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JAY H. BERNSTEIN

POISONS AND ANTIDOTES AMONG THE TAMAN OF WEST KALIMANTAN, INDONESIA*

Introduction

This article addresses a secretive but not specialized domain of medical knowledge in Taman society: folk medicines used to cure illnesses caused by poisoning. Poisoning is not the primary explanation for illness among the Taman; rather spirit intrusion, intrusion of an object sent by a spirit, or the capture of the soul by a spirit, explains the majority of illness, according to the native belief system. Because of the inclination to think of illness as being caused by spirits, the first response to illness is usually to contract a simple therapy from a nearby shaman (*balien*) in which a medicinal stone dipped in an herb is stroked over the body to remove the object. It is also common for an ailing person to seek government medicine in the form of a

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I am grateful to Roy Ellen, George Foster, Lynn Kwiatkowski, Carolyn Nordstrom, and Lesley Sharp for kindly reading and commenting on earlier versions of this essay. A reviewer whose identity is not known to me also made suggestions extremely useful to me in revising the text.

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pill or an injection. Only when the illness is uncommonly severe or unusual in another way is poisoning or a spell suspected.

The focus of this article is not, however, the attribution of illness to human action, but poisons and antidotes made from oils as medical knowledge in a traditional non-literate society: as objects of discourse and exchange, as charms and potions, and as sources of power. Poisons and spells, as I have already suggested, are not the prevailing domain of medical knowledge among the Taman. Furthermore, no one is ever accused either explicitly or implicitly of having caused someone's illness or death. As a result, questions of scapegoating, social stress, and intergroup hostility, so important to the understanding of sorcery in Africa and Melanesia (see Middleton and Winter 1963, Patterson 1974-75), are less relevant in the analysis of poisons in Taman society. Poisoning has, however, been attributed to indigenous peoples in other parts of Borneo such as East Kalimantan, and in Sarawak.¹ In the Upper Kapuas the most notorious poisoners – especially according to the Taman – are people of the Kalis ethnic group, who, along with the Taman, constitute part of a larger ethnolinguistic entity, called Maloh (King 1985).

The Taman inhabit an area several kilometres upstream of Putussibau, which is the capital of the Regency of the Upper Kapuas in West Kalimantan, Indonesia. Some 4,500 Taman people live in ten small villages along the Kapuas, Mendalam, and Sibau rivers. Putussibau, a Malay town of some 5,000 inhabitants, is the town furthest upstream on the Kapuas river, which is the longest river in Indonesia. By river it is 900 kilometres upstream of Pontianak, the cosmopolitan capital of West Kalimantan. Since the late 1970s it has been accessible to Pontianak by airplane, but in many respects it is closer culturally to Sarawak, Malaysia.

The Taman, like all ethnic groups in Borneo, have a cognatic kinship system. The bilateral kindred is the focus of each person's reference group as well as an organizing principle of task-oriented groups. Taman traditionally possessed a well-defined and socially elaborated hereditary rank structure including noble rank, a middle or vassal rank, a commoner rank, and, formerly, slaves; vestiges of this system are now found in customary laws pertaining to marriage, divorce, and adultery. Domestic groups, which may reside either in longhouse apartments or individual houses, are organized as stem-families, wherein (ideally) all children but one move to the house of their parents-in-law upon marriage. The one remaining child, regardless of sex, remains in the domestic unit along with his or her spouse and their children.²

¹ I have heard several accounts of poisoning in East Kalimantan, but am not aware of any written documentation on the subject. Jamuh (1960a, 1960b) has described poisoning in a coastal Sarawak area populated mainly by Melanau, and Chu (1978:166-168) briefly mentions sorcery (not poisoning) among the Iban.

² For further information about Taman culture and society see Bernstein 1991,

The economic activities of Taman society are focused on dry rice cultivation and to a lesser extent the tapping of rubber. Men, however, travel to remote parts of Kalimantan, or cross the frontier into Sarawak and Brunei, to pursue lucrative endeavours such as timber cutting and construction work. Young men take great pleasure in these journeys, and many continue to make them occasionally after they are married. Women do far less of this kind of travelling, although it is not unheard of for more independent-minded women to embark on these journeys and to earn money by selling cakes and other such goods.

Poisons and Spells

The Taman are vigilantly on their guard against poisoning, spells, and other black magic. While the primary fear is that one will be poisoned while on a journey away from home, there is also concern that people within the Taman community may want to poison others if they feel they have been shunned or rejected.³ For example, if a person asks for something and is rebuffed, that person may feel humiliated. Instead of mentioning it, he will keep his anger inside and take revenge on the other with poisons or spells. For this reason the Taman feel they must be careful of their words and actions in interacting with others.

This understanding is tacit and is not ordinarily discussed. In one instance I lost my composure when some people visiting the house I was staying in asked me to pay for drinks for them. My host, a shopkeeper, later warned me:

'You must not react harshly when someone asks for something. If possible you should agree with what people say. When people ask for something they are testing you. For example, boys will come from Putussibau to my shop asking for cigarettes. Then when I invite them to take some, they say, "never mind, we already have our own". It's a game to see whether a person is kind-hearted.'

