasai on the Tanzanian side. The *Isiringet* constituted an independent *olosh* before European colonisation (Jacobs 1965:124; Fosbrooke 1948:8), but they were hardly realised as such at that time.<sup>10</sup> In colonial literature the Tanganyikan Maasai were not infrequently lumped together as belonging uniformly to one large *olosh*, the largest section of all, the *Ilkisongo*. Thus, G. W. B. Huntingford's volume on the Southern Nilo-Hamites in the Ethnographic Survey of Africa series displays a map of the supposed pre-colonial geographical distribution of territorial sections of Maasai, from which the *Ilkisongo* emerges as occupying all of Tanganyikan Maasailand, apart from a few minor enclaves of so-called *Iloikop* agricultural Maasai interspersed among them (Huntingford 1969(1953):102). Yet, in present-day Ngorongoro Conservation Area this is not the case; in the research area dealt with in this study the population is composed of *Isiringet*, *Ilsalei*, and *Ilkisongo*, and some will even state *Illaitayok* as their *olosh*. I have no data on the exact percentages, but it is my impression that in Endulen the three former are almost equal in numbers, with a tendency towards *Ilkisongo* being the most numerous in Ngorongoro Conservation Area as a whole.

The status of the *Illaitayok* is not quite clear; even among the Maasai of Ngorongoro Conservation Area themselves it is debated whether they constitute an *olosh* or an *olgilata*, a clan. In an inspiring, but highly speculative essay on Maasai origins and historical expansion John Galaty renders *Illaitayok* as one of the early formed outer core sections of Maasai, and he locates their section at the Northwest of the *Ilsalei* section (Galaty 1993a:72-3), in the present-day Loliondo area. However, Fosbrooke gives evidence to justify the assumption that they probably once constituted a lower stratum of 'inferior' Maasai, as some stigma in 1948 still clung to their name (Fosbrooke 1948). *Illaitayok* then living in the territories of other *iloshon* tended to live apart, whereas in other areas where *Illaitayok* were more numerous they retained

their own grazing grounds and held their sectional ceremonies separately (ibid.:8). Both assumptions are indirectly supported by ole Nakuroi's version of the Maasai myth of foundation, known as the myth of The Ascent to Kerio Escarpment, *Endigir e Kerio*,<sup>11</sup> in which he states that *Illaitayok* was merely another name for those original *ilgilat* without cattle who took a different path from Kerio in their southward movements towards Dar es Salaam – or *Sardalam* as the Maasai say – which were later to join one of the original Maasai clans. They came to beg meat from them, were adopted, and later they together became known as *Orrokkiteng'*, the moiety of the black ox. In Maa the image of the path is one way of expressing the equivalent to our concept of culture, so in relating this myth ole Nakuroi actually explains the *Illaitayok* as simply synonymous with a part of that group of agro-pastoral Maa-speakers frequently referred to in literature as *Iloikop* (cf. fx. Huntingford 1969(1953); Jacobs 1965; Berntsen 1980) and at an early stage incorporated into the Maasai system of clans. Ole Nakuroi being himself an *Olarusai* by origin, it is no surprise that his version of the Kerio-myth should especially stress aspects of the incorporation of agricultural Maa-speakers in the pastoral Maasai communities. Joshua ole Sanduta, on the other hand, is an *Osiringeti* and a member of one of the supposedly original Maasai clans, and he insists that *Illaitayok* is only a clan name. However, he also insists that the *Isiringet* belong to the *Ilkisongo olosho*. In the context Joshua took his point of departure in present-day reality, and in ritual matters all the Maasai in *Oldoinyo Laaltaatwa* formally pay their respects to the leading *oloiboni* of the *Ilkisongo* in Monduli, whereas ole Nakuroi in his particular context was explaining Maasai origins. The problem of sectional affiliation is the central issue behind *oloiboni* Birikaa's recent dispute with the Monduli *iloibonok*.

The pre-colonial *olosho*-affiliations of the people in the area that now constitutes the somewhat artificially created unit of Ngorongoro Conservation Area is not clear. Fosbrooke mentions in passing that the Ngorongoro Highlands prior to colonisation probably was the territory of the *Ilpokai* and *Ilkorongoro* sub-sections of the *Ilsalei olosho*, with the former dwelling in the Crater Highlands, by the Maasai called *Oldoinyo Laaltaatwa*, and the latter on the floor of that Crater from which they derive their name. Formerly, Fosbrooke states, the *Ilsalei* were an important and numerous section with, apart from the sub-sections just mentioned, the *Ilsalei* proper dwelling in the Salei Plains and the *Ilmerik* in *Oldoinyo Ogol* (ibid.; my spellings). On the other hand, Jacobs state that the Ngorongoro Highlands were a long-established common dry season grazing ground of members of three independent *iloshon*: *Isiringet*, *Ilsalei*, and *Ilkisongo*, all coming up from surrounding plains (Jacobs 1965:124; my spellings).

Although apparently in contradiction, both statements correspond with Potkanski's careful mapping of present day stock moving patterns and institutionalised secondary user's rights covering the combined Salei-Ngorongoro Conservation Area range systems. Allowing for considerable movements having taken place since colonisation, Fosbrooke's description of the Salei sectional divisions corresponds to the prevailing pattern in the northern half of Potkanski's research area, whereas his findings in the southern half substantiates Jacob's brief description of a common dry season pasture area of members from three *iloshon*. In this perspective, what stands out is in fact a remarkably high degree of continuity through time.<sup>12</sup>

These and other historical data on the *iloshon*-affiliations of the inhabitants of this particular area are loosely suggestive of some processes whereby the structural organisation and political units of the pastoral Maasai fluctuate through time and space as they gradually adjust to changing political climates. One important aspect of Maasai pastoralism is its extraordinary historical stability, made possible by a high degree of flexibility in the composition of political units, and towards extraordinary events. In the same manner it is debatable to which degree Maasai pastoralism should be seen as nomadic. Homewood and Rodgers argue that with the pastoral Maasai, semi-nomadism is largely an effect of depleted pastures and range resources, the ideal form of production being transhumant, rather than semi-nomadic (Homewood & Rodgers 1991:43), and they describe how conservationist researchers on livestock developments in Ngorongoro Conservation Area perceive increased sedentarisation as a threat to the natural environment. Yet this fear rests on false assumptions, because they:

infer a trend to more permanent settlement in NCA, apparently misreading the long-established Crater Highlands practice of transhumance from a fixed dry season boma [*enkang*; nj] (where some elders, women and children may live most or all of the year) to a more flexible and mobile wet season grazing camp (ibid.:233).

Livestock disease haunts not only the present state of economy in Maasailand, it was from the beginning of the era of written history an all-important factor in the encounter between the Maasai and their colonisers. Prior to the actual colonisation of East Africa, livestock imported into the Sudanic region with the purpose of feeding the colonising armies had introduced rinderpest, a hitherto unknown cattle disease on the African continent.<sup>13</sup> This was the first of the series of epidemics that the great *oloiboni* Mbatiany had prophesied would mark the demise of the Maasai people. Fast as a bushfire it swept ahead of the colonial troops all over East Africa, causing an

estimated more than 95% of all indigenous cattle to succumb in very short time (Kjekshus 1977:130). This historical period of cataclysmic epidemics is memorised among the Maasai as The Great Disaster.

Thus, the population and livestock patterns first met by the Europeans were as far from normal as they could be, although the newcomers generally seem to have perceived it to be in a supposedly perpetual state of static, undeveloped primitivity. When the Europeans finally reached out there, their presence had already made its effect; the Serengeti plains were practically devoid of people and domestic herds, having been hit hard by the rinderpest epidemic, which was quickly followed by epidemics of smallpox, cholera, and finally famine and massive starvation. It was in Ngorongoro that the German explorer and scientist Oscar Baumann in the early 1890s met and described some greatly emaciated '*Jammergestalten*' of Maasai refugees from Serengeti barely surviving on hides and carcasses (Baumann 1894:31). Baumann estimated that among the Maasai, who solely depended on livestock for their food, fully two-thirds of the people starved to death. In Serengeti he apparently only found scattered bands of 'Wandorobo', though they were clearly of a type closely related to Maasai (ibid.:167). The majority of these so-called 'Wandorobo' hunters were quite likely destitute Maasai victims of the epidemics who had opted to stay in their previous surroundings and adopt a temporary strategy of survival as hunter-gatherers. The term 'Wandorobo' is the Swahili version of the Maasai term *Iltorrobo*, meaning destitute herdsman, and with the implication of practicing hunting for subsistence until new herds can be acquired. <sup>14</sup>

At the time of the actual colonial encounter, then, Serengeti seemed practically unoccupied. Additionally, most Maasai were hard up trying whatever means they had to build up their herds again. For many of them this meant temporary association to other ethnic groups practicing agriculture, or, as some of the *Isiringet* had done, adopting a temporary subsistence strategy as hunter-gatherers. The same kind of cataclysmic effects of the epidemics have been reported from all parts of Maasailand, and for some *ilmurran*, mainly from the northern sections in the British Protectorate, it became a popular strategy to assist the conquerors in their campaigns to pacify other ethnic groups, for which service the British rewarded them with shares in the cattle they had raided from the newly pacified (Waller 1976). Still other Maasai survived by seeking refuge and famine relief with the early missionaries (Meinhof 1904). My informants claimed that this was the time when Maasai for the first time started to practice agriculture, having learned the techniques from the people who gave them refuge. When the European conquerors eventually met the Maasai, considerable territorial re-arrangements and the adoption of alternative subsistence strategies had

already occurred throughout the Maasai *iloshon*. However, such re-arrangements were largely temporary survival strategies.

In 1948 Fosbrooke remarked that the most obvious effect of the great upheaval in Tanzanian Maasailand caused by the rinderpest epidemic, the subsequent epidemic of smallpox, and famine was the break-up and submergence of many of the sections together with the loss of loyalties which had held them together, as well as of political cohesion on a more general level (Fosbrooke 1948:11). Thus the drawing of the international border between the German and the British Protectorates – Tanganyika and Kenya respectively – cut across several Maasai *iloshon* (ibid.:8). Prior to the epidemics the *Isiringet* had apparently been among those sections who did not follow the great *oloiboni* Mbatiany for supreme ritual leadership, but his brother and competitor, Mako, as did the *Ilsalei* (Fosbrooke 1948:8), whereas the *Ilkisongo* followed Mbatiany. Fosbrooke argues that the application of the term *oloshon* to the *Ilkisongo* Maasai at that time was problematic. Despite their large numbers they comprised neither a section, nor a sub-tribe, rather the most accurate definition in 1948 was, Fosbrooke argued, ‘that group of sections which follows the Mondul Laibon’, as the *Ilkisongo* themselves divided their numbers into two groups, the *Ilkiteto* and the *Ilmoipo* (ibid.:9). Interestingly, Fosbrooke mentions in passing that the administration consciously sought to bring all Maasai in the Loliondo area, where he was serving, ‘into the Kissongo fold’ (ibid.:8). Huntingford’s presentation of the Tanganyika Maasai as simply belonging to the *Ilkisongo* section thus reflects a deliberate administrative effort to simplify the complicated territorial affiliations and indigenous organisations of the Maasai and create fixed and well-bounded discrete entities that fitted better with administrative ideas of manageable units.

Ngorongoro had also been the final area of refuge for Mbatiany’s son Sendeu when he and his brother Olonana around the turn of the century fought for the rights of succession, and it was here that he finally gave in after having been encircled by Olonana-loyal *ilmurran* troops from the *Ilpurko* and *Ilkisongo* sections (ibid.:10). Sendeu had reached Ngorongoro with his *Iloitai* followers after having defeated in turn those parts of the *Illaitayok*, the *Ilsalei* and the *Isiringet* sections at that time living in the area around Loliondo and the international border.

Fosbrooke described the dispute between Sendeu and Olonana as dividing the entire Maasai nation in a civil war, which is generally the way this historical incident has been interpreted in colonial literature (cf. Johnsen 1992). However, it is possible to interpret this dispute on succession as partly displaying yet another outcome of the economic and political turmoil following the epidemics and the ensuing famine in Maasailand, although such competition for followers is also a characteristic feature of



Maasai *iloibonok* in general. This particular power struggle must have been considerably aggravated by the serious situation of Maasai society, and the struggle between Sendeu and Olonana was primarily one of whether or not to seek alliance to the new overlords, a fact reflected in the very application of the nickname Olonana to the winning brother, *olonana* meaning 'the soft one'. Olonana had from the beginning chosen cooperation, whereas Sendeu had chosen to be a die-hard not willing to step down from power so easily.<sup>15</sup>

Adding to this internal political struggle, the British and the Germans, each now controlling their part of Maasailand, were both eager to establish peaceful conditions in the territories, and both colonial regimes worked at rounding up the scattered Maasai remnants in order to set up administerable reserves for the Maasai to live in, so that land favourable to agricultural pursuits could be alienated. This caused further territorial turmoil, and in consequence, Fosbrooke states, the *Illaitayok*, *Ilsalei*, and *Isiringet*, together with several other sections, were all initially debarred from their grazing grounds. During the First World War this policy was relaxed, and the various sections began to reassemble and return to their former territories (Fosbrooke 1948:10). One lasting effect, however, was that the *Ilmoipo* sub-section of the *Ilkisongo* rose to hitherto unknown supremacy which enabled them to penetrate into areas never previously controlled by this group.

In 1948 the Maasai then living in the Ngorongoro area were, as a result of such processes, beginning to regard themselves as an independent unit, Fosbrooke states (1948:10). Today, *oloiboni* Birikaa seems determined to have this unit formally recognised throughout Maasailand. Most of the year I spent in Endulen rumours were ripe with the latest developments concerning a dispute he had with the leading *oloiboni* in Monduli, stemming from 1987, at the time of the all-important age-set ceremony called *eunoto* for the contemporary age-set of *ilmurran*, the *Irking'onde* as they are locally called. This ceremony establishes and names age-sets as fully formed, and its coordination throughout Maasailand is controlled by this leading *oloiboni* in Monduli. Delegations from all parts of Maasailand participate when the ceremony takes place there first of all places, so that they can subsequently carry through their own ceremonies in their various *iloshon*, a process repeated within *iloshon* to take the ceremony out to the various sub-units. Normally the *ilmurran* of the various sections and sub-sections pay their respect to the leading *oloiboni* of their respective *iloshon* in the form of 49 head of cattle, 49 being an important – almost holy – number among Maasai.<sup>16</sup>

Hitherto the *ilmurran* in Ngorongoro Conservation Area have paid ritual cattle of respect to the *oloiboni* in Monduli, but in 1987 they were claimed by Birikaa. Such

an act is tantamount to declaring that he wants to be recognised as the ritual leader of the Maasai in *Oldoinyo Laaltaatwa* with the implication that this area should from now on be recognised as an independent *olosho*. At the time of my arrival in Endulen the 49 head of cattle had still not been paid to any of them, but Birikaa was putting pressure on the *ilmurran* that it happen soon. He was then called to a meeting with his colleagues in Monduli, but he and the leading *oloiboni* there did not come to an agreement. On his way back from Monduli in a car rented for the purpose, Birikaa was seriously injured in an accident, and one of his then approximately 39 wives – he is reported to have the ambition of marrying altogether 49 wives – was killed, and Birikaa was hospitalised in Karatu. Immediately rumours in Endulen centered on whether or not this accident would mean an end to Birikaa's power, as his gifts of prophecy ought to have made him foresee the accident and avoid it, implying thus that the power of the Monduli *oloiboni* was greater. Later, when Birikaa was back in Endulen and had somewhat recovered, it turned out that to the contrary, he was able to utilise the incident to argue that the power of the Monduli *oloiboni* was less than his own, since he did not succeed in killing him. Still, he was advised by another local *oloiboni* not to insist on claiming the outstanding ritual payment of cattle. It is my impression that altogether the affair greatly enhanced his local image as leading *oloiboni*. This case is quite informative of the issue of sorcery, *esetan*, and its intimate relation to *iloibonok*, and I shall comment on the case further in subsequent chapters.

### Poverty, health and hospitals

The inevitable consequence of these long term negative developments in the pastoral performance is, of course, that the general health of the human population is seriously affected as well. It is useful at this stage to assess the overall human health situation in Ngorongoro Conservation Area, in order that the details of Maasai cultural perspectives on health, disease, and therapy to be presented in subsequent chapters may be understood against the socio-economic reality they correspond to.

The data informing this section stem from two main sources, the Endulen Hospital Chronicle and the Endulen Hospital morbidity and mortality statistics for the year of 1992 compiled by Dr. Paco Sanz, which is given in full length in the appendix. A hospital patient survey conducted by me with the assistance of William and Peter in the rainy season of 1993 gave insight into Maasai perspectives on the hospital, and provided valuable information on which factors may be facilitating or prohibitive in presenting health problems to the hospital.

The Maasai have nicknamed the Endulen Hospital *Oldottinga* in reverence of its founder, the Austrian Fr. Dr. Herbert Watschinger. The hospital nurses, who belong to the Catholic order of the Daughters of Mary, keep a 'Chronicle of the TB-Center at Endulen', initiated by Dr. Watschinger, who chronicled his efforts at establishing medical facilities for the Maasai. It documents how increasing numbers of TB-patients from distant areas, and particularly defaulting-rates of about 60-70%, became overwhelming to the mother hospital, Wasso Hospital at Loliondo, the district capital.

Wasso Hospital was opened in 1964, built in the years 1963-71 by means of government, Catholic, and private donations from Austria, and it is run in cooperation with the Catholic Diocese of Arusha established in 1965. From 1968 Wasso Hospital had a TB-unit, and in the years 1969-1971 Dr. Watschinger found the rise in TB-cases alarming, from 64 diagnosed new cases in 1969 to 138 new cases in 1971. In the chronicle he pointed out that these figures only reflected a growing awareness of the hospital's service among the Maasai, not the actual level of TB. Besides new cases he also found cases of extrapulmonary tuberculosis. Interestingly, he wrote, it was not the bovine type of TB, only 0.2% of the cases belonged to this type - 'it is the real, human TB'. Occasionally the early sections of the chronicle vividly reflect Dr. Watschinger's growing despair at his overwhelming task: 'Ever since I got x-ray in 1968 [...] another disease gives me more and more sorrow and sleepless nights: tuberculosis [...] I'm the only doctor in Maasailand - as big as Austria'. As patients increasingly came from distant areas, particularly the Ngorongoro Conservation Area, it became obvious that to service this extremely thinly populated area well, it was mandatory to establish a TB-center where the majority of patients were, or run a mobile unit.

The choice eventually fell on a permanent clinic at Endulen, as this was the area from which most of the TB-patients came, and it had excellent physical conditions in terms of water-facilities, good climate, a relatively good access road, as well as a suitable site for an airstrip for the aeroplanes of the Flying Doctor Service, servicing the hospital every second week, and an already established mission station. Endulen hospital was originally designed with a 16-bed TB-ward, 10 beds for receiving emergencies awaiting transferral to better equipped hospitals, a small operating theatre, x-ray facilities and laboratory, as well as a dispensary. The foundation stone for Endulen Hospital was laid in 1973, it was officially opened in 1975, and it has since then been enlarged to a capacity of 54 beds. A mother-and-child health clinic has also been added.

In 1992-93 Endulen Hospital had a permanent staff comprising one resident medical doctor, whose wife also took regular part in the hospital's work, three nurses

of whom one is additionally trained as a medical assistant, one is the matron in charge, and one serves as the hospital's midwife; a nurse assistant, a dispensary assistant, a laboratory assistant, a health education assistant, and three ward attendants. Besides medical staff, the hospital staff further counts a cook, a driver, and a couple of handy men. Of the staff members only two are Maasai, the dispensary assistant and the health education assistant; the then resident doctor was Spanish. As a replacement for Dr. Sanz the hospital has recently employed its first Tanzanian doctor. The dispensary assistant had worked in the hospital since the days of Dr. Watschinger who had personally trained him, and he belongs to the *Inkidong'i* subclan of *iloibonok*, the traditional ritual specialists within Maasai culture.

One might think that such a combination of modern bio-medical training and traditional healing powers should seem an asset in hospital work, but as *iloibonok* are also believed to be the ultimate source of sorcery, *esetan*, in Maasai culture, his position as skilled in both medical traditions is by no means unambiguous. Sometimes patients would voice a general fear that the dispensary assistant was capable of tampering with the ingredients of the medicines in case he should dislike them for some reason, or that he could be bought to do so on behalf of a secret enemy. It is likewise my impression that this ambiguity of position also to some degree worked the other way around and made him less trustworthy in the eyes of the other staff members. He would often complain that nothing at this hospital was working as well as in the good old days under Dr. Watschinger. Indeed, his entire personal situation had become characterised by ambiguity, trained as he is under Western biomedical principles, he had forbidden his two daughters to undergo the culturally prescribed rite of clitoridectomy, and now the girls had a serious dilemma of getting married: as uncircumcised women they were no longer considered true Maasai; they represented an anomaly, and their ambiguity of status was much pitied in Endulen.

The health educational assistant was a Maasai too, Gaspar Leboy, who had been recently employed. Besides his educational tasks he also often served as an interpreter in the visitation of patients and in the daily rounds. The nurses and the majority of the staff come from the vicinity of Karatu, the last major town before the gates to the conservation area. Karatu is the administrative center in the land of the Iraqw people, or *Wambulu* (Sw.), as they are called locally. Here one finds the church from where the nurses have been recruited, and over the years several of the nurses' relatives and acquaintances have found occupation in the hospital. It is, however, not unproblematic that the group of Iraqw are so dominant in the hospital staff. Maasai claim that there has 'always' been animosity between Iraqw and Maasai, and in the perception of quite many Maasai patients, the Iraqw staff members are unable to hide

that they think of Maasai as dirty and backward people. To do the hospital staff justice I never encountered any evidence to substantiate this claim; still, if the perception is widespread among the Maasai it is likely to have at least some consequence in the daily interactions between Maasai patients and Iraqw staff.

Patients at Endulen Hospital are charged for their treatment. The hospital has a practice of charging a minimum fee of 200 Tsh. for a consultation; only TB-treatment is free of charge. Even if 200 Tsh. is only a symbolic payment, it is still a relatively high amount considered that the 1992-93 local price level on maize meal was about 100 Tsh. per kilogramme. Their economy being primarily based on subsistence production, the Maasai in Ngorongoro Conservation Area have very few ways of obtaining cash; men will usually have to sell animals to get it, women will sell milk if they have any, if not they have few other options than to sell their personal jewellery when they are in need of cash. A few women obtain cash from selling home grown tobacco at the monthly markets. At times the hospital will take jewellery as pawns from patients who are unable to pay cash. Thus, even though the standard charge is set low, by no means covering the actual expenditure, the fact that there is a charge will not infrequently cause patients to await the development of their condition, and in this respect the hospital's policy of charging patients is counter-productive to its goal of getting patients to come early.

It can be argued that also traditional specialists of all kinds usually charge their patients, and usually their charges are higher than the hospital's, but it has to be remembered that according to local standards, specialists are only entitled to a fee when the cure has been successful. Although such standards are rapidly giving way to a commodified pattern of payment per treatment regardless of result, this primarily concerns the least renowned specialists, and especially those types of specialists that represent locally 'modern' ideas incorporated from neighbouring ethnic groups. It is still morally mandatory that *iloibonok* are only rewarded after successful treatment, and charging practices are thus to some degree indicative of skill in the eyes of the Maasai.

Further, the financial problem of being hospitalised is not limited to paying for received treatment. Hospitalised patients have to eat as well. The hospital cook twice a day prepares maize porridge for the in-patients; this is what the budget allows. As this is not sufficient the patients have to supplement the diet themselves, for which purpose most patients bring a caretaker, a relative or a friend, who can spare the time. When patients come from the immediate vicinity this poses no major problem, family members will simply take turns to visit the patient and bring him or her provisions from home. However, especially in cases of TB-patients coming from far

away the problem becomes considerable; the caretaker has to stay in the hospital for the full duration of the treatment, usually months, and although there are cooking facilities for this, there are no accommodation quarters in the hospital for caretakers, wherefore they end up sleeping on the concrete floors of the often very crowded wards. Besides, when the patient comes from far away for lengthy treatment, it does not help much that the treatment is nominally free of charge. Such a patient will very likely soon exhaust the possibility of being supported by local kin and clan folks, who are nowadays more likely to be impoverished than not, leaving the only option of subsisting on dietary items bought in the village. Thus the prospect of having to sell off perhaps several head of livestock and thus depriving the rest of the family of part of their means of subsistence in order to eat while in treatment is likely to further aggravate the problems of defaulting and of coming late for medical treatment. Maasai often give this argument as a major reason for postponing hospital visits as much as possible. In this perspective hospital treatment may be far more expensive than even the most exorbitant indigenous therapy.

The Endulen Hospital Chronicle states that the Maasai elders of the Endulen Area were very eager to have the TB-clinic established there because their Government Dispensary was most of the time out of medicines, and therefore much of the time the medical staff would be absent as well. For the same reason it was obvious that the TB-clinic had to attend all kinds of medical problems besides TB, but TB remains the top priority of the hospital – and with good reason as apparent from the hospital statistics. Of the altogether 573 in-patients treated in 1992, tuberculosis was the single most frequent disease in adults with no less than 54 cases. Counting adults and children together, only pneumonia was more frequent among in-patients. The hospital records separate tuberculosis statistics, and although the total of 132 cases treated in 1992 equals only 1.59% of all the 8,287 1992-cases, it is important to bear in mind that probably only a minority of cases are ever brought to the hospital, and those who come on their own initiative often come very late when the disease is already far progressed, in which case other family members are likely to have contracted the disease as well. A significant part of the patients are found only through the hospital's programme for community visits, or they are discovered when people come with minor ailments. In light of the extreme contagiousness and epidemic character of tuberculosis, its long period of no overt manifestation, as well as the overall severity of the condition, the tuberculosis rates are alarming enough, and they testify strongly to the poverty related character of the health problems in Ngorongoro Conservation Area.

Tuberculosis is among those diseases that are clearly and primarily poverty-

related, and among the Maasai of Ngorongoro Conservation Area the three main conditions favouring a high frequency of tuberculosis are all present: poor nutritional status, poor hygienic standards, and poor and crowded living quarters. One may add that under such conditions the Maasai way of blessing with spittle may be, biomedically speaking, a blessing with risks. The fact that already in 1969 tuberculosis was so frequent a problem within the Conservation Area part of the original Wasso Hospital's target area that it necessitated the establishment of a separate TB-clinic within this area further testifies to the long-term development of such poverty conditions.

In an effort to counter the spread of the disease Endulen Hospital continually runs an educational programme for tuberculosis patients and their caretakers during their period of hospitalisation. The programme focuses mainly on dietary hygiene and hygiene in general, the importance of keeping up ambulatory treatment after being discharged, and the importance of bringing suspected cases to the hospital early. After his own completed tuberculosis treatment Gaspar Leboy was a few years ago employed as health educational assistant at the hospital, and one of his main duties is to conduct evening TB-classes at the hospital.

Pneumonia and other respiratory complications are by far the most frequent problem when all categories of patients are considered. They account for no less than 2,192 cases of the altogether 8,287 patients received in 1992, or slightly more than 26%. Again, respiratory diseases are considerably aggravated by poverty-related conditions, and the high mortality rates among children suffering from pneumonia supports this assumption.

Pneumonia and tuberculosis are not among those diseases commonly associated with the tropics. However, it is important to keep in mind that from a climatological perspective Ngorongoro Conservation Area shares many features with more temperate climates; part of the dry season can be quite chilly with night and morning temperatures below 10° Celsius; in the mountains one may even see ice on puddles and water buckets in the early morning. People in general, but especially herd boys, have a hard time keeping warm at this time of the year, which is also the time of the year when people's resistance is generally lessened due to falling milk yields and the resulting deterioration of nutritional status. In the rainy season the heavy downpours thoroughly soak everybody.

Such climatic conditions also account for the relatively low frequency of malaria cases in Ngorongoro Conservation Area compared to for instance coastal areas in Tanzania, where it remains the singlemost important killer-disease in spite of truly alarming AIDS rates in the same areas. Although parts of Ngorongoro Conservation

Area are desert-like savanna – and most malaria cases come from these lower parts – they are still highland steppes at an altitude at which malaria theoretically ought to be a minor problem. Yet, malaria was in 1992 the second most frequent disease encountered in the hospital with a total of 907 cases amounting to 10.9% of all patients treated. According to Dr. Sanz it has definitely been on the rise within recent years, in his opinion probably because of increased tourism in the area, assuming that malaria-carrying tourists and their drivers bring in the disease. In 1980 malaria accounted for only 7% of all treatments in Endulen Hospital (Århem 1985b:87), but in the rainy season 1994-95 the area experienced epidemic-like malaria rates with more than 40 people dying from malaria in Endulen Hospital, let alone the many cases that were never presented to the hospital (Ellemann 1996a:11-2). The Maasai themselves were already in 1992-93 alarmed at the obvious rise in cases of malaria, and they discussed among themselves and with me the possible reasons for such developments.

Apart from malaria, the Maasai in Ngorongoro Conservation Area are in fact remarkably free of diseases usually associated with tropical climates. Sexually transmitted diseases, however, are quite frequent with 7.8% of all out-patients treated, the Maasai generally being associated with sexual practices favourable to the spread of these (Talle 1995a:69). This level seems rather constant. In 1980 venereal diseases equally accounted for close to 8% of cases treated (Århem 1985b:87). Here again it should be kept in mind that probably few of the actual cases are ever brought forward. According to Dr. Sanz gonorrhoea and syphilis are extremely widespread and an important contributive factor in many cases of pregnancy related problems, just as they account for many cases of infertility, and cases of neo-natal venereal disease complications do occur. In chapter 4 I shall demonstrate that gonorrhoea has come to constitute an independent and very important indigenous category of related diseases.

The hospital statistics records two cases of AIDS in 1992. Dr. Sanz told me in 1992 that he had then altogether diagnosed 8 cases of AIDS in the more than two years he had served at Endulen Hospital. Being a distant bush hospital the capacity to screen AIDS is of course limited, and the actual rate may be much higher. With time the number of cases will probably rise significantly, as by 1992 AIDS was widespread among the Maasai in the Arusha-Moshi area some 200 km away (Talle 1995a). However, it is noticeable that the cases diagnosed by Dr. Sanz concerned either people of non-Maasai origin immigrated to the area, or Maasai who had been living in extended periods in other parts of Tanzania.

In February 1993 a team from the regional hospital in Arusha came to Endulen Hospital to inform on AIDS prevention. They set up a large outdoor video-screen and in the evening they played Kenyan and Ugandan documentary videos on the subject



for a highly interested audience of about 65 Maasai, in-patients as well as villagers. In the following days I interviewed some of the attendants to get an impression of the degree to which the message had been received. Considering that this was for the great majority the first time they watched motion pictures, I suspected that the very event of watching TV might have been the more impressive. Yet, this concern was entirely unfounded, and it did not take the Maasai capacity for oral transmission of information into account; my interviews showed clearly that the message got through.

All interviewees had to a remarkable degree fully memorized the basic precautions against the disease, and they knew the basic disease pattern. However, they also said that in their opinion there was nothing to do about it; if *Engai* had decided to send this new disease to them, it was because they were meant to die this way. Besides it was not likely, the *olmurrani* and the *ndito* said, that the Maasai could change their sexual habits so radically, and condoms were not a locally obtainable item. One elder, hospitalised for tuberculosis treatment, added that this new disease would surely be the end of the entire Maasai people; he had six wives, all lovely and respectful, but how could he expect to ensure their chastity, especially now when he was on travel? A mother of seven children expecting her eighth remarked that it seemed impossible to distinguish whether a person had AIDS or just suffered from severe hunger – ‘they look the same’, as she said.

### Hunger in Ngorongoro Conservation Area

It can be argued that the statistical data on malnutrition and anaemia seem insufficient to support the claim that hunger severely affects the health conditions of the area's inhabitants. However, the hospital statistics do not record malnutrition and anaemia as diagnoses unless this is the only problem found. Thus it is to be expected that many of the patients registered under any other condition may very well suffer from malnutrition and anaemia as well. The capacity of Endulen Hospital does not allow large-scale socio-medical monitoring, much to Dr. Sanz' regret, and it deserves mention that in January 1993, despite an overwhelming number of patients at the hospital, Dr. Sanz and Gaspar Leboy started surveying the area with the explicit intention of finding malnourished children. Around 15 severely undernourished children were eventually hospitalised for the basic purpose of feeding them, but in reality hunger was widespread. The hospital has made it one of its priorities to help secure the Maasai sufficient maize at the lowest possible prices; the general price level of the privately run stores in the village is much higher than the government-

controlled maximum price, given that store keepers have very high expenditures on transportation. This practice in itself brings more patients to the hospital as they bring forward their anxieties when they are there to buy or grind maize anyway. Government hunger relief is a rare phenomenon; in March 1993 local political representatives were given the task of identifying the 130 poorest families in the area in order that they could each receive 20 kg of maize – hardly enough to carry an average family through 20 days, and fathers are likely to have more than one wife, hence more than one nuclear family. It deserves mention that a continued further reliance on maize instead of milk as the basic staple is likely to have important consequences for the nutritional situation, as the long-term damage from protein deficiency is much more severe and irreversible than from caloric deficiency.

Recently Kirsten Hastrup (1994) has commented on the basic problems involved in a scientific documentation of hunger and human suffering. She demonstrates how the habitual demand for 'hardness of facts' in science in combination with a theoretical legacy of anthropology favouring studies of social systems as whole, well-functioning, and largely closed, discrete entities, have rendered hunger and collective suffering as temporary disorder (Hastrup 1994:728). 'It is no longer possible, however, to overlook the fact that human tragedies on a massive scale are part of the "normal" order of things [...] Anthropologists know that famines [...] are not only temporary problems of insufficient nutrition, but social catastrophes that may for a long time affect society' (ibid.). Hunger is not only a nutritional crisis, it is as well a social crisis (ibid.:730), indeed, following Vaughan (1987) 'famine is a window on social structure' (Hastrup 1994:730).

When it comes to dealing scientifically with hunger, Hastrup claims, we are still not beyond the world of Malthusian models largely explaining famine as a question of food-shortage and population growth (ibid.:729). However, 'while the need for nutrition is universal, the feeling of hunger is culturally mediated' (ibid.:731). Hunger conditions are not easily quantified, they cannot be analysed separately of their social context, hunger is both event and structure (ibid.:730). 'Where starvation is part of the collective memory,' she claims, 'famine is not quantifiable' (ibid.:729), it has long since been transformed into quality. It follows therefore that there can be no standard definition of famine (ibid.:729-30).

The problem is that whereas scientific conventions favour a measurement, 'hard' data approach, emotional factors are seldom seen relevant. Yet, there is no way to separate these two types of factors of famine, the emotional terror of hunger being one of its defining characteristics (ibid.:730). The collective sufferings encountered in a situation of hunger are, of course, emotionally affecting the fieldworking

anthropologist. Her methodological training demands that she share as closely as possible the experience of the people she studies (ibid.:728), yet she must, by convention, be able to write 'objectively' and emotionally detached about it.

Hastrup argues that rather than keeping up conventions, we should here work towards overcoming the difficulties, and she advocates the stand that we must stretch experience with powers of imagination, not as a question of fantasy and creative writing, but in the sense of 'extending the logic of recognition to the unprecedented' (ibid.:732). Suffering of this kind is something we implicitly 'recognize' even if we have not actually experienced it, though suffering is in some ways beyond cognitive understanding; it is embodied, in a sense lost to both gaze and speech (ibid.:733). Hunger being a brutal fact of life its brutality is of a non-linguistic kind not easily transferred to 'facts' or sentences (ibid.:735).

In my experience, this was particularly true of the anthropologist, not so much the informants. During the height of the dry season when the food situation was truly alarming my informants would often roar with laughter while they commented their misery and the near end of the Maasai as a people. I was usually rendered silent by the gravity of the subject, sending a thought to Colin Turnbull (1972). It was I who was unfamiliar with hunger, not the Maasai; it was I who became mute, not they. To them hunger was a recurrent fact to cope with; their present anxieties concerned the many signs that the condition was becoming permanent and developing into starvation. Maasai society seems in unusual degree to accept hunger as one of life's conditions, and, as Hastrup argues, part of the normal order of things. Indeed, I argue that their entire socio-economic system is to a large extent geared towards alleviating the effects of periodic hunger in the dry seasons and the periodic famines ensuing from the unpredictable periods of extended drought. In fact, this whole chapter aims at substantiating this argument.

Hunger in Ngorongoro Conservation Area in 1992-93 had not taken on the quality of outright starvation, but certainly of famine. Yet, I cannot quantify its impact in terms of human death rates or statistics on malnutrition. For one reason, I did not see hunger as the central subject of my research, although thematically highly relevant in multiple connections. For another, I deliberately chose not to compile quantifiable data on the subject; given that the Maasai are at all times culturally – and historically with good reason – extremely sceptical towards strangers who want to count and weigh their lives, I thought it wiser not to estrange myself unnecessarily from them by over-emphasizing the collection of data assessing the level of hunger. As one herdowner said to one of my assistants during our community survey work: 'Why do you want to count my cattle? You can ask about the number of cattle when they have

stopped dying.' Hunger in Ngorongoro had not yet assumed a quality easily demonstrated in terms of casualties. Rather, the quality of hunger at that time had the basic character of a famine, in the sense of an area-wide, long-term dearth of the specific resource of food following an extended drought, adding to the long-term socio-economic development into chronic poverty, and it ran as an undercurrent in everything that people did and said; an immense anxiety for the future, and a fear that the current development might be beyond the point of reversibility; that this would be the one epidemic of hunger that the Maasai way of life would not survive.

In recognition, it is my intention that this quality of hunger should be reflected in the subsequent description. It is my hope that resolving to describe the contemporary Maasai experience of hunger in Ngorongoro in such a circumstantial way may stir the imagination of the reader to feel empathy for the Maasai in Ngorongoro Conservation Area.

## Notes

- 1 Agriculture was formally prohibited in 1954, when the area was still included in the colonial Serengeti National Park construction. However, at the partitioning into two separate land use units in 1959, cultivation was in some areas allowed as an acceptable form of land use under the multiple land use policy. In the Endulen area which lay outside the park until the 1959 reorganisation, as well as in the Empakai area in the Northern Crater Highlands, cultivation was quite extensive by the mid-seventies. However, feeling that it was now getting out of hand, all cultivation in Ngorongoro Conservation Area was banned entirely in 1975 (Arhem 1985a: 53-54; 1985b:33).
- 2 The Crater represents a microcosm of the great variety of habitat types and species. At the time of the expulsion of the Maasai from the Crater it was believed that larger mammals were unable to climb the Crater walls, an assumption later found to be false (Homewood & Rodgers 1991:132). Thus, the Ngorongoro Crater was seen as a naturally bounded zoo.
- 3 Following Fosbrooke (1948), it is generally believed that the Maasai around 1850 conquered the Ngorongoro Highlands from the Barbaig, by the Maasai called *Iltaatwa*, hence their name *Oldoinyo Laaltaatwa*, 'The Mountain of *Iltaatwa*' for the Ngorongoro Highlands. An interchangeable name is *Osupuko Laaltaatwa*, '*osupuko*' connotating 'dry season pasture', 'wetland'. However, Homewood & Rodgers find evidence to support that Maasai occupation may have begun much earlier, perhaps as early as 1700 AD (Anacleiti in Homewood & Rodgers 1991:59). 'Ngorongoro' is a Swahili corruption of the Maasai name for the Crater itself: *Korongoro*.
- 4 A few of the most industrious crop-raisers have adopted secondary crops of onions and *mchicha*, the Tanzanian variety of spinach, mainly intended for sale to local non-Maasai, and in the high-altitude mountain areas where maize-growing is not feasible the main crop is potatoes. However, potato growers frequently seek to exchange their crop for maize, potatoes being regarded as even less able to form a substitute for milk than maize.
- 5 Although Homewood and Rodgers seem to be of the opinion that Theileriosis is not affecting wildlife populations, in 1992-93 some herds of eland were observed around the Osinoni-Kakesio

- area clearly displaying the headshaking and spinning movements that are symptomatic of *olmilo*, and it is my impression that this was starting to concern the conservation authorities.
- 6 Most of them were bailed out of jail by Henry Fosbrooke who until his death steadfastly continued to use all his political influence to argue the cause of the Maasai.
  - 7 Interestingly, the Dinka in Sudan also call rinderpest by their name for the gall-bladder (Schwabe & Kuojok 1981:236).
  - 8 Confer Peters (1994) for a similar observation on applied policies concerning pastoralism in Botswana.
  - 9 Indigenous NGOs are mushrooming these years in Ngorongoro Conservation Area. Thus Ngorongoro Pastoral Survival Trust (NPST), Ngorongoro Pastoralist Development Organisation (NGOPAEDO), and a proposed Ngorongoro Environmental People's Organisation (NGOEPO) are all independent organisations of the 1990s. Although they are all Ngorongoro-based, none of them has a NCA-wide constituency (Lane n.d.: 27). Besides these there is also Korongoro Integrated People's Orientation to Conservation (KIPOC), which, despite the name, is based in Loliondo, the capital of Ngorongoro District, which lies outside of Ngorongoro Conservation Area. KIPOC has some support among NCA residents, but is there mainly seen as representing the Maasai in Loliondo. Since its foundation in the late 1980's it has been working for wider pastoral cooperation; thus, following the (Canadian) NAFCO wheat project scandal in Hanang District in 1992-93, in which Amnesty International and IWGIA (1993), among others, documented systematic and severe violations of the human rights of the agro-pastoral Barabaig whose land had been alienated, a KIPOC local committee has been formed there. One Maasai NGO, *Inyuat e-Maa*, the Maa Development Organisation formed at the First Maa Conference for Culture and Development held in Arusha in December 1991, has from the very beginning seen the need for an umbrella organisation for the many subsequent NGOs. This tendency towards very localised and parallel, almost competitive NGOs seems to a large extent to reflect the strongly egalitarian internal political organisation of the Maasai. Other Maasai NGOs have been formed in other areas.
  - 10 According to Mol, however, the *Isiringet* is a subsection of the *Illaitayok* (1977:99), but once constituting an independent *olosh*, defeated in civil war and subsequently scattered (ibid.:109).
  - 11 Although the name Kerio applies to a seasonal river in the vicinity of Lake Baringo in Kenya and the valley it runs in, in the context of the Maasai myth of origin Kerio is usually rendered as indicating a general consciousness of having once come from north of their present-day territory. Confer Galaty (1993a:64, 86). Maasai usually do not place Kerio in real space, saying mainly that they do not know where this place is, apart from being to the North. However, Joshua once told me that he had been taught in school, back in colonial days, that Kerio was identical to Cairo. Map in hand he further indicated that Khartoum was identical to the place on the plateau where the *ilmurran* stopped on their southward frontier-expedition in search of new land with good grazing. According to myth they stopped when they had become convinced that the new land was prosperous, in order to bring their families along. Disregarding spelling, Khartoum in Maa may be rendered as "can I bring her?". After this story William confirmed that he too had in his early school-days been taught that the Maasai originally came from Egypt, but he had never heard the Khartoum-detail before. In Johnsen 1992 I have tried to by a peculiar, but quite widespread English colonial myth, apparently nourished and spread from English missionary circles that the Maasai might be one of the ten lost tribes of Israel. Similar ideas in German East Africa can be found in Merker's proposition that the Maasai were Semites, based partly on linguistic arguments, but primarily on a unique Maasai version of some Old Testament myths (1910(1904)). Merker's contemporary Meinhof (1904), however, related that he had himself experienced how Maasai who sought hunger relief at the early mission stations were also given food for thought, and that this gave way to syncretistic myth-making, drawing heavily on superficial likenesses in Biblical and

Maasai myth.

- 12 Further, this complicated web of inter- and intrasectional competition and alliances gives good reason to reflect upon the degree to which the Maasai seem to establish moiety-like dualisms, or complementary oppositions, in internal divisions at all levels of organisation, regardless of whether the particular type of unit in question is related to the system of clans, the system of territorial *iloshon*, or the age-set system. In regard to *iloshon* this is implicit in some of Fosbrooke's descriptions of the former territorial groupings in the area, but above all, it is directly observable around the present Olairobi village. Here the population is composed of members of the *Ilsalei* and *Ilkisongo iloshon*, who have settled on each their side of the road leading to the Serengeti National Park. Among the members of the age-set of *ilmurran* this affiliation to different *iloshon* is at the root of a highly ritualized competition for the attention of the local young, unmarried women, at times so intense that only involvement from less hot-headed elders prevents the competition from developing into fight.
- 13 Likewise sandfleas, or jiggers, were introduced in Africa by the British, arriving in the ballast of the good ship Thomas Mitchell which came from Rio de Janeiro in 1872 (Kjekshus 1977:134).
- 14 *Iltorrobo*, or *Wandorobo* in Swahili, or *Ndorobo*, in the anglicised form by which they are more commonly known among Africanist scholars, are one of the riddles of anthropology, because the term carries this double connotation of 'poor Maasai' and 'hunter-gatherers'. There has been a long debate as to whether the *Ndorobo* form distinct, ethnic groups of their own, or whether they are a residual category of destitute nomads (cf. *inter alia* Kratz 1980; Kenny 1981; Blackburn 1982; Chang 1982; Spencer 1973; Galaty 1982; Distefano 1990; Klumpp & Kratz 1993, but also Baumann 1894).
- 15 Confer Spencer (1988) for a discussion of the figure of the 'die-hard' in Maasai culture.
- 16 Incidentally, it is also the fine paid in homicide-cases where the deceased was a Maasai. If the manslaughter was accidental, the number is only 29, 9 being the number of openings in the human body, as one informant said, and these openings must be closed by the same number of cattle being paid. The units responsible for collecting so much cattle is the moiety. 49 is also the number of houses constructed in the ritual village of the *ilmurran*, called *emanyatta*, where the *eunoto* ceremony takes place. Cf. Hurskainen (1990) for a general discussion of the significance of numbers in Maasai symbolism, including an alternative explanation for the significance of the number 49.



## Chapter 3

# The Forest of Medicines

## System and agency in Maasai medical practice<sup>1</sup>

According to a popular myth, it was the folk of the forest, the hyena, who taught the Maasai the medicinal uses of various plants.

Naomi Kipury 'Oral Literature of the Maasai' 1983:3

African medical systems are routinely analysed as agency-oriented; witchcraft and sorcery beliefs and other personalistic phenomena are supposedly the dominant concepts in African disease aetiology. Re-opening an old debate on the representativity of such models, it is argued that the Maasai seem unique in the African context, suggesting that other possible systematics in African therapy have hitherto largely been ignored: They talk of medical matters as natural phenomena and bodily processes, using concepts of 'hot' and 'cold'; and they routinely deny knowledge on sorcery. Yet, the Maasai fear the potential sorcery from strangers, it is felt to be on the rise among them.

Victor Turner's *The Forest of Symbols...* (1967) is one of the frequently quoted works in medical anthropology on Africa. Turner explored the theme of religion rather than medicine, but his analyses of the interconnections between spirits, magic, and affliction has become an inspiring classic in anthropology on African medicine. This body of literature renders African therapy as rather uniformly governed by beliefs in witchcraft and sorcery (Janzen 1978; Swantz 1990; Murdoch<sup>2</sup> in Pool 1994a). I wish to point to the possibility that somehow a thematical-methodological precedent for the medical anthropological inquiry in Africa was established through trends of investigation set by some early works.

A thorough reading of Turner's sole analysis focusing on medicine, the article *Lunda Medicine...* ((1964) in 1967) clearly suggests that a focus on witchcraft and sorcery phenomena, coupled with a methodological inclination to work mainly with medical specialists and the treatment of complicated disease, rather than working with medical



practice in a broader context of laypeople and health practice in its widest sense, may disregard other parts of actual practice as minor or unimportant. Thus, certain elements in Turner's own evidence suggest that the Ndembu do in fact treat many cases of affliction, perhaps even the majority, as not stemming from witchcraft or sorcery.

The issue is methodological rather than theoretical, my main concern being a possible mis-representation in the mainstream of our authoritative, academic writings on the medical practices of African continent.

Foster (1976), another pioneer of medical anthropology, set up a convenient one-word distinction, dividing the world's medical systems into personalistic and naturalistic systems, according to whether dominant ideas about disease causation employed notions of purposeful intervention through human or spiritual agency or centered on perceptions of bodily imbalance, physiological processes, and the systemic interactions of natural phenomena (ibid.:775). Foster's prototype of a naturalistic medical system was the Euro-Asian 'humoral' type in which the basic principle is that the bodily balance is contingent on environmental balance, and that health is a question of maintaining bodily equilibrium through tempering bodily elements with natural substances. Whereas personalistic systems seek to explain all kinds of misfortune in agency-oriented idioms, naturalistic aetiologies are limited to disease phenomena (ibid.:776-7). Foster stressed that personalistic and naturalistic notions were not mutually exclusive, and he ventured the hypothesis that personalistic belief systems were primordial (ibid.:776), an interpretation he has recently restated (1993). For reference, I adopt these terms to designate the two modes of thinking about disease which this chapter is concerned with.

Most recently, the issue of whether or not African medical systems are dominantly personalistic has been raised by Robert Pool (1994a). Tracing previous debates on the practical medical behaviour in African societies and the possible presence of naturalistic causative models (Warren 1974, 1979a, 1979b, 1982; Fortes 1976; Loudon 1976; Gillies 1976; Prins 1981; Yoder 1981, 1982 cited *in* Pool 1994a:1), Pool argues with data from his own fieldwork among the Wimbun of Cameroon 'that the[se] "revisionist" interpretations [...] are in fact mistaken' (ibid.). He further argues that this 'revisionist' desire ultimately stems from an incursion of biomedical categories into anthropological discourse, and paradoxically, this derives 'not from any sinister attempt to impose biomedical categories but from the very attempt to avoid these categories through the use of an "emic" perspective to reveal the native's point of view more accurately (usually on the basis of some form of ethnoscience methodology)' (ibid.:16). Thus Pool concludes with a call to abolish the very notion of

'ethnomedical systems' as a Western-centered and specifically biomedical notion; in reality 'there is no medical system at all' (ibid.:17).

Although I am sympathetic to Pool's argument on the implicit influence of biomedicine on the research topics of medical anthropology, and his final conclusion that the very notion of a specific, *medical* system is in itself narrow, culture-bound, and very Western, I nevertheless believe that he misses an important concern held by previous debaters. This has to do with the fact that in Pool's own empirical example, the Wimbum people, like the Ndembu Turner wrote about, seem to be positively inclined towards personalistic disease explanations. In my reading of Gillies (1976), I take her concern to be prompted by the empirical reality she experienced among the Ogori, and implicitly addressing the question of ethnographic accuracy in anthropological descriptions. Perhaps African cultures are in fact less uniform on these matters, than Pool is willing to allow for. Thus, Gillies' empirical example points to the possibility that some areas of some African medical practices may be characterised by naturalistic notions.

Pool arrives at his conclusions through a discussion of Wimbum concepts of medicine (1994a). Following Pool's own methodology (1994b), I should like to focus on fieldwork as a process, a continuous dialogue of mutually negotiating partial meanings out of infinite contexts. Such a focus necessitates a more direct exposition of the role of the fieldworking ethnographer. This, I believe, facilitates a broadening of analytical perspective, and may allow other possible systematics more visibility. I will mainly construct my argument around a discussion of Maasai concepts of medicine. I do this in order to provide a set of data suggesting an alternative solution to the one Pool's data led him to assume, not to discuss the relevance of Pool's empirical conclusions.

### **Strange agents and natural forests**

Baxter (1972) observes that East African pastoralists in general, and in marked contrast to their agricultural neighbours, very rarely make witchcraft accusations despite widespread general beliefs in witches and sorcerers. He argues that whereas witchcraft and sorcery accusations in agricultural communities are directed against one's co-residents and neighbours who are typically also one's relatives, pastoralists with their mobile form of production need not live tied up in strained social relationships, but may minimize such strains by moving away, the needs of their herds providing a convenient, non-accusatory excuse for doing so. In East African pastoral societies,

Baxter states, the stereotypical sorcerer is depicted as a socially marginal individual, or a stranger, and their characteristics are a 'résumé of the dark side of psyche [...] a list of those human traits which [...] would destroy the delicate balance of mutual obligation which makes up daily social intercourse' (ibid.:165). Baxter did not include the Maasai among his nine examples, though.

Some recent articles (Olsson 1989; Århem 1989b) suggest that the Maasai might be radically different from the agency-oriented systems, stressing notions of hot and cold and disease as physiological processes and systemic disorder rather than magic and sorcery, thus echoing statements in colonial sources that unlike their neighbours, the Maasai were surprisingly free from 'superstitious' beliefs (Hinde & Hinde 1901; Fosbrooke 1948).

Olsson (1989) provides information on Maasai disease etiologies which Foster recommends should be seen as central in assessing the type of system at stake. Olsson writes that

Maasai prefer to regard disease as physical influence upon, or organic perturbation in the bodies of men and animals [...] Sanity and illness are thus, to a great extent, considered essentially physical conditions, in the sense that they are regarded as empirically possible to acknowledge and to diagnosticate. In the same sense the cause of a disease may also be regarded as physical if it results from an observed fact which is ascertained to be its source (Olsson 1989:235).

Olsson gives examples of how Maasai commonly acknowledge that certain cattle diseases are caused by insects or game, and how already in 1904 Merker noted that the Maasai attribute malaria to mosquitos, reflected in the fact that both phenomena carry the same name (ibid.). One might add that at the time when Merker documented this Maasai theory of causation scientific medicine had just discovered the true nature of disease transmission; yet most Europeans, however, still believed that 'bad air', especially from swamps, and delicate European constitutions combined to cause malarial fever.<sup>3</sup>

Olsson goes on to state that less directly observable causes of disease, as well as the observed ones, on a higher level of discourse all ultimately originate from God, *Engai*, according to Maasai metaphysics. *Engai* is seen as the instrumental and ultimate cause behind all events in nature and cosmos, history, and society. But the difference between the two types of Maasai etiologies is not a difference between 'natural' and 'supernatural' causes, Olsson reminds us, as 'spirits are rather peripheral phenomena in the world-view of the pastoral Maasai, if they believe at all in the

existence of spirits' (ibid.:236), and he informs us that 'Maasai, as far as possible, tend to regard all events or states as naturally caused, including health and illness, in the sense that they look for empirically observable and unobservable causes of disease, but these are not seen as alternatives; the empirical cause is rather complemented by a non-empirical one' (ibid.). According to Olsson, such 'common sense' etiologies based on empirical observation of nature and the attribution of the ultimate cause to *Engai* are not mutually exclusive alternatives but rather complementary levels of reasoning; it seems more reasonable to speak of a distinction between 'cause' and 'guiding, or explicative cause' (ibid.).

Thus, Olsson interprets the difference in types of Maasai etiology as a question of different types of reasoning not excluding, but supplementing each other. Such theories of causation may very well be applied simultaneously. According to Olsson, Maasai non-empirical causative distinctions concern intention and meaning (ibid.:236). In so far as they recognize the curse as a possible, ultimate cause of misfortune (ibid.), the Maasai can be said to adopt etiologies akin to the moral justifications of misfortune otherwise characteristic of personalistic medical systems. Olsson's point is that the Maasai on a higher level see a moral code behind all conditions and events of nature itself, including illness, as God, *Engai*, is the ultimate force and prime mover behind everything. Theirs is a remote and impersonal God who cannot be immediately experienced by ordinary men (ibid.), and apart from *Engai*, Maasai recognize no supernatural beings.

*Engai* is above, approachable at tall mountains and trees and other outstanding and unique features of landscape, and becomes manifest and tangible at the appearance of rain, the source of fertility. *Engai* is much more a principle of life, than a personified deity. In this sense, the Maasai god is a principle of nature. Above all *Engai* is the ultimate source of fertility, and as such it is a concept carrying vague feminine connotations, reflected in the feminine prefix. Occasioned by impressive natural phenomena such as thunderstorms and lightning one may hear poetic expressions like '*Engai* you are our only true mother', but such expressions should be understood as purely metaphorical language, in no way a proof that Maasai think of their God as a 'she'.

Some Maasai will occasionally talk of *Engai's* benign quality as the source of all fertility and growth as the black, or dark blue aspect of *Engai*, whereas the red aspect of *Engai* connotes *Engai* in its more sinister capacity as harbinger of bloodshed, death and destruction. That this is to some degree associated to a kind of a male aspect of *Engai* epitomized in the figure of the *olmurrani*, is manifest in the tendency for active *ilmurran* to wear bright red garments, *ilmurran* being responsible for the defense of

people and herds they are associated with potential violence and bloodshed. Elders, entering the reproductive stage in their lives, seldomly wear bright red garments, it is more usual for them to adopt a dark red or sometimes purple garment. Women, however, have a preference for dark blue or violet garments, although purple is also frequently worn by women. Although the two aspects of *Engai* as either black/dark blue or red have in early ethnography given way to speculations that the Maasai had two gods (cf. e.g. Eliot in Hollis 1905:xix), such an interpretation was vehemently refused by my informants; *Engai* is the principle of life, as well as of death, and both notions are contained within the basic principle of *Engai*, just as death is an inescapable consequence of life.

Olsson thus leaves the impression that Maasai medicine has remarkable 'naturalistic' systemic features. He mentions briefly that Maasai divide their herbal medicines into categories of 'hot' and 'cold'. This is the prototypical trait in naturalistic medical systems.

Århem (1989b) scrutinized the Maasai concept of medicine in cosmology in an effort to determine why trees are medicines in Maasailand. Århem equally leaves the impression that Maasai medicine seen as an ideological system is strikingly naturalistic, and he too stresses the importance of understanding Maasai cosmology as a precondition for understanding their medical beliefs and practices. Århem interprets the Maasai notion of disease as 'disorder, a projection upon the body of social and cosmic disorder. In a very real sense, disease dissolves the boundary between life and death, nature and culture. It is, as it were, an invasion of nature into the cultural body of the individual' (Århem 1989b:80). In other words, disease is cosmic disorder embodied, and medicines are natural substances (ibid.:79) employed to 'restore order and reaffirm the boundary which separates life from death' (ibid.:81).

Foster draws attention to the alimentary element in treatment as another basic feature of naturalistic systems, and strikingly, Århem stresses that the connotations of medicine must be analysed in relation to connotations of food, both because Maasai tend to treat a number of bodily states through dietary prescriptions, and because food and medicine in Maasai thought stand in complementary opposition. Food being culturally defined as the products of domestic animals, he argues, it represents the socio-cultural world of the Maasai homestead and 'embody the divine qualities of God on earth. Medicine, in contrast, is derived from nature, the wilderness at the margins of the Maasai world' (ibid.:78). 'Clearly, there is a distinct association between disease and nature' (ibid.:80).

Yet, a seeming paradox emerges when turning to Arvi Hurskainen's text in the same volume (1989). Whereas Olsson and Århem strongly support an interpretation

of Maasai medicine as belonging to the category of naturalistic medical systems, Hurskainen's analysis of the phenomenon of spirit possession among the Maa-speaking, agro-pastoral *Iparakuyu* evidently documents the existence of personalistic phenomena. Clearly, spirit possession is a typical manifestation of personalistic beliefs according to Foster's typology. Yet, the paradox is only apparent; Foster also remarked that the two types of reasoning are not mutually exclusive, and in naturalistic systems some forms of misfortune may be seen as distinct from disease and explainable according to personalistic ways of reasoning. Århem briefly touches upon the inherent qualities of sorcery clinging to *iloibonok*, and he claims in passing that there is a distinct concept of disease referring to disease and death due to sorcery, typically caused by *iloibonok* (Århem 1989b:81). Hurskainen, however, states that

according to H. [sic] Lewis (1984:425) possession phenomena and cults rest on a belief in supranormal beings and their ability to interfere with human affairs. The Maasai conceptual system does not include any categories of extra-human spirits, except the Supreme Being, *enKai*. Possession, then, would seem an anomaly in those Maasai areas where it has penetrated. But, instead of treating it as an anomaly we should take a critical view of the assumption that the Maasai are strictly monotheistic. The conceptual system is open to the inclusion of new elements (Hurskainen 1989:139-40).

Hurskainen then relates how some Maasai believe themselves possessed by spirits which are neither ancestral nor domesticated, but characterised by their 'foreignness', and therefore dangerous and uncontrollable. Because of this feature of the spirits of possession among the Maasai, Hurskainen argues, 'the phenomena do not readily penetrate deep into people's conceptual system. Instead they sweep over the area like an epidemic and then vanish gradually' (ibid.:141). Hurskainen adds that spirit possessions are instrumental as a channel for adjusting to a new socio-economic situation. He documents how spirit possession among pastoral Maasai has been reported as early as 1894 when rinderpest was destroying the majority of Maasai herds, forcing large numbers of Maasai to take refuge among coastal, agricultural people to whom spirit possession was a familiar, 'domesticated' phenomenon. Spirit possession, he maintains, was also introduced to the Maasai by coastal *waganga* (Sw.), healers, coming especially from the Bondei ethnic group from the Tanga region, who began practicing among the Maasai of the plains. Such healers were primarily active in the business of appeasing foreign spirits having intruded into the area from outside, and thus equally responsible for curing and spreading the phenomenon (ibid.). Additionally, spirit possession also seems to have invaded Maasailand from the

Wagogo to the south (ibid.:142).

Considered that a century has passed since the first introduction of the phenomenon, it is rather surprising, and analytically intriguing, that the Maasai have still not come to feel familiar with possession spirits. Thus Hurskainen's own data seem to contradict his argument that Maasai are not strictly monotheistic after all. A more straightforward interpretation that, because there is no room for spirits in the Maasai cosmology, the phenomenon remains only partially incorporated into Maasai beliefs. Further, Hurskainen wrote in 1989, spirit possession has yet to come to the northern areas of Tanzanian Maasailand; no cases were so far reported from Ngorongoro (ibid.). When I carried out fieldwork in 1992-3, the phenomenon of spirit possession had come to Ngorongoro, but only recently. The phenomenon of incorporating spirit possession in Ngorongoro Conservation Area is dealt with in the context of chapter 8.

Hurskainen concludes that learning by imitation was instrumental and accounted for the rapid, epidemic-like spread of this phenomenon that the Maasai basically do not understand. Rather, it is the very strangeness itself that is the key to understanding the phenomenon (ibid.:147).

Hurskainen does not address the question of whether Maasai medicine is naturalistic or not, but he clearly leaves the impression that spirit possession among the Maasai is best viewed as a phenomenon that basically deals with how to cope with modernity; they refuse to understand what is going on even when possessed, yet they are at the same time trying to adopt those puzzling phenomena they see as belonging to a life in the contemporary, modern world. As such, epidemics of spirit possession among the Maasai are demonstrations of the fact that the Maasai increasingly want to master the signs of modern life, those ways of behaviour that outsiders, strangers and neighbours display.

Thus scrutinizing Hurskainen's text I began to suspect that perhaps Maasai medicine was in a process of adapting to the medical beliefs and practices of their surroundings, that it had become increasingly vital to Maasai to master also the expressions of misfortune considered legitimate in the larger society around them, just as they increasingly demanded recognition in matters of politics and development. Perhaps what was going on was a process of 'personalisation' of a hitherto predominantly 'naturalistic' system of beliefs. The way that the Maasai seemed to adopt only the most 'natural' of the supernatural and spiritual phenomena of others, like air spirits, and spirits of wildlife and ethnic groups, or to transform them into such partly recognizable categories seemed to support this assumption. I was getting increasingly convinced that Maasai medicine had originally – whatever

that means – been remarkably close to Foster's category of naturalistic medical systems, to a degree hitherto undocumented for Africa south of Sahara, and that perhaps his assumption of the universal primordality of personalistic systems was unfounded. The Maasai material seemed to prove that in their case the opposite process was presently taking place.

The hypothesis that Maasai medicine was gradually coming to resemble the prototypical 'Bantu' medicine was not new, nor was it my own idea. Sidney Hinde, one of the pioneers of Maasai ethnography, wrote that 'compared with other African peoples, the Masai can hardly be called a superstitious race' (Hinde 1901:101); they do not have 'the peculiar belief in witchcraft so strong in the west and central portions of equatorial Africa' (ibid.:112). More than a generation later Henry Fosbrooke related that certain northern Tanzanian *iloibonok* had deliberately sought to increase their knowledge on foreign magic and sorcery, and he expressed the opinion that with increased contact, the institution of *iloibonok* would eventually end up being identical to the institutions of neighbouring groups (Fosbrooke 1948:22). *Iloibonok* innovations is dealt with in the context of chapter 8.

In sum, there seemed to be ample indications that the Maasai medical, religious, and cosmological beliefs were probably rather unique in this cultural environment; above all they seemed remarkably inclined towards beliefs of the 'naturalistic' type. Evidence from Hurskainen supported the hypothesis that a possible process of 'personalisation' was going on, triggered off back in the early colonial days, and possibly now quickly accelerating.

Still other evidence suggests that the uniformity of disease agencies in Africa may be somewhat over-stated in literature. Thus Anita Jacobson-Widding (1987) demonstrates the importance of the hot-cold dichotomy and systemic imbalances underlying and cross-cutting beliefs in personalistic disease agency among the Manyika Shona in Zimbabwe (cf. also Lan 1885), and Harriet Ngubane (1976) demonstrates comparable principles among the Zulu in South Africa. Most importantly, Christopher Taylor demonstrates (1988, 1990, 1991, 1992) how disease in the Rwandan interpretation is seen as imbalance in the cosmic and bodily flow of life-giving fluids, and how in a modern context of commodification such beliefs are increasingly fused with models of extraordinary disease as caused by malevolent individuals, themselves perceived as being in a state of blocked flow.

I set out on fieldwork determined to investigate further the remarkably 'naturalistic' traits in Maasai medicine suggested by Olsson (1989) and Århem (1989b) in a region otherwise dominated by 'personalistic' systems of beliefs as argued by Baxter (1972), and how such beliefs articulated with what seemed to be a process of



incorporating personalistic phenomena of their neighbours (Hurskainen 1989). As research progressed, however, I realised that not only were there 'muddles in the model' (Schneider 1965) of Africa as a 'personalistic' region, there were also truly disturbing elements contradicting my preconceived idea that Maasai medicine might be a humoral system based on notions of hot and cold. Indeed, I became convinced that, even if Maasai medicine had basic notions of hot and cold, and a certain humoral logic,<sup>4</sup> the majority of people did not offer disease causation much intellectual exercise. Rather, their systematic approach was a practical one of finding medical substances that effectively relieved them of experienced symptoms, leaving it to experts, native and expatriate, to ponder on disease causation. Indeed, my persistent quest for an indigenous theory of disease causation had possibly led informants to invent new cultural theories (D'Andrade 1995:172) for my benefit.

### Medical landscapes

The Maasai speak of their landscape as comprising two complementary, ecological zones, *olpurkel* and *osupuko*. These concepts are fundamental to their pastoral mode of production as well as to medical practice. They connote the features and qualities of landscape associated with types of pastures utilised in the pattern of seasonal stock movements, and they provide a basic principle for classifying and collecting medicines.

*Olpurkel* is the low-lying savanna pasture land perceived as hot and dry. It has few permanent water sources, which are stale and often saline, grass species here are generally short-growing, but highly nutritious (Homewood & Rodgers 1991:99-102), and recognized as such by the Maasai. Trees are relatively few, they are often thorny and generally provide poor shade. The Maasai seek to utilise *olpurkel* as much as possible in the rainy season, but it is also, in Ngorongoro Conservation Area, the zone that the wildebeest migrate to in the rainy season to calve, and *olpurkel* is therefore the place where Malignant Catharr Fever threatens the health of cattle. In short, *olpurkel* is perceived as a hot zone.

*Osupuko*, in contrast, is mountain pasture land; it is perceived as cold and wet. There are relatively many permanent sources of good, fresh water; but there are few mineral sites, grass species are dominantly tall, and often coarse, and generally of low nutritional value, some are outright unedible. In recognition of this Maasai claim that cattle staying all year in this zone will slowly starve to death even if grass is abundant. The notion of 'nutritional value' is in this connection expressed through the idiom of

moisture. Such *osupuko* grass, as one informant said, 'may look nice and wet, but it is all dry inside, that is why cattle lose weight'. Trees are generally numerous as large parts of the region is densely forested, as on Mount Makarot above Endulen, but *osupuko* also comprises vast, rolling meadows, such as the highland area between the craters. *Osupuko* trees generally provide good shade, and thornless species are well represented. It is a landscape ideally utilised only in the dry season, for grazing as well as browsing; indeed, the notion of *osupuko* is essentially that of dry season refuge. It is the indispensable backbone around which a territorial division must be formed in order to be self-contained. Thus *osupuko* has the secondary connotation of 'dry season reserve'. Although my informants usually spoke of their land as *Oldoinyo Laaltaatwa*, 'The Mountain of the Tatoq', they would sometimes refer to it as *Osupuko Laaltaatwa*, 'The Dry Season Reserve of the Tatoq', the two concepts being more or less synonymous, as most dry season refuges are made up of mountains. It is not only the need of having a reserve set aside for the irregular years of extended drought that determines that *osupuko* should ideally only be utilised in the dry season, it is also the zone heavily infested with ticks transferring the two varieties of Theileriosis, *oltikana* and *olmilo*, to cattle. *Osupuko* is above all perceived as a cold zone.

Although the overall connotation is that *olpurkel* is a healthy zone, whereas *osupuko* is less healthy, they are both extremes carrying within them severe limitations for human settlement and pastoral production, one lacking water, the other nourishment, and both of them posing threats in terms of fatal cattle diseases. They are complementary halves, equally necessary in making a pastoral living by skillfully managing seasonal cattle movements and to a less degree landscape maintenance activities such as range burning. Although present-day pastoral practice under park administration is far more sedentary than the ideals of the Maasai, for reasons analysed in detail in chapter 2, it is important to keep in mind that the necessity of moving cattle through these zones according to seasonal variations is born out of such basic, ecological conditions. In this sense, mobility enables the Maasai to balance climatic extremes, establishing temperateness in a topography of hot and cold. Restrictions on Maasai mobility imposed by conservation management aggravate a fundamental problem by facilitating highly increased disease levels.

*Olpurkel* and *osupuko* are not absolute opposites, but relative concepts; within *olpurkel*, for instance, certain areas may be designated as *osupuko* by the Maasai who has his permanent residence here when referring to his immediate surroundings, whereas the whole area may be described as *olpurkel* compared to the entire mountain zone of *osupuko* land. In addition, the two concepts may also be associated with actual and named landscapes; hence it is possible to speak of several *ilpurkeli* and

*isupuki*. In this sense the concepts may carry the connotation of territories belonging to certain social divisions of people by right of occupation.

In addition to the fundamental division of the landscape into *olpurkel* and *osupuko*, an intermediate zone is recognized, *oloirishirisha*, meaning 'that which is divided'. It is called *oloirishirisha* by common denomination, but individual landscapes are often referred to by individual name. In daily speech *oloirishirisha* is much less frequently referred to than *olpurkel* and *osupuko*, in reflection of the fact that proportionally, only few places qualify for this designation, the basic requirements being that the landscape should display a well-balanced mixture of features from both *olpurkel* and *osupuko*. Thus, *oloirishirisha* connotes a mixture of trees and pasture types typical of both zones, it is temperate, and it has good and sufficient water as well as shade. In this respect, *oloirishirisha* comprises the ideal landscape for the Maasai. It has neither too much *osupuko* nor *olpurkel* character; but there is too little of it. *Oloirishirisha* is mostly to be found well down on mountains, as a narrow belt crossing the lower slopes (vide fig. 1a and 1b). Because of the mixed *olpurkel* and *osupuko* features, *oloirishirisha* is also the ideal zone for the important health ritual called *olpul*.

As related in chapter 1, some informants saw *olpul* as a Maasai parallel to the hospital of the white people, and although the founder of the hospital, Dr. Watschinger, was presumably not aware of the special features characterising *oloirishirisha*, he nevertheless stressed some of the same reasons for choosing the spot, primarily good water supply and a moderate climate. In *olpul* the fact that plant communities are intermixed as well is an additional asset, although the combination of temperate climate and presence of good water is of paramount importance. It makes sense in Maasai perspective that a new health institution should be placed here.

*Oloirishirisha* is the most attractive zone for impoverished and destitute herdsmen. In Ngorongoro Conservation Area, it is also the optimal zone for agriculture. *Oloirishirisha* constitutes a balanced miniature replica of the larger territory, and it is possible to some extent to uphold on a reduced scale the ideals of pastoral production. However, as the zone becomes still more heavily populated due to the sedentarisation process, *oloirishirisha* is gradually taking on the worst of the present-day constraints of *osupuko*. Figure 2 offers a schematic model of these divisions of landscape.

Just as *olpurkel* and *osupuko* are convenient references in relation to pastoral production, the concepts are basic to medical practice, as Maasai tend to speak of medicines of *olpurkel* as being complementary to medicines of *osupuko*.

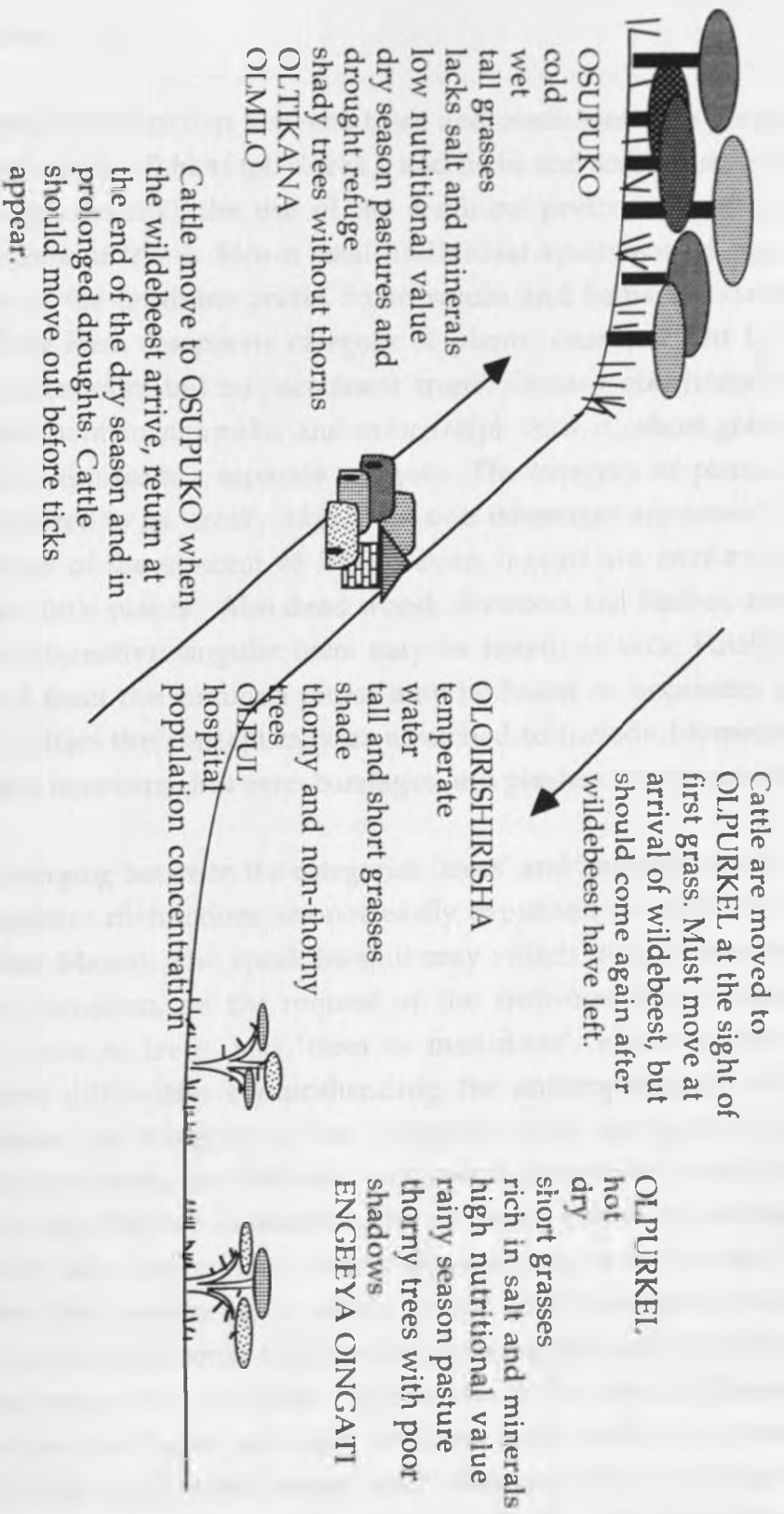


Fig. 2 Olpurkel and osupuko: basic notions of landscape



## The forest of medicines

Maasai make no linguistic distinction between trees and medicines. The generic term for tree as well as medicine is *olchani* (pl. *ilkeek*), and herbs and scrubs are, in a sense, small trees, *enchani* (pl. *inkeek*), the use of the feminine prefix indicating lack of height or lack of volume of trunk. Hence small individual specimens of tree species are indicated by use of the feminine prefix. Some scrubs and herbs are classified as *imbenek*, 'leaves'. They form a separate category of plants, characterized by having leaves which appear after rain, but no permanent trunk. Grasses, *olkujita* (pl. *ilkujit*), tall, coarse grasses dominant in *osupuko*, and *enkujita* (pl. *inkujit*), short grass species dominant in *olpurkel*, also form a separate category. The category of plants as such may commonly be referred to as 'trees', *ilkeek*. As one informant expressed it when discussing connotations of the concept of *ilkeek*: even *inkujit* are *enchani*, that is, 'even short grasses are little plants'. Also dead wood, firewood and timber, are *ilkeek*, but in this sense, an alternative singular form may be heard, *olchata*. Finally, a rare singular form derived from the common plural may be heard on occasion: *olkeeki*. Applied to medical matters the concept may be stretched to include biomedicines as well; not only pills and injections, but even bandages and plasters can be referred to as *ilkeek*.

The linguistic merging between the categories 'trees' and 'medicine' is thus total, and accordingly, cognitive distinctions are not easily explained to outsiders. This is reflected in the fact that Maasai who speak Swahili may switch to the concepts of this language, when the discussion, on the request of the anthropologist, concerns the difference between 'trees as trees' and 'trees as medicines', whereas non-Swahili speaking Maasai have difficulties comprehending the anthropologist's subject of inquiry. To the Maasai the merging of the categories does not pose a problem, medicines are also herbs or trees; any herb and any tree is potentially a medicine. 'We should not neglect the fact that we Maasai tend to use every tree as a medicine'. That all medicines are ideally also derived from plants, seems equally to be the case.<sup>5</sup>

Trees are either 'hot', *-oirowua*, or 'cold', *-airobi*. 'Hot' trees have thorns and provide poor shade, in an actual sense they are hot, because they are hot to sit under, and in a metaphorical sense they can cause 'hot' results in the form of thorns in the feet. 'Cold' trees, on the other hand, are shady and cool to sit under, and there is no risk of 'hot' effects. For the same reason many 'cold' trees are used in rituals, whereas 'hot' trees never are, allegedly because no one wishes 'hot' results. That 'hot' trees could in any way be used in proper ritual connections is unthinkable. Additionally,

when speaking of trees as construction material for houses, cattle pens, and fences, 'cold' trees are recognised as strong and long-lasting, whereas most 'hot', thorny trees simply wither away during the rainy season. Some informants further state that 'hot' medicines tend to be bitter, they are dangerous, but can cure complicated diseases, while 'cold' medicines are not bitter, and they are not for serious diseases, but more for use in soup and in general maintenance of good health. However, not all informants agreed to this principle, claiming that as some very 'hot' medicines were not bitter, there was really no such general rule. Other informants stated that 'hot' trees were never bitter-tasting. According to Lis Ellemann even grass species are divided in 'hot' and 'cold' types; in this context 'hot' conveys the idea of prosperity (Ellemann 1996a:8), of being nutritious, or potent.

To this corresponds the division of the landscape into hot and cold zones: 'hot' trees dominate in the hot zone, while 'cold' trees are dominant in the cold zone. As these categories of landscape are utilized in the mobile, pastoral form of production, there is frequently a medicine from the hot as well as the cold zone for the same disease. Finally, the terms 'hot' and 'cold' used about trees in their capacity as medicines may refer to their effect. 'A "hot" medicine can beat you', as the Maasai say: it may cause diarrhoea. In this sense a 'hot' medicine is not necessarily a 'hot' tree.

*Ilkeek* are usually collected fresh when in acute demand, and processed according to the particular form of application preferred in the actual case, usually as a fluid extraction applied internally through oral ingestion, either a tea, a soup, or an extract, but also externally applied remedies such as poultices and steam baths occur. For oral consumption medicines are frequently mixed with various dietary items, notably milk or fat, but different kinds of medicines are usually not mixed, with the important exception of the ritual of *olpul*.

A few important medicines are not obtainable locally or they are scarce, and they are therefore kept in store, either collected on travels or bought at the monthly markets. It is mainly men who are responsible for medicine collection as medicines are often to be found far away, but women do collect medicines found in the vicinity of their homesteads.

Especially inner barks, roots and root barks are valued, but also leaves, stems, and fruits may be used. Old specimens of trees often display obvious signs of a long history of utilisation of the bark, be it for medicines or rope-making. Most herbs are only found seasonally, and tend to be used against seasonally prevailing diseases, for instance malaria.

