

## **A Tale of Two Bone-setters: An Examination of the Bone-setting Tradition in Ireland**

*Rosari Kingston*

Bone-setting has been recognized as an area of medical expertise from early times. It has always been an integral part of life in Ireland, and is still practiced today. For the present study, two well-known bone-setters were interviewed, and the interviews analysed for underlying themes, including those of the practitioners' perception of their role in society, the role of 'the gift' of bone-setting within their respective practices, and the transmission of that gift. The skills and scope of practice inherent in the profession were also examined. Issues surrounding both the community's and the medical profession's perceptions of the bone-setter were also addressed. It is evident that some loss of knowledge has occurred with the passing of time, but it is here argued that the unique skills of the bone-setter could potentially make a significant contribution to the primary health care service.

### **Introduction**

The local bone-setter played a vital role in Ireland down to the latter half of the twentieth century. He, or she, treated patients using physical manipulation and, occasionally, poultices and massage. Today, this role is fast giving way to the osteopath, the chiropractor and the physical therapist. I interviewed two bone-setters in 2012, and subsequently drew on these two ethnographic interviews to establish and compare how these two men began practicing, how they received their training, and how they perceive their gift today. One learned his craft through a long apprenticeship, while the other received it as 'a gift' after the death of his uncle. However these two bone-setters share similarities in their understanding of their craft and the manner in which they practice.

I personally knew of three bone-setters in Co. Cork in the years 1970-90. They were referred to as 'DD. Baltimore', 'Deasy, Kealkil', and 'Lane, Newmarket'. An uncle of mine used to travel to Jimmy Heffernan in Co. Tipperary, whom he discovered after an unsuccessful stay for a back problem in a Cork hospital. For the remainder of his working life, he would visit Heffernan if his back-

trouble flared for any reason. Deasy, Kealkil was also known as ‘Dr. Deasy’, it being understood by his clients that he may have undergone some form of training abroad in the skills of bone manipulation. Currently, the Golden Pages business directory lists four bone-setters. These are Martin Heffernan in Tipperary, Danny O’Neill and Mrs Kavanagh, both listed as residing in Carlow, and Victor Lane in Newmarket. Mrs Kavanagh, a sister of Danny O’Neill, is now deceased, however, and I could not ascertain to any degree of certainty whether or not Martin Heffernan is still practicing. O’Mahony (2011) has identified twelve bone-setters in the Munster and Leinster regions, eight of whom were interviewed by her in relation to the techniques used in their respective practices, and their role in today’s society. For the present study, recorded interviews were carried with two bone-setters – Victor Lane of Newmarket, Co. Cork, and Dan O’Neill of Myshall, Co. Carlow, both of whom belong to families of bone-setters. I also invited comments from members of my own local community, regarding their perceptions of the bone-setter. Having transcribed the audio interviews, I analysed their content for underlying themes using qualitative data analysis software. The main themes to emerge from the study were those of: a ‘gift’; transmission; training; skill (and its loss); scope and decline of practice; and the medical profession’s perception of this ancient practice.

### **A Brief History of Bone-setting**

Bone-setting has been documented as a practice in many locations worldwide and is seen in many places as an effective and safe method of therapy (Pettman 2007). Agarwal and Agarwal (2010) illustrate how the acceptance of bone-setting, and its integration into the health system, is currently both viable and necessary in India, where up to 70% of the population is rural, and health care is expensive for the individual. Finch (2008) traces the origins of bone-setting, as a medical area of expertise, to the guilds of bone-setters in Egypt. It was there designated a medical specialty, due to the skill and knowledge involved in making diagnoses, and the scope of the bone-setter’s practice. Hippocrates (460–385 BCE), Galen (131–202 CE), and Avicenna (980–1037 CE) each describe different methods for treating joint fractures and dislocation, but modern Western

orthopaedic medicine can be traced to the pioneering work of Evan Thomas.

