

COMPARATIVE FOLK MEDICINE: THE NEW AGENDUM

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Folklore, perhaps more than any other behavioural science, has made comparative study the centerpiece of its methodology. The most substantial achievement of the comparative method, as is well known, has been the historical investigation of folk tales. From the Brothers Grimm themselves, to Reinhold Köhler and to Bolte and Polívka¹, scholars have sought not only to chart the spread of tales within the Indo-European continuum, and elsewhere, but have taken the simple folk tale to show local and regional values and tastes, and otherwise to enlist evidences from the simple stories for broader surveys of cultural history. More modest success along this line has been attained in comparative balladry, where linguistic boundaries and musical conventions have proved impediments to the free and easy movement of these musical traditions. Legends, being predominantly local in character, tend to remain pretty much within areas where the persons, places, and events treated are recognized and remembered. By way of contrast, beliefs, customs, proverbs, riddles, and other items of folk speech are usually too short to be identified outside their own habitat. This circumstance, however, has not deterred scholars from making comparisons where circumstances seemed to warrant.

With regard to identifying details, folk medicine suffers from the same brevity as the short folklore forms mentioned above, except, perhaps, for involved medical rituals that may be identified by special details not likely to have been independently invented in areas widely separated. This is not the place to argue theories of dispersal and of cultural borrowing and adaptation, however tempting the exercise. My purpose is to note the efforts that have been made to organize the folk medicine data in ways that facilitate economical investigation and insure against needless repetition and to avoid a dogmatism born of too restricted a view. The second part of the paper,

from which the subtitle has been taken, raises the prospect of finding common denominators between American folk medical beliefs and practices and the medicine of Native American and other primitive peoples. This is a difficult task at best, and poses problems not encountered in comparative studies among peoples of parallel social structure.

Although earlier scholars of folk medicine had often charted historical developments within individual countries and larger linguistic areas, it remained for two Viennese doctors Oskar von Hovorka and Adolf Kronfeld,² early in this century, to produce the first general work on comparative folk medicine. Increasingly from their day forward, folk medical scholars in other European countries occasionally supplied foreign analogues to their own local collections. This was usually done on a selective basis, and particularly in studies dealing with special problems.

In America, among the older workers who included folk medicine as a part of general collections of folk beliefs and customs, only Bergen, Fogel, Whitney and Bullock, W.J. Wintemberg, and a few people of lesser importance, annotated their work.³ Later scholars, notably Newbell Niles Puckett, Emelyn Elizabeth Gardner, Helen Creighton,⁴ and Paul G. Brewster, among others, saw the need to build a scholarly apparatus for dealing with folk medical beliefs and practices. Hand's edition of *Popular Beliefs and Superstitions from North Carolina* represents the first attempt to give comparative readings,⁵ for America, beginning with the various kinds of folk medical knowledge and practice reported from that state. To connect American beliefs and customs up with those of Europe, Hand frequently supplied foreign analogues.

The *Dictionary of American Popular Beliefs and Superstitions* which has been in preparation at UCLA since 1944, unbeknown to rank and file workers, alone made possible the comparative readings in the folk medicine found in Volume Six of the North Carolina Collection. Over fifteen years' extracting of folk medical data went into the notes for this first volume, which appeared in 1961, and the second volume which appeared three years later. Since publication of the North Carolina Collection scores of additional state

and regional collections have been searched. Major collections and lesser studies, down to modest gleanings of all kinds, have added substantially to the vast armamentarium of folk medicine, which constitutes the largest single segment of the Dictionary. With cross references necessary for close analysis of entries, the corpus of folk medical beliefs and customs amounts to almost half a million items. With all the work that has been done, new collections not only add new and often unique material, but contribute substantially to the statistical build-up of categories already established.

Virgil J. Vogel's fine work on **American Indian Medicine**,⁶ published in 1970, has made easier the work of studying the medical systems of North American Indians, even though Vogel could not essay exhaustive treatment of individual diseases, curative methods, and theoretical systems across the whole country. Because he dealt mainly with natural or botanic medicine, and certain therapeutic regimens peculiar to Indian tribes, Vogel was not able to pursue magical practices with the same thoroughness as he could for ailments and conditions involving natural medicine. It will take many dedicated workers years of time to bring this neglected category of folk medicine under adequate survey. Computerization of the corpus doubtless holds the answer to many problems implicit in an undertaking of this magnitude.