In addition to *ilkeek*, there is another, distinct category of medicines, *intasimi* (singl. *entasim*), the medicines of *oloiboni*, the ritual specialist. In contrast to *ilkeek*

which are usually applied fresh, *intasimi* are kept in store by *oloiboni*. When administered to clients they are always powdered, and often mixtures of several compounds. The Maasai say that this is to keep the ingredients secret, but it is assumed that they are mostly made from the same original substances as *ilkeek*, as one has often seen *oloiboni* collecting his remedies. Besides herbs and trees, mineral powders are also frequent ingredients in *intasimi*, such as limestone, iron filings, and quartz. People say that the real difference between *ilkeek* and *intasimi* is the ritual which *oloiboni* makes as part of the preparation. *Intasimi* are thus rituals clad in substance, and it is important to note that what is believed to be the real ingredient at work in *intasimi* is the ritual. As such, the substance the ritual is applied to is merely a tangible vehicle for a non-substantial ritual, an embodiment. *Intasimi* are given in very small quantities compared to *ilkeek*, and *intasimi* may be applied internally or externally, often in the form of an amulet, and they may even be burned as a kind of incense, whereas the dominant way of taking *ilkeek* is through oral ingestion.

Audrey Richards (1956) noted that not only for the Bemba in (present-day) Zambia that she worked with, but in Bantu languages in general, the word for tree is also the word for medicine (ibid.:27). This association is not restricted to Africa's Bantu-speakers; at least the Nilotic-speaking Maasai share this feature.

Harriet Ngubane has drawn attention to certain important connotations of the Zulu concept of medicine. Whereas the English – and I should like to add common European – connotation of 'medicine' is substances used to restore health, the Zulu think of medicines, *imithi*, 'trees', as substances for healing as well as for killing. Some are always used for healing, others only for harming, while some medicines are ambiguous, having capacity to either heal or harm, depending on the intention behind its application. Some Zulu medicines are believed to be potent in themselves and require no rituals, while others are symbolic and accompanied by rites (Ngubane 1976:319).

This Zulu concept of 'medicine-as-trees' has similarity to the Maasai concept of *intasimi* – the category of Maasai medicines not primarily associated to trees but to ritual. Like some Zulu *imithi*, Maasai *intasimi* are symbolic substances, potent only through ritual infusion. Yet, as a whole, Maasai ideas of *ilkeek*, their concept of 'medicines-as-trees', do not correspond very well with the Zulu concept of *imithi*, even though Joshua at our first meeting stated that 'there are *ilkeek* to cure and *ilkeek* to kill, which is bad *ilkeek*, but both are *ilkeek*'. Although this statement is strikingly similar to Ngubane's definition of medicine in the Zulu sense, Joshua's remark was made as an inserted footnote after having just told of a certain tree, *olmorijoi*, from which the Maasai extract a deadly arrow poison. He was demarcating our subject of



inquiry in its widest possible sense, to be elaborated into various related concepts in later sessions. In the actual context he was merely justifying that such a poisonous substance is also classified as *olchani*, being derived from a tree, and at the same time demonstrating the subtleties of the semantic layers of the concept of *ilkeek*.

Maasai do of course recognize that some medicines may kill, but this has to do with recognising the medicine to be highly potent and dangerous; such deaths are seen as results of an overdose. Such a medicine is *olchani opi*: sharp, or strong, medicine, and requires the assistance of somebody previously experienced with its use. Substances believed to have only harmful effects and supposedly applied with the intention of harming others are simply not thought of as *ilkeek* in the sense of 'medicine'. They are either poisons, *isayeti* (sing. *esayiet*), or they are regarded as *esetan* [pl. *isetani*], sorcery objects. People will readily state that the actual substances employed in *esakutore*, the practice of sorcery, may very well be derived from *ilkeek*, in the sense of plants, but conceptually they belong to an entirely different order than medicines. Substances used as vehicles for *esetan* can be of any derivation, not necessarily of plant origin. There is a tendency for *esetan* to be explained as a kind of *esayiet*, and one supposed standard way of perpetration is by oral induction, *esetan* disguised in food. There are other forms, however, such as placing harmful objects under somebody's bed. Such *esetan* is only believed to become effective through certain ritual acts supposedly installing potency in the object. Hair and spittle from the intended victim may supposedly be transformed into such objects of *esetan* through ritual acts, but in theory any object can be a vehicle for ill intentions, it does not necessarily need to have had physical relation to the intended victim.

## Evil in the forest

Århem (1989b) states that whereas the concept of *ilkeek* corresponds quite closely to our own notion of herbal medicine (ibid.:76), *intasimi* are 'substances believed to have powers to cause as well as to cure disease [...] used instrumentally to protect people from harm and misfortune in general – barrenness, drought and disease – but also to produce harm through cursing (*adek*: to curse) and sorcery' (ibid.). While I agree with Århem's characterisation of *ilkeek* as corresponding by and large to our own notion of herbal medicine, I believe he oversimplifies reality by subsuming under the term *intasimi* a wide range of related concepts, thereby slightly distorting Maasai ideas of medicine, in effect rendering Maasai beliefs more uniformly 'personalistic' than reality allows for.

*Iloibonok* (pl. of *oloiboni*) are stated in myth to be the ultimate and original source of sorcery in Maasai culture and they – and through them others – can supposedly cause harm by means of magically empowered objects or substances, but this is not seen as a general cause of diseases; on the contrary, sorcery is rather vaguely depicted as causing misfortune in a broad, unspecific sense. Rather, the point is that such harmful substances of *oloiboni*'s manufacture may be *disguised* as *intasimi*, just as they may be disguised as ordinary food when given by *Ilarusa* or other neighbours believed to practice sorcery.

Very few actual cases seem to exist; during my year of fieldwork I only heard of one actual case in which somebody's apparent illness was suspected to be caused by sorcery. This case is dealt with in chapter 8. Altogether, apart from the on-going story of Birikaa's fight with the Monduli *oloiboni*, which was a rare example of the one possible case in Maasailand in which sorcery may be seen as legitimate retaliation practice, I only heard of one specific suggestion of sorcery, which concerned ole Nakuroi's acquisition of the position as *olaignwenani*, mentioned in chapter 1. Nevertheless, the idea of sorcery and sorcerers was a frequent subject of discussion, but it is noteworthy that of the three cases that I heard of, only one concerned a case of otherwise inexplicable disease, the other two centering on the theme of power abuse.

The *Ilarusa*, known in anthropological literature by their Swahili name, *Waarusha*, are an agro-pastoral section of the Maasai people living in the area of the regional capital Arusha. In myth they are often depicted as originally strangers who were later incorporated into the Maasai. They are institutionally connected to the purely pastoral Maasai through the cycle of age-set rituals uniting some 15 present-day sections of Maasai (Spear 1993). However, historical close association to Bantu-speaking agriculturalists (*ibid.*) as well as having gradually come to live in the vicinity of a major city, has meant a rather different course of development since colonisation, compared to the purely pastoral sections. A significant number of Maasai having migrated to Ngorongoro Conservation Area – primarily during the *Ujamaa* programme – are thus known to be of *Ilarusa* descent.<sup>6</sup> To the pastoral Maasai in Ngorongoro Conservation Area the *Ilarusa* have come to represent a branch of Maasai much more in touch with the demands of modernity than they feel themselves to be, signified in their grasp of agricultural production, their housing style, and above all their supposedly intimate knowledge of *esetan*. As such, the *Ilarusa* represent a kind of inclusive other, that is, they are seen as part of 'us', the group of ritually coordinated Maasai sections, yet they are Maasai of a different kind.

The perception of *Ilarusa esetan* remains vague among Ngorongoro-based informants. They are believed to have learned the techniques through intimate

association to the non-Maasai agriculturalists they dwell among. In contrast to other special skills, *Ilarusa* sorcery techniques are not believed in Ngorongoro to be restricted to the members of a certain subclan believed to inherit esoteric knowledge, they are supposedly open for all to learn. Thus, the *Ilarusa* may be seen as a branch of Maasai having a more elaborate philosophy on sorcery than the purely pastoral Maasai, and this is definitely one important aspect of how other Maasai see them. Much the same applies to the *Ilparakuyu*, agro-pastoral Maa-speakers living close to the Swahili-speaking peoples in the coastal areas, to the south of the pastoral Maasai, but organising their own ritual age-set cycles. In Ngorongoro Conservation Area, the *Ilparakuyu* are collectively known as especially knowledgeable on spirit possession.

Also *iloibonok* are conceptualised as originally strangers, or incorporated others. They are stated in myth to descend from an original forefather, who came to the Maasai as an orphan and was adopted by the Maasai because of his performance of extraordinary magic skills. *Iloibonok* belong to a certain subclan in which the capacity for divination is believed to be inherited in the male line. Socially they are marked as marginal; unlike ordinary Maasai they live in subclan-exclusive settlements, and because of their capacity for sorcery social interaction with them is often avoided or guarded by special precautions, especially in case of intermarriage. Yet *iloibonok* also have capacity for good magic, and in this respect they are very central to the ritual organisation of the Maasai. Thus they are marked by ambiguity. In chapters 6 to 8 I shall treat the institution of *iloibonok* in greater detail, in the present context I shall limit myself to establish the conceptual borderlines between concepts related to *ilkeek* and *intasimi*.

When discussing the subtleties of terms with informants, some explain *esetan* as a kind of *intasimi* given evil intentions through ritual, while others explain that the substance itself may have poisonous qualities. Most Maasai also think that if *oloiboni* uses 'cold' trees in good rituals, he must use 'hot' trees for evil. However, very few Maasai have actual experience with *esetan*, it is above all a possibility that exists in theory. In extreme cases of disease not responding to treatment, *esetan* may eventually be suggested as the real root of the problem. Such suggestions are usually made by various types of specialists, not laypeople or patients themselves, who may dismiss the *esetan* diagnosis as irrelevant, and maybe take their problem to a more trustworthy specialist.

Earlier, it was an important part of *oloiboni's* practice to advise *ilmurran* on cattle raids, and he gave them special, magic preparations to ensure their success. Nowadays, most major *iloibonok* are known to be against the continued cattle raids of some *ilmurran*, but certain minor *iloibonok* reportedly assist at the few, sporadic raids

still occasionally taking place. Assistance is sometimes given in the form of an *armanet*, usually made of a stick about the length of a forearm, filled in one end with magic preparations and sealed with wax. The one I was allowed to see (but not touch as women may not touch *irmaneta*) had been crudely carved at the end where it had the magic preparations inserted, and it had a definitely male character of appearance. An *armanet*, 'something you go around with', is supposed to help *ilmurran* to be able to surround and abduct cattle silently. Alternatively, they are employed to ensure the prosperity of the family herd and prevent disease, casting a magic ring of protection around the herd, as it were.

Ellemann (1996a:23) notes that the harmful substances only *oloiboni* knows how to prepare are called *iloing'ok*, 'bulls'. They are made of plant powder, which *oloiboni* imbues with power to transform it into a strong cursing agent. Such *iloing'ok* are believed to be extremely dangerous and therefore limited to use only in very serious conflicts, for example threats to somebody's life. Accordingly, Ellemann writes, some *iloibonok* refuse to make them altogether, as it is considered anti-social (ibid.). My informants, like Ellemann's, seemed to perceive of *iloing'ok* as a special form of *esetan* distinct from *intasimi* although the modes of preparation are seemingly identical. *Iloing'ok* can be placed under people's beds to cause *esetan* afflictions. It is probably such *iloing'ok* Århem refers to when claiming that *intasimi* may be used to curse as well as to heal, but it is, I think, important to note that this highly specialised form of the Maasai curse is conceptually separated from *intasimi*, and that the manufacturing of such magical items is a controversial issue even among *iloibonok*. Bovine bulls can be 'hot' or 'cold', referring to their fertility and potency, or lack of it, and in metaphorical speech the expression that a certain man is really a bull conveys the image that he is a good caretaker of his human herd – the Maasai, who also call themselves *Iltung'anak Loonkishu*, 'People of Cattle', often refer to themselves as *inkishu*, cattle. Even a woman may be *engoiing'oni*, a 'she-bull', meaning that she is struggling hard to provide for her children. It seems likely that the potent 'bulls' of *oloiboni's* manufacture should be understood as 'hot', as opposed to his 'cold' *intasimi*.

At one point ole Nakuroi and I discussed the interconnected meanings of some of these concepts:

- NJ: What are the differences between *ilkeek*, *intasimi*, and *imashoi*, rituals/ amulets?
- ole Nakuroi: *intasimi* and *imashoi* are one and the same thing... all of them come from trees, but although they all cure disease in the body and do the same thing, you don't call those *ilkeek*.

– NJ: How about *armanet*, what is that, *entasi* or *esetan*?

– ole Nakuroi: *Armanet* can be made from different trees, they are *intasimi*, they can be helpful or not, according to the *oloiboni* who gave it to you. Me, I have used ten different *irmaneta* in my lifetime, but only two or three worked. It is the purpose and use that decides which tree, *olchani*, is inside, whether it is *esetan* or meant to tie disease.

– NJ: Is there sometimes *esetan* inside an *armanet*?

– ole Nakuroi: *Esetan* and *armanet* are sometimes one and the same thing. *Oloiboni* can give you *esetan* to eat when you don't know it and then you die. In a sense, *armanet* is for protection...

– Lepilal, ole Nakuroi's senior *olmurrani* son joins the discussion: It is as a bodyguard for the President, those things are not really far from each other, as *armanet* can be used to kill enemies.

This discussion, however, occurred when fieldwork was far progressed; initially I deliberately let informants themselves add structure to the theme of medicine, *ilkeek*, suggested by me, in the hope that this would allow them to elaborate the subject in ways that were relevant and meaningful to them.

## The nature of forests and trees

This way of introducing the theme of inquiry was quite uniformly responded to with long lists of trees and scrubs which the informants knew as useful medicines. In our first meeting Joshua volunteered an opening statement on the nature of medicine in the Maasai context as opposed to hospital medicine. Whereas the medicines of the hospital divide the body into many parts each having their own, specific medicine, he said, Maasai medicine is not for such divisions, they treat the whole body. There are no specific Maasai medicines for eyes, head, ears, and so on. In other words, Joshua was telling me that Maasai medicine should be seen as treating the human body in holistic perspective. He went on to mention various medicines, accumulating into a list of 28 plants instantaneously associated. The first of these items were presented as they would probably have been to a fellow Maasai, they were simply named with a brief statement of which ailments they are used for. Gradually, Joshua seemed to become aware that I probably did not know much about actual procedures, and he began adding short statements on intended bodily effects:

*Entukushi* is used for somebody who wants to provoke diarrhoea to clean the body, when the

stomach is not in order. Besides it also removes worms. *Itoobua* is used for venereal diseases in general. *Oremi* is used against inside dirtiness, it causes diarrhoea, which will remove the dirt. It is also used as a cure for malaria. *Olkiloriti* speeds up digestion. *Oluai* is given to *intomonok*, mothers who have just given birth. For this there are three purposes: 1) It is good for the body and makes the woman produce a lot of milk, 2) it cleanses the womb, and 3) it eases digestion. *Olmiraa* is good for somebody with a swollen body. *Oltimigomi* is used by *ilmurran* to go to *olpul* because 1) it is good for the body, and 2) it produces seizures. *Olepirangashi* ('the one of the upper arm') is used by *ilmurran* in *olpul*, it makes you fit and very strong, it adds weight to your body. *Osuguroi* is used for brewing *enaisho*, mead, it makes it ready quickly. It is also used for venereal diseases, especially *arbae*, 'gonorrhoea'.

In this way Joshua gradually added structure to his list, and in later sessions he added not only still more medicines, but began giving exact instructions on how to use them, recipes as it were.

Whereas Joshua seemed initially to mention medicines in free association at our very first meeting, ole Nakuroi and ole Kinyanyi and I had met a couple of times before we started discussing medicines, and they had prepared a structured presentation of their knowledge, resolving to group medicines according to a mixed principle of diseases and principal way of application. Thus, they listed the six medicines they thought most important for mixing with soup, six medicines used for vomiting out malaria, seven medicines to cure *arbae*, venereal diseases (see chapter 4), of which five were stated as so potent and dangerous that measuring out the right dose necessitates an experienced supervising assistant, as the patient may otherwise die. However, they soon had to make little diversions from this principle of order, as they realised that some of these medicines were multi-purposed. When we next met a few days later to continue with the subject they had been thinking that they had omitted to tell me how to use these medicines and which part of the plants to use for which diseases. Thus, like Joshua, they had resolved that what I needed was actual recipes, and gradually they included directions on where to find the various medicines:

*Oltarara* is a medicine used for *intomonok*. Take bark or roots and boil it, and drink this with soup. You can also take roots and mix with fat to give to *intomonok*. *Olng'ong'uenyi* is used as a beverage, like tea, by *intomonok*. It gives strength. Boil roots and bark. It grows in *olpurkel*. *Osinoni* has two types, *osinoni oiborr*, white *osinoni*, and *osinoni orok*, black *osinoni*. It is used to protect little children. Take roots and boil in water, mix with milk, and give the children to drink. It prevents any type of *oloirobi*, mild sickness. *Oluai* is used in the same way as

*olng'ong'uenyi*. It shares the same properties, but it grows in *osupuko*.

Although the accumulation of such long lists of recipes may seem futile as an effort to establish the basic principles at work in Maasai medicine, it had the advantage that attention was gradually drawn to other relevant areas in a way that reflected Maasai ways of structuring connected themes. The principle of dividing plants and medicines according to place of growth was first presented to me in this conversation.

That the notions of *olpurkel* and *osupuko* are fundamental in Maasai medicine classification was most clearly emphasised by ole Kisaka. Ole Kisaka belonged to the same age-set as did ole Nakuroi. In fact, he had been the original spokesman of their age-set, before he had resigned due to failing eyesight, eventually in favour of ole Nakuroi. His vast knowledge on the subject of Maasai medicine was brought to my knowledge by ole Nakuroi, who claimed him to be one of the four local persons more knowledgeable than himself, a conviction that was underlined with the addition that ole Kisaka at the height of his career as a spokesman had actually taught himself to read and write from the books of his children when he had realised that the future of the Maasai was probably conditioned on the mastery of such skills. Ole Kisaka was proud that we sought his knowledge; he had previously helped other white people who were interested in the wisdom of the Maasai, he said, and after an initial visit, he began his discourse on Maasai medicines in this way:

The medicines of the Maasai are divided in medicines of *osupuko* and medicines of *olpurkel*. Those medicines are not to be found in a specific area, they are scattered in different places of *osupuko* and *olpurkel*. For example, that means that even if Korongoro is *osupuko*, it does not mean that you will find all medicines of *osupuko* in Korongoro, some you can find there, others you find in other places. For example, you may have to go to Nairobi to find them. The experts of those medicines themselves are also scattered, a person tends to know those of the area he is coming from. Even the ways to get them differ, digging roots, taking fruits, bark, or leaves. The whole system of collecting is difficult. The medicines we can say is catching 'numba one' in usefulness are four in *olpurkel*: The first one is *olmukutan*. You find it in this forest going down here. You take the roots or barks, tie the barks nice together and bring them to your home for storage so you don't have to go very far in times of need but just take it from your own home. It is used for a person who suffers from *ororsupetai*, that is *arbae*. It is used in two ways. It is given to a person so he can vomit out the disease he has, or you can give it so the medicine can beat the person. *Arbae* has four *inkutukie*, 'mouths', or *impukunot*, 'ways' [litt. getting out of ', i.e. 'types']...

Thus strictly composed lecture on Maasai medicine went on for more than an hour with only clarifying interruptions. Thus, ole Kisaka not only explained the basic principle of dividing medicines according to place of growth, he had also carefully selected the four most important medicines from *olpurkel* and *osupuko* respectively, and at the same time he presented some fundamental classifications of disease, notably the complex group of conditions constituting the Maasai notion of *arbae*. Clearly, ole Kisaka was an experienced instructor and teacher of the not so wise younger generations and interested strangers.

From these and many more similar lists some vague patterns gradually emerged. Above all, Maasai seemed almost obsessed with the idea of cleansing the digestive system. First of all, and as a matter of translation problems, it quickly became clear that in the Maasai idiom, diarrhoea is not just something that hits a passive victim; 'to diarrhoea' is an active state of being, something desired, and frequently sought. Equally, provoked vomiting seemed desirable under certain circumstances. Initially pondering that people who lived on a mainly milky diet might very well suffer frequent problems of constipation, it suddenly struck me that this might be a major principle allowing insight into Maasai medical reasoning. Reviewing the lists I had compiled so far a certain pattern seemed to exist. Many medicines were both emetics and purgatives depending on the concentration or method of ingestion, and such medicines seemed to range among the most frequently utilised and most praiseworthy in Maasai opinion. Pondering whether or not this idea of catharsis broke down into pollution ideas of a dominantly moral order, it became obvious that the desired effect was to 'remove the dirt inside', describing in this way what they believed to be the real agent of disease. Such descriptions of 'dirt' had no immediate resemblance to the kind of dirt arising from moral disorder. What was cleansed out was considered essentially physical phenomena such as stomach disorders, worms, placentas, and diseases. After all, ole Kisaka had stated it directly when describing *olmukutan*: 'It is given to a person so he can vomit out the disease he has, or you can give it so the medicine can beat the person'. In this statement lies the implication that ideally any disease can be vomited or 'diarrhoeaed' out, and the metaphorical expression that the medicine may 'beat' the person conveys an image of a person thoroughly exhausted or completely emptied, cleansed rather than purified. Thus bodily contagion, not moral pollution seems to lie at the root of this line of thinking, a Maasai version of the germ theory, as it were.

The idea of emptying the digestive system as a standard cure suggests intentions of restoring bodily equilibrium, and this, together with the associations between dietary factors, health, bodily processes, and cleansing techniques strongly implies a



'naturalistic' line of reasoning. Such associations are brought clearly out in Joshua's description of *oluai*, which is given to *intomonok* because it is 'good for the body', 'makes the woman produce a lot of milk', 'cleanses the womb', and 'eases digestion'.

Further, the association between diet and medicine is brought out by the fact that antidotes to strong purgatives consist of giving the patient food, preferably curdled milk. With the most powerful, especially *oloiyapiyap*, prepared food must be ready for the patient in order to stop the diarrhoea. *Oloiyaapiyap* as a tree is 'cold' because it has no thorns, but as a medicine it is one of the 'hottest'; it 'really beats you'. Cleansing medicines are thus by some informants considered 'hot' if they work as purgatives, whereas they are thought to be 'cold' if the effect is emetic. Such catharsis may be the only cure, or it may be a first step before giving other medicines, as in the treatment of *arbae*, conveying the idea that cleansing the body is a prerequisite for recovery and regaining health.

Malaria is called *engajang'ani*, 'mosquito, (literally small fly)', in recognition that these vector insects are the cause of the disease. However, it is also sometimes called *oltikana*, like East Coast Fever in cattle, in explicit reflection of the fact that malaria, like East Coast Fever, has in recent years become much more pronounced. In the rainy season of 1994-95 more than 40 people died in Endulen hospital from malaria (Ellemann 1996a:11). Mol gives both '*oltikana*' and '*enkojong'ani*' as interchangeable names for malaria and points to the terminological interconnectedness with East Coast Fever (Mol 1978:101), so the association between these two diseases may safely be assumed to be quite well established throughout Maasailand. Both diseases are seasonally prevalent, transmitted by insects, epidemic in character, and although they are often fatal, some individuals will apparently acquire a certain degree of immunity having once suffered the disease. According to some informants, the term *oltikana* is mostly used to refer to the cases of malaria that are not really severe, but where symptoms come and go, indicating that the disease stays in the body, which is why the use of *oltikana* as an alternative name is modelled on the disease pattern of *oltikana* in cattle. Because of the steadily increasing number of cases of malaria, new ideas on the nature of the disease were being launched. Thus, some of the people around Endulen were in the rainy season discussing among themselves and with me that it was dangerous to drink the water in which mosquitos were breeding. This is, in their opinion, sure to result in a serious attack of malaria, much more serious than the result from just being bitten by mosquitos. The idea here was that 'those little animals that cause malaria live in the water, so when people drink this water they will get a lot of disease into their bodies'. Some were even pondering that drinking too much fresh milk might cause *oltikana* in people, and it

was related to me that around Laetoli, a locality close to Endulen village with many mosquitos, people were boiling their milk for the same reason, thinking that mosquitos can even breed in the milk. Some people further elaborated on this idea, Lis Ellemann records how that grass infested with dead mosquitos was suspected to transfer malaria through unboiled milk (Ellemann 1996a:12). Probably such new speculations on the nature of malaria were partly influenced by the nearness of the hospital and the biomedical knowledge of formally educated Maasai, but nevertheless it testifies to the willingness of the Maasai to adopt naturalistic explanations of complex disease patterns.

Malaria is uniformly treated with emetics. Ole Kinyanyi explains why:

When you get *engajang'ani* one of the ways to check that it is this disease is that when you unintentionally vomit, you vomit a lot of *olodua*, 'bile (juice)'. To cure it, you take a medicine that helps you vomit to get rid of the excess of *olodua*, or you take a medicine that makes you diarrhoea.

Apart from involuntary vomiting, early symptoms of malaria recognised by the Maasai are fever and headache, and vomiting may be accompanied by involuntary diarrhoea. These later stages, as ole Kinyanyi explains, are believed to be caused by excessive amounts of 'bile juice' in the stomach, and the cure is considered completed when this excess of 'bile juice' has been effectively cleansed out. Thus, medicines recommended against malaria are uniformly emetics, although the stronger of them will also work as laxatives if allowed to stay in the stomach. The standard cure against malaria may thus appear to be comprised of a speeding up of the natural process of the disease.

Although provoked vomiting and diarrhoea amounts to a standard cure in Maasai therapy, involuntary diarrhoea is treated as a disease. Thus Lis Ellemann records 17 medicines employed against diarrhoea and 9 for provoking diarrhoea, some of which are also used for intentional vomiting (Ellemann 1996a). Especially in infants involuntary diarrhoea is the cause of alarm, and in children provoked cleansing is achieved with emetics rather than purgatives. It is said that it is difficult to make children vomit, and one should be cautious, because cleansing medicines may be too strong for them, thus vomiting is usually provoked with melted fat only.

### Hot colds and the thorns of trees

On the basis of such data seemingly confirming the assumption that the Maasai think of disease and therapy as bodily processes and natural phenomena, I began to scrutinize disease concepts and ideas about disease causation, in order to find evidence that the 'hot' and 'cold' dimensions so fundamental to the concept of *ilkeek* were also relevant to concepts of disease.

Informants had constantly referred to a certain affliction called *oloirobi*, 'the old one'. This appeared to be just the kind of concept I was looking for. *Oloirobi* is a common denominator for colds, coughing, flu, slight fevers, mild malaria attacks, or just any kind of disease not serious enough to call for firm diagnosis, common everyday ailments implying reduced well-being, but usually not considered true disease. Sometimes, however, *oloirobi* may develop into serious diseases. Besides being a common minor ailment, *oloirobi* is also a frequent name applied to localities situated at high altitudes, or names may contain some form of the lexical root *-airobi*: to be cold (cf. Mol 1978:44). Thus, within Ngorongoro Conservation Area at least two localities are alluded to in this ways as cold places, Olairobi village high on Mount Makarot close to the Ngorongoro Crater, and Naiobi north of the Empakai Crater.<sup>7</sup>

This association between climate, coldness, and mild symptoms like running noses, sneezing, coughing, slight fever, aching joints is remarkably similar to the way that such ailments have been conceptualized in most Western European languages, supporting once more the assumption that the Maasai traditional system of medicine was not only naturalistic, but actually a genuine humoral system, much like pre-scientific European medicine had been. Moreover, this pattern seemed to be further confirmed when Maasai explained that such colds tended to be most prevalent in the rainy season and at high altitudes, and that they were usually the result of the body having been exposed to excessive coldness or wetness. In this sense *oloirobi* is a disease of *osupuko*.

*Oloirobi* is also a name for foot-and-mouth disease in cattle, as cattle suffering from this disease, like people, develop a lot of mucus. This disease cannot be transmitted to people, informants said, 'but to any animal with a divided hoof: wild animals, sheep, goats, but not to donkeys. It spreads very rapidly'. Despite the fatal character of *oloirobi* in cattle, I heard of no known cure against it. Still, some informants think that it is actually the same disease, which is 'shared' by animals and people.

*Oloirobi* is believed to 'come from the air' in the first rains, it is seen as an epidemic disease, it is a disease that 'moves', the expression goes. By the expression 'it comes from the air' is meant that it is really *Engai's* work, informants said; diseases that come with the air come from where *Engai* is, they are sent by *Engai*. *Oloirobi* in

people can be vomited out by taking *entukushi*, an emetic. *Oloirobi* is mostly a mild, unserious disease and may additionally be treated with medicines to provide immediate symptom relief, such as inhaling scent from certain aromatic herbs, or what is more usual, the patient is given one of the several varieties of herbal tea.

Parallel to this 'cold' disease there is *engeeya nairowa*, 'the hot disease'. This is the cattle disease anthrax, characterised by being communicable to human beings through the meat of infested cattle, and by being one of the really quickly developing killer diseases. In addition to the naming of this disease as 'the hot one' it is also sometimes called *engeeya olupurkel*, the disease of *olpurkel*, itself perceived as a hot place. Some *osupuko*-based informants explained that cattle from *olpurkel* tend to get anthrax, so it is best to take them to the cold highlands to drink cold water. The treatment of animals consists of preventing them from drinking water, or bleeding them. Alternatively, *oloiboni* can 'tie' the disease. Formerly, when there were still indigenous surgeons, *ilabaak*, around, they could operate people by cutting out – 'skinning' the expression goes – the sores on the limbs, but this could not be done to internal sores. 'It was done accurately, it was fine and it did not come back. Because this boil, it develops some sort of roots and you have to make sure you dig out every single root, otherwise the boils are sure to develop again [...] Once you have this disease every part of your body swells until you do not know where to cut, it really takes an expert'.

Joshua, who used to live in *olpurkel*, explains about this disease:

In cattle the signs of *engeeya nairowa* are that the stomach is blown up, after that the animal dies. These are the only signs when alive. When you slaughter, you see that the spleen is swollen. Also, there is no blood in the stomach, all the blood is in the bloodvessels, whereas usually when slaughtering you see some blood in the stomach. This disease is also transmittable to people. This is how the disease goes to people: when the meat is eaten, after one or two days, you see blisters. When you scratch them, a sore develops very quickly, and it goes deeper and deeper and spreads to a big ulcer. This is anthrax. The medicine to cure people is *entemelua*. People do not use it much nowadays, only when the hospital is not near. The medicine is not helping completely, only with mild cases, that is with sores on legs or arms, not when the sores have reached the stomach. Nowadays you run to the hospital. For this medicine, take roots, boil, add very little milk, it is dangerous with too much milk, then the blisters spread. The diluted medicine is mixed with porridge and drunk. One should not drink water until recovery, because when you drink water with this medicine, the sores will grow bigger, stay fresh and full of water. When staying away from water, the blisters will dry up. This was the first-aid medicine before the hospitals were built.

Another cure for anthrax in people is to go to the *Ilkiporoon*, a subclan of the *Ilmakesen* clan. They are believed to carry a power over anthrax. They take a single thorn and point towards the sore and the disease goes out.

Some of these suggested therapies clearly involve elements of ritual and magic, such as *oloiboni's* ability to 'tie' disease, and the belief that the members of a certain subclan can 'point out' the disease. Magico-ritual practices and sub-clan inherited special abilities such as these will be discussed in detail in chapter 7; in the present context it is first of all the implicit ideas concerning the nature of this 'hot' disease that are of relevance.

Obviously, these descriptions do not fit well into a humoral system of treatment seeking to regain health by restoring equilibrium. *Oloirobi* in people is regarded as a condition arising from lack of temperateness, but it is not seen as necessitating a 'hot' cure. Although usually treated with hot tea, these are not prepared from 'hot' medicines, rather medicines are 'cold'. Furthermore, whereas *oloirobi* in people is usually a minor ailment, it is definitely not in cattle. There seemed to be some puzzling inconsistencies in this parallel between animal and human diseases.

Apart from the statement that *olpurkel* cattle tend to get *engeeya nairowa* and should be taken to *osupuko* to drink cold water, the general idea of treatment does not convey an image of a 'cold' cure. Taking cattle to the mountains to drink cold water should be understood as a preventive measure, connecting the disease to the poor quality of water found in *olpurkel*, perhaps even caused by it, like some will state that drinking mosquito-infested water may cause malaria. In cattle the disease is located in the blood, and blood-letting is a standard cure, just as preventing them from drinking water for some time. Such a cure is definitely not based on the idea of counterbalancing a 'hot' condition. With people the cure is either to dry out the blisters in the early stage by avoiding drinking water, or to cut out the boils when the disease is more advanced, and there is no such thing as trying to counter-balance a 'hot' condition by giving 'cold' medicines, nor are particularly 'hot' medicines administered. The only medicine employed is *entemelua*, which must belong to the 'cold' medicines as it has no drastic effect and only works in mild cases. The idea of drying out disease seems to be the dominant principle of curing, supplemented with attempts to remove the disease surgically. Drying out a 'hot' disease seems to aggravate a 'hot' condition rather than alleviate it; there is no idea of re-establishing temperateness here. Something was definitely wrong with my preconceived model of the Maasai medical logic.

I therefore began addressing explicitly the nature of disease. Disease is referred to by one of two general terms. *Engeeya* is used about potentially serious, identified and

named diseases, and it implies a possible deadly outcome; *engeeya* is also the word for death due to disease. Minor ailment, illness and sickness in general is *emoyan*, and the concept refers to the idea of being ill as opposed to being well. It is used about illness not considered alarming enough to call for a firm diagnosis. *Oloirobi* in people is thus *emoyan*, usually not *engeeya*.

Asking people if it is possible to talk of 'hot' and 'cold' diseases, like 'hot' and 'cold' medicines, I was uniformly told that there is no such thing. All diseases, *ingeeyaitin*, are hot, even *oloirobi* is 'hot', I learned. At one point I was told that:

Generally all diseases are hot. The only cold disease is TB, because a cold disease does not ache and it does not disturb you so you cannot sleep. There was no special medicine for TB before the hospital, but only something to postpone the ultimate outcome, that was to eat fat foods.

NJ: How about *oloirobi*, is that not a cold disease?

– It is not, because it disturbs you in your sleep. It is simply called *oloirobi* because it does not kill you, unless you have other diseases along with *oloirobi*.

After this interview William, my assistant, felt urged to comment that our informant was probably trying to establish a rule that wasn't there. That TB should be a 'cold' disease he had never heard before, nor the principle of being able to sleep through the night, although he agreed that all diseases were 'hot' by nature. Other informants would try to make me understand in similar yet different ways, but William was never satisfied with their explanations, which never gave the same basis for distinctions. He kept claiming that there was more to it than this, and that whenever I introduced the concepts of 'hot' and 'cold' in connection to disease, he had a distinct feeling that informants felt intrigued by the very thought. In other words, I had indirectly urged them to speculate and establish new rules. I took his criticisms seriously, thinking that my constant insisting on finding humoral principles in explanations of disease had finally caught my informants; polite as they always were they were perhaps inventing theories for my benefit, or, only slightly better, my constant attention to the dimensions of 'hot' and 'cold' had triggered off new cultural theories. In realisation that I had for some time forgotten to listen to the silences around me, I resolved to drop this persistent pursuit of an apparently futile theme for a while, trusting that eventually something would lead me to the solution.

Months later, in the middle of a discussion of an entirely different subject I was given a clue to why all diseases are necessarily 'hot'. At that time I was working intensively with Ngilole, the midwife. I met Ngilole by sheer coincidence when she

had taken her pregnant daughter for examination at the hospital, foreseeing a difficult delivery. Her diagnosis was confirmed by the nurses. During the almost three months Ngilole and her daughter were hospitalised, Ngilole and I developed a strong friendship based on infinite curiosity about each others' strange, cultural ways. Besides being a midwife Ngilole also practiced as a local female circumciser, a practice she had taken on because she could not bear the thought of less than careful strangers cutting in her daughters and granddaughters. In 1992-3 she was about 55 years old, illiterate and non-Swahili speaking as most of the women in Ngorongoro Conservation Area, and the senior wife of a relatively successful herd owner, living in extreme *osupuko* far up the mountain. She had become a midwife, she said, mainly because she had always been very curious and good with her hands, and right from her youth she had always wanted to know how to do things properly. Thus she had started to attend births whenever possible, in order to pick up know-how from other midwives, in a way much similar to the way that young men pick up knowledge on medicine collection and application from the various neighbourhood elders they may consult during their personal quest for specific therapies. This is in contrast to most medical specialities which tend to run in family or sub-clan lines as inherent and inheritable abilities and knowledge. Such family specialties are as a rule carefully guarded as esoteric knowledge, not shared with outsiders.

That day Ngilole, her *olmurrani* son, and her hospitalised pregnant daughter were discussing the importance of blood with me. I quote at length because the sequence illustrates well the complexity of the Maasai notions of disease and bodily processes:

Ngilole: Blood, *osorge*, is important in the body because nobody can live without blood. If you don't have blood, your body becomes like the bark of a tree. The first thing a disease does is to take your blood. It is the same thing if you do not eat nice food, like soup and meat after treatment of a disease. For example TB is a disease which very much affects your blood.

NJ: Do diseases enter the blood?

Ngilole: Yes, that is where the disease enters, it takes away the blood and leaves only bones and skin.

NJ: Is blood and flesh ['meat' in Maa] the same thing?

Ngilole: Yes, blood and meat is like one thing, because it is blood that makes the meat alive. Meat cannot be complete without blood.

NJ: To cure a disease, do you have to give a person more blood, then?

Ngilole: Yes, because if you are in the hospital, once you are given medicines it is always good to drink soup and eat meat to give blood to your body.

NJ: What do medicines do to the body then?

Ngilole: Medicines help to cure the disease you have, that is the same thing with the medicines of the hospital and the medicines of the Maasai.

NJ: How do they do that, do you think?

Ngilole: The way medicines cure is like this: When you take a medicine, some time afterwards when you do not feel the disease anymore, you say this medicine has cured the disease, because we do not see *how* it does, but we feel *what* it does, and then we use it again some other time.

NJ: I have heard that trees are either hot or cold, what does that mean?

[This occasions a vivid discussion between mother, daughter, and son]

Ngilole: It is a two-way principle: one relates to trees as medicines: the bitter ones we call hot, those are the ones which are very strong and make you diarrhoea. Cold medicines are not bitter, not strong, and they do not have thorns. The other is about trees as trees: hot trees have thorns, cold trees do not have thorns.

NJ: Do these two principles combine?

Ngilole: It is like this: there can be hot medicines without thorns, like *oremit*, and cold medicines with thorns.

NJ: When do you use hot medicines and when do you use cold?

[Again vivid discussion] Ngilole: You use cold medicines for example during a woman's pregnancy. She drinks them for building the body, for well-being. For example *intomonok* take them, or just normal people without special circumstances. For people with bile-excess or any other thing you want to vomit out, you use cold medicines. You do not drink hot medicines during pregnancy, because the child will also get the medicine and that is dangerous. Hot medicines are for example used during delivery to accelerate it, and also for any serious disease.

NJ: Do you use hot medicines to cause diarrhoea and cold medicines to vomit?

Ngilole: Yes.

NJ: Is it possible to speak of such a thing as hot and cold diseases?

Ngilole: No, there is no such rule as cold and hot diseases.

Son: You call unserious diseases cold, and serious diseases hot. Like *oloirobi* which is unserious, it comes and it goes eventually by itself. The disease called *engeeya nairowa* we call so, because it is a disease of hot places.

Daughter: You don't have such a pattern of disease, because they all enter the body.

Ngilole's daughter's remark finally brought it home to me what they had all been trying so hard to make me realise: Disease is hot because, just like thorns, it penetrates the body. As simple as that.



## Shouting in the forest...

I felt compelled to abandon the idea that Maasai medicine was a humoral system of the standard type described by Foster, in which a major principle in health restoration is re-establishing bodily temperateness. On the contrary, 'hot' conditions seemed invariably to be treated in ways that would enhance the 'hotness'.

One detail concerning the 'hot' nature of all disease kept disturbing me, however. How come that *oloirobi*, 'the cold one', should sometimes be understood as a 'hot' disease? To me, it made more immediate sense that if serious disease, *engeeya*, is 'hot' because it penetrates the body like thorns from 'hot' trees, and can lead to 'hot' results and is treated with 'hot' medicine, then one should think that in general *emoyan*, like the name of the most prominent of these, *oloirobi*, would be conceptualised as 'cold' as it is not penetrating the body, and does not carry the danger of 'hot' results, and accordingly it should be treated with 'cold' medicine. Yet this was not the way informants saw it. They kept insisting that *oloirobi*, like all disease, is 'hot' by nature, even if *oloirobi* can be vomited out by taking 'cold' medicines. Thus, the dimensions of 'hot' and 'cold' in relation to medicinal substances appeared either to be restricted to a matter of direction in the process of cleansing the body: 'Hot' medicines were applied to induce diarrhoea, whereas 'cold' medicines induce vomiting; or as Ngilole had said, they were primarily utilised in order to enhance the general well-being, a 'cold' state in relation to the inevitably 'hot' state of suffering from disease.

In cattle, however, *oloirobi* definitely relates to a serious condition, and many informants had stressed that sometimes *oloirobi* develops into serious disease, saying that *oloirobi* may be a first stage in a 'hot' disease.

Ellemann writes that formerly, contracted, but unidentified diseases were not referred to as *oloirobi*, on the contrary, they were called *oloirowa* (my spelling), the hot one. 'Nowadays', she writes, 'the Maasai use the term *oloirobi* as a euphemism intended to calm, i. e. to neutralize the impact of the disease' and by doing this the Maasai seek to avoid that such conditions develop into life-threatening disease (Ellemann 1996a:10). This information she got by sheer coincidence from one of the 'school *ilmurran*' (pers. comm.). He has studied philosophy and the remark fell when her fieldwork was far in progress. Yet, none of us had heard of this allegedly deliberate substitution of names from any of the elders we had worked with for so long. Presumably this substitution was now so well incorporated into daily practice that it had long since stopped being something that people were generally conscious of,

which is probably why it took a person accustomed to other ways of conceptualisation to provide it as a relevant piece of information.

Such a substitution of names is reminiscent of what Frazer termed homeopathic magic, in the sense of substituting a name that carries connotations of danger by one that implies no such danger; it is wishful thinking, intended to appease or minimize the threatening condition. Lexical substitution is in many ways a characteristic feature of Maasai thought. If for instance a homestead has burned down, Maasai will not state this directly, lest the sheer mention of the word should cause new destructive fires; instead they will say that 'water has taken the homestead'. Likewise, one should not talk about the rain at the onset of the rainy season, lest mentioning should cause the rain to fail.

Thus *oloirobi* actually comprises two different conditions. One, the 'true' *oloirobi* as it were, is a 'cold', unserious condition not calling for immediate diagnosis and either left untreated at the level of cause, or given immediate symptom relief, only sometimes treated with a 'cold', mild emetic. The other condition subsumed under the term of *oloirobi* was formerly called *oloirowa*, 'the hot one'; it is a 'hot' condition in the sense that it is recognized as an early stage of an as yet unidentified, serious, and potentially fatal disease, and it is treated with 'hot' medicines once the true nature of the condition is known. Until that happens, it is referred to as *oloirobi* in the hope that the disease may never develop into an identifiable stage.

The incident of realising that I had probably led informants to invent new cultural theories by persecuting a preconceived hypothesis kept disturbing me long past the completion of fieldwork. In particular, I was disturbed by the fact that I had so effectively overheard a persistent silence of exactly the kind that Richard Roberts (1990) has warned against. Roberts describes how he too kept insisting that he be at the controlling end in the fieldwork process; he determined what the questions were (ibid.:347), and yet he got no answers to his questions. Roberts concludes:

I now realize that my informants' silences were telling me that I needed to learn how to listen to them. They may be silent on the questions I think are important: they may not be silent on the questions of importance to them. Maybe I should, as Elliott Mishler argues, learn how to empower my informants and empower their construction of their histories, even if it means that I can no longer control the processes of the production of knowledge [...] Silences [...] may become the means to rethink the nature of our scholarly endeavor (ibid.:348).

This, I felt, could have been a description of what had happened to me in the pursuit of the 'hot' and 'cold' dimensions of Maasai medicine.

I had constantly been asking about medicines in the hope that this would lead me to an understanding of the entire system of philosophy behind actual practices, but what I got was exactly what I asked for: descriptions of medicines and their uses. While I was looking for a philosophical system with growing despair because I could not find a systematics in what I heard, my informants had actually supplied me with lots of information on what was immediately relevant to them: medical landscapes, symptoms and substances, trees and thorns. Moreover, for the great majority of them, the only system of relevance was practical; it dealt with how to apply substances to symptoms, and in particular with how to find such substances. I had been so effectively lost in this forest of medicines that I had not really seen that it was made up of trees.

I thought I had been tracing a philosophical system, but in reality I had been presented with a practical guide through the medical forest of the Maasai. People had told me about medicines in ways that reflected the way they would have taught one of their own ignorant youths how to identify symptoms and find substances to cure them. The principle of dividing medicines into medicines of *olpurkel* and medicines of *osupuko* was, seen in this perspective, first of all practical and related to the fact that Maasai pastoral production is mobile. Therefore there is usually a medicine from *olpurkel* as well as one from *osupuko* known as useful against a given disease, and therefore informants had usually drawn attention to possible substitutes.

### A path through the wilderness

Erwin Ackerknecht has, Turner writes in *Lunda Medicine...*, 'pointed out that "most data on treatment, in general ethnographic monographs, consist of a list of drugs or other techniques used, of a list of the diseases in which they are applied, and of statements as to the possible objective effect that such measures may have. It is obvious that such descriptions, valuable as they are, omit just the points needed for our special inquiry: what are the ideas underlying these therapeutic acts, and under what circumstances (with and without ritual) are they performed?"' (Ackerknecht 1946 in Turner 1967:299).

While in no way disagreeing with Ackerknecht on the ultimate objectives of an anthropological analysis of medicine, I should like to comment that a possible reason for such lists of drugs and diseases in old ethnographies may very well be that they actually reflect the categories relevant to the informants involved in these particular productions of knowledge. What I am arguing here, with Roberts, is that we should

pay attention to what informants are *not* saying, and reflect in our academic analyses which categories and levels of the 'system' are particularly relevant to them. In my experience, the philosophy of disease and medicine is simply irrelevant to most of its practitioners. They are concerned with the practical aspects of concrete problems, leaving it to specialists, indigenous and expatriate, to ponder the underlying causes and meanings.

Seen in this perspective even the Ndembu may be far more akin to the Maasai in their medical practice than Turner's analysis suggests. It is Turner's choice, not necessarily the choice of his informants, to focus on those aspects of Ndembu practice that deal with 'personalistic' medical reasoning. A critical re-reading of *Lunda Medicine...* gives reason to suspect that the Ndembu, like the Maasai, treat a good many cases of disease as being natural, 'diseases in their own right' (Turner 1967:303), curable by the application of certain medical substances, as Eva Gillies (1976) has pointed out in relation to her own material on the medical beliefs of the Ogori of Nigeria. Turner writes:

However, shades, witches, sorcerers, and utterers of curses are not regarded as the sole causes of illness. For Ndembu talk of different kinds of *nyisong'u*, "illnesses" or "diseases", and recognize that specific symptoms are connected with each of them. At first I assumed that the Ndembu regarded these *nyisong'u* merely as conditions of the body and that they had been influenced in this respect by European notions, but when I inquired further I found that the *nyisong'u* appeared to be endowed with independent life and that part of the therapy consisted in using "bitter", "hot", or evil-smelling herbs to disgust and disconcert the *musong'u* and drive it away. Yet the Ndembu speak as though sorcery and witchcraft were always in the background where illness is concerned. Some sicknesses are so common that the element of the untoward which makes people immediately suspect sorcery or witchcraft is lacking (ibid.:300-1).

I am not arguing that Turner's descriptions of Ndembu ideas of disease are incorrect; I am merely calling attention to the fact that had Turner been more interested in precisely those trivial diseases not suggesting witchcraft or sorcery, he would probably have painted a rather different picture of Ndembu medicine, in which 'diseases in their own right' were proportionally much more prominent. Such a project could have provided contextual explanations of how and why such 'hot' and 'bitter' medicines were thought to work. Indeed, throughout Turner's text there are several uncommented references to 'hot' dimensions of Ndembu medical practice, just as some of the not so common diseases and cures described do not include any levels of

personalistic reasoning. It is primarily the question of representativity in the reproduction of knowledge I am pursuing here, and I should like to argue that by excluding such 'diseases in their own right' entirely from the analytical focus, the Ndembu may appear to be much closer towards the 'personalistic', agency-oriented, magically inclined end of the continuum between 'personalistic' and 'naturalistic' explanations of disease than if analysis had taken its point of departure in practices relevant in the treatment of 'diseases in their own right'.

Moreover, just as the Maasai disagree among themselves on the actual existence of *esetan*, the Ndembu on second thought appear to be not so uniformly convinced that all disease is mystically caused: 'Some Ndembu believe that all ailments are mystically caused but that most are brought on by "only little grudges"' (ibid.:301; my italics), implying that there are, in fact, some Ndembu who do *not* believe that all ailments are mystically caused, just as there are 'many herbalists and lay healers who claim to be able to dispel *nyisong'u*, whether these are associated with shades and witches or not' (ibid.).

Eva Gillies, too, found her Ogori material to deviate considerably from the standard descriptions of African medical beliefs, and she demonstrates how this dominant focus on witchcraft and sorcery complexes in analyses of African medicine rests on the theoretical legacy from Evans-Pritchard's work on the Azande (cf. Whyte 1989).

Gillies argues that 'it would be possible to show that other peoples too are, on the evidence of their own conscientious ethnographers, less "obsessively logical... on the basis of mystical premisses" (Turner 1964:2) than we have come to think of them' (Gillies 1976:378). She further demonstrates how Evans-Pritchard's own material reveals that also the Azande do in fact treat mild ailments at home, perhaps assisted by older men in the family or neighbourhood acting as advisors on relevant drugs, only consulting the 'witchdoctor' if such treatment does not work. Only in serious cases of disease, in fact, does a man's kin consult an oracle 'without delay' (Evans-Pritchard 1937:488 *in* Gillies 1976:379).

This legacy, Gillies claims, stems from the fact that although Evans-Pritchard was well aware that Zande beliefs in witchcraft did not contradict empirical knowledge of cause and effect, he was simply not 'very interested in Zande ideas about cause and effect in the purely physical realm. He was interested in their witchcraft beliefs: not in their account of 'how' disease or other misfortunes occurred, but in their ideas as to 'why' they happened to a particular person – their theoretical aetiology rather than their common-sense pathogenetic level of explanation' (Gillies 1976:387).

Such a 'why', or perhaps more accurately 'why me', translates, Gillies explains,

into a sociological 'who': 'Now this "who?" has a quite legitimate fascination for social scientists, which is why so many studies of witchcraft and sorcery are essentially studies of the sociological spread of suspicion and accusation; but it cannot be denied that this very understandable professional interest has led to some neglect of the "how?" question' (ibid.:387-8).

These interrogatives help clarify the unique position of Maasai sorcery. In the Maasai context only the 'how' question seems relevant. It is simply not congruent with Maasai thought that it should ever be meaningful, let alone helpful to the healing process of the patient, to settle a 'who'-question in situations involving disease, not even in the extremely rare cases where suspicions of *esetan* are actually put forward does therapy concentrate on such aspects, but rather on 'how' to get the patient well again. The only cases in which a 'who' is involved are curses; but curses do not call for divination, as the 'who' is perfectly known to the public. Indeed, publicity is a central feature of cursing, and probably a major reason why the curse can work at all. Maasai divination is exclusively practiced by *iloibonok*, who are also believed to be the ultimate source of *esetan*, so asking a 'who did it' in cases of *esetan* is not only futile, but utterly irrelevant. Rather, Maasai divination aims at finding out 'when' a particular thing started, or will happen, 'why' it happened, 'what' is its exact nature, and in particular 'what' to do about it. When *oloiboni* works within the area of detecting 'who did it', he is much more likely to work as a genuine crime detective, finding out who abducted Maasai cattle.

In sum, Maasai seem to be far less focused on disease causation and personalistic agency than with physiology and bodily processes. They routinely disclaim any knowledge of *esetan*, only *oloiboni* knows it, and the *llarusa*; it is something that comes from strangers, they maintain. In reality they are thereby denying the obvious fact that *esetan* is there as a potential evil to be reckoned with. But the statement is also a rejection of sorcery as legitimate practice; to formulate a cultural theory of the working mechanisms in *esetan* would amount to admitting knowledge about how it can be practiced, as if to know it is to do it. Yet, by claiming that *esetan* comes from strangers it is implied that it is felt to be a practice on the rise; *esetan* represents a dark side of modernity, as it were, an unavoidable consequence of increased interaction with other ethnic groups. Ultimately the statement contains the message that the Maasai themselves are keenly aware that their practice, in contrast to those of their neighbours, do not run along lines of personalistic reasoning. Conceptualising medicine and affliction as natural phenomena and bodily processes, *esetan* remains a phenomenon beyond comprehension.

## Notes

A version of this chapter has previously been published (Johnsen 1996).

In his world survey of theories of disease G. P. Murdoch stated that in Africa 'a disproportionate number of societies emphasising witchcraft theories were found' (Murdoch 1980:42 cited in Pool 1994a:2).

Apparently in mild disbelief, Sidney Hinde, who was a British contemporary of Merker, likewise engaged in the pacification of the Maasai, similarly noted Maasai beliefs in relation to mosquitos: 'The Masai believe that mosquito bites generally prove fatal to them. Some sections of the tribe live, or have lived, in mosquito-infested neighbourhoods; others live in districts where the mosquito is practically unknown: the former are unaffected by mosquito-bites, whereas the latter are always ill, and frequently die, on moving into infested districts. Those who have lived, and those who have been ill and have recovered in these places, are, curiously enough, considered immune, and have no fear of illness when returning to mosquito districts, even after long residence in places where mosquitos are unknown. Though it seems unlikely that this belief is other than superstition, I have known what might be called "salted" Masai, who, when travelling or living in mosquito neighbourhoods, have kept in health notwithstanding the fact that nearly all the members of the caravan, white and black [...], suffered considerably from fever' (Hinde & Hinde 1901:112). Presumably what Hinde described here is the indigenous theory of malaria, just as Merker did a few years later.

It is probably possible to demonstrate empirically that in many ways the Maasai conception of health and disease mechanisms may be interpreted as a system emphasising bodily, bovine, and celestial fluids as well as flow and non-flow categories, akin to what Christopher Taylor described for Rwanda (1992). However, I only became aware of Taylor's works after I had concluded data collection, hence my fieldwork methodology was not geared to provide sufficient data for such an analysis. Considered that Foster saw the classic Greek humoral system of medicine as the prototypical naturalistic system, it is actually worth recalling that in its basic Greek sense 'humour' means 'fluid'.

On two isolated occasions I heard of medicines of animal origin; concerning one of them, however, the informant took care to stress that this medicine is a remedy recently learned from neighbouring Barbaig, in fact so new that he had no name for this tiny insect.

In that period also members of purely pastoral Maasai sections migrated to Ngorongoro Conservation Area in fairly large numbers, the overall in-migration to Ngorongoro Conservation Area for that particular period being quite significant, and a testimony to the comparable hardships of pastoral Maasai outside the park area. However, in collective memory such immigrants are depicted as *llarusa*, supporting the impression that this historical period is remembered as one of increased '*llarusa*-ization' of local culture.

In fact, the name for Kenya's capital, Nairobi, is an abbreviation of the original Maasai name for the place, *Engare Nairobi*, meaning 'the (fresh, running) water/stream/river which is cold' (cf. Mol 1978: 44, 152).

# Thorns and Wounds

## Schemes of perception and models of disease

The snake lifted its head in agony. Its tail hit the ground like a whip. Knowing that our enemy was helpless, we threw stones at its head. It snarled like a wild dog and showed a set of teeth which looked like thorns.

Henry R. Ole Kulet: *Is it Possible?* Nairobi: Longman Kenya, 1971:55

The previous chapter took its point of departure in laypeople's practices, analysing categories of medicine. In contrast, the present chapter departs from a discussion of the nature of specialist offers of therapy, and discusses therapies that laypeople may seek when experiencing extraordinary symptoms, or symptoms not readily responding to self-medication. This is done in an effort to uncover a fundamental complex of symptoms constituting a model for conceptualising disease perceived to be especially alarming, and uncover an underlying scheme of perception for how disease is internalised in the body.

### Pursuing practices

In a study focusing on the medical field within cultural practice, the methodological selection and definition of practice becomes essential for the analytical outcome. This is probably equally true of any study of any cultural practice; yet, peculiar to the field of medicine there are certain relationships which have conventionally been labelled 'practice' in Western discourse: the practice(s) of the institutionally recognized healers. This is, however, only one particular level of practice in medicine and health, an one particularly narrow; a broader view on practice must include a focus on practice as seen from a laypeople's perspective. In other words, a perspective centering on institutionalised healers' practices and their processes of healing particular cases of *disease* may produce entirely other results than a perspective centering on laypeople



and their practices in the broad pursuit of *health*.

Many medical studies have resolved to focus primarily on the institutional levels of practice, whereas relatively few analyses have explored a perspective that follows laypeople's quest for therapy (Janzen 1978). There are probably some aspects primarily relevant to *anthropological* practice at stake in determining such a choice of focus, above all having to do with the desire to find a practical site with a high density of medical activity and discourse suitable for participant observation. Bibeau (1982) advocates a medical anthropology focusing on the dialectical processes between the contrasts of emic versus etic approaches to culture, between a formalistic focus on the functioning of institutions versus a phenomenological focus on actual disease cases and activities, and between a fragmented versus a systemic perspective on the place of medicine within culture, thus in effect, albeit implicitly, advocating a practice perspective. His methodological solution was, nevertheless, to adopt a rather narrow focus on the institutional nexus. Working with 43 healers and getting access to 757 of their patient files, Bibeau got his information on disease terminology, and he 'gathered over 1,000 different names for diseases experienced by the Angbandi', thus 'combining linguistic and behavioural data [...] complemented by a strong and concurrent epidemiological study of disease prevalence in the area' (Bibeau 1982:55).

Such a practical methodology may provide a large and possibly quite consistent body of data excellently suited for an anthropological analysis on therapeutic institutions. Pitching the fieldworker's tent in the courtyards of medical practitioners, as it were, does in fact delineate an obvious and very concrete field of concentrated, medical activity; yet by its very narrow bounding of horizon and field site, such a methodological choice omits all those cases of medically related activity in which people did not find it relevant to consult a recognized practitioner, be it because the problem was considered trivial and treated at home, or because the activity was not aimed at curing, but at prevention or health maintenance in a much broader sense. Equally, such a methodological focus may easily ignore all those instances in which people talk about their practices without actually acting out their ideas.

To put it somewhat differently, it is obvious that the practitioner's courtyard as a site for fieldwork offers an environment ripe with medical activity and discourse. In this sense it is easily identified as an obvious place to study medical phenomena, whereas the methodological perspective of following people in their broad, everyday pursuit of health is more likely to generate few actual cases for participant observation, although it may offer lots of discursive practice. Particularly in thinly populated areas, following laypeople's pursuits may seem less promising from a practical point of view. After all, there are limits to the number of actual illness cases to be witnessed in

a given local community within the limited time-span of any fieldwork, just as such a setting may appear to be less ripe with situations in which people are naturally and actually engaged in medical practice.

The very intensity of medical activity going on within the boundaries of the practitioner's courtyard is probably why it was chosen as field of investigation in the first place; yet it is an atypical situation. People as they are most do not constantly engage themselves in therapeutic activity and discourse. Medical practice is primarily at display in extraordinary situations, and situations which call for specialist therapeutic intervention are extraordinary in a second order sense, in as much as they amount to the extraordinary cases of extraordinary situations in everyday life. There is no *a priori* assurance that the medical universe displayed in the healer's courtyard is a microcosm of what is going on in society at large, or that the explanatory models of the healers are necessarily identical to or shared fully by their patients.

What I am arguing here is that, had I adopted a similar perspective on fieldwork and worked primarily with healers and the medical activities within their courtyards, it is highly likely that I would have been led to adopt a view on Maasai medical practices as being much more dominated by witchcraft and sorcery complexes than what seems to be the case when pursuing medical practice from a laypeople's perspective. It is an integral analytical aspect of this entire thesis to demonstrate how among the Maasai the more 'personalistic' discourses on sorcery are primarily characteristic of, or relevant in connection to, the more narrow field of institutionalised and recognised practitioners within the broad field of medical practice, whereas laypeople's practices in the pursuit of health is fundamentally based on a dominantly 'naturalistic' perception of health and disease. This distinction in fields of practice, as it were, becomes methodologically necessary and analytically crucial as a consequence of the fact that in Maasai discourse, sorcery is by definition something that comes from outside, and in particular from individuals belonging to the most prominent category of institutionalised healers, the *iloibonok*, who are themselves categorised as strangers by origin. Moreover, by foregrounding the analysis of the dialectical interaction of such levels of practice and fields of discourse within the broad field, I believe it becomes possible to capture more precisely the process whereby Maasai medicine at large seems to be engaged in an implicit dialogue on modernity with the larger multi-cultural environment.

In my experience, the courtyard situation is particularly apt to yield data on what healers do, say, and think, but it is also methodologically limited. Having presented their problems, patients in treatment are often strikingly silent while therapy is going on, recognising as it were, that they have given themselves in to the

specialist. Sick people are quite often not very talkative, and besides, they are in many respects largely passive recipients of therapy. This is possibly connected to the fact that specialists are continually on trial; their reputation and status is continually negotiated on basis of their results, that is, intimately connected to the perceived efficacy of their cures and the evaluation of their diagnostic skills. In my experience, healers are frequently disreputed by their patients on the very basis of such practical trial. Their explanations did not match the explanations of the patient, or their cures were not providing effective symptom relief; but they were tried, even if they failed.

In contrast, interviews with laypeople on experienced past or hypothetical future illness episodes and principles of health maintenance, disease prevention, and curing in general are much more likely to generate rich information on issues such as motivations, strategies, and choices in therapy and health seeking. However, so many things are likely to constrain people's actual choice of therapeutic activities, such as financial situation, distances to travel, working tasks to be performed, and locally available offers of therapy, to mention just a few. In my view, discourse on possible (as well as impossible) practice is as important as what is actually being practiced and directly observable through participant observation of concrete activities. A comprehensive analysis of practice combines and articulates observed activities and discursive statements on a range of topics such as anxiety, activity, experience, intention, and meaning, precisely in order to capture the dialectical relationship between what is being done and what is said or thought.

Another temptation for choosing to pitch tent in the practitioner's courtyard may arise out of the wish to gain access to 'natural allies'; people who are able to present their medical beliefs and practices in a coherent, ordered, and reflective way that facilitates systemic analysis. Medical practitioners are easily identifiable as kindred spirits, and associating oneself to locally recognised cultural performers is indeed likely to give valuable data on key concepts and modes of reasoning besides ample demonstrations of actual activities. Yet, at the same time there is a risk of over-systematisation inherent in this choice. For one thing, because recognised specialists are less likely than laypeople to voice their doubts or contradictory examples from experience, being at all times keenly aware of the degree to which their status is directly contingent on their ability to produce coherent models for explanation and action, leading to effective cures. Related to this, in so far as individual variation and contradictions among specialists are actually recorded in fieldwork, such inconsistency and variation are likely to generate typologies of specialists on the analytical level, rather than rendering inconsistencies and variation as an integral part of practice as negotiated meanings. But seen from a methodological perspective taking its point of

departure in laypeople's practice, individual variation, inconsistencies, partial statements, and contradictory reflections on practice appear to be much more the rule than the exception.

In other words, people as they are most tend to have quite fragmented perspectives on their own medical phenomena. Some areas of practice are highly elaborated in discourse, and among these some are largely agreed upon whereas others seem to be objects of continually contested meaning, while still other areas are never offered a thought but merely practiced. It is us, the specialists, not so much people in general, who have a craving for systematic overview. For most people, practice is what matters, and above all identifying symptoms and finding relevant substances and procedures to cure them, and maintaining health in general. Thus, medical practices should be understood as being to a large extent opaque for the actors involved; it is habitus and embodied knowledge, much more than it is lived activities arising out of and corresponding closely to conscious, ideological systems of a cosmological, etiological order. This is not to say that those areas of practice that people do not themselves objectify in discourse are necessarily less systematic than those areas on which indigenous, discursive objectification is explicit, vivid, and rich in detail; I merely wish to emphasize that an analysis of medical practice focusing on what goes on in the courtyard of the specialist is likely to generate a partial and in many ways quite narrow view on practice as consciously applied behaviour corresponding unambiguously to conscious, explicit, ideological models. We should not forget that people usually consult the specialist precisely to get special explanations and treatments of something which they perceive as being in itself extraordinary.

In order to capture the dialectical process between the consciously reflected and primarily embodied systematics in practice, and between the ordinary and the extraordinary orders of seeking health, this chapter aims at articulating some largely implicit principles at work in Maasai medical practice of special relevance to identifying symptoms and defining disease and finding relevant curative substances and processes.

The data informing the analysis stems from three sources. A patient survey conducted with the assistance of Peter and William, who mostly on their own collected 128 semi-standardised interviews with in- and out-patients at Endulen Hospital during a period of two months, some of which were followed up by in-depth interviews conducted by me, provides information on the particular anxieties found alarming enough to present to the hospital's medical expertise. Interviewees were either patients themselves or their daily family care-takers, depending on the seriousness of the ailment as well as the patient's age. Ellemann's data (1996a) provide

valuable and unique information on some systematic patterns in what people actually do when administering medicines. A broad range of open-ended interviews on various health related topics provides discursive information on aspects of medical practice. Finally, the basic schemes of perception identified to be at work in Maasai models of disease is sought further consolidated by examples from Henry R. Ole Kulet's novel (1971).

### **The symptoms of swelling**

Having established my temporary residence within the site of the missionary hospital, I do realise, of course, that to some extent I am equally vulnerable to the previous critique of associating oneself to a recognised specialist institution within the field of investigation. As the situation was, I could hardly have done otherwise. For one thing, bringing the family into the field involves some degree of practical compromise, and for another, as it turned out, residing with the natives is prohibited by the Ngorongoro Conservation Area Authorities on the grounds that the authorities cannot guarantee one's personal safety there, a prohibition strictly enforced (Ellemann; personal communication). Living at the hospital did seem obvious to my informants, though, as apart from the missionary station it was the only place with representatives of my own people, indeed, in their eyes the house I lived in belonged to people of my own *olosh*. However, it also soon made me realize that I had created myself a problem of signaling that I was neither a doctor, and hence not a new source of medicines, nor an ombudsman to address complaints over received treatment to. Partly for such reasons I ended up working less intensively with hospital patients than I had beforehand thought I would; apart from the patient survey conducted, I primarily used the hospital environment to make new acquaintances in situations when they were already inclined to be preoccupied with matters of health and disease. Such accidental acquaintances tended to develop into lasting relationships; the Maasai are true experts in creating mutual bonds of obligation. As other nearby acquaintances would do, I payed visits to friends who happened to become hospitalised during my time in Endulen, just as they would take time to visit me for little tea-chats when they had things to do there anyway. But I consciously did not focus my research on doctor-patient interactions or the clash between traditional and biomedical models of explanation or anything the like; to me the hospital was merely one institutional therapeutic offer among a whole range of institutions.

This seemed to be much the way the Maasai were using it. Few of them were

inclined to feel uncritical admiration for the practices of the hospital; those who did have such feelings usually had a personal or family experience of what they perceived as almost miraculous healing to hinge such admiration on, much like they would base their praise of the skills of any specialist institution or individual on actual narratives on such successful experiences. Often, however, users of the hospital would be quite frank in their criticisms of hospital practice. Criticisms were characteristically based on negative experiences, be it treatments that did not solve their perceived problems, because they felt that the staff did not take their symptoms, explanations, or desires for particular kinds of treatment seriously, or because they disapproved of the hospital's policy of charging standard fees for all treatments, regardless of whether the cure was successful or not. This last point was a major argument in their critique, and at the same time an issue demonstrating explicitly that the hospital is evaluated, not as an alternative to the entire practice and body of institutions of Maasai medicine, but at the same level as other institutions of therapy within the indigenous system, even if it is perceived as a very powerful institution. In local discourse, payment policy is the moral issue on which to judge whether an individual's therapeutic specialisation is based on vocational or business motives, thereby commenting the local commodification process of therapy. Dissatisfied patients sometimes complained that they wanted surgery, X-ray, or injections, but did not get it, suggesting that the hospital is to some degree perceived as a provider of instant cures and proofs of disease matter.

It should be kept in mind that the reasons for taking problems to the hospital might as well be the convenient nearness vis à vis the alternative of perhaps travelling far away to other therapists.

For far the majority of patients the hospital is only one therapeutic offer on line with numerous others. Most patients have either tried self-medication with Maasai medicines with limited success, or they may plan to supplement treatment with self-administered medicines and therapies, including Western pharmaceuticals and *olpul*, when dismissed from the hospital.

Quite typically people have also tried to consult other types of specialists, sometimes a whole range of them. Among these, *iloibonok* are the most frequently consulted, and they on their part sometimes refer patients to hospital treatment. Other patients state that they intend to consult *oloiboni* for a control check-up, for completion of treatment, or because they were dissatisfied with the treatment. The second most popular type of specialist for pre- or post-hospital consultation is the cup-setter, *olong'obani* (pl. *ilong'obak*), 'he who sucks out disease, or fills his mouth with liquid' as William rendered the term. Although there are local *ilong'obak* in *Oldoinyo Laaltaatwa*, people from all over the area seem primarily to identify this technique

with a certain widely famous individual practitioner, Lengobo, an *Olarusai* living at the outskirts of the regional capital Arusha some 200 kilometers away from Endulen. The case that concludes this chapter takes us to his courtyard. Whereas Lengobo personally is currently considered one of the best therapists within practical reach of *Oldoinyo Laaltaatwa*, the more local representatives of this category of therapists are frequently ridiculed as utter fakes. Significantly, such ridicule is justified with reference to the techniques they use and the disease evidence they claim ability to produce.

It should be taken into consideration that probably not all interviewees felt entirely confident with the purpose of the interview. Hence some of those who stated that they had come straight to the hospital without prior indigenous treatment may very well deliberately have withheld information. It is commonly known that therapists are in general extremely jealous of one another, and that the hospital staff disapproves strongly of indigenous medicines and most therapies. In practice the hospital pragmatically accepts the fact that patients do practice such things, and merely try to make an effort to convince people to postpone after-treatments until hospital therapy is fully completed. Knowing that discharged TB patients would usually complete their treatment with the ritual of *olpul*, Dr. Paco Sanz had resolved to compromise by instructing people when to commence the ritual. Besides, recognising that as a cultural outsider there is not much he can do about mental disturbances, he would sometimes recommend such a patient to consult his or her *oloiboni*.

In the same perspective it should be assumed that some interviewees would very likely suppress information on the full range of therapeutic initiatives they have taken, deliberately or subconsciously. Not one informant stated that he or she was actually applying indigenous medicines as a concomitant to hospital treatment; yet, passing through the hospital site and its immediate vicinity several times daily, I could not help noticing that the mixed *oloirishirisha* vegetation of the area offered many fine specimens of various valuable *ilkeek*, and that such trees now and again would show signs of the bark having been freshly peeled for medicinal purposes. On two occasions, while discussing the therapeutic utility of various trees with hospitalised people, they fetched samples of species under discussion from their personal lockers, so that I could see and taste what they were talking about. Asked directly, however, whether they would actually supplement hospital treatments with indigenous medicines, interviewees would invariably answer, and in very standardised ways, that one should always complete one form of therapy before trying out another, and that this was equally true of hospital treatments as of the issue of consulting *iloibonok* or other indigenous therapists. Still, without having exact data to

hang my suspicions on, I nevertheless had a distinct feeling that in the area of supplementing hospital medicines with indigenous practices, people were to some extent giving the answers they believed were expected.<sup>1</sup>

Still, when treated as information on which particular symptoms and patterns of disease are found to be particularly relevant to present to the hospital, I nevertheless believe that the data reflect valid patterns of actual practice.

In one group of cases the reasons for consulting the hospital are obvious and acute. In another group of cases, on the contrary, it seems that the diffuseness of symptoms, or the multiplicity of interpretations they offer, is a major reason for consulting the hospital at one point in a long search for symptom relieving therapy.

In the first group, a major category of patients came to the hospital with acute, accidental injuries from weapons and sharp tools, animal injuries, thorn infections, or falling accidents. Such problems were next to always perceived as uncomplicated and merely calling for first aid and surgical work. Such use of the hospital supports the many statements that nowadays indigenous surgeons and experts of wounds in the Endulen area have been replaced by the hospital. In like manner, the hospital seems to have become accepted as a place providing a high degree of safety in child delivery, especially by people close to the hospital. This is undoubtedly a result of the hospital's long-term community programme for mother and child health care. Not infrequently husbands display considerable concern over difficult pregnancies or a past history of pregnancy and delivery problems, and they are often the ones who decide on hospital consultations, not only because they are usually the ones to pay for treatment, but contingent with the general attitude that children are considered to be a man's only true wealth and because it is among the first duties of a Maasai husband to protect his womenfolk and provide well for them.

Turning to the large group of cases in which diffuseness of symptoms or their multiple possibilities of interpretation is a major characteristic, such cases especially concentrate on symptoms such as severe and persistent headaches, the presence of blood in bodily evacuations and vomit, as well as blocked or excessive flow from such bodily openings, and conditions perceived as mainly respiratory complications stemming from an initial instance of *olairobi*. Above all, however, swellings are played central importance in illness narratives. Such swellings often seem to be the constant symptomatic element that combines otherwise diffuse illness narratives, but swellings are also sometimes major or only symptoms in acute cases. Thus, swellings as a major or contributive symptom is mentioned in no less than 33 of the 128 cases of the survey, leaving the impression that to the Maasai swellings are in themselves highly important signs of disease, much like fever is probably the most cited sign of all kinds



of disease in Western laypeople's discourses.

Swellings may be divided into two main types, where swollen lymphatic nodes, called 'glands', particularly in neck and arm pits, make up one distinct group, whereas wholly swollen bodies or swollen limbs account for the other. Swollen glands are usually symptoms of rather acute courses of disease and immediate reasons for action, whereas swollen bodies or limbs appear to be typically associated to more long-term diseases, but there are important exceptions to this, as swelling limbs are sometimes primary symptoms in unproblematic, short-term disease such as thorn infections. Swollen glands are easily located as sitting quite superficially and close to the body surface, thus easily identified by hand examination, whereas especially the swelling of bodies, but also frequently the swelling of limbs, appear to be perceived as originating from a much deeper layer of the body; they are genuinely internal phenomena indicating inner states of the body.

Above all swollen glands give reason to suspect the particular disease of anthrax, 'the hot disease'. Sometimes symptoms are much more diffuse. The whole sequence of symptoms is then frequently narrated as signifying one continuous disease. The tendency to see highly disparate symptoms as interconnected is a frequent pattern in patients' illness narratives regardless of whether or not swellings are involved. Unless patients experience absolute symptom relief, they tend to see further symptoms as new manifestations of the same, original disease. This is related to the way that disease is sometimes believed to have an ability to transform itself, expressed in idioms such as 'a disease that shifts', 'a disease that migrates' from place to place in the body, or 'travelling disease'. Important among these are so-called 'wandering' or 'circulating' boils. Such wandering boils belong in particular to the expertise of Lengobo, the cup-setter, and at the same time they form important border-line cases sometimes involving suspicions of *esetan*. They will therefore be dealt with in the final section of this chapter. When swelling bodies or limbs form a constant element in long-term illness narratives the idiom of migratory disease is rarely invoked, and patients tend to emphasise the very persistence or periodical appearance of the symptom of swelling.

Thus, in the following case the patient has over a period of more than eight years persistently suffered from the same periodic symptom of swelling, and various bio-medical institutions seem to have had difficulties arriving at a diagnosis and corresponding treatment that gave effective symptom relief. The case points to the fact that also within biomedical practice extra-pulmonary tuberculosis may be hard to identify because actual symptoms are highly disparate and may be mis-diagnosed:

A mother in her early thirties had had a problem with a swollen breast ever since 1984, when she gave birth to her first child. At that time her breast became swollen eight days after her delivery, and yellow liquid came out. It was then treated at home with sheep's fat [a standard therapy for post partum mothers], but with little effect. She was later taken to Endulen Hospital, which in 1986 transferred her to KCMC in Moshi, the largest regional hospital, where she had a breast operation and was given injections and tablets against infection. She had now herself decided to consult Endulen Hospital again, and her brothers had consented to pay for her treatment as her husband was extremely poor. The final diagnosis was TB, and she was now hospitalised for the third month for TB therapy, and feeling well again. At one point in this course of events her brother had taken her to a certain *oloiboni*, who had said to her that her problem was caused by somebody with *inkonyek*, 'eyes', looking at her.

Because the patient did not experience any lasting symptom relief from the various treatments she had followed, she continued her search for effective therapy. It is not so much diagnosis as cure it concerns; she seems to have paid little attention to the various diagnoses she has had through the years, probably because they seemed meaningless when they did not lead to a termination of her persistent symptoms. Patients may entirely disregard the diagnosis of a specialist; in this case the patient apparently dismissed *oloiboni*'s diagnosis as irrelevant. The diagnosis of 'eyes' belongs to the field of 'personalistic' discourse within Maasai practice, thus involving social relations, but she continued to seek treatment against bodily disorder. It should perhaps be noted that within Maasai discourse swelling mammal glands are hardly seen as swelling glands, they probably belong to the category of swelling limbs to be dealt with shortly.

In some cases patients seem convinced that the problem is attributable to an external, original cause, which can be located to a certain point in time in the form of a particular incidence, typically a fall or an attack from a wild animal, whereas in other cases it is clearly expressed that the patient saw no such apparent cause, leaving the impression that the symptom of swelling is perceived of as indicating primarily inner bodily disorder, that is, they are in themselves signs of disease. Sometimes, however, swellings appear as secondary symptoms in diseases, and they may lead to further complications. Patients tend to interpret chronic symptoms as stemming from some past, original disease event, relating all subsequent disease episodes to the original event. The idea that great shock, emotional as well as physical, can trigger off disease, is a recurring theme.

In the following section I shall take a closer look at the way that the symptoms of swellings are treated at home with *ilkeek*, as choices of medicines sometimes point towards some underlying, implicit categories of disease that are at the back of people's minds when treating swellings.

### Substance as cure

Turning now to the ways that such patients have tried to treat their swellings at home before consulting the hospital or other specialist, there is a quite remarkable consistency of substances employed. Out of the 33 cases involving swellings, 21 had tried to cure their ailments with home remedies. The entire sample of such home treatments administered display a range of altogether 27 medical substances employed; however many of the medicines were single appearances, and the four most frequently mentioned *ilkeek* were tried at some point in 16 of these cases. Fat was a frequently employed medium for administering such medicines, and when including those cases in which fat was stated as the only indigenous medicine employed, these altogether five substances were important ingredients in the home treatments of 18 cases.

*Iloodua*, 'the bitter ones', had been tried in eight cases, being by far the most frequently mentioned medicine; *osokonoi*, *oremit*, and *olngeriantus* each appeared in three cases, whereas the use of fat was mentioned in six cases.

Above all *iloodua*, but also *osokonoi* and *oremit*, are among those medicines that the Maasai in general praise as their most effective, their very best medicines. They are also among those said to be multi-purposed; they should preferably be kept in store. Precisely for this reason *iloodua* and *osokonoi* are at sale at every monthly market in Endulen. Although *iloodua* does grow within *Oldoinyo Laaltaatwa* it is only found at highly inaccessible places such as the peak of Mount Makarot, and therefore most people tend to buy it. *Osokonoi* is simply not found within the area; it only grows in Monduli and Ketumbeine Mountains some 150 km away, according to my informants. *Olngeriantus* was never mentioned to me as such a multi-purposed medicine to be kept in store, but compiling information on what medicines people knew, it was mentioned to me so frequently and with so varying utilities that it must be seen as belonging to the wider group of *de facto* multi-purposed medicines.

When ole Kisaka, the wisest of elders, had told me about medicines (see chapter 3), he said that '*iloodua*, *armabait*, *olmukutan*, and *osokonoi*, those are the four leading medicines in all Maasailand', and he added that *olmukutan* could be

substituted by *oremit* because 'they are coming from the same mother', that is, they share place of growth, medicinal qualities, preparations, and functions.<sup>2</sup> In this way three of the most commonly employed medicines against the symptom of swelling are by ole Kisaka considered to be among the very best of all *ilkeek* in Maasailand. *Olmukutan* and *oremit* work best if prepared with fat, but may also be prepared with soup or just decocted in water; regardless of the way of preparation they will reportedly induce automatic vomiting as well as diarrhoea. About *iloodua* he said that the seeds should be grinded and mixed into boiled water, milk, or soup, and it would make a red medicine, or one could just chew them, 'it cures almost any disease. That it is a real medicine is shown in the way that when you urinate, the urine is bright red [...] it is bitter when you chew it [...] This is the only injection, *eudore* (spear-like thing, or thing which pierces, or sticks into), the Maasai have, because it is very strong and it cures many diseases'.

With *osokonoi*, ole Nakuroi and ole Kinyanyi explain, you take the bark and scrape the inner, white part with a knife. These scrapings are then mixed into hot water or melted fat and drunk to induce vomiting. With *olngeriantus* it is the roots that are boiled and the decoction drunk to induce vomiting, they explain, and you will notice that it becomes bright red when boiling. But before taking the medicine it is best to have drunk some melted fat. According to Joshua, however, *olngeriantus* may also be employed to stop unintentional diarrhoea.

