

# THE ART OF HEALING

## AUSTRALIAN INDIGENOUS BUSH MEDICINE



MEDICAL HISTORY MUSEUM, UNIVERSITY OF MELBOURNE



The health gap between Indigenous and non-Indigenous Australians is among our nation's most dire social problems. To reduce the unacceptably high rates of illness and premature death suffered by many Aboriginal and Torres Strait Islander communities, we must combine the trusted ways of holistic healing that have been practised on this continent for millennia with the most recent Australian and international research, education and clinical practice.

The exhibition *The art of healing: Australian Indigenous bush medicine* explores the enduring presence and evolution of Indigenous medicine, and presents, through contemporary art, examples of specific treatments and broader approaches to healthy living from across Australia. It affirms that traditional healing is thriving—an intrinsic part of the lives of many Indigenous communities.



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EDITED BY  
JACQUELINE HEALY

MEDICAL HISTORY MUSEUM  
UNIVERSITY OF MELBOURNE



## ACKNOWLEDGEMENT OF COUNTRY

*The University of Melbourne acknowledges the Wurundjeri people,  
who are the traditional custodians of the land upon which the university now stands.  
We pay respect to the Elders—both past and present—of the Kulin Nation,  
and extend that respect to other Indigenous Australians.*

In 2012, as part of its Melbourne Medical School sesquicentenary celebrations, the Faculty of Medicine, Dentistry and Health Sciences commissioned Wurundjeri artist Mandy Nicholson to create this possum skin cloak, and presented it as a gift to the University of Melbourne. The cloak was first worn by Professor Ian Anderson for the academic procession leading to his admission to the degree of Doctor of Medical Science (*honoris causa*).

In a gesture of respect to her ancestors, and in recognition of the fact that the university's Parkville campus lies within Wurundjeri Country, Mandy Nicholson used traditional symbology to guide her design on the cloak. The symbols pertain to Wurundjeri Country, and to students and learning. The intricate swirls represent the smoke of a ceremonial fire to welcome students—from near and far—to the land, and their personal and academic journeys while at university and beyond. Interlocking and reaching out in many directions, the swirls also call on students to share the knowledge learned at university with their own communities, and with the wider world.

Mandy Nicholson (Country: Wurundjeri), **Possum skin cloak**, 2012 (detail), possum skin, thread, charcoal; 181.0 × 130.0 cm. University of Melbourne Collection. Photograph by Peter Casamento.





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## FOREWORD

In 2017, we celebrated the Medical History Museum's 50th anniversary with the opening of a refurbished museum space, generously funded by Miss Denise de Gruchy in memory of her brother, Professor Carl de Gruchy. The museum now has improved display infrastructure and is more closely integrated with student study spaces, bringing the collection closer to our students.

The museum was established in 1967 through a grant from the Wellcome Trust. Today, it holds more than 6000 items covering the history of the Melbourne Medical School and the broader history of medicine in Australia and internationally, in a diverse collection of documents, photographs, artefacts, ceremonial objects, and medical and scientific equipment. For 50 years the collection has grown, due to the generosity of benefactors associated with the Melbourne Medical School. Together with alumni, their families and others, these benefactors have been crucial to building this valuable historical and cultural resource. A major donation by the Wellcome Institute was the Savory and Moore pharmacy, shipped out from London in 1971. Other important gifts include the Australian Medical Association Collection of archival material, and additions to the pharmaceutical collection from the estates of Graham Roseby and Sir Russell and Lady Grimwade.

We continued these celebrations in 2018 with a major change to our collection policy. Although the museum has successfully placed the history of Melbourne Medical School in the context of settler Australian and international Western medicine, it has not encompassed the traditions of the 65,000 years of healing practice that existed in Australia before the introduction of European medicine. The collections policy has been revised to include art and material that relate to Australian Indigenous health care. The emphasis is to collect contemporary art that demonstrates the currency and strength of these healing traditions in communities. The exhibition *The art of healing: Australian Indigenous bush medicine* brings together artworks specifically commissioned and purchased for this purpose, and that will form an important part of the collection—now and into the future.

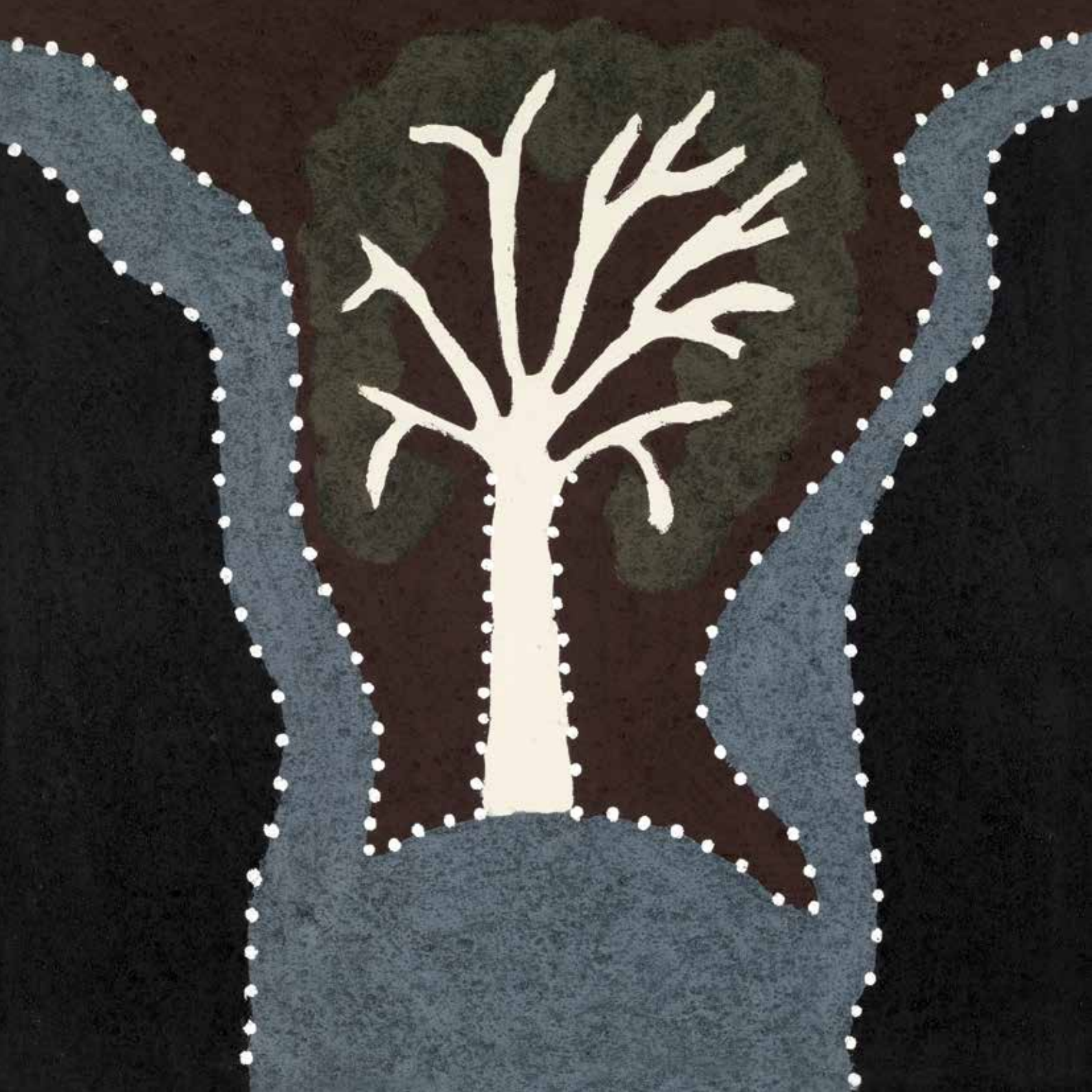
The Medical History Museum will continue to grow and celebrate the strength and diversity of Australian Indigenous cultures. The exhibition is touring internationally in 2019 to Bush House, King's College London (14 May to 7 July), to coincide with the visit of participants from the Melbourne Poche Leadership Fellows Program for emerging Indigenous leaders, and then to the Berlin Museum of Medical History (Berliner Medizinhistorisches Museum der Charité) (24 October 2019 to 2 February 2020), which is operated by Charité – Universitätsmedizin Berlin, one of the largest university hospitals in Europe.

### Professor Mark Cook

Chair, Medical History Museum Advisory Committee, University of Melbourne

Cat. 11 Treahna Hamm, **Dhungala cool burn** (detail), 2017, acrylic paint, river sand, bark ink, paper on canvas; 100.9 × 114.0 cm (each of three panels). MHM2017.2, Medical History Museum.





## PREFACE

Traditions of healing have existed in Australia for some 65,000 years. When European settlers and visitors such as ships' surgeons brought European medicine to Australia, most failed to notice the sophisticated healing practices that already existed here. Yet these traditions had supported this continent's diverse and complex Indigenous cultures for millennia, and continue to be central to community health and wellbeing.

In 2010, the Faculty of Medicine, Dentistry and Health Sciences reached a significant milestone in implementing its reconciliation action plan, with the appointment of Professor Shaun Ewen as Associate Dean (Indigenous Development)—the first such position in Australia. The Faculty continues to foster Indigenous leadership with the recent appointment of Professor Sandra Eades as Associate Dean (Indigenous). Professor Eades has been recognised for her work in paediatric and perinatal epidemiology, identifying links between social factors—such as housing—and infant health. She leads a new Centre for Research Excellence for Aboriginal Child and Adolescent Health. This complements the ground-breaking work of the Faculty's Indigenous Studies Unit (led by the university's Associate Provost, Professor Marcia Langton, AM), Melbourne Poche Centre for Indigenous Health, Indigenous Health Equity Unit, Indigenous Eye Health Research Group, Leaders in Indigenous Medical Education Network, Rural Health Academic Centre, Culturally Inclusive Rural Health Care Research Group, and individual Indigenous staff in various teaching and research positions.

The exhibition *The art of healing: Australian Indigenous bush medicine* follows the premise of *Tjukurpa* (from Pitjantjatjara language, which can be translated as the Dreaming, or as the foundation of life and society). It explores the enduring presence and evolution of Indigenous medicine, and presents, through contemporary art, examples from many communities. This publication affirms that traditional healing is a thriving practice informed by the past, and an intrinsic part of the lives of many Indigenous people. As Dr Brian McCoy says in his essay on men's health, the key to the future is in these old and new traditions working together. I thank the artists and other contributors for sharing their cultural knowledge with us and reminding us of the importance of working together with respect.

This exhibition expands the museum's collection, to include contemporary Indigenous art. These works will continue to benefit us all as they are installed across the Faculty after the life of the exhibition. I congratulate the Medical History Museum and look forward to its continuing contribution to the life of the university and our broader community.

### Professor Shitij Kapur

Dean, Faculty of Medicine, Dentistry and Health Sciences  
Assistant Vice-Chancellor (Health), University of Melbourne

Cat. 40 Shirley Purdie, **Warlarri / White River Gum / Eucalyptus papuana**, 2016, natural ochre and pigments on canvas, 45.0 × 45.0 cm. MHM2017.19, Medical History Museum. *Warlarri* is used for rashes and sores, and as a drink to ease coughs and colds.





## TRADITIONAL ABORIGINAL HEALING PRACTICE

The most pressing social problem in Australia today is the health disparity between our Indigenous and non-Indigenous people. Closing such wide gaps in mortality, morbidity and life-span in this rich, first-world nation requires greater efforts by the health workforce and policy makers. We who are not directly involved also have a role: if we were more knowledgeable of the history of Australia, of the diversity and depth of our Indigenous cultures, and more accommodating of the continuing traditions, allowing them their rightful place in our nation, I believe that we would overcome the life-threatening disadvantages faced by Indigenous Australians more quickly.

There is so much that we have yet to learn from the traditional healers and their families. This book accompanies an exhibition of bush medicine and healing, held at the University of Melbourne's Medical History Museum. The display of artworks and objects opens a window onto the precious legacy of Aboriginal healing traditions, with their unique values, beauty and power. Images are used by healers to focus the patient's attention on ancestral power and the proper state of balance between the spiritual and the mundane, to achieve social order. Displaying art depicting the design world and ways of seeing of traditional healers validates these ancient traditions and shows us creative ways to maintain these vulnerable and threatened bodies of knowledge and practice.

Dignity for all involved must be a part of our approach; respect for cultural and religious values also, having regard for other people's belief systems, and allowing people entering a clinic or hospital to feel that their cultural heritage need not be hidden out of fear of discrimination or contempt. By placing the dignity of the person at the centre of our work, we start to create healing spaces and healing cultures. This is the great contribution that traditional healers bring to the institutions of health care introduced into rural and remote Australia, some as recently as 50 years ago. These extraordinary healers are called by many names: clevermen, *marrnggitj* and *ngangka i* are just three. Invited by health professionals into clinics and hospitals when Aboriginal patients are afraid and resistant to health care, healers bring ancient Aboriginal values to the task. Collaboration between healers, medical professionals and scientists is a public secret in Indigenous scholarship circles and deserves to be widely understood. Healers understand that Western medical treatments should be used by Aboriginal patients, and often explain to them that they should go to the clinic or stay in hospital and not fear the doctors and nurses. Healers can be blunt about this, and have said to me, 'I can't help you. Go to the hospital'.

Judith Pungkarta Inkamala collecting bark from the *Ntjwia errkngalha* (Corkwood bark). The bark is taken off, burnt, and made into a powder that is used to treat many different ailments. © Copyright Hermannsburg Potters.



Where there is no hospital, traditional cures for fever, some infections and wounds, diarrhoea and other common ailments such as mental distress are the province of the healers. Healers are also reported to help patients who are overcome by a belief that they will die, and bring them back to a state of engagement with life.

In many areas of Australia, Aboriginal men and women turn with great confidence to traditional healers to maintain their wellbeing. Parents take their children. While scientists dismiss their efficacy, few Aboriginal people doubt the need to maintain these traditions. Given the immense time-span of Aboriginal life on this continent—the latest evidence suggests 65,000 years—it is unsurprising that in the traditional Aboriginal world the aetiology of disease is understood in the terms of ancient cultural precepts that have served thousands of generations well.

Aboriginal medical traditions and pharmacopoeia are supported by encyclopaedic bodies of knowledge developed in an intimate relationship with the local environment, vegetation, climate and geography. Thus, we can understand how observations of cause and effect of particular substances, and the transformation of plant material by applying fire, water, smoke or other treatments, would accumulate into accepted medicinal knowledge: ‘Despite the unfortunate post-colonial fragmentation of indigenous knowledge, the complex 40–60 thousand-year-old oral tradition of Aboriginal people includes a *materia medica* that has continued to guide ethnobotany to this day’.<sup>1</sup> The potential is well recognised: ‘Ethnopharmacology in Australia and Oceania has identified a range of natural products suitable for comprehensive clinical testing’.<sup>2</sup> The study of Indigenous pharmacopoeia is a rich field, and examples of publications are included in the exhibition.

More mysterious and difficult to comprehend are Aboriginal ways of understanding human physiology and psychology. The cultural precepts and ontological basis of these traditions are complex and sometimes elusive. They involve the idea of consubstantiation of people and land, spirit world and the perceived world—a panoply of ancestral spirits and their influences on the world. I have come to understand some of the ideas and principles simply by listening and observing. I have not extensively researched these matters, but they are difficult to ignore, being such an important part of Aboriginal cultures across the continent.

There are many published sources on traditional Aboriginal healing knowledge and practices, and many sources for its historical continuity since earliest colonial times. What should not be ignored in acknowledging the persistence of these traditions is that so much has been destroyed, as I observed in my survey of colonial botany in Cape York: ‘What emerges from this study is not just the speed of this transition but the extent of the loss of traditional knowledge about the major source of indigenous food, the plant foods, their uses and ecologies’.<sup>3</sup> One of the most explanatory sources is the beautiful, award-winning book *Traditional healers of Central Australia: Ngangka i*,<sup>4</sup> whose authors have contributed to this volume. *Ngangka i* are the traditional healers of the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Lands—350,000 square kilometres of the remote Western Desert.

As the publisher notes, ‘To increase understanding and encourage collaboration with mainstream health services and the wider community, the ngangkaṛi have forged a rare partnership with health professionals and practitioners of Western medicine’. Readers will be familiar with the book *Dark emu, black seeds*, by Bruce Pascoe, which powerfully refuted colonial and derogatory views of our ancient ethnobotanical traditions.<sup>5</sup> Research on these traditions is growing, as are efforts to revive and maintain them, from the production of healing remedies for the market, to programs supporting the healers and their collaborations with the health workforce.

A very useful work is Janice Reid’s *Sorcerers and healing spirits: Continuity and change in an Aboriginal medical system*.<sup>6</sup> First published in 1983, this exploration of how the Yolngu in Arnhem Land understand human suffering is based on Reid’s first-hand experience, gained while living in and visiting Yirrkala. Reid also edited the collection *Body, land and spirit: Health and healing in Aboriginal society*.<sup>7</sup> Even though so much has changed in the last half-century, many of her descriptions of Yolngu medicine are easily recognisable today. She reported very little on the herbal and other remedies that are still offered at women’s healing events in north-east Arnhem Land. I suspect that the influence of missionaries drove many of these practices ‘underground’ or out of sight. But, as my own experience proved, these traditions continue, are practised publicly, and are a source of great pride for the families who hold the knowledge.

Reid states the accepted view that has been put to me by healers, and one that supports my own observations:

The power utilised by both sorcerers and healers is ultimately from the same source. This power is morally neutral, it is not the nature of the power a *marrnggitj* possesses which distinguishes him from a sorcerer but the choice which he makes about how he will use it ... this power is held in trust. People believe they use it to heal and to protect others. While the potential for its use to harm people exists, *marrnggitj* and their families vigorously deny that they work sorcery, even on enemies, and they become offended and angry if anyone suggests such a possibility.<sup>8</sup>

I have met a few sorcerers—encounters that were fascinating and more than a little frightening. Sorcerers make no claim to the greater good. Sorcerers exist, but so too does fear of imagined sorcerers, who almost always live beyond the social boundaries of one’s own group and can never be accurately identified. When I have been told to beware because sorcerers were afoot, the instructions were vague. When sorcery-removing rituals are conducted, the consequences can be severe: affected families may be required to evacuate their homes, or hand over their worldly goods to their in-laws, while community assets such as stores and vehicles may be put out of action by the taboos that are invoked in ritual efforts to remove sorcery curses. The results of these encounters can be explained



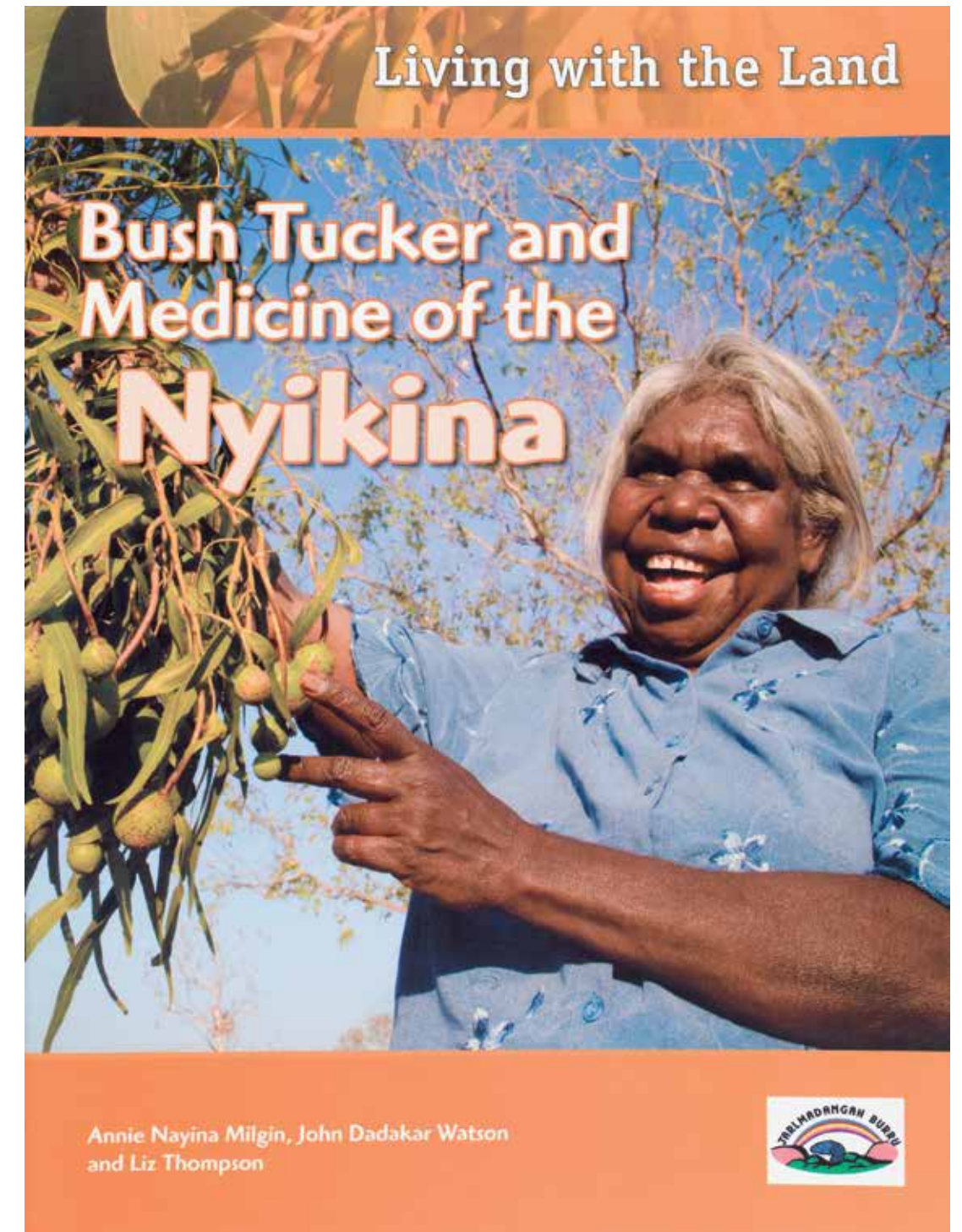
by reference to their context. When I worked for the Royal Commission into Aboriginal Deaths in Custody in the late 1980s, attribution of deaths to sorcery was common, but the role of sorcery as an Aboriginal explanation for the rising mortality rates caused by chronic disease, contact with the criminal justice system, alcohol, vehicle accidents and violence was not well understood. Even today, suicides are sometimes attributed to sorcery. Among the young who find death difficult to understand, such an explanation conforms with older traditional beliefs, helping them accommodate some of the trauma they experience. This persistence of sorcery is reminiscent of the work of Janice Reid and her Yolngu collaborators in the 1970s, when the introduction of alcohol and store-bought food was beginning to have detrimental effects on health. Her description of *galka*, written almost half a century ago, remains relevant today: ‘few people say they know how a person becomes a *galka*. Most people of the community claim that no one at Yirrkala ‘knows *galka*’ and *galka* are always strangers who travel long distances from communities to the south and west to seek out and kill the people of Yirrkala’.<sup>9</sup>

All my personal experiences of traditional Aboriginal healings are memorable. I will describe a few, not as evidence of healers’ efficacy, but of their normality in Aboriginal society. In 1993, I was working in Cape York with the traditional owners of the Princess Charlotte Bay region. We were camped near the mouth of the Stewart River. Many hours of driving and the intense heat had caused me to feel very ill and, gradually, delirious. A large abscess developed on my gum and soon I was in intense pain. We had no antibiotics. Some people discussed my situation but I was too ill to pay attention. After a while, a healer was sent over to see me. He took me to a quiet area near the Ironbark forest, asked me to sit on a log, lit a fire, placed a billy of water on it, and walked off. Soon he returned and, facing away from me, put pieces of bark into the boiling water and softly voiced an incantation. He said that the recipe was secret, but I should drink the dark-red water and wash my mouth out: I would be healed soon and not to worry. Within an hour, the abscess had disappeared completely and I felt normal. My relief and gratitude were mixed with wonderment at the speed of my recovery. I had often been treated by traditional healers, as there were no Western-trained doctors in the remote areas I worked in, yet this experience was out of the ordinary, because of the rapid effects of his tisane of bark and boiled water.

One of that healer’s nieces later treated me at Stony Creek. A friend had invited me to try his preparation of raw fish, vinegar and chilli, a dish adopted from Asian visitors who had come to our shores long before the British. Some time later, I was violently ill, and passing in and out of consciousness. I was taken to the healer’s tent, but scarcely remember what his niece did to me. It was late afternoon, and by dinner-time I was quite normal again.

Cat. 68 Annie Nayina Milgin, John Dadakar Watson and Liz Thompson, **Bush tucker and medicine of the Nyikina**, Melbourne: Pearson Australia, 2009 (reprinted 2015). Gift of the Yiriman Project, 2018, MHM2018.8, Medical History Museum.

Book from the ‘Living with the Land’ series, which explores the culture associated with Indigenous foods and medicines and the strong observation of seasonal cycles.





## BUSH MEDICINE

During the 2017 Garma Festival, I was invited by an older woman, whom I address as ‘mother’, to be healed by her and her granddaughters. The women’s healing centre, on an escarpment overlooking the Gulf of Carpentaria, has in the last decade acquired well-constructed facilities, an enclosed camping area and a treatment area. When I arrived, there were large piles of herbal material in the treatment area. The women had been collecting and sorting the plants for some time. My mother and her granddaughters were very businesslike; I could feel their gazes as they assessed my situation. My mother asked me to undress. They used herbs and massage during the course of the healing session. I think they believed that I was stressed and unhappy. I could not have refused without seeming very rude and ungrateful, and I sensed that my state was a matter of discomfort to them. For their sakes, it was my duty to allow them to treat me and, to use their words, help me ‘to feel balance’. I was pleased to be invited and keen to feel the effects. The experience caused my skin to tingle very pleasantly for many hours, and I did indeed feel relaxed and calm.

But this episode reminded me of the fragility of the women’s knowledge, and the importance of preserving it. I have written about the destruction of similar traditions during the violent colonial period in Cape York:

... from an economic state of sufficiency in an environment of easily harvested, abundant natural wealth, the Aboriginal populations were reduced to a state of pauperisation during the most violent periods of the frontier and increasingly so during the ‘pacification’ phases, when food and ration stratagems were implemented by the protectorates as critical weapons in a war of attrition.<sup>10</sup>

That so many Aboriginal people maintain their ancient food and medical traditions against the odds presents us with an important opportunity. We should study the profound change in Aboriginal health since contact times through the lens of the biological repercussions of the widespread destruction of traditional knowledge and practices, and find ways to preserve and reinstate these trusted ways in health care today.

### Professor Marcia Langton, AM

1 G Lloyd Jones and NJ Sadgrove, ‘Ethnopharmacology in Australia and Oceania’, in M Heinrich and AK Jäger (eds), *Ethnopharmacology*, Chichester, UK: John Wiley, 2015, pp. 365–78.

2 Ibid.

3 M Langton, ‘Botanists, Aborigines and native plants on the Queensland frontier’, in J-C Verstraete and D Hafner (eds), *Land and language in Cape York Peninsula and the Gulf Country*, Amsterdam: John Benjamins, 2016, pp. 220–41 (221).

4 Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council Aboriginal Corporation, *Traditional healers of Central Australia: Ngangka i*, Broome, WA: Magabala Books, 2013.

5 B Pascoe, *Dark emu, black seeds: Agriculture or accident?*, Broome, WA: Magabala Books, 2014.

6 J Reid, *Sorcerers and healing spirits: Continuity and change in an Aboriginal medical system*, Canberra: Australian National University Press, 1983.

7 J Reid (ed.), *Body, land and spirit: Health and healing in Aboriginal society*, Brisbane: University of Queensland Press, 1983.

8 Ibid, p. 35.

9 Ibid, p. 37.

10 Langton, ‘Botanists, Aborigines and native plants on the Queensland frontier’, p. 221.

Cat. 22 Judy Mengil, **Dimalan leaves** (detail), 2016, natural pigment on canvas, 60.0 × 60.0 cm. MHM2017.28, Medical History Museum.







## TRADITIONAL ABORIGINAL USES FOR PLANTS

People have lived in Australia for at least 65,000 years, and in all those generations the land provided the original Australians with everything they needed for a healthy life. The people also learned to manage their Country in such ways that its resources renewed themselves and were not used up.

How did they do this? To quote Edward Curr, an early European settler, they ‘tilled their ground and cultivated their pastures with fire’. Controlled burning kept the bush open, allowing new seedlings to grow in the ash bed—people in Arnhem Land still do this. Many Australian plants will re-grow quickly after a fire; indeed, some plants, such as the Grass-Tree (*Xanthorrhoea* spp.), flower more prolifically after fire.

At least half the food eaten by the first Australians came from plants, and it was the task of women to collect them. Just as today we eat root vegetables, greens, fruits and seeds, so did the Aboriginal people. Fruits, seeds and greens were seasonal, but roots could usually be dug up all year round, because the earth acted as a natural storage cupboard. Important foods were re-planted. The regular digging-over of the soil, and thinning-out of clumps by collecting plants, together with burning to provide fertiliser, are not very different from what we do in our gardens today, and the whole country was—in a way—an Aboriginal garden.

The particular plants that were eaten or used as medicine varied, of course, in different parts of Australia; here it is possible to mention only a few.

In Arnhem Land, north Queensland and the Kimberley, many tropical trees bear fruits and seeds, such as Native Figs (*Ficus* spp.), Lilly-Pillies (*Acmena*, *Eugenia* and *Syzygium* spp.) and Macadamia nuts. The Green Plum (*Buchanania obovata*) is enormously rich in vitamin C. True yams (*Dioscorea* spp.) were important root vegetables, although one of them, *Dioscorea bulbifera*, is called the ‘cheeky yam’, because it will make you sick unless it is grated up and thoroughly washed before use. Another important root was the Wild Water-Chestnut or Spike-Rush (*Eleocharis dulcis*).

In Central Australia, where water is scarce, plants are spread thinly over the land. Here the people relied more on the seeds of native grasses, and those of Wattles such as Mulga (*Acacia aneura*), Wiry Wattle (*Acacia coriacea*), and even of the Coolabah tree (*Eucalyptus microtheca*). There were also fruits: various Bush Tomatoes (*Solanum* spp.), *Quandong* or Native Peach (*Santalum acuminatum*), Native Plum (*Santalum lanceolatum*) and Desert Fig (*Ficus platypoda*). Roots included Desert Yam (*Ipomoea costata*), which can have a tuber the size of a man’s head, and *Nalgoo* (*Cyperus bulbosus*), a sort of nut-grass, often called Bush Onion.

Harvesting bush remedies to use as ear drops and eye drops, Groote Eylandt, 2017. Photograph by Frances Hartley.  
© Copyright Bush Medijina (Anindilyakwa Services Aboriginal Corporation, ASAC).



In the southern parts of Australia, roots (applying that word to all the underground parts of a plant) were the most important foods. Like the Māori people of New Zealand, the Australians used the long roots (rhizomes) of Bracken Fern (*Pteridium esculentum*), from which they chewed or beat out a sticky starch. Many native lilies with small, tuberous roots were collected for food, such as Early Nancy (*Wurmbea dioica*), Chocolate Lily (*Dichopogon strictus*) and Milkmaids (*Burchardia umbellata*). Murnong or Yam-Daisy (*Microseris lanceolata*) was a plentiful and favourite food. Along the Murray–Darling river system, Cumbungi or Bulrush (*Typha* spp.) provided much nourishment, as did Water Ribbons (*Triglochin procera*), and Marsh Club-Rush (*Bolboschoenus medianus*), which has hard, walnut-sized tubers.

In south-western Australia, roots were also the most important food, especially Waran Yam (*Dioscorea hastifolia*). Most southern fruits were small, including those of the Heath family (Epacridaceae) and Dillon Bush (*Nitraria billardieri*), which bears heavy crops of red fruits, which were much liked.

Plants were used for many purposes besides food. The long leaves of sedges, rushes and lilies were collected to make baskets and mats, and soaked and beaten to free the fibres to make string. The bark of trees made buckets, dishes and shields; River Red Gum bark was particularly good for making canoes, and old scarred ‘canoe trees’ can still be seen. Some Rice-Flower shrubs (*Pimelea* spp.) have such strong fibres on the outside of the stem that they have been called ‘bushman’s bootlace’, and were used to make fine nets in which to catch Bogong moths.

Medicines also came from plants. Native mints (*Mentha* spp.) were remedies for coughs and colds, while the gum from gum trees, which is rich in tannin, was used for burns. Across the continent of Australia, hundreds of different languages were spoken, so there are many different names for plants. Some Aboriginal names have become our common names: Geebung, for instance, for *Persoonia* species. Here are just some of the plants that have medicinal uses:

- *Acacia* spp. (Wattles)—Australia has more than 1000 Wattle species, many of which are very useful. The gum of some species (Golden, Silver and Black Wattles) was an important food as well as a useful cement, while the seeds of other species are high in protein and carbohydrate and in arid areas were eaten both green and dry. The Tasmanians ate the green seeds and pods of Coast Wattle, *Acacia sophorae*, and Varnish Wattle, *Acacia verniciflua*, while Wattle blossom was hung in people’s huts to promote sleep. In Victoria, the timber of *Acacia melanoxylon* (Blackwood), being very hard and close-grained, was used for making spear-throwers and shields; the bark was infused and used to bathe rheumatic joints, or ingested as a mild sedative for rheumatism or indigestion. It was also used as a fish poison, most likely due to the plant’s tannins.
- *Allocasuarina verticillata* (Drooping She-Oak)—In Victoria, mature cones from this tree were ground up and applied to sores to treat rheumatism. Extracts from the bark and wood can also be used as a general medicine.

- *Atriplex nummularia* (Old Man Saltbush)—The salty leaves are commonly cooked and eaten, but can also be applied topically to treat cuts and stings.
- *Banksia* spp. (Banksias)—The flower-cones were soaked in water to extract the nectar to make sweet drinks. Some species, such as *Banksia marginata* (Silver Banksia) retain the dry flowers on the cones, which Victorian Kooris used as strainers to purify drinking water.
- *Centipeda cunninghamii* (Old Man’s Weed)—Commonly found along the Murray River, as well as in other low-lying, swampy habitats, this plant is useful for treating many complaints, including eye infections, tuberculosis and skin complaints. It is administered as an extract in water, or sometimes rubbed onto the skin.
- *Dodonaea viscosa* (Hop-Bush)—This plant grows across Australia. In Queensland the juice of the root was applied for toothache and cuts; the chewed leaf and juice were put on stonefish and stingray stings and bound up for four or five days.
- *Exocarpos cupressiformis* (Cherry Ballart, Native Cherry)—Australia has several native cherry species, but this one is the most common. The fruit has a sweet, edible red stem and a hard seed on top. The wood was used for spear-throwers and bull-roarers, and the sap was applied to snakebites. The Koori name *Ballart* comes from western and central Victoria.
- *Gynatrix pulchella* (Hemp Bush)—The bark of this shrub can be used to make a basic string, while the leaves are used as a poultice for boils and ulcers.
- *Hedycarya angustifolia* (Austral Mulberry)—The fruits of this plant, though not edible, are used as a topical ointment for cuts and stings. The stems make good fire drills and spear prongs due to their straight, hard nature.
- *Lambertia formosa* (Mountain Devil)—The copious nectar of this plant sometimes flows down the twigs. The flowers were sucked. Although there is one report of nausea and headache after consuming a large amount, the nectar appears to contain no toxic substance.
- *Mentha australis* (River Mint)—A native mint used as a medicine for coughs and colds, ingested in the form of a tea. It is also a flavouring herb for lining earth ovens.
- *Microseris lanceolata* (Murnong or Yam-Daisy)—This small, perennial plant was the favourite food of the Kooris of central and western Victoria, and was also eaten in South Australia and New South Wales. Its radish-shaped tuber is renewed each year. In springtime the plant forms a yellow flower-head like a dandelion, and in summer the leaves die off and the tuber becomes dormant. The tubers were cooked in baskets in an earth oven, producing a dark, sweet juice which was much liked. Once a common plant, Murnong has now become scarce due to sheep-grazing.
- *Pteridium esculentum* (Bracken)—Green shoots are commonly rubbed on insect bites, while the rhizome is a source of edible starch once cooked and separated from the fibrous parts.
- *Senna artemisioides* (Punty Bush)—A dry-country species with many subspecies, its seeds are edible, and the leaves are used for a medicinal wash.

## Dr Beth Gott

### Further reading

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## MEDICINAL KNOWLEDGE OF THE KOORI NATION

We cannot talk about bush medicine without acknowledging its spiritual healing processes and rituals. This essay introduces the cultural practices of bush medicine, and the medicinal knowledge of the Koori Nation that resides in Victoria today. While I cannot cover all medicinal plants used in the past and present, there are a few particular plants that are essential to bush medicine. It is important to remember that each Aboriginal community is different, and influenced by land, lore, protocol and customs. Always do further research when exploring the native plants and foods significant to a specific Koori community.

In many Victorian Koori communities, women traditionally provided 80 per cent of the food and resources. Hunting and gathering in Victoria were thorough:

In the main, women collected vegetable foods and caught small animals, while the men hunted large game. Parties of hunters and foragers would set out each day, the younger children going with their mothers, depending on the season and type of country, [they could] be out for 4–6 hours.<sup>1</sup>

Each community cared for, nurtured and harvested various native plants as a way of life—for food, medicine, fibre and building. The roots of many native trees and shrubs are available all year round, while seeds and fruits are periodic, depending on the seasonal calendar and location: dry, wet, mountain, rainforest and coastal country each produce different foods and medicines. Ailments, injuries and other health problems would be treated by the women of the group. Men would also perform healing treatments, especially concerning men's business, but most of the time women would take care of their families and fellow community members, being the main providers for the clan. Over the centuries, cultural practices enmeshed in nature have been proven to hold significant healing for Koori people. The sharing and transferring of traditional knowledge is integral to Koori people and their identity, kinship connection, and role as caretaker of Country. Some healing practices are attached to significant group rituals, while others are known only to chosen practitioners, such as the renowned and feared medicine men and medicine women.

The languages of Aboriginal tribal clans differ in the titles used to describe the specific healing powers of a practitioner. A medicine man or woman—or traditional

Kangaroo Apple (*Solanum laciniatum*). © GFK-Flora / Alamy.



healer—performed healing, sacred rituals, exorcisms (to extract foreign objects from the body), curses and spells. Their role was to care for and nurture any sick, injured or cursed community members. But if they were seen to be using their powers for harm, they would bring hardship and suffering to themselves and their loved ones. Those who specialised in the darker magic chose to live in isolation. It is said that if you crossed paths with an ill-intentioned medicine man or woman, and you had trespassed on their territory, they could seek vengeance. For instance, ‘One of the plants that attracted the attention of researchers in the 1880s was the poison corkwood tree (*Duboisia myoporoides*), which inland [south-eastern] Aboriginal groups used as a narcotic and a poison’.<sup>2</sup>

Spiritual mediums, like the *biraark*<sup>3</sup> of the Kurnai tribe in Gippsland, were engaged to control the elements such as rain and storms, while the Kurnai *bunjil-yenjin*<sup>4</sup> might be approached for marriage enchantments. Alfred Howitt observed:

*Bunjil* is a prænomen applied to men who have some special qualification; in this case the marriage spells were called *Yenjin*, as *Gunyeru* is the term for those songs which accompany dancing, usually called corroborees. Probably the office of *Bunjil-yenjin* has been vacant since, if not before, 1855. Before that time there was at least one in each division of the tribe.<sup>5</sup>

For the Wotjobaluk people living in the Wimmera, the men and women who possessed healing powers were known as *bangal*.<sup>6</sup> Today, in Victoria, Koori medicine women and men still exist—though in small numbers—and perform spiritual healing or traditional healing rituals when called upon, but access to this knowledge has been diminished through loss of language, fractured community, restricted access to traditional land, and other harm and disruption caused by colonisation.

