

Student Work

12-1-1979

A quantitative approach to the study of folk medical beliefs and practices: A Nebraska example, CA. 1870-1970

Phyllis M. Japp
University of Nebraska at Omaha

Follow this and additional works at: <https://digitalcommons.unomaha.edu/studentwork>

Recommended Citation

Japp, Phyllis M., "A quantitative approach to the study of folk medical beliefs and practices: A Nebraska example, CA. 1870-1970" (1979). *Student Work*. 599.
<https://digitalcommons.unomaha.edu/studentwork/599>

This Thesis is brought to you for free and open access by DigitalCommons@UNO. It has been accepted for inclusion in Student Work by an authorized administrator of DigitalCommons@UNO. For more information, please contact unodigitalcommons@unomaha.edu.



A QUANTITATIVE APPROACH TO THE STUDY
OF FOLK MEDICAL BELIEFS AND PRACTICES:
A NEBRASKA EXAMPLE, CA. 1870-1970

A Thesis

Presented to the
Department of History
and the
Faculty of the Graduate College
University of Nebraska

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

by

Phyllis M. Japp

December, 1979

UMI Number: EP73239

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



UMI EP73239

Published by ProQuest LLC (2015). Copyright in the Dissertation held by the Author.

Microform Edition © ProQuest LLC.

All rights reserved. This work is protected against unauthorized copying under Title 17, United States Code



ProQuest LLC.
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106 - 1346

THESIS ACCEPTANCE

Accepted for the faculty of the Graduate College,
University of Nebraska, in partial fulfillment of the
requirements for the degree Master of Arts, University
of Nebraska at Omaha.

Thesis Committee

Name	Department
<i>Karl A. DeLoren</i>	<i>History</i>
<i>Richard S. Hill</i>	<i>Foreign Languages</i>
<i>Walter Swideman</i>	<i>College of Medicine</i>

Jo Ann Carrigan
Chairman

3 Oct 79
Date

TABLE OF CONTENTS

ACKNOWLEDGEMENTS . . .

Chapter

I. FOLK MEDICINE AND SCIENTIFIC MEDICINE:
PARALLEL MEDICAL TRADITIONS

Primitive Medicine
Scientific Medicine
Folk Medicine
Primitive, Folk, and Scientific
Medicine in America
Summary

II. FOLK MEDICINE AND SCIENTIFIC MEDICINE
IN NEBRASKA AND THE SURROUNDING AREA

III. FOLK MEDICINE IN THE UNO FOLKLORE ARCHIVE:
METHODOLOGY FOR QUANTITATIVE ANALYSIS

IV. FOLK MEDICINE IN THE UNO FOLKLORE ARCHIVE:
ANALYSIS AND SUGGESTIONS FOR FUTURE
RESEARCH

Sources of the Folk Medicine
Validity Ratings
Sex Roles in American Folk Medicine
Remedies--An Overview
Scientific Medical Ideas in Folk Remedies
Modern Technology and Commercial Products
in Folk Remedies
Summary
Suggestions for Future Research
.

Appendix

I. CODEBOOK FOR COMPUTERIZED ANALYSIS.. 129

II. CROSSTABULATIONS OF VALIDITY AND
OTHER VARIABLES 152

III. SAMPLE ITEMS OF FOLK MEDICINE 156

SOURCES CONSULTED 171

ACKNOWLEDGMENTS

I wish to thank Dr. Richard S. Thill, Director of the UNO Folklore Archive, for permission to use the collection of folk medicine and other materials from the UNO Archive. I am indebted to Dr. Thill and the other members of my thesis committee, Dr. Walter Friedlander and Dr. Harl Dalstrom, for sharing their valuable perspectives on this topic and for their many thoughtful and excellent suggestions. I am especially grateful to my thesis advisor, Dr. Jo Ann Carrigan, for encouragement, advice, direction, and prompt and thorough evaluation of the various drafts of the thesis manuscript. My family, Lyle, Debra, and John Japp, and two dear friends, Kerry Loney and Florence Thill, provided me with loving, enthusiastic support and encouragement.

CHAPTER I

FOLK MEDICINE AND SCIENTIFIC MEDICINE

PARALLEL MEDICAL TRADITIONS

Scholars of many disciplines find in folk medicine a topic of interest. Formerly the domain of antiquarians, anthropologists, and folklorists, the medical beliefs and practices of ordinary people now intrigue sociologists, psychologists, and historians, as well as members of the medical professions.

Earlier writings on the history of medicine focused on the development of medicine as a science, or on the biographies of prominent physicians and tended to ignore folk or lay medicine. These authors treated medicine in isolation. Few attempted to relate medical thought to historical events or cultural values.¹ Contemporary researchers, however, recognize the social, political, and economic implications of medical beliefs and practices. The more current works in medical historiography exhibit an awareness that medicine in any age cannot be summed up in the activities of a medical

¹Gerald Grob, "The Social History of Medicine and Disease in America: Problems and Possibilities," Journal of Social History 10 (June, 1977): 22-24; Charles E. Rosenberg, "The Medical Profession, Medical Practice and the History of Medicine," in Modern Methods in the History of Medicine, Edwin Clark, ed. (London: Athlone Press, 1971), pp. 22-23.

elite. Saunders states the idea succinctly:

Medicine is a part of culture. In its totality, medicine consists of a vast complex of knowledge, beliefs, techniques, roles, norms, values, ideologies, attitudes, customs, rituals, and symbols, that interlock to form a mutually reinforcing and supporting system.²

This medical system interacts with government, the economy, religion, education, and other areas of culture. Medicine is a force that influences, and is influenced by, the other major institutions in a society.³ Medicine also involves communication at the interpersonal level, between the sick person and the person designated as the healer. The roles, behavior, and values of both participants are socially defined.⁴ Thus, the activities of so-called scientific medicine comprise only one aspect of the institution of medicine. Folk ideas of health and disease are also an elemental part of the practice and history of medicine.

The term folk medicine calls to mind the outmoded herbal cures and quaint magical practices of generations past. Such kitchen recipes and magical formulas are only one aspect of folk medicine, however. Today, as in the

²Lyle Saunders, Cultural Differences and Medical Care: The Case of the Spanish-Speaking People of the Southwest (New York: Russell Sage Foundation, 1954), p. 7.

³George Foster, Problems in Intercultural Health Programs (New York: Social Science Research Council, 1958), p. 6.

⁴Lyle Saunders and Gordon W. Hewes, "Folk Medicine and Medical Practice," Journal of Medical Education 28 (September, 1953): 43.

past, patients possess an accumulation of medical knowledge, experience, values, and beliefs which are called upon in the face of illness. The very act of deciding that one is ill involves an evaluation of one's physical or mental condition. Such self-diagnosis is based, in part, on one's particular folk beliefs about sickness, health, and treatment. Moreover, many of us try some sort of therapeutic measure before consulting a physician, especially if our symptoms indicate a minor illness. Often this attempt at treatment involves the use of commercial medicines. Frequently, we incorporate these commercial products into our traditional beliefs about medical treatment. In many situations, however, we may employ folk remedies which we have experienced in our childhood or which have been recommended by friends.

While medical historians acknowledge that much of the medical treatment in the past involved self-diagnosis and treatment, scholarly study of this form of medicine has been somewhat neglected. Research in American lay medicine, for example, has concentrated on such topics as unorthodox medical sects, the patent medicine industry, and domestic medical literature. Even these aspects of lay medicine have been presented from the medical practitioner's point of view. Little space has been devoted to the patients--those who treated themselves and each other by such means.⁵

⁵Grob, "Social History," p. 401; Rosenberg, "The Medical Profession," p. 24.

The few researchers who have studied folk remedies have discussed the history and content of the remedies, with little attention given to application. Herbal recipes and magical cures have been traced to their roots in antiquity, but we have little knowledge about the extent of their use in any period of time. Somewhat more informative are studies of the geographic distribution of folk medical beliefs, although these works emphasize regional variations in the text of the folk belief itself and not patterns of usage.⁶

Inquiry into the use of folk medicine does present researchers with difficulties. Folk beliefs and practices are maintained primarily in oral tradition. Few experiences with folk medicine are ever recorded in print. Records of folk treatment do exist, however. Herbals and source books from ancient and medieval days and collections of eighteenth, nineteenth, and twentieth century folk medicine document folk ideas of health and curing. Ailments and remedies are frequently mentioned in literature, newspapers, almanacs, letters, diaries, account books, and other daily records of life in the past. Furthermore, interviews with people of all ages can provide information about folk medical practices now and in the past.

⁶For an example of this approach, see John Granlund, "Curing 'Knarren' (Peridendinitis or Tendovgenitis): A Popular Healing Art," in Papers on Folk-Medicine Given at an Inter Nordic Symposium at Nordiska Museet, Stockholm 8-10 May 1961. Stockholm, 1963. Reprinted from Arv: Journal of Scandinavian Folklore 18-19 (1962-1963).

Specific studies of ethnic, regional, and economic variations in the use of folk medicine, past and present, are needed to test the accuracy of prevailing generalizations in medical historiography. Some of this research should be quantitative in nature, the better to document the broad range of medical behavior that exists even within distinct ethnic groups or geographical regions. This thesis addresses both concerns. The purpose is twofold: (1) to examine the use of folk medicine in Nebraska and the surrounding Midwestern states, from c. 1870 until the present, and (2) to experiment with a model for future quantitative studies in the use of folk medicine.

The chronological and geographical boundaries of this study were determined by the material at hand. The University of Nebraska at Omaha Folklore Archive contains many types of folklore, collected from residents of Nebraska.⁷ A portion

⁷The UNO Folklore Archive, directed by Professor Richard S. Thill, contains approximately 10,000 items of folklore. The Archive also serves as a repository for tapes gathered in several student oral history projects at UNO. Although all of the folklore and oral history was collected in Nebraska from people residing in the state at the time, the informants represent a wide variety of ethnic backgrounds. Omaha is a culturally diverse urban center, with over eighteen distinct ethnic groups represented in the city's population. In addition, UNO's International Studies program draws students from many foreign countries to the campus. The nearby Strategic Air Command base brings personnel from many areas of the United States. Equally large numbers of Omahans have roots in rural Nebraska or Iowa, many having come to the city in search of employment or advanced education.

I became interested in folklore as an undergraduate German major, and enrolled in several folklore classes. My interest continued as a graduate student. During my graduate

of this folklore deals with medical beliefs and practices. Many of these items of folk medicine are accompanied by biographical details about their past and present users. In order to design a method for the quantitative analysis of folk medicine, 389 folk beliefs were selected for study.

Folk medicine, today as in the past, coexists with the medicine practiced by professional physicians. Studies of folk medical belief must be woven into the broader context of the historical relationship between professional medicine and lay medicine. Thus, the designations "folk medicine" and "scientific medicine" are examined and the interaction of the two medical traditions briefly summarized.

The relationship of folk medicine and scientific medicine is not static, but varies from time to time and place to place, influenced by the specific social, cultural, and physical environment. Folk treatment and scientific treatment coexisted in Nebraska and the American Midwest from the days of the earliest settlers. For residents of the area, many factors influenced the availability and choice of medical care. Even within the geographic area

studies, I have been employed as a student archivist and clerical assistant at the UNO Folklore Archive. I collected a number of the medical beliefs used in this thesis as a participant in various class and community folklore projects. Additional information on the Archive, the background of the folklore informants, and details on how the items were collected and selected for study is provided in Chapter III and IV of this thesis.

and time period designated for this study, people did not have identical options for medical treatment, nor did they respond identically to those options which were available.

The relationship of folk medicine and scientific medicine and the conditions which influenced that relationship in the American Midwest provide a historical context for the analysis of this collection of folk remedies. The study employs both quantitative and "qualitative" methodology. A computer was used to examine patterns of usage and to explore possible correlations of the various factors involved. In addition, many of the items of folk medicine which exhibited interaction with scientific medicine or revealed the influence of specific environmental factors were examined individually.

The literature which concerns folk medicine comes from several disciplines, and thus exhibits a variety of approaches to the subject. This study chooses to look at the use of folk medicine as a part of the social history of the American Midwest. The methodology employed is that of the social historian, not that of the comparative folklorist, the sociologist, or the cultural anthropologist. Although dependent on prior research in these disciplines, as the bibliography demonstrates, the present endeavor seeks to provide a historical framework for the study of folk medicine in this particular geographic area.

In order to focus clearly on the use of folk medicine in the American Midwest, it is necessary to understand how such medicine differs from what is commonly called scientific medicine. Only in the most general way can the historical relationship between these two kinds of medicine be expressed chronologically. The rise of the medical profession did not signal the death of lay treatment. Despite the presence of those designated as professional physicians, large numbers of people continued to treat their own and each other's ills. Folk medicine and scientific medicine showed no clear separation until medicine became an academic discipline in the Middle Ages.⁸ Even then, the separation was not a self-conscious one until perhaps the nineteenth century. Thus, the relationship between these two types of medicine is most accurately expressed by the term "parallel medical traditions."⁹

While often conflicting in theory and practice, these medical traditions share a common origin. To clarify the present relationship of folk and scientific medical traditions,

⁸Bruno Gebhard, "The Interrelationship of Scientific and Folk Medicine in the United States of America Since 1850," in American Folk Medicine, ed. Wayland D. Hand (Berkeley: University of California Press, 1976), p. 92.

⁹Edward H. Spicer, "Southern Healing Traditions in the 1970's: An Introduction," in Ethnic Medicine in the Southwest, ed. Edward H. Spicer (Tucson: University of Arizona, 1977), p. 6

it is helpful to summarize the historical treatment of three varieties of medicine: primitive medicine, folk medicine, and scientific medicine. Although scholars, in general, delineate these three medical traditions, it is impossible to draw clear-cut chronological or ideological distinctions. Thus, a survey of the available literature on this subject reveals some disagreement on the terms used to designate the three traditions, as well as on the material subsumed under each category.

Although the terms "primitive," "folk," and "scientific" are those most commonly employed in medical historiography, all three have specialized meanings in other disciplines and unfortunate connotations in popular speech. While the terms may not be the most accurate labels for the medical traditions in question, they are the most familiar, and will be used in this thesis for that reason. The following operational definitions will apply: "Primitive medicine" will refer to medical ideas and practices based on a magico-religious world view. Medicine grounded in the rational thought of the Greeks and disseminated by trained medical professionals will be called "scientific medicine." "Folk medicine" will be used to designate that body of medical belief and practice evinced by people outside the medical profession, medicine which is passed on primarily in oral tradition.

In the past, scholars have assumed a linear progression for the three types of medicine, beginning with the

primitive medicine of prehistory and ending with the scientific medicine of today. In this view, folk medicine gradually replaced primitive medicine--that medicine comprised largely of magic and superstition. Folk medicine, although still superstitious in nature, was dignified by a rude empiricism and characterized by the use of herbal remedies. In turn, folk medicine gradually retreated before the rational medical thought of the Greco-Roman tradition.¹⁰ Contemporary research recognizes that neither primitive medicine nor folk medicine can be relegated to the past. Both of these medical traditions are apparent in the world today. Furthermore, all three types of medicine can be found, in varying degrees, in both undeveloped and highly developed countries. In the modern world, these three medical traditions constitute "alternate responses to illness."¹¹

¹⁰Many histories of medicine written prior to the 1950's, and some written thereafter, view the development of medicine in chronological stages. Primitive medicine and folk medicine are mentioned in the first few pages, if at all. Typical examples of this approach are Fielding H. Garrison, History of Medicine (Philadelphia: W. B. Saunders, 1929); Arturo Castiglioni, A History of Medicine, 2nd ed. (New York: Knopf, 1958); Charles Singer and E. Ashworth Underwood, A Short History of Medicine, 2nd ed. (New York: Oxford University, 1962).

¹¹Robert Straus, "The Development of a Social Science Teaching and Research Program in a Medical Center," paper presented at the Annual Meeting of the American Sociological Society, Washington, D.C. (September, 1955). Quoted in Stanley H. King, Perceptions of Illness and Medical Practice (New York: Russell Sage Foundation, 1962), p. 93.

Primitive Medicine

Primitive medicine is that medicine which develops within a culture as people seek explanations for illness and devise methods to relieve symptoms of disease. One would find unadulterated primitive medicine today only among culturally isolated peoples. Based on a magico-religious world view, primitive medicine emphasizes the unity of man and nature.¹² This form of medicine believes that human health is controlled by the supernatural. Spirits cause sickness, injury, and death either by direct action or at the instigation of human malevolence. Disease must be treated by attacking its cause, that is, by appeasing these spirits or counteracting their power.

Primitive medicine employs the two fundamental principles of magic outlined by Sir James Frazer. The "Law of Similarity" states that "like produces like," or that the effect will resemble the cause. Thus, one can produce the desired effect by imitating it in advance. The second principle, the "Law of Contagion," expresses the belief that "things which have once been in contact continue ever afterwards to act on each other." This law is evinced in the belief that whatever is done to a material object will

¹²Erwin H. Ackerknecht, A Short History of Medicine (New York: Ronald, 1955), p. 12ff.; Don Yoder, "Folk Medicine," in Folklore and Folklife: Selected Essays, ed. Richard M. Dorson (Bloomington: Indiana University, 1972), pp. 192, 203.

continue to affect, regardless of distance, the person once in contact with that object.¹³

The primitive practitioner employs these magical principles to treat symptoms of disease, or conversely, to create illness in chosen victims. The laws of magic are expressed in practices such as the transference of disease, animal sacrifice, and the use of protective amulets.¹⁴ In primitive therapeutics, herbs and botanical derivatives are often used in conjunction with a magical rite, but are not themselves considered efficacious.¹⁵

Primitive medicine does not define illness as an isolated, personal experience, but as a psycho-social-religious phenomenon involving the patient, the healer, and the community. Disease does not originate within the patient, caused by physiological or psychological malfunction, but rather is imposed from without, the result of supernatural forces acting on the patient. Thus, one can practice preventive medicine only in the sense that one can seek to align oneself favorably with those forces which have the power to affect human health.¹⁶ Determining the cause and

¹³Theodor H. Gaster, ed., The New Golden Bough (New York: Anchor Books, 1961), p. 5.

¹⁴Henry E. Sigerist, A History of Medicine, Vol. I: Primitive and Archaic Medicine (New York: Oxford, 1951), 126-140.

¹⁵Erwin H. Ackerknecht, Therapeutics: From the Primitives to the Twentieth Century (New York: Hafner, 1973), p. 7.

¹⁶Sigerist, Primitive Medicine, pp. 141-145.

--

meaning of the disease is of paramount concern. The therapeutic process, not the patient, is the focus of attention. If therapeutic measures succeed in relieving obvious symptoms, the patient is considered cured and his problems generate no further concern.¹⁷

Before the advent of Greek medicine, and for some time thereafter, much of the medicine practiced probably employed the concepts of primitive medicine. A contemporary estimate of the value of primitive medical practice estimates therapeutic measures to have been about twenty-five percent objectively effective.¹⁸ Certainly, the primitive patient's belief that disease was induced by malevolent forces could produce a high rate of psychosomatic illness, to use a modern term. Likewise, faith in the magical powers of the primitive practitioner could effect a high rate of symptomatic "cure." Modern medicine has found the placebo to be forty to sixty percent effective in relieving certain ailments.¹⁹ Primitive patients, trusting fully in the efficacy of the healing ritual, would seem even more susceptible to relief through placebos and other forms of suggestion therapy. Thus a conservative estimate might suggest

¹⁷Lauri Honko, "On the Effectivity of Folk Medicine," in Papers on Folk-Medicine Given at an Inter Nordic-Symposium at Nordiska Museet, Stockholm 8-10 May 1961, ed. Carl Tillhagen. Stockholm, 1963. Reprinted from Arv: Journal of Scandinavian Folklore 18-19 (1962-63), p. 296.

¹⁸Gebhard, "Scientific and Folk Medicine," p. 97.

¹⁹Honko, "Effectivity of Folk Medicine," p. 294.

that primitive medicine was effective in relieving the patient in at least one half of the cases. Of course, then as now, a great many diseases were self-limiting.

To contrast the effectiveness of primitive medical practices with those of scientific medicine seems pointless. Primitive practices must be evaluated in the context of the culture which sustained them.²⁰ Those who do contrast the two types of medical treatment frequently exaggerate in favor of scientific medicine. For much of history, the patient fared nearly as well with the former as with the latter. As Lauri Honko reminds us:

As late as in the seventeenth century, the European peasant and the Negro in the jungles of Africa had about the same chance of having their diseases cured. In both cases, the doctor could e.g. explain that the disease was due to the penetration of a foreign spirit.²¹

Methods of exorcism were similar. Primitive medicine required intervention to render pathogenic forces impotent. Until the mid-nineteenth century, scientific medicine operated on similar assumptions. Thus to enquire whether a patient might have recovered on his own is to beg the question. In both cases, patient and physician alike believed in the necessity of intervention therapy. The primitive practitioner sought to counteract the influence of evil spirits, and his

²⁰Ibid., p. 290; Ackerknecht, A Short History, p. 1'

²¹Honko, "Effectivity of Folk Medicine," p. 294.

--

scientific counterpart to eliminate corrupted humors and restore delicate balances within the body.²²

While the philosophy on which primitive medicine is based no longer dominates society, the legacy of that tradition remains in both scientific medicine and folk medicine. Many of the drugs employed by primitive practitioners were therapeutically effective. Primitive pharmacopaeas contained drugs used by scientific medicine today, among them strychnine, quinine, cocaine, lobelia, digitalis, and ergot.²³ Primitive practitioners also developed bone-setting and physical therapy techniques remarkably similar to modern procedures. Folk medicine, likewise, retains many of the botanicals and rituals of primitive medicine, as any collection of folk remedies will amply document.

Scientific Medicine

Primitive medicine, due to its distinctive world view, is easy to distinguish from scientific medicine. Folk medicine and scientific medicine, however, are more difficult to separate. The problem is compounded by the terms commonly used to identify these traditions. Recognizing that both "folk" and "scientific" are inaccurate and potentially misleading labels, various scholars have employed other

²²Sigerest, Primitive Medicine, p. 126.

²³Ackerknecht, Therapeutics, p. 9.

designations: "empirical medicine" and "rational medicine," "regular medicine" and "irregular medicine," "academic medicine" and "lay medicine," "professional medicine" and "domestic medicine," "modern medicine" and "primitive medicine."²⁴ The terminology reveals that scholars have tended to view the two traditions as dichotomous and mutually exclusive categories of medical thought and practice. Adding to the confusion is the fact that the terms used for each tradition are not synonymous. Medicine was rational and academic centuries before it could be called scientific. Professional physicians date from Hippocratic times, at least, but medical professionalization occurred in America only in the nineteenth century. Folk medicine, on the other hand, is not always empirical, nor is it strictly domestic, i.e., centered in the home. Such medicine is lay only in the sense that scientific medicine does not recognize the folk healer as a fellow professional. "Regular" and "irregular" are ambiguous terms, while "modern" has a specialized meaning for historians. As discussed earlier, "primitive" encompasses a world view not necessarily present in folk medicine.