The repeated mentioning of the colour of red as in itself a proof of the medicinal qualities is most clearly emphasised in connection to *iloodua*, but it seems also to be a general principle, not only because many of the specimens employed as medical substances produce red fluids when prepared. At one point I asked Ngilole, the midwife, why so many good medicines were red. She replied that 'red medicines are good because they enter the body. They have *eyerunoti*, because if you boil with water and it then only gets the colour of water, you are sure it does not have any strenght, no power'. The term *eyerunoti* William explained as being derived from the verbal form *eyarata*, 'cooking'; it refers to soup cooked on bones in which the marrow makes the soup rich and concentrated, and gives it content and substance. Thus, red medicines are good medicines because they are strong and powerful, concentrated substances with a content that has the ability to enter the body and treat disease.

This comment touches implicitly on the way that the general effects and purposes of medicines are explained. Medicines are mostly taken orally, and are usually employed with the explicit intention of producing some kind of bodily flow, either by inducing vomiting, diarrhoea, urine, or sweat, or they are in some cases employed to stop excessive bodily flow, such as unintentional diarrhoea. The

manipulation of bodily flow is intended to reduce symptoms and somehow expell the dirt' that disturbs normal bodily functions and processes, but it is then thought that the real, active substance of the medicine somehow stays in the body, where it 'beats the disease itself', that is, it provides a lasting cure.

It is important to distinguish sharply between these two perceived stages of therapy, one aiming at symptom relief, the other at curing. Provoking bodily flow may thus be seen as working primarily on the symptomatic level of bodily processes; it is intended to restore normal bodily functions and relieve the patient of the primary symptoms of disease; yet also expelling through these bodily flows some kind of disease matter responsible for the symptoms. The media that medical substances are prepared with are important; people use symptoms as the basis of determining the broad category of the disease, which again to some degree determines the particular form of preparation. It is notable that medicines are usually prepared in ways that transform them into fluids. It is as if symptoms are seen as disturbances in the regular, bodily processes, they are somehow located in bodily fluids, and notably they are treated with other fluids as a kind of antidotes. However, the secondary intention behind administering medicinal fluids is a permanent cure, and here the working principle seems to be the substance, the *eyerunoti*, the powerful essence of the medicinal preparation, that is the real agent at work combating disease agents equally perceived as a kind of substances. On this level disease substances must be effectively neutralised by curative substances. It is in this context that ole Kisaka's remark on the curative capacities of *iloodua* as demonstrated in its ability to colour the urine red should be understood; that the urine becomes red is a proof that this disease matter has been effectively expelled. The same effect was explained by ole Nakuroi and ole Kinyanyi in the following way: 'When you drink this medicine it will beat you [cause diarrhoea] and you urinate blood. It is not really blood, but the medicine that works and removes the dirt'.

Such medicinal, fluid media are either hot water, hot fat, hot soup, or sometimes alcohol, ideally in the form of mead made from honey, but in practice mead is frequently substituted by one of several alcoholic beverages that are more or less illegally produced and sold at the river, usually by people of non-Maasai origin, apart from a few Maasai women, widowed or with destitute husbands. However, alcohol may only be drunk by elders, and medicines containing alcohol are thus exclusively used by elders. Milk is sometimes added to decoctions based on water, but it also has a special function in medicinal preparations, as it is recognised that with many medicines milk will counter-effect the medicine and make it less active or even worthless. Therefore it is the principal antidote to be administered in cases of

overdoses.

Frequently fat is said to be a medicine in itself. When the intention is to vomit out disease or to expell it by provoking diarrhoea, large amounts of melted fat is often used to enhance the effect, if its emetic or purgative effect is not strong. Especially with children fat may be the only cleansing medicine employed. But apart from its immediate therapeutic effects, it is recognised that fat is important in health; it builds the body and keeps a person healthy. A young mother said 'the best medicine whatsoever is to have animal fat, because it enters the body deeply. It is simply for health, it is used by people who have been sick to rebuild the body'. Without fat, food is worthless and will in the long run lead to disease. Therefore some kind of fat, butter, tallow, or even purchased cooking oil, must be added to the maize porridge that is increasingly replacing milk as the daily staple. Other medicinal media may in like manner be said to have medicinal properties in themselves. A small extract from a conversation with ole Nakuroi and a visiting elder illustrates how:

- ole Nakuroi: The medicine I took, that strong alcohol, *empinyo*, [from the river] was mixed with fat. Alcohol, *inaishi*, is a medicine in itself, because alcohol is made from honey, *enaisho* (pl. *inaishi*), or sugar, and even honey come from *ilkeek*, and even sugar come from *ilkeek*. This medicine can be used for *arbae loonkiri* ['the wound of the flesh'] as well as for *olairobi*, which I had. Apart from the mixture, fat is a medicine in itself.
- visiting elder: It is the first [that is, the best] medicine you can get from animals, the second is meat which is boiled to a soup and used to take with *ilkeek*.
- ole Nakuroi: Alcohol alone cures the disease of the chest, when you mix it with fat it is just good for your body in itself, it is like food when you do not have *olairobi*.

In the next chapter I shall discuss the health-related aspects of using medicines and of dietary items in medicinal preparations in the context of health maintenance, in the present context it will suffice to emphasise that whereas the application of *ilkeek* as medical substances aims at curing disease, the fact that medicinal media are also food items suggests that they are not only employed to rid the body of symptoms and disease matter, they are also seen as important in reconstituting *osesen sidai*, 'the good body', that is, health.

The three of the four medicines most frequently employed in treating swellings are, as stated above, explicitly recognised as being multi-purposed. Thus, they are used to treat a wide range of symptoms and diseases. *lloodua* may when mixed with fat or milk be used in the treatment of any kind of *arbae* – an important group of diseases

ceived as a kind of internal wounds, including venereal diseases – and it is used in the treatment of serious, external wounds. It speeds up the delivery process in cases of miscarriage. Additionally it is said to have the ability to make children's big, swollen stomachs 'go back' and help build their bodies in general. When given to children it should always be used with milk to take the worst bitterness away, otherwise it may be hard for them to swallow. Because *iloodua* has all these good uses it may also be used as a preventive medicine. Therefore, a group of women explained to me, rich people with lots of cattle and milk tend to mix *iloodua* into the milk every day, just as other people would sometimes do with children. In their opinion *iloodua* is the only medicine that can be used both for curing and for building the body, other medicines can either cure or they can build the body.

*Osokonoi* is used to treat stomach problems, especially internal 'wounds'. Additionally it is good against coughing blood, and against other chest problems such as *sinkeek*, 'sticks', that is, painful breathing, or pains in lungs or sides. 'Taken with sheep fat it helps in all kinds of problems. It is not only a painkiller, it also helps against diarrhoea', a young mother said, and it is used in child delivery and to speed up the expulsion of miscarriages. It is also good for pregnant women to take it so that the child will not tend to have a big, swollen stomach.

*Oremit* is primarily used against malaria, to vomit out the 'bile excess', and against *arbae loonkiri*, 'the wound of the flesh'. It is used by *ilmurran* in *olpul* when suffering from 'dirty stomachs', it expells worms, it reduces children's big stomachs, and the branches may be used as toothbrushes.

Finally, *olngeriantus* may be used against *arbae*, although it is not considered among the very best for this. When taken with milk it helps against indigestion and stomach pains, it may be used against eye problems, especially by old people, and it stops unintentional diarrhoea, whereas when taken with fat it helps to provoke vomiting. Additionally, it is used as a dye for the facial tattoos that women sometimes make.

## Disease as wounds

It is quite remarkable that when speaking about such medicinal properties in the abstract people constantly refer to various categories within the group of *arbae*, thus three of the four most used medicines against the *symptoms* of swelling appear to be important medicines to treat *diseases* belonging to the group of *arbae*. Additionally, some of those *ilkeek* that were single appearances in the survey cases are also specific

medicines against *arbae*, thus 10 of the altogether 27 medicines used.

Yet, when talking about their own specific problems, people never mention this category of *arbae*. What people talk about are their symptoms, and what medicines they have tried in turn, in this way implicitly, but perfectly clear for the cultural insider, indicating what particular diseases they have feared. This has to do with the fact that *arbae* comprises a range of diseases perceived as sexually transmitted, and hence a little embarrassing to talk about, particularly in front of people of the opposite sex or when there is great discrepancy of age. It is also a manifestation of the tendency not to mention one's inner fears, lest they become real. Primarily, however, it reveals that on a general level, diagnosis as such is embodied in the cure and obtained in retrospect; it is the efficacy of the cure, the one in a series that proved to work, which establishes and makes a firm diagnosis meaningful. Until the cure is established disease is referred to mainly through bodily locus and symptoms, only when diagnosis is final may it be given a more specific disease name. Of course, the disease patterns of certain diseases are so outstanding or well known that they are merely trivial, but even such diseases may sometimes in the long run prove to be something else.

Included in the category of *arbae* (or *orba(y)e*, *olba(y)e*, *alba(y)e*), which is frequently translated as gonorrhoea by English-speaking Maasai, is first of all gonorrhoea, also sometimes called *ororsupetai* or *kisonono* (Sw. gonorrhoea). Also syphilis, *emireka*, is included in the larger category of *arbae*. The word *arbae* (pl. *ilbaa*) means wound, and in its regular meaning it refers to big, open, serious, and inflamed wounds, as those caused by spears or lions. But the singular form is additionally used as a euphemism to connote other conditions perceived as a kind of internal wound. 'You should not confuse *ilbaa* and *arbae*', as ole Nakuroi said to me, 'the last is like *kisonono*. *Arbae* has two types. There is one called *arbae oruko*, 'the liquid/running wound', which you feel when you urinate, the other is *arbae loonkiri*, 'the wound of the flesh', which stays in the body'.

These two forms are by far the most frequently mentioned forms of *arbae*, and as such they refer to specific manifestations of disease found within this larger group of symptoms.

Apart from the external sores sometimes observed as a late symptom of 'the liquid wound' accompanying the more pronounced symptom of painful urination, sometimes with puss coming out, such 'wounds' are generally perceived of as some kind of internal wounds being responsible for the various, perceived symptoms. 'The liquid wound' is explicitly recognised as being sexually transmitted and primarily a disease of young people, with the exception of children, to whom it is thought to be transmitted to the child in the womb by either father or mother. This category of



'wounds' seems to be the one that all other categories are modelled on. Significantly, the act of having sexual intercourse is commonly and euphemistically referred to as *enkinosa*, 'eating'. The same verb is employed to refer to minor wounds, blemishes, and sores, like 'what has eaten you there?'

The category of *arbae loonkiri*, 'the wound of the flesh', is also sometimes called *arbae ojiey*, 'the wound that swells', or *arbae lenjian*, 'the swelling wound', referring to the symptom of periodically swelling limbs. Such swellings may afflict everybody. This category of 'wounds' that swell is clearly in the back of some people's minds when describing their symptoms of swellings in the survey.

However, the group of diseases referred to in common as *arbae* seems to be an area of highly contested meaning and multiple discourses. Whereas ole Nakuroi and ole Kinyanyi recognised only two varieties of *arbae*, other informants subdivided the group into three, adding a category of *arbae looloik*, 'the wound of the bones', characterised by pains especially in spine and joints. This form of *arbae* is characteristically a problem experienced by old people, and in many cases it probably covers conditions of rheumatism.

But there seems to be even more types of *arbae*, thus ole Kisaka stated that '*arbae* has four mouths, or *impukunot* (sing. *empukunoto*), 'ways/ getting(s) out of', that is, types'. Thus, there is *arbae orubat*, *arbae loonkiri*, *arbae looloik*, and 'the *arbae* that enters the stomach and causes problem with the system of excretion so that you can hardly urinate'. In fact he ended up adding a fifth type to his four categories as an after-thought, namely the one that enters the head and causes blindness and deafness. Significantly, ole Kisaka has himself experienced increasing problems with sight and hearing in his old age.

Lis Ellemann has worked intensively with the system of medicines to treat *arbae*, and also her informants seemed to be very much in disagreement over the various categories of *arbae*. Thus she states (1996a:13-5, and tables 7-8) that whereas some Maasai see the type of *arbae* in which elderly men experience their urinary function as blocked – commonly referred to as *arbae* with no qualifying additions – as a special type of 'the wound of the bones', others see it as a disease developed from an untreated or unsuccessfully treated 'liquid wound'; still others see it as unrelated to any other forms of *arbae*, and do not consider it as belonging to the group of *arbae* in a strict sense. Whatever the classification, the symptom itself is never considered to be transmitted sexually, at the most it is seen as a late complication of an original 'liquid wound', but it is always serious, in this sense a 'hot' disease, as it may cause death if not successfully treated.

Likewise, Ellemann's informants disagreed on whether periodically swelling

limbs should be included in the category of 'wounds of the bones', in 'liquid wounds', or whether it should be seen as a category of its own, unrelated to the other forms. Such swellings were either perceived as having no cause, to be the result of alcohol abuse, or of lack of sufficient food, or they saw it as caused by inflammation. None of her informants seem to regard blindness or deafness as forms of *arbae*. Finally, Ellemann comments that a person may very well be believed to have *arbae* in his or her body without any overt symptoms. 'Then it is perceived as *orbaye* in the broad sense, whereas *orbaye* is separated into different types when symptoms evolve' (ibid.:13).

Regardless of individual classifications of types of *arbae*, the common and very basic notion that they are kinds of wounds seems to be the constitutive factor in this rather diverse group of symptoms and diseases. As such, they are highly suggestive of the ways that disease is thought to operate inside the body. *Arbae* are inverted wounds; as a category of diseases thought to work mainly in the body's non-visible, internal parts they employ an image of what can be observed to take place with external wounds. Also in childbirth it is seen as highly important that the woman should afterwards use cleansing medicines to expell the 'dirt' from her internal wound; if this is not done it is firmly believed that the woman will invariably become sick. This suggests that a closer look at external wounds might illuminate the category of *arbae* further.

When the word *arbae* (pl. *ilbaa*) is employed to describe external wounds it is restricted to serious and inflamed wounds that do not heal properly, that is to wounds in which the patient's life may be in danger. Such wounds are described as wet, and it is believed that a well-healing wound should be dry. Therefore a wounded person should not drink milk but only *enkurma*, maize porridge, as it is believed that the milk will keep the wound from drying out. The treatment of ordinary wounds stresses the importance of keeping the wound as dry as possible, and in general, dryness is associated with the absence of milk. To heal a wound, one must create a dry season, as it were.

The reason why some wounds become infested while others do not, appears in itself to be an area of contested meaning. Ellemann writes:

The understanding of the relation between wounds and the other types of *orbaye* varies. Some say that the wounds will only become inflamed if *orbaye* is already in the body, whereas others say that improper treatment of the wounds may also lead to inflammation. However, the wound may get inflamed, even when it is being treated sensibly, and then it is because the patient already had *orbaye* in the body (1996a:15).

serious wounds are perceived as 'hot' in the sense that they are serious disease that may lead to death. A wounded person should therefore be moved to an unheated hut, sometimes specially constructed for the purpose, and stay there during treatment. As in all kinds of home treatments the sick person has a caretaker administering the relevant medicines, and Ellemann writes that in the case of wounded persons the caretaker may not have sexual intercourse while therapy is going on, as this may cause the caretaker to become 'polluted' and transmit disease to the wound of the patient (ibid.). It is highly likely that this precaution especially aims at eliminating the risk of adding conditions of 'wounds' to the already present wound. Serious, external wounds are treated with internal medicines in addition to the externally applied remedies, and such oral medication aims at drying out the wound. As in most other treatments such medicines are preceded by medicines to cleanse the stomach. Several of the medicines to dry out wounds make bright red decoctions and are known to stimulate urination, which is thought to be helpful in drying out the wound (ibid.:16).

It appears, however, that the interconnectedness between wounds that will not heal well and internal wounds presenting themselves as swellings has been reflected in the form of a particular area of specialised practice now abandoned.

Formerly, the treatment of complicated wounds belonged to the special area of expertise of the *ilabaak*, (sing. *olabaani*), that is healers, doctors. According to Mol the verb *a-bak* means to heal, to attend to medically (1977:81), and the imperative form, *ilabaa*, suggests that the lexical root in 'wound' is etymologically related. The category of *ilabaak* comprises two types, those who 'are specialists in very strong medicines and diseases, and those who treat *ilbaa* and also cut' according to ole Nakuroi. '*Ilabaak* as a name really means those who cut and treat wounds', he adds, 'these specialists will treat any swollen place. You will have this *olabaani* to cut and remove the puss and see if another disease has entered into the swollen place, and he will put medicine in after washing'. Afterwards the wound will be dressed with either fresh bark peelings from young stems or with bee's wax, changing the dressings about every other day to check if healing is proceeding well.

While there are still plenty of specialists in certain strong medicines as well as diseases around, the type of *ilabaak* who treated wounds and did surgery and bonesetting have in the Endulen area been totally replaced by the hospital. A group of elders discussing the subject with me at ole Nakuroi's *enkang*' regretted this development; they believed that especially in the area of bonesetting the Maasai *ilabaak* were often more skilled than the hospital, describing past experiences of how *ilabaak* had hand-manipulated broken bones back in position and afterwards sewn the

entire limb carefully into cloth and hide while healing, frequently readjusting the device and checking the progress of the healing process. The same type of *olabaani* would also take care of complicated wounds stemming from external injuries, sometimes sewing them together with sinews or threads, using a thorn as needle, in addition to cleansing them and administering oral medication. My informants described in detail how such sewing was deliberately done with enough openings to allow for blood and puss to come out of the wound and for externally applied medicines to come in, and it was clear from their vivid descriptions that several of them had actually been submitted to such treatments in their glorious past *murrant*hood. As the major reason for the disappearance of this type of *ilabaak* they gave the hospital's unmatched superiority in providing pain relief.

Thus, it appears that such *ilabaak* used to be specialists in exactly the kind of swellings now presented to the hospital in addition to their treatments of external injuries. It is clear from the elders' description that their standard procedure in cases of swellings was to perform surgery, thus making explicit and open what is perceived as internal wounds. But if the specialists themselves have disappeared and been replaced by a new, foreign institution of health, it is as if their discourse on wounds and swellings has remained, and the discourse of the new specialists only partially incorporated into Maasai discourse. A persistent, underlying category of anxiety when people present swellings to the hospital seems to be the idea that such swellings may arise from within, because of 'wounds'.

Internal wounds are highly alarming exactly because they have no apparent cause, that is, no external, visible, identifiable, and known cause. In this sense they are 'unnatural' wounds. Although the Maasai do not have terms corresponding to our categories of natural and unnatural, they do perceive the absence of immediately identifiable or attributed, external reasons for disease as truly alarming conditions calling for action. In this context the many examples of patients trying very hard to link their symptoms of swelling to an initial instance of perceived, external cause appears to be a way of minimizing the problem, of making it less complicated and of dismissing *arbae* as a possible reason for their problems. Thus, some patients try as hard as possible to externalise the causes of their problems and make them simple and straightforward, while others precisely emphasise the complicated nature of their problems by stressing that it started as pain with no reason. Pain without observable cause then, is a reason to suspect internal 'wounds'. The image of the wound used to describe such perceived internal processes is a way of internalising particular instances of disease by means of inversion of the original model of bodily injury as the cause of disease, only this time perceiving the injury, the wound, to be internally arisen in the

body. Not knowing the cause of such internally arising wounds is truly alarming. The inverted image of the wound, however, still employs external models of causality on a higher level, as many such 'wounds' seem ultimately attributable to external causes, reflected in the assumed sexual transmission. Internal wounds are curable if the ultimate, external cause may only be known.

Yet the degree to which 'wounds' should be seen as sexually transmitted, as well as the degree to which various forms of 'wounds' are interrelated as complicatory stages of the basic type constituted by 'the liquid wound', gonorrhoea, is highly debated. It forms an area of continually contested meanings, a field in which meaning is constantly negotiated, allowing new theories to be formulated and tested. Over time such new theories are again contested and negotiated further, in a never ending process of negotiating meaning. It is medical process and development of new discourse on disease; it is lived and living practice, and the Maasai disagree among themselves on many details. Such fields of contested meaning tend to occupy people's minds precisely because they are areas of developing new meaning out of the opaque and mysterious experiences of life. The Maasai invariably state that disease ultimately comes from *Engai*, and about *Engai's* motives people cannot know; yet they nevertheless do speculate a lot about them.

It is into such areas of contested meaning that fragments of other people's discourse is constantly incorporated, be it because they are particularly convincing or mystical enough to form food for thought. The explanatory models of foreigners and outsiders appear to be particularly attractive in the negotiation of meaning; characteristically, however, when fragments of foreign discourse are incorporated into Maasai discourse it is often by way of transformation. In the category of *arbae* fragments of bio-medical discourse on gonorrhoea seems to have been incorporated and transformed to fit with preexisting models of explanation interpreting internally arising disease as a kind of internal wounds.

### Objectifying disease

Yet, the symptom of swelling often cuts across the indigenous category of *arbae* when presented for treatment at the hospital, and still more patients experience their problem of swelling relevantly diagnosed, treated, and cured as TB. Above all, TB is the true field of expertise associated to the hospital, and it is explicitly perceived as such. The hospital is in public discourse frequently referred to as *Oldottinga*, thus invoking the still living memory of its founder, the Austrian missionary physician

Dr. Watschinger, who saw the combat of tuberculosis in Maasailand as his mission in life. In the eyes of the Maasai he was the one who not only discovered this disease, but also the cure against it. Important in the new specialist therapeutic institution is the X-ray equipment, a powerful provider of proofs of disease matter, very much like *oloiboni*, who has his special calabash or horn, the *enkidong'*, by means of which he determines the nature of affliction and obtains advice on the appropriate cure.

At a certain point in the survey, the interviewed TB patient, an elder of approximately 50 years of age, had indicated that abstinence from sex was a major health priority to him. At that time I had not fully realised the importance of *arbae* as an implicit category of anxiety in people's narratives, and his concern struck me then only as having to do with the fact that a couple of days before the interview took place a team from the regional hospital in Arusha had come to Endulen in order to inform on AIDS. They had shown some very illustrative, educational videos on AIDS in Kenya and Uganda on a large outdoor-screen. These films had made a powerful impression on the Maasai audience, most of whom had never seen motion pictures before, and many were discussing afterwards that this new disease would indeed be the end of the Maasai. Afterwards, it strikes me that they must have seen AIDS as a new type of truly frightening *arbae*.

Further conversations with this patient, however, provided valuable information on how the various symptoms of TB are objectified in ways that are similar to the various categories of *arbae*, if not directly modelled on it, even though the information stems mainly from what is being taught at the hospital's regular TB classes. In a lengthy interview the patient described how he had come to the hospital after having recently started coughing. Some 5 years before he had had an anthrax boil under the skin of his stomach, later he had been hit by a sword's handle at almost the same place, and when he had started coughing heavily he decided to go to the hospital in order to have an X-ray 'to see for himself what had accumulated inside'. Although he had had difficulties seeing what his picture looked like, he had accepted the explanation that it showed that he had a TB that had slightly enlarged his heart and that there was some water near to it. This is parallel to the situation when consulting *iloibonok*, whose system of interpreting messages from the *enkidong'* is also not fully understood by their clients. Previously a child of his had also been treated for TB at Endulen Hospital, so he had asked the mother of that child to take him to the hospital because she knew the way. To let his wife lead him to the hospital was commented by other Maasai as highly unusual for a Maasai elder, showing that there was true affection between husband and wife. During a long interview with her husband the wife came to and fro, at times commenting the information of her husband. Thus, she

had just joined us when her husband, William, and I were talking about his experiences with TB amidst an audience of interested *ilmurran* and elders outside the hospital ward:

–NJ: What kind of disease is TB?

– Patient: As they say, it is a disease caused by milk. If the milk is not boiled you can get it from drinking milk. And you cannot discover which cow it is, because it will look healthy like all the others, but inside its meat it will have tiny insects. When you take an animal for slaughtering [for consumption sale butchering must be supervised by the veterinary services] the butchers will throw away the meat if they see those *wadudu* (Sw. insects). Now when I have heard of it, I am not going to drink unboiled milk, never again. Also, when I go home I will tell my children not to do it. That is why I have this notebook, to write everything they tell me for my children to read when I go home [The man is illiterate, but a co-hospitalised *olmurrani* helps him to write things down].

– NJ: Is unboiled milk the only way TB can be given to people?

– Patient: Yes, as far as we are told, it is the only way...

– Wife [to her husband]: But milk is only the origin of the disease, also through coughing you can give the disease to others.

– NJ: Does that mean that once you have become sick you will give it to others?

– Patient: Only if you cough directly into his mouth... [more lecturing from his wife]

–NJ: You said that Maasai medicines made your disease worse, why was that so?

– I do not know, it was only that the disease did not hear, *itu ening'*, the medicine...

– Wife [to NJ]: He is lying, you know, he likes hot, fresh milk very much and he will surely take it again!

– Patient: Of course I like fresh, hot milk, that is how I was born, and that is why TB is getting me!

– NJ [to wife]: Have you also been taking these TB classes?

– Wife: Yes, I am following the TB classes.

– NJ [to both]: How about this son of yours who also had TB?

– Patient: It was this mother who brought him here. He had TB of the bones.

– NJ: Are there different kinds of TB, then?

– Wife: Yes, there are four kinds altogether, according to where they go: There is TB of the blood. That is when you vomit blood. There is TB of the glands, TB of the bones, and TB of the coughing.

– NJ: TB of the glands, is that when you swell?

– Wife: Glands, every gland, those of the arm-pits, those of the legs, all your glands swell.

Here the interview was interrupted for a while, and when we took up conversation again, they related how their son had had TB of the bones four years ago. It had shown itself as extreme skinniness, dry skin, and severe back pains, but he was not coughing, nor did he have swollen glands. When his mother brought him to the hospital he could not walk because of aching joints. They had really wondered what disease it was.

In this way it was actually the wife of the patient who provided the typology of the various bodily manifestations of TB, in agreement with the fact that she is now attending TB classes for the second time. She seems to have been a very attentive and highly motivated student, and characteristically she structured her typology of the various forms of TB in a way that appears directly modelled on the standard descriptions of *arbae*. This is particularly evident in the way that she names the various forms according to their dominant symptom and bodily locus.

It is evident from this interview that the patient had originally understood his recent disease as connected to a series of former problems in about the same place of the body, and that he primarily came to the hospital in order to obtain convincing evidence of what kind of disease he had, significantly expressed as cumulative disease. He got the X-ray he had desired, and it formed a powerful and convincing proof of disease matter. Even if he did not understand how to interpret the picture himself, the fact that he was presented to such evidence and since had experienced improvement in his condition convinced him that his problem was indeed TB.

### Externalising disease and *esetan*

A certain group of specialists in a specific form of therapy are the *ilong'obak*, (sing.) *olong'obani*, 'those who suck' out disease. The unifying characteristic of this group is comprised in their name which refers to their technique, *eng'obare*, describing the act of filling the mouth with liquid. In actual practice it appears that this technique may vary considerably. This type of specialist, and in particular the individual named Lengobo, was the secondmost frequently consulted specialist among the patients interviewed in the hospital survey, and many of such patients described their problem as related to the symptom of swelling.

The local representatives of this group of specialists in *Oldoinyo Laaltaatwa* mostly employ a technique of sucking with the mouth as instrument. Filling the mouth with milk to assist the process of sucking, they usually produce disease



vidence in the form of little flies, a hair, or some dust, which they suck from the odily openings. At other times 'when the patient feels sick inside' they cut with a razor blade and suck out blood and puss with cow horns. Such sucked-out substances they claim to be the very disease matter that was the cause of the patient's problem. Most of my informants found this type of *olong'obak* utterly ridiculous. Such ridicule was primarily based on the central argument that such flies had to be manipulated, like disease-matters, and besides, the technique of sucking by means of one's own mouth was seen as self-defiling and hence contemptuous; yet several of them could actually cite cases in which the assistance of an *olong'obani* had been helpful, in this way leaving room for doubt. Thus, Joshua, who disbelieves in most specialists on the grounds that they make it a business, says that he halfway believes in *iloibonok* and *olong'obak*. He had once witnessed a child getting choked from the sheep's fat it had been given to eat, when the fat had accidentally blocked its breathway. Joshua had thought that the child would die from suffocation, but an *olong'obani* had cut in the chest and back and sucked, and had managed to cure the child.

While people in *Oldoinyo Laaltaatwa* generally estimated the local *olong'obak* as ranking among the lowest of specialists, they were also full of praise over a certain individual *olong'obani* living at the outskirts of Arusha, whom they referred to by the name of *Lengobo*, 'he of the container'. Considering the distance they had to travel to see him a surprising number of people had actually consulted this man, in fact, as an individual, he seemed to be next only to *iloibonok* in reputation. Our Nissan Patrol was a new opportunity of getting transport, and on two occasions I escorted patients who wanted to consult him.

Lengobo is an *Olarusai* and he receives his patients in a large homestead built in modernised *Ilarusa*-style with five large, round houses with conical roofs made of concrete and corrugated iron, and fenced in by a line of trees and thorny succulents. In the homestead there is also a square house, but in obvious contrast to pastoral Maasai homesteads there is no signs of animals there. Besides being an *olong'obani*, Lengobo keeps cattle and grows the land like most other *Ilarusa*, but he keeps his animals at a separate homestead some 30 kilometers away. This homestead is where his pastoral Maasai wife lives, and on and off he spends some of his time there, while his *Ilarusa* wives take care of his *Ilarusa* homestead. Lengobo himself is a modest man of about 60 years of age, and he is not inclined to boast; but on one occasion, while we went to the Maasai homestead to fetch Lengobo to come see the patient we had brought him, his senior wife told with much pride how he receives patients from everywhere, not just from *Korongoro*. Even from Nairobi in Kenya, and from Tanga they come because they have heard of his skills, she said. He had even recently cured a *Mzungu* who had

a bad knee. This *Mzungu* was so satisfied with Lengobo's treatment, she said, that he afterwards inundated him with presents. Lengobo was flattered that I wanted to study his healing techniques and agreed to show and tell me everything about it, because he has nothing he wants to hide.

The following is a condensed extract from my first conversation with Lengobo. He stroke me as an extremely calm and gentle man, his voice is modulated, slow and almost subdued; he radiates self-control and sincerity.

–NJ: I'd like to hear about your skills and treatments and the diseases that you treat.

–Lengobo: The first thing is to treat a person with a damaged and injured body, one who has been hit with a stick or otherwise. I can also treat an internal boil, *oltamasj*, like a boil circulating, moving around in the body. And I treat bewitched people, *iltung'anak asakutot*, but only minor cases, because I cannot treat people suffering from internal problems caused by sorcery, *esetan*, only external ones.

–NJ: Which of these kinds of problems do you do most treatments for?

–Most are damaged and injured bodies.

–NJ: Will you describe to me your procedure of treatment?

–NJ: What I do is to make an incision, and then I take a horn. [He gets up to fetch a small cow horn, about 8 to 10 cm long, hidden in the shrubs. The tip has been cut off and replaced by a black lump of bee's wax leaving only a small hole. Lengobo explains with gestures how to make parallel incisions, suck the horn on, and fix the vacuum by closing the hole in the wax.]

–Lengobo: I can even suck the blood out without making any cuts, but I usually make two cuts like this [parallel], and then I start sucking and the horn gets stuck, it is closed on by the wax. Once the horn is put over the incisions, I wait for 8 minutes, that is the time it takes the blood to come out. Then I make a hole in the wax to allow the air to come in for easy removal.

–NJ: Is it only blood that comes out?

–Lengobo: It is the blood that brings other things like puss after the blood, but while it is in the container it is mixed together.

–NJ: Do you sometimes repeat the operation?

–Lengobo: I will do it until I see no more signs of blood or *esetan*.

–NJ: What does *esetan* look like?

–Lengobo: It is very simple to identify *esetan*, because once a full horn of blood and whatever, when you put it on the hand, it separates itself from the blood in the shape of the original *esetan*, for example a piece of meat or charcoal.

–NJ: Who taught you this?

–Lengobo: That was my father's father.

[...]

– NJ: Do you only use the horns, not *ilkeek*?

– Lengobo: That is the only thing I do, the cuts and sucking out by means of the horns.

– NJ: Is it more difficult to cure if people have gone for a long time before they come, than with a fresh thing?

– Lengobo: It is much simpler to treat new damages than old ones, but I treat them all.

– NJ: Can you tell me, how do people make *esetan*, and why? You see, I do not know, my people does not know how to do these things.

– Lengobo: *Esetan* is just like normal poison, the only thing that differs is that *esetan* is not a serious poison that kills you right away, it can stay in the body for some time before it kills you slowly. People do it because they hate and want to harm. The other type I know is the one of *iloibonok*. It is called *oloing'oni*, 'bull'. This one is made by *iloibonok*. They can make it from any tree or small animal. Once it is put under your bed, it will cause a disease to your side, whichever side you use during your sleep. Even this I can remove.

– NJ: Is it the same procedure?

– Lengobo: It is the same.

– NJ: Don't you have to be careful with where you dispose of the *esetan* you take out?

– Lengobo: I normally put it in a special hole.

– NJ: When people come for treatment, do you listen to their story of disease, or do you diagnose yourself what is wrong?

– Lengobo: It is the person who tells me, I cannot see it myself, I need assistance from the patient to cut the right place.

[...]

– NJ: How quickly do people feel cured after a treatment?

– Lengobo: It is very difficult to feel immediate recovery. Sometimes they come back to get another place cut.

– NJ: I have heard about some *ilong'obak* who can treat people's throats if they are getting choked by something, can you do that?

– Lengobo: No.

– NJ: Do people after treatment have to do certain things?

– Lengobo: There are no special instructions on what to eat, he is free and can do whatever he pleases. In this respect I differ from other *ilong'obak* who instruct on what to eat or not to eat or do.

[...]

– NJ: Do you sometimes treat somebody that the hospital could not help?

– Yes, when it is *esetan*, or boils, circulating boils, they go to the hospital first and then they come here. At least *esetan* the hospital cannot cure.

– What goes on in the body with this disease of the circulating boil?

- Lengobo: It is a boil that shifts places in the body before it finally settles in a certain place and develops puss.
- NJ: When it circulates in the body, how does that feel?
- Lengobo: I know that when I suck out where the patient says it sits today, I see the signs. Once you suck the blood, it comes automatically with the puss.
- NJ: How does the sick person know that it is this disease?
- Lengobo: Because of the swellings that shift from one place to another.
- NJ: With *esetan*, who identifies that, you or the patient?
- Lengobo: I am the one who identifies *esetan*.
- NJ: With a damaged body, who identifies that?
- Lengobo: It is the patient who tells me that he remembers this and this, and also I see if it is true when I suck out the blood.
- NJ: How do you see that?
- Lengobo: I can identify if the damage has stayed long with the patient, because puss is developed. If it is new I see that the blood has become thinner, like the blood of a very skinny cow in the dry season.
- NJ: I have heard that other *ilong'obak* make their treatments a secret?
- Lengobo: It is true that others do it inside the house, but I normally do it in the open and have the person escorting the patient as a witness. Everybody is welcome to see what I do.
- NJ: Why do you want a witness?
- Lengobo: That is to remove the fear that I should do tricks.
- NJ: Do many people think that these skills are tricks?
- Lengobo: Yes, many people think we do tricks, and they are right to do so, because some remove a hair, some remove dust, whatsoever. I show before the operation that the horn is clean and that I do not have blood or puss in my mouth.
- NJ: How about the sucking out of flies?
- Lengobo: What they do is that they use milk to suck out the flies, but I am not really sure that they do not keep flies in their mouths.

The two patients that we brought to Lengobo had their problems diagnosed as a damaged body and a circulating boil, respectively. In the first case, it was obvious from the patients narrative centering on a year-old falling accident what her problem was, and after being sucked twice at the head and sides where she had been hit, she described how she no longer felt the original pains, but rather the pains from the cuts. Besides, she felt dizziness, *olmilo*, which she ascribed to her blood loss. Formerly, she had been treated by one of the local *ilong'obak*, whom she already at the time of consultation did not trust to be good at his technique, unlike Lengobo, whom she now

believed to be a real specialist, judging from his precision in cutting and sucking at the exact places where she had felt pain. He charged her 400 shillings for his services, although he had said initially that the fee was 1,000. The treatment apparently gave her lasting relief from her problems.

At the other occasion the patient, a mother of about 35 years of age, described how she had for years developed a problem with her breasts whenever she had a new child. Sometimes there would be blood in her milk, at other times her breasts would swell. We brought her to Lengobo's place in the late afternoon, and he interviewed her about her problems, scheduling the operation itself to take place the following morning. Meanwhile the patient was installed in a small guesthouse some few hundred meters away at the expense of her escort and caretaker, who in this case was my assistant Peter, who was a relative of hers. Peter had been entrusted to take her there; he not only had been there before with a friend, he was also an employee of someone who had a car and was interested in people's health problems.

When the operation was about to take place in the morning, another patient, a young woman of the *Ilarusa*, was already in treatment. Our patient was calm but obviously nervous.

Lengobo was wearing a whitish old cotton-coat and a bright red wooly cap. He had an authoritative and calm bearing. It was my distinct impression that he was deliberately casting himself to convey a hospital-like atmosphere. An old oil-drum served as his table of instruments, most of which seemed to have once served as ordinary household utensils. There was a wash basin with some quite brownish water, and whenever he had been in touch with patients, Lengobo would wash his hands there. There was a small medicine bottle with some black powder in it. He also had an old tea kettle from which the top half had been removed, containing an old foam rubber sponge, a piece of slender iron bar with which to pierce the wax when removing horns, and some of his waxed cow horns, all standing in some rather blurry water. This kettle he took from patient to patient when attending the horns. By each patient he placed a potsherd to empty the horns in. In a central tree was hanging an old paint-can and some more potsherds; obviously he was equipped to attend several patients simultaneously.

The silence of this courtyard situation was striking and further enhanced the sincerity of what was going on; nobody spoke, except for Lengobo who would occasionally utter a single word of explanation or instruction. During the session a friend of Lengobo's came by to visit. He did not intrude to announce his presence, but simply squatted to await for Lengobo to have time for him. Between patient attendances Lengobo would come to him and they would murmur in subdued voices.

When Lengobo started treating our patient he produced a razor blade from the pocket of his coat, and although he had told me that he always uses a clean razor blade, I did not see him unwrap it; presumably by clean he means washed. He quickly cut two small, parallel incisions on each shoulder blade of the patient, immediately afterwards sucking on a horn over each place. The blood running down her back was wiped away with the sponge from the kettle. After five minutes one horn fell off by itself, and Lengobo put it back on. After altogether fifteen minutes both horns were emptied and put on again, and two more horns were put on the chest.

When all four horns had been emptied twice, a procedure taking altogether 45 minutes, Lengobo began to conclude his treatment. He inspected the potsherd contents, amounting to about one and a half deciliter of semi-coagulated blood. The last horns from the chest contained a milky, whitish, thick substance which mixed with the blood to a pale red. In it could be seen something greenish, which I have not the slightest idea what was. Apparently, it had been sucked out by means of the horns. Lengobo smeared some of the black powder from the little bottle at his table of instruments into the incisions. It seemed to itch quite a lot, but it stopped the bleeding immediately, and it will cause the woman to have permanently visible scars from the treatment. All of a sudden our patient seemed greatly relieved. Finally Lengobo buried the contents of the potsherd in the fence at the boundary of his homestead.

Afterwards Lengobo said that as the woman had experienced shifting swellings when breastfeeding this was a case of a circulating boil. The whitish substance that came out with the horns in the end was the boil, but the greenish something which I had been so fascinated over, was of no separate importance at all to Lengobo; it was part of the boil. He said, though, that if the case had been attributable to *esetan*, he would not have added any procedures to the cure itself. Having stated in the initial interview that he did not use medicines, I asked him about the black powder. He said that it was charcoal from a certain tree which was meant to dry up the cuts and keep them from becoming inflamed. He would not tell what *olchani* the powder came from, that knowledge was part of the inheritance from his grandfather. As this seemed the only secret of trade of this otherwise unsecretive specialist, I did not pursue the question.

Peter then took his relative back to the guesthouse to have a meal and a rest, and she was very gay and talkative, in complete contrast to when we brought her. Also this patient had been charged 400 shillings. The next day when we all drove back to Endulen she and Peter spent most of the five-hour's ride laughing hilariously at the odd way that these *Ilarusa* would pronounce the common language, and at their strange customs. This was the first time that our patient had ever been outside of

*Oldoinyo Laaltaatwa*, and she was now on her way home with lots of interesting experiences to relate to her less experienced acquaintances. I got a distinct feeling that in this case the very experience of travelling far away from home and seeing for yourself the strange things hitherto only known from the descriptions of others was half the cure.

### Negotiating diagnosis and disease matter

In all the many instances in which I heard of people who had consulted Lengobo with their problems, I never met anyone, who had had his or her problem diagnosed as *esetan*. This is probably connected with the way that Lengobo bases his diagnoses on the symptom descriptions and narratives of his patients, and *esetan*-suspicions are not part of the usual discourse on disease in *Oldoinyo Laaltaatwa*. He states explicitly that the determination of *esetan* can only be based on an inspection of the way that such a substance will separate itself from what is sucked out by the horns; yet he also states that he cannot arrive at a diagnosis without the assistance of the patient's story. It is highly likely that actual *esetan*-patients in Lengobo's practice tend to come from the immediate vicinity; at least people in *Oldoinyo Laaltaatwa* say that in contrast to themselves *Ilarusa* Maasai know a lot about *esetan* and are believed to practice it habitually. They have their own forms of *esetan* which only they know how to produce, it is claimed, among Maasai it is only *Ilarusa* and *oloiboni* who know about *esetan*. Corresponding to this Lengobo also distinguishes two basic types of *esetan*, a more usual one and the special one of *oloiboni* called *oloing'oni*. Additionally, he distinguishes between whether or not the *esetan* has penetrated deeply into the body, claiming only ability to treat minor cases of either type, defining such minor cases as those that are external, whereas major cases of *esetan* are those that are internal. Lengobo can be seen as a specialist in determining border-line cases between normal disease and cases that look like disease, but may ultimately stem from *esetan*.

Dealing with such border-line cases and knowing that the majority of the practitioners within his special technique of sucking are popularly seen as fakes, it is essential for him to establish a reputation for openness and honesty as his distinguishing, personal mark in business.

The two cases I followed to Lengobo's courtyard each had sufferings that corresponded closely to symptoms frequently appearing in the survey cases, at the same time corresponding to the two types of non-*esetan* problems which Lengobo claim ability to expel through his technique of sucking. One was a typical case of a

long-term external, bodily injury, the other a typical case of long-term swelling of a limb, perceived as arising internally in the body. In this perspective, the condition of the circulating boil may be seen as a kind of inverted 'wound', described in a way that conveys an image of a thoroughly encapsulated wound. Thus, Lengobo's discourse on circulating boils offers an alternative model of interpretation vis à vis the discourses on *arbae*. It is a specialist discourse not commonly employed by people in *Oldoinyo Laaltaatwa*, when they describe their symptoms or talk about disease and medicines in the abstract. Yet it is sufficiently consistent with the discourse of patients, in terms of the basic principles of intended bodily processes of treatment and metaphors of speech to describe symptoms and perceived bodily disorders, to form a convincing model for explanation, provided that the cure is effective in the long run. Even patients that did not experience long-term relief, to a remarkable degree emphasise that it did give at least temporary relief, thus indicating that the technique is valid and valuable.

This is in marked contrast to the opinions of people who had had experience with local *ilong'obak*, who are disclaimed on precisely the same issues. Although some Maasai will sometimes say that blindness may be caused by flies in the head, and that malaria is transmitted by mosquitos, 'little flies', there is no general idea of disease matter as a kind of flies, rather the image of disease is the wound. Thus, by employing milk and flies, ordinary *ilong'obak* place themselves too far outside ordinary discourse on disease; they emphasise the wrong images of disease matter and employ the wrong fluid medium in locating disease. In fact they generalise a rather restricted discourse on insects as disease matter and by also producing hairs and dust in this way they try to make this otherwise narrow discourse encompass *esetan*. They seem to be oversimplifying something which is perceived as much more complex processes. By abstaining entirely from this type of sucking technique Lengobo remains firmly within the broad discourse on disease as a kind of wounds. And should he end up with a diagnosis of *esetan*, it will in his model of explanation reveal itself as a kind of poisonous, 'non-organic' matter encapsulated in, but basically unable to unite itself with, the swelling that the patient has felt as symptom. Thus Lengobo is refining rather than simplifying the discourse on externalisation of disease matters as the appropriate, effective cure.

As a specialist relying heavily on a body manipulating technique and in effect disregarding his sole *olchani* as an unimportant aspect of the cure, Lengobo sets himself aside from home treatments which are mainly based on the application of *ilkeek*; yet like in home treatments payment is not what binds the patient and his chosen caretaker together. By actually charging less than half the stated price Lengobo skillfully manages to make his patients feel that he does not do this out of pure



business motives. This is further emphasised by his willingness to discuss his theories on disease, as well as his insistence that therapy should be performed in the open. However, while most home treatments aim at establishing the cure through the internalisation of a curing substance that will cleanse the patient's body, in a sense externalise the symptom, and leave the body empty for the essence of the substance to combat the disease from within, sometimes applying a whole series of medicines to obtain the cure and thus establishing the correct diagnosis in retrospect, Lengobo's technique in many ways does the opposite. With him, diagnosis and cure is contained within the same and sole process of externalising the responsible disease matter. Bringing the disease out into the open constitutes the entire cure, and his *olchani* merely has the function of closing the artificial bodily opening he made to establish this proof of disease matter. Thus seen in comparison to other types of curing Lengobo's technique constitutes an extreme case of objectifying disease through reification, and of combating disease by way of externalisation of disease matter.

### **Thorns and the image of bodily penetration**

In Lengobo's practice, disease matter is always located in the blood. This is understood as the true locus of all diseases, as Ngilole, the midwife, said when we discussed the meaning of blood in relation to disease and health, 'that is where the disease enters' (see chapter 3). In the same discussion her daughter had finally made me realise that all disease was 'hot' by nature, because it penetrates the body, just like thorns. In this sense, disease is seen as deriving from external causes, and it is 'hot', it is dangerous 'matter out of place' (Douglas 1966). However, as one has also witnessed disease to be capable of arising from no observable cause, there are cases which seem to contradict the standard idiom of disease as bodily penetration, just as sometimes some conditions will be described as cold, at least by some informants. It is my argument that such cases of perceived internal disease serve to generate pairs of relational concepts by means of which to describe and engage in discourse on the very processes involved in the complex, dialectical relationship between health and disease, and describe it as process.

Maasai tend to use oppositional pairs as figures of speech, like hot and cold, dry and wet, sweet and bitter, internal and external, but it is characteristic that such pairs are not binary oppositions in the classical, structuralist interpretation of complementary dialectical relationships; rather they must be understood as relational, conceptual complementary pairs, or as principles of balance. As such they are means

whereby to capture what is in between, the process.

Such pairs define or embrace in particular subjects that also tend to constitute areas of contested meaning, which again structure much of what discourse on practice is occupied with. But beyond what is consciously being considered and discussed by means of reference to such relational pairs, there seems to lie a certain constant element in Maasai practice that perpetually repeats and inverts the image of the thorn as the ultimate metaphor or idiom by which to make discourse on health and disease meaningful. As such, the image of the thorn and bodily penetration constitutes a fundamental scheme (Bourdieu 1977) for structuring discourse on medical practice. In articulation with the more general scheme of the yearly, climatic cycle it forms a rich discursive language by means of which to conceptualize and express beliefs on health matters as they are practiced. In this perspective the characteristics of the yearly extremes constitute another scheme for defining and alluding to the constraints of health practice. However, it is characteristic that such schemes are hardly ever consciously evoked in conversations, a phenomenon that Bourdieu explains as, 'if agents are possessed by their habitus more than they possess it, this is because it acts within them as the organizing principle of their actions, and because this *modus operandi* informing all thought and action (including thought of action) reveals itself only in the *opus operatum*' (ibid.:18).

Nevertheless, the scheme of the thorn is clearly at work when it is said that the members of the *Ilkiporoon* subclan can point out anthrax with thorns (see chapter 3). Likewise, Ngilole's daughter did in fact evoke the scheme of the thorn explicitly that day at the hospital. The image of the thorn is most vividly replicated in the way disease is standardly conceptualised as something which penetrates the body, and even if disease is sometimes seen as arising from within the body it is all the more scaring for the very same reason. The fearsome nature of such kinds of disease is evoked precisely by inverting the image of the thorn further. Also weapons are frequently given as original causes for disease having penetrated the body and settled there as chronic disease. By using the term for wound in a metaphoric and restricted sense to convey disease primarily perceived as externally caused through sexual transmission, but nevertheless arising primarily within the body on the symptomatic level, such 'wounds' are not only conceptualised disease in an inverted form, they are also stated as cases of complicated disease processes.

There is a strong affinity between the image of the thorn and the image of the weapon, and this scheme seems to be reproduced in a quite basic way in language. When referring to all kinds of artefacts, things, indeed even when the wish is to refer to things in a metaphorical sense, as matters or affairs, Maasai will sometimes use a

word that in a more restricted sense means arrow: *embae*, pl. *imbaa*. This is identical to the feminine form of the word for wound *ar-/olbae*, pl. *ilbaa*. The feminine form of an otherwise masculine word is usually employed to connote smallness or minority, but in this case it seems that the interrelated nature of the two concepts must go much deeper. They are not immediately reducible to a question of size. Rather the relationship between 'arrows' or objects and wounds is one of cause and effect. In this context the conceptualisation of certain diseases as metaphorical, inverted 'wounds' may be seen as a quite distinctive and highly specific way of objectifying disease.

The image of the arrow is also observable as a visible scheme in the form of being a constant element in personal, beaded jewellery, one of the few types of artefacts besides weapons which the Maasai really excel in producing, to an extent that makes them treasured commodities in the tourist trade of Kenya and Tanzania, even as objects of imitation in commercial industry.<sup>3</sup> Whereas certain individual types of jewellery signify certain achievements of individual progress and gradually achieved generational status in life, thus a code of social status, it is said about the little arrows that are frequently attached as appendages to jewellery of many types that 'they are just things that are there for decoration'. They are made as little triangles of thin metal sheets, usually recycled aluminium from cans, suspended in little metal chains. Their overall effect is to create a fine, crisp jingle imitating the sound of cow bells, thus underlining the expression that the Maasai are *Illung'anak Loonkishu*, People of Cattle.

Although people only rarely explicate the scheme of the thorn in ordinary speech, it is, in fact, evoked explicitly in one of the few Maasai novels having appeared in print. In his novel, *Is it Possible?*,<sup>4</sup> Henry R. Ole Kulet three times employs the image of the thorn in connection to major dramatic events. At the first occasion, which is cited at the entry to this chapter, the main character has just narrowly escaped an attack from a wounded puff-adder after his friend has been bitten by its mate (1971:54-5). At the second occasion, a blind *oloiboni* is attending the boy who was bitten, and it is said in appraisal of his skills that 'A snake bite to him is just like plucking out a thorn' (ibid.:71). Also the third time, the themes of snakes and thorns are interconnected. The main character and an elder travelling companion rescue another severely damaged elder from the strangling grip of a huge python snake. He turns out to be the uncle that the main character was looking for, and they bring him to the hospital in Arusha for treatment, where he is rather carelessly examined 'as if he only had a thorn in his foot' (ibid.:122). In consequence, the uncle eventually dies from internal injuries caused by this snake who kills by tying itself tightly around its

victim.

Thus Ole Kulet not only offers a rare exposure of the fundamental scheme of perception that the image of the thorn constitutes, he also constantly links it to events involving snakes, poisonous as well as tying species. In the first sequence, the poisonous fangs of the snake are explicitly likened to thorns. The image of poisonous fangs forms another important scheme of perception, modelled on the image of the thorn, and in the contexts of chapter 6 and especially chapter 7, dealing with *iloibonok* practices and laypeople's discourses around them and *esetan*, I shall take up this theme again. Likewise, the importance of the idea of the blind *oloiboni*, and the tying capacity of fangless snakes as yet another scheme will be illuminated in greater detail. First, however, chapter 5 is dedicated to an analysis of Maasai dietary items, their importance in food, therapy, and the yearly cycle, commensality in the social regulation of human relationships and sexuality, and lastly the role of *olpul* in health therapy. Thus, the coming chapter once more mainly addresses features of laypeople's health practices, before subsequent chapters turn to issues of relevance in connection to *iloibonok*, the most prominent of Maasai specialists.

## Notes

- 1 It seemed to be standard knowledge that the 'jealousy' of the hospital towards other forms of therapy made such confessions dangerous. It was on several occasions related to me that *ilmurran* having suffered injuries from lion attacks would construct an alternative story if they had actively sought out the lion to prove their bravery, partly because they are keenly aware that living under park rule lion hunting is a particularly offensive crime, but more specifically, because former hospital doctors had been known to refuse treatment of lion victims who had been injured as a result of such crimes.
- 2 Thus, in the case of *olmukutan* and *oremit* the principle of substitution is irregular in the sense that both medicines are found in *olpurkel*, whereas the common principle is that substitutes grow in alternative ecological zones.
- 3 Jewellery are also key models for signaling ethnic differentiation in the highland areas of both nations. They provide a basic, aesthetic model copied widely in the region, in which preferential colour combinations signal ethnic group membership; but it is only fully elaborated into a complex code of meaning governing composition expressed as rules for balance of beauty by the Maasai (cf. Klumpp & Kratz 1993). To the Maasai a person's jewellery is the direct and very concrete way to read an individual's place of origin, as certain variations in design signal the particular *olosho* of belonging. To the insider of the *olosho* even sub-divisions are distinguishable by design. In like manner, Maasai will almost invariably state approximate time and place when shown photographs of other Maasai. Women produce all jewellery and they are in control of current fashions, which tend to alter radically and nation-wide in sequel to the nation-wide series of *eunoto* ceremonies that establishes and announces each new age-set of *ilmurran* in their own historical period of time.

- 4 Henry R. Ole Kulet's novels are much valued by young educated Maasai, as they address the fundamental problem experienced by them as well, of how to live in two worlds. Thus the title, *Is it Possible?*, alludes to the main characters' existentialist question of how to hold spear, sword and books at the same time, that is how to obtain modern education and participate in development without giving up the values of pastoral Maasai culture.

## Chapter 5

### Meals and Medicine

#### Dietary practices and the interrelationship of food and medicine in *olpul*

'Must my people eat dust to get a share in tourism?'

Tepilit ole Saitoti 1992

In the preceding chapters, I have touched upon the highly interconnected nature of food, medicine and therapy among the Maasai. This chapter explores at greater length some interconnected themes in the present dietary and medical practices of people in *Oldoinyo Laaltaatwa*. In particular, the focus is on aspects such as the meaning of blood in diet and health, the importance of maintaining the body by eating good food, and food as an integral aspect of the therapeutic process. In the unravelling of these themes, analysis draws upon general socio-cultural themes such as commensality, sexuality, and polygyny.

Beginning with a discussion of the relative importance and significance of pastoral food items in actual diet according to pastoral performance and environmental constraints in a historical perspective, the discussion turns to the code of commensality regulating *ilmurran* behaviour, in particular in relation to married women, but ultimately constituting a set of rules integral to Maasai culture and the social construction of polygyny. From there attention turns to the special category of medicines of *ilmurran* and the ritual of *olpul*, usually rendered as a warriors' meat feast in the forest. Through an analysis of the history of interpretation of this ritual combined with new field data, my own as well as the remarkable findings of Lis Ellemann (1996b), it is demonstrated that *olpul* must be seen as primarily a ritual that aims at bodily therapy, interchangeably intended for the restoration of health or the prophylactic building of the body. Contrary to former interpretations, it is demonstrated that *olpul* is not the exclusive privilege of *ilmurran*, but also an important after-treatment in cases of serious disease and birth-giving. In its capacity to generate bodily strength *olpul* is an important aspect of laypeople's health practices.

## Maasai diet

The popular image commonly presents the Maasai as living on a diet of milk, meat and blood. That quite a few anthropologists tend to share this view is reflected in the widespread habit of departing from this stereotype when discussing Maasai dietary practices and preferences. Crediting Alan Jacobs (1965) with the original formulation, Århem opens his structuralist interpretation of Maasai food practices in this way: 'the Maasai are unique among East African pastoralists in their cultural choice to live exclusively of pastoral foods [...they attempt] to subsist on a diet solely consisting of the milk, meat and blood of their domestic stock' (Århem 1989a:1). Jacobs, however, was far from the first to coin the formulation.

As related in chapter 2, in 1891-93 the German scientist Oscar Baumann led a scientific expedition through the ill-reputed Maasailand and documented the terrible effects of The Great Disaster, the epidemics that characterised colonisation, and the Maasai ways of seeking immediate survival, as he observed them. About the Maasai diet he wrote:

The diet of the Elmoran [*olmurrani*; nj] is purely animalistic; besides meat, blood, and milk he is only allowed to eat honey and sugar cane. Game meat, and above all cereals, are utterly unwelcome to him, so much so that the warrior who eats 'Ngũruma' [*enkurma*; i.e. 'flour', cereals; nj], does not get a wife (Baumann 1894:161; my translation from the German original).

Baumann did not give any further details on how blood was consumed as food, but he did add that the mixing of blood with warm milk was only allowed in cases of seriously injured people, and he was told that this was a practice learned from strangers, possibly the Wagogo (Baumann 1894:162).

The present analysis keeps in line with convention in departing from the old stereotype in order to discuss Maasai dietary practices, but unlike conventional analyses its aim is to state beyond doubt that blood does not and cannot, by implication of its very logic of meaning, form a dietary staple. Rather, blood in the Maasai diet must be understood as extraordinary consumption. Above all blood is the fluid of life, and as such it is an emergency, alternative, dietary fluid to be had from cattle when the milk dries up. It is also administered therapeutically to people who have suffered heavy blood loss. In this capacity it is a ceremonial standard element in rites of passage, which in general involve bodily surgical manipulations, thus the making of

wounds.

Merker, to whom Århem makes explicit reference when citing myths (1989a:12), was a German colonial officer serving in German East Africa shortly after the epidemics. Apparently he observed the long-term strategies of recovering from The Great Disaster, indicating that the pastoral dietary restrictions to milk, meat, and blood applied especially to *ilmurran*, but were idealised by all, even though they were now temporarily subsisting on another diet:

In contrast to the warriors the inhabitants of the family *Kraals* [i.e. *inkang'itie; nj*], especially after those cattle epidemics, all eat vegetable foods, which they buy from neighbouring peoples, as they never engage in agricultural pursuits themselves. Their favourite foods are naturally milk, meat, and blood (Merker 1910(1904):32; my translation from the German original).

Århem's statement that the Maasai live on milk, meat, and blood echoes so many accounts of Maasai culture which all keep up a tradition founded by the explorers and colonial officers who first met and described the Maasai, at a time when they were either starving from the effects of the epidemics, or when they were still in the process of recovery.

Such statements, including Århem's, are partly founded on an interpretation of the special *olpul* ritual of the *ilmurran* as a meat feast, sometimes described as an orgy reminiscent of the Viking berserks. In contemporary anthropological analyses like Århem's this ritual is mostly rendered as a consequence of the so-called *enturuj* rules forcing *ilmurran* to eat meat unseen by women, and drink milk only in the company of other *ilmurran*. However, I shall argue later in this chapter that *olpul* is basically to be understood as a health ritual meant to 'build the body'.

Indeed, as Århem says, the Maasai cultural ideal of living exclusively on pastoral foods is unique. But in actual practice the preferred Maasai diet appears to be even more restricted: the ideal staple is milk, *kule*, and milk only. Aud Talle writes that 'for the Maasai, food (*endaa*) is milk, an eminent product originally given to them by *Enkai*' (1990:80). Meat, *inkiri*, (sing. *enkiring'o*), is mostly for celebration, whereas blood, *osorge*, in *Oldoinyo Laaltaatwa* is normally only used as a byproduct of a slaughter not to be wasted, as a symbolic element in rites of passage symbolising social rebirth, in *olpul*, or in therapy of conditions characterised by blood loss.

Opening the discussion on Maasai diet with this long-established stereotype is apparently equally conventional within nutritional studies. Thus P. S. Nestel (1989) interestingly links it to another common stereotype on Maasai, disclaiming both:



Historically, the Maasai have been characterised as tall lean people who subsist on a protein rich diet of milk, meat and blood. There is, however, little quantitative dietary data on the food and nutrient intake of traditional Maasai to substantiate this view (Nestel 1989:17).

Nestel did her studies in Kajiado District, Kenya, centering particularly on the diet of women and children. Compared to the marginalised position of the Maasai in Ngorongoro, the Maasai in Kajiado are much closer to the metropolitan center of their nation state, and they participate much more in the market economy. Money and commercial food items such as maize flour, rice, chapatis, tea, vegetable fat, and sugar are obtained more easily than in Ngorongoro, just as the option of adopting agriculture exists as a legal, alternative economic pursuit in Kajiado. The status of Ngorongoro Conservation Area as a national park leaves only the option of traditional economic activities to its residents. Thus development has left the Maasai in Ngorongoro the only choice of clinging to their customs, whereas Kenyan development efforts have established group ranches with collective title deeds in Kajiado.<sup>1</sup> Nevertheless, this development design has not lessened the overall pressure on the pastoral economy either, and the effects of population pressure, sedentarisation, and poverty is widespread in Kenyan Maasailand as well.

Nestel demonstrates how Kajiado Maasai are not particularly tall, but rather particularly lean (ibid.:27). In spite of their easier access to purchased food items and vegetable products, Kajiado Maasai have little cash, and they continue to get most of their calories from milk:

Milk was the staple food of choice, its availability varied seasonally and was heavily dependent on rainfall and the number of cattle owned. It was primarily consumed fresh or in sweetened tea. Purchased maize meal was the alternative staple when insufficient milk was available (ibid.:19).

Nestel further states that meat consumption is dependent on the number of dead or dying animals and the timing of ceremonies, and that both types of events are largely seasonal. Thus, according to Nestel, meat cannot be classified as a food staple. Blood, however, 'was rarely drunk' (ibid.:20). Nestel concludes that although the Maasai in general get a very protein rich diet, they also get only 65 to 80% of WHO's recommended daily intake of energy. Moreover, they primarily get their calories from milk, not maize.

Nestel did not, for various reasons, carry out any quantitative study of the nutritional contents and composition of diet for *ilmurran* and elders, but contrary to Århem's opinion, it was her impression that men were generally less dependent on milk, than were women and children, as men often buy and cook meat for themselves and are more frequent visitors at slaughters in other homesteads (ibid.:24). She concludes by predicting that increased sedentarisation will eventually lead to increased under-nutrition among the Maasai, as sedentarisation generally reduces the availability of milk (ibid.:29).

Barbara Grandin (1988) collected her data on the neighbouring group ranch to where Nestel was, and she, too, departs from the old stereotype (ibid.:6), demonstrating how even the diets of relatively wealthy Maasai are remarkably low in caloric content. The Maasai in Kajiado uniformly subsist on an energy intake far below WHO's recommended daily intake regardless of wealth stratum, and total caloric consumption averages 70% of recommended daily intake (ibid.:7). There is nothing to suggest that energy intake could in any way be higher in Ngorongoro Conservation Area. Grandin seems to advocate a study on the appropriateness of WHO's standards in the case of the Maasai (ibid.).

Grandin is not able to solve the riddle of men's food either, but her impression, like Århem's, is that they are even more dependent on milk and meat than women and children are (ibid.). Although it was to be expected that the custom of giving gifts of milk or loaning lactating animals to poor households would to some degree level out actual intakes between wealth strata, Grandin states, neither this nor milk sales alone can account for the uniformly low energy intake. The reason, she argues, is to be found in the allocation of milk between humans and calves. Grandin emphasises the cultural relativity of defined needs. 'Maasai do not speak of milking cows; they speak of milking calves', the terminology thus underscoring the Maasai perception of competition between calves and people (ibid.:12). Maasai believe that too much milk can harm a calf by causing diarrhoea (ibid.), but the essential point is that 'Maasai perceive milk as a limited good which must be carefully apportioned between human and calf use. As rich households have so many more cattle, they can afford to leave more milk for their calves and still obtain targeted levels of offtake' (ibid.:16). According to my informants, the Maasai do in fact speak of 'milking cows'; the point is that when one wants to emphasise the actual competition between calves and human beings for milk, one may in this way speak of 'milking calves'.

In a culture where extreme seasonal and precipitational variations form a constraint on pastoral production, drought and hunger are never far away. As Grandin formulates it: 'Savanna pastoral systems are characterized by cycles of boom

and bust which result largely from drought and to a lesser extent from disease and political instability' (ibid.:4). Thus when relatively well-to-do Maasai maximise the portion of milk left to the calves they are adopting a strategy of maximising long-term survival; they are investing in the family's capital and long-term food security in order to anticipate future situations of constraint.

In Ngorongoro Conservation Area only a few purchased food items are available, and mostly from non-Maasai entrepreneurs who have settled as shopkeepers within the area. Besides food items, they sell commodities like matches, kerosene, pain killers, cloth, soap, household utensils, beer and soft drinks. Popular food items that require cash are primarily maize flour, sugar, tea, and vegetable fats, besides meat from the local butcheries controlled by the veterinary department, where they mainly slaughter sick cattle. Endulen Hospital runs a maize mill where people come to have their own maize production ground for a fee, and it is one of the main local providers of maize, as it sells at the lowest possible price. However, most Maasai in Ngorongoro have serious problems finding cash to purchase food.

If in surplus, milk is manufactured into storable products, notably sour milk, *kule naoto*, 'ready milk', which may occasionally stand until quite alcoholic, and butter, *eng'orno*, which, as Nestel notes (1989:20), is traditionally used for infants, not only as a dietary supplement to make them grow, but also in order to keep them warm.<sup>2</sup> Otherwise milk is mostly consumed fresh, or, when yields are low, in heavily sugared tea. Normally milk is only boiled for people who are ill.

Goats and sheep are sometimes slaughtered 'just for food' by better-off Maasai, but never cattle,<sup>3</sup> unless the animal is about to die anyway. Rarely do Maasai abstain from eating cattle dead from disease, except when the disease is recognized to be transmittable to humans through meat, as for example in the case of anthrax. Eating cattle is equal to eating one's wealth, hence any slaughter is a sacrifice, in a restricted economic, as well as in a more encompassing social sense. The occasion is invariably ritualised.

Due to poverty Maasai everywhere increasingly substitute *enkurma*, literally 'flour', a thin, fluid, and drinkable porridge cooked on maize flour, for milk. If possible, milk is added to this porridge in order to improve it, alternatively animal fat, or purchased vegetable fat may be employed to improve the nutritional value. However, as poverty in Ngorongoro is extremely severe, many households are forced to cook their *enkurma* only with water. But they also say that eating *enkurma* without milk or butter or any type of fat, *eilata*, in it, is like 'eating dust'. It may fill the stomach, but it does not 'keep the blood' of the body, that is, it does not keep the body fat and healthy. Poor women having only a little milk frequently try to sell it in order

to get cash to buy maize flour enough to feed the family through the day – but there are few buyers.

In addition to products of domestic herds Maasai occasionally consume quite a lot of honey, *enaisho*, either raw as a delicacy, or brewed into mead. Mead, though, is forbidden for *ilmurran*; it is seen as the exclusive drink of elders, and a necessary medium when they have to settle social disputes, just as mead is used by *iloibonok* in divination. Elderly women occasionally develop a liking for mead, but generally women do not drink alcohol. Formerly the Maasai got their honey from neighbouring hunter-gatherers. Due to the absence of people subsisting as hunter-gatherers in Ngorongoro since the establishment of park rule, quite a few Maasai are now eager bee-keepers, relatively wealthy and poor alike, and wild bee hives are utilized as well.

Apart from honey, the products of wild animals are rarely eaten. The meat of elands and buffaloes may be eaten in times of severe hunger, as they are recognized to be close relatives of cattle (see chapter 2). Particularly the eland has a reputation for having very fat and palatable meat.

Århem states that in the 1980s, only women would drink milk from smallstock (Århem 1989a:3). At present, smallstock is often milked, and the milk is drunk by all. As discussed in chapter 2, the relative ratio of smallstock to cattle has been constantly rising through the last decades, reflecting increasing poverty and extreme mortality in the cattle herds. I was told by ole Nakuroi and ole Kinyanyi that the Maasai had discovered that goat's and sheep's milk is especially fat, it is 'good for the body', and 'keeps the blood' – the Maasai equivalents of saying nutritious. However, the problem with milking goats is that it takes two women to milk them; they are not as well-behaved as cattle. Merker, writing of the Maasai of almost a century ago, likewise stated that sheep's milk was much relished because of its fat (Merker 1910(1904):32). Perhaps the present milking of smallstock is a reversion to a long-established practice adopted in times of widespread poverty and lack of cattle, which was only just being readopted in the early eighties, when Århem was there, in concomitance to the onset of the new cattle epidemic, Bovine Cerebral Theileriosis. Smallstock is more readily slaughtered 'just for food' than cattle, but it always takes a special occasion to justify any slaughter.

### **Blood as diet or therapy**

Århem mentions that the practice of drinking blood as a substitute for milk is now becoming rare and that the use of blood in times of scarcity has now largely been

replaced by maize gruel (1989a:7). Nevertheless he persists in describing the symbolic importance of blood as a dietary item. This is as much a result of his structuralist emphasis on Maasai symbolic thought patterns and diet as a cultural code which is basically ahistorical and indiscriminate in its handling of quite diverse literary sources. Thereby he unwillingly reproduces old stereotypes not necessarily founded in facts on daily dietary practices but rather in spectacular traits from ritual, and thus, in Århem's own terms, from extraordinary food. Grandin mentions in passing that blood may be used as a substitute for milk in the dry seasons (1988:6), but she does not address the subject further, and goes on to describe how all-important milk is as the cultural staple of choice, and how Maasai make the cultural choice of subsisting on very little of it. Nestel, on her side, explicitly states that blood was rarely drunk (1989:20).

Apart from Merker, to be discussed below, I have not been able to find any published documentation that the Maasai have ever, regularly or periodically, subsisted on blood as a major staple. However, in *Oldoinyo Laaltaatwa*, it is remembered how they in the early 1980's subsisted on blood for months, because there was no grain to be obtained. Yet, it was also emphasised that such a use of blood as a staple may only take place in extreme situations where there are no other alternatives. When discussing the subject of food with me nobody ever mentioned blood spontaneously, whereas its importance was frequently volunteered in conversations on ceremony, disease, or therapy. Naomi Kipury, who is a Kenyan Maasai, states summarily: 'Milk is consumed on a daily basis, and during the dry season, when milk yields are low, it is mixed with fresh cow blood obtained by puncturing the jugular vein with a blunt arrow-head. The blood is mixed with either fresh milk to produce what is called *nailang'a*, or is curdled to make *osaroi*' (1983:4). Her statement apparently confirms that at least some Maasai use blood as a regular staple, yet she adds: 'These two preparations are also given to convalescing patients at all times' (ibid.). These being the only references to the consumption of blood, it is striking that she connects therapeutic dimensions to blood-consumption as a dry-season dietary practice.

In like manner, Talle (1990) in an essay dealing with Maasai diet that comments both Århem's analysis (1989a) and the work of Nestel (1985), states briefly, after having mentioned that blood and fat in particular, but food in general are important elements in the treatment of disease, that the main elements of the Maasai diet are milk, meat, and blood. Yet, in the careful analysis that follows, blood is not seen as a *staple*. Rather, the consumption of blood is restricted like that of meat (ibid.:86), although it may replace milk in times of hardship and scarcity of milk (ibid.:87). She comments that this process of substituting blood for milk has now virtually stopped in Kenya, as a

subsistence practice, but it is still mandatory at child births and circumcision in most areas of Kenyan Maasailand. Indeed, according to Talle, in some areas of Kenya the practice has become so rare that occasionally young people may refuse any consumption of blood (ibid.).

There are reasons to suspect that the meaning of blood in the health of humans and animals must form a fundamental conceptual constraint on the extent to which cattle can be bled. The present rules governing the bleeding of cattle in Ngorongoro are so elaborated and restrictive that blood cannot constitute a regular dietary element. Due to climatic conditions the Maasai experience regular scarcity of milk, not only in passing in every dry season, but also for prolonged periods in the frequent more-than-average dry years. Presently, milk is at all times so scarce in Ngorongoro Conservation Area that one should expect blood to be a regular staple if it is primarily to be understood as a substitute for milk. Yet the Maasai in Ngorongoro state that one should not bleed a lactating or pregnant cow beyond the fourth month of pregnancy – which at all times leaves mainly the male minority of the herd to be bled – one may only bleed adults, and only once a year, and one should not bleed any animal which is not in excellent shape. Bleeding the animal once a year is the normal practice, but the frequency may be increased to twice, even thrice, a year, depending on herd size and the frequency of events that merit the practice. They also say that the rules have ‘always’ been so. However, it is a well-known trait that a certain cultural practice may not necessarily have the aura of eternity that its practitioners stipulate, and it is likely that the rules that currently govern blood-letting in *Oldoinyo Laaltaatwa* may have been gradually adjusted to fit the present condition of the herds.

Merker’s observations may serve as an illustration of this point. Blood-letting was at the turn of the century not only done on each animal every month as a routine, but females were bled as well as males, although only half the amount was taken, but never from good milking cows, or cows with young calves. From a male animal about four to five liters of blood could be drawn in this way every month. Blood was at that time apparently also drawn from sheep (Merker 1910(1904):174).

There are still other reasons for assuming that blood has not in recent times been a true staple to the Maasai, if it ever was. If milk is a limited good to be shared between people and calves, blood is in like fashion always a conditional food item, being the locus of life itself. This is reflected in the common practice of compensating heavy human blood loss with the consumption of blood from cattle. The ceremonial consumption of blood is also a standard element in rites of passage in the ceremonial cycle that all Maasai pass through, as they gradually mature as social beings. The symbolic message of rites of passage in Maasai society is clearly that of being reborn to

new responsibilities and privileges, and the rites in various ways mimic the birth process. The entire sequence of rites involves a gradual change of appearance, as the body is at progressive points of age culturally transformed by the deliberate infliction of wounds; removing the two lower incisors, piercing, cutting and enlarging the earlobes, culminating in genital circumcision in adolescence. The symbolic message of giving the reborn member of society blood to drink is precisely to signify the occasion as a rebirth, with the practical aspect of compensating blood loss.

In treatments of disease blood is of vital importance, as the very locus of health as well as disease. Maasai cures against disease almost invariably involve diet meant to increase the quality and amount of blood in the body. Good food helps to 'keep the blood', to be healthy. To be healthy is to display a beautiful and good body, *osesen sidai*, and a good body has much blood, which makes it fat and shiny, whereas an unhealthy body vulnerable to disease is dry and dull, like dust. This is in my experience an apt description of the appearance of the skin of starving people. 'Eating dust' is a common metaphor for experiencing hunger, just as children may tell their mother 'I am in the dry season', when they are hungry and beg for milk. Eating *enkurma*, 'flour', without milk or fat is also like 'eating dust', in the sense that it is utterly dry, and one will not be able to keep the blood in one's body. In the expression 'eating dust' is thus also embodied the notion that *enkurma* is hunger food. As Århem remarks: 'The Maasai, then, are what they eat in several meaningful ways' (1989a:11).

Seen in this light Merker's observations of a widespread practice of frequent, indeed regular, blood consumption may as well reflect a situation in which the Maasai were collectively building up their seriously afflicted bodies by consuming much blood, and thus, perhaps, a unique, collective therapeutic situation after The Great Disaster.

Another, though logically related, reason for presently restricting the use of blood as a substitute for milk to a minimum is that in *Oldoinyo Laaltaatwa* cattle are not in good health towards the end of the dry season, and to judge from the reports of Grandin and Nestel neither are cattle in Kajiado. This is partly, and especially for areas as Kajiado, an effect of having lost the best wet-season grazing areas to the agricultural purposes of other peoples, or, as in the case of *Oldoinyo Laaltaatwa*, of having been imposed severe restrictions on customary land use, and of inefficient veterinary services, resulting in high levels of cattle mortality, and partly the overall effect on pastoral communities everywhere in East Africa in the course of development and history. However, as Grandin emphasised, it is also a function of prevailing climatic conditions. Milk yields are always falling drastically at the end of the dry season, and in the regular prolonged dry seasons cows will invariably dry up entirely. This is

exactly the situation that should logically most readily call for the eating of blood as a substitute for milk. Yet, the very fact that cows are dry is to the Maasai herdsman a powerful sign that their life is in danger, and with them the survival of the herd itself. Adding blood to what little milk one has is at best an immediate, but desperate solution to the disaster of hunger, never a long-term strategy to rely on during months of no rain.

### The role of food in health and therapy

Under-nourishment is widespread among adults as well as children, and due to the lack of cattle, the Maasai in *Oldoinyo Laaltaatwa* have lately, and much to their own regret, temporarily adopted limited cultivation of maize, or in the coldest areas potatoes, and a little red beans. There are reasons to believe that, contrary to Århem's opinion, such agricultural products do not replace an earlier practice of using blood as a sole, alternative emergency food item in hunger periods, but that also prior to colonisation and The Great Disaster agricultural products were obtained from neighbouring peoples during periods of hunger, either through exchange of seasonal surpluses, or by giving children as pawns in recognition of their debts. This was a widely practised system in which Maasai placed children with more wealthy relatives, or with neighbouring partners of trade, who in more prosperous times obtained dairy products, smallstock, and hides from the Maasai (cf. Waller 1976:534), a process that could at other times be reversed (Fosbrooke 1955-56). What was apparently a new development in the period of recovery after The Great Disaster was that such long-established relations of exchange were now used as a basis for actually migrating into agricultural areas (Waller 1976:534). Thus the eldest of my informants claimed that the time of The Great Disaster was also the time that the Maasai for the first time learned for themselves how to raise crops. They equally stressed that cultivation is in the long run incompatible with pastoralism, as it destroys its very base, the pastures, and it is only accepted as a temporary strategy of survival.

Agricultural products are culturally strongly devalued as sources of food. For the *ilmurran*, it is particularly improper to eat anything but pastoral products, but although this ideal is less restrictively forced upon other groups of people, it is still a common ideal of all. Forced to replace milk with flour by the constraints of economy they tend to speak of the *enkurma* they now drink instead of milk, as if it were milk. It strongly resembles the cherished sour milk in appearance (cf. Århem 1989a:3-4).

It is remarkable that food in the Maasai idiom tends to be fluid substances. At all



times the preferred staple is milk, and its various possible substitutes are equally fluid aliments. Thus *enkurma* is usually prepared as a fluid, and other dietary items like honey and blood are equally fluid. Meat forms the single, solid exception.<sup>4</sup> Solid meals of roasted meat are in themselves exceptional and extraordinary food, sacrifices consumed at social celebrations; if a slaughter is performed for other reasons than public celebrations, notably necessitated by a case of disease, the meat is rarely roasted, rather the reason for such slaughters are usually a need for soup. Maasai daily food preparations traditionally involve very little cooking; cooked food is extraordinary food, and slaughtering is the privilege and responsibility of men, whereas the daily milk, which is the responsibility of women, is traditionally uncooked and cooled, rather than heated. Characteristically, milk is said to be 'ready' when it has fermented by being stored properly in a cool place.<sup>5</sup>

Soup is regarded as especially valuable in building the body, whether it is consumed primarily as food or for specific therapeutic purposes. Soup is always filtered so that only the decocted fluids are left in the brew; a trait which applies to *esibu*, meat soup eaten as food, as well as special medicinal soup, *imotori* (pl.). *Esibu*, which refers to pure meat soup – broth – boiled on meat, bones, and fat, is a word derived from Swahili and thus perhaps a recent adoption, as Father Mol in his Kenya-based dictionary on Maa only indicates *imotori* as a word for soup. *Imotori*, in contrast, is always eaten for purposes of therapy, implicitly also when it is prepared at public rituals and celebrations, and it is composed of such broth mixed together after cooking with filtered decoctions of *ilkeek*. In this sense *imotori* is a substance that is both food and medicine to improve one's health, and it is explicitly recognised as such. Blood may be added to *imotori*. It is such soup that Ngilole, the midwife, was evoking when she said that red medicines have *eyerunoti*, content and substance (see chapter 4). In pure meat soup, *eyerunoti* is derived from marrow, fat, and meat through the process of cooking, and it is remarkable that in this sense it seems to be perceived of as the essence of solid meat transformed into a fluid substance.

When fat is added to other food preparations it is equally consumed in melted, fluid form, and it is sometimes drunk pure as part of a therapy. All these basic, dietary fluids are seen as having a special role in health and healing; they are believed to increase the amount of blood in the body, and thus they increase health and the body's ability to resist and combat disease. Informants generally stressed that dietary elements employed in therapy should be understood as food helping to reconstitute the body, whereas the medicines involved are the substances responsible for working directly at the disease matter. Such disease matters are on a general level thought to be located in the all-important bodily fluid, blood, and to eat the blood in the body, as it were, to

cause it to dry up, just as drought – the absence of divine, celestial flow – causes a cessation of the all-important flow of milk, leading to hungry, ‘dry’ and dusty bodies. Alimentary fluids are thus, in a sense, antidotes meant to counter-act such drying up of health, whether it is caused by ‘the disease of hunger’, as Maasai will sometimes say, or whether it is attributable to other types of disease.

Thus the meaning of blood in health and disease must be located to another level of abstraction than dietary fluids. In diet milk, fat, and soup are thought of as working at the level of blood, to be somehow transformed into blood inside the body. When bovine blood is sometimes administered to people whose health is vulnerable, their condition is seen as especially vulnerable precisely because of loss of part of their own human blood. Such therapeutic administration of bovine blood to humans is primarily understood as a direct compensation of blood loss, thus in a sense an instant first aid, a short circuit leaving out the more elaborate process of increasing bodily blood amounts by administering dietary items. However, the administration of bovine blood to people vulnerable from blood loss is never the sole cure, it is at most an additional element in specific health contexts implying a serious state of decreased amounts of bodily blood.