Thomas was a bone-setter from Anglesey. He moved to Liverpool to further his business, which became very successful, despite the antipathy of the medical profession. He realised, however, that the Medicines Act of 1858 would sound the death knell of his profession, and so he sent his five sons to medical school. One of these, Hugh Owen Thomas, is widely regarded as being the father of orthopaedic medicine as a distinct area of medical expertise. His nephew, Sir Robert Jones, was responsible for orthopaedic services in World War I, and in introducing the 'Thomas splint' for the treatment of compound fractures, successfully oversaw the reduction in mortality rates, associated with this injury alone, from a staggering 80% to 20% (Hagy 2004). Hugh Owen Thomas denounced bone-setters at every opportunity, despite the ample evidence of his employing bone-setting techniques in his own practice (Goronwy 1974). The irony of it all is that he himself consulted the famous bone-setter, Hutton, for long standing back trouble, and was instantly relieved of pain (Hagy 2004). A physician by the name of Wharton Hood was not quite so negative in his attitude to bone-setters, and learned techniques of manipulation from Hutton. He concluded that it was both beneficial and safe, and published the technical details of manipulation in *The Lancet* in 1871 (Livingston 1981).

In the US, the Sweet family of Rhode Island were both blacksmiths and bone-setters, but with the introduction of new medical licensing laws they attended medical school and their bone-setting skills were integrated into their practice of orthopaedic medicine. One member of this family, Benoni, born in 1840, was so recognised for his ability to heal that the Rhode Island Medical society presented him with a certificate to practice medicine in Rhode Island, even though he had no conventional medical training (McPartland 1968). Later, Andrew Taylor Still, a bone-setter and physician, organised the skills of bone-setting into the distinct professional practice of osteopathy in 1874 (Homola 1963) and founded the first school of osteopathy in Missouri in 1892.

This trend, of bone-setters moving into more conventional orthopaedic medicine, is also in evidence in Ireland. Victor Lane's granduncle was an orthopaedic surgeon in Dublin, but retired early from that profession and continued to practice as a bone-setter on the North Circular Road for a number of years in the 1970s. Victor's son is currently studying sports therapy, and hopes, in time, to integrate the bone-setting techniques of his father into this more conventional occupation.

### **Bone-setting in Ireland**

Within Ireland, the practice of bone-setting was once widespread, but the failure to integrate its practitioners into conventional health care systems has led to its decline. Seán Boylan, a traditional healer from Dunboyne, Co. Meath, informed me that the American-born Co. Cork based chiropractor, Billy Taigue, is a descendent of the Taigues of Leitrim, who were well known locally as bone-setters (interview with Seán Boylan, 14 August 2012). The Aughavas and Cloone Parish website (2012) mentions James Taigue as a bone-setter, as well as Michael Donaghue in Aughnaglace, Co. Leitrim.

The practice of bone-setting remains very much in the public mind, however, and a recent radio program concerning a well-known Clareman, broadcast by RTÉ Radio as part of the 'Curious Ear' series, captures some of that appeal.<sup>1</sup> Thomas Burke, a member of Leinster House from 1937 until 1951, took no fee for his services as a bone-setter, on the understanding that those cured would vote for him in any upcoming election. Within the tradition of bone-setting, it is quite normal that no fee be charged, the treated person paying what they can afford (O'Mahony 2011). Burke attended Leinster House on an exceptionally infrequent basis, opting to concentrate, instead, on his bone-setting profession, expecting to be re-elected for successive terms in return for his bone-setting services. This was an unusual and unique way of circumventing the unwritten code of 'paying what one could afford', and when he finally lost his Dáil seat, he castigated the public for not continuing to honour this unwritten agreement.