Each Victorian Aboriginal community has its own seasonal calendar. These are very precise, unlike the Western understanding of just four seasons. The Koori Nations of Victoria follow calendars that have six to eight seasons, and traditionally the people cultivated the land accordingly.

Not all plants are used in the same way, but every part of the plant, if possible, is used in different traditions of healing and food-sourcing. Most plants can be roasted, crushed, heated, smoked, consumed or applied to the body. Like many shrubs and trees, the leaves of the Eucalyptus can be boiled to create an oil to treat bruises and cuts, or mixed with water, or infused and inhaled to help alleviate symptoms of asthma, body aches, chills and fever. The flowers of the Acacia (Wattle and Blackwood) would be used for nectar, and the leaves, fibre and bark were used to treat rheumatism, coughs and colds. The leaves, fibre and bark are also used for smoking ceremonies—as a way of cleansing and warning away any bad spirits or negative energies, and while conducting ‘sorry business’.

Tea Tree leaves (*Melaleuca alternifolia*) can be heated in water and used as an antiseptic bandage, or semi-dried leaves are crushed into a paste and applied to the skin.<sup>7</sup> When identifying and selecting native plants for eating and healing purposes, the stage of flowers (if in bloom) and ripeness of any fruit are essential indicators to the healer.

The Kangaroo Apple (*Solanum aviculare* or *Solanum laciniatum*) is a great example of a food source and medicinal plant for many Victorian Aboriginal clan groups. This shrub varies in height; its leaves resemble a kangaroo’s paw and it produces purple flowers. The early fruits that form are at first yellow or green and highly poisonous, but can be eaten when they are at their ripest, turning a blood-orange colour. Containing high levels of the alkaloid solanine, which can be infused from the leaves with hot water to create anabolic steroids and oral contraceptives, it also promotes appetite, strength gain and weight gain, and increases the number of red blood cells in the body.

The process of boiling native plants or leaves was common in Victoria. In the Western District, the Wotjobaluk people gathered quantities of the herb *Gukwonderuk* (Old Man’s Weed or *Centipeda cunninghamii*), which can be used to relieve joint pain and arthritis, by adding a teaspoon of the oil extract into tea and taken two or three times a day. Known as a cure-all for a wide range of health problems, Old Man’s Weed is also used by manufacturers of skin creams and treatments for rashes, bites, and inflammation of the skin caused by psoriasis, lupus and eczema. The plant is naturally high in thymol, a natural antibiotic and anti-fungal agent. Australian Hollyhock flowers (*Malva preissiana*) are demulcent (relieving inflammation or irritation), diuretic and soothing. They are useful in treating chest problems, and a decoction is used to improve blood circulation, and to alleviate constipation, dysmenorrhoea and haemorrhage. The flowers are harvested when they are open, then dried for later use, whereas the shoots are used to ease a difficult labour. The root is astringent and demulcent: it is crushed and applied as a plaster to ulcers. Internally, it is used to treat dysentery. The roots and flowers are used to treat inflammations of the kidneys or womb, and vaginal or seminal discharge, while the roots on their own can stimulate appetite.

Moving into the 21st century, Victoria’s Koori women continue by custom to be the main providers for their communities, and are still the ones who source and gather native plant foods and medicines. But in an adaptation of traditional practices, many Koori communities are transferring this knowledge to those men and members of our younger generation who have shown interest in learning how to identify medicinal plant sources and to grow, nurture and preserve medicine for physical, mental and spiritual healing.

As for the traditional healers, whom we might know as the *bunjil-yenjin*, *biraark* or *bangal*, their strong and sacred practice continues, transferred to their descendants or to others born with the gift and selected to continue the practice. In mainstream culture, healers are not promoted, but many Koori people are researching and developing their



own native and medicinal gardens, using a multitude of plants and practices supported by a vast and generous amount of wisdom and teachings shared between generations. The ancient wisdom of traditional plant-healing is integral to the notion that traditional owners are also caretakers of their respected cultural heritage, lands and waters.

### Kathrine ‘Kat’ Clarke

- 1 N Zola & B Gott, *Koorie plants, Koorie people: Traditional Aboriginal food, fibre and healing plants of Victoria*, Melbourne: Koorie Heritage Trust, 1992, p. 3.
- 2 P Clarke, ‘Aboriginal healing practices and Australian bush medicine’, *Journal of the Anthropological Society of South Australia*, vol. 33, 2008, p. 20.
- 3 *biraark*: Kurnai name for a clairvoyant or spiritual medium of natural elements.
- 4 *bunjil-yenjin*: Kurnai term for specific medicine men and women who performed sacred marriage rituals and possessed healing powers.
- 5 AW Howitt, *The native tribes of south-east Australia*, London: MacMillan, 1904, p. 274.
- 6 *bangal*: Wotjobaluk word for traditional healer who performs sacred rituals and holds healing powers.
- 7 See also G Jones, ‘Indigenous medicine: A fusion of ritual and remedy’, *Conversation*, 5 December 2014, <https://theconversation.com/indigenous-medicine-a-fusion-of-ritual-and-remedy-33142>.

Cat. 2 Kathrine ‘Kat’ Clarke, **Dyirr-i-laiurrk, Kangaroo Apple (*Solanum aviculare*)**, 2018, acrylic and pencil on canvas, 20.3 × 14.5 cm. MHM2018.23, Medical History Museum.

My aunty Kaylene taught me about the use of Kangaroo Apple—how it was women’s business, but then the mainstream exploited that fact. Now it’s used to make a contraceptive pill for women, but no Aboriginal communities are paid any shares or royalties for sharing that knowledge with the manufacturers. Still to this day that fact frustrates me, but I love this plant, because its fruits look like a kangaroo paw, and when ripe like a blood orange can be eaten—just don’t consume the pip. But mostly I love the way it reminds me of what my aunty taught me, and this is one of the many reasons why we continue to fight for our rights and for proper acknowledgement and control of our cultural knowledge, agency, heritage, land, and waters.

Kathrine ‘Kat’ Clarke

Kangaroo Apple has no real known language name, but in relation to its medicinal use for contraceptives, the word *dyirr-i-laiurrk* was made up of *dhurrong* (nut, fruit, apple, round, She-Oak cone, heart), compound suffix *-i* (of, of the) and *-gurrk* (female, women). The word was *dhurrungg-i-gurrk* (fruit of the women). In Wergaia, *dyirrikalk* means forest. However, in Wadi Wadi and Wemba Wemba, *dyirri* means fruit. *Dyirrikalk* would comprise *dyirri* (fruit) and *kalk* (wood, tree). Wergaia has the same compound-forming word-ending *-i* (of the) as Dja Dja Wurrung, but it is silent. The Wergaia word for women or female is *laiurrk*, developing the word *dyirr-i-laiurrk*.

Harley Dunolly-Lee, Victorian Aboriginal Corporation for Languages







## YIRIMAN WOMEN'S BUSH MEDICINE KNOWLEDGE AND ON-COUNTRY STORY-BUILDING

We take the young people back to Country and teach them to look after animals and plants, to help them get jobs in the future. We show the young people their grandparents' Country, to show where they connect to. This helps build their identity. Young women are learning bush medicine, bush jewellery, bush dyes, and traditional ochres and techniques for making hair belts.

Annie Milgin, Broome, December 2017

How do you preserve and strengthen culture in a changing landscape? How do you honour the place-based knowledge of generations past, allowing it to inform and guide present and future actions and behaviours? How do you ensure biocultural diversity continues on this planet, for long-term health, wellbeing ... and ultimately survival?

The Yiriman Project began in the year 2000, when Elders of the Jarlmadangah community in the West Kimberley became concerned by what they considered a lack of traditional values helping inform their young people of the best ways to interact and be in this world. They perceived a need to re-establish some of the ancient knowledge provided to them by their own Elders—knowledge focused on the health of Country and its people. Knowledge from the *Bookarrakarra* (Dreaming).

The inaugural trip took place on camel-back. Elders accompanied their young male kin out bush, to allow them to experience life reliant on ancient cultural knowledge. The young men hunted and gathered their foods, learnt place names and stories, and were taught how to identify and prepare medicinal plants.

These young men returned, changed. They applied their new ancient knowledge to their contemporary community life.

We were taught from the old people. The plants are from the ancestors—we would watch and learn from the old people. Bush medicine was used on us, from the time we were babies. The old people had the medicine all prepared and ready for us (babies) and the mother.

Annie Milgin, Broome, December 2017

Annie Milgin is passionate about keeping plant knowledge strong. She works with women Elders from the four Yiriman Project language groups—Nykina, Mangala, Karajarri and Walmajarri—to pass on traditional information and stories relating to Country. The land, languages, plants and animals are intimately connected with their people. To keep healthy is to know and use the knowledge inherent in landscapes.

The bush medicine tent: Clairisha Watson preparing medicines at KALACC Festival, 2017. Photograph by Janelle White.  
© Copyright Yiriman Project.



*Koongkara* (Conkerberry) is one of the main bush medicines. Pregnant women are smoked, as well as mothers, and their breasts are made ready for the baby, for strong milk. Pregnant mothers need vitamins A, B, and C as well as protein and iron, so smoking is very important. There is also no ‘cold sick’ (common colds or flu)—all goodness comes from the smoke.

Annie explains how medicine was used before the arrival of Western medicine:

*Limirri* (*Spinifex wax*) is mixed with antbed and water and put on the baby’s fontanelle, to make it strong.

Caustic tree is also used to rub babies, after it is dried and burnt. It provides black ochre which is rubbed on babies’ skin. Marks (patterns) are made on the baby’s chest and face. It’s good for *ilkan* (hiccoughs).

*Birralbirral* (Cockroach Bush) has a yellow pod and is good for treating skin infections/fungus. It’s also emu food, so the goodness of the plant also comes through when eating emu meat.

The leaves of *Burrbun* (*Hakea*) and *Libirarra* (White River Gum) are heated over the fire to draw goodness from them, then put on the side of the head, to inhale and massage. Helps with sleeping. The smoke from the boiling and steaming of leaves helps mothers and children sleep.

*Lindich* (Bottlebrush) is used to prevent pain.

Annie says that even today she doesn’t readily reach for pills, but rather firstly tries her own medicines and remedies:

Instead of running for headache or cold sick (pills), I try *koorinyboo* (red sap or gum). All natural medicine we should be using! We can’t forget about it!

The Walmajarri Elders live further east in the Fitzroy River Valley and south into the Great Sandy Desert. These desert women are determined to keep their knowledge strong, taking young women from the township of Fitzroy Crossing out to Country to collect seeds and grasses. The women use the seeds from *Kurntupungu* (Bloodwood trees) to make necklaces and jewellery. They burn designs and holes in the seeds, or paint and lacquer them, often travelling to sell them at the Broome Courthouse markets. The *Kurntupungu* is a medicine plant, with *kijimi* (gum) boiled and used to wash skin sores. It can also be mixed with water to make a drink to help cold sick.

The Yiriman Project allows these women to meet up with their saltwater kin at a coastal camp 200 kilometres south of Broome. The Karajarri hosts welcome their desert and river family members, walking into the shallows of the Indian Ocean and scooping water onto their heads and faces: ‘Welcome to our Country!’ More than 90 women and

girls attend the camp, including 20 staff from eight different service providers, educational facilities and local community organisations. The Karajarri Rangers, men and women, have worked together to prepare and run the camp. A range of workshops takes place on a scenic clifftop, to teach about bush medicines, bush dyes, and seeded jewellery-making:

I’m loving the exchange of knowledge and activities between different age groups, the sharing and the young ones coming on board too!

**Martina Watson, Jarlmadangah community**

The Karajarri womens’ cultural camp is truly amazing and I feel it is such a privilege to be able to attend and hopefully there will be many opportunities to work together.

**Pat McCready, research midwife, Nini Helthiwan Project,  
Kimberley Aboriginal Medical Services Ltd**

Good cultural exchange and good to see young people—the more young people, the better!

**Ivy Nargoodah, bush dyeing workshop facilitator,  
Fitzroy River Valley**

The Yiriman Project recognises that contact with Country is crucial to identity and wellbeing. The project focuses on providing culturally based care and guidance for youth, who are now all too often facing serious problems, such as self-harm and substance abuse. The project creates a space for Country to heal these youngsters, with visits to ancestral sites, storytelling, language use, and traditional songs, dances and skills. The landscape provides the context for speech and expression, tying people to Country in a linguistic sense, but also in an emotional and extremely personal sense. Land is a defining aspect of ‘self’: individuals are not separate from the environment; rather, they are part of it. The landscape embodies connection with previous and future generations, providing nourishment for the mind, body and spirit.

We need to encourage our young people, our young mothers to use this knowledge, natural medicine. Old people used this medicine—it is important to keep the story and meaning!

Young women are very interested! They know the process and want to learn from the old people because they want to know the right plant. Young people need to learn language too—language related to the Country. It is time for us to teach our kids now!

**Annie Milgin, Broome, December 2017**

**Dr Janelle White and Annie Milgin**





## MY BUSH MEDICINE HOME

### Reflections by Gayangwa Lalara

I am Gayangwa Lalara. I was born in the bush sometime in July of 1943. I have spent my life on my traditional lands on the Groote Eylandt Archipelago. We are the Warnindilyakwa people and I am part of the Warnungwamadada (Lalara) clan. We have always lived here, and we have always spoken our own language, Anindilyakwa, which we still speak every day.

Looking back, growing up we lived like nomads. We travelled around from one place to another: Emerald River, Amagula River, Yenbakwa, staying everywhere.

On my father's side, I have seven brothers and sisters, and on my mother's side I have six brothers and sisters. While we were travelling around, we learnt many things. My mother, aunties and grandmother taught me about bush remedies and bush tucker. Back then, there was not much sickness in our culture. We were strong and healthy from walking around. I can remember there was a bad time of *armbarmburra* (chicken pox), but mostly we were quite healthy.

When we did get sick, the bush healed us. As a young girl I had arthritis in my knee. My mother and the women in our family helped collect *Yuwarra* (*Tinospora smilacina*, commonly known as Snake Vine). The women hit the vine with a stick to make it come loose from where it was living. Then they soaked it in cold water, but you can also boil it or crush it using a rock. They wrapped the vine around my leg and bathed me in the liquid. They left the wrapping vine on me for the day. After they did that the arthritis and swelling in my joints went away.

*Alyangmandkwuna* (truly and honestly), I am lucky to have learnt so much knowledge about bush medicine. I still use this knowledge today and am sharing it with others; it is no good keeping it to myself, what is the use of that? Some things are different today. We have other types of sickness, but we still use our traditional remedies to cure ourselves.

The women in our communities of Angurugu, Umbakumba and Milyakburra have started a small enterprise that is close to our hearts and minds. Bush Medijina is the *mening errriberriba langwa mirrijina ena angalya* (home of traditional bush medicine), but really the whole island is home to our medicines. The ladies at Bush Medijina work with community ladies and go out on Country and collect materials to make healing remedies. They use ingredients just like we always have, but are using new ingredients also to make all kinds of remedies, like healing body balms, hair oils, soaps and moisturisers.

Cat. 58 Bush Medijina (Anindilyakwa Services Aboriginal Corporation, ASAC) (Northern Territory, est. 2016), **Bush Medijina ASAC: Lovingly handmade body products**, Groote Eylandt, Australia, 2017, natural oils, beeswax, leaf extracts, water, paper, ink, plastic, aluminium, cardboard, wood; various dimensions. Gift of Bush Medijina ASAC, 2018, MHM2018.16, Medical History Museum. Photograph by Frances Hartley. © Copyright.



The money that we get from selling our products helps us to support women in the community to stay healthy and strong, through our Wellbeing Program. This social enterprise also keeps our bush medicine culture strong, as we are sharing our knowledge with younger ladies, and they are teaching their children.

But this Bush Medijina, it did not start yesterday, or last year, or even the year before that. It has always been here. Always. Our remedies have been here for generations. As local people making this enterprise happen we are so proud. It is like a seed has been sitting in the ground waiting for the right time to come out. This seed is now growing, and, just like this seed, we want our business to grow stronger and stronger. We want our business to stay local and go on forever, just like our culture.

Making bush remedies is women's business. As women, we know that this is important work and knowledge. We value this education because it is part of our culture. We also value being good mothers, showing kindness to others, being loving and caring, being respectful, thoughtful and friendly. We want to live in a community where these values are shared by others and we also want people from other cultures to understand our culture better and know that we are good honest people.

Bush Medijina helps us heal ourselves through healing others, not just local people but people from all around Australia and, as we grow, hopefully from around the world.

I am the deputy chair of Anindilyakwa Services Aboriginal Corporation (ASAC), which runs Bush Medijina, and am proud to help lead an all-women's corporation and enterprise. Together we can improve the wellbeing and promote the community development of our Warnindilyakwa people.<sup>1</sup>

I am also the chair of the board of the Machado Joseph Disease (MJD) Foundation. When I was growing up we did not know about this disease or what was happening to our people. We did not understand it, but now—thanks to the MJD Foundation—we can work together to support our people suffering from this debilitating disease.

### Reflections by Leonie Lalara

It is very important for our people to learn about different types of medication, because it has been passed on from generation to generation in our culture, and now we mix traditional knowledge with modern ways.

I was taught bush remedies by my grandmother and aunties when I was a young girl. It is important in our culture to teach young people so they can learn our way and look after themselves when they get sick or get sores. My grandmother and aunties showed me the trees and plants to use, and taught me about the good seasons to collect bush medicine. Now when I see things, like certain flowers, I know which plants are ready to collect and use.

I have my favourite places where I collect bush medicine, mainly at the beach and lately at Top Crossing. You wouldn't think it, but sometimes it is easier to do it the traditional way than the new way.

At Bush Medijina I am teaching the young ones about bush medicine now. We have kids come in to visit us from the school, and we travel to other communities, like Umbakumba and sometimes Milyakburra on Bickerton Island.

I am happy to share my favourite recipe and funniest bush medicine memory from my childhood with you.

### Recipe for treating a sore tooth

- 1 Collect stem of the *Mangkarrkba* (*Buchanania obovata*, commonly known as Wild Plum) from a young tree.
- 2 Scrape the inside red sticky bit of the stem using a stick.
- 3 Add this to water for a few hours, until it gets dark and sticky.
- 4 Gargle with this or put it on where the pain is.
- 5 If you have a hole in your tooth, you can just put the bark from the tree straight onto your tooth; you will feel a sting, but then the pain will go away.
- 6 You can also use *Dumburrumba* (*Santalum lanceolatum*, commonly known as Native Sandalwood) to treat toothache.

### Childhood memory

In the old days when I was a young girl, if children were being silly, mothers used to burn the *Marra* leaves (*Acacia auriculiformis*, commonly known as Pale-Barked Wattle Tree) on a fire and hold their child's head over the smoke to get rid of their silly behaviour and calm them down.

### Gayangwa Lalara and Leonie Lalara

<sup>1</sup> Learn more about Bush Medijina at [www.bushmedijina.com.au](http://www.bushmedijina.com.au), on Facebook or Instagram, or email [bushmedijina@asacnt.com.au](mailto:bushmedijina@asacnt.com.au).





## HEALING: 'I', TORRES STRAIT ISLANDER

When my mother was pregnant with me, she had dugong oil every day—to keep her body strong, so I might be strong. When she birthed me, she placed me in my father's arms and had my grandmother whisper language in my ears, so I might know the rhythm of my people. Before I could walk, we would go to the beach, and my father would hold my legs where the waves broke so that my legs might grow strong and I could walk early. Before I could talk, he put seaweed seeds in my mouth, the same as those eaten by the turtles—so that I might talk early.

When I was a child, I ate traditional foods from the Islands, shipped down to our house in Brisbane in polystyrene boxes from the north. We would fill our freezer with white flesh from top-feeding fish and crayfish. I could not eat my totem. When I was body-sore from bruising, my parents wrapped banana leaf on those parts of my body and sat me down facing the sun. I had uncles and aunties and cousins who could keep me safe and on a path. I didn't like all of them and I didn't have to, but I had to be respectful.

As I grew, I participated in education as best I could. My family had expectations of me that kept me strong and focused when I was being teased mercilessly, and I learnt to rise above those assailants' pettiness and keep my eyes on the horizon. We are a chieftain society. We know how to be chiefs. I have danced, sung and performed; eaten fish-head soup and rice; and cooked in kitchens full of women, tea towels draped over our shoulders while our men prepared the *kupmari* (traditional pit oven) outside. I go back home to wash myself in the waters, and I feel peaceful when visiting the graves of my family, and my homeland.

When my children were born, we were smoked in Central Australia to purify ourselves and keep strong. Our children were handed over to the care of families from that place. They were taught to hunt and forage for food. They learnt that Country cares for you, if you care for Country. We have spent many, many days and nights around campfires, with people, dogs and native animals we were nursing back to health. We have been to too many funerals though—and too many wakes. We drink too much and eat too much and smoke too much when we need to forget. When we find ourselves in need of healing, we gather to *wakanwyan*, to participate in ceremonies that prepare us for the words and the world, where we engage with pre-colonial knowledge systems and appreciate our people's sense of intimacy with place—and the reverence for the natural processes involved in supporting life in the Torres Strait.

Cat. 42 Brian Robinson, **Baidam Thithuyil** (detail), 2010, linocut from one block, edition 9/40, 40.0 × 49.5 cm. MHM2018.29, Medical History Museum.



Our intellectual heritage and the inherent strength of Torres Strait Islander Society is a celebratory expression of our collective ‘I’: Torres Strait Islander. In this way, ‘I’ is not a singular individual; the ‘I’ recognises that we are essentially a communitarian people who understand that the hopes, dreams and aspirations of one person are the hopes, dreams and aspirations of us all—that one person’s loss and one person’s joy are held by all of us. The collective ‘I’ denotes the spiritual, cultural and other-than-worldly ways in which we perceive ourselves to be deeply and profoundly connected. This connection binds us together, weaving our pasts, presents and futures with our physical bodies, our emotional selves and our spiritual realms. To be Torres Strait Islander is to know we have a right, a role and a responsibility to have our hearts open to this connectivity. Our connections emanate in our songs and our dances, our stories of ourselves, in what we see and do. This oneness is germane to our intellectual heritage, and to healing; this is what we bring to the fore.

All healing practices are responsive to our own cultural particularity. Our healing practices do not need to be sensed, or make sense to anyone else except ‘I’, Torres Strait Islander.

Healing then is viewed as a self-making; of exposing the limits of our ‘selves’ in the Western historical scheme of things (and so rejecting the self that is externally constructed in these limits) and giving voice to that which is ahistorical, that which is ever changing and ever present; a that-which-is. Healing then is self-contained in our relationships with lands and seas, in social circumstance, in cultural practice, in our spirituality and in our journeying. We are an inventive people, referent to the sky and sea, winds and soil. We understand ourselves in any way we choose to express or experience ourselves. We are all-that-is knowing all-it-can-be. We are the embodiment of the universe coming to know itself. We self-make and self-craft, self-invent and self-sacrifice; we self-proclaim and we organise ourselves into an amalgamation of collectives, agencies and organisations that aid our understanding of the collective ‘I’ in formative ways. We make covenants between our collective ‘I’, our environments, each other and our universe. By describing how we heal with those more disadvantaged than us, we need salves for pain—to reconnect to the collective ‘I’ and educate our minds to bring the collective into being. To do this, we metaphorically put a conch shell to our mouths and blow: we call out and wait for an answer. We know when we are healed: our Elders find us, tell us who we are, and bring us home.

Healing comes from engaging our collective ecological knowledge paradigms that have been defiled and re-cast by a mindset invested in dominating nature. Healing for Torres Strait Islanders comes through experiencing nature as natural beings: to understand ourselves as continuations, further elaborations, expansions and fulfilments of our stories and our place. We are creative people, co-creating the world and the universe.

Our ancestors understood implicitly the intercommunion of all living and non-living systems in our particular location—an ecological intelligence of the Torres Strait that was—and is—unsurpassed. It is this knowledge that needs to be activated and integrated with the five spheres of Torres Strait Islander lives: the land sphere, the water sphere, the air sphere, the life sphere and the mind sphere. The wonder of course is the bonding of these spheres into a single community of existence. This is our healing.

We do not know what the future holds. Our minds are too ordinary to have a sense of it. We do need to prepare for it, to make sure that future generations of Torres Strait Islanders have information written *by* Torres Strait Islanders *for* Torres Strait Islanders: a map in their hand—signposts to all the ways in which Torres Strait Islanders can be in the world. We have thrown the soil to the four winds, sucked the clean water into our mouths and blown it out, our offering to the four directions. The conch shell sounds and the drums are beating. Our dance companies are strong. Our Elders are in the front row. Strike the ground hard all our people, in whichever way you are gifted to do.

**Professor Kerry Arabena**





## TASMANIAN ABORIGINAL KNOWLEDGE

Understanding Tasmanian Aboriginal knowledge of medicine requires an historical overview to determine knowledge and knowledge gaps. A majority of the natural medicinal practices in Tasmania (Van Diemen's Land) may be unknowable today, due to the genocide in the early 19th century. Transfer of Aboriginal knowledge between generations was almost impossible after the British occupation in 1803. To end the 'total annihilation' of the Tasmanian Aboriginal people, the British offered a reward to use 'persuasion' to exile the survivors to a small, remote island.<sup>1</sup> Orders were given to bring the Aboriginal people into a 'state of usefulness ... whilst their land is taken possession of'.<sup>2</sup> The banishment of the Aboriginal people from their home also forced their separation from the majority of native food and medicines.

George Robinson, who was employed to gather together all the Tasmanian Aboriginal people, declared in the late 1830s that he had removed the 'great evil' from Tasmania.<sup>3</sup> However, in 1842 there was an attack by an Aboriginal group at Table Cape. This group was never seen again, and its members are believed to have all been killed,<sup>4</sup> but their existence suggests that Aboriginal people were still eating a complete native diet at this time, which would be the last time a Tasmanian ate solely native food.

Tasmanian native food and medicine are recorded by predominantly non-Aboriginal people; the edible species and medicinal lists have not progressed since the historical observational recordings made in the 19th century. The short observational timeframe, together with the daily relocations and experiences of atrocities and hardship, suggest that the surviving lists of native food and medicine are not complete. Literature on native food and medicine stagnated in the 1800s, hindering research on edible and medicinal plants. Remnants of ancestral knowledge of natural medicine possessed by a Tasmanian Aboriginal person did not emerge in literature until publications by Molly Mallett in 2001 and Ida West in 2004.<sup>5</sup>

Because colonisation interrupted the Aboriginal transmission of the complex knowledge of native food and its ecological interdependencies, most plants were forgotten, and introduced food dominated. There is a lack of integrated knowledge of the full native food diet, and the benefits of such a diet for health, wellbeing and culture. For the same reasons, there are few known medicines. Aboriginal medicinal practices in Tasmania were not separate from the native food diet. The traditional diet was nutritious and sustaining, with herbs added, while the physical exercise of gathering food also helped

Native foods from Tasmania, including kangaroo meat, Pig Face fruit, Samphire, Watercress and Saltbush, 2017. Photograph by Sharon Dennis. © Copyright.



maintain people’s health. The native food may have created a wellbeing that required little medicinal intervention.

Nevertheless, there are opportunities to repatriate Tasmanian Aboriginal medical knowledge. Learning from my family and community has complemented and expanded my own understanding and other explanations of various native foods and medicines. For example, Aboriginal knowledge is that the entire *Carpobrotus rossii* plant (Pig Face, *Currajong*, *Canagong*, *Cunnigong* or *Kanikung* in the palawa kani language) can be eaten.<sup>6</sup> The leaves and roots are nutritious, and the fruit is sweet. The leaves can be split open and the moisture released rubbed onto a bite to alleviate a sting or itch. It is now known that *Carpobrotus rossii* has a high antioxidant activity and offers cardio-protective benefits.<sup>7</sup> Historically, Robinson observed that an Aboriginal person would inflict deep gashes or incisions on the part of their body where they were experiencing pain, then tie the wounds with ligaments of Currajong bark to relieve the pain.<sup>8</sup> Currajong was again mentioned when Woorrady was sick: he tied the bark around his head, neck and face, and a bunch of the leaves around his face, regularly inhaling its scent.<sup>9</sup> Robinson attributed Woorrady’s recovery to the medicinal qualities of the plant. Incision of wounds was done to relieve inflammation, and would be cut in the shape of the sun and moon. Ashes were carried by an Aboriginal person in the tribe and would be rubbed into the wound, along with charcoal and powdered cuttle shell.<sup>10</sup>

Meats such as kangaroo provided protein for energy. Kangaroo bone-marrow was heated and poured onto the stomach for ‘bellyache’.<sup>11</sup> The skin was used as a pouch to carry ashes used for healing; sinew is still dried and used as a thread for stringing shells for necklaces, while a kangaroo jawbone with a sharp tooth remaining in place can pierce a hole in the shells. The art of making a necklace provides cultural identity and is part of wellbeing.<sup>12</sup>

Bull Kelp is used as a water-carrier and food source.<sup>13</sup> Kelp contains high levels of iodine, as well as vitamins A, B1, B2, B3, B6, C and E, and many trace minerals.<sup>14</sup> Tasmanian soil lacks iodine, and a lack of iodine in the diet can cause goitre.<sup>15</sup> Fresh water collected in Bull Kelp water-carriers contains tannin, indicating the clean, fresh water that Aboriginal people have been drinking for thousands of years. Tannin is a natural antioxidant that keeps the water clean, as well as having anti-fungal properties.<sup>16</sup> Salt water was used to induce vomiting in the process of healing, and the Brune (Bruny Island) natives bathed in salt water if they had a disease.<sup>17</sup> Mallet states that a mouthful of salt water a day prevented sickness and that this was practised by most of the Elder population on Cape Barren Island.<sup>18</sup>

The Kangaroo Apple, edible only when it turns bright orange, contains vitamin C and oestrogen, and is high in progesterone. A full knowledge of the Kangaroo Apple is essential before consuming any part of the plant, due to its particular effects, especially

on women. The Russians have used part of the plant in formulating a vital component of the contraceptive pill.<sup>19</sup> Russians spent time in Tasmania in 1823, collecting soil, minerals, plants, animals and sea life. One of the claims of the visiting seamen was that they were the ‘first to bring to Russia information about the virtues of this [Eucalyptus] tree in curing fever caused by malignant exhalations of swamps’.<sup>20</sup> Kangaroo Apple is mentioned in Robinson’s journals, and when visiting known Aboriginal sites in Tasmania a Kangaroo Apple tree is often within sight.

Mallet states that mutton-bird oil is used to treat chest infections and for lung health. The oil is also used for frying, and for lighting in fat lanterns.<sup>21</sup> Mutton-birding is an important and continuing Aboriginal cultural tradition that strengthens identity and links the community together to pass on stories of the ‘old people’. In the 1980s the oil was rubbed into horse muscles, and added to sunburn lotions and medicines. The feathers are used for doonas and sleeping bags.<sup>22</sup> The oil is currently promoted as a product for dogs, to stimulate growth, as well as being good for the animal’s teeth, flesh, reproductive organs and muscle.<sup>23</sup>

But the human health benefits of mutton-bird are not as well promoted. The Aboriginal community knows that mutton-birds (called *yolla*) are a good food and medicinal resource. Mutton-bird contains omega 3, iodine, zinc, phosphate, magnesium, iron and calcium.<sup>24</sup> The oil in particular is used for medicinal purposes.<sup>25</sup> John Wells from Ocean Omegas promotes mutton-bird oil as one of the few pure oils not requiring extraction processes. The oil contains astaxanthin, a red pigment and antioxidant occurring in some cold-water plant and animal species, which has various medicinal uses, including treatment for heart disease, stroke and arthritis.<sup>26</sup>

Health and wellbeing come from eating native food. When I was younger, native food was considered ‘poor man’s food’—a connotation presumably left over from the 1840s, when impoverished Irish arriving in Tasmania relied on natural food resources for survival.<sup>27</sup> But in my own experience, collecting native food brings a sense of richness, reinforcing my identity, culture and resilience. My connections with the environment, family and community are strengthened and celebrated. Native food is medicinal for my health and wellbeing.

## Sharon Dennis

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# HEALING, AND THE POWER OF CULTURE AND EDUCATION

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Cat. 47 Flakie Stevens Tjampitjin (b. 1951; skin: Tjampitjin; language: Kukatja; Country: Great Sandy Desert; artist location: Wirrimanu (Balgo), Western Australia), **Maparn** (detail), 2003, acrylic on board, 45.0 × 60.0 cm. Private collection.







## WHO ARE THE NGANGKARI?

In Ngaanyatjarra, Pitjantjatjara, Yankunytjatjara and several other languages of Central Australia, *ngangka i* means healer. The word comes from the languages of the people: the Anangu, who belong to the vast desert country around the intersection of the Northern Territory, South Australia and Western Australia. Ngangkari are deeply rooted in the language, the country, the culture, the *Tjukurpa*<sup>1</sup> of Anangu (Aboriginal people) in the centre of Australia. They have always been responsible for the health and wellbeing of Anangu.

Toby Minyintiri Baker, a senior Anangu man and ngangkari, explains that ngangkari are Anangu men and women who receive special tools and training from their grandparents:

Our ability to heal people comes from our grandparents, and they got it from their grandparents. That tradition has been passed down over a really long period of time. The powers that we have, the things that are given to us to do our healing, are the same—they are the same powers given to us through those lines.

The reasons we use them change all the time though; the reasons people are suffering grief, the things that have actually happened, and all the new circumstances change. However our ability to look after people and our powers have remained the same.

Those powers that are given to us are called *mapanpa*—they can't change. They are the force that allows us to do our work. They are things that allow us to find someone's spirit and place it back within them. The reasons why they have lost their spirit change all the time. But that power to find it and place it back comes from the *mapanpa*—they are given things. We can't change those.<sup>2</sup>

Anangu culture holds its own view of causation and recovery from physical and mental illness, and attributes many illnesses and emotional states to harmful elements in the Anangu spiritual world. Ngangkari are highly valued for their unique ability to protect and heal individuals and communities from this harm, no less so today than in the past. Ngangkari have many tools, techniques and skills they can draw on to heal. Toby Minyintiri Baker says:

*Ngangka i* are gifted with healing hands. *Mara ala*—healing hands. These hands work with the spirit. Inside these hands are *mapanpa*. The hands touch the sick person. ...

<sup>1</sup>'We work with the body but also with the mind.' Toby Minyintiri Baker receiving treatment from Rupert Langkatjukur Peter. Photograph by Rhett Hammerton. © Copyright Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation.



We work with our special perceptions, our eyes and our hands. We see everything and we are always ready to help. We see *mamu*. *Ngangka i* know everything, proper *ngangka i*.

Ilawanti Ungkutjuru Ken adds:

*Wirulymankupai*—that’s with the hands—when you touch the body, you are massaging it. This is *wirulymankupai*, or making smooth. It is a kind of physio work, using oil and using *irmangka-irmangka*.<sup>3</sup> We use *irmangka-irmangka* when we are utilising our blowing technique, or *puuni*. When *ngangka i* use the *puuni* that means we are blowing air onto the head.

Ilawanti describes how *ngangkari* prepare and incorporate plant-based medicines into their practice:

We make bush medicines and we use the bush medicines such as *irmangka-irmangka*. A lot of people use that *irmangka-irmangka* medicine, because it is so good for skin infections. *Tiwilpa* is a word meaning stiff, so if someone is *tiwilarinyi* and tired in the muscle, that’s when we rub the muscles to make them flexible again. When we make the muscles soft we refer to that as *tjulani*, or to ‘make soft’.

*Ngangkari* have processes that are familiar to many Western-trained doctors, as Toby Minyintiri Baker explains:

In essence all *ngangka i* have the same abilities and they are to work with the spirit; to remove things, to stop blockages and a whole lot of other things to do with bush medicines and so on. But one *ngangka i* might decide a person needs to see another, so they will call in other help; they will call in another *ngangka i*. They will have a consultation about what needs to be done to the person or they will send that person to another *ngangka i*. Equally they might send the person to the hospital and to doctors saying ‘Look you really need to go there’. They can work on a whole lot of different levels. *Ngangka i* should be able to work across the range of illnesses but with different levels of experience and specialities.

If we are unsuccessful in treating someone we will continue to give those treatments and we will go further and further. People won’t say ‘Oh go away, you didn’t do a good job!’ They will say, ‘come again please, and help.’ If I feel, or we feel, that it’s beyond our ability then we will advise that they see another *ngangka i* who can help them in that situation. We would call them in to work together.

If a junior *ngangka i*, someone who is just learning the work, is treating someone they will have those same powers but they are just learning how to use them properly

and they will call in some senior person to come and help them in a situation. If the person hasn’t healed or they’ve become worse [than] at the start, then we’re asked to do more rather than less.

For *ngangkari*, spirit is the most important thing. Rupert Langkatjukur Peter describes how *ngangkari* work with spirits:

Everyone has a spirit. Sometimes they can lose that spirit, become dispirited and they can become really sick. You can see the signs of it in people vomiting and other forms of sickness or weakness. When people are sick their spirit gets displaced and they can become unbalanced because of that sickness too. We *ngangka i* have the ability to see that situation, to assess it, to see where their spirit’s gone—often it will actually leave them or be out of place. We find that spirit and place it back within people in the right place so they are balanced again and centred. We do that with kids and also with older people too. Everyone has their spirit. It is the most important thing. Without your spirit it is really hard to get better.

Many *ngangkari* travel on spirit journeys at night, healing Anangu and protecting them from harm while they sleep. Andy Tjilari says:

*Ngangka i* have the ability to travel as spirit beings. Only *ngangka i* have this knowledge of how to travel as spirit beings. I learnt how to do this. The knowledge of how to do this, for my spirit to be able to travel—not my body but my spirit—was passed down to me by all those old *ngangka i* in the old days. As a child my spirit travelled, I was taught how to do it by that older generation of men. So my spirit travelled and travelled in those old days with those old men. As an older man I myself now can do many good things with this. We are doing many good things.

Pantjiti Unkari McKenzie elaborates:

I go on *marali* journeys, absolutely! I go often. If someone near me is very ill, I can’t help it—as soon as I fall asleep, my thoughts go out to them and I begin my *marali* journey. While on that journey I heal the sick person and I remove whatever thing is inside them, causing the sickness. Even dangerous illnesses I can heal. Even something rattling around in the body, like a loose bone, I can retrieve and remove as necessary.