The widespread misrecognition of the role of blood in Maasai dietary practices may be influenced by the observation that alimentary fluids are sometimes bright red. Yet, not all that is red is blood. Towards the end of the dry season when milk yields are rapidly falling, Maasai housewives add certain finely grated *ilkeek* to the milk. Such additives frequently colour the milk red, reminiscent of a mixture of milk and blood. Nine species useful for such purposes were related to me, out of which three were emphasised as having the capacity of colouring the milk red, and quite possibly, several more exist. The species mentioned were *olayapasei*, *iloodua*, *osokonoi*, *olbili*, *osupukiai*, as well as *osilalei* and *arpande*, said to colour the milk strongly red so that it ‘looks almost like blood’. Likewise, *emborokuwai ekop* and *oluai* were both stated as red medicines. Nowadays when the scarcity of milk is almost chronic, *ilkeek* may also be added to milk if there is no money to buy flour. However, such *ilkeek* are not seen as having any capacity to increase the amount of blood in the body, they serve the purpose of stretching the milk so that everybody can get their share and temporarily satisfy the stomach. It is not unlikely that in the eyes of some early travellers among the Maasai such diluted, reddish milk looked like a mixture of milk and blood.

Maasai do not revert to foraging for wild edible plants in times of hunger. This is contingent with the conceptual status of plants as medicines, conceptually opposed to food. When children and sometimes women forage for certain edible plants, this is not seen as food consumption. Children, especially the rather free-roaming herd boys,

spend much time foraging for a broad range of vegetables, particularly in the dry season. This is thought of by grown-ups as 'not really food' but rather as sweets, or something to satisfy the stomach in the absence of food. Like flour it fills, but it does not feed. Pregnant women are kept on a strictly regulated and reduced diet for the last three months of pregnancy in order that their child should not grow too big for easy delivery, and it is not uncommon towards the end of the dry season to see them foraging with herdboys, especially for *olchurrai*, a particularly sweet and filling sort of acacia. What is eaten in the case of *olchurrai* is the cambium just beneath the bark of young specimens of this otherwise huge tree. Thus it resembles medicinal use, whereas most other plant parts eaten by boys are juicy roots, fruits, leaves, or stems.

### Meals, *murrano*, and medicine

Århem did fieldwork among the Maasai of *Oldoinyo Laaltaatwa* in the early 1980s. Commenting the implicit symbolic messages of the pastoral diet as a cultural code, established in myth and dramatized in ritual, he states that

these are largely opaque to the Maasai. Indeed, herein lie their persuasive power and normative authority [...] It is also this opacity of the cultural order encoded in the pastoral diet which makes it so impervious to change. Like the worldview it encompasses, the dietary code articulates the unspeakable, the imaginary world (Århem 1989a:22).

This holds equally true in the context of notions of nutrition. During conversations the interconnected nature of food, health, and medicine is mostly implicit; the Maasai rarely explicate how they think these themes to be connected.

Although the Maasai do not have an explicit and abstract concept of nutrition as such, they do in fact explicate ideas related to dietary practices in certain rules, but these mostly concern what to eat, what certain categories of people may eat, and especially with whom. Therefore, they are more readily recognized as social and cultural rules of behaviour. To the Maasai these rules express the very essence of being Maasai, the people of cattle, in contra-distinction to other peoples.

Rules on commensality form a dietary code guarding the purity of the *ilmurran*, and through this their sexual access to mature women is restricted, as a sexual code of behaviour is also embodied in the dietary code. This dietary code of the *ilmurran* is known as *enturuj* in the Maa language (Århem 1989a:6).<sup>6</sup> They state that *ilmurran* are not allowed to drink milk alone, at least one other *olmurrani* has to partake of the

meal. *Ilmurr*an are entitled to milk at the house of any mother of *ilmurr*an, and, according to Århem, as junior *ilmurr*an they are not even allowed to drink milk from their own or their father's herd (ibid.), although my *ilmurr*an informants said that they had never heard of such a rule. The second rule states that *ilmurr*an are not allowed to eat meat seen by women.

Formerly, this was achieved by the practice that *ilmurr*an lived in settlements of their own, *imanyat*, (sing. *emanyatta*), far removed from the homesteads of elders, *inkang'itie*; and apparently they only consumed meat in *olpul*, meat camps concealed in the bush. *Ilmurr*an are submitted to ritual supervision and education from their so-called *olpiron* fathers, fathers of the 'firestick alliance', appointed as guardians of the *ilmurr*an from the alternate age-set above them. Thus continuity is secured through the age-set organisation linking alternate age-sets as generations in two ritual alliances (Spencer 1976). In recent years the practice of building *ilmurr*an *imanyat* has become illegal in Tanzania. Instead, *ilmurr*an have special houses set aside for their use in the homesteads of the elders. As *ilmurr*an gradually retire into elderhood a sequence of public and private rituals must be held to relax these dietary rules, before they can marry and live a family life, and thereby become fully integrated into society again. The sequence terminates with the public *olng'esherr* ritual, that is 'the grill', followed by local rituals held in the homesteads, where the retiring *ilmurr*an receive roasted meat directly from the hands of women (cf. Århem 1989a:20).

That the *enturuj* rules are not only central, but fundamental to the very notions of what it is to be a Maasai, and not abandoned as easily as the *imanyat*, is a strong indication of the crucial importance of diet in the constitution of the Maasai as a culturally distinct people, to themselves and to others. Presently, non-Maasai entrepreneurs participating in the small-scale commercial food industry in *Oldoinyo Laaltaatwa* at the monthly market days take care to erect tents allowing *ilmurr*an and married women to eat unseen by each other.

The demand on observing a strictly pastoral diet applies especially to *ilmurr*an. Elders are less obliged to follow the pastoral dietary rules strictly, but their wives take pride to give them as much milk as possible. Women and children are not obliged to observe the ideal of a pastoral diet as strictly as are especially the young men.

It is a general rule to be followed by all Maasai, I was told, that one never takes milk and meat at the same meal, the one has to be digested before the other is consumed, anything else amounts to gluttony. According to Merker it was formerly believed that eating milk and meat on the same day would cause permanent disease in the udder of the cow whose milk was misused in such a way (Merker 1910(1904):34).<sup>7</sup>

Animals are invariably slaughtered under a 'cold', thornless tree (Talle 1990:88),<sup>8</sup> and slaughtered animals are always divided carefully along the 'natural' divisions of the body of the animal according to a fixed system (Århem 1989a:20). Specially prescribed divisions of the meat are allocated to different social divisions of people, according to a system in which left and right sides, front and tail parts as well as certain organs and muscles signify the social order of 'the people of cattle'. As Århem sees it:

The allocation of different parts of the animal to different categories of people is thus made to express the authority structure of society and the age and sex division on which it is based. The sacrificial animal literally embodies the age-set system. When the carcass is cut up and divided and the meat allocated, the age-set structure of society is made explicit. It is in this straightforward sense that the body of the sacrificial beast constitutes a social model opposed to and complementary to the homestead [...] the meat-eating feast makes clear to the participants that they all, irrespective of age and sex, participate in and form part of the same social body, symbolized by the sacrificial beast (ibid.).

The slaughter and the distribution of meat is the exclusive privilege of men. Meat is always consumed in collectivity, but separately by men and women, and the *ilmurran* eat separated from everybody else. The rules governing the division and consumption of the slaughter as a model opposed and complementary to the model of the homestead, may be seen as a model of society expressed through male food distribution and gift-giving, whereas the rules and practices governing women's milk distribution may be seen as female gift-giving, and a reflection of the descent-system embodied in the physical model of a homestead.<sup>9</sup>

Just as blood is always drawn by men and they alone may slaughter cattle,<sup>10</sup> only women may do the milking, and whereas meat is always shared and consumed in the open at collective occasions, milk is consumed in the privacy of the house, which is the exclusive property of women, just as cattle are the exclusive property of men. Except by *ilmurran*, whom the *enturuj* rules exclude from eating in solitude, milk is often consumed individually. Thus, meat, which is extraordinary food, and blood, are nourishing substances controlled by men, whereas milk, the nourishing substance of daily consumption, is controlled by women.

Women have the exclusive right to distribute milk to their family's members as they think appropriate, or to sell it, if they wish. They usually set milk aside in different portions for the children and the father to consume when convenient, just as they seek to keep a little to serve to passing visitors, who are never refused a meal.

Maasai housewives take much pride in always offering visitors milk or at least tea, as do their husbands, even if they do not have enough for themselves. In Maasai society the obligation to share food is fundamental to the very idea of being social and human. This exclusive right of disposal of the milk that women hold parallels and complements the exclusive right of disposal that elders hold over cattle.

When Århem claims that milk is never shared outside the household as this would be a sign of deplorable misery (ibid.:3), it is to the best of my knowledge not only an overstatement of present conditions, which are indeed rather miserable, but also a contradiction of Maasai notions of hospitality and friendliness as well as their principle of mutual assistance in times of trouble. Co-wives who enjoy each others' support and company may help each other in case of unequal distribution of milking-cows, and grandmothers often act as discrete supporters of daughters with small children in need of milk. If this is not just social behaviour exercised by people everywhere, it is perhaps a new development allowing greater immediate support and overall flexibility in times when herd sizes and corresponding milk yields are at all times insufficient, and animals too few to practice lending of milking cows to poor relatives and friends. In a situation where the relatively rich and poor are equally insecure against massive deaths in the herds – the man who feels himself rich today may soon lose all his wealth, just as the poor man may lose his last cow – such *ad hoc* support is perhaps also a more effective way of redistributing tiny and temporary surpluses than placing children with wealthier relatives, although this is also today a common practice, just as it was at the time of The Great Disaster documented by Baumann and Merker (cf. Talle 1990:83).<sup>11</sup>

According to Maasai norms for correct behaviour one should never finish the last sip of milk in a calabash or take the last piece of meat, and it is my impression that the observance of this rule is always a demonstration of good manners, exhibited by women and men, young and old alike. Århem renders this custom as a rule applying to *ilmurran* only, but also as a reflection of the ideal of sharing which applies particularly to *ilmurran*:

The warriors epitomize the human qualities of sharing, solidarity, and community. These values are inscribed in their code of behaviour. [...] This sense of community, of being part of a collective social body, is forged and fostered during the warriors' stay in the *emanyatta*. Closely tied to the value of sharing in Maasai thought is that of restraint. As opposed to the unrestrained behaviour of animals, the society of human beings is regulated by rules and restrictions, a code of proper conduct which regulate sex and eating – as typified by the warriors' *enturuji* rules. The social importance of restraint is further reflected in such rules as

the prohibition on warriors from finishing a gourd of milk or eating the last piece of meat; lack of restraint is a sign of greed and selfishness and, hence, of inhumanity (Århem 1989a:9).

Århem is of the opinion that above all the special *emanyatta* homestead of the junior *ilmurran* separated from the rest of society is a crucial device responsible for installing a sense of collectivity as a communal body in the *ilmurran*. Yet, at the time of Århem's fieldwork such *imanyat* were being disbanded following the government ban, a fact that he does not reflect upon in his analysis, simply designating them as warrior villages in which 'junior warriors traditionally lived' (ibid.:6). In my view, it is primarily the *enturuj*-rules that are the basic and practical means of installing such a code of collectivity in community among peers. They achieve this by on the one hand effectively obliging them to drink milk in the company of each other, an emphasis on sharing and group solidarity among coevals; and on the other hand they may never eat meat in the company of married women, an emphasis on respect for the leadership role and rights of property of their seniors. Especially in connection to the prohibition on *ilmurran* eating meat seen by married women the ritual of *olpul* is of central importance, and like the *enturuj*-rules themselves this ritual seems to be far more important and less easily dispensed with than the *imanyat*.

### Eating meat and the social construction of polygyny

That the social code embodied in *enturuj* also comprises rules on legitimate sexual relations is less obvious to the outsider. However, the act of having sex is commonly alluded to metaphorically as an act of 'eating'; thus it is implicitly stated in *enturuj* that *ilmurran* may not 'eat' with the women of their seniors, the elders, but should stick to comradeship with their own coevals, and wait for their own future wives to mature into womanhood. The association between eating and sex is so pronounced that fathers are not allowed to receive food from their own or their age-set daughters, because they are tabooed as sexual partners. Moreover, the metaphor of 'eating' is also employed to inquire about small sores and blisters observed on someone's body. Such minor wounds are never referred to as kinds of *ilbaa* or '*arbae*'; rather people will express concern by saying 'what has eaten you there?' Also in other contexts of health, disease may be described as something 'eating' the blood of the body.

Thus *enturuj* essentially regulates and makes possible the social construction of polygyny by constantly stressing that carnal relations to mature, circumcised women are the exclusive right of elders. Through the enactment of these rules junior

*ilmurran* are not only effectively kept from marrying until they enter their time as senior *ilmurran*, but they were also formerly virtually excluded from the rest of society by being spatially removed from the homesteads. However, whereas *ilmurran* are not supposed to have intimate relations to mature women, they are expected to have lovers among the *indoiye* (sing. (*e*)*ndito*), girls from the age of about seven years to circumcision, but should not make them pregnant. Currently, girls are circumcised at puberty and immediately afterwards married, so the risk of untimely pregnancies is not great. Should such a pregnancy occur, however, it may be seen as a disgrace, but not a disaster. A good man, I was told, will see such a pregnancy as proof that his wife-to-be is fertile, and he will be the legal father of the child anyway. Such *ilmurran-indoiye* relations are seen as playing, and girls are very active in claiming boyfriends at public dances. This is done very explicitly as an integral part of these performances and it is approved of and encouraged; but the liaisons must be temporary; they are not meant to develop into lasting, or single relationships. Group solidarity is all-important, and *indoiye* as well as *ilmurran* should have several play-mates. Above all, such relationships should end once and for all at marriage. In reality, however, the love affairs and friendships of youth are not always so easily forgotten. Young women are quite often married to men who are ages older than themselves, often having been betrothed already at birth, and women compose songs about missing the lovers and friends they had, which they sing when they milk the cattle, the time of the day when most of the inhabitants of the *enkang'* are likely to be present. Besides, despite this being an implicit, central issue behind the rules of *enturuji*, it is far from unusual that women continue to meet in secret with lovers from their youth.

This perpetual triangle of sexual tension between elders, women, and *ilmurran* has been described in the analytical context of rituals of rebellion by Paul Spencer (1988) following Max Gluckman. Spencer bases his analysis on fieldwork carried out in the mid-1970's among the *Ilmatapato*, a southern territorial section in Kenya. Spencer basically sees the institution of *ilmurran* as one long, extended rite of passage marked by a series of progressive ceremonies (ibid.:172); their special *emanyatta* institution is a kind of Platonian republic (ibid.:100), and he interprets many of the actions of the *ilmurran* as ritualised rebellions against the power of the elders, which models society on the image of the herd, in which young bulls are kept separated from the reigning bull and his cows (ibid.:131). When *ilmurran* depart from the homes of their fathers to form their own *imanyat* they abduct some of the mothers to serve as mothers of the *emanyatta*, and at the same time they abduct some of the cattle of the elders to take to the *emanyatta* (ibid.:87). This is a formalised break of the patriarchal power of elders (ibid.:92). Also young uncircumcised girls are brought to live there with the *ilmurran*.



According to Spencer, Maasai women are married at an increasingly lower age, a development ultimately controlled by elders.<sup>12</sup> As a consequence of this there are fewer girls in the *imanyat* for the *ilmurran*, who in consequence form still more adulterous relations with married women (ibid.:113). It is reasonable to assume that in Tanzania where the *imanyat* have largely been abandoned, this tendency may be even more pronounced.

*Ilmurran* are not on principle forbidden to marry as long as they have been initiated into *murrano*, but it is a strong ideal that they should at least not marry before they are senior *ilmurran*. Few Maasai men feel ready to settle in marriage and family life before the age of thirty. In certain cases *ilmurran* are actually married very early, as in the case of disability where the young man will also sometimes be prematurely promoted to elderhood, because it is essential for a man to leave offspring before his death so that they can perpetuate his name, or in order to exempt him from the hardships of *murrano*. Boys may even be prematurely promoted to *murrano* and married, for example in the case of orphans.<sup>13</sup> Premature marriages do not normally affect a young man's participation in *murrano* activities, on the contrary, his wife is entrusted to his father's care, and she lives in the house of her mother-in-law until her husband has been promoted into elderhood. This is partly a consequence of the *enturuj* rules which are upheld rigorously even within the marriages of *ilmurran*, forcing a considerable degree of avoidance upon the spouses. According to Spencer, such marriages of senior *ilmurran* are becoming increasingly common (ibid.:175). In chapter is presented a case that demonstrates how this can be a very tense situation for the young wife.

The songs that women compose and sing when milking is one of the married women's ritualised rebellions against the dominance of elders, according to Spencer (ibid.:200); other rituals of rebellion on behalf of women are exhibited at certain situations where wives will mock-beat their husbands in public, as for instance in cases of adultery or forbidden meat-eating, thereby obtaining a fine from their husband in the form of a head of cattle (ibid.:181; 206). Thus the constant theme for such rebellions is the eating of forbidden meat, actual or metaphorical. At times female anger may amount to collective, punitive raids (ibid.:120). Such breaks of morale also require a fine of cattle to be paid to the age-set, and Spencer draws attention to the fact that the name for the junior and senior circumcision groups within an age-set, *olporror*, is *olaji*, a masculine form of the word for house, *enkaji* (ibid.:183). Before the *eunoto* ceremony, which binds together the circumcision groups within the age-set, it is basically the *olaji* that constitutes the group of collective solidarity, thus underscoring that the group of men who share everything is to be seen as a men's

house. The ideology of solidarity within the age-set requires that age-mates share not only food, but that they will also in the future let each other have occasional, sexual access to their wives when visiting, and this ideal of the age-set as a group that may even share women is precisely the reason why the daughters of age-mates are sexually taboo – they could be one's own biological progeny (ibid.:189), and in a social sense they always are.

For Spencer the institution of *olpul* is an extension of the *emanyatta* (ibid.:123), and he sees it as a ritual of rebellion within another. When *ilmurran* go off to feast in the forest they mock-abduct cattle from their fathers in order to eat meat in large quantities. However, elders implicitly sanction such meat feasts, the owner's consent is necessary before cattle can be slaughtered, and fathers will occasionally be very willing to donate oxen in prime condition for the ritual. Even *indoiye* may occasionally beg oxen for *olpul* from their fathers on behalf of their *ilmurran* friends, according to Spencer (ibid.:124). My *ilmurran* informants stressed that, whereas *ilmurran* may take their *indoiye* friends to *olpul*, *indoiye* cannot in this way invite *ilmurran*, at least in *Oldionyo Laaltaatwa*, and they thought it unlikely that it had ever been so there, although they would not completely exclude the possibility. That fathers in this way implicitly sanction the ritual which is to some extent a rebellion against their own authority as seniors is not only a sympathetic act in nostalgic recollection of their own youths, it is also a working compromise and the price of polygyny, so to say.

It is remarkable that whereas there is otherwise a strong obligation for Maasai to share food, and especially meat, the institution of *olpul* inverts this obligation; in *olpul* food is shared by participants only, and at the most tokens of meat are given to visitors, who are never let in. Thus, being denied carnal access to women, the *ilmurran* in exchange monopolise the meat in *olpul*. Considering how strongly the obligation to share food is encoded into every individual, it seems appropriate that this meat-eating ritual should be concealed in the bush, thereby minimising the risk of visitors.

It is characteristic of the way that Maasai talk about types of medicines that they divide the broad group of *ilkeek* into three main groups: medicines against disease, medicines to build the body, and medicines of the *ilmurran*. This last category is not so easily recognised, it is mainly implicit and revealed in conversations as a consequence of the fact that in *olpul*, *ilmurran* will often use in different ways and for other purposes medicines that are otherwise employed to cure specific diseases. Thus the category of 'medicines of the *ilmurran*' partly reflects the multi-purposed nature of most Maasai medicines, but the category also includes specific medicines used only by *ilmurran* in *olpul*.<sup>14</sup>

In demarcating the field of *ilkeek*, ole Nakuroi, Joshua, and ole Kisaka uniformly added the medicines of *ilmurran* as a third category almost as an afterthought, thereby implying that they are from their point of view not the most important of medicines, but merely a category of highly specific and restricted practice employed by only a group within society. It is equally characteristic, though, that when discussing the subject of medicines with young men, such medicines to be used in *olpul* were usually among the first mentioned and most highly praised. Likewise, it is quite revealing that whereas elders tend to describe such medicines' capacities for provoking altered states of mind as undesirable side-effects, young men generally leave the impression that such effects are partly desired. Even young men, though, are careful to emphasize that although such effects are integral to the experience of going to *olpul*, getting high is not what this ritual is about.

### The forest feast

In historical sources the Maasai *olpul* ritual has been understood as an orgy, in which the warriors, the *ilmurran*, gorge themselves on meat, blood and herbs, until they run berserk. Newer ethnography interprets *olpul* as a special ritual of the *ilmurran*, in which fellowship and esprit-de-corps are constituted through communal feasts. Medical anthropological fieldwork, however, reveals that *olpul* is just as much about medicine and health.

*Olpul* (pl. *ilpuli*) is the Maasai term for a ritual, in which *ilmurran* meet in camps in the wilderness for up to a month, out of sight of others, in order to consume enormous quantities of meat and soup. English-speaking Maasai will frequently translate the term *olpul* as 'picnic'. The term refers equally to the site and the event. Etymologically, the word may possibly be related to the verb *a-bul*: to grow, to prosper. A very spectacular phenomenon connected to *olpul* is the frothy fits that *ilmurran* frequently fall into at public dancing parties, which are often the occasion for terminating a longer *olpul* session.

In literature on the Maasai of East Africa, whether it be early, historical descriptions or contemporary ethnographic, *olpul* has uniformly been explained as an exclusive privilege of the warriors. However, forms of *olpul* are actually found which are not solely restricted to *ilmurran*, and there are less spectacular aspects of *olpul*, which reveal that meat is not necessarily the only important element in *olpul*, although by far the most abundant.

As is well known, everything depends upon the eyes that see, and in this case it is

probably not insignificant that the first describers of the Maasai were themselves warriors or otherwise professionally involved in the European conquest of East Africa.

Within an hour or so upon my arrival in Endulen and careful introduction of the purpose of my stay in front of the most popular grocery shop in the village, where a small congregation of Maasai *ilmurran* killed time over a Coca Cola, I had been told that *olpul* is indeed the Maasai hospital. As I was to live on the premises of the missionary hospital during my stay, the statement of these young warriors was perhaps also a statement that they wanted to make clear to me that the medical practices of the Maasai form a worthy therapeutic alternative to Western medicine.

Had my fieldwork had another topic, I could probably have stayed in Endulen for a year without having my preconception of *olpul* as a warriors' orgy shaken. But if the field is shaped in the eyes of the beholder, it was not me who had the penetrating gaze; I was so newly arrived in the field that I had hardly gained eyes yet. Although my adoption of a specifically 'medical' gaze helped alter my own preconceived ideas of what I had been studying previously through literature, it was only through the response of those *ilmurran* to my explicitly stated field of interest that I had my attention drawn towards the significance of *olpul* as a therapeutic practice.

The first European to describe his own experiences among the Maasai in print was the Scottish geologist Joseph Thomson who in 1883-84 was one of the very first Europeans to travel through Northern Maasailand (in present-day Kenya).

On his expedition Thomson several times met with warriors coming from *olpul*. Once the warriors held their spears against Thomson's chest and demanded beads which they afterwards fought over 'like hyenas'. Puzzled Thomson noticed that they were all extremely short of breath and slow of movement. It was explained to him that they had for a long time 'been *gorging* themselves with flesh in the forest' as a preparation before a major cattle raid against a neighbouring people (Thomson 1885:219).

Thomson writes that the purpose of *olpul* is to strengthen the warriors' courage before they set out on the war path, just as other peoples use alcohol, for the Maasai maintain that by consuming great quantities of meat they strengthen themselves physically before battle (*ibid.*:220). Thomson further noted certain peculiarities in the eating habits of Maasai *ilmurran*. Not only were they not allowed to eat anything but cow's milk and beef, but 'as if these rules were not strict enough', a warrior may not be seen by others while eating meat, or eat meat within the homestead, and he may never eat meat together with milk (*ibid.*:251).

Baumann, who was also a scientist by profession, about ten years later compared the Maasai warriors to berserks. He ascribed their peculiar behaviour to the effects of

the bark from a certain species of acacia, by the Maasai called *olmukutan*, which the warriors ingest during *olpul*. This bark, Baumann wrote, provokes first vomiting and then evacuations of the bowels, and in great quantities additionally a kind of berserk-running, in which the warriors 'quiver from emotion and whereby spittle flows out of their mouths' (Baumann 1894:162; my translation from the German original).

Moritz Merker, captain and company commander in the imperial protective forces in German East Africa, was scientifically trained like his European predecessors in Maasailand, but contrary to them he stayed among the Maasai as an administrator from 1895 to 1903, the years when the Maasai were slowly rebuilding their herds after The Great Disaster. Merker, the soldier, characterized *olpul* as a meal in the forest, as a soldiers' mess (Merker 1910(1904):85). For Merker *olpul* was first and foremost a warriors' orgy in the forest:

Meat meals are always held outside the kraal [here: *emanyatta*; nj]; a slaughtered head of smallstock will be consumed a couple of hundred meters away from the kraal behind some scrubs, while they in order to devour an ox chose a more distant site beneath a shade tree in the bush or the forest. For such forest meals (*olpul*, *ilpuli*) there are formed mess guilds in every warrior kraal, which they call *isiriti olpul* [*olpul* companies; nj], and which are composed of five to six members, which are each called *esirit olpul*. Such feasts take place once or twice a month for each mess guild, and they are of a duration of three to four days, during which an ox will be consumed. Besides the warriors, one to three girls are also participating, and as servants and carriers of cooking pots, water, and firewood, and for the kitchen work also some boys. Each mess guild divides before the slaughter into two halves of equal size, which are each called *olkipet*, and which arrange their own camp. Beneath a heavily foliated shade tree a site of about twenty to twenty-five square meters in size is cleaned and surrounded with a fence of branches. In the rainy season they build a small bower in stead of this kraal [...] Its almost circular ground plan has a cross measure of about two to three meters. At the place opposite the entrance opening is the common storing place of the *olkipet* members, and between this and the door is the fireplace, next to the door is the room for firewood. Close to the storing place stomachs and bladders are hanging – from newly slaughtered cattle – filled with an extraction of roots and barks, *olouni*, which is nerve stimulating and drunk for thirst. In the vicinity of the fireplace there is a storage of flesh hung on sticks [...] In the vicinity of the warrior's hut the serving boys build a hut of their own, considerably smaller. Kraal and hut is called *enkaji olpul*. From the slaughtered animal each *olkipet* acquires one longitudinal half, from which, however, they immediately give back certain pieces for the common meals of the day. Together with this flesh the separated fat is boiled and the entire extraction is added, or also decoctions from roots and barks,

especially from *olkitalaswa*, *olkiloriti*, and *oltimigomi*, which are quite stimulating. The rest of the meat is then eaten collectively by each *olkipet*, more specifically in a morning and evening meal, roasted in open fire. The cattle is delivered in turn by the fathers of the participants. The longest forest meal usually takes place in the month of *kiper* [in the early dry season; nj]. Because the pastures are then bad, the cattle give so little milk that the warriors often live for the whole month on flesh only. (ibid.:85-6; my spellings, italics, and translation from the German original).

Merker leaves the impression that even if he did not actually participate in any *olpul*, he must at least have visited a camp. That the lack of milk is conventionally the major reason for *olpul* to be held was not my impression in *Oldoinyo Laaltaatwa*, quite the contrary. The end of the rainy season seemed to be the time when most *ilpuli* took place, partly occasioned by the fact that this is the time when the death tolls from tick-borne cattle diseases are highest, and such deaths, as well as *ilpuli*, tend to continue into the dry season. But in particular the reason for holding *olpul* at this time of the year is the relatively high milk yields following a long rainy season. Milk in large quantities is obligatory, indeed therapeutically necessary, after coming out of *olpul*, and at this time of the year grass and water are still abundant, making it relatively easy for herd boys to manage herding on their own, without the assistance of the *ilmurran*. Merker's testimony, however, reveals the mess guilds of *olpul* to be internally divided into cooperative moieties, thus reflecting the dual divisions of organisation permeating most aspects of Maasai social organisation. Whether such divisions of *olkipet* are still employed within *olpul* camps, I do not know for certain, but among the literary sources, Merker is the only one who mentions them.

Merker also gave the recipes for the warriors' preparation of decoctions, and he elaborated upon their effects. It is stated that *olkitalaswa* is used as a stimulant, and that a weaker dose is refreshing (ibid.:363). *Olkiloriti* boiled out in water is 'nerve stimulating', and drunk by warriors to quench their thirst (ibid.), and especially *oltimigomi* serves as a refreshing tonic and as a beauty preparation (ibid.:359). *Olmukutan* is used by the warriors because of its nerve stimulating qualities, women use it as an aphrodisiac – one gets the hint of what Merker's somewhat cryptic 'nerve stimulation' is all about. But *olmukutan* has still more uses: With a little honey added it cures gonorrhoea, while a triple dose expels worms, or it may work as an emetic against 'gall fever'. For constipation, however, one only has to chew the fresh inner bark (ibid.:369-70).

Merker's contemporary, A. C. Hollis, was at the turn of the century a secretary of the administration in the British Protectorate (now Kenya). Like Merker, he had long

acquaintance with the Maasai, and his book about them was written in intimate collaboration with one of the first East Africans whom missionaries initiated into literacy. Thus the left side pages in the book are Maa texts, presumably collected by Hollis' assistant, while the right side pages provide English translations. This assistant, Justin Lemenye, had as a child been fostered by Maasai, belonging by right of birth to a neighbouring agricultural group of Maa-speakers (Hollis 1905:iii-v; Fosbrooke 1955-56). He did not have much to tell about *olpul* camps, but briefly designated them as Maasai 'slaughter houses' (Hollis 1905:292).

While the two previous Europeans first and foremost saw the use of barks and roots as a kind of dietary supplement, Lemenye describes some of the warriors' bark decoctions in a section on medicines (ibid.:335ff.). Thus, both Merker and Lemenye indirectly touch upon the medical dimensions of *olpul*, but neither of them elaborates on this aspect. *Olpul* was by and large interpreted as a wild and bellicose food orgy.

In 1930 the British district officer D. Storrs Fox gave a short description of *olpul*. In line with his predecessors, Storrs Fox characterised *olpul* as a meat feast with the purpose of making warriors wild (1930:453-4). He adds that he has himself tried bark from the *olkiloriti*-tree, and he states that it actually produced a 'fierce and unbalanced state of mind' (ibid.:454). Furthermore he adds that going into *olpul* involves prayer to the Maasai god, *Engai* (ibid.).

From then on, little attention is paid to *olpul* in literature. It is as if it has once and for all been confirmed that *olpul* is about food, feasts, and war. With Storrs Fox the basic elements of *olpul* had more or less been unearthed, but interpretation was defective.

The early describers, who all worked for the advancement of European hegemony in Maasailand, saw *olpul* as an expression of the almost predatory food habits of the Maasai, and at the same time these European 'warriors' saw the very institution of *murrano* as a manifestation of the bellicose urge of the Maasai to capture all cattle from their neighbours. This image is partly upheld by a limited understanding of the very idea behind the unique ritual of *olpul*, an understanding based on the more spectacular aspects of the ritual.

You are what you eat, the saying goes, and for the pioneers of the European civilisations in Maasailand it was just as important *how* you eat.

Since then, ethnography has unwillingly, yet uncritically, taken over these imprecise explanatory models from the first describers of the Maasai, as regards the phenomenon of *olpul*.

In comparison, it is rather striking that the professional ethnographers of more recent days in general have very little to say about *olpul*. With one exception: Paul

Spencer's recent monograph (1988).

Like his predecessors, Spencer, as demonstrated in the previous section, presents *olpul* as a major pastime of the *ilmurran*. He even uses the same words: *Olpul* is a feast in the forest, a forest mess (ibid.:123). In Spencer's interpretation the feast in the forest represents a situation of abundance and the most glorified aspects of life as an *olmurrani*, in contrast to other aspects of *murrano* in which the tasks of moving and protecting cattle herds are often physically demanding and characterised by deprivation. Both serve the superior purpose of uniting the group of *ilmurran* and creating a strong sense of community. 'As a result of their feasts young moran are thought to develop from slender youths into the fullness of manhood with the strength and endurance necessary for their role. They are priming themselves for whatever challenge may be thrust on them' (ibid.).

According to Spencer, the elders who as rightful owners of the cattle must donate animals to *olpul* accept these feasts because they keep the *ilmurran* occupied and away from homesteads and thus from married women (ibid.:124). Often unmarried girls accompany the *ilmurran*, but married women may not participate, as they are said to smell of putrid fat, a smell that spoils the purity of the meat as well as of the *olpul* ritual. But even though young girls participate, with whom the *ilmurran* may have legitimate sexual relations, sexual recreation is not compatible with *olpul*. Such pleasures belong to life in the homesteads (ibid.). According to Spencer the atmosphere in an *olpul* camp is often sombre, because the *ilmurran* think of the glorious times of the past. *Olpul* is primarily about that side of *murrano* which concerns their role as warriors. They speak of future lion hunts and the great raids of the past, and they dream of like achievements (ibid.). The frustration of not any longer being able to become a true warrior who drives the cattle of neighbouring peoples to their own herds, is, according to Spencer, the direct and psychological reason behind those fits of froth and shivering of the *ilmurran*, and the anger that has been built up during the ritual is thereby released. Spencer argues that the frequent fits of the *ilmurran* displayed during dancing parties is as much released by the eternally tense sexual triangle between elders, women, and *ilmurran*, as it is a sign that such *ilmurran* have just returned from *olpul* (ibid.:130).

Lastly, Spencer throws doubt on Storrs Fox' testimony that the medicines of the *ilmurran* actually do seem to be able to produce such effects by themselves. Public dances are important public social occasions for *ilmurran* to participate in, and they frequently time the termination of their *olpul* camp to coincide with such feasts. *Ilmurran* are known to fall into fits of shaking and shivering, often falling unconscious to the ground, at which point other *ilmurran* will rush to their



assistance, unless they judge them to be faking. This is a rather unique and outstanding phenomenon of behaviour among the Maasai, which is routinely ascribed to the side-effects of the medicines *ilmurran* take in large quantities together with the meat in *olpul*. However, Spencer rejects this as the true reason behind such fits; rather they should be seen as purely emotional and culturally permitted outbursts of *ilmurran* anger accumulated as a result of the constrained situation they are in. They are instances of possession in a culture without spirits, and therefore expressed as anger (ibid.:131):

A shaking warrior breathes in audible gasps, as if straining to release some inner pressure, his face wet with tears, mucus, and froth from his mouth. It is also said that his genitals retract and he may pee slightly. Following a fit of shaking, which may last five minutes or more, he regains consciousness, apparently calmed by the experience, and is unlikely to shiver or shake again on that occasion. Other moran draw him back into their company. He has done the manly thing in displaying and at the same time controlling his aggression, and now he has their sympathetic support [...] One has an institutionalised form of emotional breakdown. Shivering in anger, which begins half in play among boys when there are no moran around, appears to develop into a conditioned response among moran, and then to subside in elderhood. The normal explanation offered by the Matapato for a bout of shaking is that it is triggered off by large quantities of beef and certain roots that moran mix with their soups. These spiced soups are described as the 'beer of young people' (ibid.:121).

Some of the roots that Maasai *ilmurran* use are identical to the ones used in similar fashion by the culturally and linguistically closely related Samburu, among whom Spencer previously conducted fieldwork. Back then, Spencer had some of these roots submitted to chemical analysis, finding no properties that could explain such altered states of emotion. The roots in question, called *olkitalaswa* and *olkinyil* [or *olkonyil*] by the Maasai, were found to be purgatives rather than stimulants (Spencer 1965: 270; 1988:121,138). Lis Ellemann (1996b), however, provides new and rather pioneering data on *olpul* as manipulation of bodily processes, and she finds that shifts in the nutritional contents of diet in and after *olpul* might partly explain such fits of the *ilmurran*. As Spencer is well aware (ibid.), there is other evidence based on participatory experience that support the Maasai claim that such medicines may have narcotic effects when taken in large quantities (Storrs Fox 1930).

## A hospital in the bush

One relevant question, and even the most obvious, seems never to have been asked: Why do the *ilmurran* spend so much time in *olpul*, and why do they stuff themselves with meat and decoctions of barks and roots to the point of bursting?

That question I shall try to answer through my own field data. It is my hope that I shall at the same time be able to show that the early describers each held a piece to the puzzle. Finally, I shall draw into discussion Lis Ellemann's recent findings in order to state beyond doubt, contrary to Århem's opinion, that *olpul* is not just a consequence of prescribed symbolic rules for food consumption founded in cosmology, and contrary to Spencer's opinion, that the spectacular fits of *ilmurran* coming from *olpul* are not so easily reduced to culture-bound, psychological mechanisms conditioned by polygyny.

As mentioned, I was very quickly after my arrival in Endulen presented with the local interpretation that *olpul* is the hospital of the Maasai. This statement may seem to indicate that former interpretations of the ritual are erroneous. Yet this is not the case, it is rather that so far, interpretations have never really captured the basic idea behind *olpul*.

Not only *ilmurran* go to *olpul*. For instance, anyone who has suffered extensively from a serious disease, or who has experienced long-term ill health, ought to go to *olpul*. Typically, *olpul* is today seen as a necessary precondition to full recovery after treatment for tuberculosis in Endulen Hospital. According to Maasai the many daily injections which the TB patient gets during the months of hospitalisation in the long run constitutes a serious health hazard. They claim that all the water which in this way gets into the body must be cleansed out again in order that the patient can fully recover. It is believed that the medicines consumed in *olpul* effectuate such a cleansing out of the body, and that at the same time the large quantities of meat, and fat taken in hot soup causes a rebuilding of bodily strength. The Maasai hold that consumption of meat and especially fat strengthens the production of blood, and that it is the amount of blood in the body which determines whether one is in good health. Ngilole explains why it is seen as important to go to *olpul* after having had many injections, regardless of their kind, and ideally also after taking pills:

– Ngilole: [...] continuous injections are not good for us Maasai, because when you come home, if it rains too much on you, your injected places become fresh wounds, *ilbaa*. Injections stay too long in the body, while pills do not have such lasting effects.

– NJ: Is it always necessary to go to *olpul* after you have had injections?

- Ngilole: Yes, if you come from hospital and you have been given injections, it is always better to go to *olpul*, because the meat and *ilkeek* will remove your injections.
- NJ: Is it not necessary to go to *olpul* after having taken pills?
- Ngilole: Yes, you do that, it is good to do it. But it is not very much needed, like after injections.

In the previous chapter we left the hospitalised TB patient after his wife had established the various categories of TB, but when the interview was resumed, this patient told about the relevance of *olpul* in TB treatments, beginning with describing how he had taken his own boy to *olpul* after he was dismissed from hospital about four years earlier:

- Patient: Altogether he was in hospital for four months. He became very well, and I took him to *olpul*, and I took three goats and one ox. He became completely well. That is why I told this wife of mine to please take me to the same place as she took the boy, so I could get an X-ray and treatments. This is my third month here, and I hope to finish the injections and also be given tablets to take home. I was also told to wait with going to *olpul*, I should not go immediately after coming home, because the medicines of *olpul* do not go well together with the medicines of the hospital. Because if you don't stay one month after coming home the medicines of *olpul* will chase away those medicines of TB, because those of *olpul* will only make the TB fat. It is the same thing if you do not use those tablets, you must take them every day [...] Otherwise the disease will come back. But if you follow every procedure and then go to *olpul* you will be fine. You must boil the milk before drinking and drink a lot of milk [...]
- NJ: Why is it important to know how many injections you have had?
- Patient: You count to know the day you are dismissed.
- NJ: How many injections do you have to have altogether?
- Patient: 60. For two months you get one every morning.
- NJ: After TB treatment, is *olpul* the same for an elder as for a boy?
- Patient: No, you cannot really see it that way, it depends on your capacity in wealth. If *Engai* has given you enough, you go. Because not everybody is rich in cattle.
- NJ: What will a poor man do?
- Patient: He will try to get animals from wherever he can, and if he is not successful, he will simply stay at home.
- NJ: In an *olpul* after TB treatment, what is most important, the meat or the *ilkeek*?
- Patient: All of them are equally important.
- NJ: Which *ilkeek* are used for a TB *olpul*?
- Patient: No specific ones, because we do not have any *ilkeek* against TB.

- NJ: Are you supposed to clean out this water of the injections by provoking vomiting or diarrhoea?

- Patient: You do not use any to provoke diarrhoea or vomiting if you have not finished the hospital medicines, you can still use them along with the traditional *ilkeek*.

- NJ: Are you disagreeing with the hospital on this point, I thought you said not to mix the two kinds of medicines?

- Patient: No, we do not disagree, what the Doctor said was to wait at least one month, after that it is alright to go to *olpul*, but you must continue with the hospital medicines.

Thus nowadays even goats may be slaughtered in *olpul*. None of the historical or ethnographic sources mention goats as a possible source of meat for *olpul* purposes. Apparently, this is a new development following the general tendency for smallstock to have increased economic importance.

Already Merker and Hollis commented on the cleansing capacities of certain *olpul* medicines, and nearly all sources commented on the fact that this conspicuous consumption aimed at strengthening the physique. Ingestion of plant decoctions in order to provoke diarrhoea or vomiting is, as previously demonstrated, a standard element in Maasai therapy as most cures begin with a cleansing out of the body.

Contrary to the interpretations of most early descriptions, it is my impression that it is as much a need for the fat, and not only the meat as such, which occasions the sacrificial slaughter in *olpul*. The blood is also collected and mixed into the soup together with decoctions of barks and roots, and it is this soup, *imotori*, which is attributed the real therapeutic effect. A healthy body is one with much blood in it, and they hold that especially the ingestion of fat food items stimulates the blood. Seen as a therapeutic ritual the ingestion of large quantities of meat is a strengthening of the individual body – and the social body – and for once fill the stomach with good food.

Tuberculosis is a relatively new disease which may strike everyone, elders as well as young men, women, and children. There are further cases in which *olpul* was also traditionally prescribed for other groups within society than the *ilmurran*. For example, such is the case with *intomonok*, mothers who have newly delivered.

Ngilole, in her capacity as midwife, has much to say about women and *olpul*, and about the meaning and purpose of *olpul*. At the same time she illuminates further the meaning of blood, *osorge*:

*Imotori*, that is both medicine and food. You drink a lot of *imotori* in *olpul*, because you want to give the body a lot of blood and clean out the stomach. Meat, soup, fat, that is for building the body and giving it a lot of blood, *osorge*. When the cow has a lot of blood, it is because it

gets plenty of grass and water, and then it is giving a lot of milk. In that way you can say that blood gives milk, that blood is transformed into milk. It is the same thing when a mother has given birth and they give her a lot of soup and tea and meat, she also gets a lot of milk. In the old days, when the Maasai had plenty of cattle, mothers were always taken to *olpul*. The husband would arrange for her and make a special arrangement where she could stay with the baby and have a lot of soup. It is done for her sake and the baby's, not the father, he is the one who has to arrange it. When I myself got my [eldest] daughter many years ago, my husband took me to *olpul*. Now it is not done, because of lack of cattle, but they do slaughter for the women – goats and sheep. In *olpul* you cannot drink milk because of all the meat, because the Maasai cannot take milk with meat or the other way round. You have to wait until the milk or meat has passed all the way through the body before you take the other thing. It also used to be before that women without children would go and find an *ilmurran* at the time they were to come out. That took a lot of courage, because when they come out they are very wild. Then she would ask them to give her their blood, *osorge* [that is, have sexual intercourse with her; blood is here used as a metaphor for semen]. That they could not refuse. It is believed that when *ilmurran* come out from *olpul*, they have really built up their blood and have strength and can make a barren woman pregnant. Nowadays women do not do this, because people will talk about them. Still, they will meet with a boyfriend, but not openly.

Upon my question as to whether *olpul* is a ritual, *emasho*, Ngilole thinks a little before she replies, because most rituals of the Maasai take place as progressive, public recognitions that a human being slowly matures to new tasks and responsibilities. As such, rituals are in contrast to *olpul* which is concealed in the bush. She says:

*Olpul* is indeed a kind of ritual to clean and build up the body, because it has many qualities of a ritual, it is special and there are things you are supposed to do, and things not to do, and many rules to follow. In *olpul* you must make sure not to brush your teeth or to expose your body to the sun, because sun will make it so that your blood will not become good. It must take place in the bush and guests are not allowed, because they will bring flies, *ilajang'ak*, from home to *olpul* [here 'flies' is a metaphor for 'dirt' which in itself is a metaphor for disease]. Formerly, *olpul* was the only hospital the Maasai knew, when they were sick they would go to *olpul*. Now that there is hunger, people get more sick and they go to the hospital. When we still sometimes go to *olpul* after a long time in hospital, it is to build up the blood in the body and to clean it. *Olpul* is definitely also about cleaning the body.

Left is still the *olpul* of the *ilmurran*. As a married woman, and a stranger likely to

carry 'flies', it was not easy for me to be allowed to participate. Both my assistants, though, who belong to the new-age category of 'school *ilmurran*', together with a mutual good friend among the elders who is popular among the 'traditional' and 'school' *ilmurran* alike, had enthusiastically tried to arrange for me to participate in an *olpul* of the *ilmurran*. But we had to suffer the indignity of being refused at the entrance. Among other things they gave as reason that we might be unclean. Afterwards, my friends explained this point further:

When *ilmurran* prepare themselves to go to *olpul*, they first observe sexual abstinence in order to achieve the right condition of purity. Just having been close to people who have had recent sexual intercourse is supposed to be enough for you to cause the meat to putrify, or that the rebuilding of the body will not be successful. Next, all jewellery is removed. The various pieces of jewellery that a person wears are emblems of achieved social status and the idea of living safely within the boundaries of society. *Olpul* must take place concealed in the wilderness far away from all homesteads, and it must be near all the necessary medicines, and have shade and water. In practice, this means that there are few suitable sites, which are therefore reused frequently. The optimal and ideal site for *olpul* camps is said to be within the intermediate ecological zone, *oloirishirisha*, where plant communities from *olpurkel* and *osupuko* meet, where temperature is moderate, and both shade and water are present, but other sites may be used as well. For instance *ilmurran* living in extreme *osupuko* or *olpurkel* areas tend to have nearby, regularly reused camp sites. Such camp sites exemplify how the concept of intermediacy is always relatively defined.

Maasai in *Oldoinyo Laaltaatwa* unanimously mention a good many more medicines of *olpul* than we have heard of from historical sources, but the intended effects are the same, even if actually mentioned species and their reported ability of producing such effects vary.

First, a sketchy miniature representation of a homestead is erected, in a circular clearing in the thicket and the remaining trees mark a fence like those frequently seen around homesteads. Within this circle an open hut structure is loosely constructed, in which the meat is hung and where they sleep at night. In case of popular *olpul* sites frequently reused, it is a rule that occupiers should leave it cleaned and tidy for subsequent users, who will start their *olpul* with repairing and tidying the site. They leave bunches of fresh leaves at the entrance to signal that the site is occupied (Ellemann 1996b:6). When the meat is butchered and to be hung, the participants undress. One must be completely naked, when one has to sleep next to the meat.

This stresses that *olpul* is also a game in which the dangers of the wilderness are challenged as participants for a while become like wild animals, without the

protection of society and culture. In this perspective, *olpul*, like other rituals, is a kind of rebirth.

The camp is closed during the night so that wild animals do not enter, and the bones are left outside for hyenas to remove. It is said to be quite common that leopards come to camps at night to devour the faeces of the *ilmurran* and that they, just like *ilmurran*, become wild because of the medicine residues they thereby consume. Guests are never let in, but they may have a piece of meat to eat outside. Unmarried girls ought not to appear in *olpul*, but they often come along anyway. Only, they must take off the belt that tightens their clothes to the body. But even if girls do sometimes sleep in an *olpul* camp, it is beyond imagination that sexual intercourse could ever take place there. The very thought of it is simply not congruent with the basic idea of cleansing and strengthening the body.

In an *olpul* camp a leader is always chosen, most often an elder, respected *olmurrani* who functions as group leader and decision-maker. It is he who during the day instructs and delegates tasks. Every night he makes sure to lead a prayer to *Engai*. In the prayer he asks for protection against wild animals, that the food that they have had will make them healthy and strong, and that the medicines will not 'beat them', that is, cause diarrhoea. In the morning a similar prayer is said to thank *Engai* for health and food, and a night in which neither wild animals nor medicines 'beat them'. Through the leadership of the senior *ilmurran*, new leaders are gradually being trained, and younger brothers who are still only big herdboys, are willing assistants, eager to get a glimpse of the pleasures that will in due time become their own.

We finally found an *olpul* of the *ilmurran*, where I was let in for a visit. Quite likely, it had to do with the fact that this *olpul* was a mixed curative and *ilmurran* *olpul*. It was occasioned by one ox being so seriously ill that it would die anyway. Accordingly, this *olpul* was held very near to the home of two of the participants, the bringers of the ox. Their mother had for quite some time suffered from ill health. The camp site is just about a hundred meters away from the *enkang'*, but well concealed in a small, overgrown gully in which runs the stream where the family gets their water, and we are led to it by the proud, sponsoring father.

The *ilmurran* demonstrated how they had constructed the camp, and when we came they were just about to mix a soup, so we got a practical demonstration. To the meat soup is added large quantities of melted fat, and meanwhile the camp leader tells that one of the reasons for adding medical decoctions is to make the fat digestible, or expressed in Maasai idioms, to avoid that the medicine 'beats you'. He also tells that in four days the assembled four *ilmurran* have almost consumed an entire ox. They have, though, made sure to send some choice cuts of meat to some of their friends

among the younger married women, in order that they will in exchange set aside some milk for the *ilmurran*, milk that they look forward to get when they come out of *olpul*. Then another *olmurrani* blends the blood-red decoctions of barks and roots while their young brother, who is helping, is sent to fetch a tuft of grass. When he returns with it, meat soup and herbal decoctions are filtered through the grass. The first portion is delivered to the ill mother of two of the *ilmurran*. She waits for it outside, at the place where the women of this *enkang'* usually fetch water. We are ready for a taste. It looks exactly like blood. But it is absolutely tasteless, and quite right, it is only after drinking the soup when the residues stiffen on my lips that I sense that the fat contents are considerable. Apparently nobody became wild at this *olpul*.

Grandfather ole Nakuroi was advised 'to go home and drink some soup' at the completion of hospital treatment for respiratory problems. His *olmurrani* son constructed a small bower in a corner of his father's maize field, slaughtered a sick cow and collected medicines in council with local elders, who also visited him during the days he spent eating soup there. While we visit him and get a taste of meat, Ole Nakuroi comments on the medicines of the *ilmurran* with mixed feelings. On one hand, he remembers his own *murrano* and its many *olpul* camps with great pleasure as well as with sadness. That was a time when men were men. On the other hand, he disapproves of the contemporary youngsters' exaggerated use of some of the medicines. Especially *oltimigomi* he does not think that *ilmurran* should use so much, as it makes them 'white in the eyes', a metaphor for sexual excitement. The fourth wife of ole Nakuroi is quite young, and this is probably part of the explanation of his disapproval. Anyway, he says that it is a very useful medicine for married couples to have in store, because it gives them children. But he approves very much of *olkiloriti* and *olkitalaswa*, because they give the *ilmurran* courage and strength respectively, and they share the quality that users do not become 'white in the eyes', and 'it is good for them that they do other things than cultivating their sexuality'.

Ole Nakuroi emphasises that *olpul* should first and foremost be a serious, therapeutic ritual which should not be degraded into an orgy. However, the way elders disapprove of the behaviour of young people appears to be as universal a phenomenon as the triangular sexual drama whose special Maasai variety Spencer saw articulated in the classic fits of froth of the *ilmurran* after *olpul*.

It is my impression, whether *olpul* is held by *ilmurran* as a special ritual celebrating their community and glory, or it is 'prescribed' as a special element in treatments of disease or after giving birth, there is always a hidden common element. *Olpul* always has a therapeutic purpose; it is, in short, about 'building the body', whether it be held as a conclusion to treatment, as in the case of tuberculosis or post



partum mothers, or it is administered as a kind of prophylaxis, as is the case with the *olpul* of the *ilmurran*. To *ilmurran* the purpose is to build strong bodies into a community who, as a communal body, can defend herds and people. At the same time, by its play on the contrasts between the safety of the homesteads and the dangers lurking in the wilderness, *olpul* not only celebrates community and society, but through its symbolical message of rebirth it also celebrates life itself.

### The medicines of *olpul* in dietary perspective

At this point in fieldwork I was due to leave the field again, and I had no more opportunities to pursue the theme of *olpul*. However, Lis Ellemann had just arrived to Endulen and was ready to pursue the issue further. She managed to participate extensively in one *olpul*, and she visited 5 more for various lengths of time. Her participation as a woman was eventually granted on the grounds that as a non-Maasai the rule that no woman should be let into an *olpul* camp did not apply to her. However, her participation was so unusual a phenomenon that she was afterwards spoken of as 'the woman of *olpul*' (Ellemann 1996b:4). Probably, her unmarried status facilitated her participation as well.

Lis Ellemann (1996b) provides new and unique data suggesting that in *olpul* the Maasai deliberately manipulate their bodily states through the manipulation of diet, in a manner similar to the dietary manipulations practiced by elite practitioners of endurance sports in the Western world. 'The Maasai cannot take food for granted', thus *olpul* ensures the participants a period with sufficient food to gain strength. The stay in the wilderness, as well as the way they ignore the fatigue that is caused initially by the prescribed diet, serves as a background for constituting a person's reliability. She writes:

In the meat camp the diet consists of fat, meat, and plant decoctions and extraction. Such a diet contains little sugar and starch, which are the normal sources of glucose. When the human body lacks glucose it will empty its glycogen stores. These stores influence the endurance of the body as they are the primary stores of energy for the muscles. Thus the content of these stores is directly related to the ability of the muscles to perform prolonged physical performances. The capacity of the glycogen stores is maximised by emptying and keeping them empty by eating mainly fat and proteins for a few days before eating a diet rich in carbohydrates (Åstrand, P.-O. and Rodahl, K. 1970). This way of maximising the storage capacity is also used by Western athletes. They exercise heavily to empty their glucogen

stores, whereas the Maasai empty their glucogen stores through a long period on a starch-free diet. However, the intention of the athletes and the Maasai is the same: to maximise their endurance to be able to perform prolonged physical performances (ibid.:12).

This interpretation, Ellemann states, is quite in line with the way that Maasai state the purposes of *olpul* as a place for cleansing the body and eating meat in order to become strong. 'Strength is not necessarily achieved during the camp, but it is always expected after the meat camp' (ibid.). Thus the many meals of milk, or *enkurma* in lack of milk, that the *ilmurran* get when coming out of *olpul*, are indeed an all-important sequel to the stay in the *olpul* camp, and actually 'these meals are part of the camp' (ibid.). In fact, Ellemann relates how she on her personal supervisor's advice terminated her own *olpul* therapy before it was fully completed, due to the extreme fatigue the unbalanced diet caused, making her unable to work. After her 'coming out' she had an especially carbohydrate-rich diet, causing an immediate bodily energy rush with shaking of limbs etc. (pers. comm.).

That *olpul* as an institution is also to a large extent modelled on the standard rites of passage may be seen in the first meal that *ilmurran* are served when coming out of *olpul*. According to Ellemann they return in groups to the home of one of them, where they are served a special meal of sour milk, fat, and blood from cattle (1996b:7). This meal of milk and blood is rather similar to the meal served to mothers of newborn babies, or to adolescents who have just been circumcised. Further, the *ilmurran* then proceed to visit all the homes of the participants where they are served 'a lot of milk, or if milk is scarce, then maize is served with the milk' (ibid.). Thus, they not only get their glucogen stores filled again through the ingestion of large quantities of lactose or starch; this tour around their homes is also an exact replica of what is done by the so-called *isipolio*, the newly recovered circumcised boys, thus once more underlining the association between rites of passage and *olpul*.

Further, in relation to the possible effects of the medicines employed in *olpul*, Ellemann provides equally interesting results that suggest that Spencer was a little too ready to dismiss the possibility that the medicines of *ilmurran* used in *olpul* may have actual biochemical effects. It may be quite correct that the two plants Spencer actually had tested have no proven *narcotic* effect. However, Ellemann's dietic evidence does suggest that the medicines, or the medical decoctions combined, may have certain *physiological* effects, as the Maasai claim.

By carefully measuring the amounts of plants used, Ellemann found that the most commonly and quantitatively used *ilkeek* were *oltimigomi* and *olchani lengashe*, 'the medicine of the heifer', in fact the two medicines were indispensable in

any *olpul*. Both these medicines belong to the group of so-called 'excellent' medicines for *olpul*, according to a system of graduation of medical qualities volunteered by her informants. 'Excellent' medicines are species which are regarded as having medical properties in themselves, as well as an ability to dissolve fat. *Oltimigomi* and *olchani lengashe* are both bitter in taste, *olchani lengashe* bitter as well as astringent, and both species are known to stimulate digestion without inducing diarrhoea. Apart from these two medicines the group of 'excellent' medicines only includes one more species, *orperr olong'o*, which is, however, only used in some areas within *Oldoinyo Laaltaatwa*, due to an alleged ability to cleanse the blood, and accordingly only classified as 'excellent' by those who tend to use it. The system of graduation of medical properties further distinguishes a large group of medicines as 'good'. Interestingly, apart from *oltimigomi*, which Ellemann's informants classified as 'excellent', the two other species for *olpul* mentioned in the historical sources, *olmukutan* and *olkiloriti*, both belong to the group of so-called 'good' medicines. Such medicines are also highly esteemed because of their medicinal effects, whereas the last group, the so-called 'usable' medicines are only reported to have the ability to dissolve fat. 'Species with medicinal effects are necessary in a meat camp, whereas the usable ones are only used if easily available, so their use varies from one locality to another' (ibid.:9).

Interestingly, of the two species that Spencer in his search for possible hard-core scientific proofs of the alleged shaking properties of *olpul* medicines had chemically tested in the 1960s, *olkitalaswa* and *olkonyil*, only *olkitalaswa* was included in the altogether 33 medicines found by Ellemann to be used in *olpul*. Her informants classified it as a 'good' medicine for *olpul*, and they further stated it as one of the medicines capable of producing fury, as did mine. However, *olkonyil* was by Ellemann's informants, as well as mine, only reported as a medicine effective against *arbae*, 'wounds', not as a medicine to be used generally in *olpul*. Thus most of the medicines allegedly capable of producing the spectacular shaking fits of fury of the *ilmurran*, have in reality not been tested chemically, and neither have their effects in interaction. Still, out of Ellemann's 33 plants used in *olpul*, seven were reported to have capacities for stimulating fury, and included in this group were all of the plants cited in the historical sources.<sup>15</sup> Further, many of the 'good' medicines used in *olpul* mainly for their capacity to treat and strengthen against disease are seen as particularly good against *arbae*.

However, Ellemann found that the majority of the medicines used in *olpul* have a bitter or astringent taste, probably stemming from bitter compounds and tannins, and the Maasai consider all species with a bitter taste to be good (ibid.:13).

According to Etkin and Ross (1982), who have studied the interrelatedness of food and medicine among the Hausa in West Africa, 'bitter compounds are a pharmacologically and chemically heterogenous group' (Ellemann 1996b:13) that 'stimulate[s] salivary and gastric secretion, thus enhancing appetite and facilitating digestion' (ibid.), whereas 'tannins are astringent because of their ability to precipitate proteins' (ibid.:14), and they have 'an ultimate constipating effect on the gastrointestinal tract' (ibid.). In other words, when the Maasai claim that the medicines of *olpul* serve to help them consume large quantities of meat without being 'beaten', they are, actually, perfectly right.

Finally, Ellemann comments on how participants are nowadays requested to contribute to the meat in *olpul* in a way that suggests a partial commodification having taken place in *olpul*. As noted in the historical sources, as well as by Spencer with reference to Kenya in the 1970s, the animals for *olpul* used to be sponsored by the fathers of the participants in a system of taking turns. This is in marked contrast to Ellemann's observations. She states that nowadays in Ngorongoro Conservation Area each participant contributes by paying the number of goats equivalent to his part of the meat, and that in general a man can join a meat camp arranged by others by contributing some meat. Thus seven goats equal a cow, nine equal an ox. To participate without contributing is considered bad manners. 'This is in opposition to the general rule for good manners among the Maasai, which prescribes that one must share his food with everyone present' (ibid.:6).

Thus, reflecting the fact that the cattle economy has become so bad that few can afford to spend an ox in *olpul*, the sponsoring of the ritual has to a certain extent become individualised, but characteristically in a system that seeks to share expenses in a system of pooling meagre resources. By doing this the Maasai achieve a way of gaining access to a relative abundance of meat, seen as therapeutically vital, for a limited period of time.

It is remarkable that in *olpul*, the majority of the meat must be reserved for the participants only. This is in marked contrast to the way that Maasai will otherwise always share food. Still, Ellemann writes, the Maasai find it very hard to deny giving another person food. This is made less of a dilemma when eating far away from the crowded homesteads (ibid.:15).

Yet at the same time the ritual of *olpul* is also in this very sense a kind of forbidden meal, it is meat eaten as food, made an institution. The spatial organisation of the *olpul* camp site seems to comment on this wild and carnivorous nature of the ritual, behaviour otherwise seen as anti-social and uncivilised, an inverted replica of the *enkang'*, the homestead of the elders and of reproductive forces. After having

secured their cattle in the central corral, elders in the *inkang'itie* sleep at night in the houses of their wives in the outer circle, which is female space, while *ilmurran* go off to sleep for themselves, or they are off in the wilderness taking care of cattle sent to distant pastures. In *olpul*, however, the *ilmurran* sleep at night in the central 'corral' with dead cattle, meat meant for consumption, and it is as if they in exchange for the sacrificial death of the cattle sacrifice their own sexuality, another forbidden, carnal way of 'eating'. In *olpul*, there is no female space, because *ilmurran* are not allowed to eat meat in front of women. But when they come out they have increased their blood, they are reborn and as potent as ever; as Ngilole explained, when they come out they cannot deny a barren woman their blood. Thus, another price that elders must pay in exchange for polygyny is the inevitable danger of having to see their infertile wives turn to younger 'bulls'.

## Notes

- 1 As such, Kenyan efforts at transforming traditional Maasai land tenure systems into group ranches correspond to the Tanzanian method of modernising Maasai organisation through Operation Impernati, reflecting the goals of a liberal market economy and a socialistic planned economy respectively.
- 2 For the same reason, and in order that their bodies may glow healthily, animal fat or purchased, preferably red, vaseline is externally applied to the bodies of infants.
- 3 Occasionally well-to-do Maasai may slaughter cattle for food in severe hunger situations, but it is a rare practice at all times, and especially at present when herds are rapidly decreasing.
- 4 In recent times the same can be said about red beans – beans grown in *Oldoinyo Laaltaatwa* are invariably of the red type whereas potatoes are purple – and characteristically beans are regarded as a dietary item that may substitute meat, although they are regarded as far inferior food, mainly because of their dryness and absence of fat.
- 5 This is a fact of crucial importance when Maasai housewives have to adopt new techniques in preparing the new dietary staples. Not only do Maasai women have very little experience in, and thus understanding of, the nutritional importance of cooking starchy items thoroughly in order for the body to be able to obtain nourishment from and digest such food items, it also brings along a heavily increased need for firewood, the collection of which is also the responsibility of the women. This increased workload of women tends to counter-effect the need for thorough cooking. Traditionally the skills of a Maasai housewife centers on her ability to cleanse calabashes with embers and charcoal in a way that is both hygienic and does not leave an unpleasant or too dominant taste in the milk. This is largely a question of which sorts of wood to use when producing the charcoals. Indeed, the nuances of the smoky flavour of milk is in Maasailand the way to estimate a housewife's skills as a cook, and the smoky flavour is a highly estimated and much discussed quality of milk – its *bouquet*, as it were. That the change of diet implies an increase in the burden of women was expressed by Ngilole in the following way: 'Now that we do not have enough

cattle it is actually women's responsibility to feed the family, whereas formerly it was the responsibility of their husbands [...] it is not that they do not provide for their families, it is simply that they do not have [means to do it with].' That the preparation of cereals is felt to be a practice with which the Maasai are unfamiliar is reflected in the fact that two of the three circumcision-groups, or sub-sets within the currently 'standing' age-set of *ilmurran*, locally nicknamed *Irking'onde* in *Oldoinyo Laaltaatwa*, is locally named after the hunger-relief items that the Maasai in the area were presented with for the first time in their initiation period. Thus the senior, or right-hand circumcision group nicknamed their juniors, the second circumcision group, *Ilbuluka*, Those of the Bulgur, because they were circumcised in the years 1984-85 when mission stations gave bulgur as hunger relief. The Maasai did not know this food, and the women did not know how to prepare it', one *olmurrani* said. The *Ilbuluka*, on their part, named their juniors *Iserena*, Those of the Millet. It is usual that Maasai age-sets are named after some event of historical significance. However, in the case of the *Iserena* it was only a parallel naming, there was no special occasion, my informants pointed out.

- 6 In describing this system, Talle (1995a:72) writes that 'transgressions of norms relating to sexual behaviour or food prohibitions and avoidances in eating connects to cultural concepts of "respect" (*enkanyit*) and "shame" (*enturuj(i)*), a definition she also gives in (1990). However, in his English-Maa dictionary Mol does not indicate *enturuj(i)* for 'shame'. In my opinion, to render *enturuj* as 'shame' is at best an inexact translation of a highly generic concept, and at worst, it evokes associations to Mediterranean and Middleeastern concepts of shame, which have only superficial likeness to this Maasai system of commensality-cum-sexuality rules of avoidance. The system is culturally unique, and the term is only applied in such connections. There is probably no single word in English that may adequately cover the Maasai notion of *enturuj*, although 'modesty and respectful avoidance' are in my opinion more expressive of Maasai sentiments. Incidentally, Hurskainen, writing mainly of the *Ilparakuyu* Maasai, although including data on the central, pastoral Maasai clusters, states that *enturuj* may also be an alternative term for the number nine, usually called *oudo* (masc.)/*naudo* (fem.), for the *Ilparakuyu* and pastoral Maasai alike (Hurskainen 1990:64). With reference to the pastoral Maasai he gives Hollis (1905) and Eliot in Hollis as sources (ibid.) Concerning the meaning of the term *enturuj*, Hurskainen writes: "The term *enturuj* has a connotation of something which is prohibited, forbidden, taboo" (ibid.).
- 7 People in *Oldoinyo Laaltaatwa* in 1992-93 rarely had more than one main meal daily.
- 8 In *Osinoni*, situated in 'hot' *olpurkel* and with many lions around, some *ilmurran* proudly presented to me their 'refrigerator', a narrow cave between some boulders, in which they used to keep meat fresh and safe from carnivores. It lay conveniently between three *inkang'itie*.
- 5 The houses of individual wives are grouped around the central cattle corral, which together with the gateposts, the thresholds, as it were, constitute the 'male space' of the homestead, into internally and inwardly ranked right and left dichotomies on the margins, according to principles of seniority and alternation, and with each individual wife representing a unity with another subclan. Moreover, men form homesteads together with friends and age-mates and – apart from the settlements of *iloibonok* – there is a tendency to avoid living exclusively in patrilineal descent groups and to change homestead and thus residential associations from time to time. The moieties of polygamously married women thus conceptualized in a visible model of left and right sides, are modelled on the clan system, which divides clans into moieties of black and red cattle. However, among the Maasai it is not the clan that forms an exogamous unit, but the subclan. There is no rule against marrying into the same subclan several times, and some men strengthen their alliance to a particular subclan by marrying several of its daughters. Clan moieties first of all take on significance in case of slaughter – manslaughter – in which the whole moiety is typically the only unit who can collectively accomplish to raise the customary blood money, the fine of 49 heads of cattle for murder and 29 for manslaughter.

- 10 According to Talle (1990:86) women may slaughter smallstock, though, which is more readily classified as food than cattle are. Yet, the decision which animal to slaughter always rests with the men. Women always cook their allocated parts of the sacrificial slaughter in their houses, and although they may roast it on a crude grill or directly in fire, they tend to boil meat, whereas men invariably roast their meat in the open, away from the houses of women (ibid.:89).
- 11 As a reflection of the same general concern for distributing wealth – and the idea of gaining personal social prestige that way – it has been a common practice that comparatively wealthy cattle owners temporarily allocate parts of their herd to a destitute acquaintance who moves to their homestead in a quasi-servant relationship, or they build bonds of gratitude and eternal friendship by giving gifts of livestock to a needy age-mate, or just to people with whom they would like to form lasting relations of mutual assistance. Such gifts ideally take the form of an exchange, and the exchange partners from then on call each other by the name of the categories of animals they exchanged.
- 12 It is probably a consequence of poverty that girls are married at increasingly lower age.
- 13 As an example of such a case some of my informants related how a certain woman had actually breastfed her own husband, who was an orphaned, eldest son. He had been married in order that he could inherit the family cattle, and perpetuate his father's name. Any children born by such a wife before her husband reaches maturity will naturally be counted as his rightful off-spring.
- 14 Thus, *olmiraa* is one of the less frequently used medicines of the Maasai, but it may occasionally be used in *olpul* by some *ilmurran*, because of its narcotic effects. This tree is identical to the *qat* widely used all over Northeastern Africa because of its mild, amphetamine-like effects. Outside *olpul*, I was told by one informant, it may be used against swellings of the body. The Arusha region is widely known in East Africa for having an exceptionally high quality of *miraa* (Sw.). It is probable that the use of *olmiraa* as a drug in *olpul* is a recent adoption influenced by increased contact to the larger society, perhaps through the occasional, professional 'Somali' poachers roaming in Ngorongoro Conservation Area and Serengeti for ivory and rhino horn. However, it may as well have come from 'school *ilmurran*' who have stayed temporarily in the city, at least it was such *ilmurran* who told me that it was sometimes used in *olpul*. That it is likely to be a recently adopted medicine seems reflected in its name, which is a Maa-sized form of the Swahili name.
- 15 These plants were: *oltimigomi*, *olkiloriti*, *nataramoya*, *olkitalaswa*, *alang'orwai*, *oloduai letare*, *oloduai lekishu*. The last two are varieties – *letare* = 'of the smallstock', *lekishu* = 'of the cattle' – of the tree that otherwise produces *iloodua*, the seeds most highly priced as an excellent all-round medicine, especially against *arbae* (see chapter 4). *Olmiraa* was not included in Ellemann's findings of plants used in *olpul*. She did, however, record that additionally *olkirenyei* – not to be mistaken for *olkonyil* – reportedly has a mild capacity for stimulating sexual appetite, but not fury (Ellemann 1996b).

## Chapter 6

### Magic and Medicine

#### *Iloibonok*, discourse, and the practice of ritual divination

*Edol ong'u eneedo eishu tung'ani – Kake kedol elukunya inkumok.*

The eyes of the living see far away – but the head sees many things.

Maasai proverbs (in Masek & Sidai 1974:35)

A couple of weeks after I had started up fieldwork, William one day told me that our arrival had been prophesied by a local *oloiboni*, John Kereto. According to this prophecy two *wazungu* would appear, a man and a woman; they would be driving a green car, and they had come to see him, *oloiboni*.

Feeling flattered that our arrival was met with a genuine prophecy, I noticed in passing that even prophetic vision may be distorted by colour-blindness – our rented embassy car was dark blue, not green. Significantly, this prophecy reached me shortly after the monthly market, in which my husband and I had for the first time appeared in a larger public gathering. In the preceding weeks I had talked much about my long-standing interest in the unique cultural institution of *iloibonok* and their special capacity for *enaibon*, divination and prophecy, and my previous research into their particular history, and especially William had heard much about this special interest. Therefore, as my presence was already widely rumoured in the area, and my special topics of interest announced, the timing and possible meaning of this prophecy intrigued me. In my view, prophecies should deal with predicting future events, not establishing already evident facts. Still, this could be a culturally biased idea of what prophecy is about, and accordingly I gave the way that this prophecy was carefully brought to me a second thought.

William had for some time been sharing a room at the primary school in Endulen with his best friend, the eldest son of this *oloiboni*, so I gathered that, although I had not consciously utilised this channel to communicate to *oloiboni*,



through these youngsters information about my topics of interest had nevertheless sifted through to John Kereto. It seemed suitable that he should deliberately use the same channel to get a message through to me. I was quite impressed that he had chosen to convey his message as a prophecy; it was the one bait that would surely work its magic on someone who had for years been tracing Maasai prophets. Considering the possible meaning of this prophecy, William agreed that it most likely was to be understood as an invitation to future cooperation. This was the conventional way *iloibonok* announced their interest without stating it directly; it was an invitation according to the established mode of *iloibonok* discourse.

John Kereto is a brother of Birikaa, the leading *oloiboni* in the Endulen area; at present Birikaa's advice and local ritual leadership is followed by *ilmurran* throughout *Oldoinyo Laaltaatwa*. Just before John Kereto's prophecy had been brought to my notice, it had been reported that Birikaa had had a serious car accident on his way back from consultations with the leading *Ilkisongo oloiboni* in Monduli Mountains concerning the coordination of some important promotion rituals for the 'standing' age-set of *ilmurran*. Actually, the first reports on this accident had reached Endulen on the market day, and rumours – which were many and fast – had it that the accident was deliberately caused by the Monduli *iloibonok* through the implementation of *esetan*, sorcery, because they were jealous of Birikaa's growing reputation. *Iloibonok* are known to be extremely jealous of each other, and it is said that they habitually resort to practicing *esetan* in such cases.

Ultimately, all *esetan* is believed to derive from *iloibonok*; they are the only Maasai credited with knowledge on such foul matters, 'we Maasai know nothing about *esetan*, only *oloiboni* knows how to make it'; or it is stated as something coming from other ethnic groups and outside of Maasai society. 'It comes from other people, not the Maasai', another general claim goes. As *iloibonok* are themselves in many ways seen as a kind of incorporated strangers these claims are not mutually exclusive. Having for long dwelled among outsiders, *Ilarusa*, the agricultural section of the Maasai, are in like manner frequently stereotyped as habitual practitioners of *esetan*. In recent times a significant number of *Ilarusa* immigrants have taken up residence within *Oldoinyo Laaltaatwa*, and they have by and large adopted the purely pastoral mode of subsistence permitted by park regulations.

In the week that had passed since the first reports on Birikaa's accident and William's announcement of John Kereto's prophecy, Endulen had been tingling with all sorts of speculations on the possible effect of this car crash on Birikaa's reputation; indeed it made it clear to me how important rumours are in broadcasting news and forming a public opinion in an area without other news media. Everybody were

excited and had high expectations to the way Birikaa would construe the event when he recovered. Some were concerned that this event might be an unfortunate blow to Birikaa's power; some were suggesting that this temporary 'grounding' of Birikaa provided an opportunity for lesser *iloibonok* to improve their reputation. It struck me that improvement of his personal reputation could be what John Kereto was seeking by enrolling me among his clients.

As related in chapter 2, in the end, and contrary to general expectations, Birikaa enhanced his reputation by interpreting events as a proof that his power was not to be matched since his opponents did not succeed in killing him. Birikaa's accident happened shortly after my arrival in Endulen, and for most of the year I stayed there he was fully occupied with first his own physical recovery and later the political consequences of the event. Therefore, I never got the opportunity to make personal acquaintance. The full complexity of this conflict was perfectly clear to the Maasai who heard about it, culturally familiar as they are with the symbolic richness of the language in which it was told, but for the same reason much of it remained opaque to me for a long time. To me, its full implications of meaning only gradually emerged, as I became more familiar with the Maasai discourse on *iloibonok* and the cultural significance of their practice. Reflecting this gradually emerging understanding, which basically came about through fragments of information gradually leading to a higher saturation of context (Hanks 1996), I shall in the present and following chapters gradually unravel some new aspects, as they become apparent through the analysis of other themes.

I took up John Kereto's invitation as the courtesy it was. John Kereto held that the only way to really learn about *enaibon* and *intasimi* is to experience it for yourself, that is, through practice; and in many respects he treated me as he would have treated any other client, uncovering my prolonged childlessness as a problem and its hidden reasons. These consultations had the effect that especially my Maasai women friends took an interest in what they perceived as a major, personal problem of mine, and they began supplementing my knowledge on *iloibonok* and *enaibon* with their personal experiences and views on the subject. The theme of women's medicine and fertility is the main theme in chapter 7.

Even if *enaibon* is best comprehended through practice, much of what it is about has to do with discourse. Thus, besides analysing *iloibonok* ritual practices and their relevance in the field of medicine, the present chapter deals with the interrelations of practice and discourse concerning *iloibonok*, and concomitantly it aims at qualifying further the position of discourse in practice. Because the preceding chapters have primarily dealt with aspects of medicines as practice, it is first of all

necessary to dwell a little on the position of discourse in practice theory. As a starting point it is useful to comment on the phenomenon of *iloibonok* as interpreted in Western academic discourse.

### ***Iloibonok* in anthropological representation**

In the colonial historical sources Maasai *iloibonok* have almost exclusively been associated with political leadership. This precedence for rendering *iloibonok* as figures primarily important in the field of political leadership has rather uncritically been taken over by scholars devoted to the study of *iloibonok* history (Mungeam 1970; King 1971; Berntsen 1976, 1979, 1980), and even within anthropology the tendency has been prevailing ever since colonial days (Merker 1904; Hollis 1905; Huntingford 1953; Fosbrooke 1948; Bernardi 1952, 1985; Jacobs 1965; Anderson & Johnson 1991; Spencer 1991).

European attention was first drawn to the figure of the leading *oloiboni* in Maasai society when the newcomers learned that the great 'Laibon' Mbatiany had prophesied their arrival and his own people's demise. However, if flattered by the prophecy they were also soon convinced that the role of the leading *oloiboni* was largely that of troublesome war magician and political usurpator, and they soon came to see less prominent *iloibonok* as just another kind of 'witchdoctors'. Given that the Maasai at the time of colonisation had a – probably well-earned – local reputation for being fierce, notorious cattle raiders, combined with the fact that they had apparently been in a process of southward expansion until shortly before European conquest, and given that the ritual leadership of some *iloibonok* was indeed crucial in relation to these processes, such a focus on the political aspects of the cultural performance of *iloibonok* as an institution is hardly surprising. Yet it is a simplistic and partial understanding, largely ignoring the dominant field of practice of most *iloibonok*, because focus is restricted to the exclusive few, the leading *iloibonok*. From the outset, historical *iloibonok* leadership has been a test case in the pursuit of embryos of divine kingship and statebuilding (Eliot in Hollis 1905; Spencer 1991).

In contrast, some newer anthropological research has been concerned with the ritual role of *iloibonok*, and analyses have focused on this as a powerbase in its own right, however of an ambiguous kind (Galaty 1979, 1983; Fratkin 1991); or analysis has erroneously attributed *iloibonok* influence to a general, underlying power of a religious nature (Bonte 1975). Most commonly, however, the unique cultural position of *iloibonok* is in newer ethnography either left entirely out of analysis (Llewelyn-

Davies 1981), or they are mentioned in passing as ritual specialists, almost leaving the impression that they can safely be bracketed out of contemporary anthropological analysis as relatively unimportant in relation to subjects as cultural change (Gulliver 1969), material culture (Kalter 1978), women (Llwelyn-Davies 1978;<sup>1</sup> Talle 1988, or gender and age tensions (Spencer 1988).

Yet, *iloibonok* do in fact stand apart, or are key figures, in each of these fields: in their role as diviners of the hidden future they are highly relevant to cultural change; in respect to material culture they are outstanding for the richness of their paraphernalia (Turle 1992) and their urge for possession in a culture with remarkably few artefacts; their practice is important in the fertility of human beings and cattle. In short, *iloibonok* are an integral, yet conceptually separate category of people within Maasai society, whose significance pertains to all fields of culture. In my view, rather than bracketing *iloibonok* out of analysis, their culturally marked otherness forms a valuable comment on the mainstream, indeed a key to cultural understanding. Their otherness is primarily revealed through discourse about them; in discussions people constantly objectify *iloibonok* as fundamentally different from other people, and they are often depicted as morally dubious. In this sense *iloibonok* are also to the Maasai cultural key figures who are good to think with when commenting society and the perceived moral order.

Throughout the body of literature on the Maasai, from colonial historical sources to contemporary ethnographic, in so far as *iloibonok* have been included in analyses, focus has been only on the leading *iloibonok*, and on the politically most relevant aspects of their practice; in the professional ethnographic tradition the phenomenon of *iloibonok* is analysed almost solely in connection to their structural importance in the age-set system (cf. Talle 1995a:71). Apart from the above-mentioned papers by Galaty and Fratkin, few ethnographers have bothered to consider the practice of less prominent *iloibonok*, despite this being the common basis from which individuals rise to fame and leadership. On this subject colonial sources appear more complete – apparently, when ordinary *iloibonok* were still widely held to be just common witchdoctors, it was more pertinent to record the actual contents of such practice (Hollis 1905; Fokken 1917; Blumer 1927). It seems a paradox that alongside the professionalisation of anthropology it has become an unquestioned dogma that the importance of Maasai *iloibonok* is structural and political, thereby largely ignoring the major activities of most. Neutral, brief statements that the majority of *iloibonok* are ritual specialists and diviners, which seem to have become a standard, does little to qualify their position further. By deemphasizing that *iloibonok* are also locally seen as potential ‘witchdoctors’, sorcerers that is, has largely been neglected – by colonial

sources, historians, and anthropologists alike – that they are basically indispensable practitioners in health and healing.