The Human Relations Area Files, a panoramic survey of world ethnology underway at Yale for over forty years, is rich in its treatment of ethnomedicine, but its medical categories, alas, are very general. This unhappy circumstance, together with many technical problems in the storage of information on microfiche, makes HRAF (Human Relations Areas Files) difficult to use. The problem is not lessened, either, in Murdock's **Ethnographic Bibliography of North America**,⁷ where there is neither an index of authors nor a subject index for the massive five-volume work comprising about 40,000 entries. Resort to the **International Folklore Bibliography**, begun at Strassburg in 1917, and still going forward, would have provided an easy way to connect authors with their works, and would have given ideas for an adequate topical index. Even Frazer's **Golden Bough**, much maligned

these days, would have provided scores of entries applicable to ethnology on a worldwide scale. This state of affairs is almost paradoxical for the worker in American folklore, because medical ethnography for the North American Indians is far more comprehensive than for comparable bodies of folk medical lore among whites. As things stand, folk medical studies, ethnically considered, are pretty much limited to German, French, and Hispanic Latin-American stocks.

Countries in peripheral parts of Europe, where contact with primitive medicine has persisted somewhat longer than elsewhere, are little represented in the American corpus. Despite the showing of Slavic racial stocks in the Ethnic Finding List of the Puckett Ohio Collection,⁸ recently published, and representations from Finno-Ugrian countries and the Baltic States, there is certainly not to be found in America the virgin stand of derivative medicine still to be collected in America of these important outreaches from the European heartland. From the American perspective, the Anglo-Saxon heritage from the British Isles, and the Gallic component from Ireland and parts of Scotland are more availing. Even so, the best primitive medicine must be excavated, in a manner of speaking, from such classic older works as John Graham Dalyell's *Darker Superstitions of Scotland* (1836), W. G. Wood-Martin's *Traces of the Elder Faiths of Ireland* (1902), Walter Gregor's *Notes on the Folk-lore of the North-East of Scotland* (1881), and other works of this kind. The Reverend Oswald Cockayne's monumental three-volume work, *Leechdoms, Wortcunning, and Starcraft of Early England* (1864-1866) is still a basic source for connecting early English medicine with the medicine of classical antiquity. For reconstructive studies of this kind, Bakker's remarkable collection of modern Dutch folk medicine,⁹ which he annotated in an exhaustive way against the medicine of ancient Greece and Rome, is a work that should be on the shelf of every scholar interested in comparative folk medicine.

The point of these representations is to show that everywhere around us there are basic works that connect medicine and folk medicine of present day Europe and America with medicine practiced in earlier and more primitive stages of man's de-

velopment. American scholars in the field of folk medicine should be aware of these efforts elsewhere, if only to alert them to the kinds of problems they face as they attempt to show the points of contact, and of divergence, between folk medicine brought to our shores from Europe, and the medical beliefs and practices of native Americans as they have developed over generations and centuries of time without the benefit, or peril, perhaps, of intercourse with other cultures.

It obviously would be easier to work in the European continuum to show the evolution of primitive medicine to the folk medicine we know today because of the continuous proximity of peoples from earliest times. Under such conditions acculturation has proceeded naturally, and often imperceptibly, over generations and generations of time. Even so, residual elements can be traced out by patient comparative researches, with cultural conservatism most evident at the periphery of linguistic and cultural areas. This "archaism of the fringe," as some scholars have called it, of course, becomes a valuable tool for cultural reconstructions just as it does for the analysis of language at critical periods of linguistic change.

In the Americas, of course, there are no such gradual transitions as those just portrayed. It is not a case of single, solitary people developing over centuries, but of peoples of widely differing religious and cultural backgrounds suddenly being thrown together, with the inevitable clash of cultures that ensues. This strange, and almost unnatural, juxtaposition makes it difficult for the researcher eager to make judgments based on comparisons. With regard to healers, for example, there is no common body of material between Indians and whites except for the fact that healers everywhere rise up to minister to their fellows in time of sickness and need. Their reputation as healers in whatever situation they are obliged to function rests on the success of ministrations. Reputations and clienteles are built up by testimonials of those who have been healed and thrive from the continuing need for healers and other functionaries who care for the sick. Among both Indian healers and whites, the healing function may be hereditary. The shamanic

office, however, generally resides with males who pass it on to sons, occasionally to nephews, as among some Northwest Coast Indian tribes. There appears not to be contrasexual descent of healers as there is among folk curers in the white tradition, who, be it noted, also pass on their curative powers from father to son and mother to daughter in what would appear to be a more natural kind of transmission.

