

**SHORT COMMUNICATION**  
**USE OF CINDER CONK (*Inonotus obliquus*) BY THE GITKSAN**  
**OF NORTHWESTERN BRITISH COLUMBIA, CANADA**

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The Gitksan Indians of northwestern British Columbia, Canada, gathered the "sterile conks" of the cinder conk fungus, *Inonotus obliquus* (Pers.: Fr.) Pilat (Hymenochaetaceae) (Holsten et al. 1985; Gilbertson and Ryvarden 1986). These massive black eruptions of fungal tissue externally resemble charred cork; under the dark crust they are a yellowish-brown color and have a corky texture. They emerge from cankers on living birch trees (*Betula papyrifera* Marsh.) (Fig. 1 and Fig. 2). The crusty sterile conk was broken off the trunk for use. Cinder conk had



FIG. 1.—*Inonotus obliquus* sterile conk growing on living *Betula papyrifera* Marsh. stem, Cedarvale, British Columbia, Canada.



FIG. 2.—*Inonotus obliquus* sterile conk in section showing yellowish brown interior and black surface. Collected from living *Betula papyrifera* stem, Quesnel, British Columbia, Canada.

two principal uses: for moxibustion treatment of swollen athritic joints, and as tinder or a slow match for making and transporting fire. Use of cinder conk for moxibustion continues; use for a slow match has been supplanted by matches and other modern means of kindling fire.

After conversations with a Gitksan elder who described the use of this unusual fungal structure, I collected specimens of cinder conk and brought a collection of the fungus to the elder to verify the identification. A voucher (Gottesfeld Eth. 54, ALTA) is deposited with the University of Alberta Herbarium.

The Gitksan have two words for cinder conk: *mii'hlw* and *tiuxw*. I am uncertain if these words have distinct meanings; they may represent intervillage dialect variants with the same meaning. A Gitksan elder describes cinder conk and its

medicinal use as follows: "*Mii'hlw*—the black growth from the crack in the birch tree. Like yellow cotton inside. If you cut it off, use the yellow cotton stuff. Take a sliver like a match stick and burn it for pain in joint." (interview notes, 2/20/87). According to the elder, after the sliver of cinder conk was burned to the skin on the affected joint, a special salve was then applied to the burn wounds. This treatment was reported to be effective in reducing the swelling, and presumably the discomfort, of the joint. Another Gitksan informant reported that his grandmother applied pitch after burning cinder conk slivers to treat her arthritic knee.

A handful of cinder conk was used by the Gitksan as a slow match. It was carried as an ember to kindle a new fire. "Bring fire from the morning camp fifteen or twenty miles. Wrap in birch bark. Light fire in the evening. It remains an ember for a long time. It doesn't smoke." (interview notes, 2/20/87).

Three other Indian groups of northern and northwestern North America also named and used cinder conk. The Wet'suwet'en of northwest British Columbia have two names for cinder conk (*dicic'ah ci'ists'o'* and *tl'eyhtsë*). The identification and names were verified by showing pieces of a sterile conk to an elder from Hagwilget Village (interview notes, 6/14/89). She described a moxibustion treatment using cinder conk similar to that used by the neighboring Gitksan. The Wet'suwet'en also used it as a slow match. This use is recalled in a traditional tale where an abandoned girl is secretly left a wrapped ember of cinder conk to start a fire.

According to Kari (1987), the Tenaina of southcentral Alaska used cinder conk, which they call *k'atnitsayi*, for a punk or tinder with a fire drill, as a slow match, and for treatment of toothache. A beverage could also be made by soaking the cinder conk in hot water. Although Kari does not provide a taxonomic identification, the photograph, description, occurrence, and uses leave no doubt as to the identity of the fungus.

Leighton (1985) reports that the Woods Cree of east-central Saskatchewan used both *Inonotus obliquus* and *Fomes fomentarius* for moxibustion treatment of arthritis. In addition, *I. obliquus* was used to make a tea.

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Museum of Man Mercury Series, Canadian Ethnology Service Paper No. 101.

## BOOK REVIEW

**Economic and Medicinal Plant Research: Volume 4: Plants and Traditional Medicine.** H. Wagner and Norman R. Farnsworth (general editors); Olayiwola Akeerele and Charlotte Gyllenhaal (volume editors). London: Academic Press, 1990. Pp. xv, 174. \$69.95 (hardcover). ISBN 0-12-730065-1.

Some books are designed as encyclopedic compendia of all the available knowledge on a particular subject, while others are meant to offer brief tidbits of information to spark the readers' interest and prompt further investigation. This book is definitely in the latter category. The subject addressed is so broad that many weighty tomes would be necessary to cover every aspect of it. These 174 pages merely scratch the surface. Brevity, however, can have its advantages, in that it can focus attention on key aspects of the problem.

This book was meant to aid in the internationalization of research on medicinal plants, to create a dialog among countries, and to further interest on the evaluation, utilization, and conservation of medicinal plants. The body of the book consists of eight chapters, each dealing with a specific country (China, Ghana, India, Japan, Mexico, Panama, Samoa, and Thailand). The authors of the chapters are experts on the ethnopharmacology of that particular nation. Each author was asked to give a brief summary of the traditional medical system prevalent in the country, then to identify five or six species which seemed to merit further attention. For each plant chosen, some important aspects of the plant's uses and constituents are discussed. The treatments of the traditional medical systems give general overviews of the theoretical framework in which the medicines are used and identifies areas for further investigation.

The final chapter by Alexander M. Schmidt outlines the procedures used by the United States Food and Drug Administration in assessing the effectiveness and safety of new pharmaceuticals and addresses the problem of why traditional medicines rarely gain approval. While not following the structure of the rest of the book, this chapter does provide some useful background information on what sets the U.S. apart from other countries where herbal medicines are used more frequently. It also helps clarify some of the obstacles preventing the more widespread utilization of such plants or their extracts.

This book cannot satisfy the need for a standard reference volume since it only whets the readers' appetite. This function, however, it does quite well.

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