The present chapter forms a presentation of *iloibonok* divinatory and ritual practice. Such a common basis forms the power-base of even leading *iloibonok* from which the exclusive few rise to prominence and widespread socio-political influence. Yet, leading as well as minor *iloibonok* treat individual clients for their problems of health and prosperity; people tend to consult the nearest *oloiboni*, and as *iloibonok* with a well-established reputation tend to ask less in remuneration of their services, they are often the first ones approached for individual consultation. However, influential *iloibonok* are also frequently absent due to travelling activities. By juxtaposing the practice of *iloibonok*, as well as their own discourses, with the rich, local discourse about them, a better grasp of the meaning of *iloibonok* in Maasai culture is facilitated. This wider discourse on *iloibonok* practice forms the analytical theme of chapter 7.

### ***Iloibonok* and the relationship between discourse and practice**

It is a fundamental assumption in practice theory that informants' discourses on their own practice never fully capture the objective relations of the system of which they partake. 'Invited by the anthropologist's questioning to effect a reflexive and quasi-theoretical return on to his own practice, the best-informed informant produces a discourse which compounds two opposing systems of lacunae' (Bourdieu 1977:18). Informants' discourse is either one of familiarity which leaves unsaid all that goes without saying, because habitus works as a mechanism of censorship inhibiting people from perceiving and thinking the hitherto unthinkable and unnameable, or, if it is an outsider-oriented discourse, it tends to exclude all direct reference to particular cases, that is, concrete experiences (ibid.). Anthropologists, Bourdieu argues, more often than not tend to 'forget the distance between learned reconstruction of the native world and native experience of that world, an experience which finds expression only in the silences, ellipses, and lacunae of the language of familiarity' (ibid.). The native informant tends to draw attention to the most remarkable events and features, rather than formulating the underlying principles generating the possibilities of action, which are obscure to the agents themselves, as such principles are part of habitus. It is, according to Bourdieu, a learned ignorance, a mode of practical mastery and knowledge not comprising knowledge of its own principles (ibid.:19), an inevitable opacity of culture according to Århem (see chapter 5).

Such implicit, unconscious principles of learned ignorance in discourse is by Bourdieu subsumed under the concept of *doxa* (ibid.:164), in order to distinguish it from the modes of orthodoxy and heterodoxy which are both implying awareness and recognition of the possibility of different or antagonistic beliefs. Doxa is generated by cultural schemes of perception, and doxic beliefs adhere to tradition experienced as a 'natural world' and taken for granted (ibid.). In this sense, doxa is opposed to discourse, which belongs to the field of opinion (ibid.:168). The field of opinion is where competing discourses, orthodoxy and heterodoxy, are articulated and confront each other in explicit comment on a particular tradition. Yet, doxic beliefs are always implicitly present in discourse; doxa forms the surrounding context of the culturally taken for granted, and constrains what is being explicitly stated within a particular field of opinion. In other words, doxa is to discourse what habitus is to practice. The relationship of doxa and discourse Bourdieu summarizes in a model (ibid.):

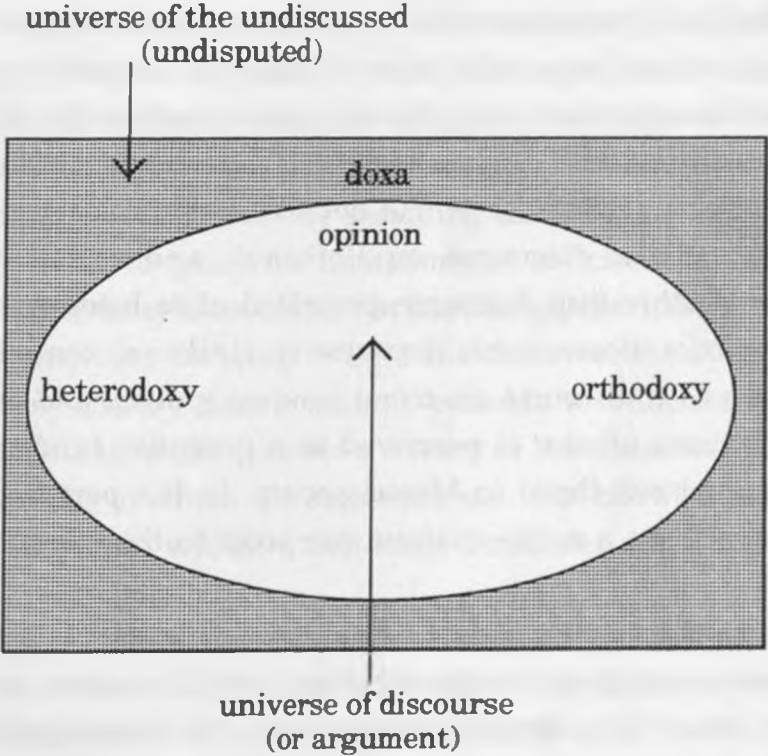


Fig. 3. Bourdieu's model of doxa and discourse

This model may be utilised to illustrate Maasai discourse on *iloibonok* and *esetan*. First, however, it is important to specify some features in the relationship between practice and discourse arising from the example of Maasai *iloibonok*. As such, my argument is hardly peculiar to the present example, but possibly a general trait in much practice. The divinatory practice of Maasai *iloibonok* may itself to a large extent

to be seen as a specialised discursive practice; the essence of divination is to give human voice to the oracle, the *enkidong*, the divinatory instrument through which messages are communicated to *oloiboni*. In this perspective, to be illustrated in the subsequent section, *oloiboni* is fundamentally a conveyor of 'spoken' messages, that is, of discourse. Such 'divine discourse', however, is couched as symbolic language; usually either numeral configurations of pebbles tossed from the *enkidong*, or prophetic parables that come to *oloiboni* while under the influence of alcohol, or while dreaming, which he afterwards translates into ordinary discourse. Further, *oloiboni* gives advice on the proper course of action after a process of interrogation into the client's matters. In this sense, much of what *oloiboni* offers to his clients is based on an elaborate, discursive process. Thus, Maasai discourse on *iloibonok* may be seen as discourse on a discursive process, and as such it is discourse of a second order of abstraction.

However, this is in my opinion only true to a certain extent. Much of Maasai discourse on *iloibonok* pertains to the level of supposed *iloibonok activities* rather than their discourse, and especially when it comes to negative evaluations of the institution of *iloibonok* as such, a standard argument is that they do things they are not supposed to do – *esetan*. *Esetan* is above all perceived as an abominable and heterodox *action*, giving substance to, but not necessarily voicing the unspeakable. In this perspective, Maasai discourse on *iloibonok* and *esetan* concerns secretly performed actions rather than discourse, perceived of as heterodoxy opposed to the morally valid practice. Because this discourse on *iloibonok* centers on the issue of *esetan* it is above all a discourse on moral conduct, power, and evil, and it depicts *oloiboni* as an epitome of what is perceived as a potential, fundamentally immoral, power-usurping, and evil threat to Maasai society. In this perspective *iloibonok* are inclusive others who, as a moral contrast, are good to think society and the moral order with.

Yet, it must also be born in mind that although Maasai talk a good deal about *esetan*, it is always a supposed practice of others, not themselves, and as described in chapter 3 there are in fact conspicuously few cases to substantiate their claims that *iloibonok* habitually practice *esetan* on behalf of their clients. In this sense, the discourse on *iloibonok* and *esetan* is still a discourse on discursive matters – rumours, opinions, and suppositions – it is not simply that the lack of cases cited in such discourse evidences that statements are given in the mode Bourdieu terms the outsider-oriented discourse. Rather, it is my impression that this is definitely a discourse of familiarity in as much as Maasai repeat it time and again to each other, but examples are genuinely lacking because people, including *iloibonok*, actually do

not practice these things habitually, such as it is spoken about; it is primarily their innermost fears they are voicing, not people's performances. In this sense it is above all a discursive practice on perceived *iloibonok* practice. As such, *iloibonok* are living symbols embodying the inherent dangers in the Maasai socio-cultural construction. They symbolize moral as well as structural key points in Maasai society and their moral ambiguity of *iloibonok* is commented in the myth of *iloibonok* origins.

So far, I have used the term discourse to connotate two different levels of relevance in connection to *iloibonok*. I suggest that discourse should be seen as operating at three distinct levels, modelled on the distinctions in levels of abstraction in respect to modes of knowledge presented by Bourdieu (1977:3).

Bourdieu distinguishes between the phenomenological, objectivist, and the meta-theoretical modes of knowledge, all of them opposed to practical knowledge (ibid.) as discourse is opposed to doxa. Thus, phenomenological knowledge 'sets out to make explicit the truth of primary experience in the social world, i.e. all that is inscribed in the relationship of familiarity with the familiar environment' (ibid.). Such knowledge, Bourdieu argues, does not reflect on itself, whereas objectivist knowledge establishes a break with the primary knowledge of the phenomenal, practical world and constructs the objective, structural relations of practice and its representations, and it does so only by including doxic beliefs in its field of inquiry (ibid.). Further, in order to grasp the limitations of objectivist knowledge, Bourdieu argues, a second break, away from objectivist knowledge, inevitably becomes necessary in all scientific endeavour, 'to bring to light the theory of theory and the theory of practice' (ibid.). Only thereby does it become possible to understand the generative principles of practice and 'make possible a science of the dialectical relations between the objective structures to which the objectivist mode of knowledge gives access and the structured dispositions within which those structures are actualized and which tend to reproduce them' (ibid.).

In like manner, I believe it is fruitful to distinguish between primary, secondary, and tertiary levels of abstraction within discourse. Thus, in the present example the primary level of discourse, the phenomenological level, is made up of *iloibonok* discursive practice as experienced by those Maasai who interact with them on a basis of familiarity. At the phenomenological level *iloibonok* discourse consists of phenomena such as divinatory utterances including prophecies, the verbal and practical interpretations of such utterances, *iloibonok* instructions on correct ritual behaviour, etcetera; in short, at this level discourse consists of specialised modes of speech belonging to the field of *iloibonok* practice.

However, the Maasai among whom the *iloibonok* practice actually objectify



*iloibonok* practice at a secondary level of discourse, which I have already referred to as the Maasai discourse on *iloibonok* and *esetan*. Although this objectification is analysed in the context of chapter 7, the levels of discourse are logically interconnected, and it is useful to comment it provisionally at this point. In my view, as objectifying discourse is well-known among its objects too, it must to a certain extent form a constraint on *iloibonok* practice within which they must carefully and consciously operate, in as much as it will identify certain activities as legitimate practice, whereas others are condemned as antisocial and immoral corruption of proper practice. In this sense, the Maasai field of opinion on *iloibonok* and *esetan* forms the doxic environment of the *iloibonok* discursive universe. Within this objectified Maasai discourse on *iloibonok* there is plenty of room for a variety of opinions, as it too rests on doxic principles. Hence, while some Maasai may be said to have an orthodox point of view on *iloibonok*, believing firmly in their powers to perform good as well as evil magic, but routinely condemning their evil practices, other Maasai, and notably, but not exclusively Christians, take a radical, heterodox standpoint, and tend to reject the institution of *iloibonok* altogether, typically claiming that they are all morally corrupt and only pretending to have magical powers. However, not all Christians object on principle to *iloibonok* practice, and far from all 'traditionals' praise them; heretics are found in all camps. Commonly, though, heretics seem to be of the opinion that moral corruption is a recent development pertaining to *iloibonok* of modern times and ultimately attributable to an all-pervasive process of commercialisation. Both groups, nevertheless, take for granted and structure their opinion on some unquestioned, fundamental doxic beliefs, which are, significantly, refracted as central elements in the founding myth, the tradition on which rests the institution of *iloibonok* as well as their practice.

The uncovering of these doxic principles is the object of the present analysis, which ultimately aims at providing a third level of discourse on *iloibonok*. Being professionally keenly aware of the importance of discourse, *iloibonok* are also aware that their success and reputation are contingent on the general discourse on them, an awareness that constrains and guides their conduct. Especially for *iloibonok* aspiring to leadership positions it is crucial that they manage to manoeuvre in ways that place them safely within the orthodox discourse on *iloibonok* and *esetan*. In other words, it is especially the lesser, individually practicing *iloibonok* that are susceptible to suspicions of practicing sorcery, whereas balancing on the safe side of moral judgement is a precondition for rising to leadership position.

Figure 4 is a model of Maasai objectifying discourse on *iloibonok* and *esetan*, adapted from Bourdieu.

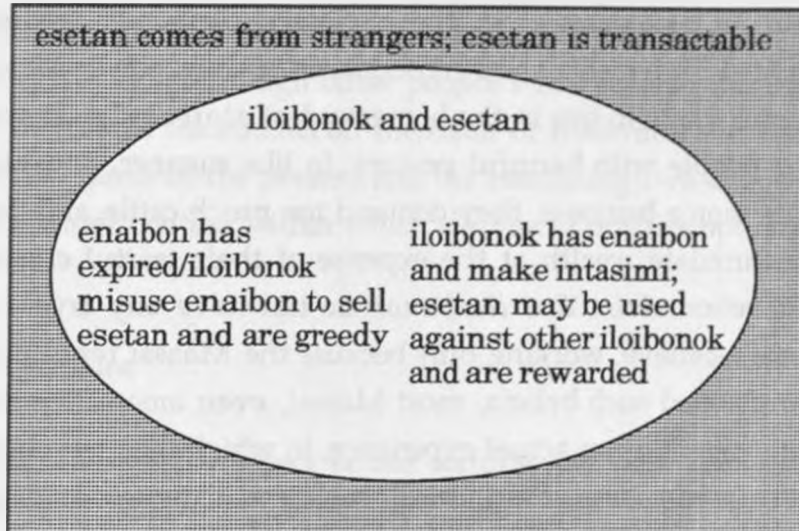


Fig. 4. Maasai discourse on iloibonok and esetan

According to the orthodox discourse on *iloibonok*, they are a subclan of magicians, the *Inkidong'i*, given the power of *enaibon* by *Engai* in order that they only use it to make good magic, *intasimi*, to assist people in averting misfortunes, enhancing fertility, etcetera. This gift is inherited from father to son within the subclan. *Enaibon* also gives them power to make *esetan*, but this evil magic may only legitimately be used in retaliation against competing *iloibonok*, who have themselves fallen to use *esetan*. Unlike other Maasai, *iloibonok* are known as highly jealous of each other, and strongly competitive. Thus, within the orthodox discourse, *esetan* is an inherent capacity in *iloibonok* which leaves open the possibility that some *iloibonok* may be tempted to use it illegitimately. However, such morally corrupt *iloibonok* are within the orthodox discourse only individually condemned, not the institution as such.

In contrast, the heterodox discourse on *iloibonok* claims that the whole institution has corrupted into commercial business, because their inherent greed for beautiful women and much cattle invariably causes them to practice *esetan* against ordinary people, and even worse, they also do it on behalf of other people for a fee. According to this discourse, *iloibonok* are mere frauds exploiting the Maasai in a craving for women, cattle, and power. They are seen as immoral characters, who 'name wives' for themselves among the most beautiful of the Maasai women, and they usually get them because other people fear that they might use their magic powers to revenge a refusal. In this way *iloibonok* are held to accumulate so many

wives that they cannot take proper care of them, with the result that their morality has further declined. Incestuous relations with sons impregnating the wives of their fathers are held to be common in the exclusive *iloibonok* settlements. Subclan-exclusive *iloibonok* settlements are a consequence of their power to perform *esetan*; it is said that no one wants to live in the homestead of *oloiboni*, as no one would like to live too close to people with harmful powers. In like manner, and because they have made their profession a business, they demand too much cattle and money from their clients; they accumulate wealth at the expense of their fearful clients. A few of the most radical 'heretics' claim that *iloibonok* do not have any true *enaibon*; it is all pretence and make-believe, working only because the Maasai tend to believe in them. However, having stated such beliefs, most Maasai, even among the most radical, will cite at least one example from actual experience, in which they felt obliged to recognise that at least this *oloiboni* has certain unexplicable and truly extraordinary skills. There is always room for doubt. Thus, many Maasai, perhaps most, tend to linger between orthodox and heterodox attitudes towards *iloibonok* depending on the actual context. Hardly anyone seems to question that, even if *enaibon* has nowadays expired entirely, originally *iloibonok* were truly great.

We are now entering the area of *doxa*, as Maasai very seldom explicitly connect the idea of the present moral deterioration of *iloibonok* to the idea that knowledge and practice of *esetan* is a field in which neighbouring ethnic groups have much more mastery than the Maasai. Both set of ideas are frequently volunteered opinions, but their interconnectedness is hardly ever articulated. That strangers are more knowledgeable on matters of *esetan* is a belief mostly stated when discussion concerns the nature of such evil magic, in support of the claim that ordinary Maasai know nothing about. However, within the discourse of familiarity on *iloibonok*, this is a feature taken for granted in tradition, and as such experienced as a natural condition of the world. This association between *iloibonok*, strangers, and magical mastery is symbolically and structurally contained in the founding myth of the first *oloiboni*, *Kidong'oi* (see chapter 7). That *iloibonok* have the power to practice *esetan* is also stated in this myth, just as it is specified as legitimately used in retaliation against other *iloibonok*. What is not specified in myth, however, is the idea that magic may become transactable and commodified. Yet it is nevertheless an obvious, unquestioned natural fact of the world that it is so, even though it ought not to. From this observable truth arises the heterodox discourse on *iloibonok*. In other words, Maasai discourse on *iloibonok* rests on the *doxic* beliefs that *esetan* originally and continually comes from strangers, and that by being given substance and form *esetan* has become a transactable commodity, even though its real harmfulness stems from

ill-intended people's minds. *Esetan*, like *intasimi*, may be bought from morally corrupted *iloibonok* by ordinary Maasai, even though they do not understand it.

In the following, *iloibonok* practice is described, activities as well as discourse, as I experienced it in Endulen. Through other people's reactions to this experience I was met with many discursive statements on the issue of *iloibonok* and *esetan* in general. Analysis will in the course of the present and the remaining two chapters increasingly turn towards this wider context within which *iloibonok* practice operates.

### The sorcerer's apprentice

The day after John Kereto's prophecy of our coming had been presented to me, John, his second wife, and their youngest daughter paid me a visit. When William had arrived in the morning he had notified me that John would be coming shortly, so we had instantly cancelled our scheduled community visit, giving this first meeting with *oloiboni* top priority. John had come to visit one of his brothers who was hospitalised, and John wanted to assist his recovery with a ritual preparation, as *iloibonok* are unable to perform rituals for themselves.

When he and his escorts arrived at noon, John formally introduced himself. Until fairly recently, he related, he had worked as a professionally trained teacher in the governmental primary school system, a career that in the days of *Ujamaa* had also taken him to Hungary for one and a half years of studies, but he was reluctant to reveal the reason why he had quit teaching. It was afterwards suggested to me that John had actually had to give up teaching because of increasing problems with alcohol, but whether such rumours should merely be understood as yet another example of the discourse on the moral weaknesses of *iloibonok*, or whether it was actually true, I do not know. Either way, regular use of alcohol remains a fundamental characteristic of *iloibonok*.

His background as a trained and widely travelled teacher meant that John was one of the few Maasai elders around Endulen with whom it was possible to make direct conversation in English; yet John insisted that William acted as interpreter, claiming his own English to be insufficient. It is my impression that he somewhat understated his abilities in English and wanted to deemphasize his partial ability to follow exchanges between William and me.

John was more than willing to teach me about *enaibon*, *intasimi* and *iloibonok* through practical demonstrations, as these issues are in his opinion best comprehended through experience; but he needed some time to prepare this. He

consented to tell me the history of *iloibonok*. We agreed to meet in a couple of weeks as John had made many appointments at yesterday's market. He was also expecting clients coming all the way from Sonjo Plains. He suggested that I should tape-record our sessions. Finally, he insisted that afterwards I should show him my writings for finding possible errors. I do not think that this was a friendly gesture from a former school teacher; I sensed strongly that this was *oloiboni's* demand. Instantly I felt sympathetic to Maasai ambivalent feelings towards their *iloibonok*.

On John's suggestion it was agreed between the three of us that William would act as a go-between, checking up in due time if John had finished his preparations. John kept being busy with his new clients, and the arrangement was postponed altogether three times, so more than a month went by before we finally had our first session.

When the great day finally came, my husband, William, and I set out for John's *enkang'* in the morning carrying with us six bottles of Safari Lager, having beforehand consulted William on a proper gift to bring to *oloiboni*. *Oloiboni* must receive alcohol from the people on whose behalf he is to perform a seance; alcohol is a necessary medium for *oloiboni* to reach the proper state of mind for divination. Like he cannot cure his own ailments, he cannot work with his own alcohol.

John's *enkang'* is reached by a narrow footpath going through dense thorn forest and crossing a small river. This gives the *enkang'* an isolated atmosphere, but actually it is conveniently situated very near Endulen village, on the former farms' land (see chapter 2). Two close, neighbouring *inkang'itie* belong to an immigrant *Ilarusa* female specialist (see chapter 8) and a male specialist in general herbal medicines respectively, so actually it is a neighbourhood concentration of medical specialisations. John's *enkang'* is quite small and contains only two houses, that of his present wife and the one his now divorced first wife built, when two of her sons recently needed her presence for ceremonial purposes. It has its back against another, but unrelated man's *enkang'*. The two homesteads do not share interior facilities, leaving the impression that it is an exterior facility, the presence of a nearby permanent stream that has caused this clustering, not necessarily close cooperation. John's cattle pen is small, but the two houses are remarkably large and well-built, of the high-roofed, thatched *Ilarusa* type, though conforming to the same basic inner plan of construction as the lower dung-roofed 'traditional' Maasai houses.

That John lives in a nuclear family homestead may partly be explained by the fact that as a Christian he is not polygamous, in contrast to the otherwise pronounced tendency for *iloibonok* to desire many wives. But only partly, for his brothers, of whom at least one is also baptised, all live in Birikaa's large extended family

homestead. The size of John's *enkang'* is not unusual for minor *iloibonok*. Trying to build better reputations for themselves they tend to move to where there may be clients; some of the very minor in influence are truly itinerant, but most have established homesteads from where they frequently depart on extended travels to other areas in their constant competition for acquiring a large and widespread following. Many *iloibonok* of some reputation have several homesteads distributed over their area of interest and travel regularly between them. Also John was frequently on travel, indeed he seemed to have found a brand new potential following in neighbouring Barbaigland, thus utilising the situation that the long-established political tensions between Maasai and Barbaig had recently become much relaxed on Barbaig initiative. The Barbaig wanted safe access to the market and especially to Endulen Hospital. In a broader perspective one should probably see John's activities in Barbaigland not only as a matter of enhancing his personal reputation, but also as a contribution towards consolidating more peaceful relations, as well as an effort in assisting Barbaig in their desire for therapeutic alternatives. The fact that John's *enkang'* is situated in an area bordering on Barbaig territory is typical for *iloibonok* choice of residential sites, as well as directly facilitating in opening up new markets.

In contrast, John's four brothers all live in a large extended family settlement at Esirwa (see figure 1, chapter 2), meaning the place of elands, situated in the border area between two major sublocations, *inkutot*, and forming a significant local center of family-based *iloibonok* concentration around the leading *oloiboni* Birikaa, in reality forming their own sublocation. Further, an unrelated *oloiboni* has settled with Birikaa and his brothers, but characteristically no non-*iloibonok* live there. Birikaa has some 30-40 wives, so his *enkang'* is considerably larger than any other *enkang'* in the area, supporting the impression that they actually form a subclan-exclusive community within the larger community. This residential pattern is typical of leading *iloibonok*. It is further said about Birikaa that he has four different *inkang'itie* around the country, and that he about 1986 travelled as far away as Zambia. Paul Spencer has characterised *iloibonok* as forming a dynasty of diviners and prophets mostly living on the boundaries between major tribal sections (Spencer 1988:4). Thus on a local scale, Birikaa and his brothers seem to follow a widely established pattern, which, however, to the best of my knowledge is only typical of leading *iloibonok* and those of their less influential kin who have optioned to stay with them. Such co-residing kinsmen tend to be of very little influence; the little they have comes about as a refraction of the glory of the leading *oloiboni* they live with. Individually established minor *iloibonok* cross territorial boundaries in their quest for followers and fame, either by being fully itinerant in their practice or by embarking on frequent 'business' travels to other areas,

including other ethnic groups, a pattern that also widely influential *iloibonok* as Birikaa adhere to.

*Iloibonok* belong to the *Inkidong'i* subclan of the *Illaiserr* clan in the moiety of The Black Oxen, *Orrokkiteng'*. Birikaa and his brothers, however, belong to a special line of local *Ilkokoyo iloibonok*, that is, they are of Kikuyu descent. Maasai are generally confused when asked whether this lineage of *Ilkokoyo iloibonok* actually forms a local subclan of *iloibonok*. I believe it correct to think of them as a separate lineage within the *Inkidong'i*. On a later occasion one of them stated that they could hardly be considered a subclan of their own; first of all, other clans had members of *Ilkokoyo* descent too, and, he said, as the *Ilkokoyo iloibonok* use the same basic cattle brand as *Inkidong'i iloibonok*, they must belong to the *Inkidong'i* subclan as well. <sup>2</sup>

I had never come across data on *iloibonok* of Kikuyu descent before coming to Endulen – on the contrary, I had the impression from literature that historically, Maasai *iloibonok* had emigrated to found parallel institutions among neighbouring ethnic groups such as the Nandi and Kipsigis, the Maasai institution thus forming an epicenter for institutional diffusion to other ethnic groups – and it really intrigued me that the local leading *oloiboni* seemed to lead a small, local dynasty of immigrant *Ilkokoyo iloibonok*. Therefore, I had asked John at our initial meeting if he would brief me on their history when we next met, which he had consented to. Thus, as we walked along the narrow path to John's *enkang'*, I had high expectations that I was going to receive a wealth of interesting new data.

### Experiencing *enkidong'* divination

The following account of our first session is a condensed extract from my notes, which were taken partly on spot, partly reconstructed immediately afterwards.

When we arrived at John's place, he received us dressed in his traditional Maasai elder's outfit; hitherto I had only seen him in trousers and pullover. John led us into the house, and we were seated in an outer visitor's room, his surgery as it were, lined with a clay bench and large enough to contain some eight to ten people. This room seemed to be an enlarged version of the narrow, tunnel-like entrance of ordinary Maasai houses. Present for the occasion were, besides us and John, his wife, an old grandmother, and an elder whom John introduced as a friend from Osinoni who had helped him prepare some *intasimi* during the preceding days. William, my husband, and I were seated on the clay bench, much like patients on the doctor's bench, while *oloiboni*, his wife, and his friend sat on little, carved stools. The old woman

brought my husband and me some *enaisho*, mead, in large mugs, and *oloiboni* and his friend were also served this apparently quite strong brew.

'This is to take away the shyness', *oloiboni* said, 'to make us look directly into each others' eyes'. After a little drinking and general exchange of news, particularly between *oloiboni* and William, *oloiboni* formally introduced himself, his wife, and his friend, as he said, 'since we don't know each other very well'. Then I introduced myself, my purpose of research, and of this visit, my husband, his profession as a baker, and his role as company and driver in my research project, feeling keenly aware that, according to local etiquette, as a woman I should have let one of the men do the introductions. After formal introductions *oloiboni* wanted to specify the subject of the day, and I explained that I was most eager to understand the role and skills of *oloiboni*, and the differences between commonly known *ilkeek* and *oloiboni's intasimi*. *Oloiboni* then wanted to know if there were other subjects to be discussed after that, and I suggested the history of *Ilkokoyo iloibonok* and the time when they came to the Maasai.

'The office of *oloiboni*', John said, 'consists of two things: on the one hand he is a predictor, and on the other he is a doctor, a provider of *intasimi*. Like the cures of even the doctors in the hospitals, the cures of *oloiboni* work because God is in it, and gives his approval. In that sense *oloiboni* is like a priest; he works with God's blessing. The difference between the doctors of the hospital and *iloibonok* is, that whereas doctors are taught and study for many years, *iloibonok* inherit their power from their father; they are born with it.' I asked whether *iloibonok* were also trained by their fathers, which *oloiboni* confirmed, but he did not go into details. I got a feeling that he actually did not want me to interrupt his discourse with questions; presumably *iloibonok*, as teachers, do not like to have their lectures interrupted. I also got the feeling that this was an area of secrets. *Oloiboni* then said that the *Ilkokoyo iloibonok* came to be some 2-300 years ago, and at the time of the great epidemics different clans came together, like *Ilkokoyo*, *Il sukuma*, *Ilmaasai*. It was once more my impression that *oloiboni* did not want to go into details with the way *Ilkokoyo iloibonok* had come to the Maasai, so I refrained from pursuing the point.

He then repeated the prior statement that we had agreed to talk about the nature of *oloiboni* and the difference between *ilkeek* and *intasimi*, repeating also the two-fold functions of *oloiboni* as predictor and God-assisted curer, stating that to discuss in theory the nature and history of *iloibonok* was too time-consuming, diffuse, and unprecise, a practical demonstration much to prefer. More mead was served for my husband and me, while *oloiboni* and his friend took to the Safari Lagers. *Oloiboni* said that it was good that we had brought them, because the *enkidong*' could not be brought to speak by his own alcohol; 'it has to be opened by alcohol brought by those who are to be predicted. *Enkidong*' is like a thermometer,' he stated, 'because when you try to see what is the matter, it tells.'



*Oloiboni's* wife then fetched from the inner compartments a goat skin, a nylon grain sack, and a wicker basket with remedies. *Oloiboni* continued to explain that sometimes the hospital cannot treat where *oloiboni* can, and sometimes the veterinary staff cannot treat while *oloiboni* can. He then showed us an *orkisinde*, a horn prepared with *entasim*, and made us guess which kind of animal it came from. We did not succeed. It was eland, we were told, which was used to 'tie' whatever should be tied, because eland is a special animal for tying. [Other *iloibonok* may prefer different animals for their *orkisinde*, thus *oloiboni* ole Mangi of the *Inkidong'i iloibonok* who lives with Birikaa has an *orkisinde* made from an elephant tusk. Living in a conservation area, he actually has a licence for carrying it. This is absolutely necessary to avoid confiscation and arrest when crossing international boundaries.] *Oloiboni* once more repeated that he thought I had now agreed that what I wanted was to know about *intasimi* and *enkidong'*. I more than ever felt that there were several purposes behind this continual repetition; he was waiting for the mead to tell its effect on our senses, and it was his way of taking the decisions while trying to impress on me that it was a mutual agreement. I replied '*oloiboni* knows', which seemed to be the acceptable answer.

He now began to explain about his remedies, demonstrating them as they were mentioned. The goat skin was special, he said, because it was from a white billy-goat, traditionally a sacred goat. He covered the skin with the nylon sack, offering no explanation. Perhaps it was for protecting the sacred skin, which looked brand new. Next he said that the wicker basket was a special bag for keeping *intasimi* and *enkidong'*, though of a modern type. (Indeed such baskets are for sale on city markets throughout the country, and nothing like them locally produced. John's specimen resembled a Western doctor's bag in shape.) The many little calabash flasks in it are called *iltuleta*. This bag', he further explained, 'contains two things that lead: the *oltulet* [sing.] for limestone and the *enkidong'*'. Today's limestone *oltulet* was an old flask for lubricating oil, the proper calabash having recently broken. 'Limestone is leading every other calabash and what is inside.' *Oloiboni* then smeared some limestone powder on his temples twice, on his wrists, and on the *enkidong'*. [On another occasion, John likened the use of limestone to a doctor taking on his white coat.] The *enkidong'* was a large calabash with a wide opening, filled with pebbles. Some were dark, most white or yellowish; a few were reddish, and some had odd shapes. Among them were three big glass marbles, a green, a blue, and a red one, of the kind that has an eye of colour in it.

Then *oloiboni* explained about his *enkidong'*: 'It tells me about the weather, about the atmosphere of the *enkanj'*, about everything; it starts everything and tells everything, and the smearing of the limestone is what leads. It is not *oloiboni* who speaks, but the *enkidong'*. It is like a telex machine. It tells which *entasim* is necessary, and there is an *entasim* for everything in the bag. In this way, by listening to the *enkidong'*, *oloiboni* can treat two kinds of diseases that the hospital cannot treat: women who cannot give birth and madness.'

'Regarding women who cannot give birth there are two types. Those who suffer from some kind of venereal disease, gonorrhoea or syphilis, when he sees those from the *enkidong*', the woman is referred to the hospital. In other cases the *enkidong*' tells that somebody has been tied up or has broken a tradition and then *intasimi* are given: *oltorotua* [a pale red powder], and also *entasim esirwa* [of the eland; whitish powder], and also *entasim engasijej* [yellow powder]. Then the *enkidong*' will tell what can be used to wash or cleanse her, for example to slaughter a lamb, or another animal. *Oloiboni* will wash her according to the direction of the *enkidong*' to take out her dirtiness, or sometimes the dirtiness of her husband. But those with venereal diseases referred to the hospital are always told to come back to be washed with *intasimi*, and then they are given these to eat with meat from the lamb or what was told to be used.'

'For madness there is surely no cure in the hospital. *Iloibonok* do not treat it at home, but take it to the forest. The cure consists of three things: chameleon powder, *entasim nanyori* [green *entasim*; a brilliant yellowish powder, like curry] and *entasim osoit* [stone *entasim*; a chunk of quartz]. It is only given to mad people. Then the mad person is washed with a shell [the one demonstrated was an imported almost fist-size porcelain shell from the Indian Ocean]. Then again the *enkidong*' will tell which animal to use, for example a billy-goat, and its colour. Treatment of madness is always successful, and more so than the hospitals'. Also animal teeth are used to wash the patient to make the mind operate again, that is how madness is cured. Those are the things we *iloibonok* believe we can treat and the hospital cannot treat: barrenness in women and madness. *Olairobi*, pneumonia and other minor diseases, to those we just give first aid, these diseases do not fit into the pattern of *intasimi*; *intasimi* are for chronic diseases. Then there is the case of not real madness, but when people are just unconscious. That is also a kind of madness, because once they start becoming unconscious, they always develop madness later. We also have medicines for them. Those medicines are: *entasim* of tortoise-shell, that is what we begin with. We give it by making little incisions into the skin [indicates two-three little parallel cuts on his own arm], then rub in the *entasim*. Then there is also the *entasim* of the forest. After that one you drink and wash with running water and a special kind of honey. We are always successful in treating this. We also use skins to wrap up the mad or unconscious person when washing.'

Asked about why they do this, he continues, 'That is to tie up the disease, you tie up disease, thereby curing it. As for treating cattle, we *iloibonok* have what is called tying, but for cattle we have no *intasimi*. I do not cheat, I have to speak the truth. But among the Maasai we have no specialists of cattle, who have medicines. *Iloibonok* cannot give *intasimi* to cattle, but we can treat cases of herds as well as of families becoming smaller or becoming none at all. Using our own *intasimi* we can make herds as well as families become prosperous, but it is different from treating barren women. Also, for wealth in cattle we have one, only one

*entasim*, that is something called *ollorkor*. A big fire is made, some branches of certain trees, special trees, are collected to make a big fire and then other *intasimi* are put in. Tomorrow I shall make that at an *enkang'* near Father Ned's place, I'll send you a message to come and see it.'

At this demonstration of his remedies, but particularly during the following divinations, *oloiboni* did not want the dogs, passing visitors, or children around. By now, *oloiboni* was visibly affected by the combination of mead and Safari Lagers. For sure, the two mugs of mead were beginning to tell their effects on me. *Oloiboni* told us to take off our shoes, and chased away dogs and people firmly. William discretely slipped me a note that I should remember to ask *oloiboni* why he did not want the dogs around. As if addressing the *enkidong'* now, *oloiboni* repeated that it was alcohol brought by the guests he was to predict about that was opening the *enkidong'*, the nature of which was like a telex machine.

He began tossing out pebbles from the *enkidong'*, repeating that it was it, not he, who spoke. First he produced 25 pebbles, added some more and arranged them in groups of 17 + 9, saying there was no logic in this, put them all back in the *enkidong'* again, producing 5, which meant that everything was well in the *enkang'*. He then stated that he was going to begin with a prediction of William's home, but he did not comment on how the *enkidong'* could do this, when William was not sponsoring the alcohol. Perhaps as an employee dependent on me, the same alcohol could do the magic. Probably he began with William in order to instruct us foreigners on how to conduct ourselves properly before the *enkidong'*. Then he produced 5 pebbles, handed the *enkidong'* to William, who mock-spat into it to make it talk. 'It is not me who speaks, but the *enkidong'*', *oloiboni* repeated. He produced 5 + 4, making 9 [which stands for a male person, William told me later]. 'Your mother belongs to *Illaiserr* clan'. - 'True', William replied. *Oloiboni* produced 5 + 5 + 4, 'one brother is absent from your home.' 'True', William replied again. Certain pebbles were then given to William, who took them and touched his forehead with them, and handed them back to *oloiboni*. 'A sister of yours is married to *Ilmolelian*.' - 'True.' William once more spat in the *enkidong'*. Before each spitting the pebbles were all put back into the *enkidong'* as if indicating that we were changing the subject a little. *Oloiboni* then tossed out 1 + 3 + 3, some more, rearranging them into 10 + 10 + 7, added another 3 to the 7, making 3 times 10. 'A second brother has gone somewhere else.' - 'That might be true', William responded, 'he might have gone to his father-in-law'. William spat into the *enkidong'* again. *Oloiboni* produced 4 pebbles, which were rearranged to 3 + 1, then to 2 + 2, then he tossed out 4 + 4 more pebbles. 'Once you told your brothers to take care of your animals at home, but they refused.' William did not comment, but spat once more into the *enkidong'*. *Oloiboni* then produced 3 + 2. The problems with the cattle have now been solved.'

At this point I gave up counting pebbles to be able to watch more freely what was going on.

The general pattern of arranging pebbles in groups of significant numbers continued. My overall impression at this point was clearly that *oloiboni* actually had full control of the numbers of pebbles produced from the *enkidong'*, just as he re-arranged them into groups of significant numbers. It seemed to be important that the same glass marble should come out in each throw. For William the *enkidong'* had the messages that 'it will be good to take Mama Nina to your mother, she is waiting to see her', and that 'something has been stolen from you, but you will get it back. Either you will be chased away from your present house, someone is trying to chase you away from that house, or all your clothes will be stolen, or is it true that some of your clothes have already been stolen?' When William replied in the negative, *oloiboni* switched to my husband and me, saying that the *enkidong'* might be speaking of us, as we had given the beer. However, we also denied having lost clothes recently and *oloiboni* left the matter. Afterwards, though, we remembered that this was not actually true; a couple of days before a red towel had been removed from our clothes-line, much to our cook's concern. [Eventually, William did run into housing problems shortly afterwards.]

*Oloiboni* then switched to predicting my husband, concentrating on issues relating to our travel to Tanzania and the doings of his parents at home. Sensing quickly that my husband is a natural born sceptic in such matters, he constantly insisted that it was the *enkidong'* speaking, not *oloiboni*. Like William, my husband was now and then made to spit into the *enkidong'*, and touch his forehead with the pebbles, and the *enkidong'* gradually revealed that his mother has a serious eye-problem, which is true. He then shifted to the subject of being a baker and the *enkidong'* indicated that recently my husband's oven had been on fire, which was not true. He then corrected the interpretation, saying that it might have happened to a colleague of his, who had only one arm. I watched my husband turn a little pale, and less of a sceptic, as he realised that he actually had such a friend. This colleague, *oloiboni* said, wanted to take up acquaintance again, and we would soon receive a letter from him. We had recently sent this one-armed baker-friend a postcard from Tanzania, so a reply was more than likely. The house of this man had actually burned to the ground the year before.

At long last it was my turn, at which point I gave up note-taking entirely. Being a woman I was not allowed to touch or spit into the *enkidong'*, in stead he used my watch to touch the *enkidong'* from time to time, and I was made to spit on the watch at certain intervals. For me the *enkidong'* had the messages that I was 25 years of age, which was ten too little, and that I would eventually give birth to a boy, but first I had to receive a cure for the menstruational problems, from which I had been suffering since early womanhood. I confirmed this problem, and *oloiboni* then suggested that the problem might stem from a surgical operation I had had then, an event I also confirmed. He, however, could give me a medicine to cure me, which he would do when we next met to perform the ceremony for the cattle and homestead next to

Father Ned's place. Next, the prediction concentrated on my brother and a letter from him, which had supposedly been lost in Tanga. He ended the prediction on me with tying to my watch some grass that he sent the old woman to fetch, who then tied the watch back on my arm again. Knowing that grass is a symbol of blessing, I tried to ask whether this constituted a cure for childlessness, but received no clear reply. I got the impression that it was an initial act of 'tying' my health problem.

With this the session with the *enkidong*' ended, and *oloiboni*'s wife served a delicious goat stew for us in the inner compartment of her house. I tried to explore the theme of why John had given up teaching, but he was evasive about it, just as he was about his studies in Hungary. The dogs, he explained, had been chased away because dogs have a very bad smell which disturbs the *enkidong*', and the shoes must be off during prediction, because one should be in contact with the ground, the last point more or less suggested by me. William afterwards said that the real reason is that the wearing of shoes blinds *oloiboni* from seeing what the *enkidong*' communicates. Before we left, John wanted once more to impress on me that I should show him whatever I wrote about this session, so that he could add and correct. Finally, he stated that the *enkidong*' should be paid, and we gave him 900 shillings, which he proudly handed over to his wife to hide.

When we walked home in the dusk after a whole day of divination William told me that John had repeatedly tried to keep me from taking notes during the session with the *enkidong*'. He had especially not wanted me to take notes on the configurations and manipulations of pebbles, even though his wife and friend had continually commented the various configurations and their possible meaning. He had, William said, several times mumbled this in English in between his Maa interpretations of the *enkidong*' messages. I had virtually overheard it, and William had deliberately not told me to stop writing, when John had asked him to do so, thinking my note-taking was part of our previous agreement since *oloiboni* had left us no opportunity to switch on the tape-recorder.

In retrospect, it seems that the central issue in these little power contests between me and *oloiboni* were constantly related to the issue of written discourse, that is, my textual production. John had explicitly stated twice that he wanted to proof-read my written account, in order that he could correct errors, he had said. I nevertheless felt that his main purpose was that of controlling *my* discourse. In similar manner, and although he had not objected to his wife's and friend's open comments on the meaning of certain constellations of pebbles, he had actually tried to suppress me from doing the same thing in writing. In the situation, I distinctly felt this as an effort towards controlling me, just as I had felt his evasive attitude to certain subjects as a

kind of deliberate manipulation of what I was permitted to know about him, *iloibonok*, and divination with the *enkidong'*. Especially the way he had talked me into accepting that the subject of *Ilkokoyo iloibonok* was too complicated to be dealt with had left me with a feeling of being manipulated, and that he had things to hide. Above all, I had experienced for myself how divination sessions may generate ambivalence towards *oloiboni* and his possible motives.

Like the Maasai who are generally ambivalent towards *iloibonok*, seeing them as very secretive people, I had sensed with growing uneasiness that he primarily wanted to enroll me as a client because I was a source of money, and because a *mzungu* client might enhance his reputation. Although I thought I was able to hide it, my attitude towards what John was saying and doing with the *enkidong'* had been one of trying to detect how he manipulated the *enkidong'*, uncovering his real methods as it were. However, I am afraid that I was not only seen through, but paid back in kind. Like the Maasai, I must admit that at least this *oloiboni* revealed some remarkable truths about me and my husband. The point is that it was I who felt transparent, disclosed, and naked. Going through my notes from the session I realise that John was not only open and detailed about the major principles in *enkidong'* divination and the principles of curing with *intasimi*; he was also a good teacher. By making me experience a discomfiting, personal ambivalence, I was sharing as nearly as possible the Maasai experience of *iloibonok* divination. As much as it stemmed from John's conduct, my discomfort was also self-inflicted; in reality John showed me his inherited art in a personalised way that impressed me, in the end leaving me no choice but to respect deeply his professional mastery.

By skillfully managing to find my soft spot, my writings, he taught me the useful lesson that successful divination rests on controlling discourse successfully; yet the diviner's role in this process, in respect to the discourse of his oracle as well as his clients, should remain deemphasised, lest attention be drawn towards the diviner's possible personal motivations for mastering the control of others. Thus *iloibonok* individual reputation to a large extent rests on demonstrating modesty and balance in the manipulation and control of discourse; even slight demonstrations of overt manipulation may generate suspicions and ambivalent attitudes towards them. John had skillfully put the clash between our respective established modes of discourse on the agenda, and in this sense, what went on between us was also an exchange on the importance of controlling discourse. Yet this central element of contest took place on a meta-communicative level, in which my contribution was largely one of demonstrating my own, unreflected, and culturally embodied habitus. Through a demonstration of *iloibonok* practice I experienced that *oloiboni* was in fact objectifying

the central element in *my* practice: the production of written discourse. Significantly, he did this by incorporating his comments on my mode of discourse into his own practice; couching his viewpoints as messages from the *enkidong'*.

*Iloibonok* are keenly aware of themselves as controllers of discourse and specialists in meta-communication. They uphold control by guarding firmly their monopoly on magic as secret, esoteric knowledge; yet at the same time they are also aware that because of their secrets they are themselves constantly objectified in discourse, much of which renders them as possible frauds, and accordingly they are quite sensitive, indeed vulnerable, to what is said about them, causing them to become highly suspicious of others, and highly sensitive of the unspoken.

### The practice of *enaibon*

*Iloibonok* practice rests on a basic and highly specialised form of discourse: divination by the *enkidong'*, the possession and mastery of which is the fundamental characteristic defining and giving name to their subclan, the *Inkidong'i*. Linguistically, the word *enkidong'* relates to the word for the tube-like, bamboo tobacco-container, *olkidong'*, worn by elders around the neck at official public occasions; it is the overt symbol of the leading power of elders given to all Maasai men in the central ritual that promotes them to elderhood and political decision-making. *Enkidong'* is a feminine form of that word, that the *enkidong'* is to *oloiboni* what the *olkidong'* is to any elder; however, the feminine form also implies that its relation to the *olkidong'* is that of a minor to a senior, thus implying that the power of *iloibonok* should be subject to elder power. Paul Spencer takes the analogy a little further, claiming that whereas the *enkidong'* gives *oloiboni* access to 'medicines' as well as 'poisons', an elder's *olkidong'* is the symbolic representation of a ritual 'through which he is first endowed with the power to bless and curse' (Spencer 1991:335), thus explicitly paralleling *oloiboni's* knowledge of 'poisons', that is, *esetan*, to the elders' power to curse, whereas *intasimi* correspond to the elders' power to bless. The elders' tobacco-tubes give them the right to speak up in decision-making. Likewise, the *enkidong'* oracle is *oloiboni's* highly specialised speaking-tube and the symbol of his power.<sup>3</sup>

Most *inkidong'i* oracles are large, wide-mouthed calabashes decorated with leather straps and cowrie shells, but they may occasionally be made from different materials as well, such as large horns from buffalos or oxen (Hollis 1905:324).<sup>4</sup> As John stressed constantly, it is believed that somehow divine messages are communicated to *oloiboni* through this instrument, but the precise way this happens remains mystical,

at least to non-*iloibonok*. John likened his *enkidong'* to a telex machine, whereas one of his brothers explained it as a kind of television. Such analogies to modern telecommunicative devices – which were then by and large absent from *Oldoinyo Laaltaatwa* – try to capture the supposed mode of dissemination of messages. They employ analogies to human corporeal faculties, concomitantly stressing that it is messages that come through the air through a mechanical device. They stress respectively that *enkidong'* divination has to do with receiving celestial messages couched in a special code language, and does this in a way that is primarily visual in its working mechanisms. It emphasises the standard claim that *oloiboni* is merely a secondary provider of translation into intelligible, human words. The *enkidong'* itself is conceptualised as a mystical, mechanical and machine-like tool, which it requires specially inherited powers to interpret.

The language of the *enkidong'* is a numerical code; symbolic configurations of little objects, mostly pebbles, tossed out of the *enkidong'*, and arranged into intelligible patterns by *oloiboni*. Some of these objects have special meaning in themselves, while others are more anonymous. An *enkidong'* may contain objects representing a long history of divination. *Oloiboni* Sandai ole Mures of the *Inkidong'i iloibonok* once showed me a few specially cherished pebbles of his, that were part of his inheritance from his father, handed down through the generations from the mythical *Kidong'oi*. They were indeed very smooth from much use. It is commonly believed around Endulen that *Kidong'oi* was actually born with pebbles in his hands. Sandai ole Mures had also had some ancient clay pots that were also thought to have been *Kidong'o'i's*, but much to his regret a former Conservator of the Ngorongoro Conservation Area Authorities had confiscated them when they were shown to him. Other *enkidong'* objects, however, are more modern. John Kereto had his glass marbles, and Elliot Fratkin mentions that the Samburu *iloibonok* were even using little Monopoly toy cars in their *enkidong'*, as well as bullets, coins, glass marbles, cowrie shells, and seeds (Fratkin 1991:321).

The interpretation of numerical configurations follow a fixed code of meanings. Fratkin writes about the divinatory practice of Samburu *iloibonok* that clients are actively engaged in 'reading the stones' with *oloiboni*, and that the code of meaning is perfectly known to all, even if 'the ultimate ability of interpretation rests with the *loibon's* inherent ability to assess their meaning' (ibid.:321-2). This is somewhat in contrast to Maasai *iloibonok* practice, in which clients are not encouraged to partake actively in interpretation. Nevertheless, it is a kind of a sport to some, to break the secret code and figure out what numbers may stand for.

In the extract from my notes I followed William's choice of translating the Maa



concept for *oloiboni*'s special faculties of divination, *enaibon*, with the English term 'prediction'. The way that most Maasai seem to perceive of this faculty, is that *oloiboni* 'sees, *kedol*, by using his mind and not his eyes, he can foretell the future and it will come true as he has foretold', as ole Nakuroi explained. Thus the term 'prophecy', derived from classic Greek *pro*, ahead, before, and *fanai*, to say, seems to correspond quite closely to the Maasai notion of *enaibon*.<sup>5</sup> By extension the term *enaibon* may also refer specifically to the message that *oloiboni* prophesies. The term '*oloiboni*' is a personified substantive form of the verb *aibon*, that is, 'he who prophesies'.

Although divination with the *enkidong*' is the standard way of prophesying for clients, *iloibonok* have other ways of receiving mystical communications. According to Hollis (1905:324), *iloibonok* have altogether four methods of divination. Besides *enkidong*' divination, *iloibonok* also interpret dreams, spontaneous dreams as well as dreams actively sought for under the influence of alcohol. Like *enkidong*' communications, the meaning of dreams is couched in symbols, which *oloiboni* must translate. A young, Christian *oloiboni* of the Endulen area who had gone to secondary school, on several occasions cautioned me not to believe in his practicing father's tricks. Yet, even if he thus disclaimed *iloibonok* practice as building on fraud, much like many non-*iloibonok* Maasai would do, he had nevertheless himself recently begun to receive dream omens of future happenings, which he himself found somewhat discomfoting, as he had no intentions of taking up his inherited profession. Nevertheless, as he had been disquieted enough to tell these forewarnings to those they concerned, some of his fellow 'school *ilmurran*' were now spreading the rumour of his remarkably accurate dream-prophecies. This young *oloiboni*, no matter how reluctant, may eventually end up having a clientele of his own; the expectations to his inherited powers may prove stronger than his own desires, and he seems unwillingly to have moderated *enaibon* to a form more agreeable to modern 'school *ilmurran*'. According to Hollis, it is primarily such dream omens that tend to become long-standing prophecies on the far future (Hollis 1905:324-5), and dream prophecies are typically sung out (ibid.:325).

Further, *iloibonok* frequently interpret the signs of nature as special messages, and they purport to be able to command or 'tie' the weather, like warding off storms or summoning rain. This is parallel to the common belief that hearing the call of a certain bird, called *oltilo* on account of the sound of its call, to one's left side while walking (Hollis 1905:323), is believed to be an omen, *oltilo*, of coming disease (ibid.) or other evils striking one's *enkang*'. This happened to ole Nakuroi the day before one of his sons was killed by an elephant. Hollis does not specify the weather-related divinatory methods of *iloibonok*. In stead, he mentions that by examining the entrails

of a slaughtered goat they are able to predict, especially epidemics (ibid.:324). This technique, though, was never related nor demonstrated to me.

The last method of divination is, according to Hollis, to 'drink honey-wine and get drunk. They are then able to prophesy what will take place' (ibid.). It is evident from the above session with *oloiboni*, that this method is also a prerequisite for *enkidong'* divination, but it may be the only method employed.

Thus the various techniques employed by *iloibonok* fundamentally result in distinct forms of esoteric language, recognised styles of magic discourse. Most frequently employed seems to be the method of consulting the oracle on behalf of a client having specific problems in mind, usually health- or prosperity-related, and the interrogative process which makes up the divination session is supposedly taking place between the oracle and the client, with *oloiboni* performing solely as an interpreting intermediary. Such oracle consultations ultimately aim at diagnosis, which is formulated by *oloiboni*, but characteristically stipulated to be messages communicated by the *enkidong'*. There seems to be a continuum of spontaneity in divination; ranging from fully spontaneous dreams received while sleeping, over alcohol-induced visions, to taking omens from the weather and the reading of entrails, with *enkidong'* divination constituting the least spontaneous of the divinatory techniques. Whereas divination on behalf of a client is hardly spontaneous, but set in motion by a specific request, the message itself, if not the technique, is all the more emphasised as being outside the control of *oloiboni*; on the contrary, it is maintained to be a process controlled by the oracle, in which *oloiboni* is merely an instrument of translation, a mouth, for the oracle. Such consultations significantly result in divinations explaining past and present, individual states of being.

In contrast, the importance of prophecies foretelling the future seem above all to derive from their spontaneity, as in the public opinion true *enaibon* cannot be subject to the whim and personal interests of *oloiboni*. Further, they tend to concern the collective future. Such prophecies are usually uttered in glossolalia and parables unintelligible to ordinary people, though perfectly intelligible to the *oloiboni*, whom it was sent through. When spontaneous prophecies are reconstrued in ordinary words, they are still parables in the sense of having many possible meanings, to be proved true and only ultimately interpretable, when they have become fulfilled.

*Iloibonok* individual success seems to rest on the extent to which they are able to uphold an impression of spontaneity and lack of control of discourse in the eyes of their followers, casting themselves as mere tools of divine communication. In continuation of this, it is hardly surprising that the spontaneous dream-prophecies of

the young, educated *olmurrani oloiboni*, who disclaims the practice of his father as hocus-pocus, are especially appealing to the 'school *ilmurran*' educated in missionary secondary schools. Such spontaneous dream-prophecy is where the practice of *enaibon* comes closest to the Biblical image of prophecy, and it is also the mode of prophecy of a new, Christian type of Maasai prophets, *ibung'a Engai*, '[those] caught by *Engai*', who are strongly antagonistic towards traditional *iloibonok*, and recruited on the basis of spontaneous, individual vocation usually occasioned by unexplicable, individual disease or personal tragedy, not subclan-inherited faculties. Such Christian prophets are supported by local churches, whereas traditional *iloibonok* are identified as 'witchdoctors' and seen as a major obstacle in the conversion of the Maasai people to Christianity.

The imagery that John used in his opening lecture is quite suggestive of how he conceptualises and objectifies the processes involved. Thus, a prerequisite for a successful communication with the *enkidong'* is to employ certain techniques that may 'lead', the expression goes, the *enkidong'* to the right scene of inquiry. First of all, and as a quality of the substance itself, limestone powder or chalk, *enturoto*, establishes contact between *enkidong'* and *oloiboni*, indeed, it is the primary, 'leading' *entasim*, which sets the whole divinatory process in motion. The fact that it is smeared on the forehead and temples of *oloiboni* suggests that his mind is the true locus of communication.

Yet, contact must also be established between *enkidong'* and client, and here *oloiboni* is clearly understood as a medium, not only an interpreter. For if the client does not have his naked feet in contact with the ground below him, if he has no physical, bodily earth connection, as it were, *oloiboni* becomes unable to manifest his possession of *enaibon*; he becomes 'blind', the expression goes. Likewise, the presence of bad-smelling dogs may 'disturb the *enkidong'*" from manifesting its power. When these basic, sensory requirements to the environment allowing *oloiboni* to function as a medium have been established, further contact between client and *enkidong'* is reached by the client's spittle – a general sign of blessing – addressing the corporeal manifestation of the *enkidong'* oracle, the calabash itself, through direct physical contact in the case of men, and indirect physical contact in the case of women. In both cases, however, a blessing, bodily fluid of the client's is the physical medium calling the oracle to become manifest in the calabash, as were it physically present at the seance; it makes the *enkidong'* recognise the client, as it were. The full triangular relationship between oracle, medium, and client is finally established by the client bringing *oloiboni* alcohol, which he consumes to bring him in the right state of mind for mediumship. *Oloiboni's* ingestion, or internalisation, of an activating, fluid

substance provoking altered states of mind brings about a mental presence of the oracle, internalised in the medium of *oloiboni*, whereby the oracle is 'made to speak'. Since the alcohol must originate from the client, the triangular nature of the divinatory relationship with *oloiboni* occupying the role of medium on behalf of the client is further stressed. Thus John constantly explored the theme of various substances' capacities as media leading to contact between oracle and client. He also specified their utilisation as mediative substances, supporting his own central mediumship. In contrast to this self-reflexive, discursive statement stands the participant observation that the practice of *enaibon* to a considerable degree consists of manipulating magic discourse by manipulating objects.

John's also emphasised the diagnostic process as emanating from the *enkidong'* oracle and only voiced by *oloiboni*. Diagnosis is the responsibility of the oracle, which then leads its medium towards the right rituals *intasimi* to prescribe for the client. However, he also objectifies his own role on another level, that of comparison to biomedical hospital doctors and veterinaries, and significantly, here activities are not solely presented as mediumship. In fact, this part of John's discourse tends to emphasise the art of *oloiboni* as fully comparable, if not exceeding, that of hospital doctors in technical skills. The *enkidong'* is likened to the doctor's thermometer, identified as a generalised diagnostic instrument of biomedicine, and thus by analogy comparable to the *enkidong'*, which is, however, clearly of a much more powerful nature, not only indicating the presence of disease in general, but fully capable of specific diagnosis. Yet, *oloiboni's* true expertise lies in the fields of fertility and prosperity, as well as cases of madness in various stages, which may in themselves be seen as cases of extreme, individual lack of prosperity, and as such he is a specialist of extraordinary, prosperity-related disease, compared to the doctor's generalised expertise.

At this level of objectification John describes in some detail his many techniques in curing. The main categories of diseases he treats are stated as chronic and twofold: infertility and madness. In regard to infertility, however, there seems to be some degree of division of labour with biomedical doctors, as John, at least, routinely refers infertility stemming from venereal disease to hospital treatment. He describes how *intasimi* may enter the body through incisions or through oral ingestion, and this last method is accompanied by external washing, as if *intasimi* applied internally are responsible for washing the disease away from the inside of the client's body. Cases of infertility are treated in intimate connection to the client's social relationships. Cases of madness, however, are invariably taken to the forest for treatment; it involves a certain forest *entasi*, and the quartz *entasi* specific to

treating madness, as well as techniques of tying the disease with skins. Incidentally, when Birikaa reached Endulen after his accident he immediately sent for some python skins of his. Possibly the use of skins from the greatest of snakes who kill by 'tying' themselves tightly around their victims, lacking the otherwise main characteristic of snakes, poison, should in the context be seen as symbolically relevant to a problem identified as caused by *esetan*, a magically empowered substance frequently likened to poison. Another *entasim* for madness is powdered chameleon, an animal whose main characteristic seems to be its ability to adopt the external character of its surroundings. The disease is washed away with teeth and shells from wild animals, objects that symbolise these animals' characteristic ability to protect themselves.

### The ritual performance of magic

The treatment of madness thus employs imagery akin to that evoked in *inolpul*, which underlines the association of wild and uncontrollable *ilmurran* with the dangerous wilderness of the forest; *ilmurran* who through gluttonous and carnivoreal behaviour become like the wilderness itself. Such ritualised forest meals are in many ways seen as a bodily purification ritual, and the wild madness that it produces is temporary and socially acceptable. It is primarily objects from the wilderness, thus from the 'natural', undomesticated world, which *oloiboni* uses in curing 'wild' diseases that make people unwillingly behave uncivilised and unsocialised.

In contrast, a central part of the ritual prescription in curing infertility consists of prescribing a sacrificial slaughter of domestic stock which will help 'untie' the condition, perhaps resulting from breaking a tradition. Thus the cure for infertility indicates that it is a condition stemming from the domestic sphere and the social interaction of people, in contrast to madness which apparently has no component of being self-inflicted. It is such breaking of traditions that may result in conditions of impurity, in the Maasai idiom narrowly associated to sexuality and fertility. Although sacrificial slaughters are also prescribed by *oloiboni* in cases of madness, in John's description such slaughters are almost incidental compared to the broad variety of symbolic representations of the wilderness. In cases of female infertility, the uncovering of the particular breach of tradition and the appropriate sacrifice to correct this breach seems much more central.

John did not elaborate on the practice of enhancing bovine fertility, claiming that this would be better brought out by yet another practical demonstration, at which occasion he would also prescribe the appropriate cure for my personal problem of

infertility. John had scheduled the cattle fertility ritual called *ollorkor* which he had invited me to participate to the day after our initial *enkidong'* session, but once more he postponed the event for more than a month. At long last, however, all obstacles were eventually overcome, and on the agreed day and hour William, my husband, and I set out for the *enkang'* where the ritual was to take place about an hour before dusk. We met the thoroughly inebriated *oloiboni* at Father Ned's place, he was impatiently waiting for us there, complaining that we were late. Although today clad in his usual trousers and pullover, *oloiboni* apparently wanted to arrive at the *enkang'* with appropriate pomp and circumstances; in vain he tried to talk us into driving the car all the way through the thick thorny debris right up to the *enkang'*.

The following description is based on notes reconstructed immediately afterwards, the nature of the activities taking place as well as the time of the day making on-site note-taking impossible.

When we arrived at the *enkang'*, *oloiboni* initially ordered the five mothers of the homestead to extinguish all fire in their houses. Then he started to prepare the ritual of *ollorkor*, meant to reestablish the fertility of the cattle in the *enkang'*, so that the family would again become prosperous. Now I was really to become *oloiboni's* apprentice; he made me perform as his assistant, holding two small calabashes decorated with cowrie shells, a symbol of fertility, into which he poured honey, as well as a mixture of milk and water, fluids which in themselves symbolise fertility and prosperity. He then ordered William to find some grass, but refused the dry, brown grass he first found, sending him out once more to look for fresh, green grass, another symbol of blessing, fertility, and prosperity. In the end of the dry season this was no easy job. Together with a piece of a fresh green creeper, which William instantly identified as *engaiteteyai*, one of the 'cold' *ilkeek*, which is otherwise a favoured medicine for children, and a symbol of fertility in itself. It has a striking ability to hold water. *Oloiboni* twisted grass and *engaiteteyai* into two tufts, which he then stuck into the openings of the calabashes. [It immediately struck me, that this device was obviously the one the Catholic Church in Endulen had had in mind, when adjusting their paraphernalia to local models. In church I had seen Father Ned sprinkle holy water mixed with milk on his Maasai congregation, using a similar arrangement as aspersorium, the tuft of grass serving as aspergillum.] *Oloiboni* placed a large, conk-like shell from a snail beside himself, of a type which one may come across in the open savanna, but he did not seem to use it [In church, Father Ned also wears cowry shells, symbols of fertility, sewn onto his cloak.] *Oloiboni* then smeared his forehead, the cheeks below the eyes, and the wrists with the limestone *entasim*.

We had brought the camera, and although it was now quickly getting too dark to take photos, *oloiboni* obviously enjoyed his own performance and happily began directing my

husband around with the camera, clearly staging the event as much as possible. Whenever he wanted a certain situation immortalized, he would simply stretch out his hand demanding towards my husband, shouting 'picha'.

Now controversy arose between *oloiboni* and the people of the *enkang'*, concerning which girls could appropriately perform in the ritual about to take place. *Oloiboni* refused two of the more grown *indoyie* on the grounds that they might be carrying disease from having assumed sexual relations with the *ilmurran*, while the people of the *enkang'* argued vehemently that virginity was no precondition, and that the younger girls whom *oloiboni* preferred were too small and might easily panic during the commotion of animals. Compromise was reached on the issue; all four girls were to perform. *Oloiboni* somewhat roughly smeared their foreheads with the limestone *entasim*. Obviously the younger girls were a little afraid of him.

Controversy also arose on the subject of how to dress these girls. *Oloiboni* wanted them all to wear traditional women's skins heavily decorated with beads, but as these are rapidly becoming rare due to their considerable value as capital reserves, the *enkang'* did not have enough, and *oloiboni* had forgotten to bring an extra as he had promised. He now wanted them to cut up the one skin skirt that was available in the *enkang'*. The people vehemently refused, insisting that a brand new black piece of cloth could do as well. Eventually the people of the *enkang'* got it their way; only big girls were to perform, and there was to be no cutting of valuable skins.

However, new controversy arose over the order in which the animals should pass through the gate-posts to the homestead to arrive at the central cattle enclosure. *Oloiboni* wanted the sequence to be calves, cattle, goats, sheep, which is a reversal of daily procedure. The people insisted on a sequence of goats and sheep, calves, and cattle, in order to avoid panic in the herds when their daily routine was reversed. They got it their way. The minor gates to the homestead were closed, and with the ceremonially prepared calabashes in their hands the two girls were placed at both sides of the main gate, which together with the central cattle enclosure symbolise the male head of the homestead. As the animals were taken in according to the agreed sequence of categories, the girls sprinkled the contents of the calabashes on them. When every animal was inside, *oloiboni* planted some two meter long branches of *irmisigiyo*, a 'cold' tree, in the wickerworks on both sides of the gate. All along he ordered pictures taken, clearly enjoying the role of director of the performance.

Then *oloiboni* ordered two *ilmurran* to drill a new fire in the center of the cattle enclosure, a small round fireplace having been dug out there in advance. Some firewood lay ready there, and William identified it as stemming from *eseki*, *olorien*, *irmisigiyo*, and *armandaite*, all 'cold' species. While the fire was being lit, *oloiboni* suggested that some bee-hives be harvested to get some special combs with eggs; but the people refused harvesting immature

hives. When the fire was catching, the anxious cattle was driven close to it. *Oloiboni* then threw an explosive *entasim* and fresh twigs of *olorien* with leaves onto the fire, which produced a thick smoke for the cattle to inhale. *Oloiboni* very much enjoyed the dramatic effect of the explosive *entasim* on the human and bovine audience; clearly this was the peak point of the ritual.

Then each of the five houses in the homestead sent a woman or girl with a cooking pot to fetch samples of the now brightly burning *olorien* twigs to light up new fires in every house, and *oloiboni* additionally gave each some burning *armandaite* twigs in her hand to take to the house. The rest of the *armandaite* twigs was put onto the fire. *Oloiboni* had brought the snail shell to the fireplace, but again it was just there; he seemed to forget to use it for anything specific. Perhaps it was there as a representation of his oracle. Then *oloiboni* stimulated the people present to sing his praise, and we all sang 'Engai help Moyaso's father', meaning *Oloiboni* John Kereto.

When the fire died out *oloiboni*, the owner of the *enkang'*, William, my husband, and I went to one of the wives' houses. *Oloiboni* and the elder of the *enkang'* celebrated the completion of the ritual with *piwa*, a local type of moonshine with a very high alcohol content and usually distilled on the basis of baking yeast, sugar, and chemical fertiliser, while my husband and I had tea cooked on milk, which the mother of the house had prepared for us. Now getting still more inebriated, *oloiboni* started praising himself and his success as *oloiboni*.

From there he proceeded to follow up his previous diagnosis of my infertility problem with a prescription of medicines to correct it. Although he had previously told me that *oloiboni* never gives *ilkeek* to people, as they know these themselves, he nevertheless gave me a big bag of roots and bark of a reddish colour, offering no explanation of its derivation. Possibly this was a service towards a stranger not likely to know local herbal remedies. This *olchani* I was to drink as a tea the day before menstruation for the following year, without adding any sugar, milk, or tea leaves. He specified that this meant that I should either drink it the day before the full moon, or the day before it was out of sight, according to my individual lunar cycle. He also blended a black, a yellow, and a red *entasim* and gave me. From this mixture of *intasimi*, he said, I should add four times a tiny bit to the drink. Additionally I had to wash myself before drinking the medicine. Apparently improvising, he then added that William should collect some bark from *arng'aboli*, the wild fig tree, a 'cold' tree, to mix with the *olchani* he had provided.

Finally, I should pay him once more. William whispered quite agitated that this was now amounting to sheer exploitation; according to tradition *oloiboni* should only be rewarded if his cure has proved to work. Feeling torn at from two sides I resolved to compromise and gave *oloiboni* 200 shillings, claiming this to be the only money I had with me, perfectly knowing that this would not be considered enough, but equally thinking that I had already given John



photographs worth a small fortune, the beer for the *enkidong'*, and the payment for the *enkidong'* session. On top of that, John had just talked my husband into driving him around on a planned business tour to the other side of Mount Oldeani [an arrangement that was never carried through, though, as new appointments took him along non-drivable routes]. John hesitantly accepted the 200 shillings, saying I could always pay more when the medicine had worked. For the cattle fertility ritual he was promised a strong, black 2-year old calf. The finest they had in the *enkang'*.

### Disputing ritual control

Looking back at this episode, what strikes me as one of the most constant features is the highly negotiated character of the event. *Oloiboni's* clients openly contested his control of the ritual performance and his very obvious attempts at manipulating ceremonial elements and symbolism, thereby stressing, it seems, that his role ought to be strictly confined to that of medium. Apart from the younger children, people obviously did not stand passively in awe of *oloiboni*, rather, they were creating before my eyes a very concrete field of opinion, in which they were contesting the validity of *oloiboni's* demands to the ceremonial details of the ritual, making him the heretic of the dispute, as it were. Afterwards inside the house, when *oloiboni* followed up his diagnosis of my personal fertility problem with medicinal prescriptions, I duplicated the situation, on William's instigation, more or less, when John confronted me with the issue of payment. In the situation I merely reflected that obviously, today John had had too much alcohol to control events properly, but I think there was more to it than that.

Two historical sources describe how the same ritual was performed in the colonial days. The German Arusha-based missionary H. Fokken related in 1917 how his Maasai informants had described a sacrificial feast called '*olog'or*' (Fokken 1917:245). In Fokken's description a central element is clearly that of animals and people inhaling the smoke from certain leaves and an *entasim* provided by *oloiboni* thrown onto a specially lighted fire in the cattle enclosure, but apart from that many details are dissimilar to those of the ritual that I participated in. Thus, in Fokken's description, the ritual was instigated by *oloiboni* upon his prediction of impending epidemics for cattle and people, but it is clear that the ritual procedures were solely controlled by the elders, indeed it is unclear from Fokken's description if *oloiboni* was at all present at the ritual, or whether he merely provided the necessary *entasim*. The ritual Fokken described deviates from the one conducted by John Kereto in four

respects. First, there was no element of extinguishing and re-lighting all fire in the *enkang'*, and the ceremonial fire was lit by elders, not *ilmurran*. Second, in Fokken's description, the ritual started with the sacrificial strangling and carving up of a black ram, eaten solely by the men. Third, on the following morning, the women took fresh cattle dung, mixed it with ashes from yesterday's fire and smeared the mixture onto every animal in the herds. Upon this the elders cut the skin from the sacrificed ram into long strips which each elder received on behalf of his family, later to be cut into smaller strips worn by women and children as amulettes against disease and other misfortunes. While women wore such strips attached to their necklaces, elders wore them as finger rings. Fourth, on the third day the elders leave the *enkang'* by the eastern gate and mix water with '*endasim e kulu*' – 'milk *entasim*' – obtained from *oloiboni*, as well as a piece of *engaiteteyai* and two strings of dark blue beads, which first they and the boys drink from, later the women and girls. This medicine was meant to protect the people from the disease predicted by *oloiboni*. The ritual is concluded with a song praising *Engai*, begging that the sacrifice may be heard (ibid.: 245-6). Fokken explained the name of the ritual, *olog'or* in his spelling, as derived from the way the sacrificial animal is killed, referring to the verbal form *eg'ori*, meaning 'it is being strangled' (ibid.:245). He also drew attention to the fact that Merker had already described a similar ritual in his monograph.

Merker's description (1910(1904):208-9) is almost identical to Fokken's. Importantly, however, he seems to distinguish between two parts within the ritual of '*ol ogor*'. The first part is the '*ol ogor l ol geretti*', which is held about every month at full moon by elders and boys, and which comprises the lighting of fire and the sacrificial slaughter and consumption of a black ram washed in mead and strewn with a powdered *olchani*. The meat is dipped in ashes. This part of the ritual is concluded with the members of the *enkang'* donning the skin rings and straps cut from the hide of the sacrificial beast. On the following day the part called '*ol ogor l on gischu*', which means, according to Merker, 'the sacrificial feast for the cattle' (ibid.:209), takes place. The women smear striped and arched patterns of medicine on to the cattle. This medicine the women have made from fresh cattle dung and ashes producing a poultice into which they mix a medicine which has been brought by *oloiboni* (ibid.). It is evident from Merker's description that beyond supplying the necessary 'medicine', *oloiboni* played no part whatsoever in the ritual.

Thus the only truly common elements in the three versions of *ollorkor* rituals seems to be the lighting of the fire which is made to smoke by adding fresh leaves from 'cold' trees, and the presence of an *entasim* for the cattle provided by *oloiboni*. Whereas John Kereto's 'leading the cattle with girls'-version of the ritual seems to

constitute an inversion of the symbolism of the women's rite de passage consolidating marriage as fertile and known as 'leading the women with cattle' (Spencer 1988:33), Fokken's and Merker's descriptions of the suffocation of the sacrificial animal and cutting of a sacrificial hide into skin amulets worn by the participants is more reminiscent of the rite de passage called *eunoto*, in which the 'standing' age-set of *ilmurran* is given a name and formally recognised (ibid.:139).<sup>6</sup> Presumably such variation in ceremonial detail is not solely an effect of time, but as much a matter of variation in style, less central ritual elements not being narrowly prescribed. However, it should also be noted that whereas the participants objected to certain details demanded by *oloiboni*, and in particular objected to the way *oloiboni* staged himself as the central figure, they nevertheless consented to the basic structure of the ritual.

William did not associate any special meaning to the term *ollorkor*, as he preferred to spell it, beyond that of name for the ritual we participated in. Hurskainen mentions in passing that a ritual fire kindled by the ritual elders, the *olpiron* elders, that is firestick elders, in the middle of the 'kraal' after the male circumcision is supposed to increase male potency and is called *olokôr* (Hurskainen 1990:61). Whereas Fokken associated the term to the procedure by which the sacrificial beast was killed, and Merker rendered its meaning as 'sacrificial feast', *oloiboni* John in his opening lecture associated the term specifically to the *entasim*, which he said was his only *entasim* for wealth in cattle. However, it also seems clear from the statement that John conceptualises *intasimi* not so much as the substances called so, but primarily as rituals symbolically represented by such substances. This view invites an interpretation of *intasimi* as symbolic representations of esoteric rituals performed by *oloiboni* in solitude, allowing them to become detached from his person. At the same time it opens up for an explanation why *oloiboni's* personal presence was superfluous in the rituals described by Fokken and Merker.

In chapter 3 I compared *intasimi* to the *ilkeek* medicines of the elders, characterising *intasimi* as primarily representing non-substantial rituals clad in substance, thereby allowing them to become transactable. This is exactly what Fokken and Merker described; rituals in which the servicing *oloiboni* need not be physically present, because his ritual input may be tied up in a substance, which having once acquired a vehicle of substance and physical form may become mobile and sort of 'travel on its own'. This points to an explanation why *oloiboni's* attempts at controlling the event in Endulen was so vehemently contested by his clients. John's casting himself in the central role of director of the ritual was a demonstrated act of usurpation of a ritual otherwise in the control of the elders, *oloiboni* merely providing the necessary *entasim*.

That the time of Fokken and Merker was one of long-term recovery from epidemics decimating herds and people to a condition of utmost inprosperity may perhaps account for the marked difference in the frequency of the ritual between Merker's description of regular celebration at full moon, and present day conditions, in which the ritual is to the best of my knowledge only performed occasionally when herds are felt to be lacking in fertility. The present time is in contrast to the early century characterised by animals still dying in large numbers from uncontrolled epidemics, general recovery and reversal of the situation having yet to occur. However, an implication from Merker's data is necessarily that animals were then frequently slaughtered for the benefit of the community; in contrast, the element of the sacrificial slaughter seems entirely eliminated from the Endulen ritual – the black animal involved here ended up becoming *oloiboni's* fee. Thus, the major difference in early century descriptions of *ollorkor* rituals and those conducted by at least one *oloiboni* presently practicing in Endulen seems to substantiate to some degree the Maasai claim that today *enaibon* has degenerated into commercial business, with *iloibonok* usurping ritual control.

However, the existence of old sources describing highly variable ritual details also supports the possibility that ritual details have constantly been renegotiated between *oloiboni* and the communities of elders, possibly reflecting a constant tension over ritual control and the degree to which ritual procedure is a field of contested opinions. Interestingly, it is quite normal for people around Endulen to consult non-local *iloibonok* when they wish to hold such rituals. When ole Nakuroi wanted to enhance the fertility of his homestead with a similar ritual, Lepilal and ole Kinyanyi undertook a journey to consult their presently favourite *oloiboni* in Piyaya, a distance of about 80 kilometers, thus avoiding the numerous local *iloibonok* felt to be too demanding and of little true expertise. They returned with ritual prescriptions and necessary remedies to perform the ritual on their own. Thus, keeping one's *oloiboni* at safe distance may be a conscious strategy to avoid usurpation of ritual control. However, the conscious choice to consult far away *iloibonok* in individual matters is no hindrance to full support to the local, leading *oloiboni* on a sectional level.

Before turning to the way that Maasai in general objectify the issue of *iloibonok* and *esetan* in discourse, it is necessary to dwell a little longer at some of the basic elements in *iloibonok* practice and the way it relates to discourse. Whereas John Kereto's statements on the nature of *enaibon*, *enkidong'*, and *intasimi* may be characterised as an objectification of discourse, it is as well on a secondary level of abstraction a discourse on objectification. Yet, a second break away from the phenomenologically observable is going on, which may perhaps best be

comprehended by way of another chiasmus, because on a tertiary level, John Kereto's statement is also, and ultimately, a discoursification of objects. Only by deemphasising that the practice of *enaibon* to a large extent consist of *oloiboni's* manipulation of certain symbolic objects, can he maintain the interpretation that it is comprised of divine discourse established through magic. In combination the two practical sessions with *oloiboni* John Kereto nevertheless reveal some basic characteristics of *iloibonok* practice in respect to objects manipulated as well as major techniques in *intasimi* curing.

In respect to the subject of *intasimi* preparations, it is first of all striking that they, in contrast to *ilkeek* medicines, may be produced from a broad variety of original substances, not only plants. In fact, from John's discourse and demonstrations it seems that *intasimi* produced from plants are of relatively less importance than *intasimi* manufactured on the basis of mineral and animal components. In addition, *intasimi* are always powdered, disguising the origin of the actual substances, and when administered to clients they are always mixed from a variety of original *intasimi* preparations, further blocking insight into their derivation. Unlike *ilkeek*, which are always named after the plant of derivation, *intasimi* are usually named after their characteristic appearance in powdered form, or they are named after their purpose. These characteristics make them highly complex medical substances compared to *ilkeek*, which everybody knows the principles of, and to a large extent this complexity serves the purpose of mystifying the principles at work, thereby enhancing the mystical image of *oloiboni* as a truly gifted master of complex, magical intervention, capable of correcting extraordinary conditions which have become chronic and have not responded to home treatment with *ilkeek*. Simoultaneously, however, the complexity and mystification of *intasimi* facilitate a process whereby *iloibonok* practice develops into business by allowing rituals to become objects of transaction, capable of working on their own, detached from *oloiboni*.

### Dispensing *intasimi*, tying disease

Turning now to the way that *intasimi* are prescribed and applied, their conceptual complexity becomes even more pronounced. *Intasimi* are thought of and prescribed as mystical medicinal substances to correct bodily conditions. In this capacity they are directly comparable to *ilkeek* Techniques of washing and tying seem primarily intended to assist the automatic effect of the *entasi*m once it has been applied. However, it is not the original substances the *intasimi* are made from that produce

this automatic effect; rather it is magically installed in them through the ritual *oloiboni* performs in their preparation. Thus *intasimi* work because they are magically transformed substances. They may be applied according to a broad variety of techniques, but always in very small doses, which further enhances their complexity and potency in comparison to *ilkeek*, which are predominantly applied through oral ingestion and in rather large quantities. In fact, with *ilkeek* potency seems often related to quantity, although mode of application is also an important aspect of controlling the effect.

In contrast, *intasimi* seem to work not by quantity, but through their quality and magic potency, and they are only sometimes orally ingested. They are 'licked' the expression goes, and incidentally this expression is sometimes stretched to describe the taking of pills. They are perhaps even more often worn externally on the body as charms, or they may be bodily internalised through incisions in the skin of various body parts. Such incisions may be directed against prophesied, impending epidemics, hence they tend to be carried out by groups of people on *oloiboni's* advice. They usually take the form of round pox-like scars, or of two to three tiny parallel scars, on face or arms. However, such scarification may also be part of an individual therapeutic process, as in John's example with beginning madness or as in Lengobo's treatments (see chapter 4). The fact that most people tend to have at least one such scar testifies to the frequency with which the technique is practiced.