In 2018, *ngangkari* are strong and the practice is thriving; their treatments are in great demand, and many young Anangu are following in their footsteps. Rupert Langkatjukur Peter describes how these skills and training are passed on to the younger generation:



Before passing on *mapanpa*, *ngangka i* have to assess whether a person is in a position to use the powers properly. When you receive the powers it's like being hit—you get knocked over to have them. It is a very powerful experience.

It is really something that is within our culture; our children and grandchildren will see when we are getting older and in need of support and if they have a real interest in becoming a *ngangka i* they will actually ask. They say 'Look, I'd really like to learn how to do that', in the same way medical students might learn how to inject people and do that properly. They'll be watching someone and learning from that; they'll ask if they can try and then they'll have a go.

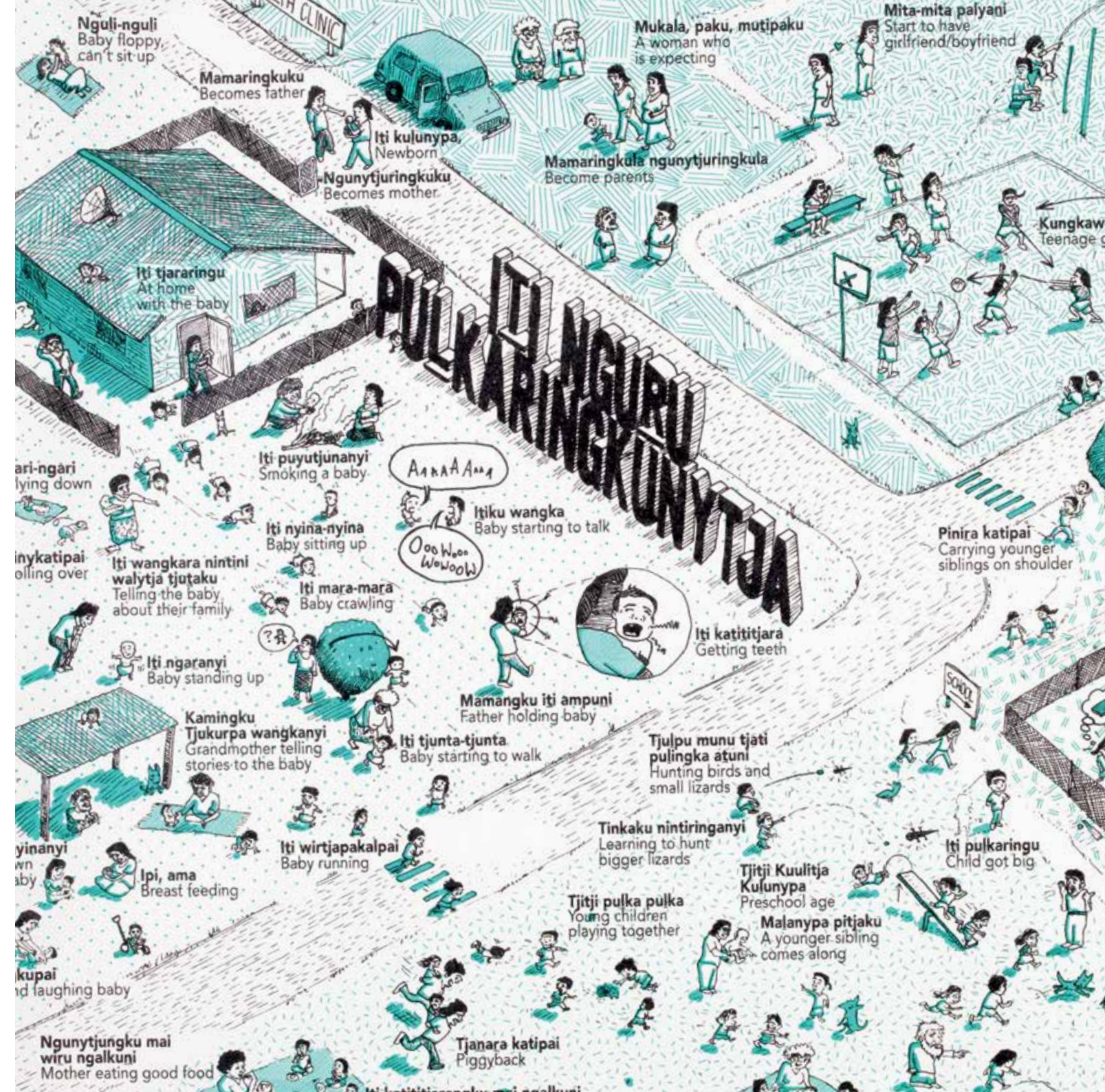
So grandchildren approach us if they have an interest. We talk about it and over time start to teach them if we think they are going to be good *ngangka i*. One of the first things is to take them on that spiritual journey—that's the beginning of the learning.

Today, in Central Australia, *ngangkari* work alongside Western-trained doctors and nurses, treating Anangu in clinics in remote communities, in regional hospitals, psychiatric units and gaols, hostels and aged-care homes and, as always, in the bush. At NPY Women's Council our team of *ngangkari* decided that they needed to educate the Western medical system about the values and importance of *ngangkari*. Their hope was that with increased understanding would come respect and acknowledgement of *ngangkari*, and more opportunities for meaningful work for young Anangu. With this in mind, the *ngangkari* published an award-winning book—*Traditional healers of Central Australia: Ngangka i*—and regularly give talks and workshops at hospitals, universities and conferences all over Australia, and overseas. They have developed strong relationships with all sorts of health and mental health services, and training and education providers. They have a special relationship with the Australian Indigenous Doctors Association, and enthusiastically support Indigenous people who are training and working in all fields of health and wellbeing. Andy Tjilari, the founder of our *ngangkari* team, explains:

Often we work alongside Western practitioners and share the responsibilities for looking after people. For us, our ability to see the spirit and to recognise what has happened comes from within our minds, within our heads—we can see things that they can't see. Our work as *ngangka i* takes us not only to communities within our world but also to cities where we see people as well. In our work in the cities in the

Cat. 71 Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (Central Australia, est. 1980) **Iti nguru pulkaringkunyitja: Child development** (detail), 2014, artwork by Joshua Santospirito, designed by Elliat Rich, printed poster: ink on paper, 41.9 × 59.3 cm. Gift of Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation, 2016, MHM2016.56.1, Medical History Museum.

Poster mapping the stages of child development, in Pitjantjatjara with English translations. In making these posters, senior Indigenous women and traditional healers drew upon their rich cultural knowledge and shared their cultural practices for growing up strong, healthy children.





hospitals we have formed a really good bond with doctors and we work together as one. It's a really strong relationship where we work as one. That working together involves different techniques with the same purpose in mind. Whereas doctors might use operations and provide medicines and things like that, we look at the effect of that illness on the spirit. We see when someone's lost their spirit. We can find the lost spirit and place it where it should be. And that is part of healing and looking after people properly, *ngangka i* way.

In 2009 the effectiveness of the work of the NPY Women's Council ngangkari in Indigenous mental health was acknowledged with a prestigious award from the Royal Australian and New Zealand College of Psychiatrists, and the Dr Margaret Tobin Award for excellence in mental health service delivery. In 2011 the ngangkari were conjoint recipients of the World Council for Psychotherapy Sigmund Freud Award for contributions to psychotherapy, bestowed by the City of Vienna. They have established the Uti Kulintjaku project, which seeks to develop shared understandings of mental health and wellbeing, and which is also the recipient of several awards. Such accolades have been a powerful acknowledgement of the ngangkari, who serve, arguably, those with the greatest health needs in this country. Andy Tjilari sums up the importance of ngangkari work and the pride that ngangkari feel:

Our work is not hidden. It's important that I work in a transparent way—people can see what I do. It is important work, we are proud of our work, we are not embarrassed about what we do and we are confident in working alongside Western practitioners. We think it is really important that we work together openly in that spirit.

**Angela Lynch**, on behalf of Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Ngangkari Program

- 1 *Tjukurpa* is a word with many meanings, depending on the context. It can mean the foundation of Anangu life and society. It can refer to the creation period when ancestral beings, *Tjukuritja*, created the world as we know it, and from this the religion, law and moral systems. It can also mean story, or history.
- 2 All quotations are from Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation, *Traditional healers of Central Australia: Ngangka i*, Broome, WA: Magabala books, 2013.
- 3 *Irmangka-irmangka* is the shrub *Eremophila alternifolia*, also known as Native Fuchsia.

Cat. 76 Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (Central Australia, est. 1980), **Uti kulintjaku: Words for feelings in Pitjantjatjara and English**, 2016, set of magnets: metal, plastic, rubber, ink, paper; 7.8 × 6.0 × 4.1 cm. Gift of Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation, 2016, MHM2016.59, Medical History Museum.

Set of 48 magnets on which are printed words to describe one's emotional and mental state. Uti Kulintjaku is a mental health literacy project of the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council. It aims to find ways to help people find the right words to express different feelings.







## AKEYULERRE: A CENTRAL AUSTRALIAN ABORIGINAL HEALING CENTRE

The Central Australian Aboriginal healing centre known as Akeyulerre was established in the 1980s.<sup>1</sup> Three non-Indigenous people offered to assist traditional Central Arrernte people to establish the centre. Back at that time there were men and ladies that still had the knowledge of bush medicine. Those Elders got me involved as a spokesman for the new organisation, so we could set up the centre.

I was the chairman of the organisation for a while. Amelia Turner is the chairwoman at present and I am a board member. There are up to 10 board members at a time, and we meet regularly. Our vision is to listen to the Elders and be guided by them. Jane Vadeloo is a white lady who helped found the centre; she was really good and hard working in helping to set up the organisation. It is now run by the locals; she moved to the Top End and comes down here occasionally to talk with the locals. She helps mediate with the local government.

We used to go out bush and collect bush tucker and medicine. Bring it back to Mparntwe (Alice Springs). Initially it was an ordinary building, and we worked towards collecting funds to build a shed outside where we could prepare the medicines. The organisation prospered, and even today the organisation is successful. Unfortunately, there are less Elders around with the knowledge about traditional medicine, but fortunately the knowledge is kept safe at the healing centre. Amelia Turner works there regularly; there are a handful of older ladies who work there and teach younger girls about the bush medicines. The ladies sit outside under the gum tree and separate the seeds from the plants. They place them in large pots ready for cooking.

We have some programs where we go out bush and teach children about Country. We tell them stories and dreaming about the Country, to connect to the land. Old and young also create boomerangs and spears together, taught by the Elders.

The centre is open to the public. The organisation is Aboriginal-owned and directed; members are mainly from Mparntwe and neighbouring communities including Alcoota (Alkwerte), Harts Range (Arteyerre), Bonya (Uthipe Atherre), Santa Teresa (Ltyentye Apurte) and Amoonguna (Lmengkwerne). My mother was a Western Arrarnta woman, being from the area of Hermannsburg—they had different traditional knowledge there.

The healing centre's recommendation for individuals is to go see a Western doctor first and follow their orders, then come back to the healing centre, let us know what the doctor's diagnosis is, and we will offer a bush medicine that can heal you.

Mervyn Rubuntja in the Akeyulerre Healing Centre. Photograph by Ellie Kate Misios. © Copyright.



The healing centre also has a witch doctor. Her role is to treat mental problems as well as physical. The philosophy is that the mental is connected to the physical. A person may have obtained a traditional punishment due to bad behaviour. The witch doctor can feel the person's body and find out what is wrong with them. They can then do a Western X-ray and usually will find out that the witch doctor was right about her diagnosis.

The organisation is a social enterprise; the income is used to develop the organisation and pay wages to the women who produce the bush medicine. The centre produces soap, sunscreen, drinks, diverse types of bush rubs, body oil and lip balm. These rubs and oils can be used to soothe pain from sunburn, strengthen the body, moisturise the skin, treat skin conditions and remove toxins from the body:

- *Thatharraampa* (lerp from Red Mallee)
- *Inmurta* (Mustard Grass)—bush found alongside the grasses. The ladies cook it or boil it to be consumed as a drink. The Mustard Grass can also be cooked in the warm ashes, then eaten.
- *Ngaraaka* (Bush Bean)—Bush Bean fruits are long and slender and used as bush medicine.
- *Lupa-ipenha thungarlpa* (gum from Elegant Acacia). People grind this gum and then suck it. People drink young boiled gum tree leaves, or they suck it. They use this often when suffering from alcohol poisoning. I used to do this too.
- *Ntjwia errkngalha* (Corkwood bark)—rubbed on itchy sores.
- *Arratha* (Hill Fuchsia)—you can get this in hilly country in all directions around Mparntwe. Each area will be using this as bush medicine but will have a different name for it. The leaves are boiled and drunk for cleansing the stomach.
- *Ipaatji-ipaatja* (Caustic Weed, Milk Weed)—I use this milk to clean my skin. Some drink it when some internal organs are not functioning properly.
- *Ititja* (Mulga)—Ititja seeds are collected and eaten to strengthen the body.
- *Errpmangk-errpmangk* (Native Fuchsia)—you boil the leaves, and when it cools down you consume it if you've got a cold or a flu.
- There was a plant called *Aarra-aarra* (Native Lemongrass), used as a medicine for colds, but sadly it disappeared due to the spread of *Buffell* Grass, you don't see it any more. *Arratnurlka* (Mint Bush) has also disappeared.

One time, in 1999, I had problems in my liver. I admit that I had consumed too much alcohol at the time. The doctor told me that I had three or four days to live. My in-laws prepared the drink from young gum tree leaves; it was kept in a large drum. Every day for four days I drank a warm-temperature bottle full of it. I then healed, and the doctor couldn't believe it! I haven't drunk alcohol for years and I don't drink any more. I am convinced that bush medicines are better than white man's medicines.<sup>2</sup>

### Mervyn Rubuntja

1 For more information on Akeyulerre, see [www.akeyulerre.org.au](http://www.akeyulerre.org.au).

2 This text was written with the use of David Roennfeldt (ed.), *Western Arrarnta picture dictionary*, Alice Springs: IAD Press, 2006.

The Akeyulerre Healing Centre. Photograph by Ellie Kate Misios. © Copyright.







## ABORIGINAL MEN'S HEALING

Much has been written about Aboriginal health and the poor status that Aboriginal men continue to experience. Presently, average life expectancy for Aboriginal men is more than 11 years shorter than for other Australian males.

Even more has been written about the social and historical context of Aboriginal health and the numerous repercussions since colonisation, which have devalued Aboriginal culture, dispossessed and dislocated families and communities, and introduced diseases. Many men lost their well-defined, meaningful roles that carried authority and status, and boys lost their positive, aspirational role models.

But relatively little is known or has been written about Aboriginal men as healers, as important providers of healing and wellbeing for members of their communities. These men are called *maparn* in the Western Desert of Australia (similar to the *ngangka i* of Central Australia). They provide an important and valuable cultural context of healing, and are often 'first responders'—those whom community members immediately trust and turn to in times of sickness and pain. They have sometimes been described as 'traditional doctors'. While many are men, they can also be women, responding to people's sickness using a traditionalist method of diagnosis and healing. Their gifts of healing—sometimes first appearing at an early age—are highly recognised and respected by their people. Their power to heal is handed down through the generations. A grandmother might hand on her powers to a granddaughter, a grandfather to his grandson. Maparn are seen to be the ones who have traditionally looked after the health of their people. In that time before hospitals and health clinics, they were the ones who carried the responsibility to care for the health—physical and spiritual—of everyone.

For many generations, Aboriginal people have maintained detailed, highly developed and intricate understandings of the causes of particular forms of illness, and of what can heal them. While these understandings are deeply embedded in strong cultural beliefs, the final achievement of wellbeing is to establish physical, spiritual and social harmony.

Cat. 47 Flakie Stevens Tjampitjin (b. 1951; skin: Tjampitjin; language: Kukatja; Country: Great Sandy Desert; artist location: Wirrimanu (Balgo), Western Australia), **Maparn**, 2003, acrylic on board, 45.0 × 60.0 cm. Private collection.

A sick person covered in *murtu* (red ochre) has been brought by a family to the *maparn* (healer) to be cured. The people are surrounded by *tali* (sandhills). The maparn's hand has touched the sick person and healed them. Kinyu (a dog spirit of the *Tjukurpa* or Dreaming) accompanies him and helps him as he works.



Being healthy or *palya* (in the Kukatja language) describes an embodied quality of personal and social living that includes the person's relationships with *walytja* (family), *ngurra* (land) and *Tjukurpa* (Dreaming). To live as a healthy adult person is more than being physically and bodily well; a healthy person is one who is in the right relationship with others and who can walk upon the land in harmony with its cosmic and spiritual forces.

When people are in pain or feel sick they will usually seek immediate help. They may be taken to the home of the maparn, or family members may send someone to ask the healer to come. A trip to the local health clinic, especially valuable for the pain relief it provides, often follows. Sometimes the maparn will visit the health clinic or hospital, especially if a family member of the sick person requests their presence. Maparn are prepared to travel long distances, even fly interstate, if asked. They are generous in offering their healing powers, while also providing personal support to the sick—and to their anxious families.

Not all maparn are the same. While they share a common perspective on the causes of pain and illness, some will refer the sick to others whom they trust to be more experienced in some particular areas. Some carry particular healing tools with them, but all will use the gift of touch to feel and respond to the sickness they perceive to be present in a person. They can remove blockages in a person's blood supply, drawing out and removing its causes.

The most serious and dangerous forms of sickness are those caused by sorcery through *mamu* or bad spirits. Maparn can see these mamu and isolate them, preventing them from gaining access to a person. Maparn, especially the older and more experienced ones, are trusted both to see and remove the causes of any sickness that mamu can bring.

One particular threat a mamu presents is to a person's spirit or *kurrun*. An essential ingredient of wellbeing is the health of a person's kurrun, which lies in the centre of a person's body in the region of the *tjurni* (stomach). When the person is in pain or sick, the kurrun can move elsewhere, such as to the back of the body or to the shoulder or feet. A person can become sick if their kurrun is weakened and shifts from its normal central place. If a person gets a fright, their kurrun can jump and move. It can then stay in the wrong place in the person's body. In serious cases of illness it can even leave the body.

It is not just the *location* of one's kurrun that is important for a person's health and wellbeing, but also its condition. When people are sick, anxious or frightened, their kurrun can become tired, sad, frightened or weak. If any part of a person's body is in pain, their kurrun reflects that suffering. A maparn is not only able to see the location of a person's kurrun, but also has the power to return it to its rightful place, even if it has moved outside the person.

In this cultural context, the human body is neither a physical reality, separated from the activity of one's inner kurrun or larger cosmic forces, nor an interiority, disconnected from social and relational meanings. Dichotomies that can be imposed upon this desert body—separating the physical from the spiritual, the bodily from the cosmic, the personal from the social—deny important relational and holistic aspects for desert people that are dynamic and essential for living well.

While these understandings are deeply embedded in strong cultural beliefs, this is not to say that they have not been influenced by contact with Western medical services. People are conscious that they are living in a different world from that of their parents and grandparents. They are now exposed to relatively recent forms of sickness, and coping with or curing these has become, increasingly, an important element of their lives. Some of these sicknesses a maparn will deal with. Others, often associated with the presence of non-Aboriginal people, lie beyond the maparn's powers. Maparn will direct such people to the clinic, along with those seeking pain relief through modern Western medicines.

Of central importance to the work and provision of any health service to Aboriginal people—whether in a remote community, urban centre or hospital—is recognising that contrasting, sometimes even sharply conflicting, systems of health belief can be operating at the same time. These can compete for acknowledgement and allegiance, and bring their own particular and sometimes different sets of desired health outcomes.

Unfortunately, only rarely are attempts made to explore a common ground of health and wellbeing—one that recognises the health beliefs and benefits of the other. Because Western medicine largely separates—both physically and socially—its own provision of health care from that found in the daily experience of life in most communities, it risks reducing the context of health to the biomedical and a medicalisation response to illness. As attention is given to serious illnesses such as cancer, diabetes and heart disease, the possibility that maparn might contribute to the care of such patients is rarely entertained, nor is thought given to the wider relational values that might serve to improve a person's experience of living well.

That Aboriginal people continue to believe in the powers that maparn have is a reminder of the existence of another system of health beliefs, but also the importance of their role and knowledge if the serious health problems affecting Aboriginal people are to be remedied.

**Dr Brian F McCoy**





## MEDICAL TRAINING FOR ABORIGINAL AND TORRES STRAIT ISLANDER STUDENTS

### Introduction

In Australia, there are an estimated 420 Aboriginal and Torres Strait Islander medical doctors, and 327 enrolled Aboriginal and Torres Strait Islander medical students (representing 2.3 per cent of total Australian domestic enrolments). Although the numbers of students entering medicine are now close to population parity, Aboriginal and Torres Strait Islander people have historically been excluded from medical training. In his Dean's Lecture of 2008, Professor Ian Anderson described Australia's century-long lag in graduating the first known Aboriginal doctor, Helen Milroy, in 1983 from the University of Western Australia.<sup>1</sup> By comparison, the first Mohawk doctor, Dr Oronhyatekha, graduated from the University of Toronto in 1866, and the first Māori doctor, Sir Māui Wiremu Pōmare, graduated from Chicago College in 1899. Anderson himself graduated a year after Milroy—from the University of Melbourne—its first Aboriginal medical graduate.

Perhaps unsurprisingly, this first wave of Aboriginal doctors graduating in the 1980s brought stronger advocacy for including Indigenous health content in medical curricula and for improving Indigenous representation in the health workforce.<sup>2</sup> Campaigns, and discussions with universities, governments and peak bodies including the Committee of Deans of Australian Medical Schools (CDAMS, now Medical Deans Australia and New Zealand) encouraged targeted initiatives in medical schools. Following the Second Indigenous Medical Conference in 1997, Aboriginal and Torres Strait Islander doctors, academics and medical students made recommendations to CDAMS, including that medical schools would:

- increase content on, and awareness of, Indigenous issues in medical curricula
- involve Indigenous academics and people in the teaching process
- increase the number of Indigenous students entering medicine.

Importantly, these elements had to work in combination, to ensure systemic change to the institutional structures and norms of the medical school environment. The benefits would be twofold: non-Indigenous doctors providing better care to Indigenous patients, and larger numbers of Indigenous doctors. Together these elements play an important role in developing an overall health workforce that is representative of, and meets the needs of, Aboriginal and Torres Strait Islander people.

Professor Ian Anderson, OAM, Professor Noel Hayman, Professor Ngiare Brown and Dr Louis Peachey—members of the first cohort of Aboriginal and Torres Strait Islander doctors—celebrate at LIME Connection III in 2009.



Important steps

Indigenous health curriculum

In 2004, a national curriculum audit showed that Indigenous health content varied widely between medical schools, and that such content was only rarely made compulsory or part of core teaching. In response, CDAMS supported the development of an Indigenous Health Curriculum Framework to guide medical schools. The first of its kind to be endorsed across schools in the health sciences, it set out subject areas, learning objectives and pedagogies, touching on the institutional reforms and approaches needed to support their implementation. It suggested curriculum content covering history; culture, self and diversity; Indigenous societies, cultures and medicines; population health; models of health service delivery; clinical presentations of disease; communication skills; and working with Indigenous peoples. Significant work followed, with each medical school working towards developing curriculum relevant to its local context. In 2006, elements of the framework were incorporated into the Australian Medical Council standards for basic medical education, requiring medical schools to formally report on their Indigenous health programs.

In a more recent review of medical education, the Medical Deans and the Australian Indigenous Doctors’ Association observed ‘significantly more Indigenous health content ... integrated into [medical school] curricula than was reported in the 2004 National Audits’. It stated that ‘the implementation of the Curriculum Framework has not only resulted in the development of more relevant Indigenous health content but has also stimulated a number of highly effective and more culturally appropriate pedagogical approaches in some schools’.<sup>3</sup> Methods now include traditional didactic lectures and tutorials, simulated patient sessions, case-based learning, and teaching in Indigenous health contexts through situated learning programs. Importantly, a curriculum in which Indigenous health is visible and valued not only improves the quality of medical education as it relates to Indigenous people, but ensures that the curriculum, rather than alienating Indigenous students, reflects their interests and experiences as part of the student body.

Indigenous staff and community involvement

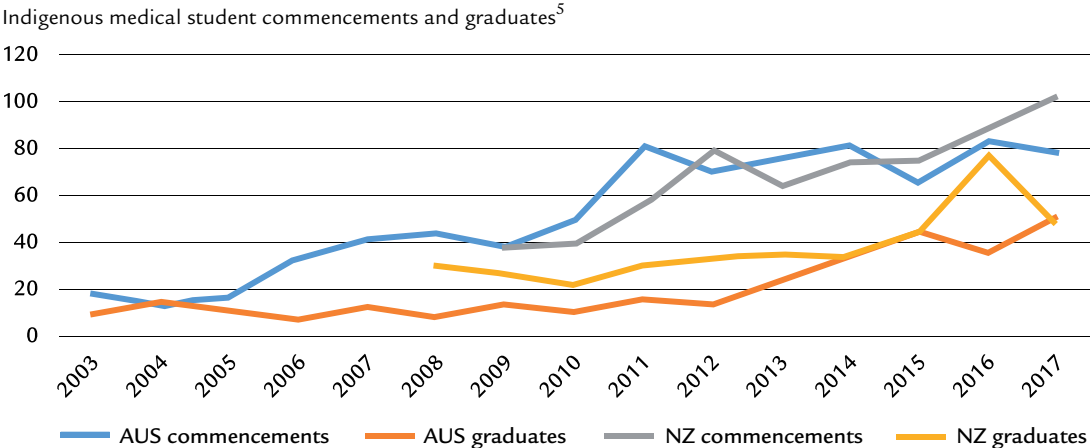
In 2005 the Leaders in Indigenous Medical Education (LIME) Network was formalised at the inaugural LIME Connection conference, bringing together Indigenous and non-Indigenous medical educators from Australia and New Zealand to collaborate, share approaches, and support one another in implementing Indigenous health curricula and strategies for graduating Indigenous doctors. LIME continues today as a project of Medical Deans Australia and New Zealand, funded by the Commonwealth Department of Health and housed by the University of Melbourne. It operates as a community of practice, to accelerate innovation in Indigenous health and medical education, and

to ensure that Indigenous health remains a meaningful and sustainable component of broader medical school curricula and programs.

Medical schools’ *hidden* curriculum, or the influences arising from the institution’s structure and culture, also help shape what students learn.<sup>4</sup> For this reason, institutional culture must support Indigenous health and Indigenous people. Employing Indigenous staff in professional, academic and leadership positions is important, as is the meaningful involvement of local Indigenous communities. In this way, Indigenous knowledge is valued and integrated into curriculum and student support programs, and university protocols and practices more broadly. Almost every Australian medical school now has an Indigenous staff member responsible for, or contributing to, the development and delivery of Indigenous health curriculum. Many universities also have Indigenous units that provide an Indigenous-specific space, tailored resources, and student support. Although an Aboriginal or Torres Strait Islander dean of medicine is yet to be appointed, there is an increasing number of associate deans (Indigenous) in faculties of medicine, as well as pro-vice chancellors (Indigenous) at some universities.

Recruitment and graduation

In tandem with formal curriculum development and fostering Indigenous leadership, knowledge and contribution, specific efforts to recruit and retain Indigenous students are essential. Many medical schools now offer entry pathways that recognise historical disadvantage in educational opportunities for Aboriginal and Torres Strait Islander applicants. Some provide pre-entry or bridging programs, others have alternative admission processes, while some actively encourage primary and secondary-school students to consider a medical career.





To make these initiatives more readily accessible to students considering medicine as a career, the LIME Network developed the Indigenous Pathways Into Medicine Online Resource—a searchable database of information on pathways and entry requirements for Indigenous students for every Australian medical school. Video profiles provide personal accounts by Indigenous medical students and graduates at varying stages of their degree or career. Although there have been significant gains in recruitment and support, some schools still contribute significantly more than others to the numbers of Indigenous students, suggesting that there is more to be done in some universities.

## Conclusion

Australian medical faculties have seen significant improvements in Indigenous health curricula, greater numbers of Indigenous staff, stronger Indigenous community involvement, and rising enrolments of Indigenous students. Nevertheless, there remains some inconsistency between medical schools, and Indigenous students are not yet graduating at a rate appropriate to enrolments. Further, to reach population parity and make amends for the historical exclusion of Indigenous people from medical training, approximately 2400 more Aboriginal and Torres Strait Islander doctors would have to be added immediately to the overall medical cohort. So, while much has been achieved since Helen Milroy graduated in 1983, much more still needs to be done.

Aboriginal and Torres Strait Islander participation and perspectives in medicine not only benefit the wellbeing of Aboriginal and Torres Strait Islander peoples, but strengthen the overall Australian (and global) health system. Indigenous students and graduates accelerate change, bringing unique approaches, perspectives and life experiences to health and health care. This improves the curriculum that is taught, raises the quality of clinical care offered, deepens the research interests pursued, broadens community involvement, and results in better policies and practices.

## Professor Shaun Ewen and Odette Mazel

- 1 IPS Anderson, *The knowledge economy and Aboriginal health development: Dean's Lecture, Faculty of Medicine, Dentistry and Health Sciences*, University of Melbourne School of Population Health, 2008.
- 2 T Haynes et al, 'The history of the LIME Network and the development of Indigenous health in medical education', *Medical Journal of Australia*, vol. 199, no. 1, 2013, p. 65.
- 3 Australian Indigenous Doctors' Association, and Medical Deans Australia and New Zealand, *A review of the implementation of the Indigenous Health Curriculum Framework and the Healthy Futures Report within Australian medical schools*, Canberra: Australian Indigenous Doctors' Association, 2012.
- 4 FW Hafferty, 'Beyond curriculum reform: Confronting medicine's hidden curriculum', *Academic Medicine*, vol. 73, no. 4, April 1998, pp. 403–7.
- 5 Medical Deans Australia and New Zealand, *Workforce data report 2017*, p. 5. [www.medicaldeans.org.au/wp-content/uploads/2017\\_Snapshot\\_Data\\_Report.pdf](http://www.medicaldeans.org.au/wp-content/uploads/2017_Snapshot_Data_Report.pdf).

Possum skin cloak made by Mandy Nicholson, 2012, and presented to the University of Melbourne by the Melbourne Medical School. Photograph by Peter Casamento.







## *DADA GUBIYIYA: GROWING STRONG*

Growing up I had a strong sense of self and culture, thanks to my father, mother, aunties, uncles, brothers and sisters. Family had instilled in me the pride of my culture and the strength of my community. Many times in my life this pride and strength have been tested. Growing up, my lived experiences when in the presence of my family and community were often quite dissimilar from my experiences in the ‘Western world’, predominantly in institutions.

Growing up I heard Dreamtime stories of my father’s Country, which always sent me peacefully to sleep. Going to primary school I was told those stories do not exist and could not be called lullabies. Growing up I learnt the dance of my Country and, with permission, of other Countries, of which I danced strong. Going to dance lessons as a child I was told these dances were ugly and not correct form. Growing up I learnt my father’s language words and often mixed his tongue with that of the coloniser’s. Using these words outside my home I was struck with foreign confusion, leading me to uncertainty. Growing up I was referred to by my language name, which was considered meaningful and spoken clearly. When being read out by those who did not know me, my name was often changed, with many deciding from where it had come. Growing up I ate our traditional foods with joy and knowledge of where they were from. Going out to meals in restaurants, this was often not an option and considered not of this ‘country’: Australia. Growing up I learnt of my totem and our sacred lands, which were not to be shared. Going to school I was often asked to explain myself, and give this information freely as if it was their right. Growing up, having illness in my family was common, and sorry business a regular occurrence. Those not from my community would rarely attend a funeral, and would question our ceremonies. Growing up I decided to study Western medicine, knowing I would be causing confusion and disagreement by stepping away from my own community’s healing practices. Those in my university course would often be given praise by their families. I was spoken about as if I was not in the room, as if I was another statistic, of fauna or flora, of the past, not as a present human being. Those at my university were often spoken of as the default, the norm. I was constantly reminded of being the ‘first’, and suffered anxiety about the lonely pathway I would forge. Being first in my medical course was considered prestigious, and was fought for.

*Pittosporum angustifolium*—an example of *Gumby Gumby*. Gumby Gumby is not a specific plant, but rather a term for ‘bush medicine’ in many south-east and south-west Queensland Aboriginal languages. Photograph by Gene Blow, 2017. © Copyright.



In a world that has amnesia when it comes to your people, and that excludes the ‘other’, it can be tough to grow up as your true cultural self. This is a lesson I have learnt over the years. As my Quandamooka aunty put it: ‘We know and understand the practical, political and personal effects of being “Other” through a consciousness forged from our experiences and oral traditions’.<sup>1</sup> This was particularly difficult again when studying medicine and having a constant internal conflict: between our people’s understanding of healing, and a disease-driven, individualistic concept of therapeutic medicine. There is no word in my language for ‘health’, because health has always been taught to me as one part of many factors. Health has always been presented as holistic, with community in mind. Our stories of health are our stories of bush medicines, waterways, trees, land and animals, sea creatures, the sky and our Dreaming. Western medicine is beginning to make a move towards a holistic approach, but the dominant focus is still on illness, not wellness. At university, we slowly start to learn the concepts of mental wellbeing in Western medicine through evidence-based approaches such as mindfulness. However, it is difficult to recognise this as a relatively new concept, because this way of thought has been practised for thousands of years under different names: *dadirri* (roughly translated as deep listening) and *jaunga-ngarranga*, to name just two. This continuing lack of recognition of the influence of our traditional practices on current Western medicine is yet another source of grief that is difficult to reconcile. This divergence continues when we discuss First Nations’ health in a Western medicine framework. If our government and our society continue to attempt to fit our cultural wellness into a Western illness model, then we cannot possibly improve the current state of our First Nations’ health.

Today I look back on all those experiences that tested my identity and my understanding of where and how my cultural beliefs, customs, traditions and medicines fitted into our current society. Upon reflection I can see that, rather than giving me doubt or turning me away from culture, those experiences have given me more strength and pride, and armed me with both swords. Having the knowledge of Western medicine and bringing it into my own cultural ways of knowing and being, I and many other First Nations doctors are able—I believe—to bring a much-needed perspective on wellness. Thanks to the strength of our culture, we continue to grow strong.

#### Dr Ngaree Blow

<sup>1</sup> Aileen Moreton-Robinson, *Talkin’ up to the white woman: Aboriginal women and feminism*, Brisbane: University of Queensland Press, 2000, p. 179.

Cat. 12 Treahna Hamm, **Yorta Yorta bush medicine first aid kit**, 2017, Paperbark, Kurrajong pods, *Lomandra*, She-Oak pods, bark ink, riverbed clay, charcoal, billabong sediment, raffia, Bottlebrush wood and bloom, ash, possum bone, mussel shell, Black Wattle bark, Stringybark, river sand, Eucalyptus leaves, tree bark, sap; 4.0 × 12.0 × 27.0 cm. MHM2017.1, Medical History Museum.

## STAYING STRONG AND HEALTHY: BUSH MEDICINE ARTWORKS







## SHARING MEDICAL KNOWLEDGE THROUGH ART

Bush medicine has always been with Aboriginal people. It was before, and we will always be making bush medicine. There are all kinds of bush medicine and they grow all over. You'll find they're different in each place, and we have these ones that I've painted.

Judith Pungkarta Inkamala, 2017

For 65,000 years, Aboriginal and Torres Strait Islander peoples have occupied the lands, with distinct cultural boundaries defined by intimate relationships with Country. The exhibition *The art of healing: Australian Indigenous bush medicine* follows the premise of *Tjukurpa* (which has many meanings—including the creation period or Dreaming, as well as the foundation of Anangu life and society—and has various equivalents in other Aboriginal languages). It looks at traditional Indigenous healing practice as simultaneously past, present and future. Through contemporary art and objects, the exhibition presents examples of healing practice and bush medicine from many distinct and varied Indigenous communities across Australia.

As part of its 50th anniversary celebrations, the Medical History Museum expanded its collections policy to encompass contemporary Aboriginal and Torres Strait Islander art. Sharing bush medicine stories through art has become one of the ways in which Elders maintain a strong knowledge and culture for their communities. This use of contemporary art underlines the continuing practice of bush medicine, by revealing it through a current lens. It also demonstrates visually the distinct and varied cultures that make up Aboriginal and Torres Strait Islander Australia.

Some of the artworks have been directly commissioned for this exhibition, while others come from existing projects. Each artist was asked for a work that represented healing practice and bush medicine in their Country. Some have been sourced from artists represented by the extensive network of Aboriginal-owned and controlled art centres, others directly from individual artists. Art centres include Warmun Art Centre, Waringarri Aboriginal Arts, and Warlayirti Artists (all in the Kimberley); Warlukurlangu Artists of Yuendumu, Many Hands, Tjanpi Desert Weavers, and Hermannsburg Potters (Central Australia); Merrepen, Injalak, Buku-Larrnggay Mulka (the Top End), and Jilamara and Munupi (Tiwi Islands). Individual artists whom we approached included Kathrine Clarke, Treahna Hamm and Marilyne Nicholls in Victoria; and Judith-Rose Thomas in Tasmania; and we included work by Queensland's Judy Watson. The works use a range

Cat. 43 Rosie Ngwarraye Ross, **Bush flowers and bush medicine plants** (detail), 2015, acrylic on linen, 91.0 × 91.0 cm. MHM2017.3, Medical History Museum.



of techniques and media, including painting in ochre and acrylic, printmaking, weaving and ceramics. The diversity of artistic styles and materials echoes the regional diversity.

The artworks in this exhibition tell stories of bush medicine from many parts of Australia, not in a comprehensive manner but rather as an introduction to a vast bank of knowledge that precedes and parallels other great healing traditions. For example, senior Gija Elder and artist Shirley Purdie has been working for several years with linguist Frances Koford to document medicinal and other plants of the East Kimberley, identifying individual species and recording their Gija, Latin and English names. This project preserves vital information and cultural memory for future generations, through written records and individual artworks. Nine paintings by Shirley Purdie have been commissioned for this exhibition (pages viii, 114–17).

A similar project was undertaken by Yolngu Elder Mulkuṇ Wirrpanda, who, working with landscape artist John Wolseley, has produced a series of works recording the uses of plants in north-east Arnhem Land. Mulkuṇ was concerned that young people were forgetting the uses of these plants. These works were exhibited in a major exhibition, *Midawarr / harvest: The art of Mulku Wirrpanda and John Wolseley*, held at the National Museum of Australia in Canberra. We have been fortunate to secure one of them for this exhibition (pages 128–9).

The use of bush medicine should not be viewed in isolation, but as part of a rich healing practice with cultural and spiritual aspects. In a project of the Lowitja Institute led by Brian McCoy, old and young people from Wirrimanu (Balgo) produced a series of paintings in which they share their perspectives on healing and men's health and wellbeing. Artists include senior *maparn* (healers) such as Helicopter Tjungurrayi (pages 110–11). The project is represented by works on loan from a private collection. In Alice Springs, the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council offers *ngangka i* (healers) a mental health program that examines factors contributing to wellbeing. This is also an example of two-way learning: Western and traditional practice working hand in hand.