In both traditions the circumstances of birth play an important role in determining those likely to be thought of as born healers. Twins are favored in both cultures, but in the European tradition special faith is vested in a so-called "left" twin, i.e., a twin surviving its dead sibling. At play here is the notion of the survivor inheriting the vital power of its dead kin. This principle is also seen among medicine men, according to Ackerknecht, who kill their sons to increase their own supply of magical power. The belief in the healing power of seventh sons of seventh sons is essentially European in derivation, and one must therefore think of this tradition among the Penobscot and Micmac tribes as constituting a rare kind of borrowing from the white tradition. The folk notion of a healer's being born with a caul is apparently not encountered among Indian healers, nor the special healing power of posthumous children, both beliefs enjoying wide currency in Europe and America.

Bodily defects, apparently, dispose people to the role of a shaman, likewise cripples and people otherwise disfigured. Among the Tlinkit (Alaska) for example a child with "peculiar marks" on its body will grow up to be a medicine man. This is reminiscent of Romance and Latin-American traditions where born healers exhibit strange markings in the roofs of their mouths, in the armpits, and elsewhere. These may be stars, crosses, or a St. Catherine's wheel. Back of all of these Christian notions, no doubt, is the idea of God's marking a person for an unusual mission or destiny in life. In this connection, however, I cannot suggest a plausible alternative reason for the prevalent notions of deviants among medicine men and shamans, that involve effeminacy and homosexuality, in addition to the disfigurements already mentioned. Epilepsy, the divine madness of western

tradition, also is viewed as a hallmark of healers in some tribes, as is a person who has overcome insanity. The extra power acquired by a healer who has survived a dreaded disease, apparently, is found both in white and Indian folk traditions. Some vague notion of immunology may underlie these calculations, but the idea may be even simpler, namely: the victim has gained knowledge through his sickness and suffering.

With respect to the recompense to healers for their services there appear to be pronounced differences between Indian healers, whether regular medicine men or shamans, and their counterparts among whites. Since the healing office among Indians is usually gained by study and apprenticeship rather than being acknowledged as a gift from a higher power, there seems to be no hesitancy to exact fees. These are usually fixed in advance, and may be paid in any medium agreed upon--food, trinkets, or other valuables. A successful cure is usually implied, and payment may be withheld if things turn out otherwise. As a matter of fact, in serious cases, a botched healing is a capital offense among many peoples where medicine men and shamans function. Among white healers, particularly faith healers, the gift of healing is believed to be bestowed by God, and hence it is believed that the service should be freely given. Free will offerings, of course, are accepted, but often in a modest and unobtrusive way. The gift is simply left in a place where the healer can easily find it. In this tradition healing for pay is commonly believed to result in the withdrawal of the gift. Within these two extremes, of course, one finds various compromises to take care of an elementary kind of human dealing, namely, the selling of one's services.

Since medicine men, but particularly shamans, are more highly professionalized than healers in the European tradition, one can account for their distinguishing dress, including, masks, wigs, and long hair. These appurtenances and the unusual wearing of the hair have special meaning, and are intended to inspire awe among those unto whom they minister. The masks of Tlingit shamans, for example, represent the spirits from whom the ministrant gains his vital information concerning the cause of disease and the measures required for healing. There is rarely any display and

ostentation of this kind among folk healers, although many do affect a special unction. More healers, in the white tradition, perhaps, try to outdo themselves in a show of humility and reverence, viewing themselves only as vessels through which a higher power works. Where religious healing is not involved, wise women and cunning men are certainly not self-effacing in prescribing what they have learned over many years' time in quest of sanative herbs, and in applying the healing traditions they have acquired from other practitioners of the healing arts, most often from their elders or next of kin.