I was warned by an informant not to travel to a certain upstream village because many persons there possess poison and may try to put it in my coffee or food.⁴

Diposiswoyo 1985, Harrisson 1965, King 1985.

³ Compare Peletz's (1988) account of Malay poisoning and sorcery in Negeri Sembilan. Peletz's informants attributed such behaviour primarily to envy, and secondarily to 'jealousy, frustrated love, personal rejection, loss of face, or some combination of these factors' (Peletz 1988:144).

⁴ This attribution of knowledge of poisoning to people in other villages, and especially to people from different ethnic groups and those further in the interior, corresponds to materials from other parts of the world such as East

On another occasion, an informant told me, 'People here have lots of poisons, *kunti* [charms], and so forth', and further advised me, 'If you are given a poison and you know it, give it back. If you don't know, and eat it, you die.' He elaborated by describing a celebration at a nearby village at which he ate food not knowing who had made it, and immediately afterwards his face turned red and he began coughing up blood. The informant, a Malay domiciled in a Taman village, attributed the incident to poisoning, and sought treatment by a Malay healer in Putussibau as well as getting a vitamin injection.

Many poisons are said to be 'planted'. They have their effects not by being physically ingested but by magically 'flying' into the body of the victim. They are set up by being planted in the ground or suspended from walls, rafters, or trees. These are oils, called *jang* or *sakang*. The Taman and other traditional people protect themselves by keeping anti-poisons. But one Malay man who lived among the Taman (and claimed to have considerable knowledge of the black arts) suggested that it was probably futile to try to protect oneself with such anti-poisons because there are so many ways to kill someone. 'The thing with poisoning is that it is as if you have an enemy who wants to kill you. He may at first try to shoot you with a bullet, but if he fails, he will try another way until he succeeds.'

The symptoms of poisoning, according to informants, are the yellowing of the eyes, mouth, finger-nails, or skin; blood discharged from the mouth, nose, and pores, or in the urine, faeces, or vomit; blindness; deafness; or paralysis. But depending on circumstances, poisoning may be suspected in cases of swelling, abscesses, or any illness. In one case a man who had malaria had to cancel his plan to travel to Sarawak with a group of confederates. His illness was about to be treated by *balien* (Taman shamans) as a spirit-caused disease when an informant of mine told me it was a case of poisoning. I asked another man what he thought of that idea. He agreed, saying that 'poison works like that, getting worse and worse, taking a year to be noticed if it isn't treated in time. [The sick man] has been injected many times and did not get better, so this is why he's trying *malai* [the *balien* ceremony].' Within two weeks the patient, though not completely recovered, felt sufficiently well to travel to Sarawak.

Another informant, however, said that the sign that disease was the work of a person was that it was sudden. All informants agreed that poisoning can lead to sudden death if not cured, so the fact that sickness lingers is sometimes summoned as evidence that an ailment is not from poisoning. Informants of all kinds said that such illnesses are exceedingly difficult to cure.

Besides the poisons described above are spells (*pulung*), which are 'intoned' and 'sent by the wind'. As one informant said, '*pulung* can fly.

Africa (Middleton and Winter 1963). It signifies a distrust of 'other' people as dangerous.

B-ring!' (he imitated the sound). These spells are Malay-Islamic in origin, and are related to the Malay explanation of disease as coming from ghosts that are carried through the wind (Bernstein n.d., cf. Laderman 1991). People knowledgeable about Malay medicine called these spells 'false wind' or 'man-made wind', and said they were far more dangerous than natural wind, which can also bring disease. *Pulung* is said to strike automatically; 'one shivers for a moment and can die; one cannot talk. It cannot be cured by injection.' It is also said to be the only ailment not curable by Taman shamans who remove disease objects from the flesh by stroking magical stones over the body. Malay wizards (*dukun*) are knowledgeable about both casting and neutralizing these spells (see Bernstein n.d.). One *dukun* told me there were forty kinds of spells, and another even provided me with a typed list of twenty-three varieties, each a different object over which a spell may be cast.

Victor T. King (1976) has written on curses among the Embaloh, who are closely related to the Taman. Among the curses he cites are: 'Die in childbirth', and 'Die before tasting the newly-harvested rice'. These curses are 'delivered in anger to an individual's face' (King 1976:130); 'merely to utter a curse may call it into being if the curse is deserved' (King 1976:128-129). While obscenities (especially '*pala' indu*' ['mother's vulva']) are on occasion uttered among the Taman, I know of no instances in that society of the kinds of curses mentioned by King. Such curses, if they ever occurred, would be punishable by fines, and the speaker would probably be severely beaten. King (1976:128) writes that cursing, 'if without foundation, can be fined and sometimes heavily so, and the curse has to be removed. Those who wrongfully curse others are also in danger of supernatural punishment if they refuse to make an apology and lift the curse.'⁵

Kunti

Kunti (also called *munti* or *punti*) is not considered a kind of poisoning or sorcery but a protective charm. A concoction is hidden to protect property and anyone who trespasses or robs the property suffers weakness, inflammation, or other illnesses characteristic of poisoning. The victim of *kunti* may well die, but unlike poison (*jang*), it is not set up specifically to kill a person. Despite this conceptual distinction, for practical purposes *kunti* and *jang* are the same, especially for the victim.