### Transmission of 'the Gift'

The bone-setters that were interviewed for this study see their ability to treat dislocated bones as 'a gift' which was inherited through a family lineage. Both bone-setters also confirmed the transmission of the gift via the female line, and the use of the gift by women. In the Lane family 'the gift is lost in that branch of the family, where the eldest born child is a boy, but it has always been in the family where a girl is born first' (interview with Victor Lane, 23 November 2012; VL 2012 henceforth). Lane's aunt had the gift but only used it in certain situations, in the case of a broken finger or toe for example. She did not practice as a bone-setter *per se*, but if someone came into her pub with a dislocated finger, or some other minor problem that needed treatment, she would deal with it. The image of someone ordering a pint and requesting some orthopaedic work in the congenial atmosphere of a country pub captures the essence of bone-setting as being part of the community's wide range of skills and services. John Murphy informed me that DD. Driscoll, the bone-setter in Baltimore, Co. Cork, who practiced in the latter half of the twentieth century, inherited his gift from his mother, who was an O'Brien (interview with John Murphy, 2 November 2012; JM 2012 henceforth).<sup>2</sup> Dan O'Neill's sister Margaret Kavanagh also practiced as a bone-setter: 'I had an aunt equally as good as my father<sup>3</sup> and a brother [who practiced] in Collatrum, but he was not as good' (interview with Dan O'Neill, 20 November 2012; DO'N 2012 henceforth). In his father's family, there were eleven siblings, three of whom inherited this ability to heal.

Belief in the gift is the essential and fundamental rationale of the bone-setting practices of both Victor Lane and Dan O'Neill. Lane recounted how his family obtained, 'a gift from a priest. During the penal times when Mass was being said, men would be placed on the lookout. Most Mass rocks are by rivers'. Victor's ancestor was watching by the river.

He was a very, very, big man. The river was swollen. An alarm went up that the militia were nearby. He carried the priest across the river and gave him his own horse on the other side. The priest

thanked him and said was there anything he could give. He said that his ( ) had a dislocated hip ... in those days that meant death ... and to pray for him. The priest took both his hands in his, said some words in Latin and then said to him 'heal him yourself and for evermore heal.' He went home and did heal his ( ) and found he could also heal others. Gradually his fame spread (VL 2012).

Dan O'Neill on the other hand had no idea how his family obtained the gift but relates: 'When I started, the schoolteacher down there said it was in the family for 400 years. He was a kind of historian himself' (DO'N 2012). Bone-setters see their techniques and therapy as the application of the gift and this view is also widespread among their patients and the wider community (interview with Peggy Collins, 13 November 2011; JM 2012). The transmission of the gift to each generation may vary however, and this is evident in the different ways in which both Lane and O'Neill received it. Victor Lane was out gathering plants with his grandfather from his early years, and by the age of thirteen was 'proud' to observe his father as he treated patients. His father might occasionally say to him 'put your hand in there now and feel that'. This request was especially relevant if the shoulder joint was dislocated, as Victor could then be asked 'to run his finger around the inside of the socket and the outside of the ball'. During his period of training, Victor did no more than this: 'You didn't do any formal manipulation' (VL 2012). Victor continued his apprenticeship with his father every day after school, and all day on Saturdays. There were no appointments – the door closed at 7 p.m. sharp, while anybody who was still waiting in the hallway was treated. His education included study as well as observation. He had to study anatomy and physiology for over an hour each night, and it was only after eight years of training that his father considered him sufficiently competent to treat a patient on his own. Some patients would say 'he has to learn sometime', while others would state specifically that they wished his father to treat them (VL 2012).

In stark contrast to Victor's long apprenticeship, Dan O'Neill did not practice bone-setting until the age of thirty, and he interprets his ability to heal as 'pure gift':

As far as I'm concerned you don't learn it. As a matter ' fact ... my uncle was alive, down the road, in a pub down there. Someone asked him what would happen [to the bone-setting tradition] if anything happened him. 'Oh', he said 'there would always be somebody.' I was the only male O'Neill around the place and he [the person speaking with Dan's uncle] said, 'would it be Danny?' and he [Dan's uncle] said 'it won't be him anyhow, he's too ( ).' It was me! It seems to follow the name more than anything else (DO'N 2012).