Common to both groups of healers is the guarding of medical secrets, and the careful handing down of the traditions of their office. Nowhere is this better seen than in the chants and incantations that accompany the healing rituals. The mumbo-jumbo of European healers, and their American confrères who speak words, or say words as they manipulate patients, is proverbial. Powwowing among both Indians and whites epitomizes this unintelligible use of words, and cloaks the utterance of the healer in a veil of mystery. The word "powwow," or "powwowing," was borrowed into English by New England Puritans of the mid-seventeenth century from Algonquin, where it depicted Indians in council gesticulating and carrying on in noisy, and often unintelligible fashion. More specifically powwowing was the language of Indian medicine men as they performed their healing rituals. Yoder has pointed out that whereas the Pennsylvania Germans took over this term and applied it to their own ministrations over the sick, the practice of **Braucherei**, 'using' or 'trying' for the sick and embodying the same mumbling of words, is of European origin and that it was brought to America with the first German settlers.

To undertake even a brief comparative survey of healing methods and other regimens not a part of botanical and natural medicine is not possible here. Instead of trying to enter this veritable no man's land I shall confine my observations to a few well chosen examples of magical medicine where in time patient work will no doubt produce reasonable explanations and even answers that will stand up with the gaining of a fuller range of information.

The common bedside practices of rubbing sore spots and blowing on inflamed areas or into ears and other facial apertures are, in the white tradition, nothing more than simple measures of physical therapy. If the rubbing diminishes to a gentle stroking, with accompanying words or sounds of comfort, or if incantations become a part of the gentle blowing, or of inhalations and exhalations, one is reminded of certain kinds of shamanistic manipulations on the body of patients. Closer study will affirm or deny these possible connections.

The physical and symbolic driving out of disease is implicit in both medical cultures, but the white tradition seemingly boasts a fuller range of divestment rituals.

Widespread in the white tradition, for example, is the communication of the disease to an intermediate agent of disposal, the so-called **Zwischenträger**, for symbolic riddance. These agents are usually bandages, simple rags that have been in contact with the patient, strings, threads, and other fibers. The symbolic transfer of the disease to the disposal agent, particularly where warts or other excrescences have been knotted into string, or notched into wood, by actual count, sets the stage for burning, burial, floating away, sequestration or other kinds of safe-keeping. In any event, envisioned is the divestment of the disease from the patient and consignment of it to a place where it can no longer ravage. The tying of such kinds of sickness rags to bushes along forest paths, for the unwary passerby to brush against and carry off, is a furtive medical practice in many parts of the world. To be investigated, of course, is whether or not the many variations found in the white tradition are represented in aboriginal medicine, in America or elsewhere in the world. This would include "buying" and "selling" the disease.

I have talked with many medical anthropologists in an attempt to learn whether or not two very well-known divestment rituals are encountered among primitive peoples, namely, "plugging," and "passing through." I have had only negative answers, and my own researches, involving but a few thousand entries, have not produced any leads. In plugging, diseased tissue, effluvia, and excoria are either directly plugged into holes bored

or notched into trees, or these body products are communicated to disposal agents for insertion into the tree and stopping up with a wooden plug fashioned for the purpose. Notching of limbs of trees and draping these rags in the crotches of trees are related rituals. By whatever reckoning, this transfer of the disease amounts to direct implantation, and is attested by the supposed withering or the death of the tree. The passing of sufferers through clefts in trees is another ancient means of stripping off disease and of implanting it in the tree, as some scholars have held. The pulling of sufferers through the loops of rerooted brambles, through hoops made of branches, and the like, are derivative forms, of course. The pulling of patients through horse collars, parts of the harness, or even under the bellies of donkeys are later developments still.

Herbal medicine has been given short shrift in this paper for the simple fact that it is a sprawling subject, and one that has received much attention, both with regard to Indian repertoires and the herbal medicine of whites. Also, attention has been given to the ample borrowing back and forth, with accounts showing that the Indian has given far more than he has received in return. I have found the lore of herb gathering often more interesting from the point of view of the folklorists than curing itself, and will close my paper with two unusual accounts brought to my attention within the last year. Since we have briefly mentioned sequestration in connection with the disposal and safe-keeping of disease, it will be of interest to note that someone had told a Cherokee Indian of the presence of a certain kind of plant not too far from a busy highway in Southern California. In his own words the man said:

A Cherokee woman asked me to get her some Indian tobacco (*Nicotiana glauca*). It grows abundantly in Southern California. I told her that on the Pacific Coast Highway and Chautauqua (Pacific Palisades) there are large stands. She told me that it wouldn't do because too many people had seen it. She said that for ceremonial smoking purposes the plant has to grow very secluded, with the least possible exposure to human eyes.