The varieties of *kunti* include *kunti api* (fire *kunti*), resulting in inflammation, *kunti bajong* (resulting in the shrivelling up and possibly breaking off of the leg), and *kunti pantak* (piercing *kunti*), causing blindness.

⁵ Public cursing is incongruous with the Taman data presented here, in which people believe that others may be harming them secretly but do not confront those they suspect of doing so. Much less would they come straight out with a curse.

Most informants claimed to know nothing about *kunti*, saying they are sinful, or that they could backfire. The following statement from a village headman was typical:

'I have no experience with *kunti*, etc. because if you use them incorrectly they come back to you. I have not used antidotes that combat or protect against poisoning because they are made from the same base as the poison itself. If in a specific instance I had to be treated for poisoning I would make an effort [to find a person who had an antidote], but I don't know who has it.'

Another informant said, 'People who set up *kunti* are no good: they don't have a good attitude. They're dangerous, and people ought to keep a distance from them.'

Inference of and Response to Poisoning and Spells

The Taman respond to illnesses from poisons with antidotes, and to illnesses from spells with counter-spells. Professional wizards may be sought, or divination may be performed to determine how and where the illness set in. However, no suspected poisoner is ever identified. The patient, healer, or other persons may have a suspect in mind, but his or her name is never uttered because of the culpability of contentious accusations within Taman customary law. Even Malay *dukun* (healers and wizards), who are not bound by these codes, say they may not name the poisoner even if they are certain of his or her identity.

In one case I studied, a diviner used a blow-dart to locate the origin of the disease afflicting a woman. She had an abscess at the base of her neck that got more painful by the day even though it had been treated with an herbal concoction to draw out the pus. The diviner determined, by the movement of a string tied around the shaft of a pole, that the woman could not be cured in the hospital because the disease had been 'sent' by a person. It was further established that the person who had poisoned her lived upstream. By asking more specific questions, the diviner was able to find out in which village the victim had been poisoned; the poisoner was not related either to the woman or her husband, but was an adult male. The answer to the question made sense to the sick woman, because she had visited that village three months ago for the funeral of someone in her family. Someone there had offered her a betel quid, which she had accepted, and she had felt a bit ill after chewing it, but she did not mention this to anyone at the time, nor did she think about it again until this divination. But because of the extreme and seemingly unnatural intensity of the pain, an attribution of the illness to the action of an enemy fitted the situation. Still, she did not mention the name of the person she suspected. It was explained that the family was interested in curing her illness and not punishing the culprit.

Oils as Poisons, Medicines, and Charms

Among the Taman, knowledge of medicine and even the possession of medicine are delicate subjects. Ordinarily people do not speak openly about the medicines they have, guarding the facts as secrets. There are two reasons for this. One is that many medicines are considered by nature to be antidotes that work against poisons, and knowledge or ownership of an antidote implies ownership of poisons or knowledge of their manufacture. A second reason is that people believe that if it becomes known that they own some medicine they will be called on to use it to cure others. The obligation to help people with medicine is considered onerous. As a result, medicine and pharmacological knowledge in general are surrounded by an aura of power about which many people are uncomfortable.⁶

This is especially the case with medicines based on oils, which constitute the most secretive realm of medical knowledge in Taman society. These oils are *sakang*, *sangka'* (or *sangga*), *kunti*, and *jayau*. Each of these work in the same way but have different purposes. *Sakang* causes illness or other harm, while *sangka'* is the antidote to a certain *sakang*. *Kunti* is a kind of *sakang* used to protect property. *Jang*, on the other hand, is intended specifically for killing people. And *jayau* is used to seduce the opposite sex. These oils have their effects not by being physically ingested but by magically 'flying' into the body of the victim. They are set up by being planted in the ground or hung up.

Vegetable oil is the vehicle used to preserve any of these volatile essences, be they poison or antidote. While other substances (camphor oil, eucalyptus oil, kerosene) are also labelled oils, they are not used in this way. Unlike other substances (including other types of oil), vegetable oil is neutral in itself, but it is well-suited to conduct other essences. It is ever-wet and does not dry out; it does not easily decay, and it retains the properties of other objects in solution.

The formulas suspended in oil are mysterious and, as far as I have been able to ascertain, are unknown to the Taman. Furthermore, the exact composition appears to be of little interest to them. The charms and medicines used by the Taman are received already prepared and suspended in oil, and it remains for them to use them according to correct procedures and to duplicate them as desired. It may be conjectured that the original poisons are similar to those described by Jamuh (1960a:464) for coastal Sarawak, which are reported to contain both plant and animal products, as well as powdered glass, suspended in coconut oil.⁷

⁶ Compare Taylor's study of the ethnobiology of the Tobelo of Halmahera (Eastern Indonesia). He writes that, 'Because folk medicine is esoteric, names of medicinally useful plants are seldom discussed' (Taylor 1990:23).