Dan also remarked that not everyone with the name receives the gift: 'I had a few cousins around the place trying it, and it wasn't working out' (DO'N 2012). This remark of his is supported by the fact that his grandfather did indeed have the gift, but his father did not. It was years before he worked on a spine: 'I was seven or eight years doing it and I wouldn't look at a back, 'fraid of my life I'd do some harm' (DO'N 2012). When he finally did, it was because some man stopped him on the roadway and insisted that he go and visit his neighbour, who was in such pain that he could not travel for help. Dan suggested that the man be taken to the doctor, or to Jimmy Heffernan, the bone-setter in Tipperary, but was informed:

'He's been to the doctor and he was told to stay in bed for three days, and that's a fortnight ago, [and he's] not a bit better and it's worse he is.'

'The best thing now is to go down to Heffernan in Tipperary.'

'He can't move, maybe you might do something for him' (DO'N 2012).

Because he was so insistent, Dan went to see the man who was confined to bed, 'sweat coming out with pain':

I could actually feel ... he could neither move hand or foot. I turned him there in the bed, just a bit up the back ... an awesome ... I still can't explain it – 'Oh *jaysus!* That's where 'tis.' I lifted the leg and pulled back. I felt something go. Quite honestly I didn't know what I was after loosening. He lifted one leg and then

he lifted the other leg and then he was on the floor. That was my first disc. It was the worst case ever (DO'N 2012).

In his family, the gift does not pass to the next generation until the previous bearer has passed away:

My uncle never did it 'til his father died. As a matter of fact after a week or ten days, this fellow came down the lane with a bairn on the bar of the bike. My uncle was going out to prepare a horse to harrow a field and realising that the man was coming for bone-setting treatment said to him, 'You may go home now, that's all finished here.' The man replied. 'God, Mr Neill, you're not going to leave the child a cripple!' When he heard this he brought them in, put back the ankle and that's how he started (DO'N 2012).

### **Perceptions of 'the Gift'**

Both Victor Lane and Dan O'Neill believe that the gift of bone-setting brings with it a responsibility and a duty of care towards the people seeking their help. When Victor's father was alive, no matter how many patients were waiting in the hallway on a Friday night, they were all treated. This often meant that Victor did not stop working until 1 or 2 a.m. on Saturday. His aunt treated dislocated fingers and similar problems in her pub, no matter how busy she was with her business. Dan O'Neill would interrupt the work he was doing to treat whoever had arrived seeking his help urgently.

It is also evident that people see the bone-setter, and the gift of bone-setting, as part of a wider healing tradition within the community, but the choice of whether or not to use it remains with the bone-setter. Gerald O'Brien, of the O'Brien bone-setting family in West Cork, for instance, was reputed to have had the gift, but never practiced it within the community (JM 2012). We have seen above how the neighbour of a bedridden man impresses upon Dan O'Neill to intervene, but the decision rests with Dan as to whether or not his gift should be called upon. The instance of the injured child is also revealing, as is the case of the slipped disc: in all of these instances the bone-setters respond favourably to the respective appeals. This responsibility to the people, and the community's perception of the gift of bone-setting as being of great value, is made

even more explicit in the story that O'Neill relates of how he started bone-setting after his grandfather's death:

I was the only male O'Neill around the place, and he was about three weeks dead, and a fellow rang up from Tulla one evening to say the young one was after falling, and there was something wrong with her arm. So I told him about another uncle and aunt of mine. 'I don't know those people, I know you, sure you'll look after me'

'I will' I said, 'but you're wasting your time coming out.' [He] brought out the child that night, I grabbed the wrist, and I said, 'I think that the wrist is dislocated.'

'If it is, you put it back.'

I said, 'I won't. Bring her to my aunt, it's the nearest place.'

'A Neill will do it, and go and do it and don't let down the name. You're the only one left now.'

So I said, 'Fair enough' ... he wouldn't leave until I tried it. 'Fair enough, if you want to chance it I'll chance it, but don't blame me if it goes wrong.'

'It won't go wrong.'