Minor *iloibonok* often have what comes close to an industry in amulet production, and they often display an impressive assortment on their own persons. However, when it comes to their clients, the utility of amulets seems to be a field of disputed opinion: some Maasai tend always to wear some kind of amulet, whereas others never do. Amulets consist of tiny leather pouches into which *oloiboni* has sewn the *intasimi*. They are frequently additionally decorated with beads by the purchaser. Sometimes they are virtually transformed into ornamental, personal jewellery, particularly by *iloibonok* themselves, but decorated or not, they are usually strung and worn close to the body, around neck, wrist, or ankle. Amulets are protective devices, either against specific diseases, especially if the client has a history of a particularly weak body part, or against *esetan*, or they are generally protective devices meant to bring the wearer good luck, health and prosperity. That some Maasai seem never to feel a need for protecting themselves with amulets is directly related to the opinion that *iloibonok* make them a commercial industry. There is no doubt that minor *iloibonok* at present tend to earn a significant part of their income through their amulet industry, and this again tends to generate feelings of ambivalence towards them, fuelling the opinion that they are all in it for the money. As amulets

*intasimi* have become fully transactable and ideal objects for commercialisation.

At the level of technical procedures, a constant element is the requirement that the treatment of the patient should always begin with washing. In his instructions to me, *oloiboni* emphasised that before taking the medicinal preparation with *intasimi*, I should wash, and he likewise described how both problems of female infertility and of madness involved initial techniques of washing. Even cases of venereal diseases, which John Kereto refers to biomedical treatment, having apparently substituted the biomedical category of venereal disease for the indigenous category of '*arbae*', should always return to *oloiboni* for the therapeutic washing. In cases of women's infertility it is the sacrificial slaughter itself that is meant to wash away the causative breach on tradition, or the *enkidong*' may give specific instructions on the *intasimi oloiboni* may use to wash away the cause. In cases of madness, however, the patient is wrapped up in skins and washed with objects or substances symbolising the self-protecting animals of the wilderness; shells, teeth, or honey diluted in water.

Washing is usually followed by tying the disease. Thus beginning madness may be tied up by wrapping the patient in skins. In *oloiboni*'s discursive description of the treatment of female infertility the impression is rather that infertility is itself a condition of being tied up, which accordingly needs untying by *oloiboni*. Yet, in the subsequent practical demonstration his diagnosis of my fertility problem involved an element of tying with grass, but perhaps this was related to the fact that my problem was not diagnosed as stemming from a breach of any traditions, but on the contrary, seen as stemming partially from previous, medical treatment, partly from a long-term individual disorder. That *oloiboni* did not prescribe any sacrifice for me illustrates, perhaps, that he did not feel sufficiently familiar with the cultural habits of *wazungu* to claim such a breach, causing him to keep on the safe side. But probably it was just the contrary; John is well experienced with Europeans and knew beforehand that sacrificial prescriptions were hardly part of my universe. It was probably part of his success in diagnosing strangers that he kept his instructions within their discursive universe.

In respect to the infertility of cattle, which *oloiboni* conceptualised as fundamentally parallel to infertility in women, he stated that *iloibonok* had no special *intasimi* beyond that of tying, which was in the context rendered as if it was in itself a kind of *entasim* in the sense of ritual. On the other hand, tying may be the only cure prescribed by *oloiboni*. Cases of social tension within a homestead, for instance, may be remedied by the symbolic tying together of the homestead again, through a string which *oloiboni* orders the members of the homestead to spin and tie around the homestead, each family making the piece that runs along their part of the outer fence,

connecting it to that of their neighbours. Such a string additionally constitutes a visible sign to outsiders that the relations of this homestead are strained.

Thus the conceptual border-lines between the various techniques in treatment seem highly fluid; seen as a whole *oloiboni's* use of the various terms *entasimi*, washing, and tying, points to the possibility that they are to some extent interchangeable metaphors capturing the ways ritual healing is processually conceptualised.

In his first lecture, *oloiboni* demonstrated the special device called *orkisinde*, which in his case was made from eland, stated to be a special animal for tying. There seems to be a constant association between the local dynasty of *Ilkokoyo iloibonok* and the eland, but other *iloibonok* may prefer other animals for their *orkisinde*. *Oloiboni* ole Mangi who is an *Inkidong'i* and lives with Birikaa at Esirwa has an *orkisinde* made from an elephant tusk, which actually seems to be a more frequently used material in *iloibonok* paraphernalia (cf. Turle 1992). John's *orkisinde* was prepared with *entasim*, and he stressed that it was used for anything that needed to be tied. Thus tying with the *orkisinde* is one mode among several of applying *intasimi*.

The physical form of the *orkisinde* is reminiscent of another *iloibonok* device described in chapter 3, the so-called *armanet*, equally designed to carry magical medicinal preparations. This device is used by *ilmurran* to be able to abduct cattle silently, or it may be used to enhance prosperity in the family herd, and to protect it from disease. For this last purpose, the *armanet* is either tied to the horns of a fine bull, which is regularly led around the *enkanɡ'* to 'tie' it, and in that case the *armanet* itself takes the shape of a leatherstrap rather than a carved stick, or a herdboys is chosen to 'tie' the *enkanɡ'* and the herd from disease and misfortune. He must hold the *armanet* stick in his left hand and run silently around the *enkanɡ'*, starting from the right side. Thus the *armanet* seems to be another instance of *oloiboni* manufacturing devices that allow his magical, ritual preparations to become attached to a physical form and work independent of his personal mediation. The major contrast between *armanet* and *orkisinde* seems to be that the *orkisinde* should be understood as *oloiboni's* personal instrument, whereas the *armanet* is delegated to his clients. Further, *iloibonok* often carry club-like staffs of a characteristic form with a ball in the top end of a long staff. It is said that the great *oloiboni* Mbatiany had one made of bronze (vide Storrs Fox 1930), and Olonana one of iron.<sup>7</sup> Other such clubs may be made from ivory (vide Turle 1992), and they are said to be magically prepared and carried by *iloibonok* as precautions against the possible *esetan* of other *iloibonok* (ibid.). *Oloiboni* Sandai ole Mures usually carries such a staff, and his specimen is of a rather kitschy art nouveaux-style, displaying an aluminium ball on a staff covered



with black-and-yellow-striped plastic garden hose.

In chapter 3 I argued that there seems to exist a conceptual relationship between such magic staff-like devices, *intasimi*, and *oloiboni*'s manufacture of so-called *iloing'ok*, 'bulls'. Against the background of the preceding descriptions, it may be assumed that the major difference is related to the ritual by which *oloiboni* makes the preparation. However, in the making of medicinal preparations *iloibonok* also seem to attach some degree of importance to the inherent qualities of the substances such rituals are clad into. In chapter 3 I noted, on the basis of Ellemann's evidence, that such *iloing'ok* are made from plants. Thus a certain preparation is called *oloing'oni onyokie*, 'the red bull'. Ellemann (personal communication) was told that the red *oloing'oni* is made from the roots of *alaturrujiai*. Her lay informants stated uniformly that this root could never be used for peaceful purposes, and some of them explained it as the strongest of all *iloing'ok*. According to one *oloiboni* among Ellemann's informants, however, it may also be used to treat people who have been cursed, but it is the last one tried because of its exceptional strength. It seems that just as Ngilole explained that red *ilkeek* are the best because they in particular have essence and substance, the red *oloing'oni* is the most potent of the *iloing'ok*. Thus the same *oloiboni* told Ellemann that any *oloiboni* engaging in the preparation of such an *oloing'oni* must be naked during the preparation, and he must bathe in a river before putting on his clothes again, leaving the impression that even *iloibonok* must take special precautions against the effect of the plant. 'If someone wants to punish another person, he asks *oloiboni* to prepare *oloing'oni*. They give it to the person or collect the mud in which the person has spat or urinated, mix the mud with *oloing'oni* and place the mixture in a termitary to welcome the person in the ground. Afterwards the punishing man has to clean himself by washing the hands with *intasimi*'. This red *oloing'oni* was by another of Ellemann's informants reported as causing the hands and feet to swell by sheer contact. Thus Ellemann's investigation seems to point to the possibility that the roots involved are either themselves strongly poisonous, or alternatively, that they are perceived as such by her informants.

However, as no *iloibonok* to my knowledge are willing to admit engaging in *esetan* preparation, although they may confess theoretical knowledge of how to prepare such *iloing'ok*, we are now leaving the phenomenological level of *iloibonok* practice, and entering the level of discourse objectifying *iloibonok* practice, articulated around their supposed practice of *esetan*.

## Notes

- 1 That Melissa Llewelyn-Davies does not deal explicitly with the culturally unique position of *iloibonok* in Maasai culture is all the more dissatisfying because her fieldwork actually took place in the residential area of a rather large lineage of *iloibonok* (Llewelyn-Davies 1978:210). This area is identical to Spencer's example of a dynasty of diviners and prophets (Spencer 1988:4). Llewelyn-Davies states correctly that the social organization of the *iloibonok* subclan differs in some ways from that of other Maasai (1978:210); yet she does not specify the nature of these differences, nor does she comment how this unique fieldwork position must necessarily be reflected in her own data in general. It is regrettable that Llewelyn-Davies did not utilise a unique opportunity to focus fieldwork on the *iloibonok* she actually lived with, and the bracketing out of such a major part of the context from analysis seems analytically questionable.
- 2 Cattle brands are the emblems by which the Maasai conceptualise subclans, which are the basic, exogamic units. Individual lineages make distinct variations to the basic design, a system which is explained by my Maasai informants as being very helpful in tracing stray or stolen cattle.
- 3 In other contexts the lexical root merely means 'container'; hence *enkidong*' has the secondary meaning of 'beehive'. Maasai beehives are made from hollow tree trunks, dispensed from the tree tops; thus their shape and practical arrangement are similar to that of the tobacco container.
- 4 Thus, most *inkidong'i* have physical similarity to the equally wide-mouthed, cowrie shell decorated calabashes for churning butter that women have. Such churning calabashes are in themselves symbolic representations of fertility and prosperity, as butter is only churned when there is a surplus of milk.
- 5 I realise, of course, that 'prediction' has the same *Latin* connotations. Yet, in English common usage predictions may be made by anyone, whereas prophecies imply special faculties. Therefore I adopt this term to render Maasai connotations.
- 6 According to Spencer (1988:139, 169), the animal is made to suffocate by the use of a woman's apron, that is, one of the heavily beaded skin skirts.
- 7 In 1930 District Officer of Kenya Colony, D. Storrs Fox, confessed to be currently in possession of Mbatiany's famous specimen, which he admitted 'should be returned to one of his descendants at some future date' (Storrs Fox 1930:460). May Storrs Fox have fulfilled his promises.



## Chapter 7

### Objectifying *iloibonok* and fertility

#### The interrelationship of bodily perfection, morality, and magic

*Menyanyuk otuputo tung'ani o lotuputo Engai.*

The man chosen by God is not the one chosen by men.

*Ong'u naitaasur tung'ani.*

It is the eye which makes man suffer.

Maasai proverbs (in Massek & Sidai:12;21)

Maasai objectify their *iloibonok* in discourse, centering mainly on how *enaibon* has become less or even expired, because *iloibonok* have become morally weak and corrupted, misusing their power to perform *esetan* to get cattle, women, and money, and to get what they want through fear. This discourse further evolves around the themes of moral purity and bodily perfection, and characteristically, the individual shortcomings of *iloibonok* are often depicted as bodily imperfection. I have previously described how an *oloiboni* is said to become 'blind' in case something should block his visionary sight, and such metaphoric language is carried much further. The interconnections between the morally dubious and the physically imperfect are referred to in multiple contexts involving the practice of *iloibonok*. Indeed, at certain occasions also the receivers of their magical preparations must possess qualities of either bodily perfection, or on the contrary imperfection, to qualify as carriers of ritual and magic on behalf of others.

In the central age-set ritual called *eunoto*, which constitutes and names an age-set of *ilmurran* as fully fledged, it is mandatory that the *ilmurran* chosen to assist *oloiboni* in the ritual procedures are right-handed, perfect of body, and have perfect eye-sight. Further, it is required that also their parents must be physically perfect. Ritual assistants are regarded as ritual leaders of the age-set, leading their peers into elderhood (cf. Galaty 1983).

In contrast, it is said that in former cattle raid expeditions, in which the *ilmurran* consulted *oloiboni* to obtain a magic preparation to enhance their success, the *ilmurran* carrying the *armanet* must be either one-eyed or left-handed, thus

physically imperfect. In this case the required physical imperfection is directly related to the character of the magic preparation involved. As described in chapter 6, such preparations for abducting cattle successfully are likely to be of the type called 'iloing'ok', 'bulls', and thus of a type conceptually related to *esetan*.

Although fundamentally in opposition, these two types of situations in which *ilmurran* carry ritual on behalf of the wider society, and in which their personal bodily state of perfection assumes moral significance for all of society, are conceptually linked. Both ultimately center on potency, fertility, and the creation of prosperity through *oloiboni*'s ritual.

In chapter 6 I described how *oloiboni* John Kereto on my behalf detected a personal problem of childlessness, and prescribed a proper cure to correct this condition. Just as elders will frequently contest the legitimacy of *iloibonok* power in general, women may also have alternative views on the issue of infertility, the area in which they most frequently engage the services of *iloibonok*, women's fertility constituting a major field within *iloibonok* practice. Unlike men, they generally do not contest the legitimacy of *iloibonok* explicitly in discourse, but that they do to some extent create a field of opinion on the theme of fertility is evident from their choice of activities in the pursuit of fertility.

This chapter analyses the way Maasai objectify *iloibonok* and their practice. First the wider theme of fertility is explored according to two interrelated fields: the general Maasai discourse on *iloibonok*, *esetan*, and bodily perfection, and women's practices in relation to fertility and the health care of pregnant and post partum mothers. Next, the general idea of the existence of various (sub)clan-based, inherited special abilities, and the way these are generally thought to be connected to certain bodily characteristics is discussed. From there, analysis widens the theme of *iloibonok* objectifications by taking a closer look at how *iloibonok* conceptual ambiguity is countered by structurally marked special positions in most social arrangements. Lastly, the chapter demonstrates how *iloibonok* are keenly aware of the moral critique of their practice, and seek to counter this general criticism by objectifying themselves through a special discourse on original and stranger lineages, as well as true and false *iloibonok*.

### **Objectifying *iloibonok* and *esetan***

In chapter 3 I related how Joshua had stated that 'there are *ilkeek* to cure and *ilkeek* to kill', after having just told of a certain tree from which the Maasai make arrow poison. In that context the statement was seen as describing a conceptual relationship between

medicines and poisons based on common origin from plants, rather than a conceptual merging between herbal medicines and *esetan*, sorcery objects. Yet, above the level of concrete context, that statement also pointed towards the one aspect of *ilkeek* that links them conceptually with *esetan*: the substances' harmful qualities frequently conceptualised as poisonousness.

Arrows, *embaa* pl. *imbaa*, are by way of metaphor the 'things of the Maasai' and 'the affairs of the Maasai', that is, their material culture and their cultural practice. This word is linguistically related to the important category of diseases '*arbae*', 'wounds', thus diseases modelled on the idiom of the wound. Wounds are, in a sense, a conceptual inversion of the theme of the thorn, and seen as results of various kinds of bodily penetration, be it sexual intercourse or weapons. This basic scheme of perception was established in chapter 4. Poisonous arrows are like thorns, they are little pointed, triangular objects that harm by penetrating the body. But poisonous arrows further relate conceptually to another category of poisonous, triangular objects capable of causing harm by bodily penetration: the fangs of snakes.

When Birikaa sent for his python snake skins to assist him in recovering from the perceived *esetan*-attack of the Monduli *iloibonok*, it was remarkable that they were skins from the hughest and most awe-inspiring of all snakes, the python, whose main characteristic is that it lacks poison; on the contrary, it kills by 'tying' itself tightly around its victims causing them to suffocate. It also utilises the technique of tying in the hatching of its young, that is, in an act of procreation and protection. As with *oloiboni*, its capacity for tying is ambiguous, depending on the actual purpose. It seems that Birikaa wanted to 'tie' the poison of *esetan* at work with these skins of poisonless, tying snakes far more formidable than any known poisonous snake. Incidentally, snake skins may be employed against snake bites.

The Endulen area is inhabited by many snakes, black mambas especially, but also green mambas, spitting cobras, and numerous other species, making snakes a danger that should definitely be reckoned with. Although the *Ittarroserro* clan, especially around Malambo, are said to 'respect' snakes in the sense of never killing them, and individuals from other clans also sometimes adopt the attitude that snakes are largely harmless, provided that you do not disturb them, most Maasai (men) will resolutely try to kill even the smallest snake encountered on their way. They take care to bury the head of the snake thoroughly in the ground, but leave the body visible. This is done, they say, lest barefoot travellers should step on the dead snake unawares and contract poison from its unburied fangs. This fear-inspired, habitual killing of snakes is in marked contrast to the way Maasai usually refrain from killing wild animals – with the exception of lions – unless they feel directly threatened by them.

In this sense, the fangs of even tiny snakes are potentially far more dangerous than even the fangs of lions: they can cause harm even after the death of their carrier.

The image of the poisonous fang constitutes yet another fundamental scheme of perception, or more precisely, it is a specific refraction of the scheme of the thorn, providing a model for conceptualising the difference between morally unambiguous, helpful *intasimi* conceptualised as originating from 'cold' trees, and morally condemned, harmful *esetan* supposedly originating from 'hot' trees with thorns. 'Cold' as they are by nature, *intasimi* do not to derive their quality from any ability to penetrate, rather they are conceptualised as objects capable of tying conditions, whereas *esetan* is definitely harmful because it has extraordinary capacities for penetrating bodies, sometimes even without direct physical contact.

In between these two unambiguous categories stands the *armanet*, its helpfulness or harmfulness depending on the intentions behind use and the preparation it embodies, either *entasim* or 'oloing'oni'. The ambiguity of the *armanet* is further enhanced by the ambiguity of the 'iloing'ok', depending on the intentions of use. Used to help Maasai secure more cattle for themselves, *iloing'ok* are morally dubious, at least under present day conditions when most Maasai tend to condemn cattle raids as anachronistic, but were perhaps formerly seen as morally perfectly valid and justified in the myth according to which *Engai* originally gave the Maasai all cattle in custody.<sup>1</sup> Locally, Birikaa and ole Mangi are known as *iloibonok* who will never assist *ilmurran* in cattle raids, as they strongly disapprove of such raids, but several other local *iloibonok* will reportedly do it. However, the smuggling of cattle across the international border to Kenya has in recent times periodically substituted former raiding activities, having the same, ultimate objective as raiding, that of increased wealth in cattle. Although illegalised by government as smuggling, these activities are seen as perfectly morally valid, indeed they are regarded as sound, economic utilisation of market mechanisms by Maasai. *Oloiboni* also assists such expeditions with *irmaneta*. In contrast, the other potential use of *iloing'ok*, that of causing harm to an individual enemy among the Maasai, is always seen as morally condemnable.

The concept of *iloing'ok* seems to comprise the notion of *esetan* coming from *oloiboni*. Invariably, it is this example offered in discussions. Yet there are supposedly other kinds of *esetan*, notably those believed to come from *Ilarusa*. This specific category of *esetan* is for reasons of clarity and context described in more detail in chapter 8. In many ways *iloing'ok*, and particularly the supposedly strongest of them all, the red *oloing'oni*, are seen as the weapons of *iloibonok*. Red being the colour of blood and bloodshed, it is ambiguously associated to life as well as death, and above all it is the colour of the *ilmurran*, visibly displayed in their red garments and their hair

of pig-tails coloured red by ochre.<sup>2</sup> Although sons of *iloibonok* participate actively in the age-set organisation as *ilmurran*, as any other young man among the Maasai, they may not serve as *iloibonok* for those that they were *ilmurran* with, and it is said that *Engai* has from the beginning told *iloibonok* never to use stick or spear against people.

*Iloing'ok* applied to *irmaneta* are given to *ilmurran* to assure them success on expeditions. *Oloiboni's* personal *orkisinde*, his main device for tying, may be seen as his personal weapon, whereby he may either assist clients in curing their misfortunes, or retalliate against other *iloibonok's* *esetan*-attacks on his person. Such an *orkisinde* has the physical appearance of an antelope horn or a tusk, the weapon of a wild animal. Thus it seems symbolically linked to the concept of *oloing'oni*, the bull, a domesticated, culturally transformed animal, capable of defending its flock by its horns, but also of turning against people. Retaliation against the *esetan* of competing *iloibonok* is the only legitimate situation in which *oloiboni* may practice sorcery, *asakutore*, by means of *esetan* substances. According to myth it was for this specific purpose only that *Engai* originally gave *Kidong'oi*, the first *oloiboni*, the power of *esetan*. *Iloibonok* are held to be notoriously jealous of each other, as their individual reputations wax and wane, and they are collectively stereotyped as constantly engaging each other in a battle on life and death.

Theoretically, if *iloibonok* could restrict their use of *esetan* to other *iloibonok*, this would pose no problem to ordinary Maasai. Yet, the problem is that they do not restrict its use to such practice; because of their greed for cattle, women, and money, they have succumbed to their own moral weakness and made the practice of *esetan* into a commercial business, selling it to equally morally weak people, wishing to harm their fellow human beings, thereby taking it beyond its proper sphere, and ultimately causing their other gift to decline, that of *enaibon*. This is usually explained by the belief that especially minor *iloibonok* are tempted to fall back on the secret sale of *esetan*, in an effort to enhance their wealth and reputation. That this is thought to be so is again explained by reference to the experience that minor *iloibonok* are generally charging much higher fees for their services than leading and influential *iloibonok*, who on their part are much stronger in the practice of *enaibon*, prophecy, the true gift of *Kidong'oi*, wherefore they do not need to engage in the business of *esetan*. Thus the practice of *esetan* stands in a fundamental, structural opposition to the practice of *enaibon*, and it is widely believed that the practice of one skill counter-effects prolificacy in the other. The ambivalence towards *iloibonok* practice stems from these structurally opposed perceived practices, which again leads to heterodox opinions on *iloibonok* as a social institution.

It is actually possible for ordinary Maasai to fight an *oloiboni* successfully. A story



goes in Endulen that a certain elder, who has been a very successful herd manager, now having one of the few large herds around Endulen, once had a dispute with an *oloiboni*. This *oloiboni* had supplied him with a protective charm to ensure the success of a business trip to Kenya. The charm proved effective, and *oloiboni* demanded five head of cattle for his services. The elder would only pay him one. They eventually fought the issue out with sticks, and the elder – who is a huge and strong man – had won the fight. This *oloiboni* is now called *Etehera*, 'He who has exhailed', implying that his *enaibon* has now expired. It is said that if you fight physically with an *oloiboni* to the point that his blood comes out, his *esetan* will never be able to harm you. This suggests that the special strenght of *oloiboni*, like the strenght of all living beings, is somehow located in or connected to blood.

To illustrate how *iloibonok* are said to fight each other through *asakutore*, the following story is not only typical, it further introduces the theme of blind and one-eyed *iloibonok*. The story was told by an *olmurrani* raised in the Loliondo area, hence it implicitly involves the Kenyan concentration area of *iloibonok*, Spencer's 'dynasty' of diviners and prophets par exemple (op.cit.), who are descendants of Simmel, Sendeu's son, thus direct descendants of the famous Mbatiany.

In the Loliondo area there was some years ago a famous, influential *oloiboni* named Oruma, 'He without horns'. Once, it is said, one of his cows died in labour. But Oruma said to his wives: 'This is no problem; take good care of the calf, because a cow is coming up to me all the way from Shinyanga, which the calf can suckle'. Within a day it proved that he was right, suddenly a lonely cow came wandering into his *enkang'*, unaccompanied by people, and it began to nurse the calf. Later, this *oloiboni* came to develop enemies among other *iloibonok*, and one day a vulture came flying right into his *enkang'* and even into the house where *oloiboni* was. His people tried to block its way, but it flew right onto Oruma, and hacked out one of his eyes. Eventually he died because of that. This vulture had been sent by his *iloibonok* enemies.

The meaning of his name seems to imply that this *oloiboni*, in contrast to other *iloibonok*, did not use or possess any horn-shaped devices. Significantly, his power is broken through blinding, and it is done so effectively that he not only lost his vision, but eventually died. However, as it is said around Endulen that a one-eyed *oloiboni* has special capacities for practicing sorcery, the attack may also be seen as an attempt to transform Oruma into a one-eyed *oloiboni*, further implying that his enemies tried to force him to practice their own way, that of engaging in sorcery.

In historical sources it is sometimes mentioned that Mbatiany had only one eye.

Thus, Merker (1910(1904):21) wrote that Mbatiany was supposedly born one-eyed, and that he later pierced one of Sendeu's eyes in order to mark him as his rightful successor. This had the effect, Merker wrote, that from then on, the leading *oloiboni* must be one-eyed. Significantly, Merker had part of his information from Sendeu himself (cf. Beard 1990; Johnsen 1992:140-2).

Today in Endulen, few people except the very oldest seem to know that Mbatiany is supposed to have been one-eyed; confronted with the possibility, people usually claim that in that particular case, one-eyedness could not be an indication of sorcery inclinations, in his case it would have to be a coincidence. However, such informants also add that today one-eyedness in *iloibonok* is a sure sign of such inclinations. The young educated *oloiboni* of the dream omens, though, said that he had heard that Mbatiany was supposed to have had an eye in the middle of his forehead.

### The discourse on bodily perfection

One day at the end of the dry season, the midwife Ngilole, during a long conversation on various subjects, explained to me and William the importance of physical perfection. We were sitting outside the hospital, and while we talked, Ngilole and her hospitalised, pregnant daughter were grinding bright red roots and bark from *oloomani*, a medicine to supplement the diet of suckling infants, which they wanted to sell in the hope of financing some of their expenses for food while they were at the hospital, now for the third month. They charged 100 shillings for 4 topped tea-spoons of the medicine, equalling the daily requirements of an infant. It was the weekly mother-and-child clinic day, and during our previous conversation a crowd of women had gathered around us.

The sequence illustrates in detail how Maasai conceptualise the themes of one-eyedness and left-handedness, and how they are woven into a wider discourse on the importance of physical perfection, and the symbolic implications of bodily imperfection. Importantly, she introduces the distinctions between disability and abnormality.

– NJ: Now I'd like to jump to a subject that has puzzled me for some time. The Maasai seem to attribute special meaning to left-handedness and one-eyedness. Why are such people special?

– Ngilole: We Maasai like to think that one-eyed people are disabled, because as eyes are an additional strength to the body, if you miss one eye, your strength is reduced, and therefore

you are not perfect. A left-handed person we don't call disabled but abnormal, as most people are right-handed. There are ceremonies and rituals, which those people with one eye or who are left-handed are not allowed to participate fully in, like being the leaders or initiators of the ceremony, because we tend to see them as imperfect.

– NJ: Why is it that you are not perfect, if you are left-handed?

– Ngilole: We still say that a left-handed person is imperfect, because we do not like a person leading a ritual to lead the people to the left side, we like people to be led to the right side, that is why the ritual leader cannot be left-handed.

– Miriam [my good friend, who is in an advanced state of pregnancy pushes the question. Her husband Godfrey happens to be left-handed, like me]: Why is it that left-handed people are imperfect?

– Ngilole: Because *Engai* has turned the person away from other people. For a Maasai, it is much better for a man to be left-handed than for a woman, because a woman who is left-handed looks very awkward. We actually also distinguish between those who are extremely left-handed and those who can use both hands. Those who can use both hands, they are also perfect.

– NJ: Now in these rituals, which is better, to be completely blind, or to be one-eyed?

– Ngilole: It is best to have one eye, because with one eye you can still lead a little, whereas the completely blind have no ability to lead. Left-handed and one-eyed people have special roles in society, it is not good roles, but they do have them. A left-handed or one-eyed person is very fit for bewitching others, they are imperfect, they match very well with evil, *entorroni*. There is a likelihood that they can transfer their blindness and abnormality to other people. The left hand is somewhat a cursed hand from nature's side.<sup>3</sup> It is not that the left hand is a bad hand for *asakutore*, sorcery, before you decide to use it, but if you decide so, the left hand is a very strong hand for sorcery.

– NJ: I have heard that in the past there were some very strong one-eyed *iloibonok*. Is that true?

– Ngilole: Yes, it is true, but not only in the past, also now. Those *iloibonok* with only one eye, or those who are completely blind, their sorcery is much more effective, because *Engai* has given them abnormality and therefore power over people with two eyes.

– NJ: A one-eyed *oloiboni*, is he one who is always known to do sorcery?

– Ngilole: Certainly, if you meet a totally blind *oloiboni* on your way, he cannot see you, physically. But you would still not like to go to him. If you meet a one-eyed *oloiboni* on your way, you run away from him, because you know his *esetan* is very bitter. – Haven't you noticed that the eyes of *iloibonok* are not like the eyes of other people, especially when they are drunk, but also when they are sober?

– NJ: Yes, as a matter of fact, I have noticed that.

- Ngilole: How about left-handed people in your country? Are they many?
- NJ: I think it is the same small number of people as here, as everywhere. We actually say in my country that left-handed people are awkward and clumsy.
- Ngilole: We Maasai do not say that left-handed people are clumsy, rather they tend to be very strong people. To us, when we see a child is developing left-handedness, we burn its fingers so it can learn to use the right hand.
- NJ [vividly remembering how my first teacher forced me to use my right hand, before giving in to my 'handicap']: But with some children, I guess, you will have to give in to their left-handedness?
- Ngilole: If the burning is done when they are really young, it helps; if it is done when they are already big, it does not help. But with some, even when taken care of very young, it will not help.

It is evident from Ngilole's explanation that bodily perfection is ritually mandatory in leading the people to the right side, and not to the left, the inauspicious side of sorcery and wrong social relations. Thus 'right' in the Maasai notion has a secondary connotation of 'proper', or 'correct', like it has in English, and Maasai philosophy further links external, physical attributes to inner, moral qualities. It is believed that hidden, moral dispositions towards evil in the individual, or other exceptional inner abilities, may show up as exceptional bodily dispositions, and that the delegation of leadership to such persons may have the result that their improper dispositions are transferred to others through collective ritual. The standard model of the ritual is the rite of passage, and successive 'rebirths' are continually marked on the body, primarily through piercings of body parts. Such carnal incisions in the maturing body are seen as a gradual bodily perfection, the body being slowly enculturated, as it were. Also collective promotion rituals are rebirths, of the Maasai communities, in which the ritual leaders serve as omen and model for the entire age-set, and hence for the future of society. It is mandatory that such leaders are bodily perfect.

Primarily, however, the importance of bodily perfection is in Ngilole's discourse explained through its negation, bodily imperfection, and this category is further subdivided into disability and abnormality, providing a model for distinguishing types as well as degrees of imperfection.

One-eyedness is characterised as disability. Disability is expressed as being 'lame' or as 'missing', *eleyata*, something, implying reduced physical strength through the lack of a bodily function. In contrast, to be left-handed, *-kediénye*, literally 'left', is not characterised as a lack of strength or bodily function, rather the left hand is according to Ngilole 'a cursed hand', and 'a strong hand for sorcery'. It is said about such a left-

handed person that he is 'a person not like other people', *oltung'ani lemenyanyike ilkulie tung'ana*, an expression carrying the meaning of abnormality, based on the observation that the majority of people are right-handed. Not being a disability, a lack of bodily strength, but on the contrary an excess of bodily strength, it is thought that the disposition for left-handedness may be corrected if detected and treated in early childhood. The deliberate burning of the left hand of such children stands in marked contrast to the way that Maasai otherwise show much care and pity for the disabled, disability being a touch of and sign from *Engai* (cf. Talle 1995b). If successful this treatment will make the children just like other people by turning them into right-handed persons, and significantly, ambidexters are also perfect people, because they can use their right hand as well. Both types of imperfect persons would make bad leaders, they would invariably lead society to the wrong side, that is to conditions of bewitching, as they are both specially equipped for transmitting sorcery. At this level, however, the major, moral distinction between the two categories is not clearly brought out.

When the same bodily characteristics are applied to the figure of *oloiboni*, their difference becomes much more important, and here it is primarily the visionary faculties that are important, presumably because the eyes of *iloibonok* are especially important body parts for the practice of *enaibon* and *esetan*. *Iloibonok* eyes are always different from other people's. Ngilole distinguishes between a one-eyed and a totally blind *oloiboni*, the latter being truly physically disabled, and although this may pose a personal handicap to *oloiboni*, it is not supposed to diminish his capacity for inner visions. On the contrary, it may make his sorcery all the more effective. This is even more so with the one-eyed *oloiboni*, whom *Engai* has given power over people with two eyes, his *esetan* becomes 'very bitter', and any wise person would shun such an *oloiboni*, in Ngilole's opinion. Conversely, when an *oloiboni* gives in to the temptation of practicing *esetan* on a regular basis, it is said to gradually undermine his ability to control his oracle, which will become silent (Spencer 1991:336), thus making *oloiboni* 'blind'.

Ngilole did not comment on the possibility of a left-handed *oloiboni*, partly because I failed to ask her. Being familiar with Rodney Needham's analysis (1960) of the structural importance of the left hand of the *mugwe*, the ritual expert of the Meru of Kenya described by Bernardi (1959), I pursued the question further. Godfrey, with whom I shared the abnormality of extreme left-handedness, elaborated on the associations of left-handedness. Left-handed people are thought to be potentially dangerous, he said, because they can do the same as everybody else, but they do it in a twisted way, and they are loners, individually different. This makes them very strong

people, with a potential power over other people, because they stand alone, yet manage to do the same as everybody else; but the way that they do it is invariably twisted, leaving the possibility that they may also be morally twisted. Therefore they are particularly apt for sorcery.<sup>4</sup>

The importance of the left hand of *oloiboni* was commented by ole Kinyanyi, the destitute elder, and Lepilal, the successful *olmurrani*. Just as the one-eyed *oloiboni*, a left-handed *oloiboni* would be particularly good at sorcery, they said, parallel to the way that it was always a left-handed or one-eyed person that led in cattle-raids as carriers of the *armanet* provided by *oloiboni*. Unlike Ngilole, who seems to be a firm believer shunning any one-eyed *oloiboni*, ole Kinyanyi and Lepilal leave the impression that this is a field of contested opinion. They gave the example of a one-eyed, local *oloiboni* who was presently very popular, having recently moved to the area; yet no one seemed to think of him as an *oloiboni* practicing sorcery. Rather, they said, one should in general distrust the visions of *iloibonok*, as the careful observer will notice that most of their prophetic visions never come true, though people in general tend to remember only those that do. The opinion that in reality most *iloibonok* are 'blind' was supported by evidence. The poor elder said that they are like those people who perform at town markets, they are hand magicians and conjurers, whereas the successful *olmurrani* gave the example of how a group of *ilmurran* on a cattle smuggling expedition had divided over the issue of whether or not to follow the advice of the consultant *oloiboni* on which route to take. Those who followed *oloiboni's* advice ended up being caught, whereas the dissident group who relied on their own reason, managed to accomplish their mission safely. 'Tell me, how can such a man who is himself poor promise you wealth, and you even have to pay him?'

The importance of bodily perfection is not only a subject of discourse on *iloibonok*, moral corruption, and ritual representatives, it is also emphasised in the judicial system. In cases of homicide on a fellow Maasai, the culprit is required to compensate the family of the deceased person with 49 head of cattle in case of deliberate murder, reduced to 29 in cases of accidental manslaughter. In effect, the pooling of payments involve not only the clan of the culprit, but his whole moiety.

'The number 9', ole Kisaka, the retired *olaigwenani* explained, 'comes as a result of the fact that a person has nine openings in his body. Those openings are very vital, a person cannot go without them, breathing, seeing, hearing, smelling, eating, urinating, and defecating.' Bodily injuries are in a similar way compensated by the transfer of an animal from culprit to victim to compensate for the particular injured body part, minor injuries like the tearing of earlobes or breaking of teeth requiring the payment of a she-goat, major injuries like a broken leg, arm, or skull the payment of a

heifer. Such compensations clearly aim at making up for the loss of the bodily state of perfection, even if temporary, or for the loss of life itself. It seems to be perceived as basically a productional and reproductional loss; it is dealt with at the levels of clan and moiety, which is the institutional context in which elders exercise power in matters relevant to the basic reproductive family units, including marriage negotiations, and it is compensated in basic means of production, cattle or smallstock. Ole Kisaka's emphasis on the nine (male) bodily openings suggests that a symbolic healing of the body of the victim is as important as the economic compensation to his kin, suggesting that the social reintegration of the culprit depends on a symbolic closure of the bodily openings from which the life force of the victim evaporated.<sup>5</sup>

Ole Kisaka never explicitly stated that the act of killing a fellow Maasai will put a curse on the culprit unless properly compensated; yet his discourse directly connected such crimes in which the culprit is known to all to the problem of determining guilt in cases of theft, where the notion of the curse is invoked.

If a suspected thief denies his guilt and actual proof or witnesses are absent, the suspect may be tested in front of the *enkigwana*, the council of the elders, by obliging him to take an oath, called *ilmuma*. In ole Kisaka's perception *ilmuma* is a kind of a curse, and it is eaten, that is, internalised in the body. The form described by ole Kisaka consists of mixed blood from a heifer and a steer, which is further mixed with milk, water, a piece of hot charcoal, and grass. This is done because 'all human beings live on those things.' At the moment when the accused drinks the mixture the elders pronounce their conditional curse: 'If you have stolen, let everything you have eaten be disastrous to you, grass, water, fire, blood, milk, let it be disastrous to you'. An individual who has stolen, and ingests the *ilmuma* will then automatically die, it is believed. However, a guilty man will usually deny taking the *ilmuma*, thereby admitting his guilt. After the introduction of money a new kind of *ilmuma* has emerged, in which the accused must take a coin into his mouth for a while, and then swallow the saliva accumulated while holding the coin there. This saliva will then act as an ordinary *ilmuma*. That money can substitute the original ingredients is by ole Kisaka explained by the fact that money can now be used to acquire all the items used by the Maasai. This new form emphasising spittle clearly demonstrates that the *ilmuma* is conceptually related to its opposite, the blessing, commonly bestowed through spittle.

Thus the judicial power of the elders is split into two distinct contexts and corresponding institutional bodies for reconciling serious, internal conflict. Maasai seem to treat homicide and physical violence resulting in bodily injury as compensational and forgiveable at the level of clan and moiety, though highly tragic

results of excessive temper and hot-headedness. Theft and lying, in contrast, seems on a moral level to constitute a much more serious problem, the ultimate punishment being death through the ingestion of a substance, imbued with the elders' conditional, collective curse. This oath-taking takes place in the context of the *enkigwana*, the institutional body in which the *ilaigwenak*, elected spokesmen of age-sets of elders, otherwise exercise political power and communal decision-making.

The *ilmuma* is thus, in a sense, the magic of elders, and it takes the form of a conditional curse, uttered on behalf of all society, the moral community of Maasai. It is noteworthy that, parallel to the division of the judicial body of elders into two separate spheres, the notions of bodily imperfection, social reproduction, moral shortcomings, and poisonous substances are likewise thematically divided in ole Kisaka's description. The themes of bodily imperfection and social reproduction are pivotal in the description of the judicial area of competence of clans and moieties, whereas his description of the competence area of the *enkigwana* evokes only the themes of moral imperfection and potentially poisonous, magic substances.

These themes collapse into a single discursive complex around *iloibonok*. With *iloibonok*, their god-given, conditional curse of *esetan* constitutes a moral problem in the context of community. *Iloibonok* are entrusted with ritual leadership, yet they are often in their individual singularity morally weak persons, a disposition leading towards attempts at usurping their power to claim an excessive share of the means for social reproduction. Such morally twisted dispositions are further enhanced if they are additionally marked by bodily imperfection. Thus for Maasai society the overall moral problem of having *iloibonok* is the inevitable possibility that they may usurp their power to lead society to the wrong side. The discourse on *iloibonok*, *esetan*, and bodily imperfection ultimately delineates the basic problem of managing power and individual difference for the highly collectively minded Maasai, and it contrasts the legitimate, communal power of elders with the ambiguous, singular power of *oloiboni*.

### Fertility and women's health practices

In a one-role-per-gender-society as that of the Maasai, in which the organisation of labour is based on family units, with women and children performing the majority of daily household chores, female infertility is a social as well as an individual disaster. The fact that I was childless was a subject of much concern to my women friends, who wanted to help me find a solution to my, in their eyes, disastrous situation. In Maasai



perception children are the only true wealth, the lack of which no amount of material wealth or cattle can make up for.

John's diagnosis of my problem was seemingly met with a contesting women's diagnosis. One day at the hospital, shortly after *oloiboni* had given me his medicine, William and I were discussing pregnancy-care with a group of women, who were at hospital because of pregnancy problems, the elderly of them being mothers escorting their pregnant daughters. Among them was Ngilole, whom I had only met the day before, learning that she was a midwife. As the discussion progressed, several *isiankikin*, young wives with no circumcised children, and *indoyie* joined us. I quote at length because the sequence illustrates well how women manage pregnancy through dietary regulations and constraint, the casual way that they engage in medical discourse, and above all how the midwife's diagnosis was presented in an equally casual way that stands in marked contrast to the ceremonial, authoritative elaborateness of context in which *oloiboni* gave his diagnosis. As such, the sequence illustrates not only how women may perceive fertility problems somewhat differently than *iloibonok*, they are also surrounding pregnancy care with a discourse that accentuates hot and cold dimensions, and they point out that this is a special women's discourse that men know little about. Finally it emerges how the midwife in contrast to other specialists is remarkably non-secretive, uses an explanatory model firmly rooted within laywomen's discourse, and is quite willing to show her knowledge in detail, for all women to share. Thereby her expertise seems to arise from laypeople's health practices, and it is probably more accurate to see midwives as a women's parallel to the community experts on *ilkeek* among the elders, rather than specialists.

– Narpiyaya [the wife of an exceptionally wealthy herdowner from Olbalbal, and mother of Nartemuta, who has just delivered a healthy boy. Narpiyaya is in fact the only fat Maasai woman I have ever seen]: In the first month of pregnancy you start making sure not to carry heavy things, protecting your back.

– Lateyan [a divorced mother of 7, who has recently filed a law suit against her husband with the public authorities to claim half the children and half the property from her marriage, which is her right according to national law, however not to the customary laws of the patrilineal Maasai. She is herself pregnant, and her firstborn, unmarried daughter is hospitalised for her first delivery]: No, that is only the Swahili women, we Maasai women work as usual, we really do work like women who are not pregnant, fetch water, firewood, and when the rainy season comes we really do heavy work with cleaning out cow dung and plastering houses. A pregnant Maasai woman lives like a prisoner.

– Nartemuta: When we are three months pregnant it is the time when the woman develops a

taste for important and particular things she likes, maybe milk, maybe meat. At the sixth month of pregnancy they take food away from her.

– NJ: Is that only at the first pregnancy?

– Nartemuta: Yes, only at the first, an older, experienced woman who has given birth often can control herself and eats what she likes.

– NJ: Why is that done to first timers?

– Ngilole, the midwife: Because we are normally worried that if she is given food during pregnancy she is going to have problems giving birth; in order that the child does not become too big. It is especially milk and meat she has to avoid, and if she takes these, she will have to vomit. From the seventh month until delivery she is forced to vomit every time she eats. She will also stay fasting, like every other day, and only drink water, when she is feeling hungry.

– Lateyan: But this is not necessarily going on nowadays, like in the case of that daughter of mine. But all during the pregnancy she is given fat to eat.

– NJ: Why should a pregnant woman stay away from milk and meat especially?

– Lateyan: That is because they are very good in fattening.

– NJ: Better than fat?

– Lateyan: Yes, fresh milk is really better in fattening than fat. For example, when I was pregnant with my sixth child, I drank fresh milk, and I had to come to the hospital to give birth, because the child was so big. It is really dangerous, because fresh milk really fattens.

– NJ: Because of the possibility of going to the hospital this is not followed so strictly anymore?

– Lateyan: No, the reason really is that we do not have many animals and there is simply no dangerous food to take away. Porridge and tea without milk or fat will make you thin like this stick in the end. Now we do not have any foods to compensate for the lack of milk and meat.

– NJ: Would pregnant women eat from trees and plants like herdboys do? [I had just a couple of days before seen pregnant women eating the cambium of young acacia-trees together with a flock of herdboys. I took a taste too. Although it was tough to chew, it turned out to be quite juicy and sweet, and surprisingly filling.]

– Lateyan: They eat such things, but they are only sweet to eat, they are not food. They eat fruits and peelings from under the bark. This abstinence from food really depends on the woman herself, she can always steal food from neighbours, or go to the shops if she has money. Some will even go so far as to milk secretly during the night. Pregnant women might sometimes do anything to get food.

– NJ: In the third month of pregnancy, when the woman develops certain desires, could that also be for sweet fruits and peelings?

- Lateyan: Yes, they do that, they might even want to smell a lion, or eat an antelope, or all sorts of wild animals they have never tasted before.
- NJ: Are certain plants more common in this?
- Lateyan: Not really, they really differ, some like sour-tasting fruits. Some of them really ask for funny things, once one was eating rats. Some like to meet very much with their lovers. This does not mean that all pregnant women are of the same pattern. When I was expecting this daughter of mine, my firstborn, I ate red ochre. My daughter, she has been eating porridge made of red ochre, and whatever.
- NJ: Are pregnant women a little bit crazy at this point of their pregnancy?
- Lateyan: Yes, they really are, like wanting to smell a lion. Some like to eat charcoal even. [Then followed a small exchange on the similar pattern in European women and the crazy things they might develop a craving for.]
- NJ: Are there other things than staying away from food that pregnant women must do?
- Nartemuta: Not really, but they are regularly smeared with fat on the stomach and inspected. When you have given birth, you really take good care of everything you eat... A woman is first given tea, and after that fat mixed with *osokono*. That will heat the woman very much. So the first day passes. Next day she is given blood mixed with milk, and the same day a goat is slaughtered and she is given soup twice, but not meat. The third day she drinks soup three times. So the days go. After that – and this was when people were really rich – they slaughter an ox, and then you really eat meat and drink soup. Even at night, if you wish.
- NJ: But not a lot of milk?
- Nartemuta: If you want milk, they simply mix it with blood, but never cold milk, and never sour milk. You start drinking fresh milk after the third month after delivery, every morning. And you get a lot of fat in porridge, and if you have money you can send someone to buy rice to cook and eat.
- NJ: Why is it that you should not have any cold milk or sour milk in the beginning?
- Lateyan: You are neither allowed to drink water, because these things will affect your stomach and you may even die. But the ones in hospital can drink water. Myself, whenever I have been about to give birth, I would steal water and send somebody to the shops to buy Andrew's Liver Salt and mix it with hot water and drink secretly so the others would not start panicing and scare me as well.
- NJ: Which things would be dangerous for unborn children, apart from what the mother eats?
- Lateyan: What are you thinking of?
- NJ: Whether ill wishes or other such things could harm the unborn child?
- Lateyan: If for instance you eat hard fat, say from a stomach, it is going to surround the unborn child so it will be born covered in fat; also, too much food-avoidance is dangerous. The

other secrets I can't tell you in front of these children...

[This causes a lot of joking and giggling, especially among the youngest women, but also between Lateyan and William.]

- NJ: Maybe the three of us should sneak off to a secret place together, so that you could tell me?

- Lateyan: Oh, even William is like a child of mine, he is only an *or'king'onde* [*olmurrani*], we would need an *Ormakaa* [junior elder] interpreter, preferably a woman. But as you have no other way of speaking than through William, we can talk through him later, in private...

- NJ: Sometimes *wazungu* women will feel very bad during the early stage of pregnancy, vomit in the morning and so, would Maasai women feel the same way?

- Ngilole: It is true, starting from the eighth day of pregnancy this begins, and you can really see from the outside that they are white [William: she indicates paleness], because the child [William: that is, the foetus] really wants something. It may last until the fourth month.

- NJ: What is it that the child wants?

- Ngilole: These food preferences that the mother develops. [...]

- NJ [showing the *ilkeek* which *oloiboni* gave me]: *Oloiboni* gave me this. Do you know what it is?

- Maybe *olchurroi* [the acacia from which comes the cambium relished by pregnant women and herdboys that we have just been talking of]. Do you mix it with milk?

- NJ: No, and no other things, no sugar, no tea, just water, and four pinches of some *intasimi* he gave me.

- Narpiyaya: It is like *arng'aboli* [a women's medicine. In fact, this was the one that *oloiboni* as an afterthought had suggested as a supplementary medicine for my infertility]. [William suggests *oltimigomi*, which is by mutual agreement considered highly likely.]

- Ngilole: Do you have a child in the back?

- NJ: I do not think so – what is a child in the back?

- Ngilole: Have you ever in your life missed your periods?

- NJ: I don't think, well, yes, once when I was young I had a surgical operation in the womb and then I missed my periods for a couple of times.

- Ngilole: What was wrong with you?

- NJ: Something was twisting inside me and the doctors thought it was better to operate, but afterwards they found out it had not been necessary. Then the wound caught infection and I had problems for a long time with that.

- Ngilole: Did you have heavy pains when you had that circulating thing?

- NJ: Oh, yes, very much, first they thought that something had burst inside me, that was why they operated.

- Ngilole: It is difficult for women who have been operated, especially in the womb, to have

children again.

– NJ: What is a child in the back?

– Ngilole: You have pains, first in the back, then in your womb. It will destroy your whole menstrual cycle. You either bleed for a month or miss your period for months. For two months you know you are pregnant, then you feel the pains of labour, and then the blood comes out. You are certain that you are pregnant. This, when it happens, it is normally in the first three months. If it happens later it is a miscarriage. It does not mean that the child goes to the back. Blood comes out, sometimes a lot, and there is real danger. But the child stays inside, it is not developing, it just stays there and pains you.

– NJ: If you become pregnant and give birth, is it then that child that develops?

– Ngilole: After that, what really happens is that an empty child is left inside with no blood, and there is no space left. If you meet with men, then the empty child inside will become full of blood. After that you have a good child, and you will have your dietary preference period. This child of the back, once you go back to men, you don't say that it is this empty child.

– NJ: I'm confused now, because if there is an empty child, there is no space left, you said?

– Ngilole: It is this back child that has recovered after meeting men.

– NJ: Wouldn't a woman with such a child of the back avoid meeting with men?

– Ngilole: She can only stay away if the blood has not gone out. [William at this point cautions me that Ngilole is finding the subject a little embarrassing to talk about in front of an *olmurrani* and young women. Accordingly, I change the subject to more general matters.]

– NJ: Would there be any situations in which women would try to provoke an abortion, for reasons of health, to save the life of the mother for instance?

– Ngilole: No, we never do that, we only do it after we see that she is going to miscarry anyway. Then we give *ilkeek* to speed up the process. One is *osokonoi* mixed with fat, another is *iloodua*, and other bitter medicines in general, or goat dung and salt. There are also *ilkeek* to make the woman keep the child if she is going to lose it. We give fat without medicines, and *oloilalei*, *engaiteteyai*, and soup.

– NJ: How do you know what to do?

– Ngilole: We midwives know, because with our hands we feel [through external inspection only] if it is really standing by to come out, or if there is nothing unusual.

– NJ: Some of these medicines that you give in cases of miscarriage, are they the same as you would give for a normal birth?

– Ngilole: Yes, they are the same.

– NJ: Can any woman do these things, or do you need to be a midwife?

– Ngilole: Only midwives can do it.

– NJ: How much do men know of this?

- Ngilole: They do not know, but they help us, they provide the goat, and sometimes they fetch the medicines. Men help animals to give birth, while we women help each other.

[At this time a temporary co-resident of ours, a Danish 'olmurrani' grown up in the US, who at present teaches English in Father Ned's prep-school comes by, his neck all twisted, as he has slept in a wrong position. Feeling pity for the boy, Ngilole tells that actually she is also a renowned masseuse that people come to with acute problems, not just pregnant women for inspection. She gives a practical demonstration of her truly remarkable skills at massaging. While massaging, Ngilole tells another woman how she had on their arrival told the sisters in the hospital what was wrong with her pregnant daughter. They had initially rejected her diagnosis, but later on they had admitted that her diagnosis was actually accurate. Hence they had realised that she is a skilled midwife, who knows her things.]

It is striking that the women in this conversation presented pregnancy care as largely a dietary health practice, in which the use of various *ilkeek* seem to be of secondary importance, compared to the way that elders constantly center their talk on *ilkeek* and their capacities in treating individual cases of disease. In men's medical talk dietary prescriptions appear to be of secondary importance, and contingent on the actual *olchani* applied. It is as if there exists a complementary, gendered division of labour, with women being much more focused on prophylaxis, the keeping of good health and the prevention of possible dangerous conditions through dietary regulations, whereas men seem to center their expertise on the collection and application of *ilkeek* in therapy against actual, specific disease. That this division of labour is highly complimentary in practice is supported by the statement that men know nothing about women's pregnancy care, although they act as midwives for their cattle, yet they assist the women in supplying the necessary animals for slaughtering, and by bringing required medicines not found in the vicinity of the homestead.

Moreover, it is remarkable how the women employed hot and cold concepts and for once in a way that goes beyond that of classifying the medical substances involved, actually implying that conditions are sought tempered. In contrast, in men's medical talk, such hot-cold principles in therapy is only evoked in the descriptions of the treatment of open, serious wounds.

Women must avoid certain dietary elements from the sixth month of pregnancy in order to prevent the foetus from growing too big for easy delivery. They must restrict their intake of certain types of food, notably the basic staple milk, as well as meat, because these dietary items are seen as especially fattening. The dangers of pregnancy do not disappear immediately upon delivery, on the contrary, they become even more accentuated for *intomonok*, mothers who have just given birth. A

newborn baby is not thought of as *oltung'ani*, a person or a human being, rather an infant is a 'soft child', *engarai nanana*, a condition that gradually lessens, but is only terminated at the age of 2-3 years when one is convinced that the child has survived the vulnerable state of infancy. The child is then given a personal, private name. Nartemurta, who had just become an *entomononi* herself, cited the even more elaborate precautions surrounding the diet of *intomonok* in an effort to make me understand the principles at work in pregnancy care, seemingly conceptualising precautions concerning *intomonok* as the culmination of pregnancy care, the stage where the principles are most clearly brought out. The principle of avoiding milk continues until the third month after delivery. Above all, cold drinks must be avoided: fresh milk, sour milk, and water, in order not to 'affect the stomach' and risk death. Similarly, the special dietary and medicinal preparations, hot tea with milk, and fat with *osokonoi*, that *intomonok* must have, besides the obligatory blood preparation after delivery, are meant to 'heat the woman very much'.

When Ngilole, the midwife, explicated the principles of assisting miscarriages, she stated that to speed up a miscarriage, bitter medicines are given to speed up the process, just like in an ordinary delivery: *osokonoi* with fat, *iloodua*, or other bitter medicines, whereas *ilkeek* to prevent miscarriages are fat without medicines, soup, *oloilalei*, and *engaiteteyai*. In chapter 3 I related how Ngilole defines bitter medicines as those that come from 'hot', thorny trees, whereas 'cold' trees are never bitter. Thus, to speed up an unavoidable miscarriage, or to ease a normal birth, she uses 'hot' medicines, and afterwards the woman is given especially 'hot' preparations of mainly food, but also 'hot' medicines. In contrast, and although Ngilole did not explicate it, it seems that the principle of preventing miscarriages is to give 'cold' medicines. Giving fat without medicine and soup indicates that the purpose is to strengthen the health of the woman in general, as these dietary items are seen as especially capable of that, but pure, melted fat is also employed as an emetic, a 'cold' medicine.

Thus, keeping pregnant women safely temperate seems to be an underlying principle behind such practices. Pregnant women must avoid too fattening food, as well as cold drinks and hot medicines, which may be dangerous to the foetus and are capable of causing abnormal deliveries. Miscarriages, in turn, seem to be perceived as an excessively 'hot' state that should be moderated with 'cold' medicines and healthy food items, that are neither too cold, nor too fattening. Incidentally, the food items mentioned as good in preventing miscarriages are actually hot, if not metaphorically 'hot': hot soup and hot, melted fat. In ordinary discourse Maasai do not distinguish between stomach and womb, both are *enkoshoke* (pl. *inkoshuaak*).<sup>6</sup> It seems in accordance with this trait that Maasai women seek to influence the maturation process

of the foetus through diet. Likewise, pregnant women seek to regulate the stomachs of their unborn infants through their own diet; they take *osokonoi* during pregnancy, they later explained, because it prevents the child from developing a big stomach and from defecating excessively. Likewise, the special dietary cravings in early pregnancy are conceptualised partly as a craving of the unborn child.

Whereas pregnant women must provoke vomiting regularly to reduce the impact of too much milk and meat, the midwife in assisting births or miscarriages applies *ilkeek* in order to induce diarrhoea, which is seen as loosening up the womb, creating space for the delivery. It is worth recalling that provoked vomiting is achieved by using 'cold' medicinal preparations, whereas diarrhoea is provoked through the use of 'hot' medicines, to 'speed up the process'. Thus it seems that pregnancy is in itself a 'hot' state, which is in accordance with the general idea that fertility and potency is 'hot'. Provoked vomiting during pregnancy indicates that one should not become too 'hot', lest the condition become pathological and lead to a miscarriage, an untimely birth. In contrast, at the stage of birth-giving itself the danger is that the woman might not be hot enough; her 'hotness' is assisted in every possible way.<sup>7</sup> For the first three months after delivery the 'hot' therapies are gradually lessened, suggesting that also *intomonok* are vulnerable because they might not be 'hot' enough. Thus women's pregnancy and post partum care is a field within Maasai health care practices in which hot-cold dimensions are most explicitly accentuated as principles of deliberately temperating conditions.

Lateyan had promised me an exclusive interview on the more delicate aspects of women's fertility. In privacy she explained that women are supposed to stay away from men from the fifth month of pregnancy, as sexual intercourse may destroy the child in the womb. The man's penis will first destroy the placenta, and then it will reach the child and make deep marks on the bodily part of the child that it touches, some children will even die from such wounds. If the child survives, the marks will become permanent. Another danger is that the unborn child becomes covered with sperm, which may cause irreversible damage in case the child swallows some of it. This is thought to weaken its body permanently. Women are also not supposed to have sex immediately after delivery, both for the sake of their own stomachs, but as well for those of their suckling infants. Sexual partners are seen as likely to carry disease-provoking 'dirt' to the intimate environment of the infant, resulting in diarrhoea. Thus, like thorns, fangs, and horns, the male penis is within women's pregnancy discourse seen as a dangerous, penetrating object, a weapon capable of inflicting wounds<sup>8</sup> on the body of the unborn infant, starting from the period when the mother is getting dangerously hot. In contrast, that some women may develop a



strong sexual appetite in early pregnancy is seen as an example of the crazy cravings that pregnant women develop before this 'hot' stage. Such cravings center to a remarkable degree on strange, wild objects, mostly animals such as rats and lions, but also on sexually 'wild' behaviour, and on charcoal and red ochre. Together, the listed items seem to stress that women at this stage may not only become temporarily rather 'wild'; their very wildness is itself a special manifestation of being 'hot'.

### Don't you have a child in the back?

It is striking that the women did not include *oloiboni's* fertility magic in the description of their pregnancy care, not even when I deliberately introduced his fertility medicines as a subject of discussion. This strengthens the impression that the specialist services of *oloiboni* are only required at special circumstances, such as infertility. In the atmosphere of intimacy, Lateyan wanted to know why I followed John Kereto, whom she thinks of as a 'fake' *oloiboni*, recommending the one from her home area instead. However, she consented that one should always finish the treatment of one *oloiboni* before consulting the next, as individual *iloibonok* skills, she said, vary according to the two lineages of *iloibonok* represented around Endulen, and their practices are opposed to each other. Thus her scepticism towards John Kereto seems primarily based on his lineage's 'heretic' claim to possess *enaibon*. Yet, women are generally less eager to voice their scepticism towards *iloibonok* in public, than men are, and in our collective conversation cited above, it might have had importance that Ngilole's daughter, who was also present, is actually married to an *oloiboni* whom many people think engages in *esetan* business.

It was apparently readily accepted by all when Ngilole diagnosed my childlessness as likely to be caused by a 'child of the back'. It might be that this diagnosis was not actually made to contest *oloiboni's* general diagnosis of infertility, but merely an effort to find out what specific problem he was treating me for. Yet, I do not think so. If they had merely been interested in finding out *oloiboni's* exact diagnosis they could easily have taken the opportunity to question me on the matter. In the context, Ngilole was subtly establishing herself as a women's expert on medical matters, fully capable of making her own diagnoses in fertility matters. Possibly, she also wanted to emphasise her position as midwife, especially to her 'age-mate' arpiyaya and her daughter, who were strangers in Endulen.

In a later session with largely the same group of women, Ngilole on the group's behalf elaborated upon the special diseases of women. The first of these, she said, is the

child of the back, *engiyo engoriong*. 'This disease is popular among the Maasai, but not among other tribes', she added, thus recognising this disease category to be culturally specific to the Maasai. One possible cure is *emangulai* and fat. Other possible problems are delayed pregnancy and lack of conception because of *arbae*, which may destroy the inner order of the womb. Especially *emireka*, syphilis, is harmful; in women it develops into permanent, inner 'boils', which the woman's subsequent children will be born with. Although the hospital may cure it, this is seen as only an external cure, not restoring order permanently. In fact, there are only two effective ways to treat this, she says; one is to be tied by *oloiboni*, the other is, for the rest of one's life, to get injections at the hospital whenever pregnant.

Earlier, when I upon Ngilole's request described my 'woman's problem', I had unconsciously described an ovarian cyst in terms that were highly suggestive to Maasai women suspecting that my problem might be due to *arbae* or *emireka*. I had been talking about a thing that twisted, or circulated, as William had translated it. In chapter 4 I described how Peter's relative had connected difficulties in child bearing to a circulating boil when we were in Lengobo's consultation. Now Ngilole added to the picture by stating that one of the dangers of *emireka* is permanent inner boils causing infertility. In that light, her questioning into my history of fertility problems takes the shape of a casual diagnostic process.

Ngilole's remark, 'do you have a child in the back?', signalled an expert's diagnosis within the general conversation. She immediately asked for my history of disease, initially ignoring my general curiosity as to the nature of this condition. Having learned my history of fertility problems, Ngilole rather strikingly described the condition of a child in the back in terms that suggest that she perceives of it as a state of abnormal flow, either excessive flow or blocked flow, causing the child in the womb to dry out, as it were, leaving only an empty child. The condition is only terminated when the dry, undeveloped foetus once more becomes filled with blood, with life that is, after having met with men. Significantly, this condition only occurs within the first three months of pregnancy. After that it is a miscarriage, suggesting that during early pregnancy the unborn child is not only thoroughly soft, it is transformed from being initially a largely fluid substance, acquiring solidity through 'authentic cooking' (Neema 1994:101), as it were, from the fourth month of pregnancy when the mother enters the hotter stage of pregnancy, coinciding with the development of special cravings. It is actually the foetus that has these special desires for food, Ngilole explained. Thus the special dietary cravings in early pregnancy is caused by the still fluid, blood-like child desiring to acquire solidity. Whereas contact with a penetrating penis is dangerous to the unborn child once it has acquired solidity, it is

also the very means by which an empty child of the back becomes refilled with life and health. In this way semen is intimately linked to blood. 'Blood' is used by women as a modest standard euphemism when referring to semen in public, capturing the notion of blood-relatedness and biologic inheritance through the perception that men through sexual intercourse give their 'blood' as their contribution to the act of procreation, and in revitalising an empty child of the back.

Ngilole's explanations were never contested by other women; rather they were readily accepted as offers of insight into her expertise. In this way, Ngilole was in many ways an authority, and a spokeswoman for all women,<sup>9</sup> capable of voicing some of the principles behind women's practice.

In another conversation Ngilole explained that, unlike other fields of Maasai medical specialisation which are usually inherited from father to son, and sometimes daughters, midwifery is 'just like the modern specialists, any woman is free to learn', provided that she has a sharp mind and is good with her hands. Midwives *engaitoyoni* (pl. *ingaitoyok*) are also remunerated for their services; at normal births they receive some of the meat from the sheep or goat that is slaughtered for the child, as tokens of respect in return for their assistance. Significantly she gets 'the buttocks', the equivalent of the body part that midwives work with, and capable of supplying lots of fat needed for smearing the women's abdominal skin when massaging them to feel the position of the child. However, in case of a child born covered with a 'white placenta', special remuneration is needed, because this is bad for the body of the child, as well as for the midwife. Such a white placenta may cause her to become 'blind' in her future work, just like *oloiboni* is said to become blind if something blocks his secondary vision, and for this risk the midwife must be compensated with either a young she-goat, or its equivalent in money. Payment is also made in order to prevent the mother from delivering her future children covered with white placentas.

### **Fertility and the snake of blessing**

Concerning the problems of female infertility, Ngilole clearly saw her field of expertise as comparable and complimentary to that of *oloiboni*. In her opinion, he is merely a specialist in diagnosing the general state of infertility and the possible ritual breaches causing it; when it comes to the details of such diagnoses, she is clearly thinking of herself as his superior. As time went by, I gradually became aware that Ngilole in many ways saw her own knowledge as in some degree of opposition to *iloibonok* practice. In the end, I realised that she also had rather personal reasons for such

opposition, but her opposition was just as much an unusually overt expression of general female ambivalence towards *iloibonok* control of fertility. Thus Ngilole on behalf of the group also expressed a general women's perception of the problems of infertility, as a field of opinion – a separate and distinct female discourse on childlessness and fertility.

In addition to consulting *iloibonok* with infertility problems the women have other practices in which they circumvent *oloiboni* entirely, creating their own *enaibon*. This practice is highly separate and alternative to *oloiboni's* which centers on breach of ritual and wrong social relations within the homestead. The fertility cult of the women takes its point of departure in an effort to communicate directly to *Engai* through 'natural', symbolic manifestations of divinity. I use the term 'cult' of these practices, partly because, in one dimension, it is a manifestation of female religiousness, taking place at unusually large specimens of the *oreteti* tree, huge, wild, 'cold', fig trees, by Maasai often explicitly likened to the church of the Christians, as everybody may go there to appeal to *Engai* through prayer.

One day, Ngilole explained how women practice their own *enaibon* at the *oreteti*-tree, connecting this theme to our previous discussions of infertility problems, including a reference to her own child in the back in her youth. Most significantly, it emerges from her description that she thinks of certain natural phenomena as equivalents, even alternatives, to *oloiboni*. The discussion gradually turns towards the structural ambivalence of *iloibonok*, as well as the vulnerability of soft children towards 'eyes'.

– NJ: Yesterday, at my place, we talked about *engaiteteyai*, what was it you told me? [We had no interpreter, so we had had to do with body-language.]

– Ngilole: It was because you picked the green *engaiteteyai* and also the red, and asked me its use [I asked whether the red species was also *engaiteteyai*; I thought it an exotic garden species, recognising it as a popular potted plant in Europe, not represented among the many varieties of *engaiteteyai* growing around Endulen]. I told that it is used by *iloibonok* 'to make people' [William: that is, to solve their problems], for example to help women who have never succeeded in giving birth. *Oloiboni* can do this in two ways: either he mixes *engaiteteyai* with *intasimi* and milk, and the woman drinks it, or he tells her to go and get some *engaiteteyai* and put some leaves in the milk in a calabash and then sprinkle the milk in all four directions, and pray [these directions are here approximately North, South, East, and West, according to Ngilole's gestures, but the principle at work is, according to William, up, down, and across the slopes of the mountain]. *Engaiteteyai* is also good for bad stomachs. You boil it, mix with milk, and drink it. [By now everyone had gotten so used to my constant

questioning on medicines that they almost automatically supplied me with recipes whenever mentioning a new *olchani*.]

– NJ: *Engaiteteyai*, does the name have something to do with *Engai*?

– Ngilole: It is just a name, but the plant has the major purpose, that it is just like *enaiboni*, it saves a lot of lives. [William: Here she uses the feminine prefix to indicate that she thinks of *engaiteteyai* as having the same qualities as *oloiboni*, though to a lesser degree.] For example it is used when someone wants a child by praying through it, it is used to prevent miscarriage, and for any holy ceremony, *entaleng'oi naasinya*. I once had a child of the back, when I was pregnant with my daughter, who is now here. I had it for three years and I consulted every *oloiboni* for three years. Then one *oloiboni* advised me to take *engaiteteyai*, put the leaves in milk, sprinkle to the four directions, and pray. It helped me, and I got that daughter of mine. For us Maasai *engaiteteyai* and *oreteti* share breasts [William: that is similar to saying that they are of the same father and mother, that is, they share properties.]

– NJ: Does that mean that *engaiteteyai* and *oreteti* are used in the same way, or that they are both holy?

– Ngilole: They save the same purposes, but *engaiteteyai* can only be used by the help of *oloiboni*, whereas *oreteti* is *oloiboni* in itself.

– NJ: What does that mean?

– Ngilole: *Oreteti* is *oloiboni*, because if a woman has never given birth, she can collect a group of women with the same problem and go to pray at an *oreteti* tree. They give skins or jewellery, or whatever they have to the hands of the *oreteti* tree, and they pray around it and sing, and when you go home, you shall have a child. If you look very carefully at the *oreteti*, you will always see a snake, *alaturai*, there. It is put there by *Engai*, and it is this snake that we pray to, and it helps us. We pray and sing and dance until it comes out, and when it spits, as it normally does, we say it has blessed us. We never go home before the snake has spat. When it comes out, it can come near to you, and it may even crawl over you, but we are not afraid, because we know it is *oloiboni*, who will help us.

– NJ: So it is the snake and not the *oreteti* tree that is *oloiboni*?

– Ngilole: In a way, because it lives there. But the *oreteti* tree is also in itself an extraordinary thing, because it is the only tree that develops hands [she is referring to the characteristic air-roots of this parasitic tree].

– NJ: The *oreteti* tree is like a person, then?

– Ngilole: Yes, it is like a person, first of all because of the hands, and snakes are there, which is *oloiboni*, who helps us. This tree is like a person, because it helps us keep this snake.

– NJ: Yesterday, when we talked of *olpeko* [see chapter 8], you said that it did not come from *esetan*. What is *esetan*?

– Ngilole: For us Maasai, a person can go to *oloiboni* and buy *esetan*, and that is the thing used

to bewitch, *asakut*. It is normally made of roots from trees. Because you have to get it from *oloiboni*, it is not free of charge. The person then gives it to you, and then you die.

– NJ: Would people sometimes become sick before dying?

– Ngilole: Some will kill you right away in one kick, others will make you sick for months. They can simply throw the thing at you or hide it under your bed. Then you go to the hospital and try every possible medicine to drink, but it does not help. Then another *oloiboni* can tell you it is *esetan*.

– NJ: Is it only *oloiboni* who knows how to make *esetan*?

– Yes, only he has the things.

– NJ: Which kind of people would go to *oloiboni* to get *esetan*, are they a certain type of people?

– Ngilole: It is not everybody who hates others, who will do it, but some people will try to do that to anybody they hate, whereas others never do it.

– NJ: I have heard that some people have eyes, *inkonyek*, what is that?

– Ngilole: *Inkonyek*, that is a hereditary thing. It is special among the *llbaringo* [more frequently called *llparsingo*.] With these people it is the eyes that are bad, not the people, who are bad. They never have the intention to kill, but their eyes, whenever they look at you, or a child, or a calf, you can faint or even die. They are not bad people; they do not use *esetan*.

– NJ: That must be terrible for these people, can't they do anything to lessen the effect of their eyes?

– Ngilole: No, but as you become old, the effect is lessened; but it is always a problem for these people [a passing, curious elder squats by us].

– NJ: Who are the *llbaringo*?

– Ngilole: They are just ordinary Maasai, but they belong to a certain clan, the *lllaiserr*, they are a subclan of the *lllaiserr*.

– NJ: I have heard that if people with eyes spit to show their good will, their eyes will not harm?

– Ngilole: Yes, that is true, they do that before they reach children or animals; but that is not particular to them, every Maasai may do that.

After this conversation, William supplied further information on the subject of respecting snakes. From Ngilole's description he felt sure that she referred to a certain, quite strange and completely black snake, which is harmless and known to spit, though not a spitting cobra. The Maasai commonly believe that this black snake, which is said to grow grey hairs on its head sometimes, is somehow representing an ancestor. This snake is considered holy, and if it comes into a house, it is offered milk

and tobacco on a little stool, just as any elder. It is never killed by any Maasai. At Kakesio Hills, close to where William grew up, there used to be a very special huge old *oreteti* tree with lots of air-roots and loaded with women's jewellery, some of it so old that nobody knows the styles anymore. Women will go there and sometimes exchange their jewellery with some of the old pieces. They also go to pray for children there, and they likewise sing until the huge, black snake that lives there comes out and creeps over their feet. This snake does not spit, though. As a child William used to be afraid of this tree, because of being told of its great holyness, its being a thing of *Engai*. Another holy snake is a small, steel-grey type which is said to move in every direction, making it difficult to tell head from tail. It is harmless and never killed.

Thus snakes are not only metaphors good to think with when explaining the working mechanisms of *esetan*; certain snakes are actually seen as extraordinary, benevolent, and especially helpful in overcoming female infertility, and they are seen as manifestations of a special relationship with divinity. Like *oloiboni*, they are capable of establishing communication to *Engai*. Unlike poisonous snakes with dangerous fangs, but in line with the unique, tying python, such benevolent fertility snakes stand out from the family of snakes at large. They are known never to harm people, and they have unusually human characteristics. They grow grey hair on their heads in their old age, and they spit, just like people will spit to convey their blessings. They acquire holyness from harmlessness combined with other suggestive characteristics, either their blackness, black being the colour of rain clouds, *Engai*'s promise of impending celestial flow and fertility for all, or because they move in all directions, as an *oloiboni* sprinkling milk mixed with *engaiteteyai* to bestow a fertility blessing. Yet, unlike the tying python, such holy snakes with *oloiboni* character are not ambivalent; they have no capacity for causing harm. It is in this capacity, their lack of ambiguity, that appeal to such unambiguous symbols of *enaibon* forms an alternative, female fertility practice by-passing the institution of *iloibonok*.

Women's fertility delegations may also address *Engai* at other outstanding natural phenomena, notably The Shifting Sands, a unique crescent-shaped dune of fast-migrating magnetic sand erupted from a volcanic out-break from *Oldoinyo L'Engai*, the Mountain of God. Here the women also leave pieces of jewellery in exchange for fertility. However women may also approach *oloiboni* with their delegations, as happened when Birikaa returned to Endulen after his accident. In this case, however, the purpose was not that of a specific request for enhanced fertility, but primarily a gesture of support and respect towards their leading *oloiboni*, to convey their wishes for his quick recovery. A women's fertility delegation was in Endulen described to me as a women's *alamal*, a peaceful delegation. However, reserving this

term to describe (male) delegations in which the presence of *oloiboni* is mandatory (1977:41), Mol gives the term *entoomono*, 'prayerful delegation of women' (ibid.:53) as a specific term reserved for women's delegations. The linguistic resemblance to the term for post partum mothers, *intomonok*, is obvious, supporting the interpretation that basically, women's fertility petitions are a distinct practice, not necessitating *oloiboni*'s intermediacy in communication to *Engai*. In contrast to other women who shave off all their hair regularly, *intomonok*, as well as barren women desiring to become *intomonok*, signal their special circumstances by letting their hair grow into a distinct hair-style by shaving off only large triangular areas above one or both temples.

That women may sometimes openly oppose *iloibonok* and contest their authority became evident later, when Ngilole's hospitalised daughter had given birth successfully. As briefly stated above, she is married to an *oloiboni*, ole Mangi of the *Inkidong'i*, who is a co-resident of leading *oloiboni* Birikaa. When Ngilole brought her daughter to the hospital, ole Mangi was absent, and throughout her hospitalisation it seemingly remained Ngilole's responsibility to provide for her. Although it is a sign of deprivation for a married woman to be dependent on her maternal kin, I did not in the beginning reflect upon the fact. Afterall, *iloibonok* are stereotyped as husbands often neglecting their womenfolk, and Ngilole had actually recommended her son-in-law as a reliable *oloiboni*. Yet, it is a widespread assumption that the true reason for this intimate relationship between a minor *oloiboni* of the *Inkidong'i* and the leading *oloiboni* of the *Ilkokoyo* has to do with the fact that Birikaa's father is said before his death to have put a curse on his sons never to use *esetan*, not even in retaliation against other *iloibonok*. Thus, ole Mangi is believed to live with them so that they need not activate their father's curse in case they need sorcery. In this way, ole Mangi is by many seen as not the right, but the 'left hand' of the leading *oloiboni*, as it were, and such informants may give the supporting example that when Birikaa had his accident, ole Mangi was constantly with him, probably doing the retaliation *esetan* against the Monduli *iloibonok*, given that Birikaa's father had put his curse on all the *Ilkokoyo*.

When his wife's child was born, ole Mangi would not recognise it among his off-spring, claiming that it was the result of an adulterous liason with one of her *ilmurran* lovers. Therefore, the story went, he had said that they should throw it to the lions. To this Ngilole had argued that in that case, he should reward her for the trouble she had taken with his pregnant wife, sleeping on the concrete floor for months. As a result, he had consented to let her raise the child to keep her company in her old age, she said, and to be her eyes if she should become blind. The people who related this story to me pointed out that ole Mangi being such a jealous husband may



very well be typical of *iloibonok*, but usually shameful to other Maasai; a good Maasai husband should wellcome any child born to his name, as any child is a blessing, and only mildly punish his wife for her adultery. They immediately added that as *iloibonok* tend to accumulate too many wives to be able to take good care of them when they are always on travel, adultery on behalf of their wives is quite understandable. Thus they used the incident of *oloiboni*'s outcast child of adultery to emphasise the dubious moral constitution of *iloibonok*.

After they were no longer hospitalised, and being busy with a newborn at the house, I saw less of Ngilole for a while. Rather to my surprise, when I next met her, she had begun to train intensively for breastfeeding her grandchild, and accordingly she had discarded her elder's blanket and was now appearing rejuvenated as an *entomononi*: in dark blue sheets with her head unshaved. Having previously estimated her to be in her later fifties, judging from the age of her last-born, I suddenly recalled how Dr. G. J. Ebrahim in a lecture had related how he successfully cooperated with East African grandmothers on re-training for breastfeeding orphaned grandchildren, basing his experiment on a remark of Margaret Mead's, that Samoan women are required to breastfeed the infant if their sister dies in childbirth, even if they are still virgins. Now it seemed that Ngilole had similar ideas about breastfeeding in mind.

'All women can breastfeed', she said, 'that is how we Maasai women do'. She then related how Maasai women help each other in case of persistent infertility, by giving a child to the unfortunate, childless mother. If the relations between co-wives are good, a childless woman will usually be given a child by one of her co-wives. If not, a sister or a friend may help her out. Thus, the TB-patient with the six loving wives (see chapter 4) related how one of his wives who had been unable to give birth herself had twice been given a child to raise by his other wives, and naturally she had breast-fed them herself. Sometimes a child may even be given with the specific purpose of bettering relations between co-wives.

Although Ngilole had daughters-in-law living with her who had just given birth themselves, she said that she would not entrust this child to be fed by them, because they were young and likely to be unable to refrain from sexual intercourse during their time as *intomonok*, and accordingly they were likely to pass on 'dirt' to the suckling infant. To eliminate this risk she had decided to breast-feed the child herself, simply by making it suckle her breast until it almost gave up, before feeding it with boiled cow's milk from a special type of 'feeding-bottle' calabash. Training hard in this way she proudly announced that she was successfully breast-feeding her child after about six weeks. 'They do not take my new motherhood quite seriously at home,

though, as I did not give birth myself', she said, 'but they did at least perform the slaughter for me, even though they do not do all the other usual things.'

It seems a logic extension of the one-role-per-gender conception of women as mothers that all women can breast-feed. My childlessness was by Maasai women often commented by the suggestion that I could simply get a Maasai child to take with me home and raise for myself; Maasai women were giving such gifts to their less fortunate friends all the time anyway, and such a child would surely give me eternal bonds to Maasailand. Actually, I had more than one offer of a child gift. Children may also be given to women for other reasons than infertility, as in the case of Ngilole. Also newly wed women may be given a child, either on temporary basis or in permanent adoption, as married women without children must do not only the housework alone but frequently also the herding. Thus, like men who form eternal bonds of friendship through gifts of livestock, women create such friendship bonds through gifts of children.

### Eyes and the vulnerability of soft children

The theme of eyes is not only related to 'blind'ness, one-eyedness, bodily perfection, *esetan* and *iloibonok*; in certain people the eyes, *inkonyek*, have power to influence the well-being of children as well as calves, Ngilole had said. To have such '*inkonyek*' is a hereditary thing in a certain subclan, and in contrast to *esetan* it is an entirely involuntary disposition, not morally caused, she emphasised; 'it is the eyes that are bad, not the people, who are bad'. In consequence, to negate the effect of their eyes, such people need only observe the general precaution of being generous in their blessings, other people often state, but Ngilole is of the opinion that the effect only gradually lessens, and that it really is a personal problem for such people. Accordingly, when she began taking her new baby out among people, they usually both wore a little dungy mud or some limestone smeared on their forehead and temples as a precaution against the possible eyes of strangers. Such strangers may be members of the *Ilparsingo* clan personally unknown to oneself, or worse, they may be real strangers, in the sense of non-Maasai. Also amulets are sometimes given to infants as precautions against 'eyes'. Such an amulet may be a finely beaded *entasim* pouch, or it may simply be a twined vine of *engaiteteyai* tied around neck, wrist, or ankle.