⁷ Intriguingly, many of the exact ingredients used in poisons are censored in this publication, 'for certain reasons'. But see Gimlette 1971.

A number of men owned little bottles of oil with coloured thread around them that they kept either hanging from nails on the walls in their houses, or else in more secretive places. One informant, Pulok (a 65-year-old man), had cut a large plastic lubricant tube in half and used it as a kit for seven medicinal oils, two of which may be used as poisons, as well as five love medicines (described in the next section).

[1] *Sangga racun* (antidote for poison). If you go on a walk, you rub a bit on your chest so you can't be poisoned. This is to protect against or medicate illnesses from poisons, if there is vomiting blood or sweating blood. Pulok got it three years ago in Melawi from a Malay, in exchange for a strip of cloth. He uses it whenever he walks somewhere, and takes it with him wherever he goes.

[2] *Tubai racun* (possibly refers to any of a number of plants used to stupefy fish). The strongest of all his medicines, used to protect a person from others who want to poison him or her. Obtained in Nanga Serawai, in exchange for a length of cloth. Drunk to cure *bato' rangkai* (dry cough). It is prophylactic as well as a medicine. This is the 'head' of the medicines.

[3] *Sakang pengiran mangku* ('titled prince *sakang*'), for vomiting blood. Acquired in Bunut one year ago, for one chicken and Rp.2,000. If blood comes out of your mouth, you drink this. It may be taken in conjunction with [1] if [2] is used first. The person must wait one hour before taking the next medicine. (A Muslim Taman who happened to be in the house during our interview mentioned that one must take one medicine for three days in succession before using another one, but Pulok disagreed, saying that he has used these medicines and knows about their correct use.)

[4] *Obat sawan* (medicine for convulsions). For children who cry or are frightened as a result of being disturbed (*kacau*) by demons (*setan*). Not for ordinary diseases. Pulok got it one year ago from a Malay in Mandai in exchange for one chicken. He obtained it for the purpose of treating his grandchild, and has used it twice for the grandchild, and many other times to treat other children. Unlike medicines [1], [2], and [3], which Pulok keeps hidden, many people in the village know of Pulok's possession of [4]. This medicine can be 'killed' (made dry and useless) by *minyak kilat* (lightning oil).

[5] *Obat sakit bajong*. For people who cannot walk because of arthritis or pains in their knees or other parts of the body, this medicine is rubbed on the body. It treats illness from sorcery as well as demons. Pulok bought it in Pinoh from a Dayak for Rp.5,000. The man selling it wanted cloth, but Pulok did not have any, so he gave him money instead.

Besides these medicines, Pulok displayed two *sakang* (poisons):

[6] *Sakang gayong*. An Islamic magic to kill a person's soul. If it is pointed at a person the victim almost dies on the spot. Even bananas fall off the tree if it is pointed at them. It is to be put on the upper body. Pulok bought it in Malaysia (i.e., Sarawak) from a Kedayan for \$M6.00. He has used it in Malaysia but not here. It can be taken as a preventative or medicine. That is, if someone else has *gayong*, this oil can be rubbed on the body to protect a person from its effects.

[7] *Sakang dilangkah* ('stepped-on' *sakang*). Rubbed on property. If a person tries or intends to steal it, his or her body swells up. This substance is also the medicine. It treats a variety of swellings, not just those from this magic. It can be rubbed on a doorpost and a potential thief won't come in. This is rubbed with *sabang* (also known in the Taman language as *suri*) leaf (*Cordyline fruticosa* (L.) Backer). The person who gets the treatment has to pay Rp.5,000, the price of treatment. It can also be used as *sakang kunti*, but if a needle is put into this, it can really kill people, so this is not allowed, as it would constitute murder. Pulok says, 'That's okay if you really do want to kill the person'. He got it in Selimbau from a Malay *dukun*. He has used it both to protect himself from poisoning and as a medicine to cure a Taman man who had swelling over different parts of his body when he returned from a sojourn in Malaysia. The man gave him a chicken, a knife, and Rp.2,000 in payment for the treatment.

Several other informants owned similar medicines. All said they had bought them, obtained them in exchange, or inherited them. One informant said he had been given them by guests passing through. My informants claimed no knowledge of the ingredients of any of these medicines. For example, one man showed me a medicine called *jadam*, for shivering and body aches, saying he did not know what it was made from, except that it was from a kind of wood.

These medicines are stored in small bottles with coloured threads tied around the necks. My informant told me that 'People never write the name of the medicine or potion on the bottle, because if someone tried to steal it, they would know what it is. With the secret way of labelling only I know the contents.'