The ancestral knowledge of healing of the Yorta Yorta people is celebrated in a major triptych by Treahna Hamm. *Dhungala cool burn* (pages vi, 68–9) shows women and girls collecting bush medicine along the banks of *dhungala* (the Murray River), placing the medicines in coolamons and in dilly bags that they would have woven. The coolamons in the foreground have been delineated using local river-bark ink, a medium that is also used in bush medicine.

The way plants are gathered and prepared is a major theme of the exhibition. Marilyne Nicholls' *Healing basket* (pages 72–3) is woven from Sedge fibre harvested from a freshwater lake near Swan Hill, and includes two medicine plants: Coastal Rosemary and gum leaves, both of which are used for smoking ceremonies to cleanse and

heal. Nicholls' method of coil weaving has been used in south-eastern Australia for thousands of years, to make baskets, belts, mats, eel traps and other useful items.

On her *Bush medicine* pot Hermannsburg ceramic artist Judith Inkamala has illustrated the process of preparing bush medicine (pages 84–7). The pot is crowned with a depiction (sculpted in clay) of a *knunkara* (medicine woman) using a grinding stone to prepare bush medicine. Inkamala writes: 'The old lady and the old brother will sing, sing, sing and spit into the bush medicine as they mix it. That's why everyone will get better and everyone will become strong'.

Many of the works in the exhibition illustrate particular bush medicines, and in their accompanying words the artists share with us their knowledge of their uses. The artists of Ampilatwatja have chosen to make bush medicine a major focus of their art, motivated by the wish to share this knowledge with their children and grandchildren. As Beverly Pula Luck commented: 'There are lots of different medicines, we know what their stories are, we learnt them from our parents and we teach these stories to our children'. In this exhibition, the acrylic paintings of Beverly Pula Luck (pages 98–9 and endpapers) and Rosie Ngwarraye Ross (pages 62, 96–7) depict medicinal plants of their region, finely delineated in a landscape created from a pattern of dots in the vivid colours of the desert.

Iconography used to represent bush medicine differs between communities and language groups across Australia. In the Daly River area of the Northern Territory, the fruits of the *Miwulngini*, or Red Lotus Lily (*Nelumbo nucifera*), are collected from the bottom of billabongs. The senior women locate the fruit with their feet as they slowly and carefully walk through the water. A medicine to treat constipation is made from this plant. In a coloured etching by Margaret Gilbert, the shape of the lotus leaf outlined in blue appears to float over the images of three lotus pods (pages 138–9).

On Melville Island, the centre of the *Purnarrika* (Waterlily) flower is eaten to cure sore throats and colds. Michelle Woody's painting in ochre shows an abstract pattern of lines and circles, reminiscent of body painting (page 140). Another treatment for sore throats is *Aubau* (Noni Fruit) from the Torres Strait Islands, of which the leaves are used to treat liver disease and diabetes. Matilda Nona from Badu Island uses the technique of linocut to capture the intricate botanical detail of the fruit and leaves (pages 67, 150). This work also has a broader meaning, symbolising cleansing of the body, mind and soul.

In the Kimberley, art is often associated with the medium of ochre on canvas, as made famous by the late Rover Thomas. Works by renowned artists from Waringarri Aboriginal Arts depict various treatments. Peggy Griffiths' *Larrgen—Spinifex and water* represents the Country in the Keep River area. Finely flecked brushstrokes depict the Spinifex and grass that grow on the plains (pages 120–1). The *Gajarrang* (Spinifex) is boiled like tea for use as a contraceptive. The river flats also provide remedies:



Kittey Malarvie shows in ochre the recurring pattern of the cracked and drying mud flats near the Sturt River, called *luga*. This mud is eaten to cure gut-ache (pages 118–19).

Ancestral stories are embedded in Country. Judy Napangardi Watson shows—in a bold etching in black, red and white—the place Mina Mina, where ancestral women sat under the shade of the *Eremophila longifolia* (Dogwood tree), a plant used to treat external sores and taken as a cure for colds (pages 100–1). Some works from Balgo show the powers of traditional healers. Flakie Stevens uses the image of the maparn’s hand as the physical source and symbol of healing, in a painting telling of a maparn travelling between communities (pages 35, 48–9). Elder and ngangkari Ilawanti Ungkutjuru Ken has created a basket based on observing birds’ nests, to show the power of family and community for a person’s wellbeing (pages 80–1). She says: ‘My basket is like a nest. In our community, that’s how it should be ... Altogether the community stays strong, healthy and happily looking after their family’.

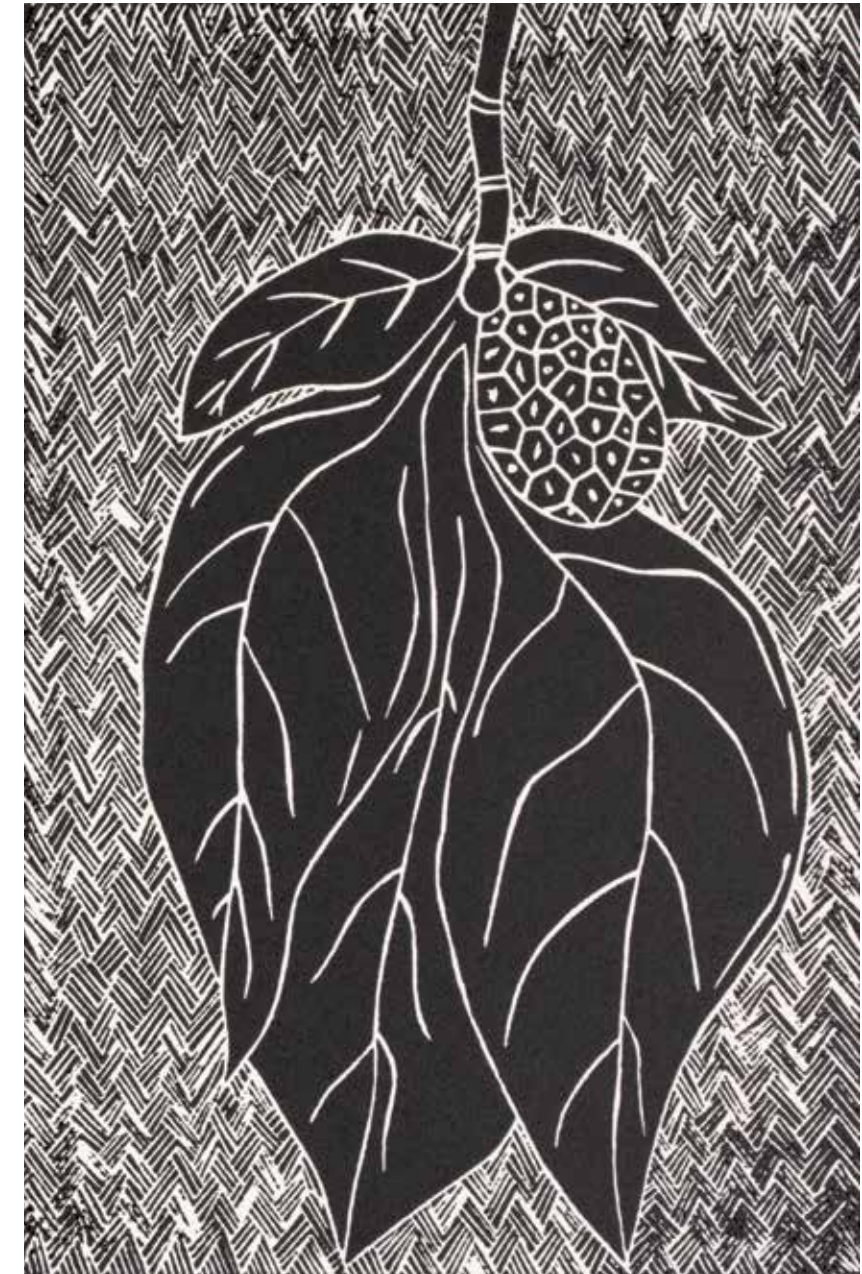
The Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne sees itself as a distinctly Australian faculty, because of its involvement in researching and delivering programs to Indigenous communities in regional and remote-area Australia. But research has shown that our trainee doctors sometimes feel helpless when confronted with Indigenous health problems. This exhibition is part of an educational program to broaden future doctors’ understanding of Australian Indigenous people and their extensive knowledge and success in healing practices, to help change perceptions based on narrow perspectives.

All the works are linked by the strong connection of Aboriginal and Torres Strait Islander peoples to Country, and the passing down of cultural knowledge to the next generation. We are privileged that these individuals and communities have chosen to share this rich repository of healing and knowledge with us through their art. The works are a significant addition to the Medical History Museum’s permanent collection, and will continue to inform and engage students, staff and the broader community through their aesthetic value and cultural significance. They also remind us of the importance of cultural and social frameworks for the wellbeing of all communities.

**Dr Jacqueline Healy**

Senior Curator, Medical History Museum, University of Melbourne

Cat. 30 Matilda Malujewel Nona, **Aubau (Noni Fruit)** (detail), 2015, linocut, edition 10/20, 30.0 × 62.0 cm (image), 51.0 × 80.0 cm (sheet). MHM2017.45, Medical History Museum.







**Treahna Hamm** (b. 1965)

language: Yorta Yorta

Country: Yorta Yorta

artist location: Yarrawonga, Victoria

Bush medicine and knowledge have been connected to what is known as ‘cool burns’ in many parts of traditional Aboriginal homelands, usually practised during the autumn months. Low-intensity fire was and is done to manage and maintain plant, tree and grass growth. It regenerates and brings into being new growth, buds and shoots, continuing the cultural process of gathering food and medical resources. This process was part of a vast knowledge that is held between the sky, land, people and wildlife, all connected within lore and story to people and land. Cool burns were also practised to clear built-up areas of bushland, so that hunting and gathering would be easier, and foods and bush medicines more clearly recognised in the environment.

The triptych depicts traditional times of Yorta Yorta women and girls collecting bush foods and remedies, with their dilly-bags hung from their shoulders—after cool burning occurs. The figures stand in honour of ancestral knowledge along the bank of *dhungala* (the Murray River), which is symbolised by the hands of ancestors holding billabong sediment. This also contains the symbolism of healing, along with the continued benefits of medicinal knowledge, hand in hand with spirituality in more than 2000 generations of people on Country. The oval shapes in the foreground are coolamons; inside them are seeds, pods and reeds that have been gathered before the cool burning took place. The coolamons have been painted with local river-bark ink. Its use is vastly versatile, as the bark ink is also used in the creation of medicine in Yorta Yorta Country.

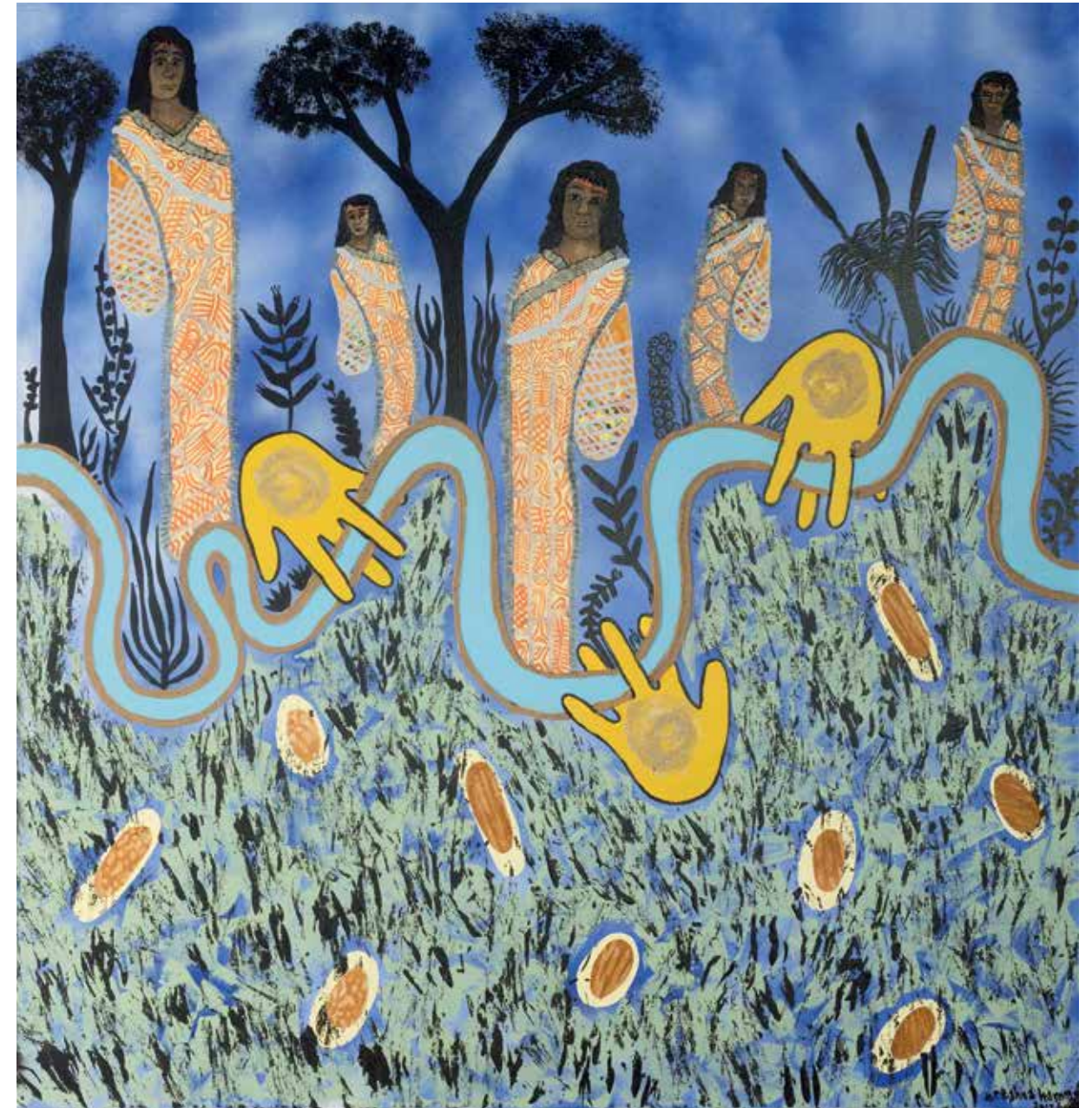
Cat. 11

**Dhungala cool burn, 2017**

acrylic paint, river sand, bark ink, paper on canvas

100.9 × 114.0 cm (each of three panels)

MHM2017.2, Medical History Museum





**Treahna Hamm** (b. 1965)

language: Yorta Yorta

Country: Yorta Yorta

artist location: Yarrawonga, Victoria

During the European settlement of Australia, the bushland, wetlands and waterways were seen as barren, and empty of medicinal knowledge and practices. But these environments were in fact a main part of the fragile balance between the lore, life and survival of Aboriginal people. This bush medicine first aid kit contains bush and river remedies that have been in use for many thousands of years.

Paperbark, from which the kit is constructed, was also used as bandages, having antiseptic qualities. Two rolls are shown here, bound and wrapped around small tree twigs. In traditional times, the Paperbark would be taken freshly from the tree. String made from the grass *Lomandra* can be used to fasten the small bandages in place. River clay has many uses for health, one of which is to place it on different body parts to draw out toxins, another to roll it into small balls for use in dental hygiene. Black Wattle bark is soaked in water and can be moulded to arms, legs or fingers as a protection, with healing qualities for sores or welts. Also, when roasted in the pods, Black Wattle seeds contain high levels of protein.

Billabong sediment, taken from deep under the waterline, is known to have purifying and cooling qualities that help heal light burns. It also benefits the skin. Sand and crushed mussel shells mixed together can be applied to small open cuts or wounds, can serve as a poultice to relieve soreness and inflammation, and can keep wounds clean and protected. Ash is used to relieve wounds: made from specific trees, it is sanitising to cuts and wounds, with protective and healing qualities to assist with cleansing and assisting the scar-forming process. Pine sap is a natural antiseptic; it is also a disinfectant with anti-fungal qualities. The application is done before dressing wounds or sores, and can help with scar healing. This can also help protect the area and keep foreign bodies at bay through germ control.

Eucalyptus leaves have many medicinal qualities that ensure healing and health. Oil is created by distilling fresh leaves, and helps relieve cold and influenza symptoms. Leaves are also used to create fire that cleanses and heals—both spiritually and physically. Charcoal is used to treat bites and to draw out toxins. It promotes healthy scarring when crushed and put on wounds. Bottlebrush flowers, when combined with water, create a nectar that is used as a healthy drink. Stringybark leaves are used to make a decoction for health, and this is also rubbed into sores for healing. Tree-twig extractors are used to remove infected splinters and to clean wounds and sores. Used together, they can work like tweezers, although operated with two hands. Small possum bones are used as applicators of bush medicine to specific body parts. Mussel incisors can be used to cut soft bark for bandages and to clean sores and wounds.

Cat. 12

**A Yorta Yorta person's bush medicine first aid kit, 2017**

Paperbark, Kurrajong pods, *Lomandra*, She-Oak pods, bark ink, riverbed clay, charcoal, billabong sediment, raffia, Bottlebrush wood and bloom, ash, possum bone, mussel shell, Black Wattle bark, Stringybark, river sand, Eucalyptus leaves, tree bark, sap

4.0 × 12.0 × 27.0 cm

MHM2017.1, Medical History Museum





**Marilyne Elizabeth Nicholls** (b. 1957)

language: Dja Dja Wurrung / Yorta Yorta / Baraba Baraba / Wadi Wadi / Jupagulk

Country: Murray River region

artist location: Swan Hill, Victoria

This basket is woven from Sedge plant fibre harvested from a freshwater lake near Swan Hill. The weaving style is known as coil weaving; the basket also features a lacing design around the outside, demonstrating the technique of the coil weave stitch. The basket is painted with earth paint (ochre) from the local area of Swan Hill.

Inside the basket are two medicine plants: a herb called Coastal Rosemary, and gum leaves. Both these plants are used for the purpose of healing ceremony. Both plants are used for smoking ceremonies to cleanse and heal. It can be a smoking ceremony to help someone work through uncertainty, or to cleanse energy in a home. There are lots of purposes; it depends on the situation.

Coastal Rosemary is from the south-east coast of South Australia and is known by my mother's people, as her family connection is from there and also mine through my mother. I connect to both waters, as a Saltwater and a Freshwater woman. The gum leaves are known by many of my family members and others for the same purpose, but—again—it depends on the situation.

Cat. 28

**Healing basket**, 2017

Sedge grass, Eucalyptus leaves, Coastal Rosemary, bark, ochre

20.2 × 22.0 × 21.0 cm

MHM2017.58, Medical History Museum





**Kathrine ‘Kat’ Clarke** (b. 1988)

language: Wergaia

Country: Wotjobaluk people in the Wimmera

artist location: Melbourne, Victoria

We walk past these amazing trees all the time; just like the gum tree, they too hold a lot of healing power. I learnt that *Mutjang* gum, if warmed, can be applied to a cut with paper bark as a bandage. The bark itself can be infused and placed in bathing water to help with rheumatism, and can also be used to treat toothache. This painting shows the leaves, bark and flowers with nectar.

The name *Mutjang* is derived from a Djab Wurrung name meaning black wood.

Cat. 6

**Mutjang (*Acacia melanoxylon*)**, 2018

acrylic and pencil on canvas

20.3 × 14.4 cm

MHM2018.24, Medical History Museum

My Mum was diagnosed with lupus a few years ago. Lupus is known as the imitator of other health disorders and can trigger problems with various organs and areas of the body. If a healthy lifestyle, medical observation and treatment are not maintained, your body and organs can be at risk of becoming weak, deteriorating or shutting down entirely.

For my Mum, lupus has affected her heart and bones, so as a way of helping her bones build strength she uses Old Man’s Weed as a tonic in her tea twice a day, three times a week. It’s usually used for colds and coughs and chest infections, but, being a natural restorative plant, it can assist in strengthening the immune system and mobility.

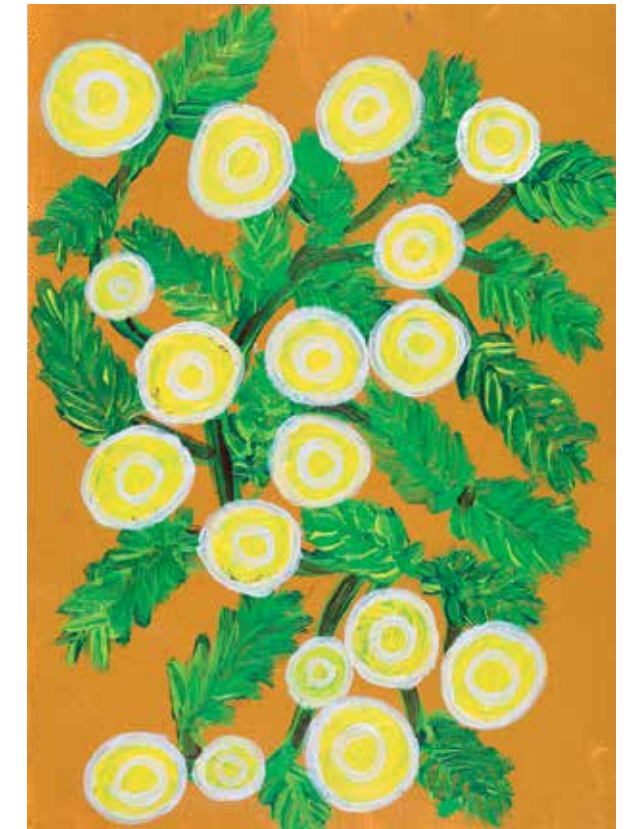
Cat. 4

**Gukwonderuk (Wotjobaluk) or Old Man’s Weed (*Centipeda cunninghamii*)**, 2018

acrylic and pencil on canvas

20.4 × 14.7 cm

MHM2018.22, Medical History Museum





**Kathrine ‘Kat’ Clarke** (b. 1988)

language: Wergaia  
Country: Wotjobaluk people in the Wimmera  
artist location: Melbourne, Victoria

*Mula* (Austral Bracken) ferns are everywhere in Victoria. When I painted this, I remembered one of my uncles telling me all the uses it has, and how important it is. He told me that the Mula is a good repellent against insects, and its oil, when extracted, can relieve stings and itching. The roots and tubers can be infused in a tea to heal stomach cramps and headaches, or they can be beaten into a paste for burns and for antiseptic uses. This made me think it was similar to the Aloe Vera plant. The name Mula is derived from the Dja Dja Wurrung and Djab Wurrung languages.

Cat. 5  
**Mula (Austral Bracken)**, 2018  
acrylic and pencil on canvas  
20.4 × 14.6 cm  
MHM2018.26, Medical History Museum

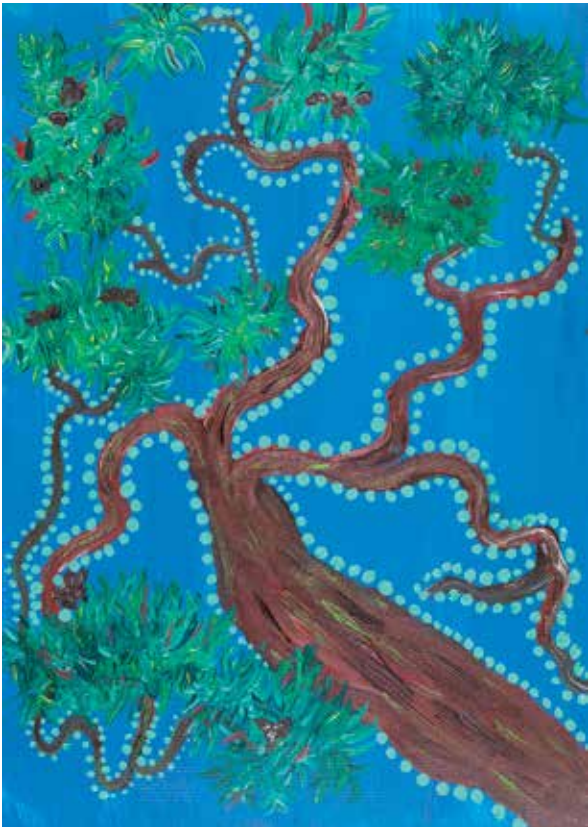
Eucalyptus is best for fevers, laryngitis, asthma, chronic bronchitis, whooping cough, gonorrhoea, ulcers, gangrenous tissue, oedema and gastro-intestinal disturbances. The leaves contain a fragrant, volatile oil that has antiseptic, expectorant, antibacterial, anti-inflammatory, deodorant, diuretic and antispasmodic properties. You can infuse the leaves in hot boiling water and inhale to assist with respiratory functionality—the steam removes the oil from the fresh, mature leaves and branch tips of older trees. Eucalyptus leaves were often made into cigars or cigarettes and smoked to relieve asthma and bronchial congestion. The oil has medicinal, industrial and aromatic uses.

Walking through the city in the colder season it’s rare to see any appreciation of the gum trees, but I think that’s when they’re most beautiful: you can see the many colours in its bark and smell the richness of the eucalypt in the air. That always resonates and brings me back to my homeland in the bush.

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Kat Clarke would also like to thank the Victorian Aboriginal Corporation for Languages, for contributing the language names of plants.

Cat. 3  
**Eucalyptus gum**, 2018  
acrylic and pencil on canvas  
20.4 × 14.4 cm  
MHM2018.25, Medical History Museum





## Judith-Rose Thomas

Country: Tebrakunna

clan: Trawlwoolway

artist location: Launceston, Tasmania

This work depicts the *Cunnigong*, also known as Pig Face. This plant grows very close to the beach and has some medicinal qualities. The bulb on top of the plant is the large flower, and the leaf has a healing process used by many of our Palawa people today. The leaves were used by our ancestors and are still used today for burns and stings. When the leaf is broken, the juice has a soothing and healing component. Also, as the leaves turn red they can be eaten, to treat an upset stomach.

Flying above the Cunnigong are mutton-birds, which the Tasmanian Aboriginal people harvest each year from the rookeries. The oil excreted from the bird's stomach was used for various healing processes in the past by our ancestors and is also used today in the same way. Non-Indigenous people use it, but in a more contemporary form, combined with other components. The ancestors used to rub the oil onto their joints, and sometimes for warmth from the natural elements. And our children of around 60 years ago, maybe longer—me included—were made to drink a teaspoon of this oil every morning to help protect us from any cold and illness. The oil in the old days, and still today, is a valued commodity. There is a man in his sixties here in Launceston who has been using mutton-bird oil for over 50 years to drink; he says that without this oil he fears he will die sooner rather than later, and when he runs out of oil he will eat the bird and then he gets his intake of the oil.

I have also included petroglyphs depicting the spiritual component that mentally we need as Indigenous people to help us connect with the land, and link the past with the present, to help us go forward.

Cat. 45

**Cunnigong and the mutton-birds**, 2017

acrylic on canvas

75.0 × 75.0 cm

MHM2018.21, Medical History Museum





**Ilawanti Ungkutjuru Ken** (b. 1944)

language: Pitjantjatjara  
community/location: Amata, Anangu Pitjantjatjara Yankunytjatjara Lands, South Australia  
mother’s Country: Arula  
father’s Country: near/south of Wataru  
artist location: Ingkerreke Outstation, Rocket Bore, Northern Territory

I used to see a nest in a big cave. In the cave the nest was in a warm spot. The nest was circular and the birds kept themselves warm by hugging each other. That nest is similar to a basket. These little birds have *Tjukurpa* stories of their own.

Many moons ago, when there was lots of food, there were many sources of wild growing food. When it’s a good season, the rain comes down. The bird knows the seasons of the moon. When the cold weather is coming, they already prepare and make a very strong and warm nest for the cold weather for his family and kids. He looks after and takes care of his family. The goanna on top of the tree is trying to eat the birds. The bird, he listens, he knows and alerts his family by whistling, ‘Chhirrr, chhirrr’, sitting near the tree. The goanna is hungry. There’s a nest high up on top of the tree with the bird’s mother, eggs, siblings and all the babies.

My basket is like a nest. In our community, that’s how it should be. Many Aboriginal people take care of their kids in a good way. Altogether the community stays strong, healthy and happily looking after their family.

**Ilawanti Ungkutjuru Ken**  
(translation by Margaret Smith, with kind assistance from Tjala Arts and Lilian Wilton)

Cat. 15  
**Tjulpu wiltja: bird nest basket**, 2017  
*tjanpi*, wool, raffia, emu feathers, wire  
50.0 × 60.0 × 50.0 cm  
MHM2018.30, Medical History Museum





**Mary Katatjuku Pan** (b. 1944)

language: Pitjantjatjara

community/location: Amata, Anangu Pitjantjatjara Yankunytjatjara Lands, South Australia

mother’s Country: Kuntjanu

father’s Country: near/south of Wataru

artist location: Ingkerreke Outstation, Rocket Bore, Northern Territory

This is the story about the wedge-tailed eagle. This is my big sister’s and my *Tjukurpa*. The wedge-tailed eagle soars a long way up in the air and can see everything. He can see all the food from up above, and all the living things are frightened of him. He cares for his little eaglets. He gives them food, proper bush tucker.

We feel the same way about our family and care for them, too. We hunt for goanna, witchetty grubs, fruits and berries from our land, feeding our kids to live a healthy life. The wedge-tailed eagle, when he gets tired, he rests in his nest. He takes care of his family in his nest and looks after them very well. We also take good care of all our family.

**Mary Katatjuku Pan**

(translation by Margaret Smith, with kind assistance from Tjala Arts and Lilian Wilton)

*Tjanpi* (meaning ‘grass’) sculptures evolved from a series of basket-weaving workshops held on remote communities in the Western Desert by the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council in 1995. Tjanpi sculptures were first produced in 1998, when Kantjupayi Benson, from Papulankutja, added a handle to a basket and made a grass pannikin (metal cup) followed by a set of camp crockery and a number of dogs. Anangu women of the Central and Western Desert have, for a very long time, worked with natural fibres to create items such as bush sandals (*wipiya tjina*), pouches (*yakutja*), hair-string skirts (*mawulyarri*) and head-rings (*manguri*) for daily and ceremonial use. Adding a contemporary spin to the traditional, women now create baskets, vessels and an astonishing array of vibrant sculptures from locally collected desert grasses, bound with string.

Cat. 31

**Tjulpu wiltja wala waru Tjukurpa: eagle nest story basket, 2017**

*tjanpi*, wool, raffia, emu feathers, wire

80.0 × 30.0 cm (diameter)

MHM2018.31, Medical History Museum







## Judith Pungkarta Inkamala (b. 1948)

skin: Pungkarta

language: Western Arrarnta

Country: Ntaria, Northern Territory

artist location: Ntaria (Hermannsburg), Northern Territory

Bush medicine has always been with Aboriginal people. It was before, and we will always be making bush medicine. There are all kinds of bush medicine and they grow all over. You'll find they're different in each place, and we have these ones that I've painted. There are many more than what you see here on this pot, but these ones, we use a lot. People are using these ones a lot these days.

You can see there is one large black tree with a woman who is cutting the bark from this tree. This tree is called *Ntjwia*. *Ntjwia errkngalha katjia ekarra-karta parnama* (Take the bark from Ntjwia and make into powder to put on the baby's mouth). This tree is a special bush medicine tree, used to help many different sicknesses. First, I will tell you how this bush medicine is prepared. You go out and find that tree and cut the bark from the tree with a small axe. Then you burn this bark, making ashes. These ashes, once they have cooled, are rubbed with a stone to a fine powder. When ground to a powder these are mixed with some butter, fat or oil, then applied to a rash, cut or something swollen. You can also put it on dry, as a powder. Often mothers will put this black ash on their nipples and around the mouth of their baby if their child has a sore mouth from breast-feeding or the mother has irritated nipples from feeding her child. Sometimes mothers will cover their child in the ash to protect it from rashes or to soothe an already inflamed area.

*Errpmangk-Errpmangk* (Native Fuchsia) is a special tree, whose leaves look blue in colour. *Relha ngkwarlknga-kartala Errpmangk-Errpmangk ntjuma* (We pick the leaves and dry them). We boil these leaves down with water and add oil, fat or butter to the tea and let it cool. Once it is cool, this mixture is like a cream (salve). You can rub this ointment on your chest, throat or head, use to soothe a sore throat or where you are sore. Like Vicks VapoRub.

Everywhere, for a long time, Aboriginal people make this Errpmangk-Errpmangk like a tea. They brew it up like a cup of tea using only really dry leaves. You can mix it in with a cup of tea or drink it straight up, really strong. You can let it cool and drink it nice and cold later on. This Errpmangk-Errpmangk will make you feel better; whether you have a sore throat, a rash or the flu, this Errpmangk-Errpmangk will help you.

On this pot you can see the old brother walking, the eldest one, the sister-in-law going to visit the *knunkara* one (medicine woman). They are the eldest and are there to prepare the bush medicine

Cat. 14

**Bush medicine** (detail), 2017

terracotta and underglaze

43.0 × 31.0 × 31.0 cm (variable)

MHM2017.17, Medical History Museum



and teach the young ones. The old lady and the old brother will sing, sing, sing and spit into the bush medicine as they mix it. Singing the medicine into the mixture, over the big pot, then sing that medicine into the jars. That's why everyone will get better and everyone will become strong. Aboriginal people are still doing this now. Pitjantjatjara mob, Eastern Arrernte, mob from all over are good people making their bush medicine, in their own way. *Iwupa antijua ingkwia la maama marilama* (The itchy-grub bag in the tree will get you better). There we have also the caterpillar bag from the tree, we call these *iwupa antijua ingkwia* (old itchy-grub bag). We take this bag off the tree when it's nice and old. You can see the insects leaving this bag in one big long line when the weather is getting cold—you know now it's ready to use. We shake the rest of the insects out of the bag; sometimes people will wash them a little bit with soap and water. We use the caterpillar bags like bandages, putting them on boils, children's nappy rash, and burns. When you put them on you can apply some Errpkmangk-Errpkmangk first, then the caterpillar bag. This area gets a little bit hot, then calms down, and after a little while you will feel that sore area feels better.

Bush medicine and bush tucker are everywhere; you just have to know what it looks like and how to use it. You will always find *marna* (food), and know how to keep sickness away if you have this knowledge. There is so much food, like *tjaapa* (witchetty grub), which is all over. Here in Western Arrarnta Country, *nhanha tjaapa Tnyamaatja urrputja intama* (here in the *Tnyamaatja* tree is where the witchetty grub lives). You can look at the base of that tree and see holes, you will know to dig down into the roots and find *tjaapa*. I know this bush medicine and bush tucker, I learnt from my grandmother and my mother. That is why I'm teaching young people.

It is really important for the young people to understand bush medicines and bush tucker. With this knowledge you can go anywhere and you'll be alright.

Cat. 14  
**Bush medicine** (detail), 2017  
terracotta and underglaze  
43.0 × 31.0 × 31.0 cm (variable)  
MHM2017.17, Medical History Museum





**Selma Nunay Coulthard** (b. 1954)

skin: Nakamarra

language: Western Arrarnta / Luritja

Country: Urrampinyi (Tempe Downs)

tribe: Pertama Maduthara Luritja woman

artist location: Mparntwe (Alice Springs), Northern Territory

I painted my family at Urrampinyi collecting bush medicine and food. In this painting five types of bush medicines are depicted. Some of the plants that my grandmother used to use as bush medicine are no longer around. I however remember how they looked and could paint them. There are other plants I am aware of that are currently used.

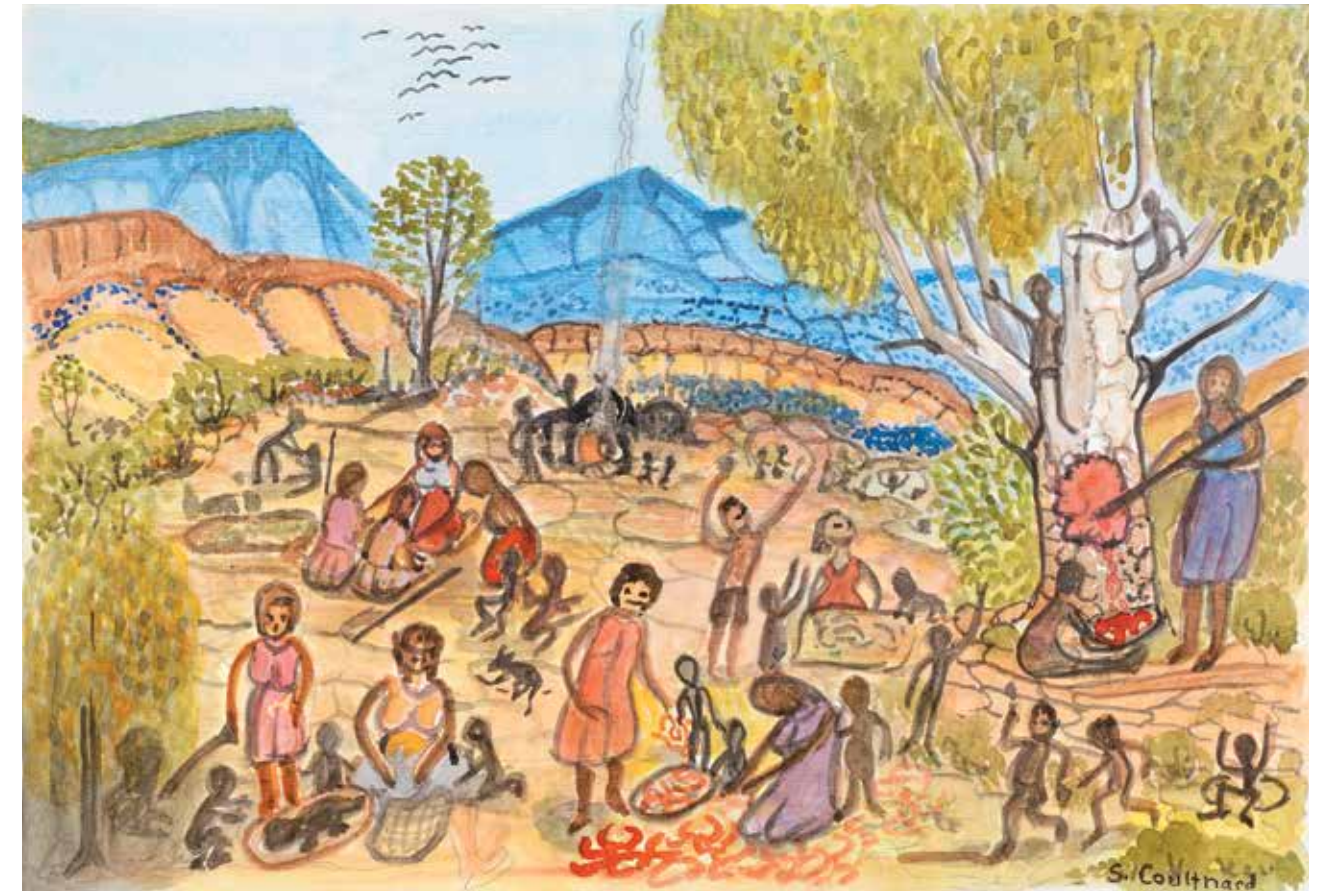
*Para* (gum tree): every Christmas time you see sticky things on the ground falling from the bark. They are used as sweets for colds and sore throats. On the right side of the painting the kids are climbing the Para tree to cut the branches. There are sweet things on the branches that are collected by the group under the tree. The lady in red is collecting medicine from the bark of the tree. The medicine will be boiled. It will be used as an antiseptic against scabies, sores and other wounds which people may have gotten from weapons such as spears and nulla-nulla. It helps to ease the pain. The injured will bathe in the liquid bush medicine. The group on the left of the painting are collecting *paraltja* from the younger Para trees.