[I] caught the hand, gave it a twist and it clicked back in.

'Now can't you do it? And stay at it now.'

That was the beginning of it (DO'N 2012).

Here, it is a person living in the neighbourhood who is the stimulus for the gift becoming manifest – visible and active within that community. It is subsequently integrated, with a minimum of fuss, into community life, as reflected in the work of Victor Lane's aunt in the pub, ministering to dislocated fingers, and in Dan O'Neill's treating of an injured ankle, in the middle of making hay, as related in the following account:

I had one cousin. He used to make hay, cocks you know. We used to work together you know, making hay [--] this woman came with her ankle out. She came down the field to me. I put the ankle back. He came up and looked at me. 'God!' he said, 'I wouldn't have the nerve to do that' (DO'N 2012).

Victor Lane's practising as a bone-setter came about as a result of a protracted period of training, as well as his inheriting the gift, but the community always expected that he would follow his father. The career guidance teacher ignored him in school: 'Your father is the bone-setter ... you'll follow him' he was told (VL 2012). In Dan's case, as we have seen, it was a member of the community that brought forth his gift, through his conviction that an O'Neill would have it.

### **Skill and Scope of Practice**

Dan O'Neill was always very aware of concerns among the local community that the gift of bone-setting might eventually be lost to it. A neighbour's daughter, for instance, was worried that the gift would die with his grandfather: 'She always thought if anything happened to him that would be the end of it' (DO'N 2012). In the pub there was much speculation as to what would happen to the gift after the death of Dan's uncle, the O'Neill practitioner at that time (DO'N 2012). This concern may have been increased by the fact that Dan's father never seems to have had the gift. According to Victor Lane, it is possible for it to 'die', if it is not utilised: 'if you go beyond twenty before starting, the gift leaves you' (VL 2012). Other areas of expertise can also be lost. Victor's grandfather often used poultices for other conditions, as did his father, but he was to die before passing on such knowledge. He no longer heals fractures, as people have access to better pain management in hospitals. The splint used for healing fractures was of Ash: 'I would be going by the diameter [--] as straight as possible [--] the diameter would be about 4 inches ... that branch then was cut' (VL 2012). He explained how the inside would then be hollowed out, 'and the ends bevelled back so that the skin would not be cut' (VL 2012). He emphasised how 'it had to be ash, as the ash had some healing property for the bone marrow' (VL 2012). Studies of the biological properties of ash have revealed its significant antimicrobial, anti-oxidative and photodynamic damage prevention activities, as well as wound healing, anti-inflammatory, immune-modulatory and anti-viral properties, thus supporting its use in traditional healing (Ivancheva et al. 2006). In sharp contrast, Dan O'Neill uses any light flat piece of wood available to him, explaining how the old style tomato boxes

were particularly suitable (DO’N 2012). He cited no variation in the length of time a splint should be left on the fracture, but for Victor it varied between summer and winter: ‘In the spring and summer a plaster was left on for only six weeks. In the winter, it was left on for ten. People heal better in spring and summer, and women do not heal as well during menstruation’ (VL 2012).

Both bone-setters were remarkably well aware of the limits of their skills. As well as the knowledge acquired through his many years of training, Victor Lane also pays great attention to his sense of touch: ‘It’s a sense ... I can get the sensation through my hands and once I get that, I know there’s a problem in that area, so I start looking for the problem’ (VL 2012). Victor will immediately recognise a serious pathology, especially in the spine, as ‘the skin is different’ (VL 2012). If he suspects such a problem, he will send the person to their GP with the advice that he or she ‘may have “an infection” that needs to be looked at’ (VL 2012). He employs this euphemism in order to avoid alarming the patient. Dan O’Neill will not fix a fracture if the bone protrudes through the skin. His definition of bone-setting captures the scope of its practice – ‘replacing dislocated bones’ (DO’N 2012).