It is hazardous to use a medicine illicitly, without knowing its specifications, because each medicine is associated with certain prohibitions on food or drink. Some of the prohibitions are intended to be life-long, although others must be observed for a specified length of time, such as a week, a month, or three months. The danger of consuming prohibited food is that, if the illness returns, the medicine will be unable to cure it. It is recognized that people disobey these prohibitions because of an appetite for the forbidden foods. I was told about such a case in which a person was

given a list of prohibited foods. He disregarded the proscription, and was dead in two days.

In general it was felt that in one major branch of Taman society (with the possible exception of the most upstream village) people did not have a great proclivity for poisoning each other. Rather, the medicines became useful to them when they travelled.

Use of these medicines is more prominent within another major branch of Taman society. In three months of research in one of these villages, I witnessed three cases that were treated as cases of poisoning. In one such case, a man possessing more than twenty bottles treated a man who had an infection on his leg. In this village, too, I was told that *kunti* was made from a decoction of roots, the poison being from the western side (the side of the setting sun) and the cure from the eastern side (the side of the rising sun).

A woman there showed me a bottle containing the *sangka'* for *kunti bajong*, in which there were also sewing needles. She said that each person who uses this medicine must add a needle into the bottle as food for the medicine, so the *kunti* will not 'eat' him or her. She told me how she came to acquire this *sangka'*:

Her husband had worked further upstream for a private timber concession. He also owned a coffee grove often raided by thieves. Then some people from Mandai visited the encampment to sell clothing and other goods, and her husband, who was their host, complained to them about his losses. They felt sorry for him and gave him a *kunti*. Therefore he has the antidote. But he moved to Malaysia [Sarawak] and sold the *kunti* to someone there. Now his wife [the informant] has the antidote.

It will be noted that this informant associates possession of a *kunti* with possession of its antidote, although she is able to explain how she could have come to possess the one without the other. Indeed, she does not admit to possessing a *kunti* capable of causing harm. From this account, it appears almost accidental that the poison and its antidote became separated.

Despite the disincentives to admission to ownership of these medicines, persons who have effective medicines become known through informal conversation, and ailing people travel from other villages to seek their medication. In 1987 one such man charged Rp.10,000 plus a chicken, a knife, one *gantang* (two and a half kilograms) of rice, and a metre of white cloth for treatment.

Many men have such anti-sorcery medicines, which they have collected during travels to Sarawak and other parts of West Kalimantan, including nearby Mandai subdistrict, where poisoning is surmised to be prevalent. One informant had three medicines, each from different places. One of these, *sangga tapang*, was intended 'to make someone nervous, so that if someone says something it will not come to pass'. The second was *sakang seribu*,

'antidote for a thousand poisons', used to treat all ailments except malaria. The third was actually two antidotes working together as 'husband' and 'wife' to cause illness by poisoning or *kunti* to return to its source. He had used this medicine successfully to treat a *kunti* victim in Sarawak, but he keeps information of his possession of these from his fellow Taman villagers.

Another Taman man had two oils he said he bought more than ten years ago for Rp.5,000 a bottle. He said the medicines were from Kalis, though it is not clear that he bought them there. Both were said to have originated in the 'olden days', and one was specifically said to be 'an heirloom, no longer made'. The other medicine was called 'rhinoceros oil' (*minyak badak*), even though it does not derive from the rhinoceros. My informant thought that the name indicated that the medicine was very old, inasmuch as it has been a long time since rhinoceroses inhabited the area.

A woman showed me a bottle of antidote to poison she and her husband had bought in Mandai in 1982 for Rp.30,000 (at the time more than US\$50.00). Inside the bottle were a sewing needle, some red thread, and green coconut oil. They had bought this medicine to 'protect the body'. Anyone who brings poison near it starts to shake and is soon forced to leave. The medicine is rubbed on the body, and one can travel anywhere without fear of being poisoned. They keep another bottle of the same medicine in a little plastic bag tied behind a post inside the front door to protect their house.

Several other informants claimed to have paid Rp.5,000 for a phial of medicine. I was told that the cure for *badi* ('revenge by a spirit-being'; see Bernstein 1991:106-112) is an oil, *sangka' badi*, that many villagers own and will furnish for a payment of Rp.10,000. These statements aroused my skepticism, because the prices seemed high in the context of the village economy. It occurred to me that my informants hoped that I would want to buy the medicines from them at such an inflated price, and may have made hyperbolic claims about both the virtues and the cost of their medicines. Besides a payment of money, typical customary objects of exchange may also be required for treatment with a medicine.

Any of these oil-based medicines can be reproduced by dipping a cotton swab into a bottle of medicine to absorb the base and placing it in a new bottle, adding oil. (The small phials commonly used for these purposes are usually empty eucalyptus oil containers.) Thus, in principle, the life of such medicines can be extended indefinitely. Certainly the power associated with these esoteric medicines is a motivation for collecting them, and the high prices are an indication that the medicines are highly valued. A point constantly made about the medicines was that they were not available through ordinary means, and that not anyone could obtain them.