*Mulga* tree: sugary stuff that's on it, which comes in spring and is good against a cough. It's like honey.

The middle left group in the painting are cleaning and sorting the seeds up before they transfer it to the group in the middle of the painting painted in black. The latter are boiling and cooking the medicine in the fire.

I also painted *Ilpung Ilpungera*—a bush that grows near the creek. It has purple flowers and a very strong smell. There is another species of this bush which grows on the hills.

The ladies in the bottom middle are collecting *Wagady* seeds in the coolamon. This is a small plant on the ground; *yipirinya* (caterpillars) feed on that. Small seeds were gathered and that was made into damper. The damper was good for the stomach. It made the bowel movement regular. This plant is not seen any more.



Cat. 8

**Bush medicine at Urrampinyi (Tempe Downs)**, 2018

watercolour

26.0 × 36.0 cm

MHM2018.19, Medical History Museum



**Selma Nunay Coulthard** (b. 1954)

skin: Nakamarra

language: Western Arrarnta / Luritja

Country: Urrampinyi (Tempe Downs)

tribe: Pertama Maduthara Luritja woman

artist location: Mparntwe (Alice Springs), Northern Territory

I will explain about the bush medicines I have painted, from left to right:

*Para* (gum tree): every Christmas time you see sticky things on the ground, falling from the bark of the Para. They are used as sweets for colds and sore throat. We eat it like you would eat honey.

*Paraltja* (lerp from River Red Gum): these are sweets that grow on the leaves of the Para in winter. You would eat them to relieve stomach pain.

*Wagady*: a small plant on the ground—*yipirinya* (caterpillar) feed on that. Small seeds were gathered and that was made into damper. The damper was good for the stomach. It made the bowel movement regular. This plant is not seen any more.

*Ititja* (Mulga tree): sugary stuff that's on it that comes in spring—is good against a cough. It's like honey. Seeds are collected, processed and eaten.



Cat. 7

**Bush medicine**, 2018

watercolour

26.0 × 36.0 cm

MHM2018.20, Medical History Museum



**Mervyn Rubuntja** (b. 1958)

skin: Japanangka

language: Arrernte

Country: Maduthara from father's side, Ntaria (Hermannsburg) from mother's side

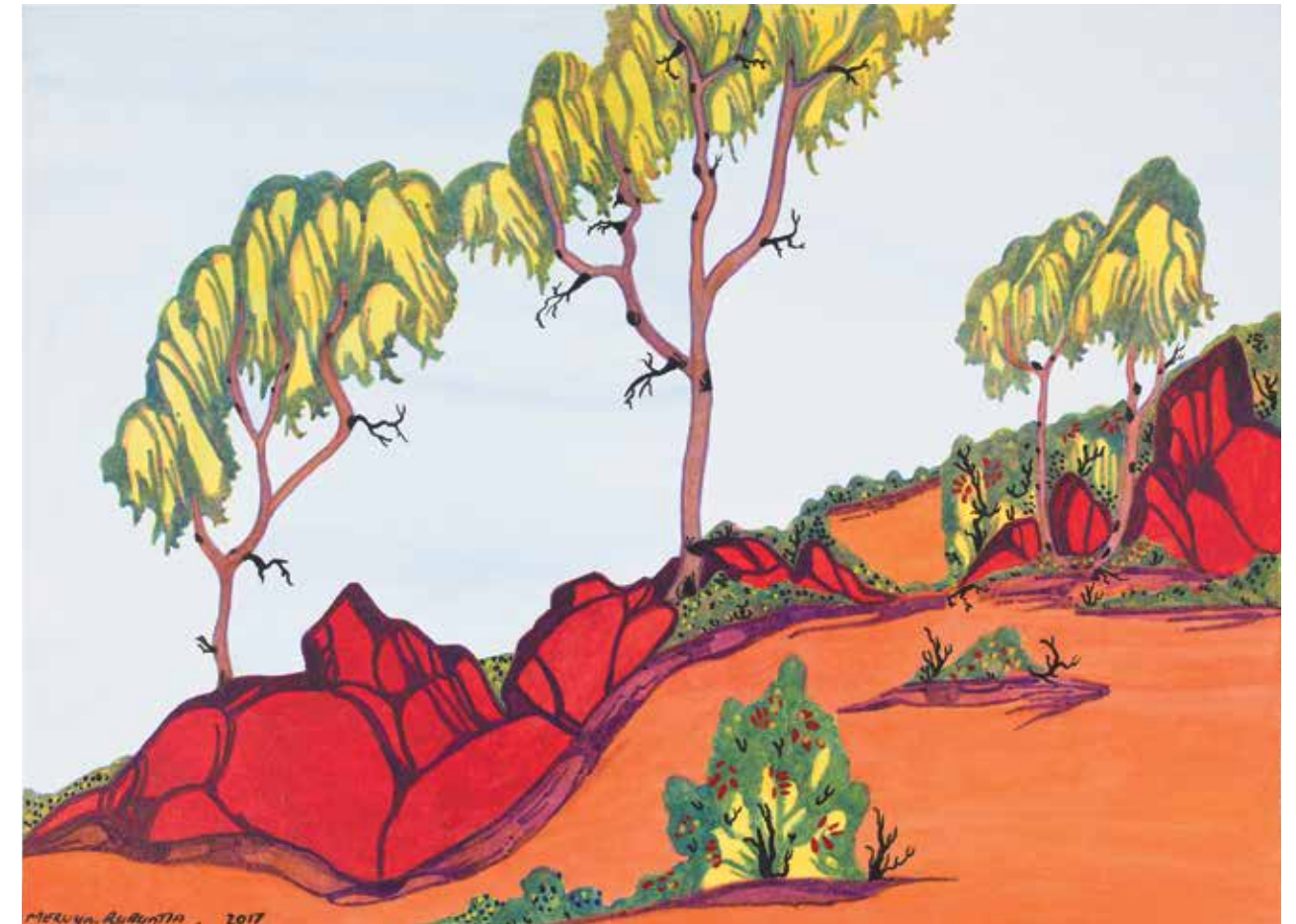
artist location: Mparntwe (Alice Springs), Northern Territory

I choose to paint the area of Jay Creek. It is a traditional Western Arrarnta land, because it has all the traditional plants, bush medicine and bush tucker. There is an old lady, I call her aunty, the older sister of Dolcy Sharp. Both sisters' homeland is in Jay Creek. This area is rich with bush medicine. She often collects some bush medicine and brings it to town (Mparntwe) to show and to gift to other family members. My sister-in-law gets those leaves and chops them and boils in water.

Back in the day people didn't have a car, they had to walk long distances. That is how they discovered the different assets and attributes of the plants. Warlpiri and Anmatyerre people used to walk to Mparntwe (Alice Springs) to have ceremony.

Bush Berries are used as bush medicine and go through a different process. Some of the Elders used to buy large containers and collect the berries. They would leave them in the sun for a while to dry, and then boil them. They would then drain them. The berries they would then use as a rub to treat diverse skin conditions such as sunburn. The liquids from the cooked berries are tipped into a bottle. This is being drunk to treat stomach conditions. In the past people suffered less from rashes and skin conditions due to those bush medicines. In the painting, the red berries—they turn orange, you can consume them in both states.

*Urrarlpa* (Native Tomatoes) are found in hilly, rocky habitats. People smell or chew the leaves and it aids in cleansing the body. Some of the black dots are Black Berries—chew good for young and old. Other black dots are *Kupaarta* (Bush Plum). The gum trees are *Lupa-ipenha thungarlpa* (gum from Elegant Acacia). People grind this gum and then suck it. People drink young boiled gum tree leaves, or they suck it. They use this often when alcohol-poisoned. I used to do this too. *Inmurta* (Mustard Grass) grows sometimes attached to other native plants. During wet weather they grow together.



Cat. 44

**Bush medicine in Jay Creek, NT, 2017**

watercolour

54.0 × 74.0 cm

MHM2018.11, Medical History Museum



**Noreen Hudson and Tiara Doolan** (grandmother and granddaughter)

**Noreen Hudson** (b. 1947)

skin: Nungala  
language: Western Aranda  
Country: Ntaria (Hermannsburg)  
artist location: Mparntwe (Alice Springs), Northern Territory

**Tiara Doolan** (b. 2002)

skin: Napurrula  
language: Western Aranda  
Country: Tjuritja, West MacDonnell Ranges, Northern Territory  
artist location: Mparntwe (Alice Springs), Northern Territory

**Tiara:** I have painted Central Australian landscape, depicting bush medicines described by my Nana. I really enjoyed painting the bush medicines because usually I paint ordinary landscape of my area, whereas with this project I got to focus on mainly painting the different types of bush medicines.

**Noreen:** When we go to our Country near Rutjipma (Mt Sonder, Northern Territory), we smell all the trees. It smells like flowers.

**Tiara:** The bush with the blue flowers I have painted is called *Aarra-aarra* (Native Lemongrass). People with colds drink and inhale Lemongrass potions. The bush with the red flowers I have painted is called *Ipaatj-ipaatja* (Caustic Weed, or Milk Weed). The leaves are crushed and boiled, and used to clean the skin. I have also painted bush tucker, *Nijwi-ampa* (flowers of Corkwood) and, as my Nana’s sister suggested, I painted near the creek bed a plant that usually grows in nearby gorges.

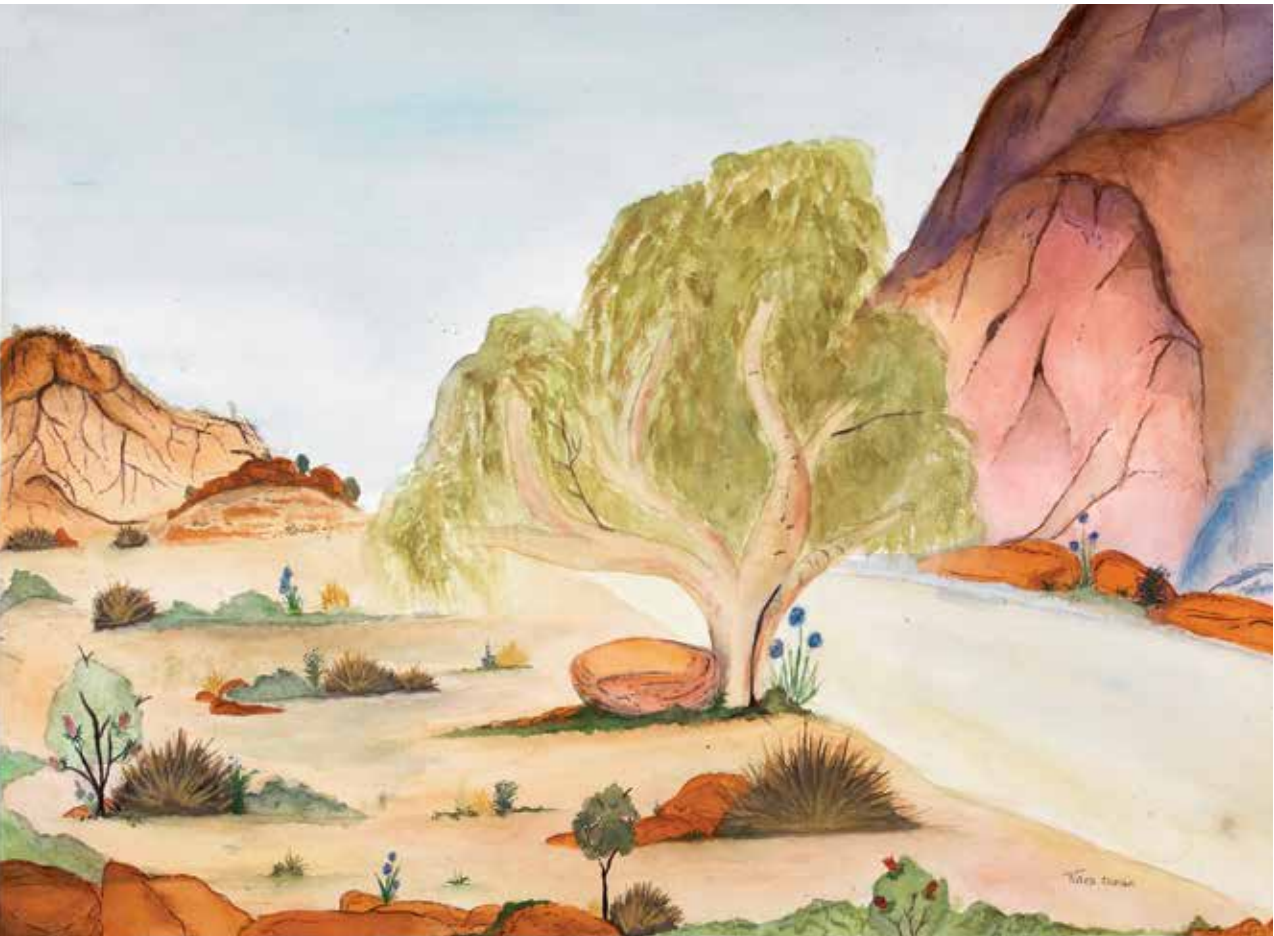
**Noreen:** *Para Tjalka* (River Gum): Every October we get white lollies on the leaves. We eat those. We put a blanket under the tree and shake it to collect. This is used for healing and we put it on sores. Old people used to eat it too.

**Tiara:** I have personally tried bush oil. It is very oily and yellow. The texture of Vaseline. It is made from gum tree leaves. We mix the leaves and cook them, bring to boil with water. When I was younger I was very sick, so my Nana suggested that we go to the witch doctor to help me. He used some oil from boiled gum leaves and animal fat. He then rubbed it on my skin, which helped heal my wound.

**Noreen:** People that have bad cough can smell the oil to feel better. When we are out on Country we collect those leaves, bush medicine, then cook them and mix them with any type of fat. It’s good for your skin—to look nice. Old people know which one is the bush medicine.

This text was written in consultation with the *Western Arrarnta picture dictionary* (Alice Springs: IAD Press, 2006).

Cat. 13  
**Bush medicine—Central Australian landscape**, 2018  
watercolour  
54.0 × 74.0 cm  
MHM2018.13, Medical History Museum





**Rosie Ngwarraye Ross** (b. 1951)

skin: Ngwarraye

language: Alyawarre

Country: Ampilatwatja

artist location: Ampilatwatja, Northern Territory

Rosie Ross loves to paint, and she is constantly inspired by Country. When she goes hunting, she enjoys seeing the bush flowers and looking for bush medicine:

We look for these plants in rocky country, we can find a little purple plum that we use to clean the kidneys and sometimes for flu. The yellow flowers are used for scabies; we boil them and add water and wash our skin with it. The pink flowers we use for when we have sore eyes; we mix the flowers with water and the colour changes to a light green.

Communicating this love, knowledge and appreciation of Country and all it provides is important to Rosie, because 'it keeps culture strong'.

Cat. 43

**Bush flowers and bush medicine plants**, 2015

acrylic on linen

91.0 × 91.0 cm

MHM2017.3, Medical History Museum







**Beverly Pula Luck** (b. 1976)

skin: Pula

language: Alyawarre

Country: Ampilatwatja

artist location: Ampilatwatja, Northern Territory

Bush medicine plants are used for healing on the body and for drinking. We make this by smashing the plants with a rock, we use the juice and the fibre of the plant. We collect bush medicine plants when we are out hunting. Different kinds of plants grow during different seasons. There are lots of different medicines, we know what their stories are, we learnt them from our parents and we teach these stories to our children.

**Beverly Pula Luck**

Beverly said the yellow flowers are *Alperrantyeey*—boiled in water, used for drinking and washing—and the red and pink flowers are *Therrpeyt*—also boiled up and used for drinking and washing.

Bush medicine knowledge is still strong in Ampilatwatja; it continues to be passed down to the younger generations and is widely used. When the women go hunting, they often gather bush medicine. The plants depicted here are found in the Country around Ampilatwatja; they are used for soothing skin infections and to make a drink to help with colds and coughs.

Painting bush medicine stories is important because it helps to maintain a strong knowledge and culture for the community.

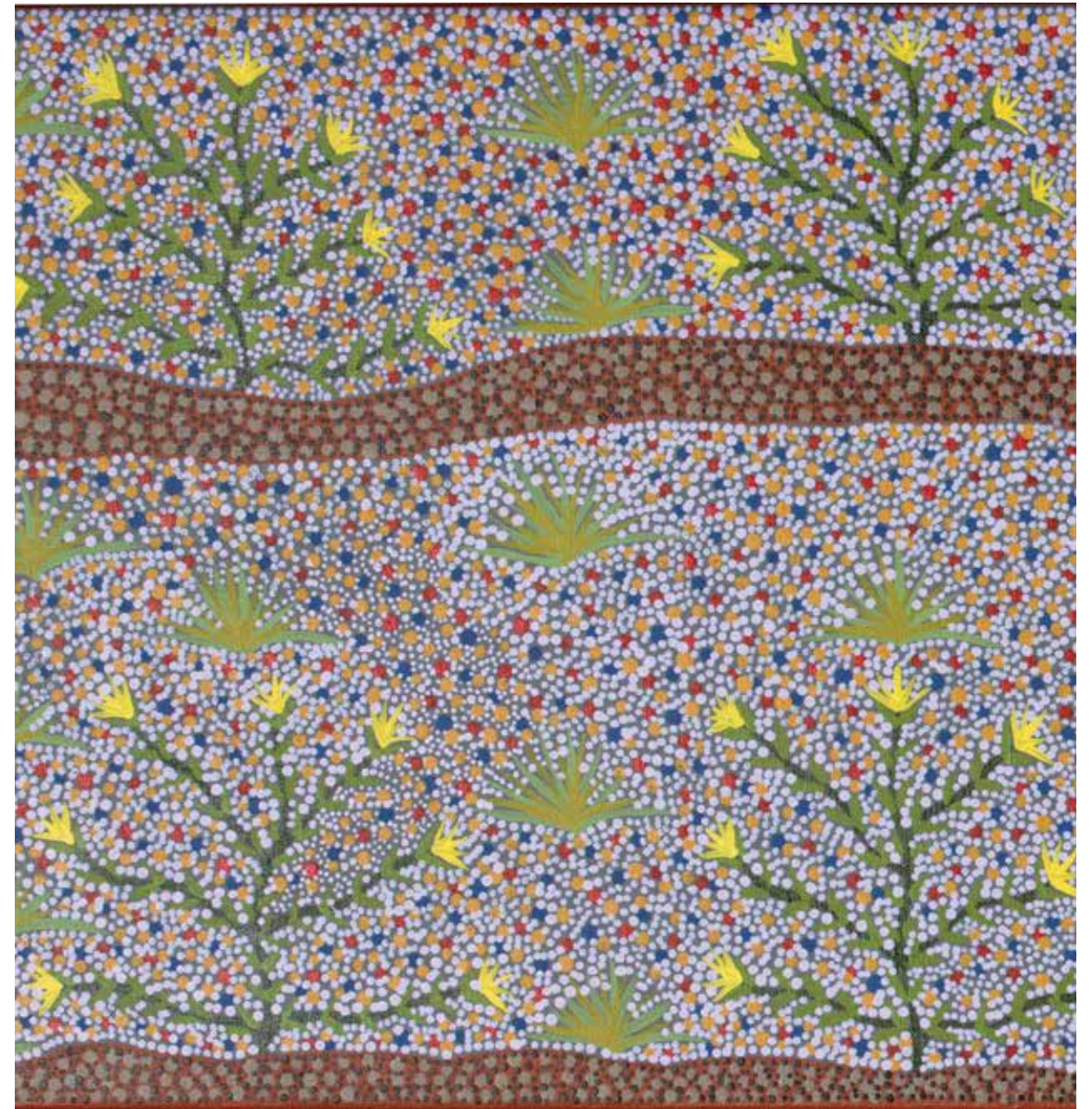
Cat. 17

**Bush medicine plants**, 2017

acrylic on canvas

30.0 ×107.0 cm

MHM2017.57, Medical History Museum





**Judy Napangardi Watson** (c. 1925–2016)

skin: Napangardi

language: Warlpiri

Country: Mina Mina / Yingipurlangu

Napanangka and Napangardi women are collecting *Jintiparn̄ta* (*Elderia arenivaga*) at Kanakarlangu. The area is also called Mina Mina. Ancestral women travelled from here, north through Janyinki and other places, then east to Alcoota Country. *Kurrkara* (Dogwood tree) is the shade tree where women sit down to rest. Mina Mina is a ceremonial place belonging to Japanangka, Japangardi men and Napanangka, Napangardi women; their associated land continues far to the west of Yuendumu in the sandhill Country. There are a number of *multi* (water soakages) at Mina Mina. A claypan exists at Mina Mina and it is here that the women danced and performed ceremonies. As a result, digging-sticks rose up out of the ground and it is these implements that the women carried with them on their long journey east. The women danced and sang the whole way, with no sleep. The women collected many other types of bush tucker, including *Ngalyipi* (Snake Vine) and *Yakajirri* (Bush Sultana).

*Eremophila longifolia* (Dogwood tree) is a traditional medicinal plant used by Aborigines to treat external sores, and internally as a cure for colds. Crushed leaves were infused in water and drunk for colds, and rubbed over sores or body aches.

Aboriginal people crush sections of the *Tinospora smilacina* (Snake Vine) and tie it around the head of someone with a bad headache. The sap and leaves from this plant are also used to treat sores or wounds.

Cat. 51

**Kurrkara Jukurrpa (Dogwood tree Dreaming)**, 2010

etching, edition 5/60

49.5 × 38.5 cm (image)

67.5 × 53.5 cm (sheet)

MHM2017.46, Medical History Museum





**Judy Napangardi Watson** (c. 1925–2016)

skin: Napangardi

language: Warlpiri

Country: Mina Mina and Yingipurlangu

This *Jukurrpa* comes from Mina Mina, Country sacred to Napangardi and Napanangka women, far to the west of Yuendumu. In the Dreaming, women danced at Mina Mina and digging-sticks rose up out of the ground. The women collected these up and travelled on, dancing and creating many places. The central motif of this work is *Ngalyipi*, or Snake Vine, a rope-like creeper used as a ceremonial wrap. Aboriginal people crush sections of the Snake Vine and tie it around the head of someone with a bad headache. The sap or leaves from this plant are also used to treat sores or wounds. The circles represent *Jintiparnta* (Native Truffle), which the women gathered for sustenance on the long journey that eventually took them beyond Warlpiri Country.

Cat. 52

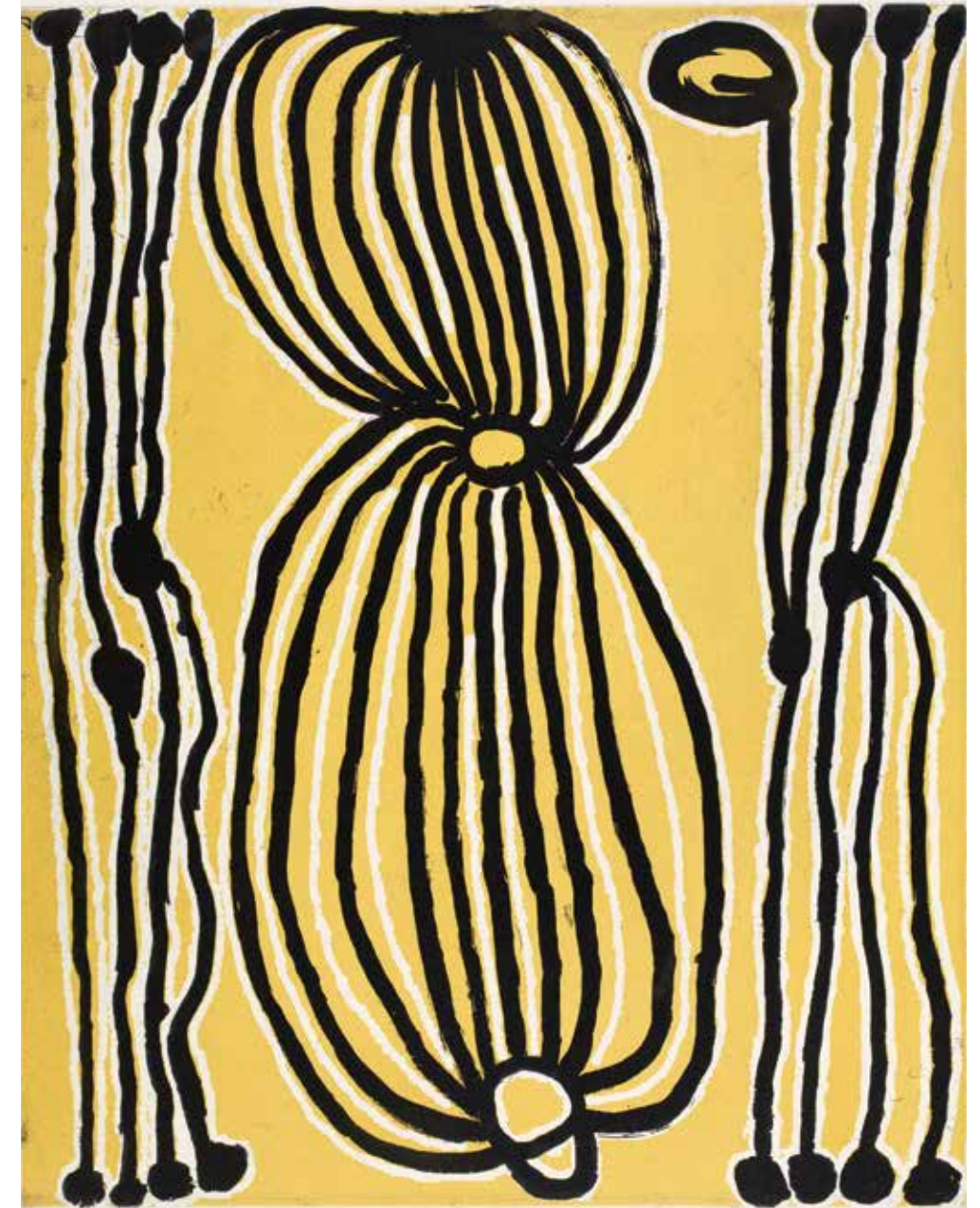
**Ngalyipi Jukurrpa (Snake Vine Dreaming)**, 2010

etching, edition 6/60

49.0 × 38.5 cm (image)

67.0 × 54.0 cm (sheet)

MHM2017.47, Medical History Museum





**Sidney Moody** (b. 1947)

skin: Tjampitjin

language: Kukatja

Country: Nyila

artist location: Wirrimanu (Balgo), Western Australia

This print is about the leaves of the *Birriwa* tree. This tree is found throughout the desert. The leaves are put into a billy-can with a little water. Slow to boil, the leaves release a honey-type substance. Once boiled, the leaves are removed and people drink the remaining medicine, which is known to cure numerous ailments, including the flu, colds etc. This particular remedy is taken primarily during the winter, to ward off sickness and keep general good health of the people.

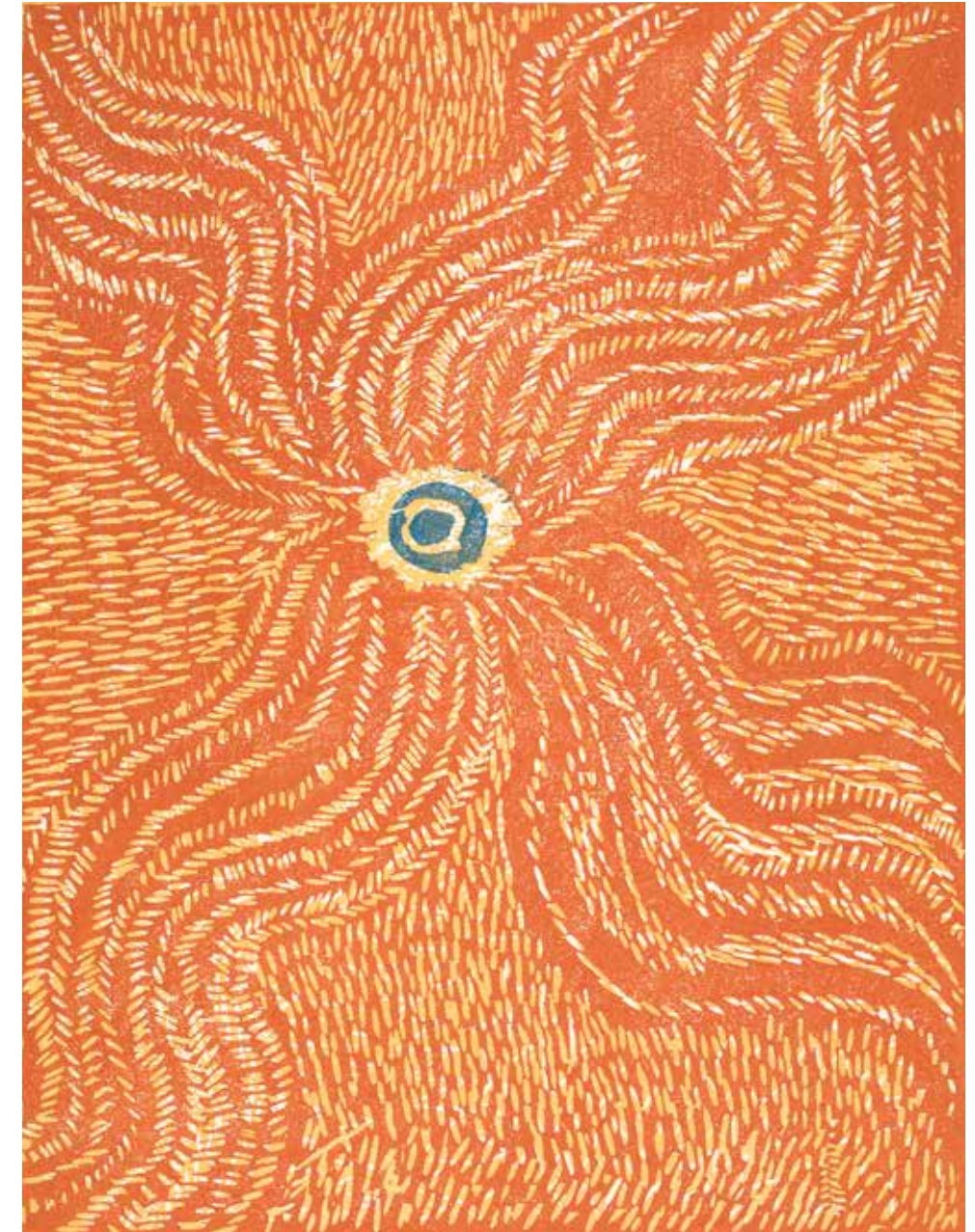
Cat. 23

**Birriwa tree leaves**, 2013

woodblock, edition 14/15

63.0 × 48.0 cm

MHM2017.44, Medical History Museum







**Balgo artists: Miriam Baadjo, Tossie Baadjo, Jane Gimme, Gracie Mosquito, Helen Nagomara, Ann Frances Nowee and Imelda Yukenbarri**

**Miriam Baadjo** (b. 1957)

skin: Nangala  
language: Kukatja  
Country: Tjatjati  
artist location: Wirrimanu (Balgo),  
Western Australia

**Tossie Baadjo** (b. 1958)

skin: Nangala  
language: Kukatja  
father's Country: Nyilla  
grandmother's Country: Karntawarra  
artist location: Wirrimanu (Balgo),  
Western Australia

**Jane Gimme** (b. 1958)

skin: Nungarrayi  
language: Kukatja  
Country: Kunawaritji  
artist location: Wirrimanu (Balgo),  
Western Australia

**Gracie Mosquito** (b. 1955)

skin: Nangala  
language: Walmajarri / Kukatja  
Country: Puruku  
artist location: Wirrimanu (Balgo),  
Western Australia

**Helen Nagomara** (b. 1953)

skin: Napurulla  
language: Kukatja  
Country: Kulkurta  
artist location: Wirrimanu (Balgo),  
Western Australia

**Ann Frances Nowee** (b. 1964)

skin: Nungarrayi  
language: Kukatja  
Country: Nyilla  
artist location: Wirrimanu (Balgo),  
Western Australia

**Imelda Yukenbarri** (b. 1954)

skin: Nakamarra  
language: Kukatja  
Country: Winpurpurla  
artist location: Wirrimanu (Balgo),  
Western Australia

Cat. 1

**Bush medicine: a collaborative work by women from Wirrimanu (Balgo)** (detail), 2018

acrylic on linen

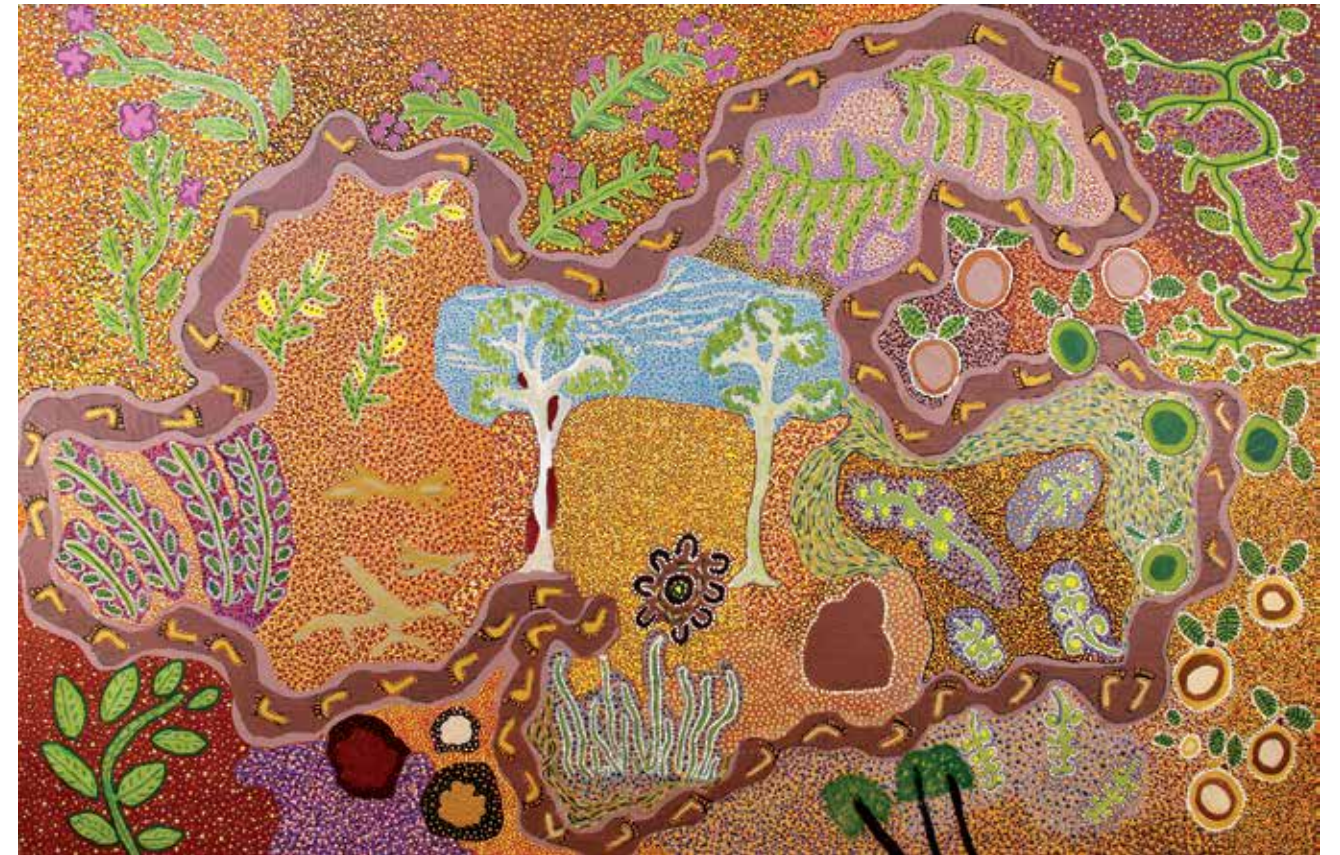
120.0 × 180.0 cm

MHM2018.32, Medical History Museum



In the centre of the painting are two trees; on the left is the *Wirrimangulu* or Bloodwood tree. The sap from the tree is a powerful medicine, boiled in water until melted, and drunk for any serious ailment, including cancer tumors. *Tinjirl* or Mulan Tree (River Gum) grows by the riverside. It has powerful cultural significance and forms part of the seven sisters *Tjukurpa* for the region. It is used for law and for smoking ceremony to cleanse bad spirits. It can also be inhaled for respiratory problems.

The central trees are surrounded by a variety of plants, leaves, fruits, barks, roots and other bush medicines. The pink flowers on the top left of the painting represent the *Karnpirr-Karnpirr* plant. The shiny, fat leaves are crushed and mixed with animal fat to make a Vicks-type rub to treat children's colds. To the right are the *Pampilyi* (Bush Kiwi). The seeds are used to make tea for kidney cleanse. Top centre is the *Marnukitji* (Conkerberry). The berries are high in antioxidant and vitamin C and the roots are ground and used to make a rub for pain relief—and have a very good smell. Centre right is the *Tjipari* (Eucalyptus) leaf for smoking newborn babies. In the right-hand corner is the *Warrakatji* (Bush Vine) that is wrapped around the forehead for relief of migraine. Down the right side of the painting is the *Tjukurru* (Bush Passionfruit), which are boiled along with the leaf of the plant and drunk as a medicinal tea for stomach ailment. To the left of these fruits is the *Piriwa* (Grevillea) for sweet water. The bark is ground and applied to the skin for treating ringworm and sunburn. Underneath the two central trees is the *Ngapurlu-Ngapurlu*. Milk from this grass is used for sores, but can also be used for permanent hair removal. To the left of the grasses is *piltji* (red ochre), used for spiritual healing and ceremony. Above the ochre are the roots and *parntapi* (bark), which are ground, boiled and drunk for stomach pain. Bark can also be applied to hair to promote hair growth.