²⁴ John Duffy, The Healers: The Rise of the Medical Establishment (New York: McGraw-Hill, 1976), pp. 109-128; Donald L. Kennedy, "Perceptions of Illness and Healing," Social Sciences and Medicine 7 (1973): 787-790; Guenter B. Risse, "Introduction" to Medicine Without Doctors: Home Health Care in American History, eds. Guenter B. Risse, Ronald L. Numbers and Judith Walzer Leavitt (New York: Science History Publications, 1977), pp. 2-3; Gebhard, "Scientific and Folk Medicine," p. 97; King, Illness and Medical Practice, pp. 109ff.

Scientific medicine seems easier to define than folk medicine. In its broadest sense, scientific medicine is the body of medical tradition based on the rational world view of the early Greek philosophers. These traditions have been systematized and are entrusted, in each generation, to qualified beneficiaries. Throughout history, an educated elite has controlled scientific medicine. The members of this group could write, and did. Thus the scientific medical tradition is well documented. Physician and historian alike have recorded the evolution of medical thought, the progress of medical research, the development of medical education, and the biographies of important theorists and physicians. The knowledge, beliefs, values, practices, and modes of behavior implicitly and explicitly stated in these writings are passed on to succeeding generations of physicians. Augmenting this medical literature, and no less important, are the oral traditions and customary behavior associated with the practice of medicine. These traditions, likewise, are passed from generation to generation within the profession.

For much of its history, this medical tradition was not scientific, as we understand science today. The ancient Greeks considered medicine a fit subject for intellectual and philosophical speculation. Greek philosophers thus loosened medicine from its relationship to primitive religion, initiating a body of systematized writings about the human body and its states of health and disease.

10

Medicine became a science, in the ancient and medieval meaning of the word. The Hippocratic writings exhibit the progress of medical thought from empiricism to "empirical correlations," or the tying together of previous empirical observations. The attempt to explain these correlations led to the formation of "theoretical concepts."²⁵ Although these concepts were often in error, in the light of modern knowledge, a new tradition of medical thought was initiated, a tradition which has culminated in what we call scientific medicine.

Medical historians disagree on just when, if ever, it is proper to call medicine "scientific." Sigerist, among others, feels that medicine should be considered a social science.²⁶ Lester King provides the clearest discussion of why such medicine is considered scientific. He identifies two connected concepts as the "cornerstone" of medical science:

. . . first, the realization that logical coherence is not enough to establish a claim, but that empirical evidence is necessary. And second, the evidence must be evaluated, and critical evaluation must be applied to both empirical data and derived theories. The critical attitude, not any particular discovery, is the real core of scientific medicine.²⁷

²⁵Lester S. King, "The Development of Scientific Medicine," in Mainstreams of Medicine: Essays on the Social and Intellectual Context of Medical Practice, ed. Lester S. King (Austin: University of Texas Press, 1971), pp. 136-138.

²⁶Sigerist, Primitive Medicine, p. 14.

²⁷"Development of Scientific Medicine," p. 146.

Each society has possessed some means, formal or informal, of distinguishing the rightful heirs of this medical tradition. At various times in history, social custom, academic credentials, certification by peers, or formal legislation have determined who can be considered a member of the medical profession. In our society, legal validation, in the form of licensing, is the primary determinant of professionalism. Yet the idea of a profession involves much more than legal sanction. Gerald Grob lists the following attributes which characterize a profession:

. . . the existence of a systematic body of special knowledge; authority derived from the possession of specialized knowledge not understood by lay people; community sanction, often in the form of a legal grant of powers and privileges; a definable clientele; an implicit or explicit code of ethics; and a sense of unity and corporateness in membership.²⁸

The dominant culture in our society recognizes the medical doctor, the M.D., as the medical professional, heir of the scientific tradition.²⁹ Thus, scientific medicine today, is the knowledge possessed, organized, and dispensed by this group. This knowledge is not necessarily the exclusive property of these professionals, nor must it have originated in the mainstream of scientific medicine. As will

²⁸"Social History of Medicine," p. 400; see also Vern L. Bullough, The Development of Medicine as a Profession (Basel: S. Karger, 1966).

²⁹The terms "regular" physician or "orthodox" physician are often used to distinguish the medical doctor from others who use the title of "Doctor," but do not belong to the medical profession. The latter are called "irregular" or "unorthodox" practitioners.

be discussed later, the same ideas, beliefs and practices may often be found in current folk medical tradition.

At no point in time have the medical professionals been the only group capable of correlating empirical observations and developing theories of health and disease. Another medical tradition, that of folk medicine, has continued to coexist with scientific medicine. In any era, medical theorists or professionals administer to only a portion of the population. For most people, at most points in history, some variety of folk medicine has been the most likely form of medical treatment.³⁰

Folk Medicine

In the present context, it is helpful to assign to folk medicine the broadest possible definition. Folklorists who specialize in folk belief agree, for the most part, that a broad range of medical behavior can be subsumed under this topic. One folklorist defines folk medicine as "whatever ideas of combatting and preventing disease exist among the people apart from the formal system of scientific medicine."³¹

³⁰James H. Cassedy, "Why Self-Help? Americans Alone With Their Diseases, 1800-1850," in Medicine Without Doctors: Home Health Care in American History, eds. Guenter B. Risse, Ronald L. Numbers and Judith Walzer Leavitt (New York: Science History Publications, 1977), p. 31.

³¹"Grundlagen, Gültigkeit und Grenzen der volksmedizinischen Heilverfahren," Bayrisches Jahrbuch für Volkskunde 1 (1950): 9-20; reprinted in Elfriede Grabner, ed. Volksmedizin:

Another concurs, calling folk medicine "the substance of all the traditional viewpoints on sickness and the healing methods applied against disease which exist among the people."³² Scholars in other disciplines are in accord. A physician calls folk medicine "the patient's--not the doctor's--concept of health and disease and the cures applied in case of illness and accident."³³ One sociologist defines folk medicine as the "vast body of beliefs held by the non-professionals in any society concerning the cause of illness and ways of treating it."³⁴ Finally, a medical historian uses the term "domestic medicine" to refer to the "diagnosis, care, and even prevention of disability and illness without direct professional medical assistance."³⁵

Folk medicine, then, clearly refers to the body of medical belief and practice possessed by those outside the scientific medical tradition. As was mentioned with scientific medicine, not all of this material need have originated

Probleme und Forschungsgeschichte (Darmstadt, 1967), pp. 289-314. Quoted in Yoder, "Folk Medicine," p. 193.

³²Yoder, "Folk Medicine," p. 196.

³³Gebhard, "Folk Medicine and Scientific Medicine," p. 90.

³⁴Stanley King, Illness and Medical Practice, p. 108.

³⁵Risse, Medicine Without Doctors, p. 2. These scholars are using the term "professional" to designate the scientific practitioner. Some folk practitioners, such as Navaho shamen, are considered medical professionals within their own culture, but non-professional practitioners by many outside that culture.

in folk tradition. Scientific medical ideas are often appropriated and assimilated into folk medicine. Thus, folk medicine includes remedies passed on in oral tradition, popularized medical knowledge held and communicated by lay people, faith and religious healing, vitamin lore, dietary lore, health-food and nutritional beliefs, and much more--all of the implicit and explicit beliefs involved in maintaining health and combatting disease. This is not to say that professional physicians do not themselves possess and pass on folk medicine. The important distinction between folk medicine and scientific medicine is not the origin or the content of a given medical belief, but the process by which it is developed, maintained, and disseminated. Regardless of their origin, ideas which are appropriated, used, altered, and passed on by the people become the property of the folk.

Folklorist Alan Dundes defines the folk as "any group of people whatsoever who share at least one common factor."³⁶ Folk groups are groups of people--people who may or may not know each other on an individual basis--who share ethnicity or language or occupation or religion, to cite just a few examples. Medical beliefs vary from folk group to folk group. Just as each group will possess its own variety of medical lore, individuals within that

³⁶Alan Dundes, The Study of Folklore (Englewood, N.J. Prentice-Hall, 1965), p. 2.

group will exhibit varying degrees of familiarity with the shared traditions. Some traditions are peculiar to one group; some are held in common by a number of groups. The medical professionals in any society comprise a folk group, holding in common their medical traditions. In like manner, lay members of a society are united by their exclusion from professional medicine, in addition to whatever other unifying factors may exist.

The historical relationship between folk medicine and scientific medicine is fascinating and complex. For the present purpose, it is sufficient to note that, in any age, ideas and practices flow back and forth between the two traditions with relative ease. Wayland Hand reinforces a point made earlier when he remarks that folk medicine may keep alive the scientific medicine of an earlier era, while scientific medical researchers often discover therapeutic value in traditional folk cures.³⁷ Herbal remedies have been the property of both physician and folk throughout the centuries. Medical pharmacopeias, herbals, and compendia of folk cures attest to the sharing of efficacious botanical remedies. For many centuries, magical cures were found in both traditions. Rituals reminiscent of primitive medicine remain in both today.

³⁷Wayland D. Hand, "Introduction" to American Folk Medicine: A Symposium, ed. Wayland D. Hand (Berkeley: University of California, 1976), p. 4.

Scientific medicine of the past relied heavily on botanicals which originated in primitive and folk medicine. Some of these herbal cures have cycled in and out of scientific favor over the years. Belief in the therapeutic value of garlic, for example, has been part of folk medicine since antiquity. Garlic was thus appropriated by scientific medicine and later discarded and disdained as a "folk" remedy. Recently, garlic is reentering the realm of scientific medicine. Current medical research finds some therapeutic value in garlic. Thus garlic may again become part of scientific medicine if it is legitimized by medical research and its potential value disseminated by approved vehicles of medical communication. The folk, of course, have continued to use garlic, regardless of the favor or disfavor of the medical professionals.³⁸

Folk medicine, likewise, borrows from scientific medical thought. People often adopt a prescribed treatment while remaining unaware of the rationale on which the practice is based. Explanations and theories of disease developed in scientific medicine find their way into folk tradition.³⁹ Throughout much of history, scientific medicine

³⁸Carl Sherman, "Garlic: The Healing Fire," Prevention (May, 1979), pp. 104-109; W.W. Bauer, Potions, Remedies, and Old Wives Tales (New York: Doubleday, 1969), pp. 270-273; John Gerard, The Herbal. The Complete 1633 Edition as Revised and Enlarged by Thomas Johnson (New York: Dover, 1975), pp. 177-178.

³⁹Yoder, "Folk Medicine," p. 191.

and folk medicine have shared a common world-view. For centuries, scientific medicine held the doctrine of signatures and a belief in humoral pathology. These doctrines were extensions and elaborations of ideas in circulation since antiquity--ideas shared in one form or another by all levels of society.⁴⁰ At an elementary level, scientific theory and folk reasoning were compatible. Thus, the doctrines of scientific medicine found ready acceptance from the folk.

Folk medicine, in fact, often clings to such doctrines long after they have been discarded by scientific medicine.

⁴⁰The doctrine of signatures is expounded in the writings of Paracelsus, although it had been part of medical tradition from ancient times. The doctrine is related to the principle of similars discussed earlier. The belief, simply stated, was that God had created a cure for every ill, to be recognized by its similarity to the disease or organ of the body that was ailing. Thus, heart diseases were treated with plants bearing heart-shaped leaves, yellow substances used to treat jaundice, etc. For additional information, see any of the histories of medicine, especially Ralph Major, A History of Medicine, 2 vols. (Springfield, Ill.: C. Thomas, 1954) 1:388; Douglas Guthrie, A History of Medicine (London: T. Nelson, 1958), p. 160.

Humoral pathology rests on the belief in essential elements, or qualities found in all of nature. The idea is age-old, evident in Chinese and Indian folk medicine. As found in both the Hippocratic and Galenic writings, the humors, or elements, were four: blood, phlegm, yellow bile, and black bile. There were, likewise, four qualities common to all things: hot, cold, dry, and moist. Each part of the body, and each disease, had a characteristic humor and quality. Health was the state of humoral balance within the body; imbalance meant disease. Therapy aimed at restoring the balance and, thus, the state of health. As Major remarks: "For more than 1500 years, the humoral theory remained the very foundation of all medical thought, the fundamental knowledge each doctor must understand before he could practice medicine intelligently." A History of Medicine, p. 192.

Twentieth century folk medicine retains elements of the humoral and signature beliefs mentioned above, a point to be demonstrated later with reference to the UNO collection. Erwin Ackerknecht speculates that today's folk medicine is composed of approximately 10 percent primitive medicine, 50 percent humoral ideas, and 40 percent "misunderstood modern technology."⁴¹ While this breakdown is grossly oversimplified, folk medicine generally does seem to assimilate new ideas faster than it discards old ones.⁴² Thus, modern technology, as will be seen later, is often incorporated into a folk cure containing elements of both primitive magic and humoral belief.

Primitive, Folk, and Scientific Medicine in America

The settling of the New World provided a unique opportunity for primitive medicine to encounter the folk and scientific medical traditions of Western Europe. Early settlers brought to America both folk remedies and academically trained physicians. The American Indians possessed their own medical traditions, comprised of primitive magic and herbal lore. European-trained physicians were intrigued by the Indians and their medicine. In 1802, Dr. Benjamin

⁴¹Erwin H. Ackerknecht, Medicine and Ethnology: Selected Essays (Baltimore: Johns Hopkins Press, 1971), p. 8

⁴²Saunders and Hewes, "Folk Medicine," p. 46.

27

Rush prepared a list of questions to aid Lewis and Clark in recording Indian medical practices during their venture into the West. Rush was interested in collecting remedies and therapeutic procedures, but also asked the explorers to ascertain, if possible, the types of illness prevalent among the Indians, their diet, life expectancy, and the age at which women reached puberty, married, and bore children.⁴³

Colonial physicians often treated Indian patients, while missionaries used medical skills to gain the confidence of the Indians they hoped to convert.⁴⁴ Early settlers, on the other hand, frequently relied on Indian remedies to treat various ills. Many frontier settlements had an "Indian Doctor," either a native or an Indian-trained white, who treated the entire community. Indian remedies enjoyed such a positive reputation that patent medicine manufacturers found it to their advantage to claim Indian origins for their products.⁴⁵

Africans imported as slaves also brought their own form of primitive medicine, comprised of supernatural rituals

⁴³Donald Snoddy, "Medical Aspects of the Lewis and Clark Expedition," Nebraska History 51 (Summer, 1970): 115-116.

⁴⁴Duffy, The Healers, p. 21.

⁴⁵Ackerknecht, Medicine and Ethnology, pp. 27-28; see also Virgil J. Vogel, American Indian Medicine (Norman: University of Oklahoma Press, 1970); James Harvey Young, The Toadstool Millionaires: A Social History of Patent Medicine in America Before Federal Regulation (Princeton, N.J.: Princeton University Press, 1961), pp. 9, 176-179.

and herbal remedies. Again, an exchange of medical ideas took place. Plantation owners treated ailing slaves, using domestic recipes or remedies borrowed from scientific medicine. Thus blacks absorbed both white folk traditions and white professional medicine. Whites, in turn, learned from their slaves, adopting effective botanical remedies for their own use. Black midwives often attended white women. Some whites availed themselves of the services of conjure doctors and other black practitioners.⁴⁶

The southern planter's medical skills documented the interchange of folk and scientific medicine with African and Indian medicine. Weymouth Jordon describes the prescription book of one such planter:

Many of his cures were his own; others came to him from neighbors and friends; some were picked up from Indian lore; some were brought to Alabama from Africa by Negro slaves. He practiced empiricism at its best, or worst.⁴⁷

The journal of a Carolina planter, dating from the 1830's,

⁴⁶Todd L. Savitt, Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia (Urbana: University of Illinois Press, 1978), pp. 173-176; Eugene D. Genovese, Roll, Jordan, Roll: The World the Slaves Made (New York: Vintage, 1974), pp. 224-229.

⁴⁷Weymouth Jordon, Ante-bellum Alabama: Town and Country (Tallahassee, 1957), p. 77, quoted by Genovese, Roll, Jordan, Roll, p. 225.

lists herbal concoctions and an Indian remedy side by side with therapeutic practices characteristic of scientific medicine in that period.⁴⁸

Historians of American medicine often stress the conflict between scientific medicine and folk medicine. Certainly, progress toward medical professionalization engendered strife between the scientific practitioner and his folk or sectarian counterpart. Yet, at a philosophical level, the two medical traditions had much in common. The compatibility of folk and scientific medicine in nineteenth century America rested on a system of medical thought accepted by both physician and folk. Charles Rosenberg states the unifying philosophy:

The body was seen metaphorically as a system of dynamic interactions with its environment. Health or disease resulted from a cumulative interaction between constitutional endowment and environmental circumstance.⁴⁹

Nineteenth century therapeutic measures were based on two assumptions: (1) "every part of the body was related inevitably and inextricably with every other," and (2) the human body was a "system of intake and outgo" which must

⁴⁸Jo Ann Carrigan, "Medicines and Miscellanies, A Handbook of Remedies, Recipes, etc. (c. 1830-1870)," (Master's thesis, Louisiana State University, 1956); Jo Ann Carrigan, "Early Nineteenth Century Remedies," Louisiana Folklore Miscellany 4 (January, 1960): 43-61.

⁴⁹Charles E. Rosenberg, "The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth Century America," Perspectives in Biology and Medicine 20 (1977): 487-488.

remain in balance to insure good health.⁵⁰ Medical practitioners did not concentrate on the treatment of specific diseases, but sought to restore the critical balance in the body. Although the therapeutic measures varied, scientific medicine, sectarian medicine, folk medicine, patent medicine, domestic medical manuals, and medical advice in newspapers and almanacs all evince acceptance of these medical principles.⁵¹ In the latter part of the century, scientific medicine increasingly moved away from the systemic approach, as medical research began to focus on specific diseases. Folk medicine, however, retained this medical model well into the twentieth century, as did many scientific practitioners.

Scientific medicine appears to dominate medical thought and practice in America, leading casual observers to assume that folk medical traditions have been forgotten, especially among urban-born generations.⁵² At the very heart of folk medicine, of course, lies the body of traditional remedies which have been handed down orally through the years in families, communities, and ethnic groups. While many families may well have discarded this form of folk medicine, others, urban as well as rural, remember traditional cures and use them extensively.

⁵⁰Ibid.

⁵¹Ibid., pp. 494-496.

⁵²Gebhard, "Folk Medicine and Scientific Medicine," p. 93.

Folk medicine incorporates more than specific remedies or prescriptions for illness, however. As was mentioned earlier, much of our medical behavior is also a form of folk medicine. Along with other customary attitudes and actions, these responses to illness have been passed on to us as part of our cultural heritage. A young mother, for example, may feel the forehead of her fretful child because she remembers her mother doing so, not because she does not know of a more scientific means of determining body temperature. We all function as medical diagnosticians. In this role, we rely heavily upon our folk traditions. At the onset of an illness, we must assess symptoms, decide on the severity of the condition, and choose a mode of treatment. As Saunders and Hewes point out:

The first reference point for the identification of an illness, the first steps toward cure or relief and possibly a good deal of the subsequent activity with respect to the illness are likely to derive from that body of belief and practice which we know as folk medicine.⁵³

The onset of an illness calls into play a set of "diagnostic, prognostic and therapeutic procedures."⁵⁴ Folk diagnoses are based on observation, prior experience, remembered knowledge, traditional behavior, or family custom. Usually a decision on the nature and cause of the illness is proffered, followed by suggestions for relief. A feverish,

⁵³Saunders and Hewes, "Folk Medicine and Medical Practice," p. 43.

⁵⁴Kennedy, "Perceptions of Illness," p. 791.

coughing relative might be advised: "You must have caught a cold from walking home in the rain. Take a couple of aspirin, drink some hot lemonade, and go to bed and sweat it out." ⁵⁵ Medical doctors tacitly acknowledge these folk diagnoses by holding patients responsible for overestimating or underestimating the seriousness of an illness. Thus, a physician may scold the patient for not recognizing a condition that required immediate treatment. Or, conversely, physicians may chastise patients for wasting a doctor's valuable time, seeking aid for what should have been recognized as a minor ailment.

Far from being dead, folk medicine is an integral part of the total practice of medicine in twentieth century America. Most of us are only a generation or two away from the widespread use of folk remedies. Many Americans in the past, and not a few today, seek out professional medical care only in life-threatening or potentially crippling situations. Fear and distrust of the medical profession were rampant in the last century, and still persist in many segments of American society.

⁵⁵The folk beliefs and rationales implicit in the statement will be clarified in a later chapter.

Summary

The scientific medicine and the folk medicine of today do share a common heritage from primitive medicine. Although the first two medical traditions have developed separately throughout recent history, each owes much to the other. The interaction between the two types of medicine continues in present day American society. As in the past, folk medicine and scientific medicine are united by the models of health and disease which prevail in society. The balance and tension between the two medical traditions are influenced by developments within scientific medicine, as new discoveries and modes of treatment supercede older ideas and practices. Likewise, the willingness of the folk to accept medical innovations modifies scientific medical practice. The relationship between folk medicine and scientific medicine is influenced by factors outside the institution of medicine, as well. The religious, economic, educational, and ethnic composition of a society may give one or another of the traditions dominance in a given time or specific locale. The following chapter will consider how such factors affected the choice of medical care for residents of the American Midwest during the past one hundred years.

CHAPTER II

FOLK MEDICINE AND SCIENTIFIC MEDICINE IN NEBRASKA AND THE SURROUNDING AREA 1870'S-1970'S

At no time in our history, have Americans been willing to deliver responsibility for their medical care entirely into the hands of professional physicians. Health has always been too important to be entrusted to doctors.¹ While self-curing is by no means peculiarly American, our citizens have often accorded the medical profession scant respect.² Rival systems of medicine flourished in the particular climate of nineteenth century American thought and vied with the professional physician for the patient's loyalty. Throughout the centuries, large numbers of Americans continued to treat their own illnesses, despite increasing numbers of academically-trained physicians.³

A patient's choice of medical treatment is determined by many factors, not the least of which is the availability,

¹Duffy, The Healers, p. 321.

²Risse, Medicine Without Doctors, pp. 1, 7-8.

³Cassedy, "Why Self-Help?", p. 34.

or lack thereof, of that type of care in the community. Today, urban Americans can locate herbalists, witches, faith healers and chiropractors with little more effort than it takes to locate an orthodox physician. Given such a choice of therapy, patients are motivated by their own personal beliefs about sickness and health; beliefs based on ethnic background, religion, economic class, education, and other aspects of cultural heritage. The cost of various types of care also affects the choice of treatment. Likewise, the severity of an illness may determine the kind of medical aid sought. Many people routinely treat minor ailments on their own, calling in a physician only if such treatment fails to provide relief.⁴ Cancer victims, on the other hand, may try, in desperation, everything from surgery and chemotherapy to faith healing.

Geographical location has been one of the primary determinants of the type and quality of health care enjoyed by Americans. Before the advent of the automobile, patients in urban centers could call upon medical services unavailable to rural residents of the same state. Even today, there are areas of the United States where medical doctors are scarce and hospital facilities non-existent.⁵ In the

⁴James Harvey Young, "Patent Medicine and the Self-Help Syndrome," in Medicine Without Doctors: Home Health Care in American History, eds. Guenter B. Risse, Ronald L. Numbers and Judith Waltzer Leavitt (New York: Science History Publications, 1977), pp. 111-112.