Love Medicine (Jayau)

Among the oils used in Taman society are those called *jayau*, intended to cause a person to fall in love with the person casting this spell. The best-known *jayau* is *buluh merindu* ('longing bamboo').⁸ One man who owned *buluh merindu* claimed that, among its other virtues, it improves the singing voice of its user. Two men I interviewed gave the recipe of *jayau* from mount Tilung as containing six ingredients, including *buluh merindu*, a reed growing on mount Tilung, soft earth, and 'taro oil', the nest of a certain bird collected on a Friday, and other ingredients.⁹

I was once given a gift of a piece of reed purported to be *buluh merindu*. But one man said that no one claiming to possess *buluh merindu* can be believed, and that these are probably ordinary reeds.

Buluh merindu is not the only love medicine known to the Taman. One man showed me three bottles containing *jayau*, saying,

'Woman medicine [i.e., medicine to get a woman]. Love magic. You give it to a girl if she doesn't want you. Ingredients: taro oil, water buffalo oil, and *sapu kemudi* [untranslated] oil. They all have fishing hooks, as a "gift" to the medicine. If it is not given, the medicine cannot live.'

A number of married men owned these medicines, saying they had bought them in Mandai from Kalis people. The informant just mentioned said that many people buy these to take with them to Malaysia, where they use them on women. My informant Pulok, a 65-year-old man, not only had five *jayau* ('star oil', 'taro oil', 'woman sweetener', 'water buffalo oil', and 'sweetener'), but he also possessed a charm (purportedly a squirrel's penis inserted through a piece of wood) guaranteed to give a man an erection all day and night!

As with the other oil-based charms, and probably more so, there is a profit motive in collecting these *jayau*. My informants agreed that many people collect these medicines with the intention of selling them at a profit, and that a tidy profit could in fact be made from these oils. The most likely opportunities for using these oils – and acquiring them – occur in the course of travels, when men are not bound by their obligations at home. Another possible use is for youthful couples who love each other but whose parents

⁸The term *buluh merindu*, with an identical meaning, is common throughout Indonesia, and is mentioned in traditional verse (Amin Sweeney, personal communication). I have subsequently learned in the course of more recent field studies that Bruneians also recognize the efficacy of what they call *buluh berindu*.

⁹ See Harrison 1965:268-269 for a more complete description of the manufacture of this love charm. Mount Tilung, in Mandai subdistrict, is believed to be the final resting place of the dead. 'Taro oil' is just the name of an oil and does not denote oil of a taro plant.

forbid their marriage. The frustrated boy may give this medicine to his girlfriend to make her disobey her parents. About these oils, Pulok said,

'No one may borrow them, anyone wanting to use them must buy them. People around here don't know anything about how they are made. They cannot be given as gifts. Also, they are not a game. You can only use them on your own wife, or to get a wife if you are divorced or widowed. If you already have a wife you may not use it. People around here *very* often use these devices to get wives.'

Clearly, it is dangerous to use *jayau* for adulterous purposes, considering the strict penalties on sexual misbehaviour in Taman society (see Bernstein 1991:70-72). While many people apparently put much credence in these charms, one informant said he did not believe in love magic because love is from destiny or fate (*kebetulan*) (see Becker 1979), from God. *Jayau*, he said, can make a dead person come to life and kill a living person. Therefore, he reasoned, anyone experienced with these oils would not want to use them but would throw them away. Two teenagers whom I interviewed said they were afraid of love magic – not that they disbelieved in it, but they were not yet ready for marriage, and the use of these oils would inevitably lead to that. The point that my informants made clear is that with *jayau* as with other oils, anyone who uses them is free to do so, but must be prepared to accept the consequences of their effectiveness.

A Case of Sakang

A 20-year-old youth returned to his village with a severely swollen leg after working as a lumberjack in a distant part of the district. He had been working as part of a group of about fifteen young men when he and a Kayan companion were affected – he on the leg and the other man in the groin. They knew of no natural explanation (such as an insect bite) for the malady. A healer in the vicinity discovered that the illness originated from their trespassing on other people's property with the intention of cutting down trees; the grounds had been protected by an oil, *kunti bajong*, and this had caused the swelling. The healer treated them with leaves, roots, dirt, an ants' nest, and water in which rice had been rinsed. The men unsuccessfully sought the owner of the property. Feeling somewhat better, and realizing that no one there could treat them, they returned home. Those closely connected with the young man and familiar with his circumstances said that if he did not become well, he would have to return to the spot where he had been afflicted and appeal for help from the owner of the land on which he had trespassed. As one informant put it:

'In his case it is certain that whoever set up the *kunti* has the antidote, but it may be dearly expensive. The person may charge Rp.10,000 a day or more. Also, it would be very hard to find the legitimate owner of the

wood, since there are many wood industries there [where he was afflicted].'

However, the illness worsened again and a Kalis man who lived in a neighbouring Taman village was brought in to medicate him. In his interview with me, he expressed optimism about the prognosis of the young man. He said that, while he would try to help, he could not promise success. 'If the medicine does not work for him', he said, 'the patient can be treated by someone else'. If his condition worsened, it would not be his fault.