Cat. 1

**Bush medicine: a collaborative work by women from Wirrimanu (Balgo), 2018**

acrylic on linen

120.0 × 180.0 cm

MHM2018.32, Medical History Museum



**Helicopter Tjungurrayi** (b. 1947)

skin: Tjungurrayi

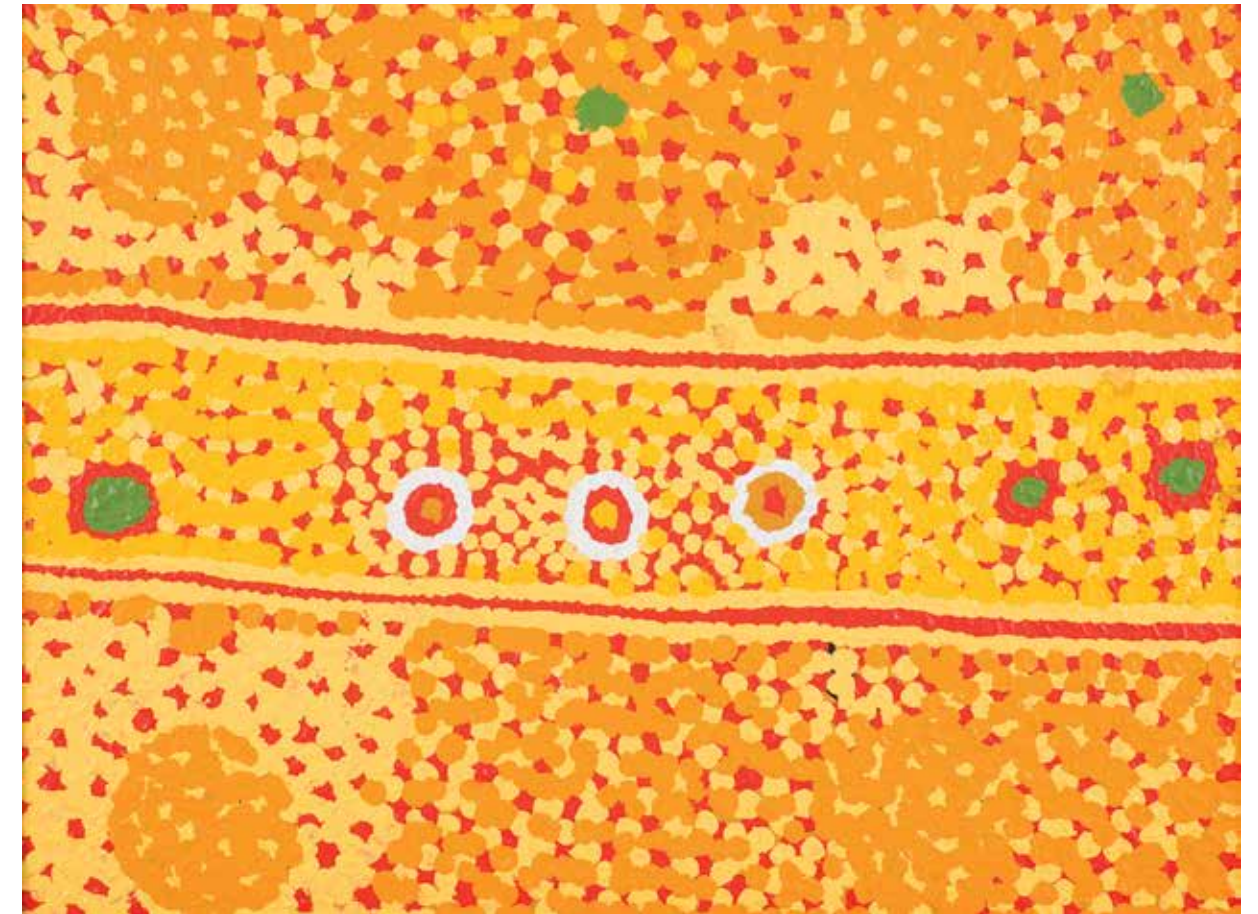
language: Kukatja

Country: Nynmi

location: Wirrimanu (Balgo), Western Australia

A person has come to a *maparn* (healer) to be made well. The three white circles are people: the person who is sick, the maparn, and the person who has been made well. They sit between two lines or rows of *tali* (sandhills—the red horizontal lines). The green circles are the different communities of the region, and the Country is full of bush tucker (yellow).

*‘Palyalarni’* (‘Make me well’), the sick person asks the maparn, and the maparn cleans the inside of the person’s body. In this case the person has a ‘runny tummy’ from eating too much bush food, such as *Kumpupatja* (Bush Tomato) or *Kantjilyi* (Bush Raisins). The person has become well: *palyarringu*.



Cat. 49

**Palyalarni**, 2002

acrylic on board

45.0 × 60.0 cm

Private collection



**Fabian Polly Tjapanangka** (b. 1974)

skin: Tjapanangka

language: Kukatja

Country: Great Sandy Desert

artist location: Wirrimanu (Balgo), Western Australia

One summer, the Sturt River came up and prevented *maparn* (male healers) from two of the desert communities, Wirrimanu and Malarn, from travelling to a third community, Kururrungku, to heal someone who was sick. They had been asked to come as there were no maparn available in that community. Maparn can take ‘lids’ out of people, which are like shells, or *warta* (small sticks), or *yakirri*, which is like wool. If yakirri is in you it is like someone having a fishing line and someone pulling you. If you break it you’ll be alright. There are also things like charcoal, which make people weak, but are not the same as fire charcoal.

My father (my father’s brother) gave me this maparn; my father and my mother have their own maparn. When you are a baby they put it in you, like a gift, in the guts. They say: ‘look after people!’



Cat. 48

**Travelling maparn**, 2002

acrylic on board

45.0 × 60.0 cm

Private collection



**Shirley Purdie** (b. 1947)

skin: Nangari  
language: Gija / Kimberley Kriol  
Country: Gilburn (Mabel Downs Station)  
artist location: Warmun, Western Australia

Cat. 38  
**Thalngarrji / Snappy Gum / Eucalyptus brevifolia**,  
2016  
natural ochre and pigments on canvas  
45.0 × 45.0 cm  
MHM2017.20, Medical History Museum

*Thalngarrji* (Snappy Gum or *Eucalyptus brevifolia*) is boiled into a tea or made into a rubbing cream for sore throats and chest colds. It can also be boiled to soak sores. Thalngarrji branches are also used for smoking ceremonies, to cast out bad spirits from people.

Cat. 39  
**Warlagarriny / Supplejack / Ventilago viminalis**,  
2016  
natural ochre and pigments on canvas  
45.0 × 45.0 cm  
MHM2017.22, Medical History Museum

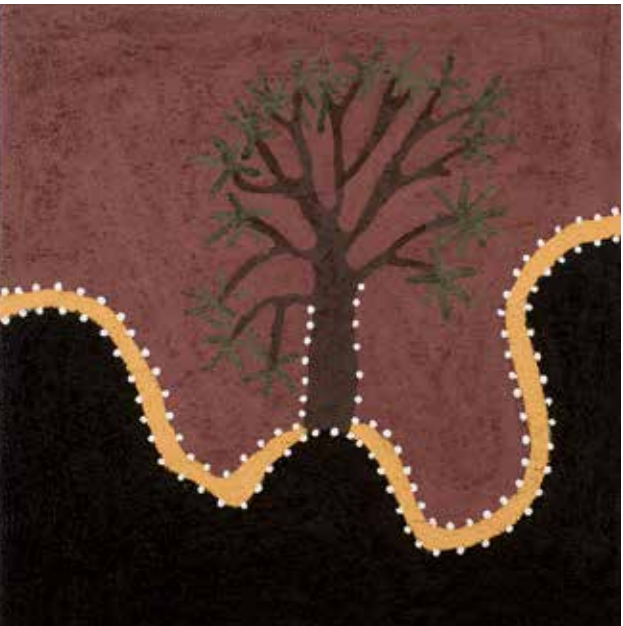
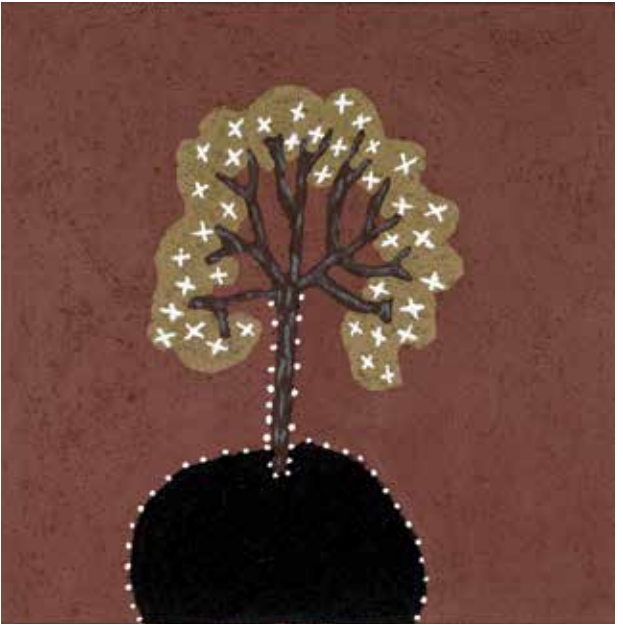
*Warlagarriny* (Supplejack or *Ventilago viminalis*)—for sores and as a drink for coughs. Also used to make boomerangs and spears.

Cat. 36  
**Lawoony / Lemonwood / Dolichandrone heterophylla**,  
2016  
natural ochre and pigments on canvas  
45.0 × 45.0 cm  
MHM2017.21, Medical History Museum

*Lawoony* (Lemonwood or *Dolichandrone heterophylla*) is medicine for sores, leprosy sores, and swollen nails. After you boil the bark you can soak the sores.

Cat. 34  
**Kelenenji / Spinifex / Triodia racemigera**,  
2016  
natural ochre and pigments on canvas  
45.0 × 45.0 cm  
MHM2017.27, Medical History Museum

*Kelenenji* (Spinifex or *Triodia racemigera*): soak them for bad colds and fever and also to make wax for spearhead.





**Shirley Purdie** (b. 1947)

skin: Nangari  
language: Gija / Kimberley Kriol  
Country: Gilburn (Mabel Downs Station)  
artist location: Warmun, Western Australia

Cat. 41  
**Wirrwirril / Corkwood / *Sesbania formosa*,**  
2016  
natural ochre and pigments on canvas  
45.0 × 45.0 cm  
MHM2017.23, Medical History Museum

Cat. 37  
**Ngarrngarrji / Bush Lemongrass / *Cymbopogon bombycinus*,** 2016  
natural ochre and pigments on canvas  
45.0 × 45.0 cm  
MHM2017.24, Medical History Museum

*Wirrwirril* (Corkwood or *Sesbania formosa*) grows next to Sandalwood. It is used for babies who are hot and suffering from fever—soak them.

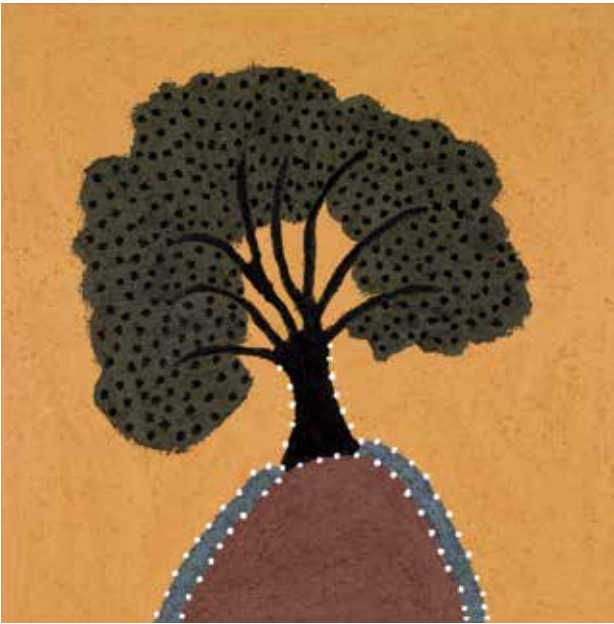
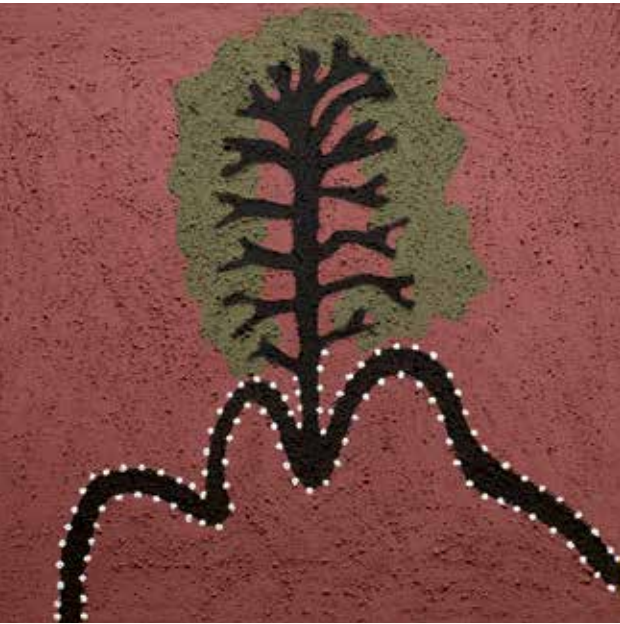
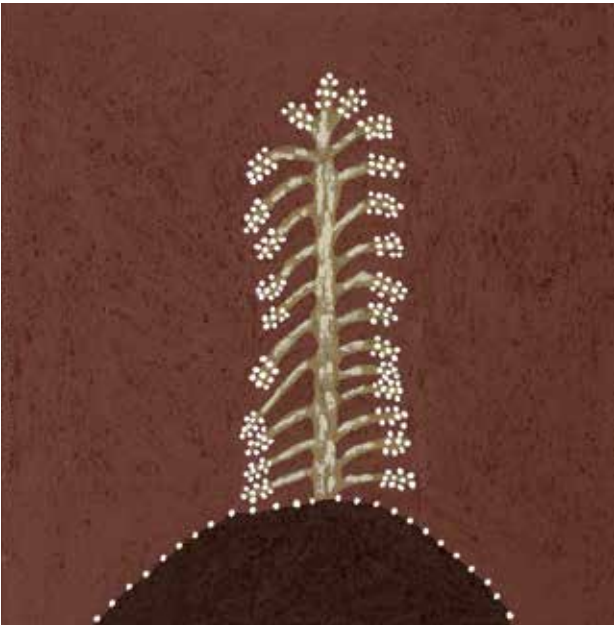
*Ngarrngarrji* or Native Lemongrass (*Cymbopogon bombycinus*) is used for coughs and colds—boiled with water and drunk like tea.

Cat. 35  
**Kuwirinj / Cyprus / *Callitris intratropica*,**  
2016  
natural ochre and pigments on canvas  
45.0 × 45.0 cm  
MHM2017.25, Medical History Museum

Cat. 33  
**Biriyal / Conkerberry / *Carissa lanceolata*,**  
2016  
natural ochre and pigments on canvas  
45.0 × 45.0 cm  
MHM2017.26, Medical History Museum

*Kuwirinj* (Cyprus or *Callitris intratropica*) is used for babies, to smoke them to stop the Joowal night bird from taking their spirit away, when babies would get bony and skinnier until they died.

*Biriyal* (Conkerberry or *Carissa lanceolata*) is used for smoking people to get away bad spirits. Used for all ages when they are sick—if they are dreaming about anything or not eating.





**Kittey Ngyalgarri Malarvie** (b. 1938)

skin: Nawoola

language: Jaru

Country: Sturt Creek, Western Australia

artist location: Kununurra, Western Australia

*Luga* (pronounced 'looka') is the name we call the dried mudflats on Sturt River. In the wet seasons and after a big tide, the white waters of the river would rise up on the mudflats. Then when it dried out it would turn to crystal, like salt. Old people used to eat that salt and they used to eat the mud too; it is a bush medicine, used for gut-ache (diarrhoea).

Cat. 19

**Luga**, 2016

natural pigment on canvas

60.0 × 60.0 cm

MHM2017.30, Medical History Museum





**Peggy Madjarroong Griffiths** (b. 1941)

skin: Namij

language: Miriwoong

Country: Keep River, Northern Territory

artist location: Kununurra, Western Australia

I know if you drink it you will never have a baby. Sometimes they used it for little ones to make their legs strong; they would spike their feet.

**Peggy Madjarroong Griffiths**

Typical of the artist's distinct style—motifs comprising finely flecked strokes of paint that represent the Spinifex and grass clusters that stretch out across the open plains—this painting presents Larrgen, an area at the bend of the Keep River. As a young woman, Peggy Madjarroong Griffiths learnt from the old people the rich stories of her culture, and the sources of food and medicines. Some of the *Gajarrang* (Spinifex) that grows here is boiled like a tea and used as a form of contraception.



Cat. 10

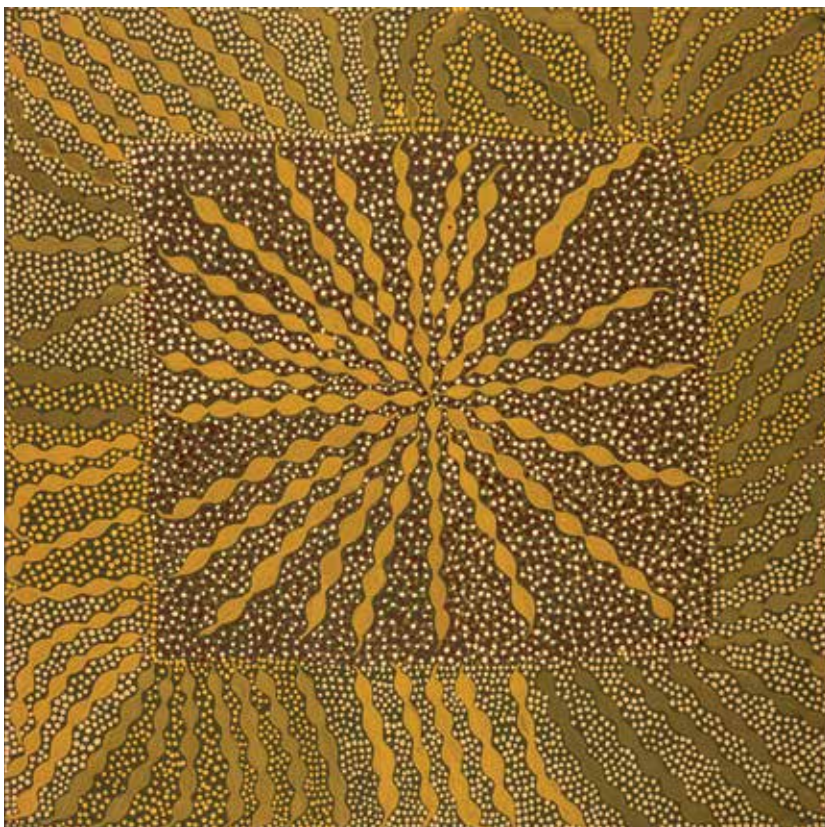
**Larrgen—Spinifex and water**, 2016

natural pigment on canvas

60.0 × 60.0 cm

MHM2017.32, Medical History Museum





**Louise Malarvie** (b. 1971)

skin: Nangari  
language: Jaru  
Country: Lake Gregory, Western Australia  
artist location: Kununurra, Western Australia

Louise Malarvie paints *Nyamooli* (used for bush soap), which grows near swamps, rivers and springs. During the dry season, the long pods split open, revealing the black seeds.

Cat. 20  
**Nyamooli—bush soap**, 2016  
natural pigment on canvas  
60.0 × 60.0 cm  
MHM2017.31,  
Medical History Museum



**Phyllis Binjalk Ningarmara** (b. 1944)

skin: Nanagoo  
language: Miriwoong  
Country: Woorre-Woorrem, Western Australia  
artist location: Kununurra, Western Australia

*Laweng* (Lemonwood) leaves and bark are boiled up and we wash in it to make us strong again. Also good for sores and rashes.

**Phyllis Binjalk Ningarmara**

The thin Eucalypt leaves are picked and crushed, sometimes boiled up in water, and then rubbed over the body, particularly the chest and neck area. Prescribed for muscle pain and breathing difficulties, these leaves are used ‘like the bush Vicks VapoRub’.

Cat. 29  
**Laweng (Lemonwood)**, 2016  
natural pigment on canvas  
60.0 × 60.0 cm  
MHM2017.33,  
Medical History Museum





**Gloria Wungardoo Mengil** (b. 1972)

skin: Nangala

language: Miriwoong

Country: Kununurra, Western Australia

artist location: Kununurra, Western Australia

Gloria Wungardoo Mengil has depicted *Gerdewoon*—Boab nut. Boab pith is rich in vitamin C. Immature Boab nuts are roasted and eaten. The seeds are roasted and ground into damper. Ground seeds combined with young cooked roots of *Goonjang*—the Kapok bush—are good food and also good for treating diarrhoea.

Cat. 21

**Gerdewoon—Boab nut**, 2016  
natural ochre and pigments on canvas  
60.0 × 60.0 cm  
MHM2017.29,  
Medical History Museum



**Judy Mengil** (1954–2017)

skin: Nangari

language: Mirriwoong

Country: Binjin

I bath in this all the time. It is like an antiseptic and keeps the mosquitoes away.

**Judy Mengil**

Judy Mengil has painted bush fruits and bush *Dimalan* leaf. The fruits are called *Midgiden*—Black Berry, *Daloong*—Small Green Plum, Bush Orange, Gooseberries and *Wooloo-wooleng*—White Berries. The Dimalan leaves are plucked from the tree from which they grow and boiled in water.

Cat. 22

**Dimalan leaves**, 2016  
natural pigment on canvas  
60.0 × 60.0 cm  
MHM2017.28,  
Medical History Museum



**Kittey Ngyalgarri Malarvie** (b. 1938)

skin: Nawoola

language: Jaru

Country: Sturt Creek, Western Australia

artist location: Kununurra, Western Australia

*Goongooloong* is blood tonic.  
I collect it out bush then  
boil it up and drink it. Some  
people use it for cancer too.

**Kittey Ngyalgarri Malarvie**

The artist has depicted the sap of the  
Bloodwood Gum tree, an important form of  
bush medicine.

Cat. 18

**Goongooloong (Bloodwood)**, 2016

natural pigments on canvas

100.0 × 45.0 cm

MHM2017.8, Medical History Museum



**Maureen Timothy** (b. 1948)

skin: Naminyanma

language: Garrawa

region: Yanyuwa Camp

artist location: Northern Territory

Bloodwood sap (*Corymbia opaca*) is applied to sores or cuts and it works as an antiseptic. If the sap is in a dried form, it can be crushed into a powder and boiled in water to use as an antiseptic wash. You can also eat the green grubs from the gall, and grubs that live under the bark; collect honey or ‘sugarbag’ from the hives of stingless native bees; and make a sweet drink from the flowering nectar.

Cat. 46

**Bloodwood tree**, 2012

screenprint, edition 6/10

28.0 × 38.0 cm

MHM2017.43,

Medical History Museum



**Mulkun Wirrpanda** (b. 1946)

language: Dhudi-Djapu

clan: Dhudi-Djapu / Dha-malamirr

moiety: Dhuwa

artist location: Yirrkala, Northern Territory

This is an image of a bush plant named *Capparis umbonata*, which is the only Australian member of the family that includes capers. It is also known as Bush Orange, Wild Orange, or *Bundjuju*. It is common at Yathiikpa near Yilpara, where sometimes I live. I have developed an interest in promoting plants that are no longer eaten widely. As a child I remember there were very many old people and that now there are so few. I blame the poor diet and the loss of knowledge of this and other such plants. You pick the fruit and then leave it for three to four days to ripen—it is red on the inside. You peel it like an orange.

**Mulkun Wirrpanda**

Bark with a few leaves added can be boiled in water to make a medicinal wash to cure sores of the skin, scabies and boils. The roots can also be boiled in water and the liquid used as a wash to provide relief from painful joints such as knees and hips. The fruit is considered good food, eaten raw when ripe.

Cat. 54

**Bu dju u**, 2014

woodblock, edition 3/25

81.0 × 57.0 cm

MHM2017.39, Medical History Museum





**Mulkun Wirrpanda** (b. 1946)

language: Dhudi-Djapu

clan: Dhudi-Djapu / Dha-malamirr

moiety: Dhuwa

artist location: Yirrkala, Northern Territory

*Yukuwa* (*Vigna vexillata* or Native Cowpea) is a trailing pea with yellowish flowers tinged with purple, and a long, edible root. The Yolngu eat the roots to treat constipation.

This work is the outcome of a phase where the artist of her own motion explored lesser-known plant species, which she feared were being forgotten by younger generations. She wants to renew the knowledge of these plants, because when she was young this was the food that she grew up on. In those days old people lived for a long time, without illness.



Cat. 55

**Yukuwa**, 2014

linocut, edition 22/30

40.0 × 46.0 cm (image)

58.0 × 76.0 cm (sheet)

MHM2017.40, Medical History Museum



**Gavin Namarnyilk** (b. 1987)

language: Kunwinjku

clan: Bularlhdja

region: Kabulwarnamyo Outstation and Gunbalanya Community, western Arnhem Land, Northern Territory

artist location: Gunbalanya (Oenpelli), Northern Territory

*Manwak* is the Kunwinjku name for two bushes with edible dark berries: *Melastoma polyanthum* and *Leea rubra*. *Melastoma polyanthum* is the bush commonly painted. The berries of these bushes are the only food eaten by Wakkewakken, the native honey-spirit living in the stone Country around Gavin Namarnyilk's outstation at Kabulwarnamyo. People eat the berries too, but they are quite astringent and stain the mouth black. Both these plants grow around permanent freshwater sources, such as creeks and springs.

The leaf, roots and bark of the plant are used to treat various types of ailments and diseases, including diarrhoea, cuts, wounds and toothache.

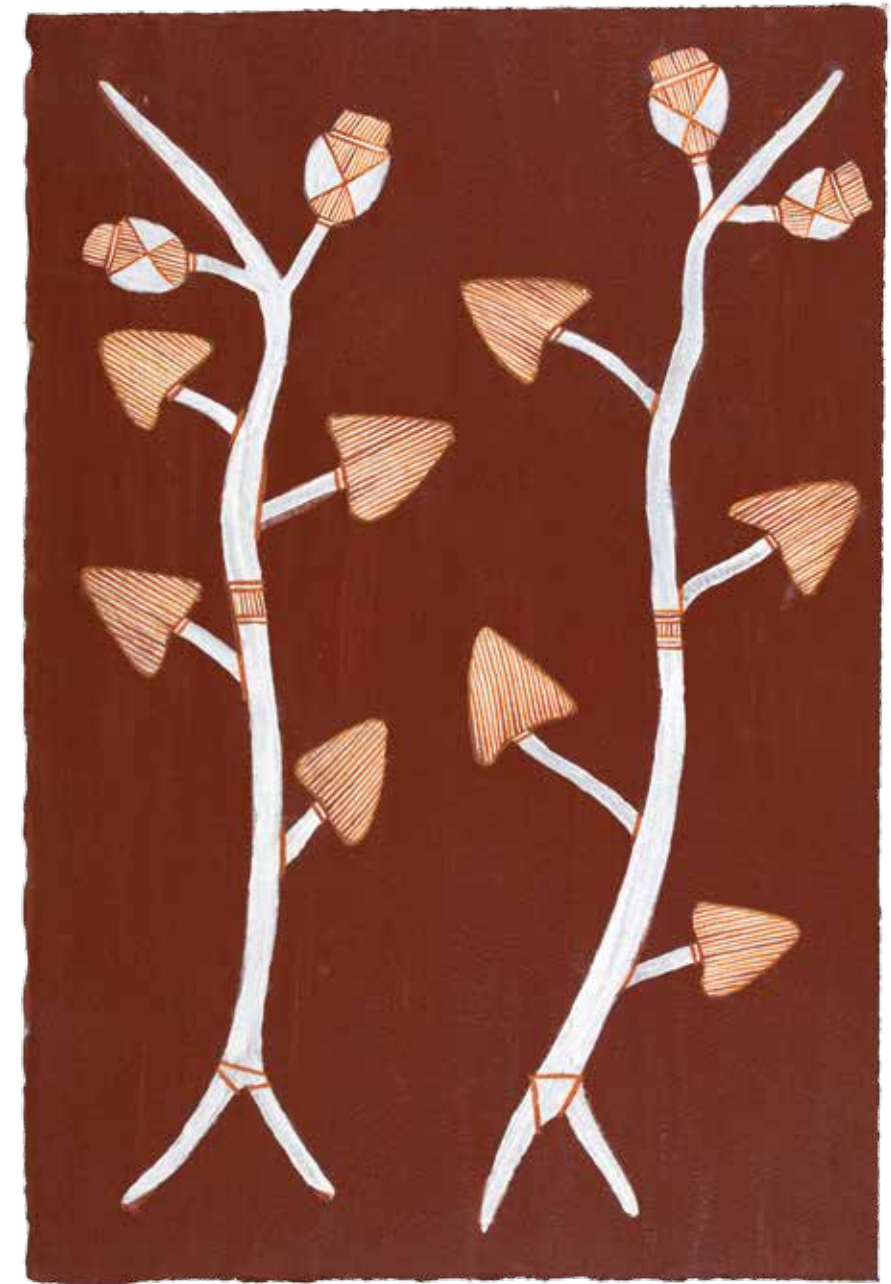
Cat. 27

**Manwak (*Melastoma polyanthum*)**, 2015

ochre on Arches paper

61.0 × 41.0 cm

MHM2017.42, Medical History Museum





**Gracie Kumbi** (b. 1967)

language: Ngen'giwumirri

Country: Malfiyin

artist location: Nauiyu (Daly River), Northern Territory

*Merrepen* (Livistona Palm, Fan Palm or Sand Palm) is a small, fan-leaved palm that grows in the bush all around Ngen'gi Country and the Top End. It is a very important plant for Ngen'gi people and is a Dreaming or totem for some Ngen'gi people and the name of the art centre at Nauiyu. Merrepen is used extensively to make fibre, which is twined into string. The new leaves are pulled out of the stem apex of the plant before they unfold. These are then split into fine threads, which are sun-dried. The fibres may be dyed and then twisted into string, which is used to make woven dilly-bags, fishing nets and other fibre-craft products. This is a significant industry at Nauiyu, where many women are excellent fibre-craft artisans.

The mature leaves of the Merrepen can be used like a plate when food is cooked in the bush. Young plants are called *miyerrmi* and are cooked in a ground oven and then chopped open and the cabbage is eaten.

Reference: P Marrfurra McTaggart et al., *Ngen'gikurunggurr and Ngen'giwumirri plants and animals: Aboriginal biocultural knowledge from the Moyle River area, north Australia*, Palmerston, NT: Department of Land Resource Management, 2014.

Cat. 16

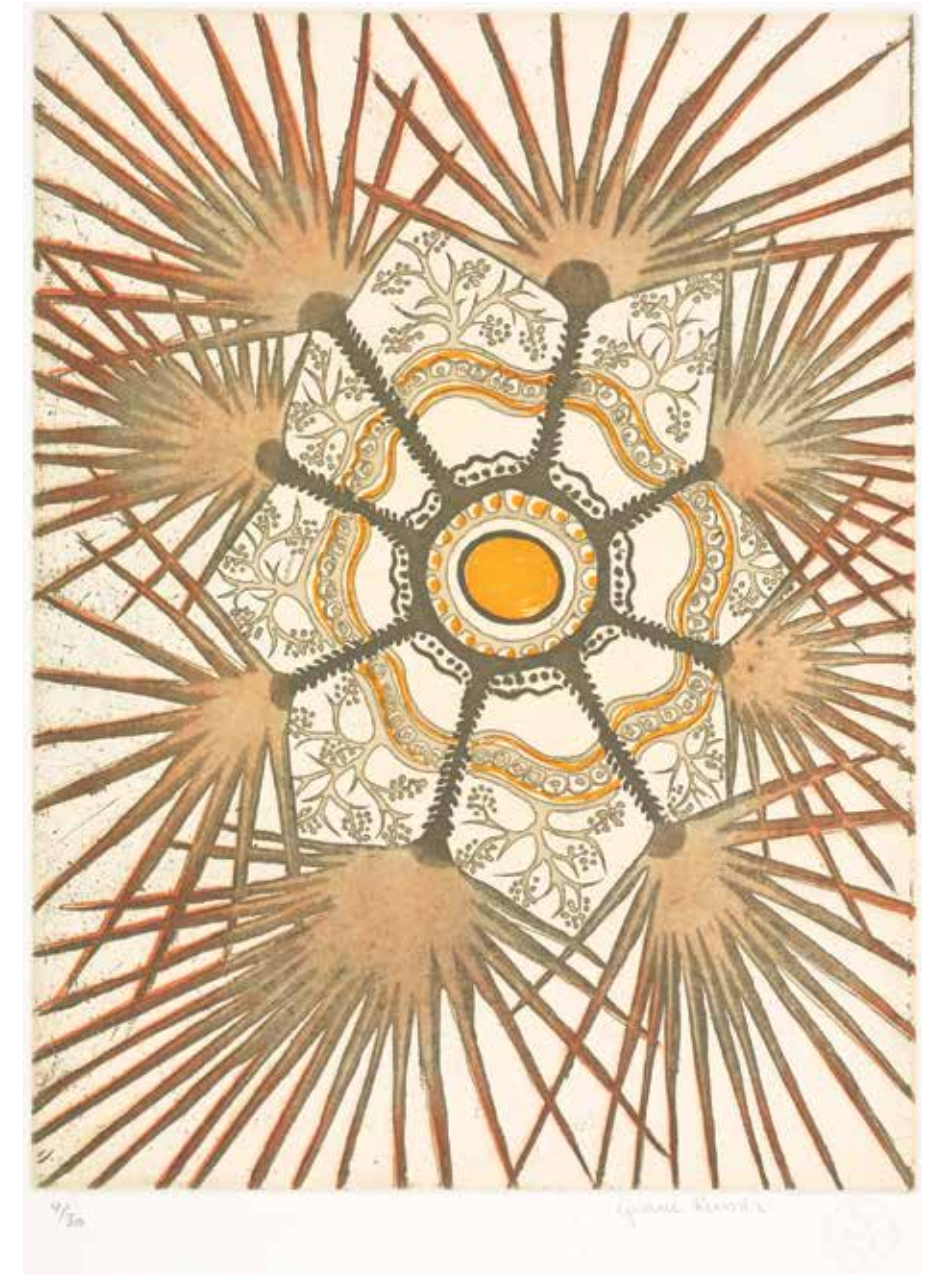
**Merrepen—Sand Palm**, 2016

two-plate etching, edition 4/30

32.0 × 24.5 cm

printer: Basil Hall and Michael Roseth for Basil Hall Editions

MHM2017.38, Medical History Museum





**Philip Wilson** (b. 1982)

skin: Merrdi

language: Ngan'gikurunggurr

Country: Peppimenarti

artist location: Nauiyu (Daly River), Northern Territory

This print shows the very beautiful *Miwulngini*, or Red Lotus Lily (*Nelumbo nucifera*), which is found in the many billabongs around the Daly River region. The large green seeds (actually fruit) may be eaten raw or lightly roasted over coals, and are a rich and abundant food source for the Aboriginal (Ngan'gi) people of Daly River. They are very good to eat and occur in large numbers in the mid-dry season. *Miwulngini* has a number of other uses: the roots are eaten after roasting and are used as medicine to treat constipation. The new leaf shoots are eaten raw. The large concave leaves can be used as a hat, as camouflage when hunting in the billabong, to carry water, and to wrap food when cooking.

Collecting Waterlily fruits is one of the favourite activities of senior women at the Daly River. The fruit are found on the bottom of billabongs; as the fruit swell with seeds they get heavy and fall to the bottom. The fruit are located with the feet while slowly walking through the water.

Cat. 53

**Miwulngini—Red Lotus Lily**, 2016

etching, edition 5/30

32.0 × 24.5 cm

MHM2017.49, Medical History Museum





**Margaret Gilbert** (b. 1956)

language: Ngan'gikurunggurr

Country: Nemaarluk

artist location: Nauiyu (Daly River), Northern Territory

This print shows the very beautiful *Miwulngini*, or Red Lotus Lily (*Nelumbo nucifera*), which is found in the many billabongs around the Daly River region. The large green seeds (actually fruit) may be eaten raw or lightly roasted over coals, and are a rich and abundant food source for the Aboriginal (Ngan'gi) people of Daly River. They are very good to eat and occur in large numbers in the mid-dry season. *Miwulngini* has a number of other uses: the roots are eaten after roasting and are used as medicine to treat constipation. The new leaf shoots are eaten raw. The large concave leaves can be used as a hat, as camouflage when hunting in the billabong, to carry water, and to wrap food when cooking.

Collecting Waterlily fruits is one of the favourite activities of senior women at the Daly River. The fruit are found on the bottom of billabongs; as the fruit swell with seeds they get heavy and fall to the bottom. The fruit are located with the feet while slowly walking through the water.

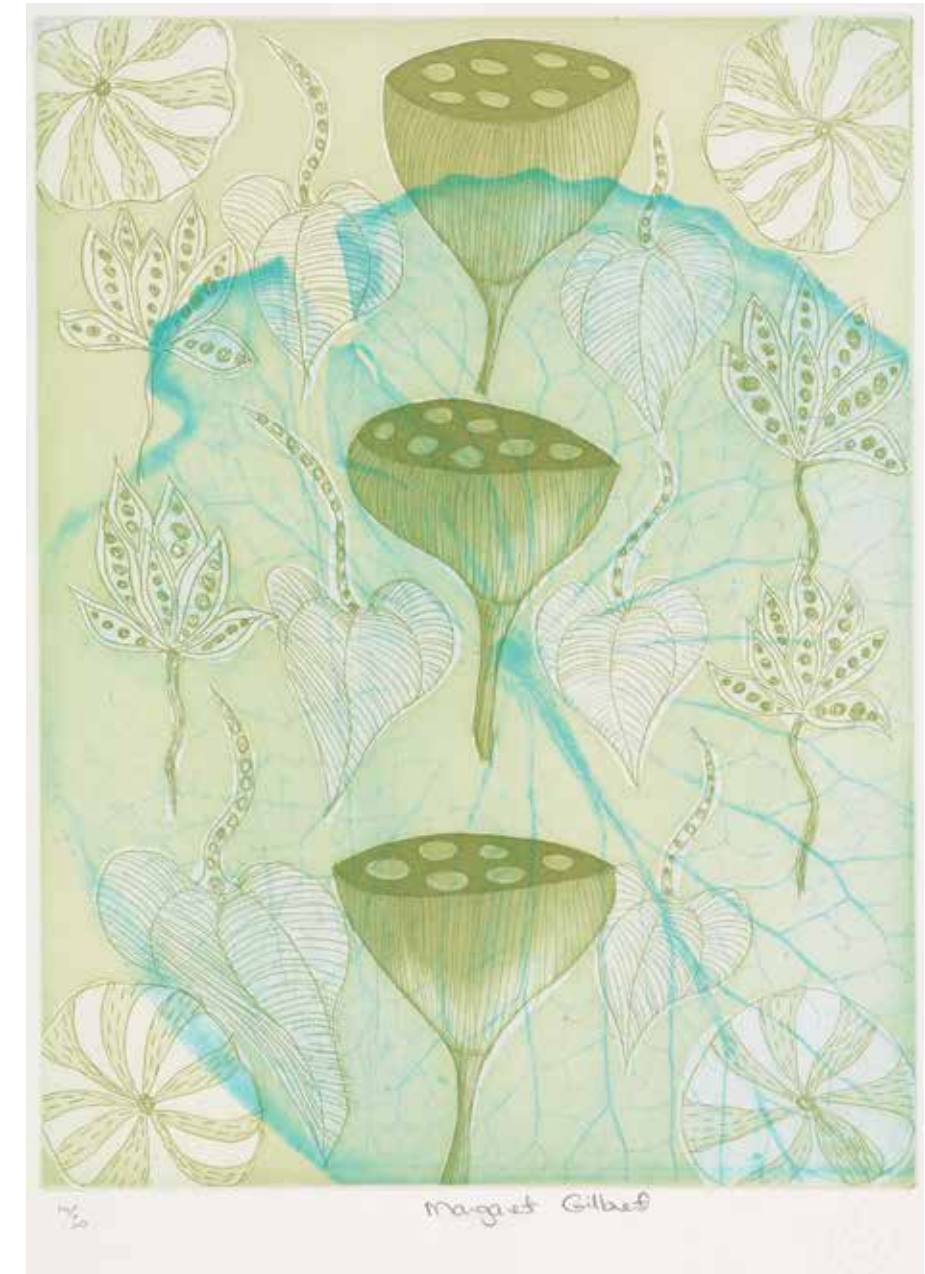
Cat. 9

**Miwulngini—Red Lotus Lily**, 2016

etching, edition 10/30

32.7 × 24.6 cm

MHM2017.48, Medical History Museum







**Michelle Woody** (b. 1972)

skin: Pandanus

language: Tiwi

Country: Melville Island

artist location: Milikapiti, Melville Island, Northern Territory

*Purnarrika* is Tiwi for Waterlily. Its tuberous roots are dug up out of the mud, cleaned and peeled, then eaten. The round fruit are also collected, and the seeds eaten. They are oily in taste. The flowers can also be eaten, without any preparation. A long time ago, the Tiwi would collect the flower of the fruit. The heart of the flower was eaten to cure sore throats and colds.