⁵Michael L. Berger, "The Influence of the Automobile

following discussion of medical care in the American Midwest during the late nineteenth and early twentieth centuries, the urban-rural dichotomy must be kept constantly in mind.

In theory, at least, Midwestern residents had access to orthodox physicians as well as to a variety of other practitioners.⁶ While the number of physicians in the Midwest rose steadily during the nineteenth century, medical sects and heresies likewise proliferated.⁷ By 1880, patients in one Midwestern state could choose from a bewildering array of "doctors." In addition to the orthodox physician, there were "eclectic, botanic, homeopathic, vitapathic, botanic-medical, physio-medical, physio-electric, hygeo-therapeutic and 'traveling'" doctors.⁸ Rothstein estimates that in 1900 there were about "110,000 regular physicians, 10,000 homeopaths, 5,000 eclectics, and over 5,000 other

on Rural Health Care, 1900-29," Journal of the History of Medicine and Allied Sciences 28 (October, 1973): 334.

⁶Cassedy, "Why Self-Help?", pp. 31-32.

⁷The term "sectarian" denotes those medical practitioners who espoused an organized system of medicine. William Rothstein defines a medical sect as a "number of physicians, together with their professional institutions, who utilize medically valid therapies when they exist, but otherwise utilize a distinctive set of medically invalid therapies rejected by other sects." American Physicians in the Nineteenth Century: From Sects to Science (Baltimore: Johns Hopkins Press, 1972), p. 23.

⁸Madge E. Pickard and R. Carlyle Buley, The Midwest Pioneer: His Ills, Cures, and Doctors (New York: Henry Schuman, 1946), p. 169.

practitioners" in the United States.⁹ By the turn of the century, chiropractic and osteopathic schools had been founded in the Midwest.

"Irregulars," of course, are conspicuously absent from rosters of early medical societies. Thus it is difficult to estimate the number of such practitioners in any given area. In some parts of the Midwest, non-orthodox physicians outnumbered medical doctors by about three to one by the latter part of the nineteenth century.¹⁰ By 1869, there were about sixty physicians in the state of Nebraska, or approximately one physician for every two thousand residents.¹¹ A number of these early Nebraska physicians were homeopaths.¹² From its inception in 1868 through 1902, the Nebraska State Medical Society registered about six hundred physicians as members.¹³ By 1920, many of the small towns in the state had a resident physician.¹⁴

Nationally, physicians clustered in the larger cities. In 1906, 40 percent of the physicians lived in cities of

⁹Rothstein, American Physicians, p. 345.

¹⁰Pickard and Buley, Midwest Pioneer, p. 169.

¹¹H. Winnett Orr, Selected Pages from the History of Medicine in Nebraska (Lincoln, 1952), p. 26; James C. Olson, History of Nebraska, 2nd ed. (Lincoln: University of Nebraska Press, 1966), p. 169.

¹²Alfred F. Tyler, ed., History of Medicine in Nebraska (Omaha: Magic Printing Co., 1928), p. 179.

¹³Orr, Selected Pages, pp. 77-81.

¹⁴Tyler, History of Medicine in Nebraska, pp. 549-662.

over 25,000 population, which contained 28 percent of the total population of the country. The situation had not improved by 1923, when urban areas held 37 percent of the population and 50 percent of the physicians.¹⁵ In the upper Midwest (Iowa, Kansas, Minnesota, Missouri, Nebraska, and the Dakotas), the United States census shows that from 1890 through 1920, the ratio of physicians to population averaged about one to every 580 persons.¹⁶ In 1906, the average distance between physicians in the region was twelve and one-half miles. The density of physicians in urban areas, however, makes such a figure relatively meaningless. Rural residents probably had to travel far greater distances than the above average would suggest, over roads that often may have been impassable.¹⁷

We cannot be certain to what degree the general public understood the difference between orthodox physicians and other practitioners.¹⁸ Perhaps better-educated

¹⁵Lewis Mayers and Leonard V. Harrison, The Distribution of Physicians in the United States (New York: General Education Board, 1924), p. 45.

¹⁶Ibid., pp. 159-160.

¹⁷Ibid., pp. 76-80, 184.

¹⁸Ibid., p. 159. Prior to 1910, the U.S. Census did not distinguish between orthodox physicians and other healers, osteopaths being grouped with physicians. By 1920, osteopaths were listed separately. That census shows the total number of healers to be approximately 165,000, almost 90 percent of whom were orthodox physicians. The breakdown for the 1920 census is as follows: regular physicians, 145,000; osteopaths, 5,000; other physicians, 15,000.

urban residents displayed an awareness of medical theory and chose their doctor accordingly. In fact, the middle and upper classes of society preferred homeopathic treatment to orthodox physicians. Many rural Midwesterners, however, undoubtedly took whatever help was available. If home remedies did not bring relief, the farmer hitched up the horses and went to town in search of a doctor. That doctor might have been a regular medical doctor, but was just as likely to have been a homeopath or other variety of practitioner. If there was a choice, some chose the doctor whose manner they liked best, the one who could give the most convincing explanation of the disease, or simply the one who was least expensive.¹⁹

The sectarian systems often had strong roots in folk medicine, but at the same time borrowed freely from scientific medicine of the day. Samuel Thomson's botanic medicine was founded on herbal lore learned from a New England herbalist. Around these remedies, Thomson constructed a system somewhat similar to the humoral theory which still pervaded much of scientific medical practice.²⁰ Another medical sect,

¹⁹Duffy, The Healers, p. 117; confidential interview, September 16, 1977; Edward Kibbe and Thomas McCorkle, Culture and Medical Behavior in a Bohemian Speech Community in Iowa. Bulletin Number One of the Institute of Agricultural Medicine (Iowa City: State University of Iowa, 1957), pp. 10-12.

²⁰Martin Kaufman, Homeopathy in America: The Rise and Fall of a Medical Heresy (Baltimore: Johns Hopkins, 1971), pp. 15-22; Pickard and Buley, The Midwest Pioneer, pp. 167-168.

homeopathy, was related to the ancient magical principle of similarity (like is cured by like)--a principle which had remained active in folk medicine. Homeopaths used many of the same drugs as the scientific practitioners, but administered these toxic substances in minute doses.²¹ Both Thomsonian and homeopathic physicians encouraged self-diagnosis and treatment, and produced medical literature for the layman, as did the regular physicians.

The eclectic sect, led by Wooster Beach, a renegade physician, combined the botanical remedies of Thomsonianism with whatever else might prove effective, including homeopathic and allopathic practices.²² Beach deplored the excessive use of mercury and calomel, and urged patients to observe for themselves the effect of various medications on the body. "Every free man," wrote Beach in 1847, "should, at least to a certain degree, be his own lawyer, his own preacher, his own physician."²³

Despite differing philosophies, the sectarians were united by their tacit acceptance of the nineteenth century

²¹Kaufman, Homeopathy in America, p. 26; Rothstein, American Physicians, pp. 154-156.

²²Duffy, The Healers, p. 114; Rothstein, American Physicians, pp. 217-229. Samuel Hahnemann coined the term "allopath" for the regular physician. Homeopaths prescribed drugs on the basis of similia (like the symptoms), but regulars used allos (other) basis of prescription, hence the term "allopath." See Kaufman, Homeopathy in America, p. 27.

²³Wooster Beach, The American Practice Condensed: or the Family Physician. 12th ed. (New York: McAlister, 1847), p. 120.

medical model. The model emphasized a balanced human organism, and treated symptoms of disease as evidence of systemic imbalance. These medical ideas were familiar to the layman, having pervaded much of folk medicine. As scientific medicine gradually began to concentrate on specific disease, sectarians continued to explain illness in terms that did not conflict with folk theories. For patients, the medical sects provided an attractive alternative to the complex theories of scientific medicine and the heroic treatment of many regular physicians.²⁴

The changes in scientific medical theory during the latter half of the nineteenth century had little effect on medical practice. Physicians, especially those in the South and the West, continued to dose patients with "quinine, aconite, opium, alcohol, mercury, strychnine, arsenic, and other potentially dangerous drugs."²⁵ Bloodletting was used routinely by older physicians until the end of the century. Regular physicians were as ineffective when faced with serious illness as the sectarian or folk practitioner. For minor ailments, patients found sectarian or folk remedies as likely to provide relief as allopathic procedures. In addition, such treatments were cheaper and less unpleasant.

²⁴The term "heroic" medicine refers to the practice of "bleeding, cupping, blistering, purging, and sweating," which characterized American medical practice throughout the nineteenth century. See Kaufman, Homeopathy in America, pp. 1-14.

²⁵Duffy, The Healers, pp. 232-233.

Orthodox physicians, realizing that home treatment was a necessity for many Americans, wrote manuals designed to educate and instruct the lay public. Buchan's Domestic Medicine, first published in England in 1769, went through fourteen American editions. The physician-authored manuals generally advised dosing patients with one or another of the popular drugs. Most recommended calling in a physician whenever possible.²⁶

Another vein of domestic literature firmly denounced orthodox physicians. Thomsonians, homeopaths, eclectics, and other sectarians also authored home medical guides. Other manuals popularized traditional folk remedies. John Wesley's Primitive Physic, first published in 1747, was popular well into the nineteenth century. Wesley argued that God intended ordinary man to treat his own ills, without recourse to the unnatural "science" promoted by physicians. Using the age-old concept of signatures, Wesley maintained that the natural world contained all necessary remedies for disease, placed there by God for the benefit of mankind.²⁷

²⁶John B. Blake, "From Buchan to Fishbein: The Literature of Domestic Medicine," in Medicine Without Doctors: Home Health Care in American History, eds. Guenter B. Risse, Ronald L. Numbers and Judith Waltzer Leavitt (New York: Science History Publications, 1977), pp. 12-18.

²⁷John Wesley, Primitive Remedies, 1776 (Santa Barbara: Woodbridge, 1975); Blake, "Buchan to Fishbein," pp. 18-19; Duffy, The Healers, p. 125.

Both types of domestic literature enjoyed a wide circulation. J. C. Gunn's Domestic Medicine, or Poor Man's Friend, which reached its one hundredth edition in 1870, was popular in the West.²⁸ Gunn expounded on the value of herbal remedies, but also recommended large doses of calomel and other potent drugs. Every man could be, not only his own physician, he could become his own surgeon as well. According to Gunn, "firmness and common dexterity" were the only requirements for performing an amputation.²⁹ Some manuals combined the various schools of medical thought in one handy reference volume. Robb's Family Physician, published in 1883, offered allopathic, homeopathic, hydro-pathic and home remedies for many of the ailments listed.³⁰

The ailing Midwesterner could also treat himself with the great variety of patent medicines on the market. Many of these bottled cure-alls were traditional herbal recipes, liberally laced with alcohol. Others contained potent and dangerous drugs.³¹ In many localities, the druggist functioned as both diagnostician and supplier of

²⁸Blake, "From Buchan to Fishbein," p. 20.

²⁹Ibid., p. 25.

³⁰R. L. Robb, J. V. Bean, and Sarah Robb, Robb's Family Physician (Chicago, 1884); Thomas Faulkner and J. H. Carmichael, The Cottage Physician (Springfield, Mass.: King, Richardson, 1893).

³¹Young, Toadstool Millionaires, pp. 219-220.

medicine. Druggists often concocted their own brand of medicines, which they prescribed, bottled, and sold in their establishments. A pharmacist in Lincoln, Nebraska brewed a balsam rhubarb formula that was renowned in the area for its effectiveness with stomach disorders. The journal from this particular pharmacy suggests that the druggist was also an avid collector of folk remedies.³²

It is difficult to determine the availability of medical literature and patent medicines in rural areas of the Midwest. Omaha residents, however, should have experienced no difficulty in locating physicians or suppliers of patent remedies. Newspapers of the period devoted a large portion of each daily advertising space to medical products. Regular physicians, homeopaths, and botanic practitioners advertised their services, as did hospitals and health clinics. One could send for a wide variety of manuals. In 1854, Dr. Young of Philadelphia offered Aesculapius: Every One His Own Physician, at twenty-five cents each, or five copies for \$1.00.³³ Young men could purchase kits which offered a regimen of medication and inspirational readings to "correct early abuse" and prepare then for marriage.³⁴ Throughout the years, Omahans could

³²Journal from a Lincoln, Nebraska pharmacy, established in 1880. University of Nebraska at Omaha Folklore Archive.

³³Omaha Arrow, July 28, 1854.

³⁴Omaha Daily Herald, November 13, 1873.

choose from an impressive array of patent medicines which promised immediate cures for such ailments as cholera, malaria, asthma, and nervous conditions. "Dr. Yellowstone's Indian Herbs of Wonder" and "Carter's Liver Pills" vied for attention in nearly every issue of the Omaha Herald in 1880.

Rural Nebraskans may have relied on the Sears, Roebuck catalog for medicines, as they did for other household goods. The 1902 edition, for example, offered remedies for such ailments as headaches, sleeplessness, female disorders, constipation, nerves, and piles. Sears provided potions to break tobacco and liquor habits, pills for weight loss, cold cures, cancer cures, drugs, beauty treatments and veterinary supplies. One could order a home homeopathic kit, complete with manual; various pieces of hydrotherapy equipment, such as turkish baths; and a wide variety of electric belts and other gadgets. All, of course, were advertised as 100 percent effective. Sears devoted two full pages to the promotion of individual dealerships in Sears brand patent medicines. The charitable impulse to help one's neighbors in time of sickness could thus be turned to profit in true American style.³⁵

Newspaper columns and almanacs of the period also provided medical advice, while many homes had a "cookbook"

³⁵Crown Publishers, The 1902 Edition of the Sears Roebuck Catalogue (New York: 1969), pp. 440-476.

or recipe book which contained traditional family remedies.³⁶ Often, lay people acquired a local reputation for diagnostic or therapeutic skills. Neighbors traded remedies and medical skills, and helped each other in time of sickness. Thus, the community provided medical resources and emotional support for many Midwesterners.³⁷

The extent to which Americans doctored themselves cannot be definitively determined. Obviously, many treated themselves and their families out of necessity. It has been argued that most Americans, whenever and wherever they lived, have had access to a "medically trained individual" in times of need.³⁸ Even if this were true, other factors might have prevented citizens from availing themselves of that medical resource. Furthermore, there may have been a sizable minority of the American public who did not live within reach of professional services.³⁹ Prior to the advent of the automobile and well-maintained roads, rural residents were often cut off from town for days or weeks at a time.⁴⁰

³⁶Duffy, The Healers, pp. 125-126; see Carrigan, "Medicines and Miscellanies" and "Early Nineteenth Century Folk Remedies."

³⁷Pickard and Buley, Midwest Pioneers, p. 35; Duffy, The Healers, p. 123.

³⁸Cassedy, "Why Self-Help?", pp. 31-32.

³⁹Ibid., pp. 32-33.

⁴⁰Berger, "Influence of the Automobile," p. 322.

The cost of medical care influenced many to attempt self-treatment.⁴¹ In addition to doctor's fees and the price of prescribed drugs, the rural resident lost precious work time traveling to the physician or fetching the doctor to a patient's bedside. For the farmer, this lost time could be crucial in planting or harvest season. Rural residents living at some distance from the nearest doctor would find it expedient to try home remedies first, and to seek aid only if the condition worsened.

One wonders also if physicians of the day were always ready to rush to the side of ailing patients in rural areas. The frontier doctor is frequently pictured as riding all night in dangerous weather to a patient's bedside and then charging a pittance for his fee. Many such accounts are authored by the doctor in question, or by his relatives. Certainly there were many true humanitarians among early physicians. It is possible, however, that patients might have told a different story. In the physicians defense, small town and rural practice was seldom lucrative. Many physicians practiced medicine part-time, while engaging in other business activities to augment their income. In urban areas, physicians competed with other practitioners for fees. Urban physicians did not have to travel into the country to find charity patients. There was usually an ample supply on their own doorsteps.⁴²

⁴¹Cassedy, "Why Self-Help?", p. 37

⁴²Ibid., pp. 37-39.

In the past as in the present, cultural differences affect the quality and availability of medical care.⁴³ Many Midwestern immigrants spoke little English. For these settlers and their families, the frustration of attempting to communicate symptoms in an unfamiliar language could have inhibited them from seeking professional care. If they felt ridiculed because of their speech, their dress, or their manners, the reluctance would be compounded. When a German, Czech, or Scandinavian community had no doctor, members might have preferred to treat each other rather than to cross ethnic boundaries in search of a physician. Language did not present the only difficulty in cross-cultural communication. Definitions of sickness and health, the willingness to endure pain, and attitudes toward the ill differ from culture to culture.⁴⁴

The mobility of many nineteenth-century Americans made self-treatment a practical necessity for many. Some immigrants came directly to the Midwest and settled in

⁴³See Ellen J. Stekert, "Focus for Conflict: Southern Mountain Medical Beliefs in Detroit," Journal of American Folklore 83 (April-June, 1970): 115:156; Edward Spicer, ed., Ethnic Medicine in the Southwest (Tucson: University of Arizona Press, 1977).

⁴⁴For a comparison of two ethnic groups in the twentieth century Midwest, see Kibbe and McCorkle, Bohemian Speech Community and Jochem von Heeringen and Thomas McCorkle, Culture and Medical Behavior of the Old Order Amish of Johnson County, Iowa. Bulletin of the State University of Iowa Institute of Agricultural Medicine (Iowa City, 1958).

established communities. Others, however, moved about frequently, making it difficult to establish any contact with physicians. During their travels, if at no other time, many families relied on home remedies or patent medicines.⁴⁵

Such factors as location, income, ethnicity, and religion undoubtedly predisposed many to self-treatment. In addition, medical self-reliance accorded with the spirit of nineteenth century American society. The "rugged individualism" which characterized the times may have motivated some to doctor themselves. The motto of the sectarians, "Every man his own physician," carried decided overtones of egalitarianism and Jacksonian democracy.⁴⁶ It is difficult, however, to assess the effect of such philosophies on the decisionmaking of average citizens. Samuel Hays found that political choices were usually based on local considerations or personal bias rather than on national issues or party philosophy.⁴⁷ Medical behavior would seem even less susceptible to impersonal ideological influences than political behavior. If Midwesterners

⁴⁵Cassedy, "Why Self-Help?", pp. 39-42.

⁴⁶Ibid.

⁴⁷Samuel B. Hays, "History as Human Behavior," Iowa Journal of History 58 (July, 1960): 196; cited by Frederick C. Luebke, Immigrants and Politics: The Germans of Nebraska, 1880-1900 (Lincoln: University of Nebraska Press, 1969), p. 5.

distrusted physicians, it was probably because of personal experience, and not an expression of national sentiment. The ideal of self-reliance and the accompanying distrust of the medical profession certainly did not discourage self-treatment. Yet such philosophies would seem more likely to reinforce habitual behavior than to create it. One would suppose that Midwesterners used home remedies because they had always done so, and found no reason to change.⁴⁸

Historians often use the modernization model to explain the profound changes which took place in nineteenth century American society. The model postulates two forms of society, traditional and modern. Traditional society, characterized by stability and sameness, exudes a sense of timelessness. Communication is by word-of-mouth; energy is provided by human and animal power. The social organi-

⁴⁸Whatever the influences of the American environment, it must be remembered that Midwestern immigrants brought with them a considerable body of folk medical beliefs and practices. Obviously, many of these traditions were modified by their new environment, and continued to be modified by the changes in American life and thought throughout their lifetimes. A look at any of the extensive collections of European folk belief reveals that many of the beliefs found in the Midwest were part of the Old World heritage of these people. These beliefs and practices were not innovations developed in response to the American climate of self-help and individualism. See Richard S. Thill, "The Influence of the American Environment on German Folklore," in American Ethnic Folklore: Detroit and Wayne State University Bicentennial Commission Ethnic Heritage Lecture Series (Detroit: Wayne State University Press, forthcoming), for an example of American modifications in German folk medicine.

ization is hierarchial and paternalistic, with a recognized social elite. Individual aspirations are low; innovation and novelty are suspect.⁴⁹

Modern society, the polar opposite of traditional society, exhibits dynamism and change in virtually every area of life. Time is a commodity, to be used to best advantage. Humans use technology to manipulate the environment. Cosmopolitanism replaces localism, as communication is widened. The social structure is flexible. Individual needs and desires are recognized and approved.⁵⁰ No society is completely traditional or completely modern. Individuals in traditional societies are often receptive to modern ideas, while modern society contains groups and individuals who remain rooted in traditional values. A society which is moving toward the modern end of the spectrum is said to be undergoing the process of modernization.⁵¹

Nineteenth century American medicine, certainly, exhibited the characteristics of modernization. By the end of the century, medicine had rejected the therapeutic

⁴⁹Richard D. Brown, Modernization: The Transformation of American Life, 1600-1865 (New York: Hill and Wang, 1976), pp. 9-12.

⁵⁰Ibid., pp. 12-16.

⁵¹Ibid., p. 8. See Richard J. Jensen, Illinois: A Bicentennial History (New York: W. W. Norton, 1978) for an example of the use of the modernization model in the history of an area of the Midwest.

--

model shared for centuries by physician and layman alike.⁵² Professionalization of physicians and standardization of medical education were well underway. The expansion of hospitals and health care facilities instigated a move away from the traditional site of treatment, the home, and from those traditionally charged with patient care, the family. Few patients could remain unaffected by such innovations in medical services.

While the modernization model explains many of the changes in scientific medicine, it is of limited usefulness in a study of folk medical behavior. More appropriate for that purpose is Hays' suggestion that we view modernization as a set of values that varies not only from age to age and region to region, but from individual to individual as well.⁵³ Even individuals cannot be categorized as traditional, or modern. One can accept modernization in some areas of life and exhibit the most conservative behavior in others. A case in point is the Nebraska farmer of German extraction who employs the most sophisticated mechanized farm equipment, while continuing to insist on silent subservience from his wife and complete obedience from his grown sons.⁵⁴

⁵²This model is outlined in Chapter I; Rosenberg, "The Therapeutic Revolution," p. 503.

⁵³Samuel P. Hays, "Modernizing Values in the History of the United States," Peasant Studies 6 (April, 1977): 69.

⁵⁴Personal interviews, June-September, 1977.

--

Studies of contemporary ethnic groups indicate that medical behavior often remains traditional even when other aspects of life are modernized.⁵⁵ As Hays points out, ethnic traditions are reinforced by new immigrants, providing a constant "re-creation of traditionalism." The traditional values and practices of the newcomers operate as a conservative influence on the ethnic community.⁵⁶ This process was clearly evinced in the behavior of the American work force, as Herbert Gutman found. When nineteenth century immigrants joined the ranks of American factory workers, they brought with them traditional work-oriented attitudes and behavior. From 1815 until 1920, the composition of American labor was constantly changing. Thus, the American working class exhibited a continual "recurrence of 'premodern' patterns of collective behavior usually only associated with the early phases of industrialism." Even in this period of intensive and extensive modernization, "powerful cultural continuities" continued to govern behavior.⁵⁷ Likewise, while scientific medicine promoted modern ideas and practices, the influx of immigrants into the Midwest constantly revitalized folk medical traditions.