His treatment consisted of the administration of medicines from two phials. It was apparent that, apart from possessing these medicines and being able to administer them, he did not claim to be, nor could he be considered to be, a 'healer'. He claimed that he had inherited these medicines from his father, and that no one of his line of descent could use them. He did not know the origin of the medicines, or who first made them, but he said his grandfather had given them to him and taught him how to use them. He had taught him to 'feed' each of the two medicines a bit of ground metal every month, so they would not die of hunger, and coconut oil, so they would not dry out.

His possession of these medicines was known to the patient's support group in his village. The two phials in his possession, each containing swabs of cotton submerged in coconut oil, were said by him to work together as 'husband and wife', as 'antidotes for a thousand poisons' (*sangka' seribu*).

Before going to the home of the patient he performed a test: he dipped a 'needle' (a sliver of nipa palm leaf on which incense fumes have settled) into the 'male' bottle; if drops fell off, the patient would get well. If not, he would dip it into the small 'female' bottle. If no drops fell off after a while both times, it meant the medicine would not work. If that had in fact happened, he would have refused to come to treat the sick man.

To treat the man, he dipped the nipa leaf into the 'male' bottle and rubbed it on his own hands three times. He did the same with the medicine in the 'female' bottle. Then he rubbed the medicine from his hands onto the bad leg of the patient, with a downward motion, seven times, saying, 'You, who are sick, must get well. Struck by *bajong*, struck by *punti*, this is your medicine. The disease is leaving your body like a shirt being taken off.' As he tenderly stroked the oil on the patient's bad leg, he warned him that it could cause extreme pain or burning, because such illnesses usually 'combat' the medicine as it enters the body and breaks down the disease. In one hour, he applied the medicine about ten times. Before leaving, he mixed cooking oil given to him by the man's mother with medicine from the 'male' and 'female' bottles, putting the mixture into a new bottle. This medicine was to be used by the patient over the coming days as necessary.

Treatment with the medicine entailed several prohibitions on particular

foods and work. The food prohibitions applied to, among other things, papaya, water-melon, fresh water fish, and ground chillies. These prohibitions are supposed to be observed all the patient's life so the illness will not return in an incurable form. The prohibition on work for one month was a guideline, and only needed to be observed until the patient felt well. Some food prohibitions are flexible, depending on the patient's recuperation. Others are very important, on the other hand, and transgressing them is thought to bring on a relapse. People knew of many cases in which ignoring the prohibitions of a treatment had led to relapse. These prohibitions are imposed by the medicine, and not created by its owner.

The man described the payment for the treatment as a *pelias*: to protect him from the ancestors, so the illness he treated might not enter his own body. The payment included a *gantang* (two and a half kilograms) of rice, a 90 cm. strip (*lerang*) of blue cloth, a knife (*parang*), a sewing needle, a glass bowl, thread, and money – 'as much as the family can afford to spare' (in this case Rp.1,000). In another case treated by this man in the same village, the payment was the same except that, instead of one glass bowl, he was given two ceramic bowls.

This case illustrates several key themes in the conceptualization and use of poisons and antidotes in this society. A Taman villager is struck outside his society; his own actions are suspected of having brought on the harm. An ever-growing group of neighbours become involved in seeking an appropriate cure. A Kalis man brought in to heal the sick man gives a performance, using a number of devices to elaborate and mystify the application of his medicine. While not professing that his medicine originated from the same stock as the poison that caused the illness, he is willing to attempt a cure with it. The patient, afflicted (and presumably charmed) away from the village society, is cured at home with a medicine also originating outside the society.

Are Poisons and Antidotes Commodities?

Having described the ethnomedical background of toxic and healing oils among the Taman, and provided specific instances of people's knowledge, possession, and deployment of them, I want to return to the question of their place in Taman society as objects of discourse and exchange. In doing so I find it useful to recall Appadurai's (1986:13) suggestion that objects pass through a 'career' encompassing phases of production, exchange or distribution, and consumption. From this point of view, objects are not commodities in and of themselves, but rather they have a 'commodity context'. An object such as a medically potent oil may move in and out of a 'commodity phase'.

It would appear that these oils could be used without being commodities, through an act of generosity. From the materials I have presented it is clear

that they need not be used up by being used. One informant, it will be recalled, mentioned that her husband was given a *kunti* by a person who took pity on him. Since she was not personally involved in the transaction, her account cannot be considered thoroughly reliable. Another informant, though, mentioned that oils were given by guests visiting him from other villages. Some informants hinted that they used medicinal oils altruistically to cure people, but in these cases information about how to self-administer and further use them need not be imparted. Love medicine is also characterized by informants as something not to be given free of charge, but as I have mentioned, a Taman man actually did give me a piece of a key love medicine ingredient.