This recalls the herb gatherer's predilection for certain kinds of plants and bushes deeply sequestered in forests and sheltered glades. Of the so-called "maiden ash" and "maiden dogwood," resort is best had to the ancient poetic language about plants "upon which the human eye hath never fallen, nor upon which the foot of man hath never trod."

Of great rarity in the white tradition, I believe, is an herbal practice reported by Barbara Rymensnyder, a Yoder graduate student working in the folk medicine of Pennsylvania Germans. Barbara had encountered a healer not far from Philadelphia who not only took her patients into the woods to see healing plants actually growing, but then apostrophized these plants in a formal, ritualistic way, expressing regret at having to take the plant's life for the cure of the sick. The question to come from this rare encounter, I suppose, is: do American Indian herb gatherers commune with plants and prepare them for death, say, in the same way that the hunters express sorrow at dispatching animals in the quest for food?

These are the kinds of things that have been running through my mind for some time. I hope that my own studies over the next years will help not only to amplify points raised here, but to clarify them as well.

There is a deeper and more philosophic side, of course, to the things that have been discussed here. Taken together in a more profound and pervasive context than has been possible for me to provide, these points of contact between the folk medicine of Indians and whites, lie at the very heart of the cause and treatment of disease. Each medical system in its own way provides an etiology of disease, and mobilizes the products of nature and the ingenuity of man in its cure.

The breaking of ancient tribal taboos, on the one hand, or the commission of sin and transgression, on the other, are notions of divine punishment anchored deeply in the religious and philosophic systems of these two widely disparate cultures.

As a universal of human life, the health and well-being of men and women are paramount goods that relate to every phase of his or her life.

Health care and medical treatment, therefore, are vital parts of the life-line that insures the perpetuation of the human species.

My hope, therefore, is that medical anthropologists will begin to investigate the folklore of their own craft, and to provide broad surveys of folk medicine in a comparative setting, Indian nation by Indian nation, and tribe by tribe. The basic information for such comparative work has already been set down in scores upon scores of fine medical ethnographies. By riveting their attention on the folkloric aspects of medicine, as well as upon the social and economic factors at work, they will capture, more than they already have, the arcane wisdom of healers and their folklore that have conspired to perpetuate a vital human institution from the dawn of time.

NOTES

1. Johannes Bolte and Georg Polívka, **Ammerkungen zu den kinder- und Hausmärchen der Brüder Grimm.** (5 Bde., Leipzig, 1913-1932).
2. O. von Hovorka und A. Kronfeld, **Vergleichende Volksmedizin. Eine Darstellung volksmedizinischer Sitten und Gebräuche, Anschauungen und Heilfaktoren, des Aberglaubens und der Zaubermedizin** (Stuttgart: Verlag von Strecker und Schröder, 1908-1909).
3. Fanny D. Bergen, **Current Superstitions.** (Boston and New York: Memoirs of the American Folklore Society, IV, 1896); *idem*, **Animal and Plant Lore.** (Boston and New York: MAFS, VII, 1899); Edwin Miller Fogel, **Beliefs and Superstitions of the Pennsylvania Germans.** (Philadelphia: Americana Germanica, XVIII, 1915).
4. Newbell Niles Puckett, **Folk Beliefs of the Southern Negro** (Chapel Hill, N.C., 1926); Emelyn Elizabeth Gardner, **Folklore from the Schoharie Hills, New York** (Ann Arbor, Michigan, 1937); Helen Creighton, **Folklore of Lunenburg County, Nova Scotia** (Ottawa: National Museum of Canada, Bulletin No. 117, Anthropological Series No. 29, 1950).
5. Newman Ivey White (ed.), **Frank C. Brown Collection of North Carolina Folklore** (Durham, N.C., 1952-1964). Vols.

VI-VII (**Popular Beliefs from North Carolina**) ed. Wayland Hand (1961-1964).

6. Virgil J. Vogel, **American Indian Medicine**, (Norman, Oklahoma, 1970).

7. George Peter Murdock and Timothy J. O'Leary, **Ethnographic Bibliography of North America**, (New Haven, Conn., 1975).

8. Newbell Niles Puckett, **Popular Beliefs and Superstitions: A Compendium of American Folklore from the Ohio Collection of Newbell Niles Puckett**, (Boston, 1980).

9. C. Bakkar, **Volksgeneeskunde in Waterland: Een vergelijkende Studie met de Geneeskunde der Grieken en Romeinen**, (Amsterdam, 1928).