⁵⁵See Stekert, "Focus for Conflict" and Spicer, Ethnic Medicine.

⁵⁶Hays, "Modernizing Values," p. 69.

⁵⁷Herbert G. Gutman, Work, Culture, and Society in Industrializing America: Essays in American Working Class and Social History (New York: Knopf, 1976), p. 18.

Undoubtedly, dependence on folk remedies varied from locale to locale, even in rural areas. Parts of Nebraska remained relatively isolated well into the twentieth century. Some rural residents were quite receptive to modern ideas, others less so. Farmers in Eastern and Central Nebraska, for example, enthusiastically welcomed the automobile. By 1920, rural counties in these areas had a greater ratio of automobiles per person than Douglas and Lancaster, the counties containing the largest urban areas.⁵⁸ The automobile and the accompanying improvement of roads served to bring rural population into contact with a greater variety of medical services.⁵⁹

It is tempting to assume that all who had access to professional medical care would thankfully avail themselves of such services. Cultural inhibitions and economic difficulties remained, however, for at least a portion of the population. Furthermore, one's first exposure to modern scientific medical care, with its attendant impersonalization, was not necessarily a positive experience. As today, many may have felt more comfortable with traditional forms of treatment. Illness creates a state of emotional vulnerability. The medical profession now recognizes that the familiar home environment and the nursing care of family members may aid recovery. Traditional remedies incorporate

⁵⁸James C. Olson, History of Nebraska, 2nd ed. (Lincoln: University of Nebraska Press, 1966), pp. 277-278.

⁵⁹Berger, "Influence of the Automobile," p. 334.

the comfort of familiar behavior, behavior validated by past generations. Such remedies evoke "all the emotional connotations that arise with the word 'home'."⁶⁰

Throughout this period of time, Nebraskans knew and used folk remedies. In 1935, Pauline Black published a collection of remedies entitled Nebraska Folk Cures. Black gathered traditional folk remedies, many of which had been in Nebraska families for generations. The collection lists remedies for a wide variety of common ills: Colds, coughs, congestion, headaches, earaches, infections, inflammations, kidney and bowel troubles, bites, stings, cuts, wounds, rheumatism, boils, fevers, and stomach troubles.⁶¹ Judging by the number of suggested cures, warts were a common affliction. Most of the recipes called for common household ingredients or other plant and animal substances, often dung or urine. Dung, in fact, was used extensively. Black found that "dung was probably the most widely used cure in the earliest days of the settlement of Nebraska. That it is still used in some localities is certain."⁶²

⁶⁰Stanley King, Illness and Medical Practice, p. 108.

⁶¹Pauline Monette Black, Nebraska Folk Cures. University of Nebraska Studies in Language, Literature, and Criticism, No. 15 (Lincoln: 1935), reprinted in abridged form in Roger L. Welch, comp., A Treasury of Nebraska Pioneer Folklore (Lincoln: University of Nebraska Press, 1966), pp. 346-354.

⁶²Black, Nebraska Folk Cures, p. 366.

The variety and specificity of the Black collection suggests that Nebraskans used traditional folk remedies in the early part of the twentieth century. The UNO collection, which will be discussed in detail in the following chapters, documents the knowledge and use of many of the same remedies forty years later. It is impossible to determine if reliance on such remedies has declined over the intervening years, although one assumes such is the case. Little is known about the use of folk medicine. As James Cassedy remarks:

We are unfortunately almost totally ignorant of the various dimensions of domestic medicine at any given time in American history, as well as some of the forces affecting it. We have hardly the slightest idea of its numerical extent, and we know little of its distribution. I would like to see historians make the effort to determine such dimensions, to get at the fundamental quantitative, demographic, and geographic aspects of the subject as well as its qualitative side.⁶³

Source materials for such studies can be located. Letters, diaries, account books, recipe books, journals, newspapers, and almanacs all provide examples of folk medical ideas and remedies. Folklorists have published collections of folk medicine from many regions of the country.⁶⁴ In addition, folklore archives often contain

⁶³Cassedy, "Why Self-Help?," p. 47.

⁶⁴For a survey of collections in print, see Cathleen C. Flanagan and John T. Flanagan, American Folklore: A Bibliography, 1950-1974 (Metuchen, N. J.: The Scarecrow Press, 1977); Wayland D. Hand, ed., Popular Beliefs and Superstitions from North Carolina, vol. 6 of The Frank C. Brown Collection of North Carolina Folklore (Durham: Duke University Press, 1961): xlviii-lxxi.

unpublished holdings in folk medicine, like the UNO collection. While none of the above sources provide statistically representative samples of a locale's folk medicine, historians can learn from them a great deal about the type of folk medicine used in a given area.

The folk medicine in the UNO archive, discussed in the following chapters, was collected in Nebraska between 1973 and 1979. Although not all regions of the state are represented, the collection is indicative of the type of remedies practiced in Nebraska and the Midwest. Even this small collection provides a wealth of information about the use of folk medicine. The collection includes biographical information on the users and comments on the value of the remedies. The careful analysis of this collection can suggest questions, reveal patterns of usage, and serve as a point of reference in further folk medicine research.

CHAPTER III

FOLK MEDICINE IN THE UNO FOLKLORE ARCHIVE

METHODOLOGY FOR QUANTITATIVE ANALYSIS

The folk medicine on which this study is based is part of the folklore holdings of the UNO Folklore Archive. Much of the material in the archive was collected by students trained in folklore classes to recognize and record folklore. Most of these students chose to collect folklore from their families and friends.¹ Among the many types of folklore gathered--proverbs, tales, beliefs, and customs--were hundreds of folk medical beliefs and practices. For the purpose of this thesis, 389 of these items of folk medicine were selected and coded for computer analysis.²

Biographical details on the informants and comments about the use and efficacy of the folk medicine accompany

¹Richard S. Thill, A Manual and Selective Bibliography for Fieldworkers in the Omaha Folklore Project, Part I: Omaha Area Library Resources for the Study of Folklore. Nebraska Association of Teachers of Foreign Languages. Special Publications in Bibliography, Language, and Culture, Vol. I (Omaha: Nebraska Association of Teachers of Foreign Languages and the UNO Senate Research Committee, 1975), pp. 1-2.

²The items were chosen from that portion of the archive already pre-sorted for computerization. The folk medicine items in this portion numbered 389. There was no other basis for selecting this particular number of items.

most of these items. Such information was as relevant to this research as the folk medicine itself. It was soon apparent that this body of materials could be adequately surveyed only by using the computer. Producing accurate hand tallies in even major categories such as the sex, occupation, and ethnicity of the informants would have proved difficult and timeconsuming. The use of the computer enabled the researcher to deal with much more information than would have been feasible without this aid. Thus, it was possible to collate and correlate information on the remedies, the contributors of the remedies, and the historical and social context in which the remedies were used.

Although both folklorists and historians have used the computer as a research tool, no existing design was adequate to meet the needs of this study. Techniques from quantitative historiography and computerized folkloristic archiving were combined to create a model for the survey and analysis of folk medicine. A brief survey of the nature of computerized research in the two disciplines will provide the necessary background for a discussion of the methodology used in this thesis.

Although historians are by no means unanimous in their acceptance of quantitative methodology, many researchers in social history find the computer necessary to order, control, and analyze their information. Census records and other materials with precisely defined categories can be

quickly converted into a form readable by statistical programs, such as SPSS (Statistical Package for the Social Sciences).³ In recent years, a number of these studies have challenged long-held assumptions about the nature of life in the past. Other historians, using computers, have analyzed political and legislative behavior, compiled collective biographies, studied revolutions and mass movements, and refined techniques for family reconstitution.⁴

Quantitative historians often must deal with problems which do not confront researchers in other disciplines. Computers demand standardized information, yet records of past human experience are often incomplete. Compared to a sociologist's carefully filled-in questionnaires, for example, census records from earlier times appear haphazard and unreliable. Forced to work with surviving records, historians often have no assurance that the data are in any way representative of the time or society under study. Contemporary studies of society can take into account probable biases and inaccuracies in the design phase of a research project. The historian can only hope to spot the most

³See Norman H. Nie et al., SPSS: Statistical Package for the Social Sciences, 2nd ed. (New York: McGraw-Hill, 1975).

⁴For a survey of the type of studies done by quantitative historians, see Edward Shorter, The Historian and the Computer: A Practical Guide (New York: W. W. Norton, 1971), pp. 11-27; William O. Aydelotte, Allan G. Bogue and Robert William Fogel, The Dimensions of Quantitative Research in History (Princeton, N. J.: Princeton University Press, 1972).

glaring inconsistencies in the records of the past. Coding for computerized analysis may distort unique events. Quantification can magnify initial errors. Moreover, few categories of information used by the historian are the precise mathematical units of measure required by many statistical procedures.

While such problems do signal the need for a careful and cautious approach, they by no means invalidate quantitative methods in historical research. Even if historians use the computer only as a means of organizing and controlling data for a large number of cases, the resulting accuracy and precision of expression, as well as the time saved, is impressive. As in the present study, cross tabulations can demonstrate the relationship between variables when more complex statistical measures are inappropriate for the data.

Computer-aided folkloristic research has been limited, for the most part, to the analysis of folkloric texts and the organization of materials for research. A growing number of folklorists, however, are accepting the computer as an ally in the attempt to solve one of the most pressing problems in the discipline, the need for a unified and efficient system for storing and retrieving folkloric materials.⁵

⁵Richard S. Thill, A BASIC System for the Creation and Processing of a Folklore Archive (Bloomington: University of Indiana Folklore Publications Group, 1978), p. 1; David M.

As this study intends to demonstrate, folklore archives throughout the country contain materials of great interest to American historians. Often, as Edward Shorter found in his study of family life, folklore may provide the only existing clue to the thoughts and habits of common people in times past.⁶ Historians may be disappointed, however, if they attempt to use folkloric materials. Biographical details about the possessors of the folklore and descriptions of the environment in which it was encountered were often not recorded. Considered superfluous to folklorists of past generations, these details are essential to the historian. Richard Dorson, historian and folklorist, laments that

even the scrupulous, well-annotated collection of field texts cannot greatly assist the American cultural historian. . . texts divorced from the personalities of their carriers and from their social setting lose much of their historical meaning.⁷

A new generation of folklorists values the context of folklore as well as the text, and their collections are enriched by such details. Folklore archives preserve as much of this material as possible, but the amount of information that often accompanies even the simplest item

Axler, "Computer Applications in Folkloristics: A Bibliographic Survey," unpublished paper (December, 1977), p. 18.

⁶Edward Shorter, The Making of the Modern Family (New York: Basic Books, 1975), p. 129.

⁷Richard M. Dorson, American Folklore and the Historian (Chicago: University of Chicago Press, 1971), p. 89.

of folklore cannot be efficiently handled by many archiving systems. Even a one-sentence folk remedy, such as a prescription of camomile tea for a stomach ache, might be accompanied by a page or two of notes about the history of the source and his or her family, details on past use of the remedy, or conditions of present use. If it is to be accessible to researchers, this information must be indexed for retrieval in as many ways as possible. Archivists, attempting to cope with mountains of data using manual methods of accessioning, fall hopelessly behind, and material of great interest remains uncataloged.⁸

Oral history archives are beginning to face many of the same problems, as taped collections increase in number. Few researchers will read transcript after transcript without some assurance that what they want is contained therein. A recent publication in the field acknowledges this problem, and warns that material will remain unused unless a "concise and detailed" retrieval system is initiated and maintained.⁹

⁸As of 1972, the Library of Congress had a vast accumulation of uncataloged materials from the W.P.A. folklore and oral history projects. Many folklore archives in the country have a backlog of unprocessed materials.

⁹Cullom Davis, Kathryn Back and Kay MacLean, Oral History: From Tape to Type (Chicago: American Library Association, 1977), p. 78.

Both oral history and folklore archives would benefit greatly by the adoption of a comprehensive and compatible scheme for indexing their holdings. Further, if these indices are maintained on computer tape, comprehensive searches of the material in an archive, or in several archives, can be accomplished in minutes, instead of taking days or weeks. Historians, as well as folklorists, would find a wealth of primary source material at their disposal. One of the researcher's goals in this study was to experiment with the design of such an index. Although the current project deals only with folk medicine, the hope was to create a design flexible enough to accommodate other types of folkloric or historical data.

The problems encountered in this study exemplify the needs of researchers who desire to use archived data in folklore and oral history. For this reason, the process of preparing the material for computerized analysis is presented in some detail. With the aid of the computer, the following tasks were attempted: (1) produce aggregate biographical statistics on the contributors of the folk medicine, in order to determine what characteristics, if any, they hold in common; (2) produce the same type of statistics on the remedies themselves as well as the social or geographic environment in which they were used; and (3) quickly locate and collate those remedies which exemplify certain ideas or illustrate a given historical or folkloric process, for the purpose of closer scrutiny.

In order to meet the above needs, a numerically-coded data file, similar to those designed by quantitative historians, was constructed from the transcripts of folk medicine in the Archive files.¹⁰ Although often one source contributed many items of folklore, collectors recorded each item on a separate sheet. Each sheet contained the following information: (1) the name of the person who supplied the folklore, designated as the "source," and that person's age, sex, ethnicity, occupation, religion, place of birth, native language, marital status, and number of children; (2) when and where the folklore was used, as well as when and where it was recorded; (3) the item of folklore, recorded in the source's own words, as well as any additional comments offered by the source; (4) comments or observations of the interviewer, designated as the "collector," and that person's name, age, sex, ethnicity, occupation, religion, place of birth, native language, marital status and number of children; and (5) when and where the source learned the folklore and what degree of acceptance or validity he or she accorded the item of tradition.

Collecting efforts were aimed at gathering the wide variety of folklore available in the area and not directed specifically toward obtaining folk medicine. Thus, many relevant questions about medical belief and practice remained unasked. Some collectors supplied all of the requested

¹⁰See Shorter, Historian and Computer, pp. 28-48.

information, others were less thorough. With very few exceptions, however, the source's sex, age, occupation, and ethnicity were recorded for each item. The texts of the folk remedies were recorded with equal care. For about three-fourths of the items, we know when and from whom the source learned the remedy or practice, where it was practiced, and whether or not it is still used.

To save time and money, the entire text of each item of folk medicine was not computerized. Instead, significant units of information were selected from each item. In addition to the biographical and contextual information mentioned above, the data file contains the following information on each item: the category or type of medical folklore, the ailment or problem treated; ingredients, substances, or rituals used in the treatment, the method of treatment, and references to humoral pathology. In all, forty-two units of information were coded for each of the 389 items. The units, called variables, are shown in Figure 1, followed parenthetically by the name assigned to that variable.

In order to count and measure the variations in each of these variables by computer, it was necessary to convert the words and phrases found in the items of folklore to numbers. In some cases, this was not at all difficult. Ages and years, for example, are already expressed in numeric form. Geographic locations are fixed and discrete entities--states, cities, counties--, thus assigning a number to a

specified location was quickly accomplished. Often, however, the process of coding required considerable thought. As Edward Shorter cautions, the problem in assigning codes is "to find ways of reducing people and events to numbers without distorting beyond recovery the distinctive colors and shades of their historical existence."¹¹

The major difficulty encountered in coding was to decide how much of this variety to include for each variable. For example, most sources reported one occupation or ethnic designation. A few, however, listed as many as five responses in these categories. Likewise, while the majority of remedies had less than four elements or ingredients, a few contained four or more. It would have been desirable to have retained all such distinctions, but scarcely practical. In most instances of multiple answers, it was possible, by looking at the complete record, to choose the most representative responses. If multiple occupations were listed, for example, the current job, or the one which most clearly exemplified the source's experience or training was chosen.

The numeric designations for each of the variables used are shown in the codebook in Appendix I. For ease of reference, as each variable is mentioned in the text the name of that variable will follow parenthetically. The names of variables which contain information about sources

¹¹Ibid., p. 28.

begin with the letter "S"; those which concern collectors with the letter "C".

The ethnicity variables (SETH, CETH) distinguish between American-born and native-born in each ethnic group. Thus, a category "1" designates an American native of German heritage, while a "20" means a German born in Germany. In most cases, it was not possible to determine if the person was a first, second, or later generation American. Of course, many Americans have a mixed ethnic heritage. In such cases, the dominant group, or the group from which the belief was inherited was specified. For example, if a German-Irish source contributed a remedy learned from her German grandmother, the ethnicity was recorded as German. If, however, the folklore came from the Irish side of the family, ethnicity was listed as Irish. In future files it might be advisable to allow for two or more ethnic designations, specifying from which culture the folklore was inherited.

Religion (SREL, CREL) was recorded for only one-third of the sources.¹² The native language (SLANG, CLANG) of a source or collector is often significant. Language determines the degree of communication possible with the dominant culture--an important point in procuring effective medical care in America. Likewise, language use can affect the communication process in folklore. Some folk remedies,

¹²Religion was the category in which information was most often missing. Either collectors were reluctant to inquire, or sources failed to respond.

for example, may never have been translated into English, or the English names for the ingredients were not learned. Thus, when children or grandchildren lose fluency in the native tongue, the knowledge of the folk remedy dies.¹³ Many items in the UNO collection are wholly, or partially, in languages other than English.

The validity, or degree of belief, accorded a remedy was rated on the following scale: "1" designated a belief that the remedy was effective, or an indication that it was being used; "2" a belief that the remedy might be effective, or an indication of willingness to use it; "3" an expression of doubt concerning the value of the remedy; and "4" a belief that the remedy was worthless and would not be considered for use. Validity evaluations were included for the source (SVAL), the collector (CVAL), and the person from whom the source learned the remedy (OVAL). The criteria used in assigning these ratings are discussed in more detail in the following chapter.

The sources were also asked to designate from whom they learned the folklore (SCREL), when it was learned (TIME), where it was practiced (PLACE2), and if it was currently in use (USE). In addition, the following information was coded, when available: the earliest known year of practice (TIME2), the place of collection (PLACE),

¹³Thill, "American Environment and German Folklore," pp. 19-27.

whether the site of practice was urban or rural (LOCALE), and the collector's familial relationship to the source (CSREL).

Most of the 389 items are specific remedies for relief of health problems, but several other types of medical folklore are represented (DESC). The remedies tend to treat symptoms, such as fever, diarrhea, or swollen glands, rather than specific diseases. It was often impossible to determine the cause of the symptoms which were given. Occasionally the remedy includes reflections on the cause of the problem but most often the concentration is on relieving the discomfort involved. The folk diagnosis implicit in these remedies was accepted at face value. If a source reported that a given recipe served to relieve his asthma, for example, the ailment was entered as "asthma," although it is possible that a medical doctor would diagnose a different condition. The ailments were coded individually (SICK), and also grouped by the part of the body affected (SICKG).

The file allows as many as four substances or ingredients from each remedy to be classified by type (KIND1, KIND2, KIND3, KIND4), and listed by name (STUFF1, STUFF2, STUFF3, STUFF4). The method of treatment was specified (METH), and humoral designations noted (HOT, WET). Finally, the specific information in a number of the variables was regrouped into more general categories for ease of comparison.

Occupations, for example, were collapsed into the usual blue collar, white collar, and professional groupings (SJOBG, CJOBG). The large number of sources and collectors who listed their occupation as "student" or "housewife" necessitated retaining a category for those occupations. Ethnic groups were divided into the two major immigration groups in American history (SETHG, CETHG). Languages were regrouped into native and non-native speakers of English (SLANGG, CLANGG), birthplaces into American and foreign locations (SBIRTHG, CBIRTHG), and the urban-to-rural location designators collapsed into three categories (LOCALEG).

The resulting data file was processed by SPSS to produce the frequency distributions and correlations which provided much of the information discussed in the following chapter. In addition, the file served as a computerized index to the folk medicine items. The actual records, samples of which are shown in Appendix III, are filed in the archive by the item number (INUM1). The computerized index allowed these items to be accessed in an almost limitless number of ways. The items are literally cross referenced by any of the variables in the index.

The indexing function is one of the most valuable features of this design. Using SPSS, or other computer programs, a researcher is able to produce on demand lists of all items which contain any of the coded values in any

--

desired combination. From this material, for example, it was possible to request all remedies contributed by German sources, or all remedies collected from professional people. One might select all remedies containing magical references, or all wart cures. One could even request such a specialized group as all wart cures from rural German-Americans over the age of fifty. Any available statistical procedures could then be applied to any of these special groupings, as well as to the entire file.

In this project, the ability to locate given items for closer study was especially useful. Many remedies were similar in scope and content and could be treated as a group; others contained unusual elements which warranted detailed examination of the entire text. Some questions, such as variations in magical practices, did not lend themselves to statistical analysis. By using the coded index and SPSS, items containing the desired references were located and collated. These items could then be pulled from the file drawers in the archive. In this manner, it was also possible to discuss those differences which statistical measures tend to obscure.

The folklore was obtained from the family and friends of students in folklore classes, or from other adults in the community who were interested in the study of folklore. The students were predominately of German extraction, thus the collection draws heavily from that ethnic group.

Although all of the major ethnic groups in Nebraska have some folk medicine in the collection, most are under-represented in proportion to their existence in the state's population. "Believers" in folk medicine, on the other hand, may be over-represented. It is possible that students who are interested in folklore as an academic discipline come from families who value their traditions more than families who might comprise a random sample of the population. Such a factor as this might account for the overwhelming preponderance of sources who professed to believe in the validity of their folk medicine.

In the analysis that follows, the "accidental" nature of this collection must be kept in mind. The term does not suggest carelessness or lack of forethought. The collecting was carefully and thoughtfully undertaken and executed. Rather, the material is not the result of a planned research project in folk medicine. The collecting venture was intended to survey extant folklore in the area, by asking students to interview families and friends. This study uses those items of folk medicine that were offered in the course of those interviews. Nevertheless, the analysis of these folk beliefs can serve as a point of reference when formulating questions and outlining procedures for future surveys of folk medicine in Nebraska.

CHAPTER IV

FOLK MEDICINE IN THE UNO FOLKLORE ARCHIVE ANALYSIS AND SUGGESTIONS FOR FUTURE RESEARCH

While the composition of the UNO collection discourages definitive conclusions about the use of folk medicine in Nebraska, it does contain a wealth of valuable information. The collection provides an opportunity to test prevalent generalizations about the nature and extent of folk medicine in America against a compilation of regional material. In addition, examination of this corpus suggests several questions which deserve further study.

Many aspects of the collection might be discussed in depth. The following topics, however, seem most pertinent to future research in this area: It is of paramount interest to identify the social characteristics of the people who possess this folk medicine, as well as to determine the type of folk remedies in use. The remedies themselves reflect historical change. Much of the folk medicine evinces discarded scientific medical traditions. Many remedies retain evidence of primitive magical medicine. Changing social values and the introduction of modern technology have led to modifications in traditional folk practices. Some items of folk medicine display folk attitudes toward professional medical

practitioners. Finally, based on the information contained in this collection, suggestions for future studies of folk medicine can be advanced.