As Appadurai would have it, the poisons and antidotes have a 'biography', or even a 'life-cycle'. Judging from the narratives, the life-history of a poison or antidote begins before its introduction into Taman society. However, those biographies ('paths and diversions', in Appadurai's terms), prior to the informant's own acquisition of them, were never cited. I infer that this information is not considered important and is not sought. But the nature of the original source of the medicine is mysterious. It seems to be partly natural, partly man-made, and partly supernatural.

The point of production is blurred or unknown. People may know where a medicine was obtained, but that is no indication that it was made there. 'Such gaps in knowledge of the ultimate market by the producer are usually conducive to high profits in trade' (Appadurai 1986:43).

Oils are introduced to the Taman in inter-ethnic encounters, usually but not necessarily taking place outside Taman society. Once brought into the Taman village, they need not be exchanged further. Perhaps people from more isolated places, and with less mobility than the Taman, would find these items desirable and would buy them, but the Taman prefer the more 'authentic' oils from the outside.

As to the end of a medicine's biography, informants stated that a medicine could die if not 'fed' or otherwise maintained. On the other hand, medicines said to be passed down from generation to generation had a certain distinction.

There is no 'market' as such for esoteric and illicit medicines; they are exchanged in a far more discreet manner. A search may be made for a person who possesses a specific oil, or someone may mention in an individual encounter that he can make a certain medicine or charm available. Some persons do seem to delight in collecting oils, and they become 'connoisseurs' of them. As with any exotic hobby, there is pleasure in sharing it by displaying the collection, in the right circumstances, to a person who has the correct appreciation for it.

Probably the outstanding point about these objects is the sense in which they are mystified. They have individual (though sometimes standardized) names, and apparently no fixed value – though one may be claimed. They require the use of a specific verbal formula or action to make them effective;

and only at that time do they have a 'commodity potential'. While they may be hung on a wall, their specifications need to be kept secret. There is never any assurance of their effectiveness or authenticity, and there is an obvious potential for false or inflated claims. These manipulations may be related to the purported origin of oils outside Taman society.

It is important to note that 'using' a medicine by 'treating' a person actually involves giving some material which can be replenished and used again indefinitely – but only if specific information is furnished. That being the case, it seems that knowledge itself is the true commodity in this instance.

The social forces organizing this knowledge tend to make oil-based medicines esoteric, exactly the opposite of 'Western pharmaceutical medicines', which come with printed labels. 'Writing removes the monopoly on knowledge of those who have produced or "possess" it and makes it accessible to others. It objectifies knowledge – that is, makes it a *thing* which can stand on its own, be kept in a cupboard, locked behind doors, handed over to others across place and time' (Van der Geest and Whyte 1989:348). Providing written specifications or instructions for these oils would be self-defeating in several respects. Their persistence requires that knowledge of them be stored in oral formulae and transmitted in individual transactions of exchange. The manner in which they are exchanged gives each flask of oil an individual life history and keeps it out of the general flow of commodities (cf. Kopytoff 1986:73-77).

Conclusion

The use of oil-based substances as potent poisons and antidotes in Taman society illuminates a concept of medicine in that society. From an examination of the use and knowledge of these substances we find that the Taman see medicine as a vital essence that must be fed, that is adversarial in nature (it attacks its opponent), can cause harm as well as good, and can backfire on its owner if not treated according to the correct procedures. Some medicines, as we have seen, have mates. The medicine enters the system of the person who uses it, and for that reason, foods prohibited in conjunction with a medicine can never be ingested again, at the risk of the disease returning. If that happens, the medicine will be incapable of curing it anymore.

People acquire knowledge of medicines in the course of sojourns outside Taman society. Returning to their villages, they guard their knowledge as a special possession that should not be freely dispensed. Older men have the most knowledge (and biggest collections) of medicines, while women rarely possess these unless they have travelled. The small bottles in which medicines are kept are a common sight, but since the bottles are not identified, the contents of bottles are unknown to all people except the owner.

Medicines to which access is limited are highly valued, as indicated by the high prices claimed for them; they originate outside Taman village society, and persons who do not travel would not be able to acquire them. The collection of medicines is a route to social power. Possession of them is never made public; rather, a person wanting to use another's medicine must make a private request, and payment is usually required. Finally, these medicines are considered dangerous, and it is insinuated that those who collect them may have evil motives.

This attitude toward exotic medicines has resulted in the sensitization of discourse on more common medicines among the Taman. Owning a useful medicine, or knowing how to acquire one, confers a power that can occasionally be exploited for a profit. The attitude to poisoning among the Taman is manifested not in a horror of sorcerers, but rather in caution while travelling, and a retrospective attribution of harm to dangerous persons and situations.

Since alleged poisoners are never named, it is not clear how any social conflicts are resolved in the process of assessing and treating these cases. Ultimately, suspicions about neighbours are aired only in a generalized way. The notion that illness can be traced to human aggressiveness is not integral to the Taman medical belief system, and it appears not to be indigenous. But, as the Taman have interacted with other peoples of Borneo, the use of antidotes for protection against these dangers has become ingrained in their own culture.

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