The Tiwi say Waterlilies must not be pulled out, otherwise very heavy rains will fall. If unseasonable heavy rain occurs, it is believed the Waterlilies must have been disturbed.

Cat. 56

**Purnarrika (Water Lily)**, 2017

natural ochre on paper

56.0 × 76.0 cm

MHM2018.12,

Medical History Museum



**Louise Pandella** (b. 1957)

language: Ngen'giwumirri

Country: Malfiyin

artist location: Nauiyu (Daly River), Northern Territory

This print shows the *Minimindi* (Waterlily). The round fruit contains many small seeds. The skin is peeled off to expose the orange-brown seeds, which are eaten. The stems of the flowers can also be eaten; the stem is softened by leaving it in the sun for a short period, and the thin outer skin is then peeled off. The tubers are dug up out of the mud, then they are washed and roasted on coals. They have a pleasant, starchy taste and are also used medically to treat constipation.

Cat. 32

**Minimindi—Waterlilies**, 2016

single-plate etching,

edition 4/30

24.5 × 32.0 cm

MHM2017.37,

Medical History Museum



**Marrnyula Mununggurr** (b. 1964)

language: Djapu

clan: Djapu / Balamumu

moiety: Dhuwa

artist location: Yirrkala, Northern Territory

This design for the etching is *guyita* (witchetty grub) and *wurrkadi* (larvae of horned beetle) feasting on *Ganguri* (Wild Yam). Wurrkadi belongs to the Dhuwa moiety, and to the two clans Galpu and Djarrwark.

Wurrkadi live inside the sand or under the trees. They like to eat Ganguri. Yolngu don't eat wurrkadi and don't like to touch them, but still it is a very special insect.

Guyita lives in a special tree called *Balkpalk* or Peanut Tree (*Sterculia quadrifida*). When Yolngu go hunting for Yam or *guku* (wild honey), if they find Guyita they straight away chop it and eat it to relieve that dry feeling of their tongue.

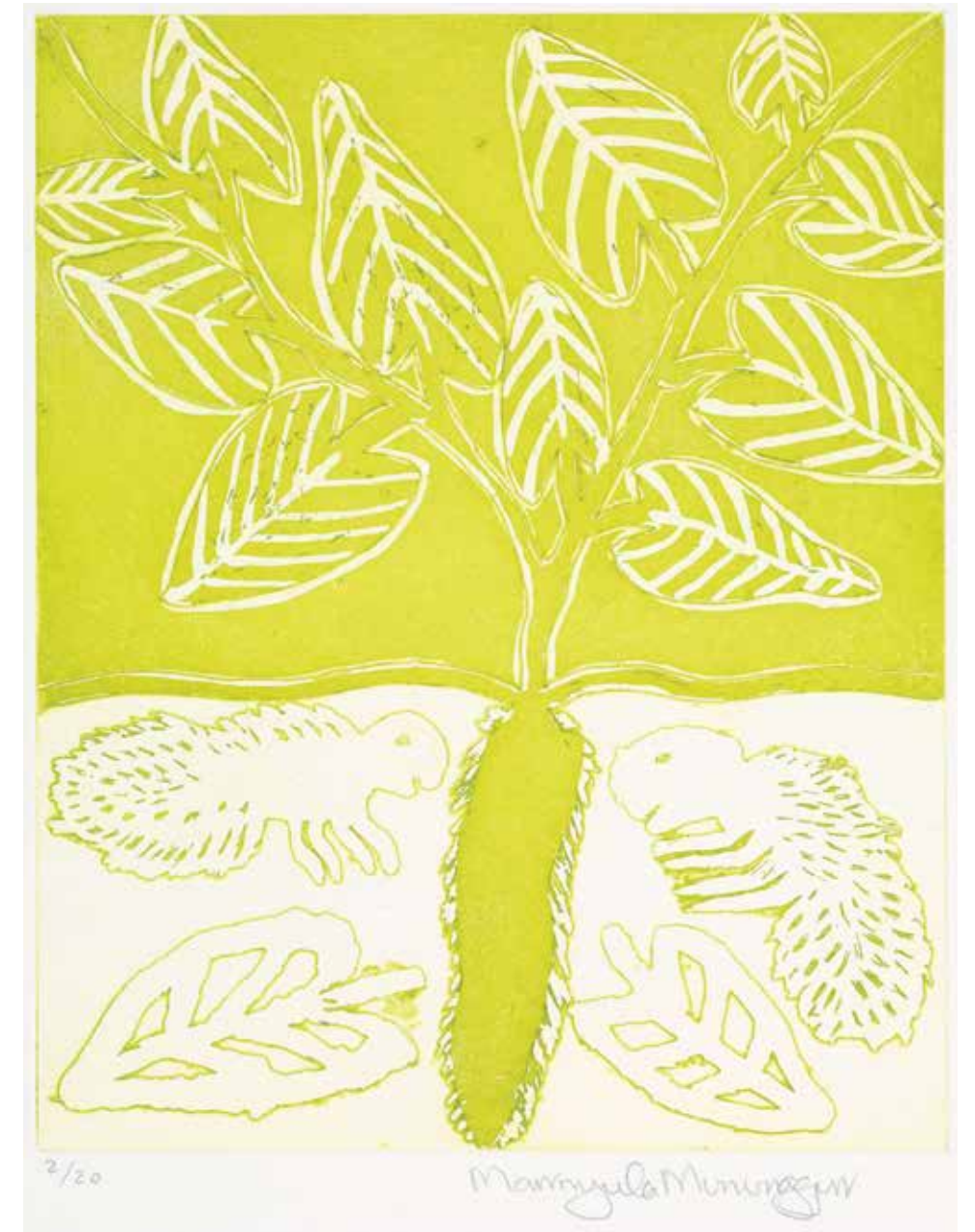
Cat. 26

**Ganguri ga wurrkadi**, 2012

etching, edition 2/20

25.0 × 20.0 cm

MHM2017.41, Medical History Museum





**Irene Mungatopi** (b. 1969)

skin: Yarrinapila (Red Ochre)

language: Tiwi

mother's Country: Rangini, Melville Island, Northern Territory

father's Country: Jurrupi (Jessie River), Melville Island, Northern Territory

artist location: Pularumpi, Melville Island, Northern Territory

We eat it in the wet season, it changes pink to red, then we know it is ready for eating.  
There are lots of *Pinyama* on Melville Island.

**Irene Mungatopi**

The Red Bush Apple (*Syzygium suborbiculare*) is a common and well-known bush tucker in north Australia. However, a rare form occurs in coastal areas of the Tiwi Islands and some other coastal areas, and has pink fruit that are particularly tasty; it is called *Pinyama*, the Pink Beach Apple. The fruit are produced during *jamutakari*, the wet season, and sometimes are produced in profusion—they are one of the most important Tiwi bush foods.

The shape of the Pinyama fruit as interpreted by Irene Mungatopi is very similar to the shape of the traditional, uniquely Tiwi fighting clubs produced by senior Tiwi men. In the past these clubs were deadly weapons used in hand-to-hand combat by Tiwi warriors; now they are mainly prepared for sale to tourists visiting the Tiwi Islands.

**Glenn M Wightman**

Cat. 25

**Pinyama—Red Bush Apple**, 2006

two-plate etching and chine collé,

edition 24/40

33.0 × 25.0 cm (image)

48.5 × 39.5 cm (sheet)

printer: Jo Diggins and Natasha Rowell for Basil Hall Editions

MHM2017.35, Medical History Museum





**Irene Mungatopi** (b. 1969)

skin: Yarrinapila (Red Ochre)

language: Tiwi

mother's Country: Rangini, Melville Island, Northern Territory

father's Country: Jurrupi (Jessie River), Melville Island, Northern Territory

artist location: Pularumpi, Melville Island, Northern Territory

It is called *Yankumwani* in my language. It grows in the bush on Tiwi Islands where I come from. We walk along the bush at the end of the dry season and we see those plums hanging down. We eat the flesh and throw the seed away.

**Irene Mungatopi**

The Green Plum (*Buchanania obovata*) is a favoured bush tucker across the Top End. It is eaten when the fruit ripen in the late build-up or early wet season, usually just before Christmas, as the fruit remain green but are soft to touch. The fruit have a tangy taste, a little like ginger-beer, and contain a large, dark seed.

Tiwi people use the Green Plum in several ways: the inner red bark is used as a dye for fibre-crafts, and the green sap of new growth is used as glue to mix with paint to make it stay strong and vibrant. In other parts of the Northern Territory this species is used as a powerful medicine to treat toothaches, headaches, ringworm, insect bites, fever, eczema and other skin disorders. In some areas, Green Plum is a calendar plant—flowering indicates the time when freshwater crocodiles are about to lay eggs.

**Glenn M Wightman**

Cat. 24

**Yankumwani—Green Plum**, 2006

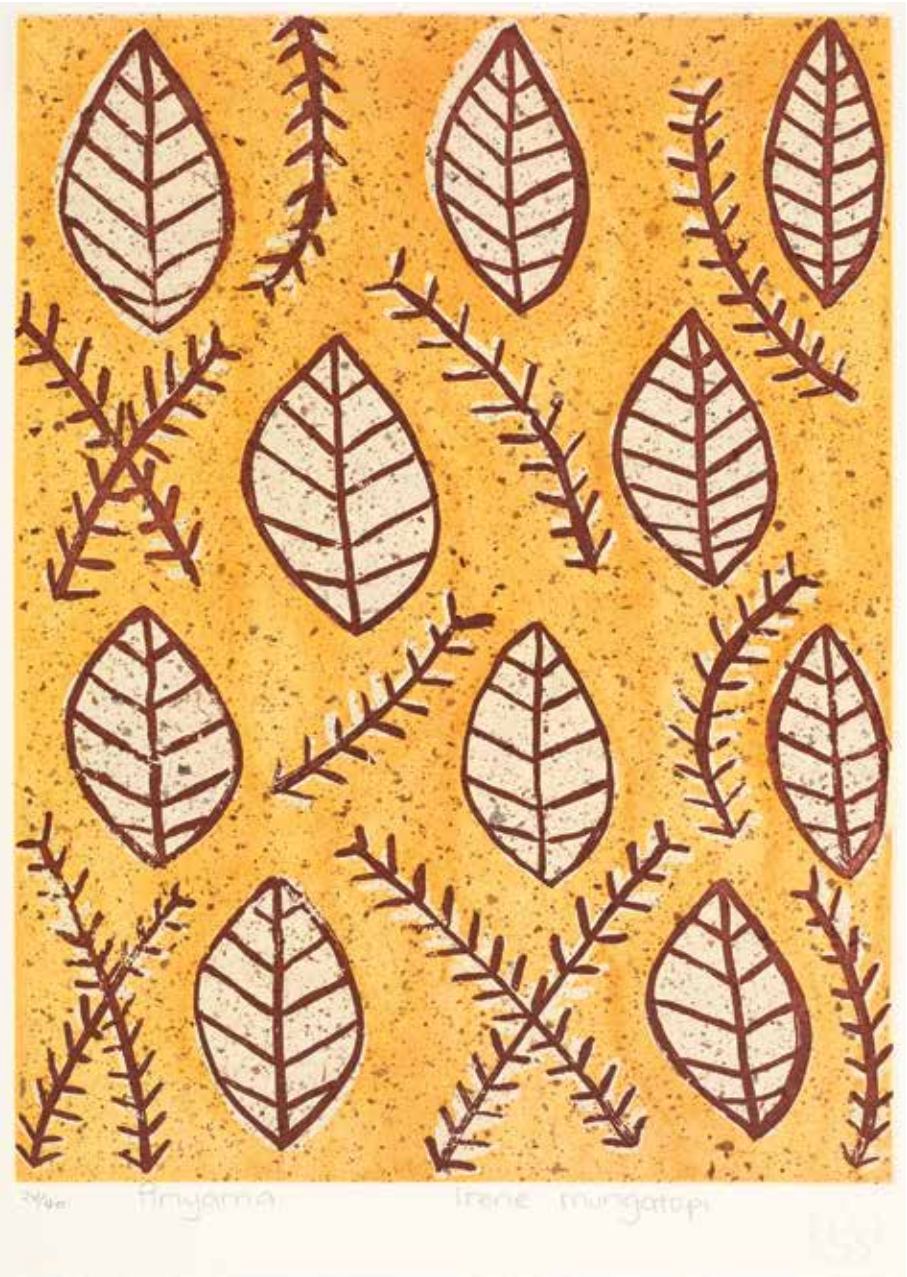
two-plate etching and chine collé, edition 24/40

33.0 × 25.0 cm (image)

48.5 × 39.5 cm (sheet)

printer: Basil Hall and Michael Roeth for Basil Hall Editions

MHM2017.34, Medical History Museum





**Judy Watson** (b. 1959)

language: Waanyi

artist location: Brisbane, Queensland

Bat-Wing Coral trees are found from saltwater to desert. The wood is used for woomera shafts.

I remember seeing red seeds on the tree in our Country, which women use for decoration. People eat the tap-root of juvenile plants. There were no red seeds on this tree at this time of year, so I scattered seeds from the Red Bean Tree, *Adenanthera pavonina*, across the etching plate. Women use these seeds for adornment; they love to jangle them on their body as they dance. They are like points of reference or star constellations. They are associated with women's business. The blood-red ochre background wash is a dual reference: to the Coppermine Massacres that occurred in the Daly in 1884, and to the flooding river itself, which was rising rapidly while we were there collecting images, ideas and materials for this project. I was reading historical and contemporary research material on the Daly River, loaned to me by Dr Sue Jackson, senior researcher at CSIRO, while I was making the work.

Cat. 50

**Bat-Wing Coral, Red Bean Tree**, 2006

etching, edition 24/40

33.0 × 25.0 cm (image)

48.5 × 39.5 cm (sheet)

printer: Basil Hall and Jo Diggins for Basil Hall Editions

MHM2017.36, Medical History Museum







### Matilda Malujewel Nona (b. 1974)

language: Kala Lagaw Ya

Country: Badu

clan: Tupmul (spiny ray)

artist location: Badu Art Centre, Badu Island, Torres Strait, Queensland

In the Torres Strait Islands, we use the *Aubau* (Noni Fruit) as traditional medicine. The leaves are used to treat diabetes and liver diseases, while the fruit is consumed to treat sore throat and flu. This print signifies the health and wellbeing of my people, and also represents cleansing of the body, soul and mind.

Cat. 30

**Aubau (Noni Fruit)**, 2015

linocut, edition 10/20

30.0 × 62.0 cm (image)

51.0 × 80.0 cm (sheet)

MHM2017.45,

Medical History Museum



### Brian Robinson (b. 1973)

language: Kala Lagaw Ya / Torres Strait Creole (Ailan Tok or Yumplatok)

Country: Waiben (Thursday Island) / Moa / Shelburne Bay, Cape York Peninsula

tribal groups: Kaywalagal / Maluyligal / Wuthathi

totem: stingray

artist location: Cairns, Queensland

Everything under creation is represented in the sky. For this reason, astronomy plays a significant role in Torres Strait cultural traditions. Islanders pay close attention to the night sky, which enables them to determine the amount of moisture and turbulence in the atmosphere, thus allowing them to predict weather patterns and seasonal change.

Cat. 42

**Baidam Thithuyil**, 2010

linocut from one block,

edition 9/40

40.0 × 49.5 cm

printer: Elizabeth Hunter,

Carolyn Craig

MHM2018.29,

Medical History Museum



These knowledge systems, which seek to understand, explain and predict nature, are passed on to successive generations through oral tradition.

In the Western Islands there are four main seasons: *surlal*, *raz*, *kuki* and *aibaud*.

*Surlal* (mid-October to late November) begins the yearly cycle and takes its name from the readily caught copulating turtles, indicating their abundance as food. It is dry season and all crops have withered. *Baidamu* (the great shark constellation commonly known as Ursa Major) appears low in the evening sky, close to the reef. *Gainau* (Torres Strait pigeons) migrate from Papua New Guinea to the Australian mainland.

*Raz* (early December to late February) is the season when the crops have all died. Early in the season cashew nuts fall to the ground and young yams begin to sprout. The winds shift around and, during mid-season, large numbers of jellyfish appear and the runners on the yams begin to grow.

*Kuki* (early March to mid-May) is the season where strong winds blow from the north-west, accompanied by deluges of rain. Between storms it is very humid, there is no wind, and the seas are calm and glassy. The yams are not quite ready to eat, so vegetables such as *Kolap* are eaten. The appearance of the *Dogai* and *Bu* (trumpet shell) constellations herald the beginning of the season.

*Aibaud* (late May to early October) is harvest season, when roots are strong and food (especially taro, sweet potato and wild yam) is abundant. The south-west winds begin to blow steadily. This season signals the time to perform various ceremonies. *Usal* (Pleiades, the autumn and spring stars) also appears. When *Githalai* (the crab star) appears, the *birubiru* birds migrate south, from Papua New Guinea to Australia.

*Baidamu* (the celestial shark constellation) first appears in April and moves across the skies until its mouth touches earth’s horizon. This is known as *Baidam Bupur Nanamai*, the shark striking the surface: the monsoon season has arrived. During these months this major constellation influences land, sea and air environments, which in turn influence social changes for the people of Zenadh Kes. Following the disappearance of *Baidamu*, the stars of *Tagai* shine bright.

## WORKS IN THE EXHIBITION

### ARTWORKS

- |  |   |
|--|---|
| <p>1 Balgo artists: Miriam Baadjo (b. 1957), Tossie Baadjo (b. 1958), Jane Gimme (b. 1958), Gracie Mosquito (b. 1955), Helen Nagomara (b. 1953), Ann Frances Nowee (b. 1964) and Imelda Yukenbarri (b. 1954)<br/><b>Bush medicine: a collaborative work by women from Wirrimanu (Balgo)</b>, 2018<br/>acrylic on linen<br/>120.0 × 180.0 cm<br/>MHM2018.32, Medical History Museum<br/>© Copyright for both painting and text remains with Warlayirti Artists. They may not be reproduced without permission.<br/>(see pp. 106–9)</p> <p>2 Kathrine ‘Kat’ Clarke (b. 1988)<br/><b>Dyirr-i-laiurrk, Kangaroo Apple (Solanum aviculare)</b>, 2018<br/>acrylic and pencil on canvas<br/>20.3 × 14.5 cm<br/>MHM2018.23, Medical History Museum<br/>© Kathrine Clarke.<br/>(see pp. 16–17)</p> <p>3 Kathrine ‘Kat’ Clarke (b. 1988)<br/><b>Eucalyptus gum</b>, 2018<br/>acrylic and pencil on canvas<br/>20.4 × 14.4 cm<br/>MHM2018.25, Medical History Museum<br/>© Kathrine Clarke.<br/>(see pp. 76–7)</p> <p>4 Kathrine ‘Kat’ Clarke (b. 1988)<br/><b>Gukwonderuk (Wotjobaluk) or Old Man’s Weed (Centipeda cunninghamii)</b>, 2018<br/>acrylic and pencil on canvas<br/>20.4 × 14.7 cm<br/>MHM2018.22, Medical History Museum<br/>© Kathrine Clarke.<br/>(see pp. 74–5)</p> <p>5 Kathrine ‘Kat’ Clarke (b. 1988)<br/><b>Mula (Austral Bracken)</b>, 2018<br/>acrylic and pencil on canvas<br/>20.4 × 14.6 cm<br/>MHM2018.26, Medical History Museum<br/>© Kathrine Clarke.<br/>(see pp. 76–7)</p> | <p>6 Kathrine ‘Kat’ Clarke (b. 1988)<br/><b>Mutjang (Acacia melanoxylon)</b>, 2018<br/>acrylic and pencil on canvas<br/>20.3 × 14.4 cm<br/>MHM2018.24, Medical History Museum<br/>© Kathrine Clarke.<br/>(see pp. 74–5)</p> <p>7 Selma Nunay Coulthard (b. 1954)<br/><b>Bush medicine</b>, 2018<br/>watercolour<br/>26.0 × 36.0 cm<br/>MHM2018.20, Medical History Museum<br/>© Copyright for both painting and text remains with the artist and Ngurratjuta Ittja Ntjarra, and they must not be reproduced without permission. Ittja Ntjarra   Many Hands Art Centre is proudly Aboriginal-owned and directed. It is the home of the Namatjira watercolour artists.<br/>(see pp. 90–1)</p> <p>8 Selma Nunay Coulthard (b. 1954)<br/><b>Bush medicine at Urrampinyi (Tempe Downs)</b>, 2018<br/>watercolour<br/>26.0 × 36.0 cm<br/>MHM2018.19, Medical History Museum<br/>© Copyright for both painting and text remains with the artist and Ngurratjuta Ittja Ntjarra, and they must not be reproduced without permission. Ittja Ntjarra   Many Hands Art Centre is proudly Aboriginal-owned and directed. It is the home of the Namatjira watercolour artists.<br/>(see pp. 88–9)</p> <p>9 Margaret Gilbert (b. 1956)<br/><b>Miwulngini—Red Lotus Lily</b>, 2016<br/>etching, edition 10/30<br/>32.7 × 24.6 cm<br/>MHM2017.48, Medical History Museum<br/>© Merrepen Arts 2016. Copyright for both painting and text remains with Merrepen Arts, Culture and Language Aboriginal Corporation. They may not be reproduced.<br/>(see pp. 138–9)</p> <p>10 Peggy Madijarroong Griffiths (b. 1941)<br/><b>Larrgen—Spinifex and water</b>, 2016<br/>natural pigment on canvas<br/>60.0 × 60.0 cm<br/>MHM2017.32, Medical History Museum<br/>© Copyright for the artwork remains with the artist. Copyright for text remains with Waringarri Aboriginal Arts.<br/>(see pp. 120–1)</p> |
|--|---|



- 11 Treahna Hamm (b. 1965)  
**Dhungala cool burn**, 2017  
acrylic paint, river sand, bark ink, paper on canvas  
100.9 × 114.0 cm (each of three panels)  
MHM2017.2, Medical History Museum  
© Treahna Hamm.  
(see pp. vi, 68–9)
- 12 Treahna Hamm (b. 1965)  
**A Yorta Yorta person’s bush medicine first aid kit**, 2017  
Paperbark, Kurrajong pods, *Lomandra*, She-Oak pods, bark ink, riverbed clay, charcoal, billabong sediment, raffia, Bottlebrush wood and bloom, ash, possum bone, mussel shell, Black Wattle bark, Stringybark, river sand, Eucalyptus leaves, tree bark, sap  
4.0 × 12.0 × 27.0 cm  
MHM2017.1, Medical History Museum  
© Treahna Hamm.  
(see pp. 61, 70–1, back cover)
- 13 Noreen Hudson (b. 1947) and Tiara Doolan (b. 2002)  
**Bush medicine—Central Australian landscape**, 2018  
watercolour  
54.0 × 74.0 cm  
MHM2018.13, Medical History Museum  
© Copyright for both painting and text remains with the artists and Ngurratjuta Itja Ntjarra, and they must not be reproduced without permission. Itja Ntjarra | Many Hands Art Centre is proudly Aboriginal-owned and directed. It is the home of the Namatjira watercolour artists.  
(see pp. 94–5)
- 14 Judith Pungkarta Inkamala (b. 1948)  
**Bush medicine**, 2017  
terracotta and underglaze  
43.0 × 31.0 × 31.0 cm (variable)  
MHM2017.17, Medical History Museum  
© Images and text are copyright Hermannsburg Potters Aboriginal Corporation, and may not be reproduced in any form without written permission of the artist.  
(see pp. 84–7)
- 15 Ilawanti Ungkutjuru Ken (b. 1944)  
**Tjulpu wiltja: bird nest basket**, 2017  
*tjanpi*, wool, raffia, emu feathers, wire  
50.0 × 60.0 × 50.0 cm  
MHM2018.30, Medical History Museum  
© Copyright for the artwork remains the property of Ilawanti Ungkutjuru Ken. Copyright for the text and images remains the property of Tjanpi Desert Weavers.  
(see pp. 80–1)
- 16 Gracie Kumbi (b. 1967)  
**Merrepen—Sand Palm**, 2016  
two-plate etching, edition 4/30  
32.0 × 24.5 cm  
printer: Basil Hall and Michael Roeth for Basil Hall Editions  
MHM2017.38, Medical History Museum  
© Merrepen Arts 2016. Copyright for both artwork and text remains with Merrepen Arts, Culture and Language Aboriginal Corporation. They may not be reproduced.  
(see pp. 134–5)
- 17 Beverly Pula Luck (b. 1976)  
**Bush medicine plants**, 2017  
acrylic on canvas  
30.0 × 107.0 cm  
MHM2017.57, Medical History Museum  
© Copyright for the artwork remains with the artist. Copyright for the text remains with Artists of Ampilatwatja. Permission to reproduce the artwork and text is required in writing.  
(see pp. 98–9 and endpapers)
- 18 Kittey Ngyalgarri Malarvie (b. 1938)  
**Goongooloong (Bloodwood)**, 2016  
natural pigments on canvas  
100.0 × 45.0 cm  
MHM2017.8, Medical History Museum  
© Copyright for the artwork remains with the artist. Copyright for text remains with Waringarri Aboriginal Arts.  
(see p. 126)
- 19 Kittey Ngyalgarri Malarvie (b. 1938)  
**Luga**, 2016  
natural pigment on canvas  
60.0 × 60.0 cm  
MHM2017.30, Medical History Museum  
© Copyright for the artwork remains with the artist. Copyright for text remains with Waringarri Aboriginal Arts.  
(see pp. 118–19)
- 20 Louise Malarvie (b. 1971)  
**Nyamooli—bush soap**, 2016  
natural pigment on canvas  
60.0 × 60.0 cm  
MHM2017.31, Medical History Museum  
© Copyright for the artwork remains with the artist. Copyright for text remains with Waringarri Aboriginal Arts.  
(see p. 122)
- 21 Gloria Wungardoo Mengil (b. 1972)  
**Gerdewoon—Boab nut**, 2016  
natural ochre and pigments on canvas  
60.0 × 60.0 cm  
MHM2017.29, Medical History Museum  
© Copyright for the artwork remains with the artist. Copyright for text remains with Waringarri Aboriginal Arts.  
(see p. 124)
- 22 Judy Mengil (1954–2017)  
**Dimalan leaves**, 2016  
natural pigment on canvas  
60.0 × 60.0 cm  
MHM2017.28, Medical History Museum  
© Copyright for the artwork remains with the artist. Copyright for text remains with Waringarri Aboriginal Arts.  
(see pp. 7, 125)
- 23 Sidney Moody (b. 1947)  
**Birriwa tree leaves**, 2013  
woodblock, edition 14/15  
63.0 × 48.0 cm  
MHM2017.44, Medical History Museum  
© Copyright for both artwork and text remains with Warlayirti Artists. They may not be reproduced without permission.  
(see pp. 104–5)
- 24 Irene Mungatopi (b. 1969)  
**Yankumwani—Green Plum**, 2006  
two-plate etching and chine collé, edition 24/40  
33.0 × 25.0 cm (image)  
48.5 × 39.5 cm (sheet)  
printer: Basil Hall and Michael Roeth for Basil Hall Editions  
MHM2017.34, Medical History Museum  
© Copyright 2006. This work and documentation are the copyright of the artist and author and may not be reproduced in any form without written permission of the artist or author.  
(see pp. 146–7)
- 25 Irene Mungatopi (b. 1969)  
**Pinyama—Red Bush Apple**, 2006  
two-plate etching and chine collé, edition 24/40  
33.0 × 25.0 cm (image)  
48.5 × 39.5 cm (sheet)  
printer: Jo Diggins and Natasha Rowell for Basil Hall Editions  
MHM2017.35, Medical History Museum  
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(see pp. 144–5)
- 26 Marrnyula Mununggurr (b. 1964)  
**Ganguri ga wurrkadi**, 2012  
etching, edition 2/20  
25.0 × 20.0 cm  
MHM2017.41, Medical History Museum  
© Buku-Larrnggay Mulka Centre. This work and documentation are the copyright of the artist and may not be reproduced in any form without the written permission of the artist and clan concerned.  
(see pp. 142–3)
- 27 Gavin Namarnyilk (b. 1987)  
**Manwak (Melastoma polyanthum)**, 2015  
ochre on Arches paper  
61.0 × 41.0 cm  
MHM2017.42, Medical History Museum  
© Injalak Arts and Crafts. Copyright of artwork and text remains with the artist and Aboriginal traditional owners, and is administered on their behalf by Injalak Arts and Crafts artists.  
(see pp. 132–3)
- 28 Marilyne Elizabeth Nicholls (b. 1957)  
**Healing basket**, 2017  
Sedge grass, Eucalyptus leaves, Coastal Rosemary, bark, ochre  
20.2 × 22.0 × 21.0 cm  
MHM2017.58, Medical History Museum  
© Copyright Marilyne Elizabeth Nicholls.  
(see pp. 72–3)
- 29 Phyllis Binjalk Ningarmara (b. 1944)  
**Laweng (Lemonwood)**, 2016  
natural pigment on canvas  
60.0 × 60.0 cm  
MHM2017.33, Medical History Museum  
© Copyright for the artwork remains with the artist. Copyright for text remains with Waringarri Aboriginal Arts.  
(see p. 123)
- 30 Matilda Malujewel Nona (b. 1974)  
**Aubau (Noni Fruit)**, 2015  
linocut, edition 10/20  
30.0 × 62.0 cm (image)  
51.0 × 80.0 cm (sheet)  
MHM2017.45, Medical History Museum  
© Copyright for the artwork remains with the artist. Copyright for the text remains with Badhulgaw Kuthinaw Mudh | Badu Art Centre.  
(see pp. 67, 150)
- 31 Mary Katatjuku Pan (b. 1944)  
**Tjulpu wiltja wala waru Tjukurpa: eagle nest story basket**, 2017  
*tjanpi*, wool, raffia, emu feathers, wire  
80.0 × 30.0 cm (diameter)  
MHM2018.31, Medical History Museum  
© Copyright for the artwork remains the property of Mary Katatjuku Pan. Copyright for the text and images remains the property of Tjanpi Desert Weavers.  
(see pp. 82–3)
- 32 Louise Pandella (b. 1957)  
**Minimindi—Waterlilies**, 2016  
single-plate etching, edition 4/30  
24.5 × 32.0 cm  
MHM2017.37, Medical History Museum  
© Copyright for both artwork and text remains with Merrepen Arts, Culture and Language Aboriginal Corporation. They may not be reproduced.  
(see p. 141)



33 Shirley Purdie (b. 1947)  
**Biriyal / Conkerberry / Carissa lanceolata**, 2016  
natural ochre and pigments on canvas  
45.0 × 45.0 cm  
MHM2017.26, Medical History Museum  
(see pp. 116–17)

34 Shirley Purdie (b. 1947)  
**Kelenenji / Spinifex / Triodia racemigera**, 2016  
natural ochre and pigments on canvas  
45.0 × 45.0 cm  
MHM2017.27, Medical History Museum  
(see pp. 114–15)

35 Shirley Purdie (b. 1947)  
**Kuwirinj / Cyprus / Callitris intratropica**, 2016  
natural ochre and pigments on canvas  
45.0 × 45.0 cm  
MHM2017.25, Medical History Museum  
(see pp. 116–17)

36 Shirley Purdie (b. 1947)  
**Lawoony / Lemonwood / Dolichandrone heterophylla**, 2016  
natural ochre and pigments on canvas  
45.0 × 45.0 cm  
MHM2017.21, Medical History Museum  
(see pp. 114–15)

37 Shirley Purdie (b. 1947)  
**Ngarrngarrji / Bush Lemongrass / Cymbopogon bombycinus**, 2016  
natural ochre and pigments on canvas  
45.0 × 45.0 cm  
MHM2017.24, Medical History Museum  
(see pp. 116–17)

38 Shirley Purdie (b. 1947)  
**Thalngarrji / Snappy Gum / Eucalyptus brevifolia**, 2016  
natural ochre and pigments on canvas  
45.0 × 45.0 cm  
MHM2017.20, Medical History Museum  
(see pp. 114–15)

39 Shirley Purdie (b. 1947)  
**Warlagarriny / Supplejack / Ventilago viminalis**, 2016  
natural ochre and pigments on canvas  
45.0 × 45.0 cm  
MHM2017.22, Medical History Museum  
(see pp. 114–15)

40 Shirley Purdie (b. 1947)  
**Warlarri / White River Gum / Eucalyptus papuana**, 2016  
natural ochre and pigments on canvas  
45.0 × 45.0 cm.  
MHM2017.19, Medical History Museum  
(see p. viii)

41 Shirley Purdie (b. 1947)  
**Wirrwirril / Corkwood / Sesbania formosa**, 2016  
natural ochre and pigments on canvas  
45.0 × 45.0 cm  
MHM2017.23, Medical History Museum  
(see pp. 116–17)

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42 Brian Robinson (b. 1973)  
**Baidam Thithuyil**, 2010  
linocut from one block, edition 9/40  
40.0 × 49.5 cm  
printer: Elizabeth Hunter, Carolyn Craig  
MHM2018.29, Medical History Museum  
© Copyright for both artwork and text remains with the artist. They may not be reproduced without permission.  
(see pp. 26, 151–2)

43 Rosie Ngwarraye Ross (b. 1951)  
**Bush flowers and bush medicine plants**, 2015  
acrylic on linen  
91.0 × 91.0 cm  
MHM2017.3, Medical History Museum  
© Copyright for the artwork remains with the artist. Copyright for the text remains with Artists of Ampilatwatja. Permission to reproduce the artwork and text is required in writing.  
(see pp. 62, 96–7)

44 Mervyn Rubuntja (b. 1958)  
**Bush medicine in Jay Creek, NT**, 2017  
watercolour  
54.0 × 74.0 cm  
MHM2018.11, Medical History Museum  
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(see pp. 92–3)

45 Judith-Rose Thomas  
**Cunnigong and the mutton-birds**, 2017  
acrylic on canvas  
75.0 × 75.0 cm  
MHM2018.21, Medical History Museum  
© Judith-Rose Thomas.  
(see pp. 78–9)

46 Maureen Timothy (b. 1948)  
**Bloodwood tree**, 2012  
screenprint, edition 6/60  
28.0 × 38.0 cm  
MHM2017.43, Medical History Museum  
© Copyright for both painting and text remains with the artist and Waralungku Arts. They may not be reproduced without permission.  
(see p. 127)

47 Flakie Stevens Tjampitjin (b. 1951)  
**Maparn**, 2003  
acrylic on board  
45.0 × 60.0 cm  
Private collection  
© Copyright for both painting and text remains with the artist. They may not be reproduced without permission.  
(see pp. 35, 48–9)

48 Fabian Polly Tjapanangka (b. 1974)  
**Travelling maparn**, 2002  
acrylic on board  
45.0 × 60.0 cm  
Private collection  
© Copyright for both painting and text remains with the artist. They may not be reproduced without permission.  
(see p. 112–13)

49 Helicopter Tjungurrayi (b. 1947)  
**Palyalarni**, 2002  
acrylic on board  
45.0 × 60.0 cm  
Private collection  
© Copyright for both painting and text remains with the artist. They may not be reproduced without permission.  
(see pp. 110–11)

50 Judy Watson (b. 1959)  
**Bat-Wing Coral, Red Bean Tree**, 2006  
etching, edition 24/40  
33.0 × 25.0 cm (image)  
48.5 × 39.5 cm (sheet)  
printer: Basil Hall and Jo Diggins for Basil Hall Editions  
MHM2017.36, Medical History Museum  
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(see pp. 148–9)

51 Judy Napangardi Watson (c. 1925–2016)  
**Kurrkara Jukurrpa (Dogwood tree Dreaming)**, 2010  
etching, edition 5/60  
49.5 × 38.5 cm (image)  
67.5 × 53.5 cm (sheet)  
MHM2017.46, Medical History Museum  
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(see pp. 100–1)

52 Judy Napangardi Watson (c. 1925–2016)  
**Ngalyipi Jukurrpa (Snake Vine Dreaming)**, 2010  
etching, edition 6/60  
49.0 × 38.5 cm (image)  
67.0 × 54.0 cm (sheet)  
MHM2017.47, Medical History Museum  
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(see pp. 102–3)

53 Philip Wilson (b. 1982)  
**Miwulngini—Red Lotus Lily**, 2016  
etching, edition 5/30  
32.0 × 24.5 cm  
MHM2017.49, Medical History Museum  
© Copyright for both painting and text remains with Merrepen Arts, Culture and Language Aboriginal Corporation. They may not be reproduced.  
(see pp. 136–7)

54 Mulkun Wirrpanda (b. 1946)  
**Bu dju u**, 2014  
woodblock, edition 3/25  
81.0 × 57.0 cm  
MHM2017.39, Medical History Museum  
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(see pp. 128–9)

55 Mulkun Wirrpanda (b. 1946)  
**Yukuwa**, 2014  
linocut, edition 22/30  
40.0 × 46.0 cm (image)  
58.0 × 76.0 cm (sheet)  
MHM2017.40, Medical History Museum  
© Copyright for the artwork remains with the artist. Copyright for the text remains with Buku-Larrnggay Mulka Centre.  
(see pp. 130–1 and front cover)

56 Michelle Woody (b. 1972)  
**Purnarrika (Water Lily)**, 2017  
natural ochre on paper  
56.0 × 76.0 cm  
MHM2018.12, Medical History Museum  
© Copyright for both painting and text remains with the artist. They may not be reproduced without permission. Jilamara Arts and Crafts.  
(see p. 140)



ARTEFACTS, MEDICAL PRODUCTS AND PUBLICATIONS

57 Anindilyakwa Services Aboriginal Corporation (Groote Eylandt, Northern Territory, est. 2014)  
**Anindilyakwa Services Aboriginal Corporation year book, 2016–2017**, 2017  
printed book: ink on paper  
29.7 × 21.0 cm  
Gift of Bush Medijina ASAC, 2018  
MHM2018.27, Medical History Museum  
The Anindilyakwa Services Aboriginal Corporation (ASAC) relieves poverty, improves wellbeing, and promotes community development among the Warnindilyakwa people of the Groote Eylandt archipelago of the Northern Territory.