A fundamental question which can be examined in the light of this collection has frequently been posed as follows: Do contemporary Americans, especially those who consider themselves modernized and urbanized, retain knowledge of folk medicine?¹ This collection attests to the fact that both urban and rural Midwesterners know and use folk remedies. It is beyond the scope of this material to determine what percent of the total population these people represent, or to ascertain whether the knowledge and use of folk medicine has declined in recent years. It is possible, however, to examine biographical information on the contributors of our folk medicine.

Sources of the Folk Medicine

Many of the sources of the UNO folk medicine represent segments of the population who have been thought least likely to possess traditional folk medicine. Some investigators have found that younger generations have forgotten folk remedies. Other research conveys the impression that folk medicine is found predominately among those of low socio-economic status, among groups which have retained

¹Gebhard, "Folk Medicine and Scientific Medicine," p. 93; Kibbe and McCorkle, Bohemian Speech, p. 26; von Heeringen and McCorkle, Amish, p. 28.

strong ethnic ties to other cultures, or among residents of backward rural areas.² Most of the UNO sources are urban residents, although the remedies have often been inherited from earlier generations of their families who lived in rural areas of the Midwest. These sources represent a wide range of occupations, from maids and orderlies to college professors and other professionals. Judging by the occupations listed, fully one-third of the sources have at least a high school education; a number college or other advanced training. Another one-third of the sources listed their occupation as "housewife." Many of these women are married to professional or white-collar workers, and could thus be assumed to have at least a high school education.

Two-thirds of the sources are of Northern European extraction, and three-fourths are native speakers of English who were born in the United States. One-fourth of the sources were under the age of thirty-four when the folk medicine was collected; one-half were between thirty-five and sixty-four years of age; one-fourth over the age of sixty-five. Although these items of folk medicine are drawn from a small and admittedly unrepresentative group of Midwesterners, the figures suggest that middle-class, urban residents of all ages do know and use folk medicine.

Although there is a total of 389 items of folk medicine in this collection, all of these items were gained

²See Spicer, Ethnic Medicine in the Southwest.

from interviews with 108 sources. Obviously, many of the sources contributed more than one item of folk medicine. The above biographical information on the 108 individuals was compiled by using only the first entry from each source, regardless of the number of items contributed by that person. The following discussions focus primarily on the item of folk medicine and the context which surrounds its use. Contributors do not necessarily place the same value on all of the items offered. They did not have the same experience with each of their remedies, or acquire them in the same fashion. Some offered remedies that were learned late in life from friends and co-workers as well as those learned as a child in the family environment. Sources often firmly believe in the efficacy of one of their remedies, but reject the validity of another. Thus, when discussing questions of the sources' perception of the value of a remedy, the sex roles in transmission of folk medicine, symptoms treated, ingredients used, and similar topics, it is essential that each item of folk medicine be counted in compiling statistics. When dealing with these topics, all items in the collection were considered to be unrelated to all other items, even when they might have been contributed by the same person.³

³Certainly the items contributed by a given source do share a number of common elements. It would be of interest to consider those sources who contributed multiple items, surveying those items for similarities and differences. The data file is constructed to allow such investigations.

Validity Ratings

Of course, the fact that a person can recall folk remedies does not mean that he or she would consider using those same remedies. Wayland Hand addresses this problem when he comments that "if informants are quizzed for items that they know, or that they have heard, one can hardly be so sure that the belief expressed is really a part of them."⁴ The only accurate way to determine the actual use of folk remedies would be to observe illness behavior. In the UNO collection, the validity rating assigned an item of folk medicine is an attempt to assess whether the person who contributed an item uses, or would consider using, that practice when ill. Understandably, how a source says he or she feels about the remedy when responding to an interviewer's question is not necessarily how that person would react if confronted by an illness situation. Michael Logan's suggestion that informants be reinterviewed over the "same issues, under different life conditions" is excellent, but scarcely practical when undertaking the large number of interviews that a quantitative study of folk medical practice demands.⁵

⁴Wayland D. Hand, "Introduction," Popular Beliefs and Superstitions from North Carolina, ed. Wayland D. Hand. Vol. 6 of The Frank C. Brown Collection of North Carolina Folklore 7 vols. (Durham: Duke University Press, 1961) 6: xl.

⁵Michael H. Logan, "Anthropological Research on the Hot-Cold Theory of Disease: Some Methodological Suggestions," Medical Anthropology Newsletter 1 (Fall, 1977): 105.

A number of factors were considered in assigning validity ratings to the remedies. In some cases the interviewer inquired about the source's belief in the item, and recorded that response. In addition, the text of the remedy often contains comments which indicate how much faith might be placed in its curative powers. Expressions such as "I know a really good cure for poison ivy," "This works better than any thing I've ever used," or "When I had hives, I took honey. " are reliable assurances that the remedy is trusted and used. On the other hand, comments such as "They say that onions are good for colds," or "Vinegar and honey is supposed to be good for you," do not indicate any experience or emotional involvement with the practice in question. Specificity in relating the practice can also serve as a validity indicator. The person who relates from memory precise measurements and techniques indicates some active experience with that remedy. One who has difficulty recalling just what ingredients were used or how they were applied may never have used that particular remedy.

Approximately one-fifth of the remedies contained insufficient evidence on which to base a validity rating. After careful consideration of the above factors, the other four-fifths of the items were assigned a rating on the one-through-four scale described in the preceeding chapter. While these ratings cannot be accepted as accurate assessments of a source's actual behavior, they do reveal what

the contributors believe about the value of the folk remedies in their possession.

As with scientific medicine, the faith accorded a folk medical practice is not based solely on empirical evidence. Other factors influence perceptions of the efficacy of folk remedies. Keeping in mind the general characteristics of a society undergoing modernization, one would expect to find older people retaining faith in home treatment while younger generations seek out more modern means of medical care.⁶ Urban residents, by virtue of more exposure to modern medical ideas, might place less value on traditional cures than residents of rural areas. Likewise, persons in middle to high income brackets and those with more education would seem less likely to use folk medicine than those of lower economic status and educational level. Immigrants might have retained folk medical practices discarded by third or fourth generation American families. Finally, one would assume that remedies which were inherited as family traditions would mean more than those which were acquired by other means. Such family practices might well be perceived as efficacious because of their emotional connotations, regardless of the therapeutic value they possess.

The validity ratings provide a means for testing the foregoing assumptions on this collection. Of the 389 items

⁶Brown, Modernization, pp. 12-16.

of folk medicine, 308 were assigned a rating. Of these 308 items, 248 (79 percent) were rated a "1" or "2", indicating that the source believed the remedy to be efficacious, and was either currently using it or would consider doing so in case of illness. Comparisons of validity ratings with a number of other variables are shown in Appendix II.

While "believers" outnumber "unbelievers" in all of these charted comparisons, some expected patterns do emerge in this collection. A source's age does appear to be related to his or her belief in the remedy, although the relationship is not as strong as might be expected. Of those items from sources under the age of fifty, 72 percent are rated as efficacious, compared with 85 percent of the items from those over fifty-one years of age. Geographic locale, as well, may be a factor in the efficacy question. Remedies from rural and small town environments retain somewhat more validity (90 percent) than do items practiced in urban areas (79 percent).

In this collection, the source's occupation is the only indicator of his or her educational level or social status. With one exception, the occupational groupings show approximately the same percent of positive responses (73 percent to 79 percent). That exception is the "blue collar" designation. In that category, 95 percent of the items carry a positive validity rating. Remedies learned

during childhood are considered efficacious more often (83 percent) than those learned later in life (70 percent). Sources whose native language is other than English have more faith in their remedies (87 percent) than those who are native speakers of English (76 percent). Positive ratings accompany 84 percent of the remedies from foreign-born sources as opposed to 77 percent of those from sources born in the United States. Surprisingly, the sex of the source seems related to belief in the remedy. A greater percentage of the males (88 percent) rated their remedies efficacious than did females (74 percent).

These results provide little support for definitive conclusions about the relationship of any of these variables to the sources' perceptions about the validity of their folk medical practices. It does appear, however, that acculturation to the American environment may lessen dependence on traditional remedies. Likewise, the age and sex of the source and the locale of practice--urban or rural--do appear to exert some influence on the acceptance of folk remedies. Older males from rural environments are most likely to exhibit faith in their folk medicine. Age appears to exert less influence than sex. A greater percentage of the items contributed by males came from males under the age of fifty (45 percent). Females under the age of fifty accounted for only 31 percent of the total number of items contributed by females. It proved impossible to determine which of the other two factors--

sex or locale--was most influential in determining belief. Eighty-three percent of the male-contributed items were practiced in a rural environment. Only 64 percent of the female-contributed items came from a rural background. Thus, the greater belief of the males in the efficacy of their folk remedies could have been due either to their sex or to their geographic orientation. An attempt to assess the relative influence of these two variables using multiple classification analysis or three-by-three tables provided no meaningful results. Further the large number of items which had missing data made the use of these statistical measures inappropriate. A more balanced sample with regard to age, sex, and rural-urban spread is necessary for further investigation of this question.

The fact that the overwhelming majority of the items are accorded a positive rating discourages comparisons between "believers" and "unbelievers." In point of fact, "unbelievers" may be under-represented in any collection of folk medicine. One would expect that only those remedies which "worked" would be remembered. Practices which do not prove helpful are likely to be forgotten. The exception seems to be remedies which made an especially vivid impression on the patient. For example, many of the most vocal "unbelievers" in this collection often remember a painful or distinctly unpleasant experience with a particular folk remedy. Conversely, those who "believe" are often affirming valued memories surrounding the use of a remedy as well as evaluating the therapeutic effectiveness of its ingredients.

We cannot, of course, address many pertinent questions. If there are differences in the acceptance of folk medicine between old and young or between rural and urban sources, for example, we cannot tell if such differences would increase, decrease, or remain relatively constant over time. Other factors in the social environment may alter or even reverse such trends. In the case of age as related to the use of folk remedies, Medicare now provides older segments of the population with access to professional medical care. The young, on the other hand, are currently among the most enthusiastic advocates of natural foods and medicines. Herbal remedies circulate orally among the youthful customers of health food stores and cooperatives in the area. The young owner of a mail order firm which grows and sells medicinal herbs reports that most of her customers are under thirty-five years of age.⁷

It is also important to remember that while the rural-urban dichotomy is a useful organizational concept, it may be, at times, misleading. Certainly, all urban areas share common characteristics. These cities also reflect the particular characteristics of their surrounding physical environment. Omaha, for example, is an urban area of approximately 500,000 population, with a diverse ethnic mixture. Omaha thus has much in common with other cities. Yet

⁷Interview with Debra Japp, August 10, 1979; interview with owner of Meadowsweet Herb Farm, July 27, 1979.

philosophically, politically, and culturally, Omaha is closely related to the rural, agricultural Midwest which surrounds the city. Thus as regards folk medical belief, Omahans may have a closer alliance with their rural Midwestern neighbors than with the residents of major cities in other geographic regions.

Sex Roles in American Folk Medicine

The number of men in this collection who indicate strong faith in the value of their remedies suggests that men might have been actively involved in folk medicine. It is commonly assumed that women functioned as the primary practitioners and transmitters of folk remedies. Maude Pickard observes that "the mother, wife, or woman of the house was by prerogative and default the custodian of medicines, and administratrix of treatments."⁸ Don Yoder speaks of household medicine practiced by our "mothers and grandmothers,"⁹ and Richard Jensen mentions, in discussing modernization, that "women repudiated folk remedies and other superstitions" and sought professional medical care.¹⁰ Rothstein credits "housewives" with the gathering of herbs,

⁸Pickard, Midwest Pioneer, p. 35.

⁹Yoder, "Folk Medicine," p. 98.

¹⁰Jensen, Illinois, p. 38.

concocting of remedies, and dispensing of treatments.¹¹ Ellen Stekert, also, observes that the woman "traditionally was and is the primary transmitter of medical lore."¹²

Males are mentioned infrequently. John Wesley, writing in an earlier period, speaks of remedies which were passed down from father to son.¹³ The Southern planter seems to have been as active as his wife in dispensing folk remedies, if not more so.¹⁴ Thomsonianism found duties for both sexes, reserving for men the "exclusive right to mend broken limbs and fractured skulls, and to prescribe in all cases for their own sex," and encouraging women to practice medicine within their own families.¹⁵

Certainly, one thinks of the Midwestern wife and mother as the dispenser of folk remedies; yet some of the items in the collection show that men often played an important role in family medical practice. Although there were fewer male sources, nearly as many items were contributed by men as by women. Men, on the average, contributed four remedies, while women offered three. Moreover, the

¹¹Rothstein, American Physicians, p. 26.

¹²Stekert, "Focus for Conflict," p. 126.

¹³Wesley, Primitive Remedies, p. 10.

¹⁴Duffy, The Healers, pp. 125-126; Genovese, Roll, Jordan, Roll, p. 125; Carrigan, "Early Nineteenth Century Folk Remedies," p. 44.

¹⁵Joseph F. Kett, The Formation of the American Medical Profession: The Role of Institutions, 1780-1860 (New Haven: Yale University Press, 1968), p. 119.

remedies from male sources were, for the most part, very specific in nature, giving exact quantities of ingredients and detailed instructions for application. Both men and women sources mentioned occasions when their father dispensed treatment, and a surprising number of male sources learned the remedies from their father or other male relative, and not from their mother. Of the remedies contributed by males, almost one-third specified that they had learned the practice from another male relative. Less than one-fifth were learned from female relatives. On the other hand, 60 percent of the remedies contributed by females were learned from mothers, grandmothers, and aunts. Only a few (7 percent) were learned from male relatives.

While a larger number of items were passed on by female family members to other females, the obvious presence of males active in the practice and transmission of folk medicine deserves further study. If the wife was traditionally the "custodian of medicine," and we only assume that she was, this normal pattern may have been interrupted by geographic relocation or other factors. Stekert, in discussing the migration of twentieth-century Southern whites to Detroit, notes that mobility disrupts the practice of traditional medicine. The woman's "function as healer is hampered until she learns to substitute new ingredients for unavailable ones in her cures."¹⁶

¹⁶Stekert, "Focus for Conflict," p. 127.

Similar problems might well have faced Midwestern immigrant women. Relocation in a different country--a country whose inhabitants spoke a foreign language and a place where familiar herbs and other ingredients might not be available--would make it difficult to continue traditional practices. When families migrated in communities, or joined existing ethnic communities, little disruption may have occurred. Women would be greeted by other women who could aid in the process of transition. Midwestern Volga Germans, for example, whose ancestors moved first to Russia and a few generations later to the American Midwest, have retained a lively heritage of folk medicine, in which both males and females participate.¹⁷

When a family emigrated alone, as was often the case, the move may have created difficulty for the woman in her role as family medical practitioner. Oscar Handlin surmises that immigrant women were slow to learn the new language, being confined to the home, while men learned English more rapidly through contacts in the marketplace.¹⁸ Men might thus have been forced into a more active role in family medicine; procuring ingredients, translating directions, or following directions in folk remedies because they understood English better than their wives. On the other hand,

¹⁷Samuel J. Sackett, "Volga German Beliefs and Superstitions," Heritage of Kansas 9 (1976): 52.

¹⁸Oscar Handlin, The Uprooted, 2nd ed. (New York: Little, Brown, 1973), pp. 210-211.

there may have been families in which domestic medicine was traditionally the responsibility of the males. Many ethnic cultures have a tradition of clearly specified healing roles for males and females. Remedies, likewise, often specify sex roles. Several magical healing formulas in the UNO collection stipulate that they be passed on from male to female to male.

Medical historiography tends to assume that with the rise of academic and professional medicine the practice of folk medicine was relegated to females.¹⁹ In point of fact, sex roles in folk medicine probably varied with regard to ethnic group, social class, and geographic region; perhaps even from family to family. In the case of scientific medicine, recent scholarship has found that women were more active in medical reform than has been supposed.²⁰ Some Midwestern males, at least, were active practitioners of domestic remedies. The historical dimension of sex roles in folk medicine requires full exploration, especially with regard to ethnic, geographic, and cultural differences.

¹⁹See Barbara Ehrenreich and Dierdre English, Witches, Midwives, and Nurses: A History of Women Healers (Old Westbury, N.Y.: The Feminist Press, 1973); and Joyce Leeson and Judith Gray, Women and Medicine (London: Tavistock, 1978).

²⁰Regina Markell Morantz, "Nineteenth Century Health Reform and Women," in Medicine Without Doctors: Home Health Care in American History, eds. Guenter P. Risse, Ronald L. Numbers and Judith Waltzer Leavitt (New York: Science History Publications, 1977), p. 73.

Remedies--An Overview

Thus far, attention has been focused on the sources of the folk medicine. Space prohibits including the entire texts of the 389 items with the thesis. Thus, a brief survey of the type of folk medicine found in the collection is necessary to provide a context for the following discussion of the content of some of the remedies.

Of the 389 items, 330 are specific remedies intended to relieve or cure various bodily discomforts. As these remedies comprise the bulk of the collection (85 percent), the other types of folk medicine will not be treated in detail. While there are remedies for a wide variety of ills, most concern symptoms of common and relatively minor ailments. The largest number, 145 of the 330, is intended to relieve symptoms of the eyes, ears, nose, throat, and respiratory system. This group includes remedies for the relief of headaches, toothaches, nosebleeds, earaches, sinus irritation, croup, asthma, cough, sore throat, lung congestion, and pneumonia. The second largest grouping, ninety-seven of the remedies, relates to symptoms or injuries of the skin; such as cuts, bruises, insect bites, rashes, burns, chafing, frostbite, and warts. Altogether, nearly three-fourths of the remedies are intended for the seemingly minor medical problems listed above.

Most of these remedies use common household substances. Some of these ingredients might well relieve discomfort

associated with the illness or injury in question. While some recipes could aggravate the condition which they are intended to relieve, few seem actively harmful. As most of the physical problems addressed are self-limiting, a patient would be quite likely to consider a remedy which relieved discomfort to be a "cure" for the ailment in question. Of course, a number of these symptoms of minor ailments might also be present in the initial stage of a serious disease. In such cases, the folk remedy could not effect permanent relief. When symptoms increased in severity despite home treatment, one assumes that the patient sought out a physician. If the doctor "re-diagnosed" the ailment, that is, if what the patient called a cold was in reality pneumonia, the original folk diagnosis may have been forgotten. In this manner, the "failure" need not be attributed to the folk remedy, but the belief in its efficacy sustained.

The common cold plagued these Midwesterners and earlier generations of their families. Cold symptoms are attacked with an impressive variety of substances. Favorite ingredients in the recipes are sugar, onions, honey, lemons, mustard, whiskey, schnapps, goose grease, and skunk grease. Onion is used most frequently. Mixed with sugar, honey, or lemon juice, onions are taken internally. Onion mashed with garlic and flour is applied to the chest as a poultice. Many remedies require that the throat and chest be greased with various combinations of lard, goose grease, skunk fat,

Vaseline, Vicks Vaporub, mustard, kerosene, and turpentine.²¹ Sources feel very strongly about their chosen recipe. Advocates of skunk grease, especially, insist that no other kind of grease will work effectively.

Nasal or chest congestion accompanying a cold is treated by the inhalation of steam. Herbs, oil of peppermint, or oil of eucalyptus may be added to the water. A steam from steeped, dried hayseeds is advocated for a stuffy nose, as is a similar weed mixture called "wild snuff." The latter is to be sniffed up the nose to clear congested sinuses. Finally, a drink of gunpowder and milk "works" to unstuff the nose, but "tastes terrible."

A sore throat is wrapped with a dirty sock which is still warm from the foot, or as one source says: "Take a left sock off of a foot which you have already worn."²² This remedy specifies a left sock, another says a wool sock, while a third cautions that the sole of the sock must be placed on the sorest part of the throat.

Recipes for skin irritations and injuries, like the cold remedies, use widely available ingredients such as bacon, eggs, potatoes, onions, mud, dung, and urine. Boils and carbuncles are treated with poultices consisting of various combinations of bread, potatoes, cow or chicken manure, bacon, egg whites, or breast milk. Boils can be prevented,

²¹The use of commercial products in traditional remedies is discussed later in this chapter.

²²UNO Folklore Archive, FM#0260, February, 1973.

however, by eating raisins. For burns, the remedies call for the application of tea, vanilla, milk, butter, or egg whites. Sunburn is covered with tea, milk, or cow manure. Chapped hands are said to be healed with honey or fresh urine; frost-bitten fingers and toes with chicken manure. The itching of poison oak and poison ivy are relieved by "brown soap," tea, baking soda, or leaves from the belladonna plant. Two different sources suggest curing the rash by eating the leaves of the plant.

The UNO sources do not use dung as freely as those of the Black collection. Dung or urine are recommended, however, for an impressive array of ailments: pneumonia, earache, sunburn, bee sting, frostbite, boils, diphtheria, bruises, measles, and hangovers. Sheep manure was used to bring out the rash of measles in the following remedy:

When I was eight, I was very ill with the measles. The doctor couldn't get them to break out. My mother administered "sheep shit tea." She collected several fresh sheep droppings and steeped them in hot water. Using a large glass, she used the juice of two small oranges and filled the glass to the top with the hot sheep shit mixture. I drank the mixture and within twelve hours I broke out all over.

The source, a forty-six year-old urban mail carrier, says that he still remembers how bad the mixture tasted and that he "to this day cannot stand sheep."²³

Dung was used to cure a hangover in the following remedy:

²³UNO Folklore Archive, FM#0340, March, 1973.

My great aunt's brother got so drunk one night that they were afraid he was going to die. So they called the doctor but he couldn't help the brother. So they buried the brother up to his neck in manure. This was said to have taken all of the poison out of him.²⁴

One would assume that dung would have a warming effect when applied to the body. Thus its application might aid in frostbite, bringing boils to a head, or "sweating out" the effects of alcohol. If the above remedy did not acutally remove the "poison," it was probably very effective in removing the desire for another drink. However, if manure does cause a sensation of warmth, the following remedy would be quite painful. One source remembers that when he was young, "the country doctor would spread fresh cow manure on a person who was sore from a sunburn."²⁵

Whatever the value of dung for minor ailments, it is hard to believe that it would be of value in the following recipe:

To cure diphtheria, take chicken droppings and add water, boil, then strain it and drain it. It is ready to drink.²⁶

This remedy is especially poignant when one thinks of the number of children who died in the diphtheria epidemics that spread throughout the Midwest. Of course, regular physicians were equally helpless in the face of the disease. A medical

²⁴UNO Folklore Archive, FM#0326, April, 1974.

²⁵UNO Folklore Archive, FM#0119, May, 1974.