### **Medical Perceptions of the Practice**

Attitudes towards bone-setting, within the medical profession, have changed over the years. In the past, doctors completely frowned upon bone-setters, and even today, many doctors will tell their patients to avoid them, as they deem the bone-setter to be unqualified. Victor would say that he has an informal relationship with some doctors today, but that other medical practitioners are just as opposed to him today as they were thirty years ago. O’Mahony (2011) reiterates this point, in a study drawing on fieldwork carried out in 2010-11 with bone-setters and communities in Munster and Leinster. Dan O’Neill mentioned that he was invited to speak at a seminar for doctors at Mount Juliet a few years ago. When he first started practicing, the local doctors were decidedly opposed to him, so this invitation indicated a sea-change in their attitude towards him:

When I started first they were especially opposed ... matter of fact there was a doctor there in Bagenalstown ... I used to put a brown plaster ... used to call it a charge you know ... I used to tell people if it started [to get] itchy or to irritate them, to take it off and that time if they thought it was getting itchy they thought it was getting better. They'd leave it on and then they'd break out in a rash and blisters. A few people went to this fellow. He'd tear it off as rough as he could. He'd say, 'You were with Dan Neill.'

'I was, Doctor.'

'Go back to him.'

'You're not going to give me anything for it, Doctor?'

'No, you're both ( )' (DO'N 2012).

This attitude points to a lack of insight on the part of the medical profession into the skills and knowledge inherent in the gift of bone-setting and, in the case of Victor Lane, an ignorance of the extensive training he had to undergo.

## Conclusion

Bone-setting is an intrinsic part of Irish indigenous medicine, and for this reason its practice should be encouraged and developed. It is evident from a reading of its history that the techniques used in bone-setting have already been incorporated into the medical speciality of orthopaedics (Livingston 1981; McPartland 1968; Hagy 2004). Its efficacy, therefore, is not in question. The recognition of this skill as a useful primary care therapy could be very beneficial. It could prove both cost-effective and resourceful to employ the skills of the bone-setter in treating many injuries. The medical profession may of course give voice to certain issues and concerns, but objections could only be valid were the bone-setter not to recognise the scope of his practice and the limits of his skills. Over the course of the two interviews that were carried out here, I found absolutely no evidence that this was, or ever would be the case.

## Notes

<sup>1</sup> 'Bonesetter TD: Thomas Burke's Strange Pact with the People of Clare', *The Curious Ear*, RTÉ Radio Documentary. TX: 27 February 2011.

<sup>2</sup> The O'Briens in West Cork were noted for their bone-setting gift, but it is no longer practiced by any member of the family.

<sup>3</sup> A mistake, perhaps, as his father did not have the gift. He may have been referring to his grandfather here, who did, indeed, have the ability to heal.

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### **Interviews and Personal Communications**

Interview with Seán Boylan, traditional healer, 14 August 2012, Dunboyne, Co. Meath.

Interview with Victor Lane, bone-setter, 23 November 2012, Newmarket, Co. Cork (VL 2012).

Interview with Dan O'Neill, bone-setter, 20 November 2012, Myshall, Co. Carlow (DO'N 2012).

Interview with John Murphy, local historian, 2 November 2012, Skibbereen, Co. Cork (JM 2012).

Personal communication from Peggy Collins, 13 November 2012, Newmarket, Co. Cork.

### **Key to Interview Excerpts**

- ( ) Inaudible or uninterpretable speech.
- [--] Sentence breaks, including trailing off.
- [ ] Author's elaborations within.
- ... Pauses in conversation.

**Rosari Kingston** is a doctoral researcher in Roinn an Bhéaloidis/The Department of Folklore and Ethnology, University College, Cork. She currently practices as a medical herbalist in West Cork, and is also involved in establishing guidelines and standards for postgraduate training in clinical herbal medicine. Her previous work in this area involved the development (with others) of the BSc honours degree course in Herbal Science at the Cork Institute of Technology. Earlier research has examined the therapeutic role of hawthorn in cardiovascular disease, and the importance of examining indigenous traditions in the development of new therapeutic protocols and medicines.