It is especially the young who are vulnerable to such 'eyes', calves and children alike. Just as the Maasai sometimes refer to themselves as 'cattle', children may be referred to as 'calves'. The purported effect of eyes is that those that they hit may faint

or even die, Ngilole had said; in general, the idea seems to be that children who have been looked upon by people with eyes, and by extension and symbiosis to some degree their breast-feeding mothers, are likely to have their well-being reduced, children will no longer thrive, but wither away. Occasionally, other people experiencing reduced health may vaguely attribute their problems as likely to stem from people with 'eyes', but characteristically such problems are always minor. With people of non-*Ilparsingo* origin, the general idea seems to be that such strangers are less involuntary victims, rather they are thought to nurture some kind of jealousy, perhaps themselves being unable to multiply their wealth in off-spring. They hurt such wealths of others that they do not have themselves. The stereotype of a person with 'eyes', however, remains conceptualised primarily as an insider, a member of the *Ilparsingo*.

Thus, the penetrating gaze of people with 'eyes' is above all an anti-fertility threat that works primarily at the off-spring of humans and cattle; they are a threat to well-being and prosperity. As such, '*inkonyek*' are akin to *esetan*. However, Ngilole took care to emphasise that in contrast to people who engage in *esetan*, Maasai with 'eyes' are themselves to be seen as involuntary victims of an unwanted, hereditary ability, not as aggressors, and in consequence she has much pity for them. People frequently state that it is actually worse for the people with 'eyes' themselves than for the people who are their potential victims; provided that precautions are taken, 'eyes' can be effectively neutralised. It is among other things against such 'eyes' that some people tend to wear protective amulets, the legitimate petty industry of lesser *iloibonok*. Hence, at public gatherings where many strangers are likely to be present, such as the monthly markets, or at the hospital, *intomonok* and small children are likely to have their temples and forehead protectively smeared. Yet, the belief in 'eyes' seems to be more firmly held by some, indeed Ngilole seems an unusually firm believer, and not all mothers of newborn are equally keen observers of precautions against it. It is as if this danger is reckoned to be of minor importance to the more voluntary abilities to hurt, exactly because it is involuntary and hence usually sought negated by the people with 'eyes' themselves.

It is, however, noteworthy that the special category of Maasai believed to inherit the capacity for 'eyes' are a subclan of the *Illaiserr*, as are the *Inkidong'i iloibonok*. Thus they are conceptualised as people of a certain kind, alongside others having related abilities, whom they also stand in internal opposition to. Yet, compared to the voluntary practitioners of *esetan*, the 'curse' of *inkonyek* is not a moral flaw of those who spread it. It is actually they who bear the curse, and also in Ngilole's discourse this is the all-important difference making people with eyes possible to live and intermarry with.

Thus, in Maasai society, witchcraft, the entirely involuntary capacity to harm others, is a strictly physical thing, stereotyped as 'eyes'; and it is conceptualised primarily as an internal problem among Maasai themselves. It thereby stands in conceptual contrast to *iloibonok*, who are likely to become morally corrupted and degenerate into sorcerers. Such sorcerers are, in line with Baxter's observations on sorcery and witchcraft phenomena among East African pastoralists in general (see chapter 3), conceptualised as outsiders, strangers incorporated into Maasai society a long time ago, yet partially excluded from the general community, as a category specially marked in most respects.

Significantly, although *iloibonok* actually have protective devices against *inkonyek*, amulets, many people take their own precautions. It is as if *iloibonok* is not entirely to be trusted in the matter of protection against 'eyes', having unusual eyes themselves, as Ngilole had previously emphasised. It is worth recalling that in the divinatory session with *oloiboni* John Kereto, he had smeared his temples and wrists with limestone, emphasising the bodily parts through which contact to *Engai* is established. In like manner, the smearing of temples and forehead against '*inkonyek*' seems to indicate that the area around the eyes is also the vulnerable body part of the victim of 'eyes', as if eyes in general are bodily parts through which the inner of a person is most easily revealed and reached. Yet, also people with 'eyes' may be outsiders; like *iloibonok* who are ambivalently conceptualised as partly Maasai partly strangers by origin, people with 'eyes' are ambivalently seen as possibly including strangers of a less harmless, inner moral disposition. By and large, though, *inkonyek* are a much lesser problem than is *esetan*; apart from the rather routinized application of smears or amulets against them observed by *intomonok* it is not a phenomenon that occupies people's minds very much. This is in marked contrast to the way that *esetan* forms a powerful image of evil, the anti-thesis of social behaviour, and a constant theme in discourse.

### ***Iloibonok* origins**

The otherness of *iloibonok* as originating from outside of Maasai society is a central element in the myth of their original ancestor *Kidong'oi*. Myths are known by all and frequently referred to, but usually they are only recited in full by the few who have a reputation for being story-tellers. The versions of myths are endless; they are constantly reinvented, as it were, to attract old and new audiences alike, and to explain new features of society in continuation with old experiences. Hence there are probably

even more versions of the myth of *Kidong'oi* than there are story-tellers, as the actual story told is highly dependent on the context in which it is felt to be relevant (for other versions cf. i.a. Hollis 1905; Merker 1910(1904); Fokken 1917; Storrs Fox 1930; Fosbrooke 1948; Berntsen 1979; Galaty 1982).

The following is one of ole Nakuroi's versions told one day over tea at my house when he was hospitalised with respiratory problems, shortly after a favourite son of his had died. Ole Nakuroi was in this period especially keen on conveying his knowledge, fearing that since he had recently heard the bird of omens, *oltilo*, again, his own time might be short as well.

When the world first got *iloibonok* there were only two people present, the Evening Star named *Kileken* and *Kidong'oi*. These two people were there prior to any other people, both black and white. *Kidong'oi* had a special gift given to him by *Engai*, that was the *enkidong'*. These two people came from *Engai* together, and they were dropped by God near Mount Meru, at the place called *Engare Ormotonyi*, 'the water of the birds'. When they were dropped there they met some *ilmurran* who were in *olpul*. These *ilmurran* received the two of them, and they said: 'These two people are our people'. The *ilmurran* from *Ilmolelian* [a clan in the moiety of the red cattle] took *Kileken*, Evening Star, as their own, and the *ilmurran* from *Illaiserr* clan [in the moiety of the black cattle] took *Kidong'oi*. So these two children, *Kileken* and *Kidong'oi*, stayed with the *ilmurran* in *olpul* to fetch water for them, and they had to fetch it from a place far away, as there was no drinking water near by. So the *ilmurran* told these children to go and fetch water. They only went a short distance, however, then they hit the ground, and water came out.<sup>10</sup> When they returned with the water, the *ilmurran* were very surprised that they had fetched water so quickly. The two children stayed with the *ilmurran* in *olpul* until they came out, and the *ilmurran* of the *Ilmolelian* took *Kileken* home, and the *ilmurran* of *Illaiserr* took *Kidong'oi*. Those two children now went and took care of the animals, and it was in the dry season, but when *Kidong'oi* herded cattle he always fed them green grass. The owner of the cattle was surprised to see his cattle fat and healthy in the dry season, so he guessed they must be getting green grass. Then the owner and father of *Kileken* asked *Kileken* why his cattle could be fat and healthy as if it was the rainy season. *Kileken* said to him: 'Do not ask me, and also, do not follow me'. But the father one day did anyway out of curiosity, and he was surprised to see that *Kileken* was herding cattle in a very nice and green place with much water. It was in a flat area without a river. When the child *Kileken* saw that his father had followed him and discovered his secret, he jumped and went up in the sky. As *Kileken* went away he told *Kidong'oi* to take good care of all the people, cure the sick, help the barren women to conceive children, and help the people to get wealth and prosperity. Now *Kileken* told *Kidong'oi*: 'You just help people, but do not harm them,

only if they do bad things to you, and for that I give you this medicine to protect yourself. Now that I have gone up, I will also help you, and according to the seasons I shall bring water and rain.' Now *Kidong'oi* married where he was, and then people were surprised to see that he could play with stones, and that he could see by using his mind and not his eyes, that he could foretell the future and it would come true as he had foretold. The firstborn of *Kidong'oi* was Kipete, after Kipete came Parnyumbé, after Parnyumbé came Lesikiriashi ('he of the donkeys'), after Lesikiriashi came Sitonik, after Sitonik came Supeet, after Supeet came Mbatiany, after Mbatiany came Naiko, after Naiko came Olanana, after Olanana came Sendeu. So these were the people who ended having the original *enkidong'* from *Engai*, Simmel [Sendeu's son] was the last *oloiboni* to have that original one. And these people were just in the middle of this world between the beginning and the time black and white people came together.

This was the second version of this myth that ole Nakuroi told me, having previously recited a version centering mainly on how *iloibonok* were already present and in full practice in Maasai society when the present-day Maasai clans came together from various ethnic stocks of pastoralists and cattleless peoples. In that first version ole Nakuroi had already elaborated on the meaning of the name *Kidong'oi*. *Kidong'oi*, he explained then, means 'tail', and *Kidong'oi* is supposed to have had a tail as a special physical attribute. It is sometimes said that even today *iloibonok* really have tails; a belief that seems to expand on the idea that the special gift of *iloibonok* is a hereditary thing running in certain subclans, just as 'eyes' is hereditary in another, and the concomittant idea that special internal faculties are revealed as external physical attributes, as a kind of abnormalities. The idea that *Inkidong'i* have tails hidden under their garments supplies them with a slightly beastly quality stressing their morally dubious character as potential sorcerers, human beasts of prey, as it were. As such, they are reminiscent of Neaunir, a legendary figure supposed to be half human, half beast (or half stone, cf. Merker 1910(1904)) that lurks at the edges of human society, especially at inaccessible mountains, as a solitary threat to the community of human beings. As loners, Neaunir as well as *iloibonok* pose a threat to the order represented by Maasai society. Interestingly, the plural of (*ol*)*kidong'oi* is *ilkidong'o*, thus there is almost total phonetic merging between the collective name of the subclan of diviners, *Ilkidong'i*, 'those of the divination gourds', and the collective name of their supposed special physical attribute, their tails.

The idea that *Ilkidong'i* are supposed to have tails stresses that *iloibonok* are not like other people, they are essentially and originally another kind, and significantly, they have certain non-human qualities. However, rather than being unambiguously

beastly, their uniqueness originates from *Engai*. Although ole Nakuroi in this version of the myth states that it was *Kileken*, Evening Star, who upon his return from the world to his present abode in the sky gave *Kidong'oi* the special gift to protect himself from attacking enemies, he afterwards elaborated on this detail, stating once more that *iloibonok* had *esetan* from the beginning. God told them: "Never use your stick or spear against people. Only in cases of retaliation may you use this *olchani* that I give you." They did not use it in the beginning, only later when there came animosity between *iloibonok* and people did the issue of *esetan* from *iloibonok* become much prevalent'. Being the evening star *Kileken* is identified as a celestial body, stressing that originally the phenomenon of *iloibonok* was a thing of *Engai*, itself manifest through celestial phenomena.

Thus *Kileken*, whose presence in this version of the myth is the main element that sets it apart from other versions, is to be understood as a specific refraction of *Engai*, giving his gift to *Kidong'oi* and his descendants. It is often stated in myths that in the beginning *Engai* used to wander regularly among the Maasai in the world, and only later returned permanently to the sky after the Maasai committed an act of deception to obtain the cattle destined for the *iltorrobo*, cattleless hunter-gatherers.<sup>11</sup> In ole Nakuroi's version of the myth of *Kidong'oi* it is likewise an act of human deception that causes *Kileken* to leave the world and return to the sky. Thus, in contrast to *Kidong'oi's* descendants, *Kileken*, who was really *Engai*, was morally uncorruptable, the myth seems to state, and in the same manner it stresses the theme that *iloibonok* ought to restrict themselves to be intermediaries to *Engai* only.

Further, ole Nakuroi in this version stressed that originally there were two gifted children placed by *Engai* among the Maasai, each originally adopted by their own clan moiety of *ilmurran*. Thus he emphasises that ideally Maasai organisational forms are arranged as dual structures, and that the institution of *iloibonok* lost its perfect innocence and became mature, that is married and developed the *enkidong'* divivatory practice, at *Kileken's* departure. However, it seems to be a consequence of the loss of this ideal dual structure that moral balance is lost as well; it is common knowledge that when they became loners and started practicing as individuals, *enkidong'i* also gave in to moral corruption and started practicing *esetan* against people, despite *Kileken's* warnings. It is as if one of the children, *Kileken*, turned out to be super-human and returned to *Engai* in the sky, whereas the other child, *Kidong'oi*, who remained in the world of human beings grew up to become ambivalently sub-human as well as super-human.

That the two individuals installed by *Engai* are children found by *ilmurran* during an *olpul* in the forest stresses the idea that basically *iloibonok* as an institution

are associated with the organisation of the *ilmurran*. *Kileken* and *Kidong'oi* are described as having actually been trained in the culture of *ilmurran*, as any other herdboys, and only gradually, after *Kileken's* departure, does *Kidong'oi* mature to develop his *enkidong'i* practice, marries, and starts to practice for the elders as well. In other versions of the myth the sequence with the *ilmurran* is omitted and it is an elder who discovers *Kidong'oi* as a child of magic gifts, by secretly following him herding the cattle. In some of these versions *Kidong'oi* was before that discovery an orphan scarcely tolerated and already once rejected by a family from the red moiety.

By adding the sequence with the *ilmurran* discovering the gifted children, ole Nakuroi thus stresses the opinion that the institution is ideally and originally connected to *ilmurran* activities, and he emphasises the ability to provide well for the herds and always be able to find green grass and water even at the height of the dry season as their basic gift. Thus the elders around Endulen connected the missing rains in 1997 to the fact that they had observed that the Evening Star had failed to appear. According to their conviction, when the Evening Star does not show in the sky for a long time, it prevents the rain from coming. Droughts, then, may be caused by *Kileken* having for some reason temporarily withdrawn the promised perpetual help to *Kidong'oi* and his descendants.

At his departure from the world, coinciding with the discovery of the full range of the magic gifts of *Kidong'oi*, *Kileken* actually warns *Kidong'oi* only to use his gifts for prosperity-related magic, curing the sick, helping barren women, securing the wealth and general prosperity of the Maasai people. Thus, in this version of the myth, it is emphasised that originally *iloibonok* practice was morally pure and relied fully on *Kidong'oi's* inner magic qualities, the gift of prophecy and secondary sight, only having corrupted in its later development as an institution for all of society after the discovery of the *enkidong'* and the introduction of *intasimi* practice. Thus it seems that only at the introduction of the special *iloibonok* artefacts, *enkidong'i* and *intasimi*, is this moral decay of the institution set in motion; it is as if the externalisation and reification of *iloibonok* magic possessions is destined to degenerate into a morally ambivalent commercial affair by the very loss of the pure, inner quality of magic. This is symbolically expressed in the narrative of the myth through the departure of the celestial, divine half of the original pair of *iloibonok*; indeed, the corrupting item par excellence, *esetan*, is given as a farewell gift from *Kileken* to *Kidong'oi*, who in his human solitude transforms the practice of *iloibonok* to its present form. By becoming externalised and independent of the body as tangible, manipulable objects, or *imbaa*, 'arrows', artefacts, the gifts of the original *oloiboni* invariably becomes dangerous objects, like thorns, fangs and horns.



Ole Nakuroi ended the myth by tracing the genealogy of *iloibonok* through ten links of fathers and sons, quite a depth of time for an orally transmitted tradition. However, in our conversation afterwards he pointed out that these are only the famous ones who founded new lineages, the true genealogy being much longer, as *iloibonok* were instituted among the Maasai halfway between the time when the first human beings came to and the present.<sup>12</sup>

### **The idiom of the stranger and the inclusion of otherness**

In an essay on Maasai ethnosociological categories John Galaty demonstrates how the notion of being Maasai is perceived in relation to a symbolic field of related series of categories 'within which the term "Maasai" is used. Each category can, under certain conditions, be included or excluded from the "Maasai" reference. The significance of "Maasai" at any particular time and in any particular context depends not only on a positive sense, but on a two-dimensional dialectical opposition of the term to others, contrasted by descent on the one hand and by occupation on the other hand' (1982:15). These categories, Galaty demonstrates, form a system of reference, a model potentially encompassing the universe of social categories, hence a cosmological system (*ibid.*). Figure 5 is a model of this ethnosociological system adapted from Galaty:

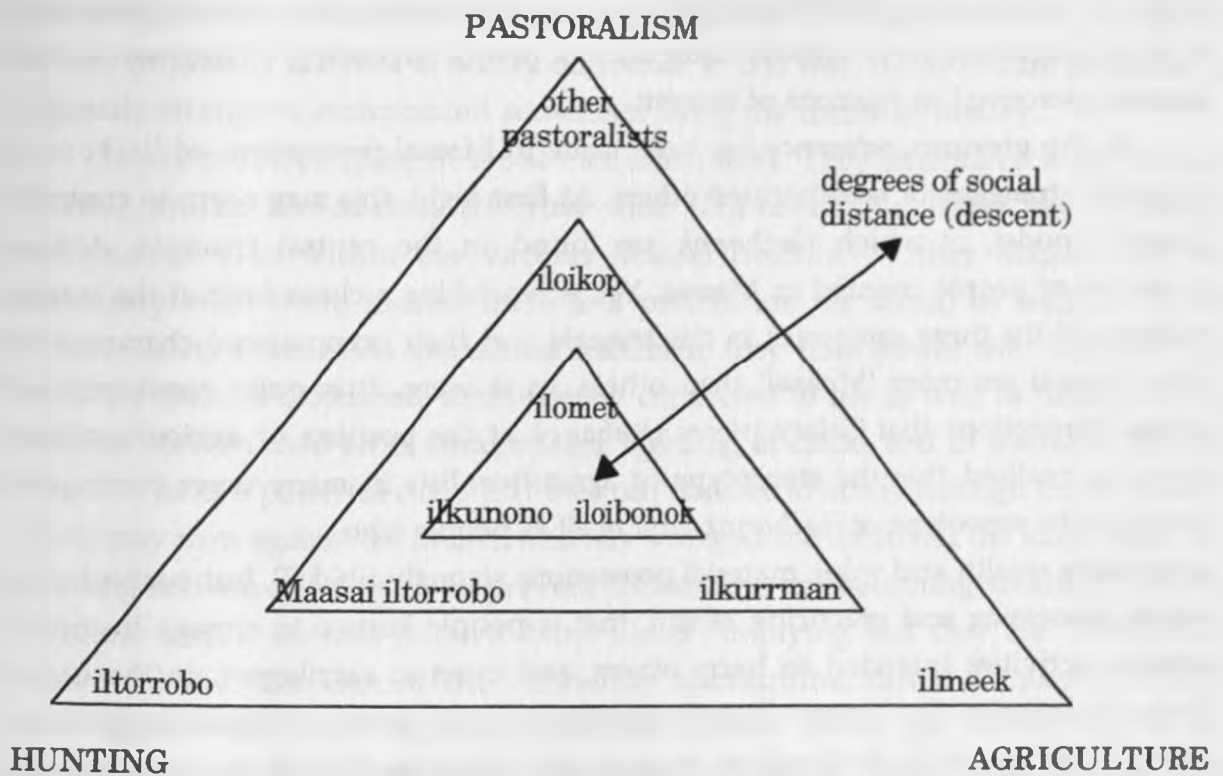


Fig. 5: The Maasai Ethnosociological model

Galaty in this way analyses nine ethnosocial categories which relate to each other as three concentric triangles, according to the particular context defining the level of 'Maasainess' and the degree of social distance to the idea of being Maasai. Thus the outer triangle consists of a triangle of economic types, constantly referred to in myths legitimating the present social order, and hence defining Maasai relations to their larger ethnic environment as the triangle of 'enemies', *ilmang'ati*, which is made up of *iltorrobo*, hunter-gatherers, *ilmeek*, agriculturalists, and 'other pastoralists', that is pastoralists who do not speak Maa. Within this triangle, a little closer to the center of being Maasai, but still at the margins of Maasai-ness and at the boundaries of Maasai society, the triangle defining 'foreigners' is inscribed, consisting of Maasai *iltorrobo*, cattleless Maasai practising hunting and gathering, *ilkurrman*, Maasai agriculturalists such as the *Ilarusa*, and *iloikop*, Maa-speaking pastoralists who are not Maasai proper, such as the *Ilsamburu* or the *Iparakuyu*. At the center of this Maasai model of cosmos stands the triangle of so-called 'owners', *iloopeny*, that is, occupational categories of people found within Maasai society. These are *ilkunono*, blacksmiths, *iloibonok*, ritual experts, and finally *ilomet*, herdsmen.<sup>13</sup>

Thus the three positions reproduced in each triangle are based on occupational differentiations, and at the three levels of relative in- and exclusion, the perceived basic

modes of production, pastoralism, hunting, and agriculture, are each reproduced as different connotations of relative categories of people according to degrees of social distance, perceived as relations of descent.

In the previous, reference has been made to Maasai perceptions of *iloibonok* as originally strangers, or incorporated others. At first sight, this may seem to contradict Galaty's model, in which *iloibonok* are found in the central triangle, defining categories of people counted as Maasai. Yet, when taking a closer look at the internal relations of the three categories in this triangle and their occupational characteristics, some Maasai are more 'Maasai' than others, as it were. It is quite consistent with Maasai perceptions that Galaty places *iloibonok* at the position of agriculturalists,<sup>14</sup> once it is realised that the stereotype of agriculturalists in many ways corresponds closely to the stereotype of *iloibonok*, first of all as people who accumulate wealth and value material possessions strongly (ibid.:7), but particularly as people possessing and practicing *esetan*, that is people known to engage in morally dubious activities intended to harm others, and even as sacrilegers, in the case of *iloibonok* because they ignore *Engai's* command to the point of threatening societal order, in the case of agriculturalists because they penetrate the soil (ibid.) and hoe up the grass, the foundation of prosperity for Maasai society.

In this ethnosociological model of cosmos, Maasai is the center of all order. According to myth, in the original state of the universe all people spoke Maa and there were no occupational or social distinctions, they only came later, and significantly, as a result of drought in Kerio Valley, causing the mythical exodus of 'coming up' to become Maasai that inaugurated the present order (ibid.). The internal relations between social categories is explained as descent relations, and social distance is perceived as distance in descent. In this way, the notion of clan forms a basic model of and for social distinction. In myth it is recalled that at the climbing of Kerio Escarpment, when about half the people had crossed the bridge, it broke and caused the other half to tumble back down and become the *ilmeek* (ibid.). This happened because of the chaos that arose when the Maasai forgot to follow the agreed order and rushed the bridge, or ladder (Fosbrooke 1948:3). In this way, as a model of historical processes, it allows for both centripetal and centrifugal developments (cf. Galaty 1993a). Historical merging or break-up of ethnic groupings as well as processes of territorial or occupational differentiation can be expressed in terms of kinship and clan distance in implicit relation to an original, ideal state, as when for instance explaining how clans are arranged in moieties. Conversely, the idiom of difference as distance in descent lies behind the perception of inner occupational differentiation among Maasai as clan- or subclan-exclusive, and behind the tendency to see all variation in practice and

knowledge as clan- or subclan-specific, as peculiarities of species as it were, thought to become physically manifest as bodily difference. In this way, *iloibonok* are perceived as originally strangers, incorporated sometimes along the course of history.

In yet another respect, *iloibonok* are like *ilmEEK*. They intermarry with ordinary Maasai, unlike non-Maasai *iltorrobo* and *ilkunono*. The latter are a strictly endogamous clan within the various Maasai *iloshon*.<sup>15</sup> Other Maasai will not intermarry with them, indeed there is a prohibition on sexual as well as marital contact (Galaty 1982:11). As specialised craftsmen, they hold power over iron and iron tools, the tools of bloodshed, ambivalently connected to life as well as death, as iron tools are used in child-birth, circumcision, bleeding of cattle, and in warfare. Thus the *ilkunono* hold a powerful curse that they can transfer to others through their artefacts, which may turn against the owner who has wronged the smith. At the same time, the handling of iron is believed to prevent *ilkunono* from becoming wealthy in cattle. Therefore smiths are said to have 'bitter blood', implying that they are 'intrinsically tainted' (ibid.). The clan of the *ilkunono*, blacksmiths, called *Ilkipuyoni* (Hollis 1905:330), is absent in Ngorongoro Conservation Area, and according to my informants the Maasai smiths have never been represented in this area, because there is no iron ore to be found there. In consequence most men perform their own minor repairs, and also experiment with reforging recycled aluminium, without being subject to the stigmata of the clan of blacksmiths. Yet the category of *Ilkipuyoni* blacksmiths exists as an important category of perception, indispensable in explaining the ethnosociological categories of *iloibonok* and other subclan-based peculiarities as typologies of species of people who are defined in intimate relation and contrast to each other.

Also *iltorrobo* are considered as people performing degrading, iron-handling tasks, and just like blacksmiths they are formally indispensable to the Maasai social system. They are said to be ceremonially mock abducted by Maasai boys to perform their circumcision. As there are no longer any non-Maasai *iltorrobo* in the Ngorongoro area after the establishment of the park circumcisions are now performed by certain individuals willing to perform this degrading and inauspicious task. Yet, like smiths, the category of non-Maasai *iltorrobo* remains an important abstract category when explaining the subtleties of Maasai philosophy and how the system really works. In contrast to blacksmiths, however, *iltorrobo* are considered appropriate wife-givers, although less than normal bride-wealth is given, but they are inappropriate wife-takers, as they have no cattle to give in return (ibid.:6-7).

## Incestuous *iloibonok*

In contrast to both of these categories, *iloibonok* are wife-takers par excellence, indeed, they are seen as so hypergamous and greedy in women that they end up having more wives than they can care properly for. It is the general fear of their *esetan* that allows them to 'point out wives' for themselves, usually among the very prettiest and otherwise most desirable daughters of ordinary Maasai, and they tend to give less cattle in marriage compensation than ordinary Maasai. Ole Nakuroi claims that in the past, *oloiboni* would 'see' his future wife in a prophecy, and it was then the task of his followers to find the girl after his description and pay the required bride-wealth to her father for *oloiboni*. *Iloibonok* wife-accumulation is frequently given as a powerful example in support of the claim that the institution of *iloibonok* has corrupted into sheer greed. Indeed, *iloibonok* hypergamy may be considerable. Thus Mbatiany is said to have had more than 200 wives, and Birikaa had about 40 in 1992-93; reportedly he has the ambition of acquiring altogether 49. The fear of their power also causes *iloibonok* to live in subclan-exclusive settlements, as no ordinary Maasai settles voluntarily among them.

The moral constitution of *iloibonok* is seen as having in this way corrupted to the extent that their family relations have degenerated into pure incest. Although the special gift of *iloibonok* is said to be inherited from father to son, also *iloibonok* daughters have special qualities that complicates intermarriage with them; yet they are sometimes desirable marriage partners precisely because of the alliance that intermarriage constitutes – in-laws are expected to be on friendly terms with each other. Ole Nakuroi expressed his views on both the incest theme, *iloibonok* wife-accumulation, and the problems of intermarriage with *iloibonok* in the following comment, illuminated by his personal experience:

Nowadays, *enaibon* has expired, they more or less do as others [i.e. pay bride-wealth themselves]. Nowadays most people do not like to marry *oloiboni's* daughter, because she has grown up with *oloiboni* and knows his medicines. If she gets a son she will kill you so that this son can become prosperous. Now it is the same price for *oloiboni's* daughter as for any other woman, but in the past you did not pay anything for *oloiboni's* daughters, because many people did not like to marry them, and they were many, so *oloiboni* would give them for free. My youngest wife is a descendant of Sendeu, her mother is a daughter of Sendeu [’s line], but I did many things to make sure she did not have that power. For *iloibonok* it used to be that they could have sex with their sisters as long as they were from a different mother. They could not actually marry, though, but they got children.

NJ: Did they live like one big family?

ole Nakuroi: Sure, it used to be like that, because nobody wanted to be killed by *iloibonok* women.

NJ: Can daughters of *iloibonok* still do these things?

ole Nakuroi: Some can still do it, but not many. What you do is simply to tell her father to remove that power.

NJ: Tell me, is it so that *iloibonok* are not as powerful as they used to be?

ole Nakuroi: Sure. It is because they are using soap. It is like another *entasim*, it washes off their power.

Thus, according to ole Nakuroi, it used to be that *iloibonok* lived all by themselves, almost as an endogamous society of foreigners only partially incorporated into Maasai society around them, because even though the ability to perform *enaibon* and *esetan* is a male gift, the practice itself is learned through family apprenticeship. The daughters of *oloiboni* apparently adopt his moral disposition through being brought up exposed to *iloibonok* business, and they are thought quite likely to murder their husbands, the fathers of their own sons, for the sake of economic prosperity, unless their special knowledge is neutralised by their father before they are given in marriage.

The problem of *iloibonok* incest is not only thought to be a historical theme, even by *iloibonok* themselves it may be acknowledged to be prevailing at present. Thus the young educated *Olkokoyo oloiboni* of the dream omens told that it is quite normal for *iloibonok* sons to beget children with the wives of their fathers, giving as an example that several of Birikaa's sons have impregnated wives of his. Ordinary Maasai tend to think that all kinds of immoral and in particular incestuous relations are taking place in *iloibonok* settlements; it is seen as a breach of one of the most fundamental rules of respect in their society, the prohibition on forming sexual relations with the wives of one's father, or with one's own half-sisters. In this way, relations in *iloibonok* settlements are held to be so morally corrupted and out of order that it must be a major, internal problem among *iloibonok* as well; it is claimed that Birikaa has actually cursed one of his sons for having impregnated a wife of his.<sup>16</sup>

Although the perceived incestuous relations within *iloibonok* settlements are thus usually cited as the strongest evidence in support of the moral majority's condemnation of *iloibonok* moral habitus and the way they manage *Kidong'oi's* gift, their fundamental otherness is marked in still other respects. With their subclan-exclusive settlements they tend to inhabit the margins, the boundaries, or cross-roads, towards other Maasai sections (Spencer 1991:334) or ethnic groups, and likewise, they tend to settle at, and in effect monopolise, reliable permanent water sources (ibid.:336;

cf. also chapter 6). It is said that the leading *iloibonok* were formerly buried upon death, in contrast to ordinary Maasai who were simply laid out to the wild animals to devour.<sup>17</sup>

Thus, *iloibonok* otherness is manifest at all levels of socio-cultural organisation and practice: in myth and physiology, in occupation, in clan organisation and marriage arrangements, as well as residence patterns; in short they are marked as special people in all respects of life, as well as in death. It has been proposed that historically, the institution of *iloibonok* formed an incipient state structure at its height of power at Mbatiany's time just before the colonial conquest, a rudimentary pastoralist state (Spencer 1991); *iloibonok* are representatives of another type of leadership, perceived as foreign to Maasai ideals, incorporated others.

Sensitive and vulnerable to the opinions of ordinary Maasai, *iloibonok* claim that their *esetan* should be seen as a specialised parallel to the ordinary Maasai elders' power to curse, each of these curses being established through the possession of their respective, rightful emblems of power, the *enkidong'* of *iloibonok* and the *olkidong'* tobacco-tube of the elders (ibid.:335), just as they claim to be undemanding wife-givers (ibid.:337). Yet, this sensitivity towards the opinions of ordinary Maasai is countered by their own greed for women, and their display of paternalistic self-respect (ibid.:336); 'in maintaining a stance of aloof superiority they avoid Maasai villages where respect is held to be lax, especially among the young' (ibid.). Moreover, their worst enemies are themselves *iloibonok*, who are notoriously jealous of a successful kinsman, and likely to practice *esetan* against him. To illustrate this paradox it is sometimes said by Maasai that the *Inkidong'i* have no brothers (ibid.). Thus, despite their unusually large family settlements, they are characterised as loners and lonely people.

However, the idea of special abilities or occupations as clan- or subclan-specific is not restricted to blacksmiths and *iloibonok*. Even ordinary Maasai herders may be seen as transmitting certain abilities in certain subclans or even family lines. It is held by women that the ability to get twins is a thing that is known to be hereditary in certain families, through men as well as women.<sup>18</sup> In this case opinion is clearly based on observation, and twin-births are seen as a purely physical heritage, not restricted to certain subclans but potentially present in all lines through intermarriage. In contrast, the various magic or mystic abilities are all seen as subclan-exclusive, such as the ability to inflict vulnerable beings with '*inkonyek*' that runs in the *Ilparsingo* subclan of the *Illaiserr* clan. According to myth the *Ilparsingo* acquired their capacity for 'eyes' when a certain girl from the *Ilpartimaro* clan got pregnant before circumcision and was expelled to live among the wild animals. Forced to share water with crocodiles and hippos, who are also believed to have 'eyes', she came to share qualities with

those animal 'clans' and acquired their capacity. She gave birth to a son whom she named Singo, and she returned to her home with him, but because of what the *Ipartimaro* had done to Singo, they broke off from them and were received by the *Illaiserr*, among whom they founded the *Ilparsingo* subclan.

Thus, the capacity for 'eyes' is not only subclan-specific, it is supposed to have been acquired through intimate human association to aquatic species, perceived of as a kind of clans, who were the original possessors of the capacity for causing harm through their gaze. Significantly, these animals with 'eyes' are also in other respects dangerous representatives of the wilderness surrounding Maasai society.

Still other clan- or subclan-specific special abilities exist, though. Thus the *Ilmakesen* clan members are said to be *iltung'anak oenisho*, 'people who tie'; supposedly they have the ability to tie the rain or a pending storm as well as stray animals. The technique is learned from father to son, and consists of tying a knot on some item related to the specific purpose of tying. This general form of tying is claimed by the *Iloigerr* subclan within the *Ilmakesen*, but also the *Ilkiporroon* can do it, and it is especially this subclan within the *Ilmakesen* which is widely known to be able to tie all sorts of things. They are said to master this technique so well that they do it on behalf of other people. They can tie wild animals from eating animals of the herds, just as they can tie stolen things, cattle diseases, and women's fertility, or they can tie a person's appetite so that he will not be able to eat. They are said to possess their own *olchani*, called *olmokunonoi*, that they can tie to any swollen place of the body and thereby cure it. Interestingly, *iloibonok* cannot take wives from the *Ilkiporroon*. In like manner, also the members of the *Ilukumai* clan are said to master these tying techniques. People of tying clans may be consulted and paid to perform their abilities on behalf of others, and they may be seen as yet another category of community experts in the process of becoming paid specialists in prosperity matters. According to *ole Nakuroi* and *ole Kinyanyi* it is primarily these clans that respect snakes, 'because they use snakes in tying'.

In addition, the *Ilkiporroon* subclan of the *Ilmakesen* are also said to master the technique of pointing out cattle diseases, especially anthrax, with thorns. They take a thorn and point it to the locus of the disease, pronouncing the wish that it go away. The ability to point out disease with thorns can be seen as an instance of averting something which has already penetrated the body, when prophylactic tying is no longer enough. The idea of averting disease in this way clearly relates to the idea of bodily penetration as the cause of affliction; in a general sense disease is perceived as inflicted, internal 'wounds'. In this light the 'tying' of disease can be seen as a general technique aiming at blocking the penetrating ability of the specific disease agent in



question before it develops into a real problem. Yet, not only with *iloibonok* but also with the *Ilkiporroon*, to tie is a slightly ambivalent ability; being transactable it ultimately depends on the inner moral qualities of the tying person as well as his client, whether the act is justified.

In the Osinoni–Kakesio area there are no local *iloibonok*, and in this rather isolated corner of *Oldoinyo Laaltaatwa* members of the *Ilkiporroon* have virtually adopted the business of *iloibonok*, producing and perscribing *intasimi*. Some of them have acquired considerable local power through this business.

### True and false *iloibonok*

Being at all times keen observers of discourse, *iloibonok* are, of course, well aware of the many heretic opinions on their practices. Thus they establish their own self-objectification, a counter-discourse on how and why their present problem of legitimacy came about. *Oloiboni* Sandai ole Mures of the *Inkidong'i* expressed his opinions one day, after we had taken him and his wife home after a successful delivery at the hospital. Having celebrated his new child appropriately with Endulen friends the night before ole Mures had a visible hang-over. This did not keep him from maintaining his usual business, however, and during most of our conversation his hands were busy with preparing *intasimi* amulets for a client he had got while in Endulen, who was in fact a fellow *Inkidong'i*. While we talked, a patient was waiting for ole Mures, who deliberately let him wait, because he had been consulting a rival *ilmang'ati oloiboni*, that is an *oloiboni* 'of the enemies' and thereby made his own mental illness worse.

Sandai ole Mures is well aware that he is considered a minor *oloiboni*; indeed, with much self-irony he refers to himself as having the position of 'spokesman of the drunkards' in his *enkutoto*. However, being a descendant of Mures, the once very famous *oloiboni* residing at the *Korongoro* crater floor, he also claims to belong to the true *iloibonok*, the *Inkidong'i*, descendants of *Kidong'oi* and Mbatiany. In support of this claim ole Mures kindly granted me a glimpse of an ancient skin scraper and some *enkidong'* stones smooth from much use supposed to have belonged to *Kidong'oi*. These are his most treasured possessions, handed down through the generations of his lineage. According to ole Mures' version of the myth of *Kidong'oi*, there was only one original orphaned child, and he was found and adopted by a childless woman of the *Illaiserr* clan later becoming *oloiboni* when his miraculous gifts were discovered through his help to that woman. Originally, the institution of *iloibonok* originated

within the *Ilkisongo*, ole Mures claims, only afterwards spreading to other areas and other ethnic groups.

Significantly, it is not the *Ilkokoyo iloibonok* ole Mures has in mind when referring to the problem of false *iloibonok*. He recognises the *Ilkokoyo* as true *iloibonok*, the major difference between *Inkidong'i* and *Ilkokoyo* being that the *Ilkokoyo* were late in adopting *iloibonok*, 'they came when they had grown up, they came late from another tribe, and the *enkidong'* belongs to us'. As a consequence, he explained, there are minor variations in the way that the *enkidong'* is handled, especially the way that *Ilkokoyo* tend to toss out the stones rather forcefully and interpret their meaning themselves, whereas *Inkidong'i* are lighter of touch and ask the *enkidong'* for interpretations. Thus ole Mures implied that *Ilkokoyo* are more actively manipulating the oracle. To me, it was also obvious that ole Mures' stones were generally much bigger than John Kereto's. But above all, he claims, *Ilkokoyo* deviate considerably from *Inkidong'i* practice in having their own *intasimi*. As *Ilkokoyo iloibonok* are considered true *iloibonok* where they come from, it is not really they who are the false *iloibonok*.

Ole Mures objected strongly to the opinion that *iloibonok* are greedy for wealth, as many *Inkidong'i* are known to remain poor itinerant practitioners all their life. On the contrary, it is precisely the actions of false *iloibonok* that has caused such slander, he claims, and thus it is they who are responsible for the devaluation of an otherwise respectable institution.

False *iloibonok* are people who merely pretend to be *iloibonok*. They typically claim to come from the *Inkidong'i*, and thus they cheat people in order to obtain their wealth. The category of false *iloibonok* seemingly covers *Ilkiporoon* who dispense *intasimi* locally, but also the ritual specialists of the *Ilbondei* ethnic group from the Tanga region, and presumably also those of other ethnic groups. Ole Mures in particular blames the *Ilbondei iloibonok* for having introduced the commercialisation of *esetan* and thus ultimately caused the Maasai *iloibonok* to become associated with greedy business motives in the eyes of their clientele. Yet, as the false *iloibonok* are afraid of the *Inkidong'i* and systematically hide from them, he does not know much about their actual practices.

Related to the concept of false *iloibonok* is the category of *ilgoiatik*, a term that according to Spencer may be used about *Inkidong'i* 'quacks' that have failed to build up a clientele (Spencer 1991:336). Merker translated the term as 'Zauberer', 'sorcerers' that is, or minor *iloibonok* (Merker 1910(1904:18)), describing them as engaged only in curative medicine, knowing nothing about war magic (ibid.:22). Thus, it is possible to distinguish between types of *iloibonok* according to the character of their individual

*enaibon*. The young Christian *Olkokoyo oloiboni* of the dream omens is in this perspective an example of a particular form of *enaibon* practice which by his age-mates among the Christian 'school *ilmurran*' is regarded as an acceptable, pure form of true *enaibon* that has overcome the inherent problem of sorcery otherwise dominating *iloibonok* practice. The term for dreamer is *olaidetidani*, (pl. *ilaidetidetak*) (Mol 1977:128), and as such, his open denouncement of the practices of other *iloibonok* is an example of heresy from 'within the ranks' that might represent an innovation of the institution in the making. *Iloibonok* innovations forms a theme of chapter 8.

The concept of false, or enemy *iloibonok* does not seem to apply to the emerging category of Christian prophets. Christian prophets may come from any clan; often a particularly disrupting disease episode or a turbulent, inprosperous personal history precedes their spontaneous calling, and they usually preach the message that the Maasai ought to revert to their traditional cultural path, in particular by avoiding all sorts of modern artefacts. They typically communicate with *Engai* through dream visions, but apart from that they have very little in common with *iloibonok*, and they claim no *enaibon* or other magic gifts. As such, they pose no threat to *iloibonok* practice, rather, as their practice is essentially a public utterance on the moral conduct of Maasai commoners, they represent a critical discourse that *iloibonok* can in principle adhere to. According to Mol the term for dreamer was employed to connote prophets in some of the earlier scripture translations (1977:128). In this light the dreaming Christian *oloiboni* seems to have overcome in a personally morally valid way the discrepancy between traditional Maasai and Christian notions of prophets, unifying both in the display of his particular, personal *enaibon*.

Thus the concept of enemy *iloibonok* clearly applies to practitioners whom the *Inkidong'i* see as impostors on their rightful privilege, identifying such quacks, foreigners and Maasai alike, as the real source of Maasai heresy towards their ritual specialists, not their own practice. With this point of view ole Mures clearly emphasises that he thinks of the *Inkidong'i* as the only true Maasai *iloibonok* possessing the real, original *enaibon*. As such, his discourse forms an *iloibonok* counter-discourse to the prevailing attitude that it is first and foremost the *Inkidong'i iloibonok* themselves who have given in to their own lack of restraint, causing them to become 'blind', *enaibon* to expire, and the whole institution to decline into a greedy, commercial business spreading *esetan*.

In *Inkidong'i* discourse origin is the all-important distinction between true and false *iloibonok*. In their self-image true *iloibonok* are thus genuinely Maasai as well as *Inkidong'i*. Significantly, however, ole Mures was sufficiently vague on the status of the *Ilkokoyo iloibonok* in relation to the category of false *iloibonok* to leave room for

doubt as to their particular status. Quite likely, this vagueness was influenced by the fact that he knew I had been consulting *oloiboni* John Kereto of the *Ilkokoyo*; but it was probably also related to the fact that the leading local *oloiboni* is an *Olkokoyo*. As an ethnic, localised group the *Ilkokoyo* have a long history of close association to northern Maasai sections, including coordination between the age-set organisations, and they have in many ways constituted the 'agricultural other' of some of the northern sections, notably the *Ilpurko*. During The Great Disaster many *Ilpurko* Maasai sought temporary refuge with the *Ilkokoyo* and thus further strengthened the relationship. Thus, the *Ilkokoyo iloibonok* may be conceptualised as having once been enemy *iloibonok*, yet through the course of a long, common history they have come to be counted as incorporated strangers. Like *Ilarusa*, they are sufficiently close to Maasai social organisational forms to become directly incorporated into their clan system as lineages of strangers, not made Maasai through adoption. In the context of chapter 8 I shall present some additional data that enlightens the history of *Ilkokoyo iloibonok* in *Oldoinyo Laaltaatwa* and the historical legitimacy behind Birikaa's claim to ritual payments for this area and thus intersectional recognition of his legitimacy.

In a local context, however, *Ilkokoyo iloibonok* are said by ordinary herdsmen to derive their legitimacy as *iloibonok* from going through a certain initiation ritual which is specific to *Ilkokoyo iloibonok*. They build a grass hut with two opposite doors, and in the hut are all the man's belongings, *ole Nakuroi* and *ole Kinyanyi* told me. They set fire to this house, and while the house is burning down the new *oloiboni* leaves the house through the second door, naked and stripped of all his possessions. This is remarkably similar to the rite described by Sankan (1971:40), although he simply describes it as a '*laibon*' initiation ritual, not commenting the existence of *Ilkokoyo iloibonok*: 'The purpose of this particular ceremony is to wish the *laibon* well in his practice', Sankan writes (*ibid.*) The rite clearly emphasises the symbolic message that initiation to *iloibonok* practice requires that one leaves behind all material belongings and normal family life; it must be a rebirth to a new life with new standards. Apart from wishing the new-born *oloiboni* well, the rite also seems to constitute a reminder and a warning that evil awaits the *oloiboni* who might be tempted to return to material desires.

In an environment ripe with all sorts of opinions on *iloibonok* legitimacy, true *enaibon*, *esetan*, and moral corruption, it is noteworthy that within the local dynasty of *Ilkokoyo iloibonok* in *Oldoinyo Laaltaatwa* Birikaa is vested with a unique personal background. They claim that Birikaa's real, biological father was in fact an *Inkidong'i*. and that Birikaa is this *oloiboni*'s living picture. For once, *iloibonok* promiscuity has been turned to an advantage, it seems. By claiming biological descent through the

*Inkidong'i* Birikaa is identified as having true *enaibon* as an inheritance; yet being raised as an *Olkokoyo* Birikaa is also subject to his *Olkokoyo* father's perpetual curse on his sons never to use *esetan*. Thus, Birikaa's alleged double descent represents a local discourse that expresses a willingness to set aside all criticisms on *iloibonok* practices as an institution allowing the Maasai of *Oldoinyo Laaltaatwa* to rally around Birikaa as their legitimate and morally untainted leading *oloiboni*. when it comes to actual, territorial politics, regardless of individual opinions on *iloibonok* matters in other contexts. It provides a strong, local argument for regarding *Ilkokoyo* as true *iloibonok*, through local support to Birikaa. As such it is a discourse of unification that with keen awareness anticipates that to other Maasai, in particular to the supreme *Inkidong'i oloiboni* in the Monduli Mountains, this local legend of legitimacy represents heresy, precisely because it is put forward as part of a claim to sectional independence.

## Notes

- 1 However, in some versions of this myth, *Engai* originally promised the cattle to *Oltorroboni*, whereupon Maasai through the trick of secretly listening to *Engai's* conversation with *Oltorroboni* showed up before *Oltorroboni* to collect the cattle when *Engai* sent it down by the rope that then connected sky and earth. As a consequence of this deceit the cattle-less *Iltorrobo* not only have to make their living through hunting and gathering the products of wild animals, it further caused *Engai* to withdraw the rope connecting sky and earth and stop visiting the human beings on the earth. Thus, some versions of the myth seem to recognise that all cattle tend to belong to the Maasai by way of an original theft, seen as morally dubious and partly punished by *Engai*.
- 2 Formerly Maasai *ilmurran* wore no clothing, but only fat and red ochre, further underlining their association to the wilderness, and their conceptual opposition to shaved elders formerly clad in skins. Formerly, they would smear their bodies with fat and red ochre, making them totally red in appearance, but today such smearing is usually done only with fat. Red vaseline is by many the preferred item for this. Samburu *ilmurran* still colour their whole bodies red, and their garments as well as those of the northern sections of the Maasai tend to be much shorter than those of the southern sections of Maa-speakers.
- 3 Having previously claimed that the Maasai have no concept of nature-culture distinctions, this phrase calls for an explanation. The actual expression Ngilole used was *entoki apa ake naatai*, the literal meaning of which William rendered as 'something which was had from ages', implying the notion of always, originally. Thus the idea is that of a god-given, 'natural' disposition.
- 4 This notion of left-handedness as a sign of capacity for sorcery seems to be a widespread idea in East Africa. Around this time I learned to my great concern that some people would refer to me as *Enkediénye*, 'She who is left-handed', but I was reassured that on the one hand, *ilmusungu* do not fit into this system, as they generally know nothing about sorcery, and on the other hand, it is only the observed, moral conduct of a person that may in the end determine whether he misuses his singularity. Thus, as Godfrey is an amiable, generous and kind man, nobody is likely to nurture any sorcery-suspicions towards his person.

- 5 Arvi Hurskainen (1990) provides a different interpretation based on the notion that 49 should be seen as an 'imperfect' number by the Maasai, being one less than 50, presumably a number of perfection. However, Hurskainen does not quote any primary evidence to substantiate this claim, and large parts of his analysis is based on data concerning the *Iparakuyu*, who may have different notions than the Maasai in *Oldoinyo Laaltaatwa*.
- 6 However, there are specific terms for the uterus, which according to Mol may be either *enkaset* or *esaboi* (1977:166).
- 7 This is reminiscent of the way Stella Neema describes how Ankole women in Uganda perceive of pregnancy as a cooking process, likening the womb to a cooking pot, in which the baby is cooked and ready at the moment of delivery, conceptualised as 'authentic cooking' (Neema 1994:101). It is vital to Ankole women that the child is 'cooked and ready' at this point, otherwise the child may become stillborn. In Ankole the uterus, 'the mother of the stomach' is the organ responsible for heating the foetus. Further, also the Ankole seem to emphasise fluids in their ideas of pregnancy-related bodily processes and biological reproduction.
- 8 Tord Olsson (1997) quotes a woman's version of the myth on how the Maasai discovered sexuality, came together, and thereby established male dominance over women, whereas men and women originally were equal, but lived in separate settlements. In this version of the myth the conceptual equation of penises and spears is explicit, although the original penetration is, significantly, done with bow and arrow, as the episode supposedly took place in the time before the Maasai acquired iron spears: 'Concerning the women, the women once went off on a raid together with the men and the warriors. They came to drink water, and when the woman tried to bend down to drink water a warrior prod[ded] at her with a stick telling her, "Why do you jump and shout "Hai" before you are beaten?" She started to fight with the warrior. So it happened. And now they separated again. [They] separated. So it happened. When they approached again the warrior said to her that she should know that she was a woman. She answered, annoyed, "Come to this place" and they both went to that place, and she said, "Where did you prod at me with your bow? He said, "Somewhere down here", and she said, "Come here, go on, do it again, spear me". He said, "Can I use the bow to spear you? [S]he said. "No, don't spear me with the bow, use that thing". "With this?" he said, and she said "Come let's go and lie down together so that you can spear me with that thing". So it happened. And with that thing he "speared" her. They decided to lie down together and they began to do what all men and women do. And this was done on that day long ago, and thus it has remained since then.' Other versions of the myth stress the element of female genitals being created through this act of spearing.
- 9 In fact, she was also an elected representative of the women in her *enkutoto*. In connection to the Danish Volunteer Service program there was a special re-stocking program, and to assist the women of a certain target area, they were experimenting with establishing social structures for allocating cattle directly to mothers with many children. To ensure that men would not just take over control of this herd it was held as a collective herd of the mothers, and Ngilole was elected their spokeswoman. The fact that she was elderly, and a women's expert, making an income of her own, probably supplies her with an aura of individual authority, if not even a degree of masculinity. In fact, Ngilole rather uncharacteristically dressed partly as an elder, fond of wearing a red-checked heavy blanket usually worn by elders only.
- 10 This is a strikingly Biblical image of *Kileken* and *Kidong'oi* reminiscent of Moses leading the Israelites through the desert. It is far from uncommon for Maasai myths to contain such elements of syncretism, especially when told by people who have gone to school or church. Confer Merker 1910(1904) for an entire theory of the Maasai as an originally Semitic people, primarily based on a version of the myth of Neanir interpreted as a unique version of the story of Moses finding the ten commandments. In Johnsen (1992) I have argued that this unusually early example of Maasai-

Christian syncretisms was probably influenced by Maasai having received hunger-relief in the early mission stations.

- 11 Or, according to other versions, an *oltorroboni* (sing.), envious of the cattle the Maasai had been given by *Engai*, caused sky and earth to separate by shooting an arrow at the rope connecting them (cf. e.g. Galaty 1982).
- 12 In the beginning of the narration of the myth he had stated that *Kileken* and *Kidong'oi* were the very first beings, but in the context of the rest of the myth this statement must be understood to indicate their divine origin rather than their presence among the Maasai, as they are discovered at Mount Meru. In the version ole Nakuroi had previously related to me, he had stressed that when the Maasai had come to Mount Meru long after their departure from the mythical Kerio they merged with other 'clans' of pastoralists and agriculturalists, who were subsequently incorporated among the Maasai as new clans. At that time, they already had *iloibonok*, ole Nakuroi had stated in that first version.
- 13 According to Galaty this term is used by *ilkunono* and *iloibonok* alike to refer to ordinary herdsmen with no craft-specialisation; it is a pejorative term that 'connotes the despicable and contemptuous' (Galaty 1982:12).
- 14 Galaty's essay does not consider the increasing poverty-related agriculturalisation of the pastoral Maasai. This modern category is equally *ilkurrman*, Maa-speaking agriculturalists, at the margins of Maasai society. Should this mode of production become permanent to such people, they will in the long run be seen as no longer true, pastoral Maasai. However, given that Galaty's model also represents Maasai levels of analysis, it would probably be possible to incorporate a fourth triangle, representing Maasai development discourse in relation to social categories of people based on occupation.
- 15 Blacksmiths are reported by Hollis (1905:331) to have a secret language of their own, which is not understood by ordinary Maasai, and not even by all the *ilkunono* themselves. A few of the blacksmiths are according to Hollis members of other clans (ibid.). Leakey noted that Maasai blacksmiths are 'considered "bad". There are smiths in each clan and the business is purely a family one handed down from father to son. Young boys of smiths' families are initiated alone, and once initiated go straight to the business of smithing and may take no part in the life of the ordinary novices or warriors. Smiths are considered to be considerably lower in the social scale than even the Wandorobo. A Dorobo can leave his hunting life and rank as a true Maasai if he so chooses, but never a smith. If a smith comes and sleeps at a village he is given a bed, but must sleep on the wrong side of the sleeping hide (i.e. the rough fleshy side). "Smiths may only marry with smiths' families. No Masai would dream of marrying or having any kind of sexual intercourse with a smith's daughter (Wandorobo girls may be married by Masai, but not *vice versa*), nor can a smith marry an ordinary Masai girl. Smiths make spears and small knives, cattle bells and iron ornaments, but never swords, which are always bought from the Kikuyu. Should a Maasai buy cattle or sheep from a smith he must dip them in the river before adding them to his flock' (Leakey 1930:209). Although Leakey apparently was unaware of the fact that the majority of smiths actually belong to the special, endogamous clan of smiths, *llkipuyoni*, his characterisation of the special position of blacksmiths in Maasai society is quite accurate.
- 16 It is also widely known that a couple of elders of non-*iloibonok* descent have fathered the children of some of Birikaa's wives.
- 17 Today burial is a widespread practice around Endulen. The hospital, as well as the Christian churches, have argued vehemently against former practice. However, as the hospital is situated on rocky mountain slopes, graves there are quite shallow, causing lions and hyenas to dig up buried bodies at night.

- 18 A certain Endulen shop-keeper of mixed African and 'Indian' descent is thus famous among Endulen women for having at least two pairs of illegitimate twin-children with different Maasai women, besides having legitimate twins as well. The way that this man's illegitimate children physically appeared as partly Maasai partly 'white' was given in support of the claim that children inherit traits from both their mother and their father.





## Chapter 8

# Modernising Maasai Medicine

## Exchanging medicines and misfortune in a national context

*Enkong'u naipang'a eng'en.*

It is the eye which has travelled that is clever.

Maasai proverb (in Kipury 1983:174)

In the preceding chapters Maasai medicine and therapy have mainly been considered in a local context. Therefore the purpose of this final chapter is to provide a broader contextualisation of Maasai medicine and therapeutic practices in a process of change, focussing on its emerging new and unique status in the multiethnic, Swahilized Tanzanian nation-state. In the contexts of policy-making and national economics the status of the Maasai is predominantly negative; it is held that they make no contribution to the national supply situation or general economic performance, and generally lack interest in development. They are commonly stereotyped as backward and stubbornly persistent in their traditional way of life; they are persistently primitive. In contrast to the systematic neglect of Maasai practice and participation in conservation policies, constructing Ngorongoro Conservation Area as a parastatal enterprise now generating one of the highest foreign exchange revenues to the Tanzanian nation-state, it is striking how especially Maasai traditionalism is systematically exploited and exoticised in the petty tourist industry and at cultural displays (cf. Bruner & Kirshenblatt-Gimblett 1994) to a degree that no other single ethnic group experiences. Images of fearsome Maasai warriors and bare-breasted Maasai women appear on all kinds of objects that tourists typically purchase, whether it be maps, T-shirts, postcards, batik tapestries, ebony carvings or coffee-table books, regardless of the facts that Maasai *ilmurran* no longer choose the warpath, that Maasai women never expose their bosom in public, and that batiks and ebony carvings never were Maasai handicrafts. Only a fraction of the articles sold as Maasai artefacts all over

the nation are likely to be genuine Maasai articles, although they are sometimes of Maasai derivation.<sup>1</sup>

However, this process has apparently now come to the point where Maasai are themselves beginning to consciously exploit their perceived traditionalism economically. Maasai medicine is in the process of becoming increasingly attractive, perhaps even fashionable, among urban Tanzanians. Here Maasai medical substances have growing appeal as alternative therapy, and at major town markets over most of Tanzania Maasai, and mostly women, offer their medicines for sale to the general public. This emerging ethnic niche has an international component as well, in as much as the same women are frequently also participating in the manufacture of Maasai jewellery to be sold to tourists, in this way utilising the time between customers for economically productive activities. Apart from supplying individual customers, some Maasai market women are also getting engaged in whole-sale of medicinal plants to healers from other areas of Tanzania.

Thus, not only does Maasai medicine have something to offer the rest of the nation today, the process is apparently mirrored in the way that Maasai are currently incorporating significant symbols of the medical beliefs and practices of their surroundings, in particular when it concerns the phenomena of spirit possession and sorcery. This part of the process, however, is far from new; apparently it has been going on throughout this century, if not longer. Possibly it is an integral part of any medical practice to continually incorporate foreign elements – the power of the exotic is not a trope limited to the Western mind.

Therefore the present chapter focuses on the processual character of cultural creativity through exchange, and on changes over time. Beginning with a discussion of the attraction of the exotic, commercialisation, and the mobility of medicine, the analysis turns to a historical perspective on *iloibonok* activities and innovations in a changing world seen against the widespread local opinion that *iloibonok* practice has in modern times degenerated into sheer commercial charlatanism. From there attention is turned to the locally perceived further increase in sorcery associated with the immigration of *Ilarusa* 'agricultural' Maasai into *Oldoinyo Laaltaatwa* over the last generations, which again leads to a discussion of incorporating spirit possession and of *iloibonok* innovative curing. Finally, the marketing of Maasai medicine is discussed, arguing that in a national context it may be seen as one hitherto completely overlooked effort on behalf of the Maasai towards contributing to the national prosperity in health, if not directly in economic performance.

## The mobility of medicine

In a highly illuminative paper entitled *The Power of Medicines in East Africa* Susan Whyte (1988) discusses the attraction of foreign medicines in an East African context. Most importantly, Whyte calls attention to the fact that not only have Western pharmaceuticals been readily accepted and widely disseminated all over the developing world, in an East African setting this is part of an increased interest in all kinds of 'medicines', 'both as explanations of misfortunes and as modes of treatment. The awareness of medicines is evident in African concern about increases in the use of sorcery medicines' (ibid.:217), leading to increased anti-sorcery activities, but it is also evident in the more recent consciousness of 'traditional' healing, reflected in increased pharmaceutical emphasis and the widespread establishment of new Institutes of Traditional Medicine (ibid.). Indeed, Whyte speaks of the 'drugging' of East Africa (ibid.), calling attention to the meaning of medicinal substances in their African context in order to explain these developments.

To illustrate her first point, Whyte reminds us that when Evans-Pritchard lived among the Nuer of Southern Sudan, fetishes, talking medicines, were virtually invading Eastern Nuerland, whereas the Nuer themselves explained that they had had very few medicines before. These foreign medicines were, according to Evans-Pritchard, considered amoral; they were initially appropriated by purchase, later they became inheritable, and they were mostly used for furthering private ends and for personal aggrandizement. The Nuer held that this development had been facilitated by the presence of European administration (Evans-Pritchard 1956 *in* Whyte 1988:227) leading to increased interethnic communication.

In like manner Thabo Fako (cited *in* Golomb 1990) has pointed out that European missionaries frequently failed to win converts before they extended their medical services to their prospective proselytes (ibid.:281). Yet, missionary doctors were seldomly professionally trained, and at that time scientific Western medicine was hardly more sophisticated or rational than contemporary African therapies. However, it was political and military power and not superior healing techniques that eventually enabled the undermining of traditional healers' influence. Once out of favour of the newly Christianised local elites, traditional healers tended to respond with increased mystification of their practices, to the effect that when anthropologists finally began studying the supposedly traditional customs of rural communities, their traditional healing complexes had already been significantly altered. Hence, it is Fako's point that Western stereotypes about African thinking are based on studies of declining systems (ibid.), and that part of this decline was a general reinforcement of

mysticism and secrecy on behalf of established medical specialists who were henceforth increasingly defined as 'witchdoctors'.

Thus, it seems possible to link European colonialisation to an increased 'sorcerification' of African healing, as it were. Whyte points out that it is a common belief in many African societies that sorcery is increasing, relating it to increased hostility, insecurity, anxiety, and conflict, in particular to conflicting traditional collective and modern individualistic norms generating new, unprecedented statuses (Whyte 1988:227). In the following section I shall discuss such perceived processes of increased inter-regional communication facilitated by colonialism to add an historical dimension to the claim that all kinds of *esetan* are on the increase.

Quite often, Whyte notices, sorcery medicines and techniques are held to have foreign origins, in contradistinction to the Western 'stereotype of the traditional medicine man as a local resident, embedded in his own tribal culture, serving the needs of his neighbors by manipulating the symbols with which they are familiar' (ibid.:226). Yet, in reality, the Ugandan Nyole diviners and in particular medicine men that Whyte worked with were cosmopolitan and innovative, rather than 'traditional' in their orientation, as the 'successful medicine man drew his clientele from a large area and a variety of ethnic groups [...] Some Nyole specialists travelled all over Eastern Uganda. Likewise Nyole sought out foreign experts, especially when the problem was difficult and dangerous' (ibid.). In Bunyole foreign experience may in itself be a major prerequisite for practicing as medicine men (ibid.:225). In order to explain why this is so, Whyte takes a look at the two major healing practices in Bunyole, contrasting the logic of medicinal healing with the logic of ritual.

Treatment by ritual openly comments relationships and acts upon them, including symbolic manipulation of substances and objects that are usually common to everyone. However, such substances and objects are not medicines, and their efficacy is not inherent; it is derived from the social relationships that are thus activated (ibid.). Rituals cure socially caused misfortunes, and as such they work at the level of aetiology – 'misfortune caused by senior relatives or spiritual agents required negotiation, gift giving and sacrifice in a public ritual' (ibid.:219). In contrast to ritual, medicine – in the Nyole context herbal curative remedies as well as sorcery substances – is believed to contain 'a power which is not public and social in the same sense. Knowledge of it is restricted; its content tends to be secret. Its source is outside of morally regulated human relationships. Conceiving of it as foreign and difficult to obtain underlines these aspects' (ibid.:225). The counter-action of sorcery caused by medicines are other medicines, and such matters are a private, individual, and often secret affair (ibid.:219). Medicines are substances that transform through some inherent

power. They are transactable, objects that can become commodities, powers that can be transferred through purchase, and they are not restricted to particular social groups. As curatives they work at the somatic level and are usually symptom-specific, in contrast to rituals that are multi-purpose, work at the aetiological level, and are usually controlled by certain status groups within society (ibid.). They are seen as substances 'of the bush' with secret contents known only to the specialist collecting and dispensing them (ibid.:221). The bush being a conceptual contrast to the familiar, domestic homestead it forms a cosmological parallel to the faraway alien places from which other medicines come (ibid.:225). Whether they are means of inflicting sorcery, sorcery treatments, or cures against other misfortunes, Nyole medicines are individual by nature and conceived of as symptom-specific substances with inherent powers capable of transformation. Thus they share common characteristics with Western pharmaceuticals (ibid.:219).

Quoting David Parkin, Whyte draws attention to the fact that the physical, transactable character of medicines also makes them means of challenging authority, especially by those who have contacts beyond local society, or have lived periodically abroad. Such people are frequently importers of foreign medicines, and often they challenge established authorities (ibid.). In Bunyole, medicines and ritual forms of transformation are actual, alternative choices faced daily. 'Choosing medicines – whether Western pharmaceuticals or "African medicine" – might be a way of avoiding ritual obligations and inconveniences' (ibid.:220). They permit the detachment of therapy from the social and spiritual relationships in which it is usually embedded. They are potentially an individualistic means to an end as they may be utilized without specialist supervision (ibid.:224).

In consequence of the transactable, foreign nature of medicines, whose power is not tied to particular relationships, medicine 'becomes cosmopolitan in a way that kin-specific powers never can be. It can be transacted over great distances, between people who have different though overlapping, symbolic universes' (ibid.:226). This is not only what seems to be at stake when Maasai women market their medicines in towns, as I shall demonstrate in the final section, it also seems an apt characterisation of what goes on when Maasai in turn incorporate the symptoms of others, a point I shall return to when discussing perceived new forms of *esetan* and madness in *Oldoinyo Laaltaatwa*.

By contrasting the logic of the kin-based, local-oriented, and negotional character of ritual therapy that requires gift-giving and sacrifice as a major part of the healing process with the logic of the transactable, cosmopolitan, and individual-oriented nature of medicines as commodities Whyte emphasises a basic tension that is

also the point of departure for Christopher Taylor's discussion of historical transformations in *Milk, Honey and Money: Changing concepts in Rwandan healing* (1992). Taylor argues that Rwandan society is in transition from being a gift economy to becoming a commodity economy, and he stresses that as the transition is not yet complete (ibid.:5), 'these two different "socio-logics" are opposing poles of a spectrum. In actual social life and depending upon the context, people's behaviour may oscillate between the poles' (ibid.:8). Thus:

With both gifts and commodities present in a society, social actors often must clearly discern when gift logic or commodity logic is operative. People are placed in ambivalent situations, where they may offend others who are not relating according to the same logic [...] Making this selection often entails either jeopardizing a social relationship, because one has failed to heed reciprocity notions, or losing money, because one has heeded them. Being unable to choose, however, is probably the worst predicament of all, for it means that the dilemma is never resolved either in the mind of the individual or in his or her social conduct (ibid.:13-4).

Taylor uses this argument to demonstrate that Rwandan popular healing is becoming increasingly dominated by personalistic agency, employing notions of sorcery, confession and accusation, whereas the formerly fundamental gift logic-related notions of maintaining bodily as well as social equilibrium through the regulation of the flow of fluids are on the recede and being transformed in the process.

Taylor's remarks on the ambivalence of choosing between these logics are suggestive in connection to the Maasai critical discourse on their *iloibonok*. In Taylor's vocabulary this discourse may be seen as blaming *iloibonok* for having abandoned the logic of the gift in favour of the logic of commodities; they are felt to have jeopardized a fundamental social relationship, and have been caught in a double-bind of ambivalence. As demonstrated in chapters 6 and 7, in rituals involving *iloibonok* there seems to be constant tension over the issue of control behind the claim that *enaibon* has expired and that *iloibonok* have usurped their inherent, God-given power to transform their practice into a commercial business. This is, in other words, a Maasai way of expressing the sensation of a clash between the ideal community- and kin-based, locally oriented gift logic where elders ought to be the main controllers of ritual, and in which the relationship between people and *oloiboni* ought to rest on mutual exchange of gifts, and the present less than ideal situation in which the perceived commercial motives of *iloibonok* are conceived as deviance from the ideals of society, and as heresy.

Thus, a main characteristic of medicine, in the East African context as well as in

general, seems to be its mobility. This mobility ultimately rests, Whyte demonstrates, in the capacity of medicines to become transactable, commodified substances attributed an inherent power capable of transforming the conditions of individuals independent of symbolic and social settings. Because of this basic quality of medicines they are objects that move easily from one set of cultural practices to another through the intermediacy of travelling, cultural entrepreneurs. Although this process is likely to have been greatly facilitated by increased interethnic communication and further accelerated through the establishment of new economic hegemonies set in motion by European colonialism, one is well advised, however, to keep in mind that 'the power of foreign medicines was already established long before Western pharmaceuticals began to circulate on a large scale' (Whyte 1988:227).

### Modernising magic

Anthropologist and colonial administrator Henry Fosbrooke worked in Arusha Region from the early 1930's, later becoming the first Conservator of the Ngorongoro Conservation Area. In 1948 he published material from an official report he had compiled in 1939 after four years of field studies conducted during service in the administration of what was then the Masai District of Tanganyika (Fosbrooke 1948:1). On the basis of these findings, Fosbrooke argued that the enforced prohibition of cattle raiding following colonial pacification had first reduced the status of especially leading *iloibonok* with the result that they lost their main sources of income, that is, their shares in raided cattle. However, combined with the introduction of motorised transportation, peace facilitated increased contact between Maasai *iloibonok* and foreign 'witchdoctors', *iloibonok* in this way seeking to develop an alternative source of income through increasing the sale of charms, as well as intensifying the field of ritual prescriptions for local ceremonies (ibid.:20).

Like many of the earliest describers of the Maasai, Fosbrooke saw the institution of *oloiboni* as being in its point of departure different from the ritual experts of other ethnic groups, and especially in relation to the subject of 'witchcraft'. He gave several examples that *iloibonok* in the 1930s had rented cars to visit alien ritual experts, especially Sukuma and Kikuyu, in order to adopt new medicines and charms for and against sorcery:

The introduction of Pax Britannica and of motor transport makes contact between the Masai medicine men and alien witchdoctors much more possible. There always seems to have been a



close association between the Kikuyu and the Engidong clan, so much so that we may reasonably suspect that the heaven-sent child ol-le-Mweiya [an alternative name for *Kidong'oi*, but also sometimes said to be the truly original *oloiboni*, *Kidong'oi* being his son] was merely an impostor. But if, as one gathers, the Masai and Kikuyu were frequently fighting, contact must have been limited. But that is not the case to-day. When [Lenana's grandson *oloiboni*] Mbeiya's boma was infected with measles in 1935 he hired a lorry and himself travelled to Nairobi and beyond, bringing back a Kikuyu medicine man to cleanse his boma for him. Kutata [another *oloiboni* of the *Inkidong'i* and Mbeiya's brother's son] is reputed to have obtained a charm to kill Mbeiya from a Sukuma witch doctor in Pare, and Letinga and Balosi [Kutata's brothers] hired a car to go and interview this doctor, in order to verify the rumour and/or to obtain charms stronger than those given to Kutata (ibid.:21-2).

Besides the active search for and subsequent adoption of foreign medicines and sorcery objects, the imposed restrictions on raiding undermining the main source of income had, in Fosbrooke's interpretation, also led to demands on the part of *iloibonok* that elders should sponsor collective ceremonies to alleviate drought or disease or enhance general fertility and prosperity, and Fosbrooke saw this as a modern adaptation, 'since one is so frequently assured that in the old days no such levies were made' except if the *ilmurran* returned empty-handed from a raid and were so ashamed of their own failure that they resolved to reward *oloiboni* by collecting animals from their own established herds (ibid.:21).

Presumably, these changes led to still other innovations:

Another demand which a laibon makes on his followers is that he should be provided with wives. Some elders say that this is an age-old institution, others that it is a recent innovation. Be this as it may, motor transport is an innovation, and by getting round the country more, the laibon sees a greater number of suitable women, and consequently increases his demands. Parrit [Mbeiya's brother and father of Letinga, Kutata, and Balosi] is credited with collecting five girls as a result of the safari he went round South Maasailand when the boundary was demarcated; the Dwati [age-set] paid the dowry and arranged the weddings. Mbeiya, on a safari to Kibaya in 1937, demanded and was given the daughter of Lemauna, although she was engaged to another... [a senior *oloiboni* paid the bride-price.] On the same trip Mbeiya demanded and was given one girl from Simanjiro and another from Losogonoi. Taiko [a brother of Mbeiya] is also alleged to have tried his hand at the same game, demanding the daughter of an old man at Sanya; the father asserted that it was just an ordinary marriage, but local Masai opinion thought otherwise. For when a girl is married to a laibon, she is regarded as lost to her family and clan. The usual relationship which marriage

sets up between in-laws does not exist (ibid.).

On this background Fosbrooke concluded:

The cult of the laibon must therefore have much in common with the beliefs and practices of neighbouring tribes, and I put it forward as a possibility that, with further contacts, the institution may eventually end up merely as an instrument of common witchcraft (Fosbrooke 1948:22).

Fosbrooke ended his account with a few remarks on the strenght of the belief in *iloibonok* supernatural powers among individual Maasai. He reckoned that the majority shared them implicitly: 'a few Christian Masai are completely sceptical; others may have their doubts, but when the occasion arises feel that they had better do what they are told, "to be on the safe side"' (ibid.:22). He added that it is necessary to differentiate between the Maasai attitude to *oloiboni*, and *oloiboni's* attitude to the Maasai. Although the Maasai regard their *iloibonok* as intermediaries between themselves and the unseen, and therefore respect and reward them, they can never become political leaders as such: 'one can only judge the attitude of the laibon to the Masai on facts, and these reveal that he thinks only of himself and not of the tribe [...] for their own personal profit they have made themselves the focus of the tribe's intense conservatism' (ibid.:23).

It is tempting to suggest that the increased contact to the Kikuyu ritual specialists in the 1930's may have resulted in a permanent transformation of the institution of *oloiboni*, reflected in the present-day two lineages of *iloibonok* in Ngorongoro, *Inkidong'i* and *Ilkokoyo*. However, the process whereby the *Ilkokoyo iloibonok* became established in the Ngorongoro area must have predated the processes described by Fosbrooke, as he indicated that 'numerous aliens, particularly Kikuyu, often build up reputations as private practitioners (ibid.:14), that is, *iloibonok* of little reputation (ibid.:13). One such *Ilkokoyo oloiboni* had actually risen to fame and power, namely ole Shongo residing in the Ngorongoro Highland area, as Birikaa does at present. He was consulted in cattle raids and received clients from a much wider area (ibid.:14). Likewise, another, Kenya-based *Ilkokoyo*, Lolkokwa ole Kashungu, had been adopted by the *Inkidong'i* subclan, and was trusted with the responsibility of officiating at the great, intersectional *eunoto* ceremony on behalf of the leading *oloiboni* in Monduli, receiving a significant part of the ceremonial fees (ibid.:17). Thus, not only does Birikaa's recent attempt at gaining recognition for local leadership through collection of ceremonial fees have historical presedence, *Ilkokoyo*

being present in the area before the 1930's, this evidence also points to the possibility that interaction with alien ritual specialists and interest in the possibly superior remedies of other groups is a constant, or historical feature of *iloibonok* practice.

Through his remarks on Maasai opinions Fosbrooke allows us to catch a glimpse of how he generated his hypothesis of the future total degeneration of the institution of *oloiboni*. He seems to echo a situation in which Maasai were then publicly lamenting a perceived moral decay of their *iloibonok* as vehemently as they are nowadays. This leads to the assumption that Maasai scepticism towards *iloibonok* conduct is not only a matter of perceived recent changes in practice induced under colonialism, but as much a way of ventilating a perceived fundamental and perpetual, structural opposition in Maasai society. Yet, apart from the element of constant lamentations, Fosbrooke's evidence does point to actual alterations having taken place. There seems no doubt that interethnic contact was greatly increased and that this led to the incorporation of still more foreign remedies, nor that the pacification of the *ilmurrani* forced *iloibonok* to refocus on new income-generating activities, further accentuating the general sentiment that *iloibonok* are too demanding in regard to the performance of collective fertility rituals in the homesteads of the elders and in pointing out wives especially. Thus, rather than setting in motion the alleged decline of the institution, as Fosbrooke saw it, it is probably more correct to see colonial processes as accelerating a process that was already far in progress, leading to a further deepening of the fundamental structural opposition between *iloibonok* and their Maasai clientele.

Ole Nakuroi, who was an *olmurrani* in the 1930s, remembers very well the events described by Fosbrooke. He comments my account of *iloibonok* attacking their own kinsmen with *esetan* with the information that Mbeiya actually belonged to ole Nakuroi's own age-set, and that they were the age-set that had elected Mbeiya as leading *oloiboni* after his father. He was foreseen to have become a truly great *oloiboni*, but he died prematurely, although not as a result of his brother's son's sorcery attack. In ole Nakuroi's opinion foreign *iloibonok* were never fully recognised before the colonial days, apart from a few *Ilkokoyo iloibonok* who treated individual patients but were never followed in ritual matters. Asked about how it happened that they came to be recognised as leading *iloibonok* in *Oldoinyo Laaltaatwa* he says:

When white people came they removed the difference between people. Before, the skills and knowledge of outsiders were never recognised by the Maasai. But after the removal of differences by the white people, they came to be recognised.

Ole Nakuroi thus acknowledges that the imposition of the new colonial hegemony did lead to permanent innovations in the *iloibonok* institution, and he claims that foreign *iloibonok* were from then on able to increase their standing in Maasai society considerably. However, his retrospective oral testimony also contributes to the constant thematising of this change as a fundamentally recent phenomenon, somewhat contradicting Fosbrooke's written testimony that local elders held complaints against their *Inkidong'i iloibonok*, as well as against a variety of non-*Inkidong'i* practitioners, already in ole Nakuroi's own youth.

Possibly, however, another long-term effect of increased interethnic communication and mobility, combined with the collapse of the raiding traditions of the *ilmurran*, has been a change in the way that *iloibonok* build up their knowledge of what goes on within their wider sphere of interest. In pre-colonial days leading *iloibonok* continually received delegations of *ilmurran* from various localities wanting to obtain their services. Such delegations formed an effective intelligence network supplying a continual flow of information on what went on in the various parts of the area which consultant, leading *iloibonok* provided their services to. Success as a consultant *oloiboni*, receiving shares from successful raids only, thus to a large degree rested on the individual *oloiboni's* local experience and ability to combine bits of information on an area he knew intimately, and to pass on important information to the *ilmurran* (Fosbrooke 1948:16). Pre-colonial leading *iloibonok* did change their sphere of influence from time to time, but apparently such movements usually included their core *ilmurran* followers and were as much a consequence of collective, inter-sectional rivalry and full-scale wars between Maa-speakers in the period preceding colonisation (ibid.:3-11; cf. also Jacobs 1965 and Galaty 1993a).

In contrast, individual travelling activities are today attributed increasing importance to *iloibonok* wanting to improve their reputation and be reckoned among the truly gifted. It is in this respect frequently emphasised by Maasai wanting to substantiate Birikaa's reputation as a truly powerful *oloiboni* of cosmopolitan dimensions that he has once travelled all the way to Zambia to meet other ritual experts. Influential *iloibonok* often have several homesteads strategically spread throughout the country, and there seems to be an increased tendency to practice also among other ethnic groups. Birikaa is locally said to have homesteads in Kenya and in central Tanzania whereto he regularly travels to take care of his followers there, and it is seen as a further proof of his wide sphere of influence. The fact that he now has *oloiboni* ole Mangi of the *Inkidong'i* living with him and the three of his four brothers is likewise interpreted as a sign that Birikaa is trying to build up a local dynasty of wider recognition. In contrast, the travelling activities of minor *iloibonok*,

such as Birikaa's non-'dynastic' brother John Kereto's tour among the Barbaig, were locally seen as the typical activities of an itinerant petty commoditist type of *oloiboni*, and thus as indirect proof of their lack of great gifts. Significantly, however, John's peace-making initiative was also recognised as a potential way of strengthening his personal influence and reputation greatly.

Furthermore, taking up new residence and changing clientele may be a way of escaping failure. It is said of one particular *Inkidong'i oloiboni* who used to live in the vicinity of Endulen that, after he lost his local reputation through a series of failures in prophecy, he has now set up practice far to the south among non-Maa-speaking pastoralists. Finally, since raiding activities have become illegal, and widely disapproved by Maasai themselves, it is no longer an exclusive activity of leading *iloibonok* to consult in raids, on the contrary, it is nowadays only done by *iloibonok* of little local standing, including the co-residents of influential *iloibonok*, and *ilmurran* may even good-naturedly tease their consultant *oloiboni* that he is in reality blind and a cheater only in it for the money, whereas they speak very respectfully of and to influential *iloibonok*. Thus, when *ilmurran* confirm that they would still consult *iloibonok* before going on illegal cattle expeditions, it is as much to secure general assistance and effective therapy in case a participant should be given foreign *esetan* during the enterprise.

It is not only Maasai *iloibonok* that have become increasingly cosmopolitan with time. As described in chapter 4, it was an essential part of cup-setter Lengobo's reputation, and his wife's pride in him, that his skills were known far beyond Arusha and that he received clients from other ethnic groups coming all the way from the coast and from Kenya, even counting a white man among his grateful patients. Thus, like Whyte demonstrated in relation to Nyole medicine men in Uganda, Maasai medical specialists are generally becoming increasingly cosmopolitan in orientation. However, unlike Whyte's example, in the Maasai case it is primarily a re-orientation of specialists, not so much community folk experts, and their incorporation of foreign elements is primarily focussed on the individual appropriation of other African techniques and specific know-how on sorcery practice, that is *esetan*, rather than on incorporating alien medical substances broadly.

In laypeople's practice, on the other hand, there is a growing cultural creativity in the application of entirely alien substances with potential, disease- or symptom-specific efficacy, such as bio-medicines, veterinary chemical prophylactics, Blue Omo detergent, red vaseline, battery coals and the like. Significantly, they are incorporated as new kinds of alien *ilkeek*; yet they tend to be administered in ways that are familiar from practice, and may directly substitute known, local herbs. Apart from this

reorientation towards modern commodities, ordinary Maasai are not so much oriented towards foreign medicines as such. As we shall see in the following sections, ordinary Maasai are rather more interested in the appropriation of certain foreign explanations of *esetan* and symptoms of a new madness, which people locally tend to see as symptoms of modernity, inevitable consequences of a still more integrated world, in which it becomes increasingly vital to master the signs and discourses of suffering of other ethnic groups. New symptoms and explanations of misfortune are responded to with cultural creativity and new local therapies are invented, just as immigrant specialists may find new areas to service.