²⁶UNO Folklore Archive, FM#0258, February, 1973.

manual of the 1880's cautions that "the disease may terminate fatally, no matter what course it may take."²⁷

The earliest date recorded in the collection is ca. 1850, when several of the remedies were brought to this country by a family who moved to Nebraska in the 1870's. The only possible way to date the usage of the folk medicine was to record both the approximate year when the source learned the remedy or observed its use and the year that the material was collected for the Archive. These two dates provide a time frame for each of the remedies. Of course, most of the remedies were in use for many years before the source learned of their existence. Many continue to be used today. The dates recorded serve only to document points in time when each of the remedies was known and used in this geographic area. As approximately half of the remedies were learned in the years from 1890 to 1930, often when the source was a child, it is safe to assume that these remedies were used at least one generation earlier. Thus, the period of time covered by this study begins ca. 1870. As most of the remedies were recorded in 1973 and 1974, it is possible that many of these remedies have been a part of folk medical tradition in the Midwest for the last one hundred years. This is especially true of those remedies that are also found in the Black collection.

²⁷Robb, Family Physician, p. 228.

Scientific Medical Ideas in Folk Remedies

The tendency of folk medicine to retain outmoded scientific medical thought is demonstrated in this collection. A number of the remedies evince the humoral theory of health and disease. Humoral pathology, implicitly or explicitly stated, is found in the folk medicine of virtually every American ethnic group. Although the Spanish conquistadors are credited with bringing humoral medicine to the New World, the philosophy of humors pervaded Greek thought so thoroughly that the ideas became part of the intellectual heritage of the Western world.²⁸

As noted earlier, medical therapeutics concentrated for centuries on restoring bodily balances. If folk practice and scientific practice differed, it was not in this theory of the origin of disease, but over which therapeutic agents to employ. According to humoral belief, a state of health can be maintained by avoiding extremes of temperature or those substances which alter body temperature. Cold, especially, can enter the body and upset the physiological equilibrium. The very name for that most commonly-suffered human ailment, the "cold," is a legacy of humoral concepts. Popular speech still describes the ailment as if cold were invading the body. One "catches cold" by sleeping in a draught of cold air, not wearing warm clothing, or getting

²⁸Stanley King, Perceptions of Illness, p. 111.

the body wet and chilled. Thus, modern mothers admonish their children to put on hats or to come in out of the rain so they won't "catch cold," although it is now common knowledge that cold symptoms are caused by a virus and not by exposure to cold air or moisture.²⁹

Although heat can enter the body, it is usually thought to be produced by the body's "furnace," the stomach and digestive system. Excessive heat in the body produces such symptoms as boils, rashes, and fevers.³⁰ One's health is especially endangered if the body is subjected to cold when in an overheated condition. This latter belief is expressed in the well-known admonitions against bathing immediately after eating.

When illness occurs, therapeutic measures concentrate on restoring the proper balance between heat and cold. Treatment often consists of giving the patient foods and medicines which are of the opposite quality to the one which is currently dominating the body. An illness resulting from invading cold must be treated with therapeutic agents designated as "hot," while those conditions arising from excessive bodily heat call for treatment with substances whose properties are "cold."³¹

²⁹Consumer Reports, The Medicine Show (Mt. Vernon, N.Y.: Consumers Union, 1974), p. 29.

³⁰George M. Foster, "Humoral Traces in United States Folk Medicine," Medical Anthropology Newsletter 10 (Feb., 1979): 17-20.

³¹Logan, "Hot-Cold Theory," p. 89.

The hot-cold taxonomy of medicinals does not necessarily bear any relationship to the temperature at which they are applied or ingested. Medical tradition has assigned humoral properties to many substances. In some instances, it is possible to guess at the empirical observations which may have determined a classification. Many spices, for example, are "hot." Other classifications seem arbitrary; the rationale for the classification having been forgotten. As scientific medicine discarded the humoral theory, these hot-cold taxonomies disappeared from medical literature, but remained in folk tradition. Thus, today's folk medicine shows numerous variations of humoral classification. Hot and cold designations of foods or medicinals differ from culture to culture. Honey, for example, is considered a hot food in Yucatan, but "cold" in neighboring areas.³² New foods or medicines are often incorporated into existing classifications. Penicillin, for example, is "hot" in Puerto Rican folk medicine because it causes symptoms associated with heat, such as a rash or diarrhea.³³

Researchers in South and Central American folk medicine have found some folk practitioners who are aware of the humoral classifications of their medicinals and choose

³²Stanley King, Perceptions of Illness, pp. 112-113.

³³Alan Harwood, "The Hot-Cold Theory of Disease: Implications for Treatment of Puerto-Rican Patients," Journal of the American Medical Association 216 (May 17, 1971): 1154.

therapeutic agents for their humoral properties.³⁴ While many of the remedies in the UNO collection reveal the influence of humoral ideas, there is no hint that any of the sources are consciously aware of the hot-cold classification of their medicinals.

The collection includes the widely-known folk prescription, "Feed a cold and starve a fever," based on the idea that extra heat generated by the digestion of food will drive out the cold. Fasting, on the other hand, will provide no fuel for the heat-producing organs of the body, and thus will lower bodily heat.³⁵ Many of the UNO remedies reflect the belief that states of bodily heat or cold can be altered by the ingestion or application of medicinals with opposite properties. Colds and related symptoms are treated with mustard plasters, for example, mustard being "hot" in most taxonomies. Applied to the chest, it draws the excess cold from the body. Conversely, heat is drawn by the application of cool or cold substances. Thus, our sources use bread or milk, both classified as "cool," as a poultice for boils.³⁶ Onion and garlic, the most common ingredients in UNO cold remedies, are both traditionally "hot."³⁷

³⁴Ibid.: Mary Elizabeth Shutler, "Disease and Curing in a Yaqui Community," in Ethnic Medicine in the Southwest, ed. Edward H. Spicer (Tucson, University of Arizona Press, 1977), pp. 203-204.

³⁵Foster, "Humoral Traces," p. 19

³⁶Ibid.

³⁷Gerard's Herbal, p. 170.

An understanding of humoral principles explains folk remedies which might otherwise appear absurd. A remedy for sunstroke reads:

For a sunstroke, fold a towel and set it on top of a glass of water. Turn over quickly on top of the patient's head. It draws the sunstroke out.³⁸

The same source offers a second remedy for sunstroke, also obtained from her mother:

For sunstroke, fill a glass one-half full of cotton. Put water in a soup dish, and place the dish on the patient's head (while sitting up). Light the cotton in the glass and quickly turn over into the dish. This makes the water bubble. This remedy only works when used after dark.³⁹

The first remedy explicitly states the intention of drawing excess heat from the body. The second is similar to the first, but two elements are added. A fire is lighted in the glass, possibly related to the homeopathic principle, whereby the small fire in the glass acts against the greater fire in the body. Also, an obviously magical condition appears--the remedy works only after dark. The source, a forty-eight year-old Italian woman raised in a major Midwestern city, relates that her mother used and believed in the efficacy of both remedies. The source herself says that she doesn't think that the first remedy works, but says of the second, "this remedy works. although it sounds ridiculous."

³⁸UNO Folklore Archive, FM#0081, March, 1973.

³⁹UNO Folklore Archive, FM#0082, March, 1973.

Folk medicine may express the idea of heat applied to cold and cold applied to heat by the physical temperature of medicinals, although physical temperature was not a factor in the original humoral theory. Shutler reports that oranges, considered a cold food in most classification systems, are administered against respiratory infections only after being warmed over a stove or fire.⁴⁰ At some point in time, raising or lowering the physical temperature of a substance may have been credited with altering its humoral properties. If such is the case, humoral theory might continue to be expressed by the common practice of administering heated substances to persons suffering from diseases thought to be caused by a chill, and conversely, treating fevers and rashes with cold or cooling substances.

In coding the UNO remedies, any temperature mentioned in the preparation or administration of the remedy was noted (HOT). Many sources did not specify such information, apparently considering it self-evident. One was tempted to assume that teas and similar decoctions were to be taken hot. Unless that fact was explicitly stated, however, the category was coded as "unknown."

Most remedies for cold-related conditions recommend hot or warm substances. Heated liquids are ingested or hot poultices applied to the chest and throat. Lemon juice, a

⁴⁰Shutler, "Disease and Curing in a Yaqui Community," p. 204.

a food classified as cold, is always heated when used for head and chest congestion. Only one source recommends any type of cold-temperature application for cold-related symptoms--a cold towel is wrapped on a sore throat. There are fewer instances of treating heat-related symptoms with cold drinks or applications, although some of the substances used would produce a cooling sensation, such as vanilla on a burn or mud on a sunburn.

Concern with the condition of the blood, related to the humoral doctrines, preoccupied scientific medicine for centuries. Several folk remedies reflect this concern. The widespread belief that blood becomes thick and sluggish during the winter months is the rationale for prescriptions to "thin" or "clean" the blood in the spring of the year. A drink of sulphur and molassas is commonly recommended, as is a combination of cream of tartar, lemon juice, and Epsom salts. Herb teas, such as sassafras or camomile, and a rhubarb decoction are also popular.

There are only two remedies related to blood-letting, the mainstay of eighteenth and nineteenth century American professional medicine. The first advises using a leech on the bruised area of a black eye, and the second reads:

A critically ill person is cut on his back to drive the evil spirits out and let the bad blood flow out.

The collector adds:

The informant learned the item from her father when she inquired about the scars on his back. She learned

that his mother cut his back with a knife for the reasons stated above.⁴¹

Few of the drugs so popular with nineteenth century physicians are used in the remedies. Only two items, in fact, prescribe common drugs. A sixty-four year-old man recommends a "general cleanup," using ten calomel pills and a small dose of Epsom salts for this purpose.⁴² Another source, a forty-one year-old male born and raised on a Kansas farm, was given, as a child, a mixture of sugar and quinine for a cold. He reports that the remedy was widely used in the community when he was growing up.⁴³ The fact that so few of the remedies use drugs seems quite significant. Calomel, quinine, and other such drugs were readily available and commonly employed by physicians. None of the remedies recommend the minute dosages which characterized the homeopathic school of medicine.

The homeopathic magical principle, however, does occur in a number of the remedies. This belief that "like cures like" is also related to primitive magical medicine. Two "hangover" (overindulgence in alcohol) remedies are based on this idea. Their users' vouch for the effectiveness of the recipes. The first recommends a tomato juice and beer cocktail for "the morning after." The second states the homeopathic principle clearly:

⁴¹UNO Folklore Archive, FM#0082, March, 1973.

⁴²UNO Folklore Archive, FM#0122, May, 1974.

⁴³UNO Folklore Archive, FM#0147, April, 1973.

For the morning after, you have to take a hair of the dog that bit you. I take a raw egg and stir it into a glass of beer. It really helps.⁴⁴

The following remedy also clearly identifies the homeopathic rationale:

Against beesting we put honey on it and it worked. Well, poison against poison, I guess.⁴⁵

The belief that eating raisins will prevent boils, mentioned earlier, is also related to homeopathic magic.⁴⁶

There are several remedies in which this principle might prove painful, if not actually dangerous. The practice of eating poison oak or poison ivy leaves to cure the rash caused by contact with the plant is a case in point. One source cautions that the leaves must not be allowed to touch the lips. Likewise, the practice of using dried hayseeds or other dried weeds to clear a stuffy nose or head could prove quite unpleasant if the symptoms were caused by a pollen allergy to the plant in question. In both cases, the folk rationale is understandable when the homeopathic principle is considered.

⁴⁴UNO Folklore Archive, FM#0223, February, 1973.

⁴⁵UNO Folklore Archive, FM#0029, March, 1973.

⁴⁶Hand, "Introduction," North Carolina Folklore 6: xxvii-xxviii.

Primitive Magic and Medicine in Folk Remedies

In addition to homeopathic ideas, other magical principles reminiscent of primitive medicine are found in the UNO collection. Treating the part of the body which lies opposite the one that is ailing is related to both the idea of humoral opposites and sympathetic magic.⁴⁷ This idea of opposites is evident in the remedy which suggests treating a head condition by rubbing the medicine on the soles of the feet. Such may also be the rationale for using a sock from the foot to wrap around the sore throat.

Contagious magic, the belief that things once in contact continue to remain so, is seen in those remedies that attempt to transfer the disease away.⁴⁸ Warts, for example, are transferred to another person by giving that person a penny or a potato that has been rubbed on the wart, or by selling the warts to another at a given price. Usually, however, the object which has been in contact with the wart is buried or thrown away. Our sources use a piece of bacon, a dishrag, a raw potato, or a length of string for this purpose. In several instances, the wart is rubbed with an apple, an orange, or a raw potato, but the magical element of disposal has been dropped from the remedy.

⁴⁷Wayland D. Hand, "Folk Medicine Magic and Symbolism in the West," in Forms on the Frontier: Folk Life and Folk Arts in the United States, eds. Austin Fife, Alta Fife, and Henry Glassie (Logan: Utah State University Press, 1969), p. 106.

⁴⁸Ibid., pp. 107-108.

A curious combination of magical principles is involved in the following two remedies, both from the same source:

If you run a nail in your foot. . . take it out and grease the nail to ward off infection.⁴⁹

If you have a sliver in your finger or toe (or wherever), when it is removed put it in your hair to ward off infection.⁵⁰

Wayland Hand connects such remedies to the seventeenth-century theories of Sir Kenelm Digby, who compounded a weapon salve to "treat the weapons that had inflicted the wounds." Hand comments:

For puncture wounds. . . the wounding instrument is greased, sterilized by fire or put in a place to keep it dry, on the theory that if the instrument is kept from rusting and corroding, the wound itself will similarly not fester.

If the instrument is placed in the hair, it is "probably done to utilize the natural oil of the hair to prevent rust or corrosion."⁵¹

The containment of disease by measuring, or marking off an area beyond which the disease may not spread,⁵² is shown in the following remedy from a Nebraska women of

⁴⁹UNO Folklore Archive, FM#0238, April, 1974.

⁵⁰UNO Folklore Archive, FM#0236, April, 1974.

⁵¹Hand, "Introduction," North Carolina Folklore 6: xxviii.

⁵²See Wayland D. Hand, "Measuring and Plugging: The Magical Containment and Transfer of Disease," Bulletin of the History of Medicine 48 (1974): 221-223.

German-Russian origin:

Then when _____ had yellow jaundice aunt would come down and he had to lay on his stomach and they babbled something and took a string. They measured from his head to his heel. Then from one arm to another and just like a cross. I peeked through the crack of the door to see what they were doing. Then whatever they said they could teach a man but not a woman so they could do it. Then a man had to teach a woman.⁵³

The use of amulets to ward off disease is recalled by items which suggest asafoetida or camphor be worn around the neck to prevent colds or flu (both substances have a very disagreeable odor), or carrying a buckeye in the pocket to protect against rheumatism. Worn around the neck, the buckeye is said to prevent "fever." Carrying alum in the pocket prevents chafing of the groin, while wearing amber beads wards off a goiter. Garlic around the neck is effective against rheumatism or colds. An onion placed on the window-sill will keep sickness away from the inhabitants of the room.

Supernatural beings are involved in two items, the one quoted earlier in which evil spirits must be let out of the body by cutting the back, and another in which imps are said to have caused swollen breasts in an infant by sucking on its nipples. In other items, humans are in possession of supernatural powers which can cause or cure symptoms. A village woman said to be a witch aids in transferring an unspecified illness to a glass of beer. One source believes that certain persons possess an "evil eye," which brings

⁵³UNO Folklore Archive, FM# 0064, March, 1973.

bad luck and disease. Boils, colds, and nosebleeds are believed to have been cured by folk healers, using prayer and laying-on-of-hands.

The collection contains many other magical references which will not be discussed in detail. A great many of the remedies contain an explicit or implicit magical principle in conjunction with the application of natural ingredients. However, the natural substances and not the magic seem to be considered the effective agents against disease. A comparison of the degree of validity accorded those fifty-three remedies in which magic is the principle method employed with those remedies which are predominately dependent on non-magical therapy shows that two-thirds of the magical cures carry the sources' endorsement of effectiveness, as opposed to three-fourths of the natural remedies. Often the believers in the magical remedies seem somewhat defensive, aware that such belief is not currently popular. As in the case of the Italian woman quoted earlier, they acknowledge that the remedy "sounds ridiculous." Nevertheless, they claim to have experienced or witnessed positive results.

Efficacy of the Folk Remedies

The fact that a great majority of the remedies carry an endorsement of effectiveness from their contributors leads one to question how often this perception of the

efficacy of a remedy might be based on the actual therapeutic value of the ingredients involved. Do some of these folk remedies "work," that is, do they reduce discomfort and cause symptoms to abate? If so, is relief due solely to the psychosomatic value of the remedy, or does the remedy prescribe an effective mode of treatment for the symptoms in question? Has modern medicine "validated" any of the folk therapeutic measures used in these remedies?

While the psychosomatic effects of the remedies cannot be measured, this factor certainly cannot be discounted as a means of relief from the symptoms of illness. Scientific medicine is currently discovering that human emotions play a significant role in the cause and cure of disease. Certainly all of us are aware of the physiological changes triggered by our emotions--the chills or sweaty palms produced by fear or anxiety, for example, or the congested veins and overheated feeling of anger. Most physicians admit that not enough is known about the interrelationship of mind and body. While scientific medicine has tended to treat the two separately, folk medicine rarely considers the mind and body as separate entities.

Unquestionably, many folk remedies "worked" because the patient believed that they would do so. As mentioned earlier, most of the illnesses which are treated with these remedies are self-limiting. Pain or discomfort from colds, coughs, burns, bites, skin eruptions, and minor intestinal

disorders usually abates within a period of a few hours to a few days. Any measure which brought some relief during this period of time would be considered a "cure" in the same way that people now assume that aspirin or antibiotics "cure" colds. Even magical remedies, if the patient believed them to be effective, could lower anxiety and thus reduce discomfort.

Some of the most prevalent folk medical beliefs involve magical means for the removal of warts. For years, professional medicine has dismissed such ideas as superstitious nonsense. One dermatologist, however, reports that what he terms "suggestion therapy" does indeed cause warts to disappear. Dr. William Vath notes that "if the patient has faith in a certain treatment--no matter how ridiculous or unscientific--that treatment often cures warts."⁵⁴ Vath's colleagues report that warts have disappeared from patients following treatments which could not possibly have any physical effect, such as "an x-ray machine that isn't turned on." Dr. Vath reiterates the detailed ritual used by a fellow dermatologist:

[He] cures warts by drawing a circle around each with a pencil-like instrument. He puts on a lead apron of the type used by radiologists as protection from x-ray equipment and a pair of radiation-proof gloves before taking the instrument from its special plastic container. The magic instrument is an ordinary red grease pencil, and the special plastic container is the case the doctor's toothbrush came in.⁵⁵

⁵⁴William R. Wath, "A Dermatologist Talks About Warts," Today's Health (March 19, 1963), p. 53.

⁵⁵Ibid.

Compare the above treatment to the magical ritual found in the following remedy from the UNO collection:

A person armed with proper secret words can rid someone of warts by placing the right index finger on the wart while simultaneously reciting the secret words and looking skyward, or if inside, upward.⁵⁷

The patient in this case was an eight year-old boy, now a United States Army officer. The "doctor" was his fifty-six year-old "half-English and half-Indian" grandfather, who "prided himself in the fact that he was 'Indian!'."

Both professional and folk rituals are impressive enough to induce faith, and both proved effective. The boy, convinced that he was participating in a secret Indian ritual, had no difficulty with belief. The major remembers that "the warts went away within a short period of time." The dermatologists report success in up to one-half of the cases in which suggestion therapy is used. They found other methods of treatment to be effective approximately two-thirds to three-fourths of the time. In some cases, however, suggestion therapy succeeded when other treatments failed to remove the warts.⁵⁸

Dr. Vath offers two theories to account for the effectiveness of suggestion therapy with warts. He suggests that emotions may stimulate nerve impulses which change the

⁵⁷UNO Folklore Archive, FM#0200, February, 1973.

⁵⁸Vath, "A Dermatologists Talks About Warts," pp. 41, 53.

affected tissues in such a way as to neutralize the virus. It is also possible that suggestion may trigger "a spasm in the tiny artery which nourishes a wart. . . Without this nourishment the wart starves and shrivels up."⁵⁹ Here is illustrated one of the crucial differences between scientific medicine and folk medicine. The scientifically-trained practitioner often seeks to relate his empirical observations to his knowledge of the human body, and theorize about why a given treatment might be effective, if, indeed, repeated experiments prove that it is effective. His theories can then be tested, and if proved valid, the knowledge gained can be applied to similar disorders. The user of the folk remedy might, through empirical observation, apply effective agents to what appear to be similar ailments, but would usually feel no compulsion to investigate the reasons for the remedy's effectiveness.

The need to explain things "scientifically" has affected some sources of folk medicine, however. A number of items are accompanied by comments which attempt to explain why the remedy might be successful. In a recipe which calls for a mixture of cobwebs and flour to "close a cut," the comment is added: "It makes sense that something such as flour would promote blood clotting." While the source reasoned that flour was the active agent, it may be that cobwebs (spiderwebs) would help to coagulate blood at

⁵⁹Ibid., p. 53.

the site of a wound.⁶⁰ A very scientific-sounding explanation accompanies a remedy which advocates the use of egg-white on "a bad burn." The comment reads:

The egg whites are high in proteins, which are mainly amino acids. The protein must react with the dead tissue to help form a scab. Egg whites are good for a burn which was burned by some kind of volatile liquid.⁶¹

In this manner, sources do seek to justify the success of their remedies with scientific terminology, although the terms are often misapplied and misunderstood.

A number of the remedies do contain ingredients which might effectively relieve discomfort of the symptoms in question. Hot drinks, especially those containing alcohol, would tend to relax a patient and might alleviate discomfort associated with head and chest colds. Likewise, substances such as flour, baking soda, or tea appear to offer relief from the itching of bites, rashes, and skin irritations.⁶²

⁶⁰UNO Folklore Archive, FM#0054, April, 1974; George M. Foster and Barbara Gallatin Anderson, Medical Anthropology (New York: Wiley, 1978), p. 72.

⁶¹UNO Folklore Archive, FM#0271, April, 1974. A local physician believes that eggwhite might be beneficial on a burn because of the albumin it contains. The eggwhite would also form a sterile coating over the burned area. He believes this idea is documented in medical literature, but I was unable to find any reference to the matter.

⁶²A friend reports that her pediatrician recommended parched flour for a severe case of diaper rash. Baking soda is frequently recommended for prickly heat or allergic rashes, although I was unable to find any verification in medical literature.

The efficacy of some folk remedies may eventually be verified by medical research. The widespread use of onion and garlic in folk medicine, for example, may be medically sound. Used against common colds and digestive problems in folk remedies, garlic is considered by some medical researchers to be "an intestinal disinfectant and a protection against infection."⁶³ Others question its value. In one UNO remedy, a nurse mentions that garlic enemas were routinely prescribed by doctors for pinworms in the 1930's. Another folk remedy has the right ingredient but a faulty concept of human anatomy. The source claims that pouring garlic oil in the navel will kill pinworms.⁶⁴

The earthworm, widely used in Asian and American Indian folk medicine, is recommended in several UNO remedies. In one case, a young American of Japanese descent contacted pneumonia while on a visit to Japan. His Japanese relatives boiled earthworms and fed them to the semi-conscious patient.

⁶³Winifred Spray, "The Importance of Taking Garlic," Nursing Times 74 (February 16, 1978): 295.