58 Bush Medijina (Anindilyakwa Services Aboriginal Corporation, ASAC) (Northern Territory, est. 2016)  
**Bush Medijina ASAC: Lovingly handmade body products, Groote Eylandt, Australia**, 2017  
natural oils, beeswax, leaf extracts, water, paper, ink, plastic, aluminium, cardboard, wood  
various dimensions  
Gift of Bush Medijina ASAC, 2018  
MHM2018.16, Medical History Museum  
‘All products are lovingly handmade by Warnindilyakwa women using bush produce harvested on country, together with a blend of more modern materials.’  
Products include soaps, clay and ochre scrub, clay combo, body balms, lip balms, body butter and hair oil. (see p. 22)

59 Bush Medijina (Anindilyakwa Services Aboriginal Corporation, ASAC) (Northern Territory, est. 2016)  
**Bush Medijina ASAC, Lovingly handmade body products, Groote Eylandt Australia**, 2017  
printed pamphlet: ink on paper  
11.9 × 11.9 cm (folded)  
Gift of Bush Medijina ASAC, 2018  
MHM2018.15, Medical History Museum  
Pamphlet promoting Bush Medijina body products.

60 Conservation Commission of the Northern Territory/ Parks and Wildlife Commission of the Northern Territory (Darwin, publisher)  
Glenn M Wightman et al. (authors)  
**Gurindji ethnobotany: Aboriginal plant use from Daguragu, northern Australia**, 1994  
Northern Territory Botanical Bulletin no. 18  
Conservation Commission of the Northern Territory, Darwin  
Private collection

61 Conservation Commission of the Northern Territory/ Parks and Wildlife Commission of the Northern Territory (Darwin, publisher)  
NM Blake et al. (authors)  
**Iwaidja ethnobotany: Aboriginal plant knowledge from Gurig National Park, northern Australia**, 1998  
Northern Territory Botanical Bulletin no. 23  
Parks and Wildlife Commission of the Northern Territory  
Private collection

62 Conservation Commission of the Northern Territory/ Parks and Wildlife Commission of the Northern Territory (Darwin, publisher)  
Glenn M Wightman et al. (authors)  
**Mangarrayi ethnobotany: Aboriginal plant use from the Elsey area, northern Australia**, 1992  
Northern Territory Botanical Bulletin no. 15  
Conservation Commission of the Northern Territory  
Private collection

63 Conservation Commission of the Northern Territory/ Parks and Wildlife Commission of the Northern Territory (Darwin, publisher)  
Nicholas Smith et al. (authors)  
**Ngarinyman ethnobotany: Aboriginal plant use from the Victoria River area, northern Australia**, 1993  
Northern Territory Botanical Bulletin no. 16  
Conservation Commission of the Northern Territory  
Private collection

64 Conservation Commission of the Northern Territory/ Parks and Wildlife Commission of the Northern Territory (Darwin, publisher)  
Banygul Yunupingu et al. (authors)  
**Rirratji u ethnobotany: Aboriginal plant use from Yirrkala, Arnhem Land, Australia**, 1995  
Northern Territory Botanical Bulletin no. 21  
Parks and Wildlife Commission of the Northern Territory  
Private collection

65 Elsie Dickens (b. circa 1940)  
**Necklace**, 2017  
gumnuts, seeds of Bat’s Wing Coral (*Erythrina vespertilio*), paint, elastic  
41.0 × 4.3 × 1.5 cm  
Gift of the Yiriman Project, 2017  
MHM2018.5, Medical History Museum

66 Elsie Dickens (b. circa 1940)  
**Necklace**, 2017  
seeds of Bat’s Wing Coral (*Erythrina vespertilio*), paint, nylon  
37.7 × 3.3 × 0.8 cm  
Gift of the Yiriman Project, 2017  
MHM2018.6, Medical History Museum

67 Groote Eylandt Linguistics (Angurugu, Groote Eylandt, Northern Territory)  
**Eningerribirra-langwa jurra / Groote Eylandt Linguistics-langwa**, first published 1993, reprinted 2010  
printed book: ink on paper  
29.7 × 21.0 cm  
Gift of Bush Medijina ASAC, 2018  
MHM2018.28, Medical History Museum

68 Annie Nayina Milgin, John Dadakar Watson and Liz Thompson  
**Bush tucker and medicine of the Nyikina**, first published 2009, reprinted 2015  
published by Pearson Australia (Melbourne)  
printed book: ink on paper  
28.0 × 20.9 cm  
Gift of the Yiriman Project, 2018  
MHM2018.8, Medical History Museum  
Book from the ‘Living with the Land’ series, which explores the culture associated with Indigenous foods and medicines and the strong observation of seasonal cycles. Ceremonies, methods of hunting and gathering, food taboos and the passing on of all the knowledge involved are covered.  
(see p. 5)

69 Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council (Central Australia, est. 1980)  
**Traditional healers of Central Australia: Ngangka i**, 2013  
published by Magabala Books Aboriginal Corporation (Broome, Western Australia, est. 1990)  
printed book: ink on paper  
27.5 × 14.5 cm  
Private collection  
*Ngangka i* are senior Aboriginal people authorised to speak publicly about the culture and practices of the Anangu people of the Western Desert.

70 Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council (Central Australia, est. 1980)  
**Tjulpu and Walpa: Two children, two roads**, 2016  
Emma Trenorden, Angela Lynch et al. (authors)  
printed book: ink on paper  
24.2 × 25.2 cm  
MHM2018.14, Medical History Museum  
This is a book for community workers, families, and communities working together to grow strong and happy children.

71 Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council (Central Australia, est. 1980)  
**Iti nguru pulkaringkunytyja: Child development**, 2014  
artwork by Joshua Santospirito  
designed by Elliat Rich  
printed poster: ink on paper  
41.9 × 59.3 cm  
Gift of Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council Aboriginal Corporation, 2016  
MHM2016.56.1, Medical History Museum  
Poster mapping the stages of child development, in Pitjantjatjara with English translations. In making these posters, senior Indigenous women and traditional healers drew upon their rich cultural knowledge and shared their cultural practices for growing up strong, healthy children.  
(see p. 41)

72 Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council (Central Australia, est. 1980)  
**Pilyirnguru purlkarringkunytyja: Child development**, 2014  
artwork by Joshua Santospirito  
designed by Elliat Rich  
printed poster: ink on paper  
41.9 × 59.3 cm  
Gift of Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council Aboriginal Corporation, 2016  
MHM2016.56.3, Medical History Museum  
Poster mapping the stages of child development, in Ngaanyatjarra with English translations.

73 Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council (Central Australia, est. 1980)  
**Uti kulintjaku: Words for feelings**, 2014  
artwork by Joshua Santospirito  
designed by Elliat Rich  
printed poster: ink on paper  
41.8 × 59.2 cm  
Gift of Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council Aboriginal Corporation, 2016  
MHM2016.56.4, Medical History Museum  
The *Words for feelings* poster helps people find the right words to express emotional states. It was created with the belief that if people can find the words to express their feelings, then they are better equipped to ask for the help they need. The poster presents Pitjantjatjara phrases with English translations.

74 Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council (Central Australia, est. 1980)  
**Yuti kulintjaku: Words for feelings**, 2014  
artwork by Joshua Santospirito  
designed by Elliat Rich  
printed poster: ink on paper  
41.8 × 59.2 cm  
Gift of Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council Aboriginal Corporation, 2016  
MHM2016.56.9, Medical History Museum  
This version of the *Words for feelings* poster presents Ngaanyatjarra phrases with English translations.

75 Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council (Central Australia, est. 1980)  
**Uti kulintjaku: Colouring towards clear thinking**, 2016  
designed by Elliat Rich  
printed book: ink on paper  
22.4 × 22.4 cm  
Gift of Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council Aboriginal Corporation, 2016  
MHM2016.57, Medical History Museum  
Drawing on the ancient healing culture of Indigenous people in Central Australia, this book aims to help the user improve their thoughts and move towards clearer thinking through the colouring process. This colouring book features original artwork from senior women of the Uti Kulintjaku project.





- 76 Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (Central Australia, est. 1980)  
**Uti kulintjaku: Words for feelings in Pitjantjatjara and English**, 2016  
set of magnets: metal, plastic, rubber, ink, paper  
7.8 × 6.0 × 4.1 cm  
Gift of Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation, 2016  
MHM2016.59, Medical History Museum  
Set of 48 magnets on which are printed words to describe one's emotional and mental state. Uti Kulintjaku is a mental health literacy project of the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council. It aims to help people find the right words to express different feelings.  
(see p. 43)
- 77 Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (Central Australia, est. 1980)  
**Irmangka-irmangka (Native Fuchsia paste)**, 2016  
Native Fuchsia leaves, olive oil, beeswax, plastic, paper, ink  
5.4 × 6.7 cm (diameter)  
Gift of Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation, 2016  
MHM2016.58, Medical History Museum  
Traditional Aboriginal healers would pound Native Fuchsia leaves into a paste that was used for poultices, applied to the chest to relieve coughs and colds, or rubbed into sore muscles.
- 78 Ngurra Arts (Kimberley, Western Australia, est. 2014)  
**Manawarnti: All the trees**, 2014  
printed booklet: ink on paper  
21.0 × 14.7 cm  
Gift of the Yiriman Project, 2018  
MHM2018.9, Medical History Museum  
Ngurra Arts is located at Ngumpan Community, between Broome and Kununurra in the Kimberley region of Western Australia. Ngurra means 'camp' or 'home' in Walmajarri and Wangkajunga languages. Most of the artists who paint at Ngurra Arts come from Walmajarri and Wangkajunga country.
- 79 Jean Tighe (b. circa 1940)  
**Necklace**, 2017  
gumnuts, seeds of Bat's Wing Coral (*Erythrinia vespertilio*), paint, elastic  
33.5 × 3.0 × 1.3 cm  
Gift of the Yiriman Project, 2017  
MHM2018.3, Medical History Museum
- 80 Jean Tighe (b. circa 1940)  
**Necklace**, 2017  
gumnuts, seeds of Bat's Wing Coral (*Erythrinia vespertilio*), paint, elastic  
31.6 × 3.7 × 3.3 cm  
Gift of the Yiriman Project, 2017  
MHM2018.4, Medical History Museum
- 81 Wendy Waye (b. 1959)  
**Basket**, 2017  
grass, wool  
23.0 × 21.4 × 8.5 cm  
Gift of the Yiriman Project, 2017  
MHM2018.7, Medical History Museum
- 82 Wendy Waye (b. 1959)  
**Necklace**, 2017  
Hakea seeds, gumnuts, paint, string  
53.0 × 8.7 × 3.0 cm  
Gift of the Yiriman Project, 2017  
MHM2018.1, Medical History Museum
- 83 Wendy Waye (b. 1959)  
**Necklace**, 2017  
seeds of Bat's Wing Coral (*Erythrinia vespertilio*), elastic  
42.6 × 3.0 cm  
Gift of the Yiriman Project, 2017  
MHM2018.2, Medical History Museum
- 84 Western Desert Dialysis (Alice Springs, Northern Territory, est. 2000)  
**Arrethe bush balm**, 2017  
Rock Fuchsia bush (*Eremophila freelingii*), aluminium, paper, ink  
2.6 × 6.8 cm (diameter)  
Gift of Western Desert Dialysis, 2018  
MHM2018.17, Medical History Museum  
Balm for treating eczema, psoriasis, dermatitis, fungal infection and dry skin.  
Western Desert Dialysis provides dialysis treatment in eight remote communities and in Alice Springs. It helps people with kidney disease remain with their homes and families, rather than being forced to move to the city to receive treatment.
- 85 Yiriman Project (Fitzroy Crossing, Western Australia, est. 2000)  
**The Yiriman Project: Building stories in our young people, Walmajarri bush beads**, 2016  
printed pamphlet: ink on paper  
20.8 × 9.9 cm (folded)  
Gift of the Yiriman Project, 2018  
MHM2018.10, Medical History Museum  
This pamphlet introduces the Yiriman Project, an inter-generational 'on-Country' cultural program that provides opportunities for Indigenous youth in the Kimberley region.
- 86 Yirrkala Community School Literature Production Centre (Yirrkala, Northern Territory)  
**Bush medicine from North East Arnhemland**, first published 1990; reprinted 1992  
printed book: ink on paper  
30.0 × 21.0 cm  
Private collection

Charlene Lalara and Clarissa Lalara wild-harvesting produce for Bush Medijina, Groote Eylandt, 2017. Photograph by Karl Schwerdtfeger. © Copyright Bush Medijina (Anindilyakwa Services Aboriginal Corporation, ASAC).



# CONTRIBUTORS

**Professor Kerry Arabena, PhD**, is a social worker with a doctorate in environmental science, and is chair of Indigenous health at the University of Melbourne. Her grandmother is a Murray Islander from the Torres Strait, her mother a non-Indigenous woman. She is a mother and grandmother, and executive director of First 1000 Days Australia.

**Miriam Baadjo** in her early career explored her Dreaming through the medium of glass. She later developed a painting career after being granted permission by the Elders to depict the Dreaming of her grandfather, Wimmitji Tjapangarti. Her paintings are infused with the powerful spirituality taught to her by Wimmitji, and are imbued with the strength of her artistic merits and commitment to cultural learning.

**Tossie Baadjo** took up painting in 1989, favouring subjects such as Wilkinkarra (Lake MacKay), *Kantilli* (Bush Raisin) and Karntawarra, a small rockhole sacred to her family group. She continues to hone her technical and creative energy to produce colourful paintings full of the details of her stories. Tossie is also chairperson of Palyalatju Maparnpa Health Committee, which runs bush medicine programs in the Kutunkja region of the Kimberley.

**Dr Ngaree Blow, BSc, MD, MPH**, is a proud descendant of Noonuccal of Minjerribah and Pangerang people of the Yorta Yorta Nation. She is a medical doctor in the area of public health, with a specific focus on First Nations health. She is currently working in paediatrics and lecturing in First Nations health.

**Kathrine ‘Kat’ Clarke** is a proud woman from the Wimmera, who gradually developed her craft by combining her skills and knowledge in community engagement, mentoring, music, the arts, screen, Victorian Aboriginal culture and education. Currently she is involved in many community, youth, film and arts projects, and is collating her first poetry book, which she aims to publish in the coming year.

**Professor Mark Cook, MBBS, MD, FRACP, FRCP**, is director of the Graeme Clark Institute, Sir John Eccles chair of medicine in the Department of Medicine, University of Melbourne, and director of neurology at St Vincent’s Hospital. He also chairs the Medical History Museum Advisory Committee.

**Selma Nunay Coulthard** is an accomplished acrylic artist who has recently started painting in watercolour. She was born in Alice Springs and grew up at Tempe Downs, until the government removed her to Hermannsburg (Ntaria), where she went to school. There her love for art started when she saw the Namatjira brothers painting.

**Sharon Dennis** recently completed studies in natural wilderness and environmental studies. She also holds a Bachelor of Nursing degree and a Diploma in Management. A member of the Aboriginal Land Council of Tasmania, she is a past board member of the National Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, chairperson of the Aboriginal Staff Alliance for the Australian Rural Health Education Network, and an associate academic with the University of Tasmania’s Centre for Rural Health.

**Elsie Dickens** was born in about 1940 at Kurlku, on the northern edge of the Great Sandy Desert. She grew up at Cherrabun Station and worked there as a young woman. She has lived at Christmas Creek Station and Gogo Station, and now resides in Kurnangki (Fitzroy Crossing).

**Tiara Doolan** has been painting since 2015, learning from her Nannas. She is among a number of emerging artists to join Iltja Ntjarra | Many Hands Art Centre, now incorporated independently from the Ngurratjuta Aboriginal Corporation.

**Professor Shaun Ewen, BAppSc(Physio), MMIL, DEd**, is pro vice-chancellor (Indigenous) at the University of Melbourne, and foundation director of the Melbourne Poche Centre for Indigenous Health in the Faculty of Medicine, Dentistry and Health Sciences. He provides academic and Indigenous leadership for the Leaders in Indigenous Medical Education (LIME) Network.

**Margaret Gilbert** is an artist who lives in Nauiyu Community, Daly River, Northern Territory. She was born in 1956. Her language group is Ngan’gikurunggurr and her traditional homeland is Namarluk.

**Jane Gimme** is the daughter of renowned Indigenous artist Eubena Nampitjin (deceased). Although Jane grew up in the old Balgo mission, her mother made sure that she continued to practise the traditions of her culture. Like her mother, Jane paints with bright colours, and her works display precision and delicate structure. She has been on the Warlayirti Artist Board for many years, including as chair and vice-chair.

**Dr Beth Gott** is an adjunct research fellow in biological sciences at Monash University. After she graduated in botany from the University of Melbourne, her initial research topic at London University was the life cycle of Rye cereals; later at Melbourne she studied Australian wheat varieties. Since the 1980s she has assembled extensive databases of plants used by Aboriginal peoples of south-eastern Australia, and landscapes created by Aboriginal management.

**Peggy Madijarroong Griffiths’** art reflects her strong commitment to her Miriwoong culture. Her elegant imagery resonates with references to cultural performance, and to her mother and grandfather’s Country. ‘I grew up on Newry Station and learnt my culture from the old people. I saw my old people being taken away from the camp with chains around their necks and I was hidden once when Welfare came so that they would not take me away. I learned to dance all the traditional dances and I have taught all my children and grandchildren these dances.’ Peggy began working with Waringarri Aboriginal Arts in 1985, and is the first Indigenous artist to win the prestigious Fremantle Print Award.

**Treahna Hamm** is an internationally renowned artist whose works are composed of multi-layers of stories garnered from her Yorta Yorta experiences of living by the Murray River. Her output includes printmaking, painting, photography, public art, sculpture, possum skin cloaks, murals and fibre weaving. She has exhibited in New York, South Korea, Hawaii, New Zealand, Paris, Belgium, Germany and the USA, and is represented in national and international collections.

**Dr Jacqueline Healy, BA(Hons), MBA, PhD**, is senior curator of the Medical History Museum and of the Henry Forman Atkinson Dental Museum, University of Melbourne. She was inaugural director of Bundoora Homestead (the public art gallery of the City of Darebin), director of the Museum and Art Gallery of the Northern Territory, and director of public programs at the National Gallery of Victoria.

**Noreen Hudson** is a Western Aranda woman from Hermannsburg. Her grandmother was Albert Namatjira’s sister, her father was artist Gerhard Inkamala, her brother was Lindberg Inkamala, and her family used to paint with Albert Namatjira. Today Noreen is a senior potter who has enjoyed a prosperous career with the Hermannsburg Potters; she also works in watercolour and paints landscapes. Her work is in many prominent collections, including the National Gallery of Victoria.

**Judith Pungkarta Inkamala** joined the Hermannsburg Potters in 1993 and immediately displayed a great aptitude for working with clay and underglaze decoration. Her pots reflect a predisposition for balanced, symmetrical objects, and their craftsmanship reveals an accomplished hand. Judith is a senior member of the Hermannsburg Potters, has worked in Indonesia and China, and is an inspiring and respected cultural leader in her community.



**Professor Shitij Kapur, MBBS, PhD, FRCPC, FMedSci**, is dean, Faculty of Medicine, Dentistry and Health Sciences, and assistant vice-chancellor (health), University of Melbourne. He is a clinician-scientist with expertise in psychiatry, neuroscience and brain imaging, especially schizophrenia and its treatment. He advises various public charities and pharmaceutical companies, has received national and international awards and fellowships, and serves on the boards of the Royal Melbourne Hospital, Walter and Eliza Hall Institute, and St Vincent’s Research Institute.

**Ilawanti Ungkutjuru Ken** is a senior Pitjantjatjara woman residing in Amata. She is a respected painter with Tjala Arts, an innovative Tjanpi fibre artist, a strong cultural leader, and a *ngangka i* (traditional healer). Her fibre work features flamboyant designs, colours and textures, with nest and bird shapes that reflect upon community life and values of looking after family and keeping them safe from harm. Ilawanti has exhibited widely and is represented in major national collections.

**Gracie Kumbi** was born in Darwin and resides at Daly River–Naiuiy Nambiyu Community. At the local primary school the teachers taught her drawing. Later she attended St John’s College in Darwin, then returned to her community and started painting at the Women’s Centre. Kumbi’s three sisters are also well-known artists. She is a mentor to nieces and nephews, and is also the Indigenous arts coordinator at Merrepen Arts.

**Gayangwa Lalara** is a respected Elder, traditional healer and artist from the Angurugu community on Groote Eylandt. She is a founding director and deputy chair of Anindilyakwa Services Aboriginal Corporation and its traditional healing remedies enterprise, Bush Medijina. She also chairs the Machado-Joseph Disease (MJD) Foundation.

**Leonie Lalara** is the Bush Medijina team leader. She is a well-respected upcoming community leader, passionate about helping people, and enthusiastically sharing her traditional bush medicine knowledge—which came from her grandmothers and aunts—with younger members of the Bush Medijina Team and the wider community.

**Professor Marcia Langton, AM, BA(Hons), PhD**, is an anthropologist and geographer, and the Foundation Chair of Australian Indigenous Studies at the University of Melbourne. She is also Associate Provost of the university, and a Redmond Barry Distinguished Professor. She has produced a large body of knowledge in the areas of political and legal anthropology, Indigenous agreements, involvement with the minerals industry, and Indigenous culture and art.

**Beverly Pula Luck** lives in Ampilatwatja in the Northern Territory. She has recently taken up painting, and works primarily on landscape-themed art, using ochre pigments.

**Angela Lynch, BSocWork, GradDipSocSci**, is manager of the Ngangkari Program at the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council, a service-delivery, advocacy and support organisation created by Anangu women from the 28 remote communities in the tri-state border region of the Northern Territory, South Australia and Western Australia.

**Kittey Ngyalgarri Malarvie** was born near Halls Creek and grew up at the Ord River Station. In the early 1970s she travelled with her family to Kununurra, where she learnt from her mother and father to carve boabs and make artefacts, which the family would sell to tourists. Recently focusing on painting, Kittey reveals layers of meaning and story in rich ochre paintings that connect to her traditional desert country south-west of Kununurra. Layers of circle motifs and linear designs interpret the transition of the seasons and a land that is flooded and dry by turns, leaving behind the patterned ground of *luga*, or cracked mud.

**Louise Malarvie** is a young emerging artist developing a repertoire of images to reflect the cultural learning taught to her by the Elders of her family. Committed to her cultural tradition and its expression, Louise explores an individual interpretation of colour and composition. As a small child she would watch her mother painting, and selling her work at the bakery in Kununurra, before the founding of Waringarri Aboriginal Arts Centre. Louise, her grandfather, mother and father are all now with Waringarri.

**Odette Mazel, BA, LLB(Hons), GDLP, LLM**, is research fellow and senior program manager for the Leaders in Indigenous Medical Education (LIME) Network. She is currently undertaking her PhD at Melbourne Law School.

**Dr Brian F McCoy, SJ**, has held researcher positions in Aboriginal and Torres Strait Islander Health at the University of Melbourne, La Trobe University, James Cook University, Baker Heart and Diabetes Institute, and the Telethon Institute for Child Health Research.

**Gloria Wungardoo Mengil** is a younger emerging artist at Waringarri Aboriginal Arts. Born in Kununnura, Gloria went to school there and in Broome, then studied general education at Batchelor College in the Northern Territory. She began her artistic career with boab and slate carving, then started painting in 2000. Many of her circular forms, moving lines and bush tucker motifs represent her grandmother’s and mother’s Country. Her work includes painting, wood carving and textile printing.

**Judy Mengil** produced works rich in painterly colour. They allude to explanations for natural phenomena, the presence of Dreamings, and the creation of geological landforms. Many are dominated by bold colour, strong forms and the vastness of her Kimberley landscape. These themes are balanced with intricate details suggesting moving water, the delicacy of lush and shady waterholes, and freshwater springs surrounded by waterlily. Sadly, Judy Mengil passed away in 2017.

**Annie Nayina Milgin** is a Nyikina Elder from the Jarlmadangah Burru community on the Fitzroy River in the Kimberley. She is a cultural advisor for the Yiriman Project, renowned for her knowledge of bush plants and medicine. Recently retiring after more than 30 years’ work with the Derby Aboriginal Health Service, she will be developing bush medicine products and services based on cultural knowledge and healing.

**Sidney Moody** is an emerging Warlayirti artist who lives in Wirrimanu (Balgo) with his wife, artist Madeline Nowee, three daughters and many grandchildren. A respected community member, he is a great storyteller, not only of his *Tjukurpa* but also of his days as a stockman in the Kimberley. He makes beautifully bright paintings and woodblock prints, inspired by his own Country (Nyila) and that of his wife’s father (Truriljarra in the Gibson Desert). He began exhibiting in 2013.

**Gracie Mosquito** was born at Sturt Creek Station and grew up at her father’s Puruku (Mulan) community until she was about six years old, when she was taken away to the old Balgo mission, where she was raised with her elder sister. Eventually she worked as a health worker in Balgo, married, and had five sons. Balgo and Mulan Elders taught her about traditional bush medicine, and she is now the bush medicine coordinator of Palyalatju Maparnpa Health Committee, which runs bush medicine programs in the Kutunkja region of the Kimberley.

**Irene Mungatopi** is a Tiwi woman from Pirlangimpi on Melville Island. Her mother’s country is Rangini and her father’s country is Jurrupi. Irene is a painter, printmaker, textile artist and arts worker at Munupi Arts & Crafts on Melville Island. She incorporates traditional Tiwi ceremonial designs into her art, emphasising their importance and strong cultural associations with the subject of her work. Irene has exhibited nationally and internationally since 1998.

**Marrnyula Mununggurr** is daughter of Djutjadjutja Mununggurr, a senior Djapu leader and major artist, and Nogirra Marawili, senior advisor to children at Yirrkala school and an artist. Marrnyula’s first occupation was as homelands teacher; she now lives at Yirrkala, where she manages the Buku Larrnggay Mulka print workshop. One of many accomplished women painting on bark in Arnhen Land, Marrnyula is also a printmaker. Both traditional values and practices, and images of contemporary Arnhem Land life, find a place in her art.

**Helen Nagomara** was born and attended school at the old Balgo mission, living in the girls’ dormitory alongside her sister Joan Nagomara, as well as Imelda Yukenbarri, Gracie Mosquito, Tossie Baadjo and Jane Gimme. Helen was educated by nuns and would spend summers camping at Puruku (Lake Gregory) and the rockhole near Kunuwarra. She has been painting at Warlayirti Artists since 2000 and depicts bush tucker from around her mother’s Country, which is far away—past Kintore and Kiwirrkurra. She would love to visit that Country one day.

**Gavin Namarnyilk** has been painting at Injalak Arts since 2006. His style is reminiscent of his grandfather, the late Bardayal ‘Lofty’ Nadjamerrek, a prominent artist of western Arnhem Land, who painted and passed down his knowledge of land, culture and painting to his children and grandchildren. Like his grandfather, Gavin uses the single-line *rarrk* that has adorned the rocky caverns and galleries of the region for centuries.

**Marilyne Elizabeth Nicholls** has lived most of her life around the Murray (Milloo) River system and its waterways. She was encouraged to learn how to weave by her mother, and was taught how to find and harvest the native grasses that she now uses. Her weaving method combines the characteristics of the grasses with her knowledge and skilful technique to produce art in the form of mats and baskets.

**Mandy Nicholson**, born in Healesville, is a Wurundjeri-willam (Wurundjeri-baluk patriline) artist and traditional custodian of Melbourne and surrounds. For 25 years she has worked in various media, and today she specialises in acrylic paintings and digital works. She combines traditional motifs of south-eastern Australia with her own contemporary interpretation. Mandy has a Bachelor of Arts (Honours) in Aboriginal archaeology, worked for the Victorian Aboriginal Corporation for Languages for six years, and is now a PhD candidate, as well as mentoring young Indigenous girls.

**Phyllis Binjalk Ningarmara** interprets Country through a kaleidoscope of colour, revealing her talent as an exceptional colourist working within the boundaries of traditional natural materials. Her palette of bright ochres mixed carefully from pigments altered by burning and juxtaposition captures a Country sometimes flooding with wet-season rains, sometimes an expanse of stony riverbeds. Phyllis began painting after raising a family, and reinterprets the cultural lessons learnt from her father. She is a highly respected senior Miriwoong woman and cultural leader.

**Matilda Malujewel Nona** writes: ‘I have just started putting my art expertise to work. I’ve always had an artistic mind but no time, being a single parent with four kids. I’m looking forward to experiment with different mediums, excited to be in the art industry and also working with other local artists from Badu Island.’

**Ann Frances Nowee** was born at Tjalyuwang, one of the remote mission sites established before the Catholic mission at Wirrimanu (Balgo). She is the eldest daughter of senior law man and artist Brandy Tjungurrayi. Her family moved between Balgo and Christmas Creek and then in 1996 moved to Kiwirrkurra, where they stayed until the community was flooded and evacuated in 2001. She now lives in Balgo with her husband and two sons. She started painting in the mid-1990s and interprets *Tjukurpa* (Dreaming) stories passed on by her parents.

**Mary Katatjuku Pan** is from the remote South Australian community of Amata, and currently lives with her family at their homeland of Rocket Bore. She is a skilled weaver, using *Minarri* grass, wool and raffia to make baskets and sculptures. She is also an accomplished painter. Her favourite topics are waterholes, spiders and water snakes, and hunting after fires. Mary is a well-respected and influential senior cultural figure in her community.



Bush Medijina (Anindilyakwa Services Aboriginal Corporation, ASAC), Bush Medijina ASAC: Lovingly handmade body products, Groote Eylandt, Australia, 2017. Photograph by Amy Nicholas. © Copyright ASAC.



**Louise Pandella** was born at Unbal on the banks of the Daly River. She went to school at the mission and worked for a long time at the convent after finishing school. She trained to become a teacher for her own people and earned a Bachelor of Arts in teaching from the University of Melbourne. Louise is married and the mother of seven children. She is also the daughter of Mary Kanngi and sister of Miriam Rose Ungunmerr.

**Shirley Purdie** was inspired to paint her country in the early 1990s by senior Warmun artists including her late mother (the great Madigan Thomas), Rover Thomas, Queenie McKenzie, and her uncle Jack Britten. She has since become an artist of increasing significance and seniority, a prominent community leader in Warmun, and an incisive cross-cultural communicator. Her paintings, characterised by a bold use of richly textured ochre, explore her mother and father’s Country, as well as spirituality and the relationship between Catholicism and Gija conceptions of *Ngarranggarni* (Dreaming).

**Brian Robinson** is a Cairns-based artist and curator. His practice includes painting, printmaking, sculpture and design. His graphic style combines his Torres Strait Islander heritage with experimentation in both theoretical approach and medium, and crosses boundaries between reality and fantasy. Robinson’s art reflects the tropical marine environment and inhabitants of Waiben (Thursday Island). His sculptures stem from 1950s–60s constructivism, combined with surface treatments such as coconut-leaf matting, split bamboo, cowrie shells, feathers, lace, photographs and linocuts.

**Rosie Ngwarraye Ross** was born near Amaroo Station, in Alyawarr country. Her late mother was one of the original artists in the Utopian batik movement. Ross’s paintings reveal her deep connection to her Country: bushes and wild medicine flowers are brightly painted onto the earth, often in a bold palette. Artists from Ampilatwatja often omit the sky from their compositions, allowing the viewer’s eye to scan the landscape without a focal point, presenting two simultaneous viewpoints—aerial and frontal—in the one composition.

**Mervyn Rubuntja** is a board member of Akuyulerre Inc. and a celebrated artist. He was born at the Telegraph Station in Alice Springs; his mother was a Western Arrarnta woman and his father a senior law man and the first Aboriginal person in the Northern Territory to be given a state funeral. Following in his father’s footsteps as a cultural and political leader, Mervyn Rubuntja has fought for Aboriginal rights and protection of the land, led the establishment of important Aboriginal organisations, and assisted in the Mabo agreement.

**Judith-Rose Thomas**, born and resident in Launceston, was the first Tasmanian Aboriginal artist for many government projects in Hobart and Launceston. Her work is in major public and private collections in Australia, India, the UK, Europe, Japan and the USA, including the National Museum of Australia. She holds a BA in fine arts, Honours in contemporary arts, and master’s degree in fine art and design, all from the University of Tasmania, where she now teaches.

**Jean Tighe** was born in about 1940 in Lurrpungku and grew up at Kurungal (Christmas Creek Station), where she used to work as a stock-camp cook and in the station house. When she had her family, she went to live in Ngumpan, a small community 90 kilometres east of Fitzroy Crossing.

**Maureen Timothy** was born at Redbank Mine near the Northern Territory–Queensland border. She grew up in and around Wollogorong Station and Redbank Mine and started working at Waralungku Arts Centre in 2009 when a jewellery workshop was held there. Maureen stayed with the art centre and began making baskets, bush jewellery and watercolours. She is also part of the Ngadiji Dance Group.

**Helicopter Tjungurrayi** is one of Warlayirti Artists’ leading artists. As a young boy he became very sick and was brought into the the old Balgo mission in a helicopter that had been doing mining exploration work. This was the first helicopter many of the people had seen and it is how he got his name. Helicopter is a *maparn* (traditional healer) and an active law man. Since 1994 he has been painting in his own distinctive linear style that emanates from the central feature of a soakwater, and has travelled interstate and overseas for exhibitions of his painting.

**Judy Watson** was born in 1959 in Mundubbera, Queensland. A graduate of Southern Queensland, Tasmania and Monash universities, she currently lives and works in Brisbane. Watson’s matrilineal family is from Waanyi country in north-west Queensland, and her oeuvre—which includes painting, printmaking, drawing, sculpture and video—is inspired by Aboriginal history and culture. It is often concerned with collective memory, and uses archival documents to unveil institutionalised discrimination against Aboriginal people. Watson co-represented Australia at the Venice Biennale in 1997, and her work is held in major collections in Australia and overseas.

**Judy Napangardi Watson** was born at Yarungkanji (Mt Doreen Station), at the time when many Warlpiri and other Central and Western Desert peoples were living a traditional life. With her family Judy made many trips on foot to her Country and lived for long periods at her ancestral Country on the border of the Tanami and Gibson Deserts—places rich in bush tucker. She was taught painting by her elder sister, Maggie Napangardi Watson. Judy made dynamic use of colour, in an energetic ‘dragged dotting’ style. She was at the forefront of a move towards more abstract rendering of *Jukurpa* (Dreamtime) by Warlpiri artists, although her work retains strong *kurruwarri*: details telling of the sacredness of place and song in her culture.

**Wendy Waye** was born in Wangkajunka and grew up at Gogo Station. She worked as a stock-camp cook and in the station house, and remembers walking into Fitzroy Crossing from the station (about 11 kilometres). Wendy is involved in the Yiriman Project, which she says is about learning, teaching, being strong in body and mind, and building relationships.

**Dr Janelle White, MA, PhD**, holds a doctorate in applied anthropology from the University of South Australia and a master’s degree in applied anthropology and development studies from Macquarie University. She is the women’s coordinator of the Yiriman Project, the mantra of which is ‘Building stories in our young people’. The project facilitates inter-generational knowledge exchange by taking Elders and youth out on Country, camping and spending time teaching and learning life skills based on traditional values and culture.

**Philip Wilson** was born in Adelaide. He is the oldest of four brothers, three of whom are artists, and the son of renowned artist Benigna Ngulfundi. He started to paint from a very early age, inspired by his mother and his aunts. After attending three different high schools and studying art and business administration at Batchelor College he settled in Daly River; he works as a trainee Aboriginal health worker. His artworks vary from colourful bush tucker depictions to clean and beautiful black-and-white designs.

**Mulku Wirrpanda** is the daughter of the great Yolgnu leader Dhakiyarr Wirrpanda. As the eldest and most knowledgeable among the Dhudi-Djapu clan from Dhuruputjpi, she is one of the few acknowledged Yolngu women leaders. She paints *Dhudi-djapu miny’tji* (sacred clan designs) that depict her land at Dhuruputjpi and was an early practitioner of works without figurative imagery. She uses natural ochres and paints on bark, *larrakitj* (memorial poles) and *yidaki* (didjeridus) and is also a talented carver, weaver and printmaker. Her work has been exhibited throughout Australia and in Asia.

**Michelle Woody** moved from Pirlangimpi to Milikapiti in the 1980s. She has worked in counselling support for Indigenous health, Relationships Australia, and Red Cross, and in 2012 started painting at Jilamara. She is also a gallery assistant at Jilamara Arts and Crafts Association and a director on the board of the Association of Northern, Kimberley and Arnhem Aboriginal Artists. Michelle paints on canvas and paper and has recently made her first limited-edition prints. Her works are based on the stories of Japarra the moon man, Tapalinga the stars, bush food and hunting.

**Imelda Yukenbarri** walked into the old Balgo mission with her mother, accomplished painter Lucy Yukenbarri, as a small child and lived in the dormitories there for a number of years. She then lived briefly in Beagle Bay, where she met her husband and started a family, before returning to Balgo. Her mother explained the importance of passing on the stories they were painting to the children of the family. Like her sisters Carmel, Christine and Kathy, Imelda continues the legacy of Lucy Yukenbarri.

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medicalhistorymuseum.mdhs.unimelb.edu.au

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The exhibition *The art of healing: Australian Indigenous bush medicine*, curated by Dr Jacqueline Healy, was held at the Medical History Museum, University of Melbourne, from 23 April 2018 to 2 March 2019.

Highlights of the exhibition toured to Bush House, King's College London, from 15 May to 7 July 2019, and to the Berlin Museum of Medical History (Berliner Medizinhistorisches Museum der Charité) of the Charité – Universitätsmedizin Berlin from 24 October 2019 to 2 February 2020.

Highlights London and Berlin: cat. 9, 10, 11, 19, 22, 23, 24, 30, 33, 38, 42, 43, 44, 49, 52 and 54; London only: cat. 12, 14, 15, 28.

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The Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne, has three museums: the Medical History Museum, the Harry Brookes Allen Museum of Anatomy and Pathology, and the Henry Forman Atkinson Dental Museum.

*The art of healing: Australian Indigenous bush medicine* features contemporary works by Aboriginal and Torres Strait Islander painters, printmakers, ceramicists, weavers and other artists from across Australia, as well as examples of bush medicines, publications and artefacts, from the collections of the Medical History Museum.

museums.mdhs.unimelb.edu.au

Front cover:  
Cat. 55  
Mulkuṇ Wirrpanda  
**Yukuwa**, 2014  
linocut  
40.0 × 46.0 cm (image)  
MHM2017.40, Medical History Museum

Back cover:  
Cat. 12  
Treahna Hamm  
**A Yorta Yorta person's bush medicine first aid kit**, 2017  
Paperbark, Kurrajong pods and other materials  
4.0 × 12.0 × 27.0 cm  
MHM2017.1, Medical History Museum

Endpapers:  
Cat. 17  
Beverly Pula Luck  
**Bush medicine plants** (detail), 2017  
acrylic on canvas  
30.0 × 107.0 cm  
MHM2017.57, Medical History Museum