### *Ilarusa esetan*

There is yet another group within the community of Maasai, who are vested with special capacities and desires for sorcery: the *Ilarusa*. In Ngorongoro people are in many ways keenly aware of their own marginal position in relation to the wider national society, and to them the *Ilarusa* represent a branch of Maasai who are much more modernized than they themselves are. To some extent they represent a 'personalistic', agency-oriented discourse seen as originally foreign, but having become incorporated into the community of Maasai through the course of history and increased association to agricultural groups. However, also the facts that *Ilarusa* have long experience with the practice of agriculture and fit their houses out with roofs of straw, in contrast to the houses of the pastoral Maasai which have roofs of clay and cow dung, are seen as signs that they are much more in touch with modern society. Now, when also pastoral Maasai must cultivate to combat their current impoverishment, elements seen as distinct *Ilarusa* cultural styles are being widely and consciously copied in the process of appropriating the apparently inevitable modern way of life. Currently, it is quite fashionable in Ngorongoro to exchange the low, hunch-backed dung roof with a high, conical roof of straw. As much as this is a fashion, and an overt signal that the owner is development-oriented, it is also a practical measure necessitated by the present lack of sufficient amounts of cow dung to plaster roofs effectively, and it meets the new need to have larger houses with storing facilities for grain. Such reasons are usually the first given; however, according to some Endulen women, there is also a practical limit to how big a traditional roof construction can become before it collapses. They further explain that the new way of constructing houses is also a result of the Maasai simply wanting to have more comfortable and spacy dwellings; having lived so long in the vicinity of the Hospital

they have now learned that crowded houses are more unhealthy. In addition, having dwelled so long in urban areas, *Ilarusa* are also known to be much better tradesmen and to know the ways of townspeople better. As such the *Ilarusa* are an incorporated group of Others, the embodied idea of the stranger within, who represents the many aspects of modernity.

In recent times a significant number of *Ilarusa* have migrated to the Ngorongoro Conservation Area due to lack of available land in their home territory around the city of Arusha, some 200 kilometers away from Endulen. Historically, the *Ilarusa* have been in close association to their Bantu-speaking neighbours, Wameru, who live on the slopes of Mount Meru. Since the end of the nineteenth century, even the Wameru have participated in the central rituals coordinating the age-set organisation throughout all territorial sections of Maasai (Spear 1993; Ndagala 1992:93). *Ilarusa* are attributed their own special kind of *esetan*, and they are thought to resort to the use of it much more than other Maasai. This is expressed, for example, in situations where people of *Ilarusa* descent are suspected of having obtained positions of power by foul play.

At the same time *Ilarusa* specialists with skills in treating cases of *esetan*, as well as cases of bodily disorder with diffuse pathological pictures suspected to stem from *esetan*, are enjoying growing popularity among the Maasai in Ngorongoro, immigrant practitioners who have established local practices, as well as urbanised practitioners such as Lengobo (see chapter 4).

Among the *Ilarusa* immigrants to the Endulen area is a female specialist, Nengoke. She is a grandmother of approximately 55 years of age, with a proud and masterful personal bearing that immediately reminds me of Ngilole. She and her children are all rather stout, muscular people; they obviously work hard and eat well. She has a rather unusual status as an independent, female herdowner, indeed the *enkang'* is referred to as her's in recognition that she is the founder. She is considered a real 'she-bull' and spoken of with much respect, due to the fact that when she left Arusha, she also left behind her husband who was a veteran from the colonial army, having served in Burma during the Second World War, but later becoming severely alcoholised and thoroughly mistreating her. Nevertheless, she struggled hard and managed to establish herself and her children well in Endulen. Her now grown-up sons at one point brought their aged and weakened father to live with them in Endulen. He now lives in a separate house in Nengoke's *Ilarusa*-style homestead, and although he displays an attitude of being its natural leader, it is publicly recognised that it is her *enkang'*, as the prosperity of the homestead is solely due to Nengoke's personal efforts, and further consolidated by her grown-up sons' assistance.

Besides being a therapist, Nengoke has a significant part of her income from selling home-made alcohol, and besides her husband, who must buy alcohol as any other customer if he wants to drink, she continually hosts a variety of guests seeking either of her services. The large outer visitor's room of her house serves as a bar. Her sons supplement their cattle husbandry and small-scale agriculture with income from the sale of their honey production. Their father manufactures many of the bee-hives used in the area, and the eldest son produces tobacco on a local, commercial basis; the best to be had around Endulen, it is said. In myth the *Ilarusa* are said to have introduced bee-keeping and tobacco to the pastoral Maasai sections.<sup>2</sup> Nengoke's *enkang*' is not very far away from that of *oloiboni* John Kereto, situated in the small local concentration area of recently established therapists just outside Endulen village, on parts of the land that had been subject to commercial farming. In daily village matters, however, the family is as much identified with their tobacco and alcohol-related businesses as with Nengoke's special therapy, and they are much respected for their remarkable industriousness, seen as typically *Ilarusa*, on account of their success in agriculture and as tradespeople who master the commodification of locally produced items associated with modern, development-oriented life.

Nengoke claims to have discovered her own medicine against sorcery. She made this discovery while she was still living close to Arusha city, at a time when her own children were suffering from *esetan*. She claims to have introduced this medicinal plant to the Endulen area, when she became too old to travel in order to collect it around Arusha. She mostly treats cases of indigestion suspected to have been caused by *esetan*, but also cases of what she terms 'mouth disease'. In the following conversation she explains about her treatments, and how she discovered her medicine and became a practising specialist. While Nengoke and I talk, her eldest daughter and a daughter-in-law listen. Her explanations display a marked interest in etiology, compared to the discourses of other informants, and to an unusual degree she contextualises herself as one specialist among many. In the same manner, although her discourse seems firmly rooted in particular notions of *Ilarusa* sorcery, her disease explanations in connection to the 'mouth disease' that she has also started to treat while in Endulen seem well integrated with prevailing local health problems and ways of explaining disease:

- NJ: What is the pattern of this mouth disease, or is it maybe different diseases of the mouth that you treat?
- Nengoke: It is a disease that comes from having eaten dirty food, especially dirty fat. Later the person develops chest problems and respiratory problems, and it might even develop into



TB. Sometimes I can give temporary relief to these chest problems, but I cannot treat TB, because TB, if it has developed very strongly it cannot be removed easily. Only the hospital can treat this.

– NJ: What is this dirtyness of the food?

– Nengoke: It is a dirtyness that comes from eating food prepared by a sexually unclean person, say, if a man goes to have sex somewhere else and then does not take care to wash and clean himself and then goes to prepare food for a mother who has just delivered, or a newly circumcised person.

– NJ: Are there other ways that food can become dirty?

– Nengoke: It is basically this reason, but then when you vomit out the food very quickly, it will not develop into TB.

– NJ: Do you refer TB to the hospital?

– Nengoke: I surely do, and sometimes for fear that the person may die while he is here. Even with *esetan*. Sometimes when a person comes here, and I massage to feel the *esetan* inside, and if the thing there is too big, I refer first to *oloiboni*. In minor cases I order the thing to be vomited out. In a certain case, a man came to see me. I treated him for a few weeks, and then I referred him to ole Mangi, who then referred the man to KCMC in Moshi, but on the way the man died.

– NJ: What is *esetan*?

– Nengoke: It is just some bad things that people may put in your food so you cannot digest the food and it will affect your stomach.

– NJ: How do you identify that the problem is *esetan*?

– Nengoke: That I do by massaging, then I can feel the thing. If a person comes worrying about *esetan*, and I do not find anything by massaging, I refer them to the hospital.

– NJ: Is it always you who determines that it is *esetan*, or dirty food, or do people sometimes know themselves what is wrong?

– Nengoke: I do it.

– NJ: Do you sometimes treat people with problems that are quite different from these two problems you have mentioned?

– Nengoke: Yes, that is true, many people come to follow me with different problems, but generally it is people with problems of the chest or stomach problems who follow me. I treat them, and refer them to others if I fail to help. I have failed once, in the case of the man who died on his way to Moshi. I have also helped several mothers to give birth for the first time.

– NJ: How do you identify whether a person has eaten dirty food or has been bewitched?

– Nengoke: If a person comes saying he has some stomach problem, if I can identify the thing by massaging, I treat it, otherwise I refer.

– NJ: For how long time do you normally treat people?

- Nengoke: Sometimes it takes up to a month, because there are days of giving medicine and days of resting.
- NJ: Maybe you can explain this a little further?
- Nengoke: If I give medicine today, then I give nothing tomorrow; there is always a period of one day between medicines.
- NJ: Do you have different medicines for different problems, or maybe a series of different medicines for the same problem?
- Nengoke: It is the same medicine all the time. But within this month, if the patient responds nicely, the medicine is gradually reduced.
- NJ: How do you see the difference between ordinary chest problems and those coming from dirtiness in the food?
- Nengoke: It is through the description of the symptoms that the patient gives me.
- NJ: Does *oloiboni* also sometimes refer people to you, just as you refer people to him?
- Nengoke: Sure. Sometimes a person is told to come here, as it is the only place to get this medicine.
- NJ: In your treatments, what is most important, your identification by massage and general knowledge, or the fact that you possess knowledge of the medicine itself?
- Nengoke: Everything depends on knowledge, even to know the medicine, and also knowledge of massaging. It is just like the hospital, the doctors also first have to identify the disease, and then give the right medicine.
- NJ: Knowing the medicine itself, then, is not enough?
- Nengoke: Sure. Apart from identifying the disease, you also have to know how to measure out the medicine because it is dangerous and poisonous.
- NJ: How about food in these series of treatment, are there certain things to eat or things to avoid?
- Nengoke: I have a system: The first day of the medicine you must be given a special type of food; when there is proof of improvement you are free to eat whatever.
- NJ: Should the food be given by a special person if the problem stems from food given by somebody unclean?
- Nengoke: Sure. Sometimes I am giving it myself, otherwise it is the caretaker of the patient. They are fit to do it, because if this is the problem, the people who take care of the person will take very much care.
- NJ: I understand that you are originally an *Enarusai* [fem.]. Do you find your medicines here or do you have to bring them from outside?
- Nengoke: I brought the knowledge from there, and so I did the medicine. When I was young and strong I would travel there, but now that I am not so strong anymore I have planted the medicine under a certain tree that only I know where is.

- NJ: How did you learn, is it a knowledge you have inherited, or were you taught by somebody, or what?
- Nengoke: Nobody taught me, but I lost three children to the disease. Then when another of my sons became ill I decided to try whatever root I would find. I simply went out and took the first root on my way. I tried it, my child recovered, and so I discovered this medicine.
- NJ: Are you going to pass your knowledge on to your daughter here or another child?
- Nengoke: Sure. If I feel I am getting very old and shall soon die, I will show one of my children in order to pass on the knowledge.
- NJ: At that time when your own children were ill, was it then a problem of dirty food causing chest problems, or was it *esetan*?
- Nengoke: It was *esetan*.
- NJ: How, then, did you discover the other use of your medicine?
- Nengoke: That came about because I used the same medicine to treat a person who came and said, 'I drank dirty fat'. He recovered, and from that time I discovered that it was a medicine for that disease as well.
- NJ: Did you practice already when you lived in Arusha?
- Nengoke: I did. When I first came here, I left practice, but when I was well settled, I decided to take up practice again. When I first discovered this medicine it was really a big risk I was taking, since my child might have died. It was really *Engai* who showed me what medicine to use, and in that way it is really *Engai* who cures through me.
- NJ: This kind of *esetan* that you can treat, is that another kind of *esetan* than the one treated by those who suck out disease, like Lengobo?
- Nengoke: It sure is. The *esetan* he treats is the type that does not get inside you, but something which you lie on, for example. What he treats is external *esetan* and injuries.
- NJ: How much do you charge for treatments?
- Nengoke: They do not really pay anything, only 3000. I am really stupid that I do not ask more, but that is because I am a woman of the people.
- NJ: If they stay for a whole month, are you the one feeding people during their stay?
- Nengoke: Sure. We stay together here, and if I cook we share the food. But they also bring food which we then share.

At this point of our talk some visitors came by, and the women wanted to eat lunch. Nengoke offered us a taste of real *Ilarusa* food, as she said: mashed, cooked maize soaked in sour milk.

Nengoke clearly constructs her narrative on how she started practicing for others after the discovery of her special medicine, which she claims she has personally introduced to the Endulen area, and she ends by suggesting that she is really to be seen

as a laypeople's expert, being 'a woman of the people'.

However, a former patient of hers, who was then a half-grown kid tells that her medicine is really a common herb growing in many places around Endulen. At the time of his treatment he was allowed to assist Nengoke's son in the collection of fresh medicinal supplies as he was estimated to be too young to understand, and besides, upon his arrival, Nengoke had walked around him twice ordering him to remain silent. He did, however, memorise which plant they had been collecting, noticing its smell, latex and characteristics of appearance. The plant has subsequently been identified and its local name revealed to me, but in return for Nengoke's trust, I keep her secret, revealing only that in other kinds of therapy it is apparently used solely as an external poultice applied at wounds to treat and prevent infections (Ellemann 1996a). Her former patient commented that the cleverly up-held secrecy around the medicine's true source has to do with being able to make money on treatments.

His own case took place in 1986, when he was still a herd boy. An *Enarusai* woman had tried to 'poison him' with *esetan*. It is a belief of the *Ilarusa*, I was told, that a woman who has experienced problems of becoming pregnant may secure the life of her unborn child by taking another life, either of an animal, for instance a cat, or preferably a human life, as the taking of the life of an animal is not as effective. He had met this *Enarusai* who had asked him if he was hungry and offered him a meal – herd boys are always hungry, and therefore obvious targets. He had followed her to her house where a pot of *enkurma* had apparently been boiling for hours. Although he had thought that the food somehow looked wrong, being yellowish instead of white, he dared not refuse it as he was afraid of the woman. The taste of the porridge had been very salt. Immediately upon the meal his stomach had swelled enormously, and all functions had been blocked.

The elders of his homestead had first diagnosed his symptoms to stem from *esonjoi*, the disease of the Sonjo, which is characterised by paleness, extreme fatigue and sometimes diarrhoea, and it is believed to be caused by lack of blood. The elders had accordingly treated the boy's ailment with purgatives and emetics, but to no effect.<sup>3</sup> Then they had reasoned that they had a substantiated cause to suspect *Ilarusa esetan*, and the boy had been brought to Nengoke for treatment. After having cautioned him to remain silent, she had on the first day given him a treatment of very bitter medicinal roots, then a day of resting with lots of milk, butter and fat, and so on. At one point Nengoke had apparently exhausted her medicine store; at least she had sent a son to fetch new supplies. Because of the imposed silence and the boy's lack of age she had sent him along with her son, so that he should not be tempted to talk to the other people in her homestead. The treatment had worked very effectively within

a few days, and besides, the many fat foods he had received while in Nengoke's custody had really made him healthy.

Nengoke's narrative of her life's history allows us to catch a glimpse of a new medical specialisation in the making; the invention of a future family tradition, as it were. Like established specialists she emphasises that through her discovery of this new medicine she was really called to practice by *Engai*. Likewise, she intends her special knowledge to be passed on to a child of hers, thus making it an inheritable possession in her family, much like Lengobo in chapter 4 explained to have inherited his special knowledge from his grandfather. Further, like Lengobo and other specialists she is most carefully guarding a vital element of practice as a secret of trade, the source of the actual medicine employed, constructing it as rare, and as being personally responsible for its local introduction.

Yet, even if Nengoke constructs her new specialisation on the basis of familiar, comparable practices, her personal life history as a female herdowner and migrant specialist also clearly demonstrates that she is a person who successfully challenged established authorities and customs. She practiced in Arusha after her discovery and defines herself as an ordinary woman having become an expert helping others only through *Engai*. By transferring her practice to Endulen and claiming to have introduced an entirely new and alien *olchani* to the area she has gained local reputation as a specialist by claiming monopoly and invention of this new medicine. Being an immigrant she has partly readapted her treatments to fit the symptom descriptions and disease explanations of local clients, but she also disseminates new discourse on *esetan*, and thus she indirectly contributes to the current process of increased 'sorcerification' of the local discourse on health problems, which again leads people who suspect that they have been exposed to *Ilarusa esetan* to seek her assistance. Also *iloibonok*, the masters of *esetan* par excellence, may acknowledge that as an *Enarusai* she may have a superior medicine for this partly 'foreign' category of *esetan*. On her part, Nengoke acknowledges that *iloibonok* have superior general knowledge on the subject of *esetan* at large, and she refers difficult cases to them.

Nengoke's comments on the nature of *esetan* are quite detailed compared to other informants, who usually, beyond general abhorrence, insist that they know nothing about it. She identifies the presence of *esetan* as a physical thing that can be felt by external hand inspection. Thus she refers to two main types of *esetan*. One is a relatively mild form that is somehow introduced into the victim's body through exterior, perhaps even remote contact through objects that have relation to the victim, such as discarded bodily substances like hair or nail-clippings, or objects they have owned. Typically, this form of *esetan* is supposedly placed under the bed that the

victim sleeps in. It was this type of minor, external *esetan* showing up as circulating 'boils' that Lengobo claimed ability to treat; and to him, the proof that *esetan* was the cause of a particular affliction would be for the *esetan* substance to show up in recognisable, original form in the blood he sucked out of the victim's body. It is thus implied that the substance to which the *esetan* becomes attached by the sorcerer constitutes a relation to the intended victim through which bodily internalisation supposedly takes place.

The other, and presumably more harmful form of *esetan* is the one that Nengoke claims to hold power over. The victim of this form is presumably given the *esetan* substance directly into his or her body disguised in food, and if treated early enough, it can be vomitted out before it settles. Thus direct, oral ingestion of *esetan* is implied to be a more effective way of internalising the harmful agent, and most informants tend to see this kind of *esetan* as a kind of poison, the substance in itself having harmful, transforming qualities. Yet, choosing sorcery objects is apparently mainly a matter of intention to do evil, knowledge of actual techniques, availability and opportunity, rather than intended degrees of efficacy. They are different modes of administration that tend to be perceived as 'ethnically' distinct.

It is striking that to Nengoke, the distinction between *iloibonok* and *Ilarusa esetan* is seemingly irrelevant, rather she emphasises the existing division of work between her and *iloibonok* to stress that even *iloibonok* respect her knowledge. Yet, to her patients a main quality is obviously that she represents a cosmopolitan grip of the new ways of life; as a modern *Enarusai* immigrant she has herself effectively combatted the tragedy of loosing children because of *Ilarusa esetan*, a particular and relatively new type of evil for people in *Oldoinyo Laaltaatwa*. She is familiar with the locally unfamiliar; she knows *Ilarusa esetan*, has invented a cure against it, and made it locally available. As an immigrant specialist of *Ilarusa esetan* she is pivotal to the emergence of a local discourse on the very conceptual category of *esetan* coming from *Ilarusa*, providing a set of explicable symptoms of misfortune, as well as their appropriate therapy. Most importantly, as a newcomer with a therapeutic novelty she represents a new alternative treatment of sorcery ailments, less burdened by the ambiguity of motives that characterises the local discourse on *iloibonok*.

### Modernising madness

The mastery of other symbols of personalistic agency of foreigners and neighbours are equally central in modernization of Maasai discourse on disease. On the basis of

fieldwork among the agro-pastoral, southern Maa-speaking *Ilparakuyu* Arvi Hurskainen (1989) has described how episodes of spirit possession at times have taken on epidemic proportions since the beginning of the 1970s. According to Hurskainen there were reports on single cases as early as the end of the last century, and he links the appearance of the phenomenon to massive cattle death due to rinderpest, causing many Maasai to seek refuge among agricultural coastal people (Hurskainen 1989:141). This phenomenon is thought-provoking considered the fact that Maasai basically do not believe in spirits. Hurskainen accordingly remarks that only possession by foreign spirits takes place, and therefore the phenomenon does not easily penetrate people's conceptual framework, but takes on epidemic character and serves as a channel for adjustment to a new socio-cultural situation (ibid.:141).

In Swahili the phenomenon is called *pepo*, a spirit released from the body. In other parts of Maasailand closer to town the concept is associated to the Swahili term *upepo*, meaning wind. In such areas the phenomenon of spirit possession is called *olpepo*, using a maa-sized form. Here people tend to believe that the ailment is caused by winds entering the head of the sufferer. Within the very last years this phenomenon has reached *Oldoinyo Laaltaatwa*. Only single cases are reported, and it is mostly women who by marriage have been moved from less marginal Maasai areas, but also destitute elders, who suddenly begin to sing weird songs on more or less self-constructed 'Swahili', refuse to take food, fall unconscious, etc.

The afflicted *Ilparakuyu* Maasai that Hurskainen worked with typically claimed to be possessed by spirits that were seen as personifications of the natural world, *Olmanyama*, the impersonated wild beast being a typical example, but also by spirits embodying entire ethnic groups, that is, prototypical strangers personified.<sup>4</sup> Thus the *Ilparakuyu* seem to have come a long way towards domesticating possessive spirits after all, cultivating their own distinct variety of this regionally important, interethnic mode of articulating personal suffering.

It is consistent with the novelty of the phenomenon in *Oldoinyo Laaltaatwa*, that even if the symptoms are imitated correctly, and the social situation of the sufferers corresponds to the construction of the ailment in a Swahili context, a local understanding of the ailment has yet to come. There the local discourse is a discourse on symptoms and perplexity as regards treatment. There is no idea of any connection to winds or spirits. The term *olpepo* is locally rendered as *olpeko*, and the phenomenon is classified as a new, and highly modern variety of madness. Compared to the *Ilparakuyu*, the Maasai in *Oldoinyo Laaltaatwa* have only recently begun to domesticate the phenomenon of possessive spirits.

The phenomenon is said to come from outside – according to Hurskainen

particularly via the Bondei ethnic group in the Tanga area, from which group *oloiboni* Sandai ole Mures claimed that ritual experts were increasingly setting themselves up as false *iloibonok* among the Maasai, causing the institution to become increasingly commercialised (see chapter 7) – and in 1993 there were no local, established therapists yet in *Oldoinyo Laaltaatwa*. However, as an experiment the touch of father Ned, the local, Catholic, American missionary priest, may be tried at church on Sundays. If this does not help the sufferer must be taken for treatment in other areas where people know more about it. About 100 km away, in the middle of an area of pastoral Maasai bordering on *Ilarusa* territory, is a strongly swahilized colony of immigrants from a variety of different ethnic groups (Arens 1975), where the Pentecoastal church has a large congregation, having specialised in curing spirit possession. Occasioned by his daughter having a problem with this new kind of madness that made ole Nakuroi, her father in-law, deliver her to her paternal home for treatment, an *oloiboni* living there has lately reasoned that he can arrange the required daily seances of singing and drumming as well as the Pentecoastals, and combine it with his own thoroughly tested cures against madness. The experiment appears to have been successful, and it is likely that henceforth this *oloiboni* will incorporate this new cure in his stock of treatments and receive more patients suffering from this ailment, as Maasai generally emphasize the unmatched powers of their *iloibonok* against mental suffering. Interestingly, this is also frequently emphasized by those Maasai – Christian and other sceptics – who most vehemently write off *iloibonok* as charlatans with commercial motives.

Actually, I only learned about this young woman's prolonged *olpeko* affliction when the situation had become thoroughly intolerable in the homestead, causing ole Nakuroi to approach me for assistance in transporting her to her paternal *iloibonok* home for treatment. It was initially more than a little distressing to learn that for several months of discussing general medical issues with ole Nakuroi and ole Kinyanyi in their *enkang'*, they had withheld the information that they actually had this extraordinary and quite specific case among themselves. I had not seen this young *esiankiki* before, and nobody had informed me about her existence; yet she had been lying ill in the house of her mother-in-law for all of my stay, and as it turned out, her problems had actually begun long before. However, in pondering this fact over, I soon realised that the reason why I had not been informed before was precisely that they were highly perplexed by the symptoms she displayed, and not inclined to classify her case as disease proper, nor as sorcery. Accordingly they were somewhat embarrassed by her odd behaviour. Revealing this case to me required that intimacy be well established first, lest her case and their inability to treat it effectively should



undermine the old man's claim to local medical expertise and wisdom. To them, this was not seen as a problem of disease, but something else they could not really account for.

When I finally met ene Lepilal as she emerged from her voluntary seclusion to be taken to her father's place by our car it was fairly obvious that she was suffering immensely, and had been so for a long time. Frail and lean to the extreme, pale, bloodless, almost unable to walk, and barely conscious it was nevertheless obvious that she was a young woman of striking beauty. I was informed that it had all begun shortly after she had been married to Lepilal, the hard-struggling senior *olmurrani* who together with his half-brother in fertile competition was responsible for the relative success of this homestead amidst widespread cattle death. As the wife of an *olmurrani* ene Lepilal was not yet entitled to her own house. About three years before she had been brought as a bride to Endulen from her home more than 100 kilometers away to live as a subordinate in the house of her mother-in-law, a situation that would only be altered when her husband became a junior elder, or when she became a mother. Ene Lepilal soon became pregnant, but unfortunately had a miscarriage, causing her first bout of *olpeko*. She was initially taken to hospital, but beyond physical medical attention to her miscarriage they could not really do anything for her there. A couple of visits to Father Ned's church to seek the magic of his hands, however, had restabilised her. Her condition was quite stable for a while, she was seemingly cured and became pregnant again. When she experienced her second miscarriage, however, her symptoms had instantly come back, and all the more forcefully. Once more, beyond checking her physical health, the hospital dismissed her as suffering only from 'hysteria'. A diagnosis, I reflected at the time being, that ole Nakuroi seemed to share. I recalled that recently Lepilal in a sad and deeply worried mood had asked me if I had noticed how all things seemed to miscarry after this year of drought – cattle, women, even trees.

This time Father Ned's hands were of no avail, and ene Lepilal sank further and further into misery, singing weird songs in odd Swahili, staying in bed all day, refusing to eat, and falling unconscious, until it was only too obvious that unless something was done, she would wither completely away. Although she is the daughter of an *Inkidong'ioiboni*, the Maasai specialist in madness par excellence, I think that the act of taking her to her paternal home was intended partly as bringing her home for belated behavioural correction, partly acknowledging her problem as serious disease.

Her paternal family responded to her problems with much more familiarity. Instead of sending her to the Pentecoastals for treatment, however, her father resolved

that they were themselves capable of performing the necessary rituals, modelled directly on what is done in church. Members of the homestead would gather around her in the mornings and afternoons to sing and drum on various kitchen utensils. As a supplement to appropriating this foreign ritual for the occasion, her father would administer well-tested cures against madness from his stock of traditional therapies. Ene Lepilal stayed at her paternal home for several months, Lepilal regularly bringing news of her steady recovery from his frequent visits. Only after I had left did she return to Endulen; she has finally succeeded to become a mother and is now well again.

Although it was widely acknowledged that there had been other cases of *olpeko* in the area, ene Lepilal's case was the only specific case of spirit possession in *Oldoinyo Laaltaatwa* that I learned about from first hand experience, and the general attitude tended to be that they were somehow all single cases connected to people having come from outside the area. Thus the local discourse on *olpeko* is mainly one of perplexity and scepticism towards the entire phenomenon. Still, the symptoms of the afflicted are alarming enough to indicate real mental disorder to Maasai in general, and it is recognised that this is an ailment that has come recently from the surrounding society, along with the inevitability of coping with the conditions of modern times. Thus not only is mastery of the symptoms of spirit possession a matter of learning by imitating the strange ways of foreigners, so is, seemingly, the effective therapy. When ene Lepilal's father adopted what he saw as the main elements in the Pentecoastal ritual to treat his daughter, he took a first step towards domesticating the fundamentally strange phenomenon of spirit possession by creating a basis for enlarging his stock of treatments to fit the modern times, rather than having to refer future Maasai clients with *olpepo* to foreign therapists.

Yet, beyond the general recognition that the specific symptoms of *olpeko* are an entirely new phenomenon connected to a modern life of increased interethnic communication in a world that has become smaller after white people removed differences between peoples, Maasai who were acquainted with the members of ole Nakuroi's homestead were remarkably clear-sighted in identifying social causes connected to the Maasai way of life and social structure as the true cause of ene Lepilal's suffering. Thus, several *ilmurran* commented that in general, it is quite tough for newly wed *isiankikin*, given that they are usually abruptly taken from a relatively protected life with much leisure in their mothers' households to an entirely alien area where they are very lonely as they have no friends or relatives of their own, and where they have hardly no individual status before they become mothers. Marrying a senior *olmurrani*, they claim, must be particularly harsh since they are not

entitled to a house of their own and are submitted to the whims of their mother-in-law. Generally, they acknowledge, young wives without children have a hard life.

Likewise, some elderly women also showed pity for such young wives, one of them commenting on Lepilal's case with a little background information. Before Lepilal married, she said, his mother took much pride in, and increased her status greatly from all the cattle he brought home, much of it going directly into her personal milking herd, but soon his success would be invested in his own wives. Therefore, my informant said, being married to an old man herself, but still having younger children to raise, she experiences her glory while her son is an *olmurrani*, who has not established his own independent household. She added the personal point of view that Lepilal's mother was jealous of this beautiful wife of her favourite son, and tended to see her as a spoiled child. The fact that ene Lepilal had experienced two successive miscarriages was a blow to her happiness that brought it all out as this strange madness; not only did the successive miscarriages for a time perpetuate her lack of status in her new home, it also suggested the dreadful possibility that she may never experience motherhood and acquire proper status as a mature woman. Although such comments are clearly influenced by personal knowledge of the involved parties, they also demonstrate a keen ability to identify the structurally conditioned social causes of major strain in Maasai society. In ene Lepilal's case, what seemed to motivate the specific aggravation of this structural social condition was, ultimately, the underlying experience of infertility, cattle deaths and general economic insecurity associated with modern times.

### **Marketing medicine**

In an East African context of nation states, in which the postcolonial process of consolidation has been widely marked by open conflicts articulated around ethnic cleavances, Tanzania enjoys a remarkable position as the place where to a large extent it has been possible to nurture a common sentiment of having an identity as a nation.<sup>5</sup> In relation to the state and the national community the Maasai in Ngorongoro occupy one of the most marginal positions in Tanzania. These years they express a strong desire to become more involved in the joint national process, and around Tanzanian pastoralists new organisations mushroom that are founded in accordance with the formal conditions of the state. This interest in organising themselves is an expression of a process of modernization of the political discourse of the Maasai, and it particularly concerns rights to their own territory, cultural practice

and mode of production. This interest is primarily perceived as a threat by the authorities of the nation-state. The Maasai in most ways enjoy a dubious status as the backward traditionalists of the nation.

In this connection it is remarkable that in all major towns and cities in Tanzania Maasai sell their medicines at the central markets, and that contrary to other market vendors of popular medicines they usually perform in their spectacular ethnic costume, although not in the city of Arusha. A large part of the inhabitants in and around the city are themselves Maasai, and the medicines are sold by the name of the tree of derivation; regardless of whether the particular purchaser is a pastoral Maasai, a Mwaarusha, or a Mchagga, the medicine vendor is likely to know the name of the tree in the purchaser's language.

At the vast city-market in Dar es Salaam Catherina Rhamadani sits selling medicines. When Peter and I approach her for an interview, she is extremely delighted, even flattered, to have visitors coming all the way from Ngorongoro to learn about her enterprise. In fact, she confesses never to have met Maasai from Ngorongoro before. As I am able to exchange elaborate greetings in Maa and also seem able to make semi-qualified guesses at the botanical identities of several of the medicines she sells by the name of ailment they are good for, she seems to grant me a degree of Maasainess, given that we meet in the multiethnic complexity of the city, I suspect.

Catherina is about 35 years old, a widow with grown-up children. She is an *Enparakuyu* and comes from the area around the town of Chalinze about 80 km to the west of Dar es Salaam. Two years ago, her husband died from bee stings. Catherina was his third and last wife, and despite her surname's Muslim tone, it is just a name, she says, her husband was never a Muslim. As a widow with grown up children she is now free to pursue her own interests, and she began selling medicine in Dar. In contrast to her male colleague at the market in Arusha, Catherina sells her medicines by the Swahili term for the diseases they are effective against, and she instructs her customers how to treat their problem with the remedies she sells them. She has *dawa ya choo*, 'toilet medicine', that is, medicine against digestive problems, for instance. She tells that the term covers medicine against diarrhoea as well as against constipation, and she often sells her customers mixtures or several medicines against the same problem.

In contrast to medicinal items at the market in Arusha many of her medicines are powdered, or rather anonymous roots, not easily identified. Thus her medicines resemble the *intasimi* of the Ngorongoro Maasai which are secret knowledge that has to be bought more than they resemble their *ilkeek* which belong to everybody. She

explains that the Swahili people do not want to know which tree is being used; they actually want this secrecy about medicine, she claims. To us she talks readily about the various medicines' true identity as *ilkeek*, even eager to have a 'professional' discussion of the subject, and to learn to which degree people from Ngorongoro share knowledge with the *Ilparakuyu*. In general her customers have tried the hospital first, but did not find the offered therapies effective. Therefore they come to her asking for medicine against specific ailments. Her customers are people of all kinds, and they are often so happy with the efficacy of her products that they return in a couple of days to introduce their sick friends. In this way her clientele is automatically and steadily increasing. At the moment she has about 10 clients daily. While we speak with her, several customers pass by to inform her that they intend to return during the day. She has a fine little framed price list with an index of the approximately 50 illnesses she has remedies against. It has been neatly typed for a small fee at the local CCM party office, where she has registered as a vendor of medicines, although strictly speaking, the recent relaxation in demanding licenses from street vendors in light of Tanzania's adjustment to market economy mechanisms has made such registration superfluous. She is very satisfied with her life in town and feels no reason to complain, everybody are very kind to the Maasai medicine women and protect them well, including the local police officers with whom they are friends. She greets them by name as they walk past us.

She stays in town a couple of months at a time, and for a few shillings she sleeps at the floor in an Indian shop. The owners of the shops that she and her friends sit outside daily do not charge them for their 'stalls', though. There are a few old Maasai men selling medicines here in Dar, she says, but otherwise they are all women. No *iloibonok* have set up business in town, they stay at home, she claims. When she has earned money enough and has become tired of living in town, she returns home and stays there for two to six months, and perhaps another woman takes care of her business meanwhile. Some *ilmurran* regularly supply her with medicines from home.

Occasionally she has true wholesale to medicine vendors coming from Mbeiya region far to the south. She is ready to give credit to wholesale buyers, and she is not afraid of being cheated. They come back for more, because they know we Maasai are honest people, she says. To such customers, however, she does not reveal which trees her medicines come from, as perhaps they would find out that these trees might still grow in their own land as well. She believes that the other peoples in Tanzania have largely forgotten their traditions and have extinguished the very sources of their own traditional medicines by cultivating all their land. She cannot help thinking that these

whole-sale buyers must be a little stupid since they are unable to find the plants themselves. She passes her waiting time between customers producing jewellery. Today, she manufactures jewellery on special request from whole-sale buyers in town. The women back home at Chalinze may use their spare time between tourist jewellery customers to collect medicines, the *ilmurran* travelling to and fro between country and town, in yet a new variety of their role as the travelling segment in Maasai society.

Economically, Catherina is doing extraordinarily well. Her income is large compared to that of any Maasai man engaged in cattle business these days, and in further contrast, it is quite reliable. She charges about 800 Tsh. for medicines equalling one or two cures. The woman who sits next to her, though, has small and large portions, the latter set at 2-3000 Tsh. I notice that all four Maasai medicine women in this street are rather mature women, in fact, Catherina appears to be the youngest. It is not unlikely that they are all widows who have acquired individual independence to set up a business of their own in town. The fact that there are all these single Maasai women to be found within the heart of roaring, cosmopolitan Dar es Salaam seems to add perspective to Parkin's hypothesis that importing foreign medicines or staying abroad are significant ways of challenging authority. In the Maasai case it seems that this may even involve whole-sale exportation of medicines to foreign ethnic groups.

At the end of the interview I buy *dawa ya choo* from Catherina, to give her benefit from this interview, during which several potential clients went to her friends. She very carefully instructs me how to use the medicines, and her instructions are much more elaborate on actual measurements and procedures than any instruction I have ever had in Ngorongoro. These procedures are usually assumed to be common knowledge; obviously, to judge from the highly routinised professionalism of her instructions, Catherina has a long experience that this is not so in multiethnic Dar.

After the interview Peter, who went to school in Mwanza, the second biggest city in Tanzania, at Lake Victoria Nyanza, relates how he was truly surprised at finding Maasai women selling medicines at the market there, given that Mwanza is the traditional home area of the Sukuma enemies of the Maasai. Being highly curious as to why and how these women had come to set up business in Mwanza, he had become determined to find out. They had told him that they are organised by an Indian tradesman who in Maasai areas finds women willing to undertake the journey to strange lands, organises their transport to Mwanza, installs them in temporary living quarters, and lays out the expenses for their stay subject to subsequent settling of accounts after completion of the agreed period.

The marketing of Maasai medicine is not limited to the three greatest cities of mainland Tanzania, however. A couple of young Waarusha men travel regularly

with medicines from their home area to Zanzibar town market. On Zanzibar Island, the heart of the bygone Swahili empire, there is a strong local tradition for humoral medicine of mixed Arabic and Indian ancestry. Unlike their ethnic sisters in Dar and Mwanza, though, these particular young men do not dress as Maasai, but their elongated, pierced earlobes are nevertheless an emblem allowing quick ethnic identification by local people. In the town of Muheza in Tanga region Maasai medicine is also to be found. However, one of the women who sell medicines there dressed in the easily recognisable Maasai traditional costume, turned out not to be a Maasai (Lars Oberländer, personal communication). This points to the idea that for a few it may be a deliberate strategy of commerce to cast oneself as a Maasai, when selling herbal medicines.

Several non-Maasai urban Tanzanians tell how they buy such market medicines. A Dar businessman of Zanzibarian Omani descent tells that he uses Maasai medicine or Swahili medicine against malaria, because the treatment of the hospitals is expensive, time-consuming and insufficient, but above all because there is growing resistance to biomedical pharmaceuticals in this highly endemic area. Whenever he feels that he has malaria, he goes for a laboratory test at the hospital. If the test is positive, he proceeds directly to the Kariakoo market near his home and buys one of the traditional medicines that are usually taken in the form of highly bitter liquids, reminiscent of quinine in taste, he claims. After completing the cure, he once more goes to the hospital, where he has another laboratory blood test to check that he is now free of parasites. So far, he claims, he has been cured every time, and he is convinced that a lot of these traditional medicines are truly effective medicines that may even be superior to modern biomedicines; only science has not discovered them yet. Likewise, a senior lecturer at the university tells that he has recently gone through a longer Maasai therapy against long-term bad health, and that it was really efficient. 'But', he says, 'if I think it over, what I got was probably more like a vitamin- tonic than a real medicine'.

### **Medical exchange in a modern nation-state**

In many ways, to the Maasai their increasingly personalistic, agency-oriented discourses on *esetan* and *olpeko* represent discourses on renewal through incorporation of key elements from the medical discourses and practices of others. The continual appropriation of what they see as the key symbols of misfortune of neighbouring ethnic groups is one highly important way of trying to grasp the

conditions of modernity and relate directly to it in practice. Thus, the incorporation of some of the modes of expression characterising other ethnic groups into one's own cultural habitus is seen as vital in overcoming the experience of increasing misery and suffering under the altered social conditions of living in a modern nation-state.

Yet, not only the Maasai are currently incorporating elements from other belief systems. A similar process is going on on a national level, in which Maasai medicines are subject to increased attention from townspeople, and perhaps especially from those who are least inclined to define themselves through reference to ethnicity, that is, from the more modernised and cosmopolitan members of Tanzanian society seeing themselves as citizens of a modern nation-state within the global community. This process of appropriating Maasai medicines represents another incorporation of the Other, as it were, but here fascination seems concentrated on the perceived 'natural', original, and authentic state of Maasai medicines, in the sense of representing a common, traditional and indigenous past lost to modern cosmopolitans. In this respect the current interest in traditional Maasai medicines is also part of a growing interest in the by now often historical cultural practices of grandparents and forefathers that is currently emanating in particular from the young, urban, educated elites all over Africa.

What goes on is modernization through mutual exchange, although this is far from taking place in a direct or balanced way. In one direction go Maasai medicinal substances, and in characteristic reflection of the general, low status of the Maasai, it is not their explanatory models or discourses on medicine and suffering, that townspeople are interested in, but solely their commodities, the medicinal substances and their inherent capacities to transform. It is, as demonstrated above, a constant element that the successful commodification of medicine rests on some 'secret of trade'. In a highly commodified environment as Dar es Salaam, this very secrecy becomes vital not only to the marketing Maasai women but to the customers as well, they decidedly do not want to know what is actually in the cure they get, or how it is supposed to reestablish health. In other words, what they seek is miraculous efficacy; a traditional magic, as it were, that will still help in situations where even modern biomedicine is at a loss. In Tanzania, and particularly around the major cities Dar and Mwanza, AIDS and drug-resistant malaria presently constitute two enormous health hazards. It is becoming increasingly obvious, also to laypeople, that biomedicine is unable to provide effective therapies against them. Particularly urban Tanzanians have experienced a marked deterioration of the modern, public health services ever since the oil crisis of the 1980's almost overnight transformed Tanzania from being a promising developing nation to being one of the world's poorest. The formerly



relatively well-functioning biomedical sector rapidly decayed, leading to a constant lack of even the most basic remedies. Recently payment by users was introduced, constituting yet another incentive for choosing alternative medical treatment.

The present urban fascination with Maasai medicines seems to represent a process in which, over the generations, attitudes to the process of healing has come full circle, from belief in magic, over faith in science, and back to magic, represented in the attraction of the bygone past. As such, the present fashion status Maasai medicine enjoys in urban Tanzania is quite parallel to the general quest for alternative therapies in Western societies, a process in which there is a similar strong focus on rediscovering the supposedly natural efficacy of alternative and indigenous peoples' therapeutic practices, historical as well as contemporary.

In the other direction of this exchange it is especially the sorcery objects of neighbouring ethnic groups, and some powerful symptoms and explanations of misfortune that have become increasingly attractive to the Maasai. The Maasai are appropriating the discourses of their surroundings, which they through the course of events have established peaceful relations with, leading to increased levels of communication and interaction. To Maasai this as a vital aspect of mastering the conditions of life in a modern nation-state.

In contrast, it is highly reflective of the unequal status positions in modern society, that the representatives of the dominant urban Swahili culture on their part ignore entirely the discourse on disease that comes with Maasai medicine administration in its local setting. Theirs is a focus solely on medicinal commodities; and in the process the materia medica of the Maasai become invested with an almost magic dimension they are not allocated in their local setting. At stake are open systems, with great force incorporating the different and fascinating into each their own conceptual framework, and in ways that correspond to and are reflective of their respective unequal status positions in the interethnic community of the nation-state. During the process of incorporation, however, reinterpretation and transformation of the discourse and substances of 'others' take place, whereby they are brought to correspond to and produce meaning in relation to the users' own, familiar discourse.

In accounting for current developments in Nyole medicine, Whyte drew attention to the basic tension between therapy through the application of medicines, which are commodity-oriented, cosmopolitan and foreign by nature, and ritual therapy, which is highly kinspecific and oriented towards a very localised setting, in which negotiation, gift giving and sacrifice are of central importance to the healing process. Arguing on the basis of Rwandan material, Taylor noted the same basic tension between modes of healing, and he saw them as different socio-logics

constituting opposing poles in a spectrum, arguing that at stake was, ultimately, a transition from the logic of the gift economy to the logic of commodity economy, and that people's actual behaviour tended to oscillate between the two, depending upon the context of the particular situation.

The Maasai examples presented in this chapter all thematise the clash between these modes of therapy to varying degrees, and also Maasai society oscillates between the logic of the gift and the logic of commodities, reflective of a process in which Maasai society is increasingly experiencing the inevitable consequences of being drawn into the increasingly commodified national economy. The logic of the gift is becoming increasingly irrelevant, and kinship obligations are becoming a burden people are no longer able to fulfill. Rather, as citizens in a modern nation-state, which has consciously built its national rhetoric of unity through comradeship and collectivity between ethnic communities on terms originally describing kinship relations, the Maasai experience is one of living in a society where social tension is increasingly articulated along ethnic lines. The stereotyped Tanzanian view of Maasai as backward and resistant towards development is increasingly experienced as a stigmatising, ethnic label. In neighbouring Kenya, where the majority of Maasai live, ethnic cleavances have long been a major theme in the political process of the nation-state. Mastering the modes of expression of other ethnic groups becomes increasingly vital, as it is increasingly on this level that tension and conflict is articulated. It is thus consistent with general cultural experience that the examples discussed in this chapter all articulate ambivalence and the importance of relations to neighbouring ethnic groups. All examples constitute an empirical echo of Taylor's point of the overall transition from gift logic to commodity logic.

The clash between gift logic and commodity logic is central in the constant lamentation that *enaibon* has expired and the institution of *iloibonok* degenerated into commercial charlatanism. It is noteworthy, however, that on Fosbrooke's evidence it is possible to demonstrate that this is far from a new critique, but a quite constant feature of Maasai opinions on *iloibonok* at least since colonial days, when the conditions of modern society were set in motion, ever since fuelled by continual incorporation of foreign elements. In this cultural critique of *iloibonok* lies an expression of the basic view that society really ought to be based on intimate, local kinship-based relations, community sharing, and gift-giving.

Against the rather constant moral critique on *iloibonok* practice stands the evidence that Maasai *iloibonok* did in fact adjust their practice over the years to fit the new conditions better. Thus the tendency to have several bases and clienteles, not infrequently in other ethnic communities, that they travel regularly between is a fairly

modern innovation. Although there are historical examples of Maasai *iloibonok* setting up practice among other ethnic groups, such as the Nandi and Kipsigis in Kenya, these were single events taking the form of permanent emigrations and leading to the establishment of new localised, lineage-based dynasties and parallel institutions among these peoples. In contrast, present-day travelling *iloibonok* are usually moving regularly between localities or regularly embark on missions aimed at building up such new clienteles, reflecting a situation of generally increased mobility. Modern *iloibonok* are quite cosmopolitan in orientation, and especially minor *iloibonok* see multiethnic clienteles, or perhaps more accurately, simultaneous practice among several ethnic groups, as an important way of increasing their personal influence and status. John Kereto's tour among the Barbaig is a case in point; he took a major step towards improving his personal local standing by participating actively in the peace process between traditional enemies. Although the initiative had come from the Barbaig, John was quick to realise the potential advantage to be had from participating actively in the reconciliation initiative now that pastoralists have more in common than used to divide them.

Likewise, it is noteworthy that particularly the supposedly ethnically specific type of *esetan* coming from *Ilarusa* is felt to be on the rise in *Oldoinyo Laaltaatwa*, reflecting not only a situation of increased contact to *Ilarusa* through immigration, but also that this contact is inevitable, since the *Ilarusa* represent a type of Maasai better equipped for meeting the demands of modern, national society. As such the *Ilarusa* are key figures representing mastery over a mode of life that pastoral Maasai feel forced to adopt. However, it is also felt that with the general adoption of the *Ilarusa* way of life, and with living in a world where contact between neighbouring ethnic groups has been greatly intensified, new problems in the social relations between people arises. Thus indirectly, the increased attention towards the specific notion of *Ilarusa esetan* also serves to direct the discourse on the evils of *esetan* away from *iloibonok*, partly reflecting a situation in which *iloibonok* are becoming truly Maasai, as it were, now that so many other strangers likely to be carrying with them less familiar evils are being incorporated into people's daily experiences.

In chapter 3 I argued with Baxter that East African pastoralists unlike their agricultural neighbours as a rule did not direct sorcery accusations towards their close kin or neighbours. In Baxter's view this is mainly due to the fact that pastoralists are highly mobile and generally seek to avoid social tensions by moving away from them, making sorcery accusations in pastoral settings a rare phenomenon, sorcery being a characteristic of strangers. As the Maasai in *Oldoinyo Laaltaatwa* have become increasingly sedentarised due to the cycle of poverty, small-scale agricultural pursuits,

and park restrictions, one might have expected that sorcery accusations would become increasingly directed towards the kin and neighbours that one is no longer able to move away from; that the Maasai mode of sorcery would have become 'agriculturalised', as it were.

Yet this seems not to be the case, not yet at least. Thus, in the example of Nengoke's former patient the elders had at no point articulated his ailment as being possibly attributable to wronged kinship or neighbourhood relations, rather they sought for an 'ethnic' explanation, as it were, trying to locate the true cause as stemming from external influence, and thus conforming to the pastoral preference for locating sorcery and disease to external sources. Their first suspicion before sending the boy for treatment against *Ilarusa esetan* was *esonjoi*, the disease of the Sonjo. Thus, both their suspicions involved diseases associated not with kin or close individual neighbours, but with entire neighbouring ethnic groups with whom the Maasai in *Oldoinyo Laaltaatwa* have experienced recent increased contact, to the point that many *Ilarusa* now live interspersed among them. The preference for attributing sorcery to strangers is upheld, even if they are now incorporated into local society. In this manner, the Maasai may be said to apply their own ethnic labels to the peoples around them.

That the Maasai have no inclination towards directing accusations at close kin and neighbours is clearly demonstrated in the case of ene Lepilal's bouts of *olpeko*. The neighbours and friends that commented her case readily identified her problems as stemming from tensions related to her lack of status and ambivalent position in her newly acquired kinship group. Characteristically, however, ene Lepilal did not articulate her problems as stemming from family tensions, nor did any of the involved new kin and neighbours in the homestead. Rather, being partly a stranger herself, coming from an area in which pastoral Maasai live in a much more cosmopolitan environment, she articulated her suffering through the characteristic symptoms of *olpeko*, this being a fairly well-established and hence standardised way of expressing misfortune in her multiethnic home area, where the appropriate cure is equally standardised. Mastering the symptoms of *olpeko* in the setting of *Oldoinyo Laaltaatwa* thus constitutes a cosmopolitan appropriation of a set of symptoms coming from strangers. It is a mode of expression particularly apt to ventilate such kinship-related tensions without addressing them directly, and without resorting to sorcery accusations. Displaying the symptoms of *olpeko* is a powerful expression of the ambivalence of living under modern conditions, yet at the same time, when displayed in *Oldoinyo Laaltaatwa* the mastery of these symptoms also somewhat ambivalently signals a certain degree of mastery over modern life. Thus the recent surfacing of

*olpeko* in *Oldoinyo Laaltaatwa* seems to indicate that in consequence of the present economic hardships and anxieties for the future, kinship is finally beginning to be felt as a burden to people, now that they have lost the social security it constituted in gift economy before the system of *engelata* (see chapter 3) became severely paralysed.

However, in characteristic Maasai fashion, the burdens of kinship are still not articulated through *esetan* accusations. Instead, the new symptoms of *olpeko* serve as a relevant and culturally agreeable symbolic expression of severe strain. Although the Maasai in *Oldoinyo Laaltaatwa* at the time of ene Lepilal's case of *olpeko* were highly puzzled by her symptoms and tended to classify this new mode of suffering as a brand new variety of madness, there is little doubt that with time they will mould their local understanding of the illness to conform with the more elaborate and culturally more integrated symptomatic categories and explanatory models of *olpeko* of more cosmopolitan Maasai localities. Here one of the most striking characteristics of Maasai domestication of possessive spirits is that they are described as personifications of the natural environment, or of entire ethnic groups. Thus, in the appropriation of the phenomenon of possessive spirits from their surroundings, Maasai still conform to the general pattern of emphasising their fundamental foreignness.

## Notes

- 1 Around Ngorongoro Conservation Area, in contrast, it is mainly genuine Maasai jewellery that is offered for sale at the tourist sites. Usually such genuine articles offered for sale are old types of beadworks composed in styles representing the time of former age-sets of *ilmurran*, which are now out of fashion. When women sell their old-fashioned jewellery it may be in order to acquire money to buy beads for composing more fashionable jewellery, but increasingly, one may see brand new jewellery, even of exquisite quality, offered for sale. As jewellery represents women's wealth and capital reserves, this reflects a desperate economic situation in which women are forced to sell their most valuable possessions with the sole purpose of obtaining money to buy food.
- 2 In one of our very first conversations with ole Nakuroi he related to William and me his version of the myth on how the Maasai came into existence as a tribe. Being originally an *Olarusai* by birth, having migrated with his family to *Oldoinyo Laaltaatwa* in his early youth in the beginning of the century, ole Nakuroi's version had details that were equally new to both of us, particularly on the coming together of the *llarusa* and the pastoral Maasai. The telling of this myth being occasioned by our questions on the relationship between various Maasai *iloshon* and the role of the institution of *oloiboni* in this, it went like this:  
"The *Irkisongo* were living between Mt. Meru and Mt. Kilimanjaro, and among them was their *oloiboni Kidong'oi*, but he left that place and went to live at *Engare Ormotonyi* ['the Water of the Birds'] which is today called Ngaramtoni by the Swahili ['Ngara-in-the-river']. When he was in *Engare Ormotonyi Kidong'oi* prophesied that the people called *llarusa* – they got the name because of the [light-brown] colour of their teeth [due to the highly fluorine water in their area] – and they

came from Kikoine near Moipo, which is a place near Moshi. They came and then started living with that *oloiboni Kidong'oi*. Now these *Ilarusa* saw the white clouds of rain around the top of Mt. Meru, and then they said, 'let us go to this place', and so seven of them came, and they did not have cattle. Six were married, but one was not and this was the one who was really feeding the others by trapping the animals by digging holes. So now this Mt. Meru and Mt. Kilimanjaro, it was really the Maasai who were then living near these mountains, but now those seven *Ilarusa* went there and then also the *Ilchagga* who were then living somewhere away from Kilimanjaro, and so they were looking for a new place to live, and so they followed the rainy white clouds. They came and payed a visit there, before they started to settle little by little. Then they said: 'Let us go to the *enkang'* of Njaro who was a famous Maasai elder living there [Kilima (Sw.) = small mountain]. By that time the Maasai were not calling the mountain Kilimanjaro but *Oldoinyo Oibor* [ 'the White Mountain']. These *Ilarusa* came to be the servants of this *oloiboni Kidong'oi*, meaning 'tail', and then they brought with them five things, and these are the things that the Maasai did not have at that time. These things they now brought to *oloiboni*: First of all the stools, because at that time the Maasai were using stones to sit on and were sometimes sitting directly on the ground [as they will still often do]. They also brought with them honey, which was something new to the Maasai, because at that time the Maasai were really, really afraid of the bees. They also brought with them the calabashes to keep milk in, for the Maasai were using containers made from tree-trunks. They also brought with them farming, for they were tilling the land near the *enkang'* of *oloiboni*. And then lastly, they brought tobacco.'

After reciting the obligatory pedigree of important *iloibonok* descended from *Kidong'oi*, however, ole Nakuroi switched to what he called the 'real beginning of the Maasai', that is, the more familiar myth of the original descend from Kerio known by all Maasai. William was enchanted with this myth of the *Ilarusa*, which was entirely new to him, finding it not only enlightening on Maasai *iloshon* history, but also hilariously funny, acknowledging ole Nakuroi's great skills as a story-teller. Especially the part about how the Maasai used to be 'really, really afraid of the bees' kept him roaring with laughter. In the present context it is remarkable how the *Ilarusa* are in this myth version credited with having also formerly introduced some very important key items in Maasai life, just as they are presently identified as the most modernised of Maasai subgroups.

- 3 The Sonjo are an enclave of agriculturalists who have traditionally held land to the north of *Oldoinyo Laaltaatwa*, amidst the many pastoral Maasai sections represented there. In local discourse, the disease as well as the cure comes from the Sonjo. Another frequently employed initial element in the cure for this ailment consists of herbal steam baths, or other ways of washing away the patient's excessive sweat (cf. Ellemann 1996).
- 4 Other examples of *lparakuyu* possessive spirits are lions, leopards, snakes, or less familiar phenomena mainly imported from Islamic tradition through Swahili culture, such as air spirits.
- 5 Part of the explanation is probably that the Tanzanian ethnic complexity is characterized by the presence of an extraordinary number of small ethnic groups. No single ethnic group thus counts more than 12% of the population. Part of the picture is also that there are representatives from rather many of the ethnic main divisions on the African continent, as well as Middle Eastern and Asian groups. In this sense not only Tanzania, but also other parts of East Africa have been truly multiethnic and extremely complex in cultural composition long before European conquest. Other reasons must be attributed to the fact that the Tanganyika mainland after 1915 had a relatively peaceful colonial period, as the German period was short, and the British were basically uninterested in the Protectorate they were given in mandate by the League of Nations after the First World War. A no less important aspect is probably also the fact that the independent state of Tanzania, represented by former president Julius Nyerere, called *Mwalimu*, the Teacher, from the beginning aimed at establishing a truly national discourse through the spread and modernization of the common language Swahili, and through that nurture a spirit of common, national identity. In concordance with the then Tanzanian ideal of socialism with a human face the socialistic vocabulary was to a large extent modelled on Swahili kinship terminology. A 'comrade' is thus

called *ndugu* in Swahili, originally 'young brother', but by extension also used as 'relative'. English-speaking Tanzanians have in recent times adopted the expression 'ndugunisation' as a concept that aptly captures the special Tanzanian variety of nepotism. Mwalimu himself undertook to convince the world that Swahili was a fully competent language by translating a couple of Shakespeare's works into Swahili. One of these works is *The Merchant of Venice*. I have since elsewhere seen this title retranslated as 'The Capitalist of Venice'. It appears that Mwalimu's intellectual interests are considerably broader than that particular bibliographer's.

## Conclusions

*Minang'aki imbaa entim.*

Don't shoot arrows (carelessly) in the forest.

In Massek & Sidai 1974:23; my sp.)

In the preceding chapters the main objective has been to describe Maasai medicine as practice and process. In doing that, discussions have evolved around some constant themes. Some of them have been explicated at various points during the presentation of material, others have remained largely implicit, and mainly facilitated description. A few of their interrelations, however, may need to be considered briefly in context.

Throughout this analysis I have referred to categories of modernity and tradition. This has largely been born out of the fact that the Maasai in *Oldoinyo Laaltaatwa* tend to express themselves according to such concepts. They see it as increasingly vital to master the practices and discourses of their surroundings, and in trying to do that, they identify certain signs of modernity such as adopting agriculture, and the *Ilarusa* housing-style and the *esetan* that comes with it. The adoption of agriculture is mainly a consequence of rapidly increasing poverty due to uncontrolled cattle diseases, and Maasai experience to be at a point of no return where they must modernise, whether they like it or not, in order to accommodate to the processes of development. They are highly sensitive to the discourses they are surrounded with in the contexts of the multiethnic nation-state. Also to non-Maasai Tanzanians modernity and traditionalism are important parameters in discussing the development of their nation, just as they are currently engaged in a process of appropriating commercialised Maasai medicines in urban markets as alternatives to biomedical and other forms of treatment.

Although these parameters thus arises out of the empirical contexts, they have also been adopted in order to unfold discussions in ways that mirror the basic assumption that health and disease practices are first and foremost a processual phenomenon, in which it is impossible to consider only local contexts and perceive them as static structures representing supposedly discrete and naturally bounded



systems. Ngorongoro Conservation Area as a distinct and bounded natural entity is a modern construction, preconditioned by a long history of pastoralist traditions. In an increasingly globalised world where Maasai may daily meet wealthy tourists from all over the world on luxury safari in the territory they formerly exercised control over, they are increasingly experiencing that their own nation is dispossessing them in an attempt to accommodate the conservation interests of the international community. Conservation rule allows them only few economic pursuits, and without sufficient development in-puts they are caught in a double-bind between demands on adhering to the principles of modern development within the community of the nation-state, and being left only the option of continuing rather desperately with a shattered version of their traditional mode of production.

Thus agriculture versus pastoralism has been another important, underlying theme in the preceding chapters. Apart from the dominantly economic aspects of adopting agriculture, Maasai emphasise that the agricultural mode of production is also carrying with it a whole range of cultural modes pertaining to other areas of practice. This is most clearly seen as change in dietary practices, and the way that they constantly thematise the issue of a felt increase in *esetan* and other phenomena of personalistic agency as intimately connected to the adoption of agriculture. However, although the Maasai adoption of agriculture as a practice is a recent phenomenon, I demonstrated that a similar cycle of events and responses characterised Maasai society at the time of colonisation. From a system based on regional interethnic divisions of labour in which agricultural elements seasonally prevailing in diet were obtained through exchange with neighbouring ethnic groups, Maasai agricultural pursuits were a temporary survival strategy in reaction to massive and fatal cattle epidemics, memorised as The Great Disaster. Through comparable disastrous developmental cycles in the last decades the practice of agriculture has increasingly become a condition of modernity, and a sign that one is 'developed', and paradoxically, utterly poor by pastoral standards. Thus poverty is in the Maasai context experienced as a consequence of modern changes, an effect of being parked.

An interrelated constant theme of discussion in the preceding chapters has been personalistic agency versus systemic features in Maasai medicine and health practices. This theme was most explicitly addressed in connection to the methodological discussion on exploring Maasai medicines and therapeutic practices from a laypeople's perspective. I claimed that conventionally medical anthropology on East Africa has favoured a methodological focus on the institutional frameworks of specialists, a focus contingent on an early theoretical interest in the social aspects of religious beliefs, and a contemporary inclination to favour biomedical categories of

investigation, as well as of finding natural, intellectual allies. This has resulted in a tendency to look too narrowly at responses to extraordinary disease situations and personalistic agency, at the possible expense of coexisting systemic features of a more 'naturalistic' orientation. I argued that a change of perspective to ordinary diseases and laypeople's practices, their home treatments, activities, and discourses, is more likely to produce an analysis reflecting locally relevant categories within the broader field of people's health practices. Baxter's observation (1972) that East African pastoralists commonly see witchcraft and sorcery as characteristic of strangers, and in contrast to other East Africans are remarkably reluctant to make sorcery accusations, overcoming tense social relationships by moving away, gave reason to suspect that with increased sedentarisation and immigration of 'strangers' Maasai therapeutic practices are becoming increasingly oriented towards personalistic agency.

In the pursuit of a preconceived hypothesis that Maasai therapy was predominantly a naturalistic system, possibly of the humoral type that explores dimensions of hot and cold and sees health as a question of maintaining bodily balance, I was eventually led to the preliminary conclusion that, although Maasai practices are constructed around notions of hot and cold, the 'system' is apparently less relevant to laypeople than to specialists, indigenous and expatriate. Maasai systematics seemed based on notions of landscape and climate, symptoms and how to find remedies against them. The way they exploited notions of hot and cold did not seem to generate consistent systematics.

Nevertheless, adopting a practice perspective from Bourdieu (1977) this approach eventually directed me to other relevant categories, notably the image of the thorn as a fundamental scheme of perception for constructing disease as bodily penetration. This scheme was subsequently found to have many refractions, particularly manifest in the image of poisonous fangs of snakes and lions, but also penises and weapons are penetrating objects that may cause bodily harm and disease. Through an investigation of the symptoms of swellings which Maasai find particularly alarming causes for action, including consultation of specialists, a highly important disease category was identified, providing a model for conceptualising the modern disease of TB as well. It was demonstrated that the category of diseases called *arbae*, metaphorical 'wounds' are conceptualised as sexually transmitted diseases, and modelled on the concept of weapon-, horn-, or fang-inflicted open wounds, they are seen as internal wounds connected to sexual intercourse and fertility. The disease categories of external wounds and internal 'wounds' relates etymologically and conceptually to the scheme of the arrow, *embae*, another inversion of the theme of the thorn, as effect to cause. Thus the idea of bodily penetration constitutes a general

model of disease and of vulnerability in general.

Images of thorns, arrows, horns, and fangs as causes of disease are clearly agency-related. Yet, this is agency of a type predominantly related to the natural environment and natural species, rather than to personalised agents. Also other health-related therapies are based on ideas of internal wounds and disease matter, and here agency notions are cross-cut, as it were, by notions of flow and non-flow, especially of blood. This was particularly manifest in pregnancy and post partum care, and in ideas about disease encapsulated as inner, circulating boils. When such symptoms that are suspected to stem from circulating boils are taken to the urbanised *Ilarusa* cup-setter Lengobo they to a certain extent form border-line or test cases between disease and *esetan*, the other major category of afflictions that Lengobo claim knowledge to treat, provided that they are milder forms located in the external layers of the body. In Lengobo's practice, afflictions, whether disease or *esetan*, were invariably located in the blood, and the cure was seen as completed when the afflicting 'matter out of place' (Douglas 1966) had come out with the blood, that is, had become fully externalised.

Blood is all-important as the very locus of disease, and of health, indeed of life itself. Thus it was argued that blood in Maasai consumption, contrary to popular images frequently echoed in scientific analyses, cannot be seen as a staple in diet. The consumption of blood invariably has therapeutic dimensions of compensating human blood loss. The loss of blood in the body constitutes a danger to health, whether it comes about through drought resulting in falling milk yields, through external wounds caused by weapons, internal wounds from birth-giving, or wounds deliberately inflicted in the series of rites of passage, perceived as rebirths, that all Maasai pass through in a gradual enculturation and 'personification', as it were, of the body through ritual inscription.

Through a focus on blood and dietary fluids, the ritual of *olpul*, usually seen as a warriors' orgy of meat-eating in the forest, was reinterpreted as a therapeutic health practice, fundamentally aiming at (re)constitution of the body. Thus *olpul* was found to be equally important for all categories of people who have suffered prolonged disease, particularly those who have been subjected to many 'watery' injections against TB, and in wealthier times also for post partum mothers. On the basis of Ellemann's new evidence (1996b) Maasai discourse on the bodily purposes of *olpul* was found to be remarkably rational, the body-manipulating techniques of the ritual possibly having actual dietary therapeutic effects, remarkably similar to the practices of Western athletes.

Much of laypeople's practices engages notions of celestial and bodily fluids, flow

and blocked flow, in a way highly reminiscent of Taylor's analysis (1992) of Rwandan systems of therapy. It may be argued that such notions are evidences of a humoral system, in the original Latin meaning of *humor* as 'fluid'. This suggests a laypeoples' practice that is highly characterised by naturalistic imagery, drawing on the experience of landscapes and yearly extremes that constitute essential constraints on pastoral practice. Thus, it is as if there in addition to the basic scheme of the thorn exists an equally basic counter-scheme, engaging the yearly cycle of fragile balances in its imagery, and manifest in important sets of oppositions that become metaphors in discourse on practice, such as hot-cold, dry-wet, non-flow-flow, hunger-plenty, bitter-sweet, and fertility-death. Yet, like in Taylor's example, such notions were continually cross-cut by notions of agency. Taylor argues that the substitution of flow-non-flow categories with increased notions of personalistic agency is a process quickly accelerating, and intimately related to an over-all societal transition from the logic of the gift to the logic of commodities.

In like manner I described how Maasai have a discourse on *iloibonok* and *esetan*, based on the scheme of the thorn inverted to the scheme of the poisonous fangs of snakes. As there are hardly any actual cases of sorcery accusations in Maasai society it remains a discourse rather than a practice. Basing my model of this discourse on Bourdieu's model of doxa and discourse as a field of opinions in which people may form heterodox and orthodox opinions on the basis of underlying, implicit cultural truths shared by all, I analysed first how *iloibonok* practice may in itself be seen as fundamentally based on a discursive practice, constituted by various modes of divination. From there analysis turned towards *iloibonok* community rituals as highly negotiated events, in which *iloibonok* ritual control is contested, clashing with notions of community authority exercised through elders. Likewise, through a discussion of the significance of bodily perfection, women's discourse on fertility and childlessness was to a large extent seen as a specialised women's counter-discourse on fertility and *enaibon*, and part of a women's fertility 'cult' addressing natural phenomena such as the holy *oreteti*-tree, certain non-poisonous snakes, and migrating dunes. This gave way to an analysis of how the original gift of prophecy was perceived by ordinary Maasai in general as having degenerated into commercial business, *iloibonok* having become so greedy in women, cattle and money that they are no longer trustworthy mediators to *Engai*, but sorcerers responsible for an increased spread of *esetan*. I argued that *iloibonok* as the ultimate possessors of *esetan* are perceived as incorporated strangers, and constitute a model of and for social evil. Therefore they live in subclan-exclusive settlements which are held to be so amoral that proper social relations have broken down, *iloibonok* no longer taking proper care

of their far too many wives and all sorts of incestuous relations going on.

Maasai generally claim this to be a feature of modern times linked to increased interethnic communication. Based on Fosbrooke's evidence (1948) that Maasai were voicing similar lamentations in the 1930s, I argued that, contrary to local opinions, this seemed to be a rather constant theme in Maasai discourse on *iloibonok*, as the basic tension concerning *iloibonok* and their *esetan* is reflected in the myth on *iloibonok* origins. Fosbrooke's evidence led to a discussion of the institution of *iloibonok* as facilitating the incorporation of the supposedly superior sorcery phenomena of neighbouring groups, as well as of immigrant ritual specialists. Notable among these are the *Ilkokoyo iloibonok*, and presently the local leading *oloiboni* is an *Olkokoyo*. Through local discourse on how the leading *oloiboni* had a dispute with his ritually supreme *Ilkisongo* colleague in Monduli Mountains, expressed as a conflict fought out with sorcery – the only legitimate way *iloibonok* may engage in sorcery activities – I discussed this conflict as occasioned by a dispute over ritual payments, ultimately constituting a political move to seek internal as well as external recognition for the Maasai in Ngorongoro Conservation Area as a modern territorial section of its own, *Oldoinyo Laaltaatwa*, in recognition that conservation rule constitutes a unique political predicament.

However, just as a new local lineage of *iloibonok* have come from the *Ilkokoyo* in more recent times, *iloibonok* meet the general discourse on their moral corruption with a counter-discourse on how certain false *iloibonok*, notably from the *Ilbondei* ethnic group, have lately imposed themselves among the Maasai, and that it is they who are responsible for the general critique of *iloibonok*. Yet, Maasai *iloibonok* seeking to increase their influence also travel to other areas to establish local clienteles, a feature characteristic of influential *iloibonok*, those on the rise, as well as of complete failures, who may leave permanently to set up practice among strangers. Local possible 'false' *iloibonok* tend to be members of the *Ilkiporoon* subclan, vested with the ability to point out disease with thorns and of 'tying', skills akin to *oloiboni*'s, who are setting up practice in an area of no *iloibonok*. In the larger perspective, specialists cross-cut boundaries and work in regional contexts, and their spheres of influence are potentially enlarged in ways reflective of increased communication.

Whyte (1988) drew attention to the long-established transactable nature of East African medicines and the attraction of foreign medicines and cosmopolitan specialists in general. In like manner Maasai tend to emphasise the foreignness of specialists occupations. When Maasai surround their *iloibonok* with a moral discourse on how they have corrupted their divine gift by becoming commercially oriented, they emphasise their foreign origins. Thus one may say that Maasai heretic

discourse on *iloibonok* depicts them as a kind of 'matter out of place', and accuses them of having become in another, but nevertheless very real sense agents of *esetan*. It is a discourse that in Maasai idioms expresses a felt clash between the logic of the gift and commodity logic. This clash is not only felt in connection to *iloibonok* ritual specialists, it may be said to characterise the present era more than anything else; external pressures on Maasai to modernise and participate in market economy for the benefit of the national community are stronger than ever. Traditional mechanisms of mutual assistance in individual crises, known as *engelata* (Potkanski 1994a, 1994b), which clearly operated on the logic of the gift, are rapidly breaking down, leading to a situation in which Maasai are forced to sell their cattle in order to buy food.

However, Maasai have also started participating in the market in more creative ways. Especially Maasai women have in recent years found a new ethnic niche in the marketing of Maasai medicines in urban areas all over Tanzania. Such women not only to a certain extent challenge established authorities by being independent business women who have managed to break away from their traditional culturally prescribed role, they have also for once managed to turn the perceived traditionalism of the Maasai ethnic group to an advantage, and proved to themselves and others that the preservation of traditions may in some connections be an advantage in the context of the multiethnic nation-state. This was reflected in the fact that some of them also engaged in whole-sale of medicinal substances to the medicine vendors of other ethnic groups. Moreover, this emerging new ethnic niche may be consciously exploited by non-Maasai copiers pretending Maasai background, testifying the great economic potential of signalling Maasai-ness to the individual medicinal entrepreneur.

I characterised the way that non-Maasai, modern urban Tanzanians are currently turning towards Maasai medicines as a kind of alternative therapy as reflective of the marginal position Maasai occupy in the national context, indicated by the way that, even if there is an increasing demand for Maasai medical substances, very little of the discourse on their use slips through to the purchasers. On a higher level the marketing of Maasai medicines was also seen as one part of a national exchange, in which Maasai, on their behalf, are increasingly incorporating parts of the discourses on disease from their surroundings, in an attempt to master the new signs of misfortune felt to be connected to modernity.

However, such Maasai incorporations of new phenomena are precisely oriented towards the discourses of neighbours and strangers, most notably manifest in the discourse on how *Ilarusa esetan* is permeating *Oldoinyo Laaltaatwa*, and how a new set of symptoms of misfortune expressed as spirit possession are beginning to surface

locally as well, although still poorly understood. Such new discourses constantly center on notions of agency as basically foreign phenomena, and it is noteworthy that even if they are poorly understood, they are increasingly copied. Mastering the symptoms and discourses of misfortune of others is becoming still more important in a national context where one's local society and its values are increasingly being marginalised as utterly anachronistic.

The scheme of the thorn in its many refractions and inversions may be seen as providing a model for incorporating all kinds of agency-related modern and inevitable, but basically foreign phenomena. Ultimately, it may be argued, the scheme of the thorn as an indigenous model of disease causation provides a metaphor for conceptualising bodily affliction as caused by penetrating foreign bodies.

## Appendix

### Endulen Hospital Statistics 1992

The following statistics extracted from the yearly report from Endulen Hospital 1992 illustrate the health problems of the residents of Ngorongoro Conservation Area treated by the hospital. The statistics have kindly been provided for this thesis by the compilor, Dr. Paco Sanz, resident physician in charge of Endulen Hospital during the entire fieldwork period.

#### In-Patients Morbidity and Mortality Statistics

	Adults/ Deaths	Children/ Deaths
<u>I. Infectious and parasitic diseases</u>		
Typhoid and paratyphoid fevers	3	-
Amoebiasis	1	1
Gastroenteritis	9	13
Brucellosis	8	-
Relapsing fever	-	1
Viral Hepatitis	-	1
AIDS	1	1
Schistosomiasis	-	1
Tuberculosis	54	27
Malaria	22	24
Whooping cough	-	1
Tetanus	2	-
Anthrax	2	1
Sparganosis	2	-
Hydatic cyst	2	1
Chancroid	1	-
Botoneuse fever	1	-
Acute viral disease	-	1
Gonorrhea (complicated)	-	1
Tungiasis	-	1
Ill-defined infections	1	3
<u>II. Neoplasms</u>		
Lung cancer	1	-
Liver cancer	2	2



Lipoma	1	-	-	-
<u>III. Endocrine diseases</u>				
Diabetes Mellitus (ketoacidotic coma)	-	-	1	1
Malnutrition	-	-	15	2
<u>IV. Diseases of blood and blood-forming organs</u>				
Anaemia	5	-	10	4
<u>VI. Diseases of the nervous system and sensory organs</u>				
Bacterial Meningitis	1	-	-	-
Epilepsy	1	-	2	-
Cerebrovascular attack	1	-	-	-
Ill-defined coma	-	-	1	1
Cataract	5	-	-	-
Endoftalmitis (trauma)	-	-	1	-
Ectropion	1	-	-	-
<u>VII. Diseases of the circulatory system</u>				
Heart failure	5	1	7	2
Acute Pericarditis	1	-	-	-
Thrombophlebitis	4	2	-	-
Pulmonary embolism	4	2	-	-
Arteriosclerosis of the leg	1	-	-	-
<u>VIII. Diseases of the respiratory system</u>				
Acute laringitis	-	-	1	-
Sinusitis	2	-	-	-
Acute bronchitis and bronchiolitis	25	-	14	-
Bronchiectasia and chronich bronchitis	8	-	-	-
Pneumonia	39	3	60	8
Lung abcess	1	-	-	-
Asthma	2	-	1	-
Pulmonary fibrosis	1	-	-	-
Pleuritis	1	-	-	-
<u>IX. Diseases of the digestive system</u>				
Peptic ulcer	2	-	-	-
Intestinal obstruction	1	-	-	-

Intestinal perforation	1	-	-	-
Intestinal Haemorrhage	-	-	1	-
Abdominal mass	1	-	-	-
Chronic liver disease	1	-	-	-
Liver abscess	-	-	1	-

#### X. Diseases of the genito-urinary system

Glomerulonephritis	-	-	2	-
Urinary infection	1	-	-	-
Urinary obstruction	2	-	1	-
Orchepididimitis	1	-	-	-
Prostate adenoma	1	-	-	-
Prostatitis	1	-	-	-
Pelvic inflammatory disease	15	-	-	-

#### XI. Diseases of the skin and subcutaneous tissue

Soft tissue infection	10	-	4	-
Penphigo	1	-	-	-
Skin infection	-	-	1	-
Acute Lymphadenitis	2	-	-	-

#### XII. Diseases of the musculoskeletal system and connective tissue

Arthralgia	5	-	5	-
Lumbalgia	2	-	-	-
Septic Arthritis	1	-	-	-
Arthrosis	1	-	-	-
Reumatic fever	-	-	2	-
Reiter's syndrome	1	-	-	-
Ostemyelitis	1	-	-	-

#### XIII. Symptoms, signs and ill-defined conditions

(including observation)	38	1	9	1
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#### XIV. Injury and poisoning

Minor trauma	5	-	1	-
Wound	8	-	-	-
Burns	7	1	-	-
Fracture of radius and ulna	-	-	2	-
Fracture of the humerus	1	-	-	-
Femur fracture	1	-	-	-
Intoxication by local medicine	4	1	-	-

### E. Code

Snake bite	-	-	1	-
Buffalo injury	3	-	-	-
Lion injury	6	-	-	-
Leopard injury	2	-	-	-
Spear injury	2	-	1	-
Elephant injury	1	-	-	-
Mongoose injury	1	-	-	-

### **Out-Patients Diagnoses (7,714 cases)**

	Number/ cases	%
<u>A. New cases (5,782)</u>		
Respiratory infections	1412	24.4
Ill-defined conditions and symptoms	1341	23.1
Malaria	646	11.1
Sexually transmitted diseases	444	7.6
Diarrhoea	348	6.0
Worms	327	5.6
Trauma	263	4.5
Eye problems	202	3.4
Arthralgia and arthritis	164	2.8
Soft tissue infections	51	0.88
Pregnancy related problems	32	0.55
Anaemia	31	0.53
Dental problems	15	0.25
All other diagnosed diseases	278	4.8

### B. Re-attendance (1,932)

Respiratory infections	625	32.3
Ill-defined conditions and symptoms	410	21.2
Malaria	217	11.2
Sexually transmitted diseases	157	8.1
Trauma	93	4.8
Arthralgia and arthritis	64	3.3
Diarrhoea	62	3.2
Worms	50	2.5
Skin diseases	41	2.2
Eye problems	30	1.5
Soft tissue infections	29	1.5
Ear problems	21	1.08

Anaemia	14	0.72
Pregnancy related problems	10	0.51
Dental problems	6	0.31
All other diagnosed diseases	103	5.3

### Mother and Child Health Care

Children	BGC	DPT I	II	III	Polio I	II	III	Measles
Makao	41	39	41	32	38	35	31	33
Mangola <sup>1</sup>	125	202	149	110	190	153	106	118
Endamagha	94	105	96	86	104	112	89	90
Olbalbal	131	93	85	83	114	94	86	95
Endulen	188	130	123	98	134	131	98	66
<b>Total</b>	<b>579</b>	<b>569</b>	<b>494</b>	<b>409</b>	<b>580</b>	<b>525</b>	<b>410</b>	<b>402</b>

Pregnant women	Tetanus I	II	III	IV	V
Makao	43	22	17	8	8
Mangola <sup>1</sup>	187	158	78	35	10
Endamagha	70	78	56	18	9
Olbalbal	98	89	51	24	10
Endulen	118	109	62	30	11
<b>Total</b>	<b>516</b>	<b>456</b>	<b>264</b>	<b>115</b>	<b>48</b>

### Tuberculosis 1992

#### A. New cases found in 1992

Pulmonary      Extrapulmonary      Total

Continuing treatment at the end of the year	42	13	55
Defaulters	2	1	3
Cured	4	1	5
Died	4	0	4
Transferred	13	1	14
<b>Total cases</b>			<b>81</b>

B. Cases brought forward from 1991

Defaulters	9	3	12
Cured	25	13	38
Died	0	0	0
Transferred	0	1	1
<b>Total cases</b>			<b>51</b>

Defaulting rate 1992	11.3%
Defaulting rate 1991	8.7%

<sup>1</sup> This locality lies outside the Ngorongoro Conservation Area, to the southwest. It is primarily inhabited by the agro-pastoral Barbaig who have been included in the hospital's service area as their health problems are no less serious, and quite similar to those of the Maasai within Ngorongoro Conservation Area. Although not specified in the statistics, Barbaig patients are increasingly frequenting the Endulen Hospital in these years, as demands for medical treatment are great. A relaxation of the historically strained relationship between Maasai and Barbaig, who until recently continued to conduct occasional cattle raids against each other, has been initiated primarily by the Barbaig with the explicit intention of allowing them peaceful access to the hospital.

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