⁶⁴UNO Folklore Archive, FM#0154, April, 1973; UNO Folklore Archive, FM#0246, March, 1973. Recent medical studies suggest that garlic may be beneficial for hypertension and athreosclorosis. See R. C. Jain, "Effect of Alcoholic Extract of Garlic in Atherosclerosis," American Journal of Clinical Nutrition 31 (November, 1978): 198-203; R. C. Jain, "Effect of Garlic on Serum Liquids, Coagulability and Fibrinolytic Activity of Blood," American Journal of Clinical Nutrition 30 (September, 1977): 1380-1381. The same doctor has written extensively in other medical journals on the therapeutic value of garlic. The amount of garlic used in these studies, however, is significantly greater than the amount called for in most folk remedies.

He credits the concoction with saving his life. Recent medical literature reports that the earthworm contains a "bronchial dilating substance" and an anti-pyretic, or fever-reducing agent.⁶⁵

There appears to be no marked difference in the sources' perception of the validity of those remedies which could be objectively judged as efficacious and those which would not be considered so. To reach any definite conclusions on this matter would require a more detailed investigation of the possible efficacy of each of the remedies. As the preceding discussion has demonstrated, the patient's conviction that a given remedy "works" may have little to do with any objectively-measurable elements in the remedy, but a great deal to do with the patient's whole set of social and cultural values. As one source put it:

"All them old remedies are better than this new stuff."⁶⁶

Modern Technology and Commercial Products in Folk Remedies

While folk medicine clings to discarded scientific medical traditions, it also readily accepts some innovations.

⁶⁵UNO Folklore Archive, FM#0034, January, 1974; John W. Reynolds and Wilma M. Reynolds, "Earthworms in Medicine," American Journal of Nursing 72 (July, 1972): 1273; Masatake Hori, et al., "Studies of Antipyretic Components in the Japanese Earthworm," Biochemical Pharmacology 23 (June, 1974): 1583.

⁶⁶UNO Folklore Archive, FM#0133, March, 1973.

Modern technology and commercial ingredients have been incorporated into some folk cures in the collection.

A modernized version of an old remedy reads:

For a cold, drink lemon, hot water, and salt, and go to bed with the electric blanket on high.⁶⁷

The mixture of traditional and modern therapies can sometimes have disastrous results. One patient was severely burned when his wife applied her mother's recipe for mustard plaster to his chest and then covered it with the electric heating pad to speed up the effects.⁶⁸

Some remedies call for commercial brand-name products, such as Watkins Liniment, Fels-Naptha Soap, Vaseline, or Vicks Vaporub. It is often apparent that these preparations have been substituted for the original home ingredients in the recipe. As people moved from farms and rural areas, skunk grease, for example, would be difficult to obtain. Apparently in such cases one sought out a product that would produce the desired effect and incorporated it into the much-used and valued remedy. A recipe for a mustard seed and Vaseline poultice for lung congestions adds the following comment:

Before vaseline was available, lard was used, and at rendering time, special care was taken with a portion of the lard to further purify it. This was used for the basis of various salves, etc.⁶⁹

⁶⁷UNO Folklore Archive, FM#0277, April, 1974.

⁶⁸Personal interview, June, 1978.

⁶⁹UNO Folklore Archive, FM#0095, March, 1973.

Although the substitution of the modern product was acceptable, the ritualistic formula for application of the mixture was retained. After mixing the above ingredients, the source instructs:

Apply to chest and cover. Next time, apply to back and cover. Leave in place overnight.⁷⁰

Several observers feel that younger generations of Americans rely on these commercial preparations in place of the folk remedies used by their parents and grandparents.⁷¹ Certainly, many people of all ages do diagnose and treat their own illnesses with popular, nonprescription medicinals from the druggist. These preparations, however, are not always used as the package directs. In fact, a different sort of "folk medicine" can be found surrounding the use of these products, as people devise their own treatments and pass them on to others. A case in point is the use of a popular hemorrhoid salve, Preparation H, to smooth facial wrinkles. In the past year, this "remedy" has been circulating among women in the area. Physicians consider the practice dangerous. In another instance, a remedy in the collection advises placing an aspirin on an aching tooth. The person who tried this means of relief later visited her dentist and was told that the aspirin had

⁷⁰Ibid.

⁷¹Carl Withers, "The Folklore of a Small Town," in Medical Care: Readings in the Sociology of Medical Institutions, eds. W. R. Scott and E. Volkart (New York: Wiley, 1966), p. 238; Kibbe and McCorkle, Bohemian Speech Community, p. 26.

damaged the surrounding cheek tissue.⁷² Whether with folk medicine, commercial medicines, or a combination of the two, a great many people do "doctor" themselves, consulting their physician only when such measures fail to provide relief.

Attitudes Toward Professional Medicine in Folk Remedies

The sources' comments which accompany many of the UNO remedies reveal that, for these Midwesterners at least, the cost of medical care was decidedly a factor in the choice of folk medicine. The following comments are typical:

The informant says he would at least try it [the] remedy before spending money on a doctor.⁷³

This and other home remedies were used because the family was too poor to afford a doctor except in an absolute emergency.⁷⁴

This remedy was tried to avoid going to the doctor unless necessary.⁷⁵

We never had a doctor--first time when my younger brother had a broken arm. . . Egg linings [on cuts] are better than the stitches because they are as good as stitches but they are cheaper.⁷⁶

Home remedies were usually tried first, often even when the threat to health and life was serious. A remedy

⁷²UNO Folklore Archive, FM#0007, October, 1973

⁷³UNO Folklore Archive, FM#0338, March, 1973.

⁷⁴UNO Folklore Archive, FM#0297, March, 1973.

⁷⁵UNO Folklore Archive, FM#0023, March, 1973.

⁷⁶UNO Folklore Archive, FM#0138, February, 1973;
UNO Folklore Archive, FM#0021, May, 1974.

for puncture wounds reads:

Shave lye laundry soap into a little warm water to make a paste, add sugar to make one-half sugar, one-half soap, and apply directly to puncture and wrap. Leave on two hours and replace.⁷⁷

The forty-eight year-old male source adds that it is intended to draw out the infection and prevent lockjaw. A farm woman in Iowa used the treatment on him and "it worked." While he says he would not use the remedy today, he mentions that when he was young his family would not have considered consulting a doctor, and "could not have afforded tetanus shots, even if they were available."⁷⁸

There seems to be a general feeling among these sources that one avoids going to a doctor unless absolutely necessary. Often this is to save the cost of medical treatment. In addition, the idea of self-medication, either with home remedies or commercial medicines, seems to be a firmly-ingrained pattern of behavior with many of the UNO sources. These people exhibit an obvious sense of pride in their ability to diagnose and treat their own ills. However, a few of the sources are apparently aware of the media's constant injunctions to "consult your physician" about health problems. After reciting a remedy and affirming that it does, indeed, work, one source adds "but you probably should consult your doctor."⁷⁹

⁷⁷UNO Folklore Archive, FM#0298, March, 1973.

⁷⁸Ibid.

⁷⁹UNO Folklore Archive, FM#0262, April, 1973.

Summary

The topics discussed above by no means exhaust the wealth of information in the data file on folk medicine. Each of the subjects touched upon deserves to be explored in greater depth. Many other questions of interest can be investigated using this collection of materials. For example, characteristics of the collectors can be examined and familial ties to their sources explored to provide insight into the processes by which folk medicine passes from generation to generation. Remedies can be grouped chronologically to determine if the type of ailments treated with folk remedies changed as the years passed and professional care became widely available. Ethnic variations in remedies and modes of treatment can be noted. In addition, this collection can be compared with collections from other parts of the country to determine regional peculiarities in types of illnesses treated, methods and ingredients used, and attitudes displayed toward professional medicine.

The UNO collection documents the fact that folk medicine is actively circulating among Nebraskans of all ages and backgrounds. This folk medicine is a vital element in the institution of medicine. It shares ground with scientific medicine, to which it is closely related.

Folk medicine was used extensively by Nebraskans of earlier generations, and is still used by many today. Thus, the historical study of folk medical beliefs and practices is a necessary complement to the history of scientific medicine. Folk medicine provides a look at medicine from the other side, so to speak, and offers insights that can never be gained from the medical literature.

Just as the quality and availability of scientific medical care in America varied from region to region at any given point in time, so did the nature and extent of folk medical practice. Many regional collections of American folk medicine are currently in print. Unpublished materials abound in folklore and oral history archives throughout the country. The existence of such collections makes it possible to undertake quantitative studies of folk medical beliefs and behavior. The computer can be used to organize the folk medicine for statistical compilations and to cross index collections to provide maximum retrieval of individual items within those collections. Finally, should these files and tapes not contain the information needed to study the lives and attitudes of the people who kept these folk medical traditions alive, the historian has yet another option. Richard Dorson reminds us that "the community is a living library, whose memories and traditions the local historian can comb with the interview techniques of the folklore collector."⁸⁰

⁸⁰Dorson, Folklore and the Historian, p. 156.

Suggestions for Future Research

Little is known about the actual practice of either folk medicine or scientific medicine in American history. Historians readily admit that the outlook, training, and distribution of professional physicians varied so greatly that it is almost impossible to generalize about the medical care available to Americans during the nineteenth and early twentieth centuries. Rosenberg calls for a "behaviorist history of medicine"--a history of what physicians actually did, not "what an elite said they should have done."⁸¹ Lay beliefs, attitudes and practices are an indispensable part of such a study. Obviously, the quantity and quality of professional care affects the practice of folk medicine. Yet, in any period of time, the medical beliefs of the lay population also influence the theory and practice of professional medicine.

Perhaps the most useful approach would be to study the interaction of medical thought and practice in a specific locality. As evidenced by this thesis, even a state such as Nebraska is too large and diverse an area to permit any generalizations about either folk medicine or scientific medicine. Urbanization does seem to affect both professional medicine and folk medical traditions, but comparative studies within the same geographic area are needed to test this hypothesis.

⁸¹Rosenberg, "Medical Profession," p. 2'

The study of medicine in a given locality could begin with a look at the type of professional care that was, and is, available. Rosenberg mentions a number of sources for such information: Hospital records, manuscript diaries, account books, travel accounts, fee bills, records of malpractice suits, insurance examiner's manuals, medical journals, advertisements, pharmacy records, memoirs, diaries, devotional manuals, and personal interviews.⁸² The presense or absence of other practitioners, such as chiropractors or naturopaths must be noted, and the quality of institutional care available in the area considered.⁸³

Second, social and environmental factors which influence the health of the populace and their ideas about medical treatment must be explored. Economic conditions, the ethnic and religious composition of the population, average age and life expectancy, birth rate, diet, causes of death, climate, type of industry in the area, the rate of growth or modernization--these are only a few of the factors that affect the utilization of both professional medicine and folk medicine.

Finally, lay, popular, and folk medicine practiced in the locality can be surveyed. This topic includes the use of commercial medicines, religious or faith healing,

⁸²Ibid., p. 24.

⁸³Grob, "Social History of Medicine," pp. 401-402.

domestic and folk remedies--in short, all of the non-scientific medical beliefs and practices that have been employed by residents of the locality. Some of this material can be gathered from the records of daily life mentioned above--diaries, newspapers, almanacs, memoirs, personal letters. Archived folk traditions, such as the UNO collection, are invaluable sources of folk medical beliefs. Oral history-type interviews would provide the most useful source of information, however, for twentieth century folk practices. Taking into account characteristics of the population as a whole, interviews should aim at surveying a sample cross section of that society, with regard to age, ethnicity, social class, education, religion, occupation, and other distinctive characteristics.

As Logan points out, most anthropological studies of folk medical behavior are based on interviews with a few key informants.⁸⁴ Lack of sufficient cases in these studies often obscures intra-cultural variations. In order to uncover ethnic, social, religious, or other variations within a community, many informants must be surveyed. Concise, well-planned interviews can request family or community folk medical practices, biographical details about their possessors, and seek to ascertain the conditions which governed the use of the folk medicine. The interviewer can probe for attitudes which surround folk medicine, and solicit rationales for the success or

⁸⁴Logan, "Hot-Cold Theory of Disease," p. 99.

failure of such medicine. General attitudes about the use of physicians and the use of folk medicine as well as specific experiences with doctors and folk remedies can be recorded. Interviews with health professionals--physicians, chiropractors, nurses, social workers, teachers, ministers, and folk healers--can also provide valuable information about traditional folk beliefs and practices, although from another perspective altogether.

A survey of "nonbelievers" in folk medicine is necessary to isolate any common characteristics of "believers." As David Mechanic cautions: "The study of illness behavior by its very nature requires study not only of those who seek care, but also those in the population who do not."⁸⁵ Those who do not know or use certain traditional folk remedies need to be found, perhaps by polling a random sample of the population for knowledge of remedies that have been collected from other residents of similar background. The knowledge and use of folk remedies is affected by many factors--the size or strength of an ethnic community, the degree of contact with other ethnic groups, or simply the presence or absence of those persons in a community who serve to keep traditional practices alive.

⁸⁵David Mechanic, Medical Sociology: A Selective View (New York: The Free Press, 1968), p. 116.

As in the present study, both folk and scientific medical practices can be studied quantitatively and qualitatively. The only way to deal effectively with such a large body of data is to devise a method of computer analysis, similar to the one used on the UNO collection. The initial computerized survey of the broad range of behavior and characteristics of the population can pinpoint areas worthy of inquiry. Thus, the larger, more generalized overview of medicine in that area provides the necessary social and historical context for specific studies. Within this framework, one could study ethnic sex roles in folk medicine, look at generational differences in attitudes toward folk medicine or scientific medicine, examine the effects of ethnic solidarity or retention of native language on folk medicine, and assess the influence of education, or social and economic upward mobility on the choice of medical treatment, to mention just a few possibilities. Each particular locality will present specific opportunities for further investigation.

Such studies would be, by their very nature, interdisciplinary. Methodologies and techniques developed in the social sciences will prove useful in designing the projects. Interviews and questionnaires must be designed to minimize the collecting of inaccurate or misleading information. Care must be taken to assure a reasonably representative sample of the population under study.

Re-interviewing of key informants may be necessary to verify the accuracy of information. One must understand the nature of oral traditions and the communication structures in which they are transmitted in order to avoid erroneous interpretations of the data at hand. Skills in interpersonal communication are necessary when asking people to share treasured memories and personal experiences. Interviewers must have knowledge of relevant ethnic differences regarding illness, diet, sex, family life, attitudes about illness and death, and other areas affecting medical belief. They may be required to speak another language. A general knowledge of medical history and some understanding of medical terminology may be required. Archiving and cataloging skills are needed to record and organize the data collected. Finally, a broad knowledge of the history and geography of the locality is indispensable.

The above suggestions for the design of future research in medical history do not negate the need for continued studies of specific aspects of medical belief and practice. Indeed, careful attention to previous studies often suggests hypotheses which can be tested on a larger scale. It is hoped that this study of folk medicine in Nebraska can be of value in encouraging further research in this geographic area.

APPENDIX I

CODEBOOK FOR COMPUTERIZED ANALYSIS
OF FOLK MEDICINE

Variable Name(s): SNUM, CNUM

Variable Label(s): SNUM, Identification Number of Source
CNUM, Identification Number of Collector

Number of Columns: 3 (001-999)

Values: The value of each source number or collector number is that person's full name. The names have not been reproduced here in order to protect the anonymity of the sources and collectors.

Variable Name(s): SSEX, CSEX

Variable Label(s): SSEX, Sex of Source
CSEX, Sex of Collector

Number of Columns: 1 (0-9)

Values:

1 = male

2 = female

9 = unknown

Variable Name(s): SAGE, CAGE

Variable Label(s): SAGE, Age of Source
CAGE, Age of Collector

Number of Columns: 2 (01-99)

Values: The age of each source and collector is recorded.

Variable Name(s): SJOB, CJOB

Variable Label(s): SJOB, Occupation of Source

CJOB, Occupation of Collector

Number of Columns: 3 (000-999)

Values:

001 = student, elem.	042 = teacher, other
002 = student, high sch.	043 = teacher, college
003 = student, college	050 = professor
004 = student, grad.	051 = attorney
005 = student, medicine	052 = dentist
006 = student, law	053 = accountant (C.P.A.)
020 = housewife	054 = professional sales
021 = maid	055 = bookkeeper
022 = cook	056 = social worker
023 = waitress	057 = physician (M.D.)
024 = nurse	058 = dean, university
025 = beautician	060 = manager, unspecified
026 = secretary	061 = real estate
027 = retail sales	062 = insurance
028 = housekeeper	070 = Air Force officer
029 = clerical	072 = Air Force NCO
030 = librarian	080 = proprietor
031 = tax consultant	081 = business, unspecified
032 = bank teller	082 = interior decorator
040 = teacher, high sch.	083 = produce dealer
041 = teacher, elem.	100 = farmer

102 = stockyard employee	109 = toolmaker
103 = pastry chef	110 = IBM operator
104 = awning manufacturer	111 = brewmaster
105 = railroad employee	112 = journalist
106 = water well digger	113 = mail carrier
107 = orderly	114 = warehouse employee
108 = policeman	990 = retired, unspecified
	999 = unknown

Variable Name(s): SETH, CETH

Variable Label(s): SETH, Ethnicity of Source

CETH, Ethnicity of Collector

Number of Columns: 2 (00-99)

Values:

01 = German-American	12 = Spanish-American
02 = Czech-American	13 = Japanese-American
03 = English-American	14 = Croatian-American
04 = Russian-American	15 = Polish-American
05 = Danish-American	16 = Welsh-American
06 = Italian-American	17 = French-American
07 = Swedish-American	18 = Black American
08 = German-Irish-Amer.	19 = Jewish American
09 = Greek-American	20 = Native German
10 = Irish-American	22 = Native Italian
11 = Scotch-American	30 = Native Dane
	40 = Native Rumanian

Variable Name(s): SREL, CREL

Variable Label(s): SREL, Religion of Source
 CREL, Religion of Collector

Number of Columns: 1 (0-9)

Values:

1 = protestant	5 = hindu
2 = catholic	6 = muslim
3 = jewish	8 = other
4 = buddhist	9 = unknown

Variable Name(s): SLANG, CLANG

Variable Label(s): SLANG, Native Language of Source
 CLANG, Native Language of Collector

Number of Columns: 2 (00-99)

Values:

01 = Midwestern English	42 = Czech
02 = Southern English	44 = Italian
03 = Western English	50 = Rumanian
04 = Eastern English	60 = Croatian
40 = German	99 = unknown

Variable Name(s): SMAR, CMAR

Variable Label(s): SMAR, Marital Status of Source
 CMAR, Marital Status of Collector

Number of Columns: 1 (0-9)

Values:

1 = never married	3 = widowed
2 = divorced	4 = now married

Variable Name(s): SKIDS, CKIDS

Variable Label(s): SKIDS, Number of Children of Source
 CKIDS, Number of Children of Collector

Number of Columns: 1 (0-9)

Values:

0 = no children	5 = 5 children
1 = one child	6 = 6 children
2 = two children	7 = 7 children
3 = three children	8 = 8 or more children
4 = four children	9 = unknown

Variable Name(s): SBIRTH, CBIRTH, PLACE, PLACE2

Variable Label(s): SBIRTH, Birthplace of Source
 CBIRTH, Birthplace of Collector
 PLACE, Place item collected
 PLACE2, Place item practiced

Number of Columns: 2 (00-99)

Values:

01 = Alabama	10 = Delaware
02 = Alaska	11 = District of Columbia
03 = Arizona	12 = Florida
04 = Arkansas	13 = Georgia
05 = American Samoa	14 = Guam
06 = California	15 = Hawaii
07 = Canal Zone	16 = Idaho
08 = Colorado	17 = Illinois
09 = Connecticut	18 = Indiana

19 = Iowa	45 = South Carolina
20 = Kansas	46 = South Dakota
21 = Kentucky	47 = Tennessee
22 = Louisiana	48 = Trust Territories
23 = Maine	49 = Texas
24 = Maryland	50 = Utah
25 = Massachusetts	51 = Vermont
26 = Michigan	52 = Virginia
27 = Minnesota	53 = Virgin Islands
28 = Mississippi	54 = Washington
29 = Missouri	55 = West Virginia
30 = Montana	56 = Wisconsin
31 = Nebraska	57 = Wyoming
32 = Nevada	60 = American Midwest
33 = New Hampshire	61 = American South
34 = New Jersey	62 = American East
35 = New Mexico	63 = New England
36 = New York	64 = American Southeast
37 = North Carolina	65 = American West
38 = North Dakota	66 = American Southwest
39 = Ohio	67 = American Northwest
40 = Oklahoma	68 = Great Plains
41 = Oregon	69 = Canada
42 = Pennsylvania	70 = Germany
43 = Puerto Rico	71 = Mexico
44 = Rhode Island	72 = France

73 = Rumania	80 = South Pacific
74 = Greece	81 = Japan
75 = Ireland	82 = China
76 = Italy	83 = Yugoslavia
	99 = unknown

Variable Name(s): CSREL, SOREL

Variable Label(s): CSREL, Relationship of Source to Collector
 SOREL, Relationship of Source to Person
 From Whom Source Learned Item

Number of Columns: 2 (00-99)

Values:

01 = Mother	21 = Female Acquaintance
02 = Grandmother	22 = Female Co-worker
03 = Aunt	23 = Female Fellow Student
04 = Sister	24 = Female Teacher
05 = Daughter	25 = Female Employee
06 = Granddaughter	26 = Female Colleague
07 = Cousin	27 = Female Patient-Client
08 = Stepmother	30 = Physician
09 = Sister-in-law	31 = Chiropractor
10 = Mother-in-law	40 = Childhood Community
11 = Daughter-in-law	41 = Family-Friends
12 = Female relative	43 = Adult Community
13 = Wife	44 = Armed Forces
20 = Female Friend	45 = Social Group

46 = Prof. Organization	61 = Male Relative, unsp.
47 = Employer	62 = Husband
50 = Father	70 = Male Friend
51 = Grandfather	71 = Male Acquaintance
52 = Uncle	72 = Male Co-worker
53 = Brother	73 = Male Fellow Student
54 = Son	74 = Male Teacher
55 = Grandson	75 = Male Employee
56 = Male Cousin	76 = Male Colleague
57 = Stepfather	80 = Written source
58 = Father-in-law	90 = Self
59 = Son-in-law	99 = Unknown
60 = Brother-in-law	

Variable Name(s): TIME

Variable Label(s): TIME, Period of Life When Item Was Learned

Number of Columns: 1 (0-9)

Values:

1 = Childhood	4 = 36-65 years
2 = Teen years	5 = Over 66 years
3 = 20-35 years	9 = Unknown

Variable Name(s): TIME2, YEAR

Variable Label(s): TIME2, Date (approx.) Item Was Learned
YEAR, Year item was Collected

Number of Columns: 2 (00-99)

Values: Last two digits of the year are recorded.

Variable Name(s): TYPE

Variable Label(s): TYPE, Type of Folklore

Number of Columns: 3 (001-999)

Values:

001 = Folk Medicine

Variable Name(s): LOCALE

Variable Label(s): LOCALE, Locale in Which Item was Practiced

Number of Columns: 1 (0-9)

Values:

1 = Farm or Rural	= 10,000 to 50,000 Population
2 = Small Village	= 50,000 to 100,000 Population
3 = Small Town to 5,000 Population	
= 5,000 to 10,000 Population	8 = 100,000 or over
	9 = unknown

Variable Name(s): SVAL, CVAL, OVAL

Variable Label(s): SVAL, Validity Rating of Source

CVAL, Validity Rating of Collector

OVAL, Validity Rating of Person from

Whom Source Learned Item

Number of Columns: 1 (0-9)

Values:

1 = Believes, currently uses	= Doubts value, probably would not use
2 = Believes, did or might use	= Rejects value, would not use

Variable Name(s): INUM

Variable Label(s): INUM, Identification Number Assigned to
Item

Number of Columns: 4 (0001-9999)

Values: Numbers 0001-0389 were assigned to the items.

Variable Name(s): DESC

Variable Label(s): DESC, Type of Folk Medicine

Number of Columns: 1 (0-9)

Values:

0 = General descriptions of health, prescri- ptions for long life, etc.	= Rationales, explanations, theories on the cause or cure of disease
= Remedy or relief for a specific medical problem	= Attitudes or beliefs about doctors, nurses, other medical personnel
? = Preventive of disease or health problem	= Advice on pregnancy, childbirth, conception, contraception, etc.
= Diagnosis of disease or health problem	= Unclassifiable, unclear

Variable Name(s): SICK

Variable Label(s): SICK, Symptoms or Disease Treated

Number of Columns: 3 (001-999)

Values:

001 = thick blood	005 = to promote growth
002 = sunstroke	006 = to prevent disease
003 = strengthen baby's stomach	007 = to clean up system
004 = to gain strength	008 = a pick-me-up
	009 = spring tonic

010 = prevent poisoning	125 = stuffy nose
012 = ward off disease	130 = flash-in-eye
013 = induce vomiting	201 = runny nose
015 = for bad blood	202 = asthma
018 = fever, unspc.	203 = pneumonia
020 = undefined illness	204 = chest cold
021 = critical illness, unspc.	205 = sore throat
025 = excess fluid	206 = sinus
030 = jaundice	207 = cough
040 = hangover	208 = lung congestion
050 = physical examination	209 = croup
055 = surgery, unspc.	210 = tuberculosis
060 = depression	215 = hiccoughs
101 = toothache	220 = polio
102 = nosebleed	301 = high blood pressure
103 = sty on eye	310 = heart trouble
104 = sore eye	320 = to stop bleeding
105 = black eye	330 = for the blood
106 = object in eye	401 = stomach trouble
110 = headache	402 = colic
113 = baldness	410 = swallowed object
115 = diphtheria	415 = worms
118 = loose tooth	420 = constipation
120 = earache	421 = diarrhea
121 = wax in ear	425 = hemorrhoids
	501 = puncture wound

502 = cut	719 = hives
503 = wound, general	720 = chapped hands
506 = injured finger	721 = frostbite
509 = swelling	725 = bruise
510 = infected injury	730 = "7 year itch"
515 = corns	801 = baby's swollen breast
516 = sore feet	802 = rheumatism
517 = swollen feet	803 = sore joints
520 = leg cramps	804 = arthritis
601 = measles	805 = sore back
701 = sliver	806 = sore muscles
702 = boil, carbuncle	810 = goiter
703 = burn	815 = rabies
704 = poison ivy	825 = evil eye
705 = ringworm	901 = sore breast
706 = warts	902 = labor
707 = sunburn	905 = pregnancy taboos
708 = beesting	910 = to conceive a boy
709 = insect bite	919 = menstrual taboos
710 = rattlesnake bite	920 = menstrual odor
711 = poison oak	950 = cow that overate
712 = sandburr	960 = worms in horses
713 = rash or itch	961 = worms in hogs
715 = diaper rash	
717 = chaffed groin	

Variable Name(s): USE

Variable Label(s): USE, Current Use of Item

Number of Columns: 1 (0-9)

Values:

1 = currently used = unknown

2 = not currently used

Variable Name(s): KIND1, KIND2, KIND3, KIND4

Variable Label(s): KIND1, Classification of First Substance
or Practice

KIND2, Classification of Second Substance
or Practice

KIND3, Classification of Third Substance
or Practice

KIND4, Classification of Fourth Substance
or Practice

Number of Columns: 1 (0-9)

Values:

1 = botanical substance = botanical and chemical-
mineral mixture

2 = animal substance

= botanical, animal, chemical-
mineral mixture

3 = chemical or mineral
substance

8 = magico-religious practice

4 = botanical and animal
mixture

9 = unclassifiable

5 = animal and chemical-
mineral mixture

0 = no data

Variable Name(s): STUFF1, STUFF2, STUFF3, STUFF4

Variable Label(s): STUFF1, Name of First Substance or
Practice

STUFF2, Name of Second Substance or
Practice

STUFF3, Name of Third Substance or
Practice

STUFF4, Name of Fourth Substance or
Practice

Number of Columns: 3 (001-999)

Values:

001 = sulphur	016 = oil of wintergreen
002 = rhubarb	017 = pomegranate juice
003 = biscuit	018 = whiskey
004 = molassas	019 = beef
005 = milk	020 = gold ring
006 = butter	012 = cream
007 = poison ivy leaves	022 = egg, whole
008 = aspirin	023 = eggshell lining
009 = ham	024 = egg white
010 = bacon	025 = alcohol
011 = dog spittle	027 = salt
012 = lard	028 = salt pork
013 = honey	030 = potato
014 = cotton	031 = onion
015 = water	032 = garlic

033 = sugar	060 = linden blossoms
034 = bread	061 = flax seed
035 = fish	062 = mustard, mustard seed
036 = flour	063 = alum bark
037 = baking soda	064 = "sneezeweed"
038 = apple	065 = leaf, unspec.
039 = cloves	066 = "kletten" root
040 = manure, cow	067 = wormseed
041 = urine, human	068 = milkweed
042 = manure, chicken	069 = prickly pear
043 = feces, human	070 = tea, liquid
044 = urine, ant	071 = tea leaves
045 = earthworm	072 = sassafras tea
046 = earthworm oil	073 = wild cherries
047 = mud	074 = alfalfa leaves
048 = dirt	075 = puffball mushroom
049 = alum	076 = green onion tops
050 = tobacco	077 = powdered alum
051 = tobacco residue	078 = dandelion root
052 = chewing tobacco	079 = carroway seed
053 = tobacco smoke	081 = lemon juice
055 = asoephoetia	082 = lemon, whole
056 = ruda (rue)	083 = sweet oil
057 = avocado	084 = castor oil
058 = beer	085 = eucalyptus oil
059 = tomato juice	086 = peppermint oil

087 = cedar oil	115 = Watkins Liniment
088 = castor oil	116 = vanilla
089 = peach leaves	118 = pickles
090 = goose grease	119 = vinegar
091 = camomile	120 = copper bracelet
092 = skunk grease	121 = buckeye (horse chestnut)
093 = chicken gizzard	123 = electric blanket
094 = goldfish liver	124 = red cloth
095 = olive oil	125 = cocoa
096 = orange juice	126 = cream of tartar
097 = cobwebs	127 = cornstarch
098 = fly	128 = raisins
101 = drinking glass	129 = flower of sulphur
102 = dish	130 = mock turtle soup
103 = ivory comb	131 = hot pepper sauce
104 = dishrag	132 = bay rum
105 = string	133 = Rocky Mountain Herb Tea
106 = glass	134 = Lysol
107 = towel	135 = schnapps
108 = cloth	136 = rubbing alcohol
109 = amber beads	137 = elderberry
110 = Absorbine	138 = sage
111 = kerosene	139 = snuff
112 = Vaseline	140 = soap
113 = turpentine	141 = Fels Naptha Soap
114 = Vicks Vaporub	142 = caraway seed

144 = belladonna plant	171 = tirafillo plant
145 = creosot	172 = cheese grass
146 = camphor	173 = corn
147 = coal	174 = aspirin
148 = coal oil	175 = dirty sock
149 = candle wax	176 = wool sock
150 = 50¢ coin	177 = poison oak leaf
151 = copper penny	178 = water from lake
152 = lye soap	180 = heather
153 = white hanky	181 = linseed oil
154 = diamond ring	182 = oats
155 = paper	183 = lye
156 = clothesline	185 = toad
158 = gunpowder	187 = metal key
159 = peroxide	189 = crucifix
160 = calomel	190 = wine
161 = epsom salts	191 = blackberry brandy
162 = quinine	193 = black walnut husks
163 = cinnamon	194 = lily leaf
164 = ginger tea	196 = hay seed
165 = alfalfa tea	198 = foxglove leaf
166 = fireweed	199 = herbs, unspec.
167 = flowers	201 = breast milk
168 = catnip	205 = saliva
169 = pennyroyal	210 = leech
170 = rhino horn	215 = bee sting

220 = big toe	850 = faith healing
250 = syrup, unspec.	852 = sign-of-cross
800 = supernatural beings	854 = touch wall
801 = imps	855 = lay-on-hands
805 = Monday	858 = mirror image
818 = place on window	860 = invert over head
820 = greased nail	861 = draw out
825 = evil eye	862 = rub with
827 = knot	863 = hand on bed
830 = measure	865 = cut body
832 = put in hair	870 = give plant
835 = wear	875 = curse
836 = tie on leg	879 = pick strawberries
839 = carry in pocket	901 = rays of sun
840 = transfer	905 = flame
842 = touch	910 = look at body
845 = crawl under	920 = medicine, unspec.
848 = coal in wine	925 = black ointment
	000 = no data

Variable Name(s): METH

Variable Label(s): METH, Method or Process of Treatment

Number of Columns: 2 (01-99)

Values:

01 = apply, paste	04 = blow on or in
02 = apply, plaster	05 = bandage with
03 = bathe in	06 = bury in

07 = set on	70 = bury
08 = immerse in	71 = put in pocket
09 = poultice applied	72 = wear on body
10 = salve applied	73 = wear around neck
11 = place on	74 = lay beside
12 = liquid applied	75 = whisper
13 = rub on	76 = chant
14 = urinate on	77 = pray
40 = inhale	78 = hold over head
41 = drink	79 = rub into
42 = chew	80 = hand on bed
43 = swallow	81 = pour in navel
44 = eat	82 = rub feet
45 = enema	83 = breathe into
46 = bite on	84 = throw away
47 = eat and apply	98 = not applicable
50 = expose to	99 = unknown

Variable Name(s): HOT

Variable Label(s): HOT, Temperature Specified in Remedy

Number of Columns: 1 (0-9)

Values:

0 = hot	4 = cold
1 = warm	5 = iced or frozen
2 = lukewarm, room temp.	9 = not mentioned
3 = cool	

Variable Name(s): WET

Variable Label(s): WET, Moisture Mentioned in Remedy

Number of Columns: 1 (0-9)

Values:

0 = dry

3 = liquid

1 = moist

4 = combination wet and dry

2 = wet

9 = not mentioned

Variable Name(s): SAGEG, CAGEG

Variable Label(s): SAGEG, Age Grouping for Sources

CAGEG, Age Grouping for Collectors

Number of Columns: 1 (0-9)

Values:

1 = under age 20

4 = 50-64 years

2 = 21-34 years

5 = 65-79 years

3 = 35-49 years

6 = over 80 years

Variable Name(s): SBIRTHG, CBIRTHG

Variable Label(s): SBIRTHG, Birthplace Grouping for Source

CBIRTHG, Birthplace Grouping for Collector

Number of Columns: 1 (0-9)

Values:

1 = born in United States

= born other than in
United States

Variable Name(s): SETHG, CETHG

Variable Label(s): SETHG, Ethnicity Grouping for Sources
 CETHG, Ethnicity Grouping for Collectors

Number of Columns: 1 (0-9)

Values:

1 = Scandinavian 3 = South or Eastern Europeans
 2 = Other Northern Europeans 4 = Other

Variable Name(S): SLANGG, CLANGG

Variable Label(s): SLANGG, Language Grouping for Sources
 CLANGG, Language Grouping for Collectors

Number of Columns: 1 (0-9)

Values:

1 = native speaker of English = native language other than Am. English

Variable Name(s): CSRELG, SORELG

Variable Label(s): CSRELG, Kinship Grouping for Source-
 Collector Relationships
 SORELG, Kinship Grouping for Source-
 Source's Source Relationships

Number of Columns: 1 (0-9)

Values:

1 = family, relatives = friends or others

Values:

1 = student	= white collar or proprietor
2 = housewife	
3 = blue collar worker	= professional

Variable Name(s): LOCALEG

Variable Label(s): LOCALEG, Groupings for Place of Practice

Number of Columns: 1 (0-9)

Values:

1 = rural environment	= population over 50,000
2 = small town to 50,000 population	

APPENDIX II

CROSSTABLATIONS OF SOURCES' VALIDITY RATINGS
WITH OTHER VARIABLES

Source Age¹

	Under 34	35-49	50-64	Over 65	Row Total
Values (1-2)	32 (68%)	47 (75%)	87 (86%)	82 (85%)	248
Doesn't Value (3-4)	15 (32%)	16 (25%)	14 (14%)	15 (15%)	60
Column Total	47 (100%)	63	101	97	308

Source Sex

	Male	Female	Row Total
Values (1-2)	120 (88%)	128 (74%)	248
Doesn't Value (3-4)	16 (12%)	44 (26%)	60
Column Total	136	172	308

¹These crosstabulations are based on the 308 items that were assigned a validity rating on the "1" through "4" scale. In some cases, the other variable used in the chart was coded as "unknown." Thus, there may be a different total number of items tabulated in each chart, as only those items which had information in both categories were used in the crosstabulations. The percentages shown are column percentages.

Source Occupation

	Student	House- wife	Blue Collar	White Collar	Profes- sional	Row Total
Values (1-2)	22 (73%)	89 (77%)	64 (95%)	48 (75%)	22 (79%)	245
Doesn't Value (3-4)	8 (27%)	27 (23%)	3 (5%)	16 (25%)	6 (21%)	60
Column Total	30	116	67	64	28	305

Source Ethnicity

	Scandi- navian	Northern European	So.-East. European	Other	Row Total
Values (1-2)	12 (86%)	169 (79%)	29 (74%)	6 (86%)	216
Doesn't Value (3-4)	2 (14%)	46 (21%)	10 (26%)	1 (14%)	59
Column Total	14	215	39	7	275

Source Native Language

	English	Non-English	Row Total
Values (1-2)	172 (76%)	40 (87%)	212
Doesn't Value (3-4)	53 (24%)	6 (13%)	59
Column Total	225	46	271

Source Birthplace

	U.S. Born	Foreign Born	Row Total
Values (1-2)	185 (77%)	26 (84%)	211
Doesn't Value (3-4)	54 (23%)	5 (16%)	59
Column Total	239	31	270

Locale of Practice

	Rural	Small Town	Urban Area	Row Total
Values (1-2)	113 (88%)	26 (100%)	52 (79%)	191
Doesn't Value (3-4)	15 (12%)	0	14 (21%)	29
Column Total	128	26	66	220

From Whom Item Learned

	Family-Relatives	Friends-others	Row Total
Values (1-2)	184 (81%)	14 (88%)	198
Doesn't Value (3-4)	42 (19%)	2 (12%)	44
Column Total	226	16	242

Time Item Learned

	Child- hood	Teen Years	20-35	35-64	Over 65	Row Total
Values (1-2)	185 (83%)	1 (50%)	8 (57%)	10 (91%)	0	204
Doesn't Value (3-4)	38 (17%)	1 (50%)	6 (43%)	1 (9%)	0	46
Column Total	223	2	14	11	0	250

APPENDIX III

SAMPLE ITEMS FROM THE UNO FOLKLORE ARCHIVE

Folk Medicine

Item NO. 0219

SOURCE NAME, Age 48¹

Ethnicity: Bohemian

Occupation: Housewife

Language: Mdw. English

Interview date: 2/27/73

Item: "For leg cramps, tie a white hanky around the ankle loosely, the cramps will go away and the patient will be able to sleep."

Comments: The above was used by the informant's mother to relieve the leg cramps incurred by the distance the informant had to walk to school. The informant says that it worked, even though it sounds silly.

COLLECTOR NAME, Age 20

Ethnicity: German

Occupation: Student at UNO

Language: Native=German,
also speak English

Birthplace: Omaha, Nebraska

Relationship to Source:
Acquaintance

¹Any names or locations which might serve to identify sources or collectors have been deleted from these sample items.

Folk Medicine

SOURCE NAME, Age 50

Item NO. 0212

Ethnicity: Swedish

Occupation: Housewife

Language: Mdw. English

Interview date: 3/28/73

Item: "For a bee sting, cut a raw onion in half and rub the cut side on the bite. Do this immediately and continue until the redness is gone. The onion will draw out all of the poison."

Comment: The informant's mother used this remedy on the informant. It works, and the informant still uses it today.

COLLECTOR NAME, Age 20

Ethnicity: German

Occupation: Student at UNO

Language: Mdw. English

Birthplace: Omaha, Nebr.

Relationship to Source:
Acquaintance

Folk Medicine

Item NO. 0244

SOURCE NAME, Age 45

Ethnicity: Italian

Occupation: Housewife

Language: Mdw. English

Interview date: 2/26/73

Item: "To remove excess ear wax, melt a candle for its wax and soak a long strip of gauze in it. Let it dry, and then roll the gauze into a cone shape. Put the small end in the ear, and light the other end. Put out the flame as it gets close to the ear. Remove and the ear wax will come out on the strip."

Comments: The informant heard this from her mother, Mrs. _____ . Both the informant and her mother say that the method works.

COLLECTOR NAME, Age 20

Ethnicity: German

Occupation: Student at UNO

Language: Native=Mdw. English,
also speak German

Birthplace: Omaha, Nebr.

Relationship to Source:
Acquaintance

Folk Medicine

SOURCE NAME, Age 84

Item NO. 0136

Ethnicity: German

Occupation: Retired stockyard
employeeLanguage: Native=German, also
English

Birthplace: _____, Missouri

Interview date: 2/28/73

Item: "To cure boils we used to chew roots from 'Kletten.'
My father would dry the plants during fall and in winter
time. It tasted bitter and we swallowed the juice. The
plant looks like rhubarb and in blossom has a pink flower.
Can't think of the English name for it. The roots are
sort of sticky. This would dry the boils right up."

Comments: The informant was born at _____, Missouri in
1888. His father came from Wisconsin and his mother from
Germany. They farmed at _____ and had 10 children.

COLLECTOR NAME. Age 42

Ethnicity: German

Occupation: Air Force NCO

Language: Native=German, also
English

Birthplace: Germany

Relationship to Source:
Acquaintance

Folk Medicine

SOURCE NAME, Age 46

Item NO. 0338

Ethnicity: Scotch, Irish,
English

Occupation: Mailman

Language: Midw. English

Birthplace: rural Iowa

Interview date: 3/26/73

Item: "To cure warts, cut potatoes in half, rub on the wart at least twice a day. The wart will disappear in 30 days."

Comments: This remedy worked on the informant's brother who had several warts on his hands. The informant says he would at least try it before spending money on a doctor. The informant was born and raised on an Iowa farm.

COLLECTOR NAME, Age 20

Ethnicity: German

Occupation: Student at UNO

Language: Native=Midw. Eng.,
also speak German

Birthplace: Omaha, Nebr.

Relationship to Source:
Acquaintance

Folk Medicine

SOURCE NAME, Age 49

Item NO 0023

Ethnicity: Indian and Spanish

Occupation: Maid

Language: Mdw. English

Interview Date: 3/27/73

Item: "Crack an egg, take the white thin skin on the inside of the shell, and peel off. It will break in pieces, but that doesn't matter. Put on top of boils or sores and it will draw out the core (it will pop out)."

Comments: The informant's employer once had a bad case of boils and this remedy was tried to avoid going to the doctor unless necessary. The remedy worked and now is used whenever needed.

COLLECTOR NAME, Age 20

Ethnicity: German

Occupation: Student at UNO

Language: Native=Mdw. English,
also speak German

Birthplace: Omaha, Nebr.

Relationship to Source:
Acquaintance

Folk Medicine

Item NO. 0213

SOURCE NAME, Age 47

Ethnicity: Italian

Occupation: Interior Designer

Language: Italian and English

Interview Date: 4/18/74

Item: "For someone having a bad depression or shock, say after the death of a loved one or severe illness of a loved one or a bad nightmare, take a hot coal and put it into a glass of wine and have the person drink it. They will be cured."

Comments: Informant says it does work and he does practice it.

COLLECTOR NAME, Age 37

Ethnicity: German and Irish

Occupation: Housewife

Language: Mdw. English

Relationship to Source:
Acquaintance

Folk Medicine

Item NO. 0060

SOURCE NAME, Age 68

Ethnicity: German

Occupation: housewife

Language: Native=German and
English

Born: _____, Nebr.

Interview date: 3/2/73

Item: "They used a leaf of a weed out of the garden, put Vaseline on it and it was to draw out the infection. This I used myself when the kids stepped on nail or glass and it worked."

Comments: The source has lived in _____, Nebraska from infancy. Her family was a member of a German enclave in Russia. He parents came to Nebraska in the early part of this century.

COLLECTOR NAME, Age 22

Ethnicity: German

Occupation: Student at UNO

Language: Native=Mdw. English,
also speak German

Born: Omaha, Nebr.

Relationship to Source:
She is my aunt, my
father's sister

Folk Medicine

Item NO. 0145

SOURCE NAME, Age 41

Ethnicity: English

Occupation: USAF officer

Language: Mdw. English

Born: rural Kansas

Interview date: 4/2/73

Item: "Take Bermuda onions, lemons, sugar. Get a bowl, and cut up a layer of onions on the bottom of it, then cover that layer with a layer of the lemons, and then spread some sugar on the top of them. Follow this procedure until the bowl is filled up. Then put a plate on top of the bowl, turn it all over, and place it near the oven. After it sets near the oven and cooks a little, juice will form around the edge, where the bowl and plate meet. This juice is drank for coughs, colds, and sore throats."

Comments: The source was born on a farm in eastern Kansas. He took this remedy as a child and would probably take it now except that it would be easier to go and buy some medicine.

COLLECTOR NAME, Age 21

Ethnicity: English

Occupation: student at UNO

Language: Mdw. English

Relationship to Source:
Source is my father.

Folk Medicine

SOURCE NAME, Age 60

Item NO. 0260

Ethnicity: German

Occupation: Housekeeper for
Catholic priest

Language: Mdw. English

Born: rural Wisconsin

Interview date: 2/20/73

Item: "To treat sore throat, take left sock off of foot which you have already worn. Wrap the foot part around the neck."

Comments: Informant heard the above item from her grandmother who emigrated to this country from Hamburg, Germany, the latter part of the last century. She heard this item quite some time ago. Informant stated that it "works" and that "she still believes it." Informant resides in _____, Wisconsin, and furnished the above information in the form of a letter.

COLLECTOR NAME, Age 35

Ethnicity: Czech

Occupation: USAF officer and
student at UNO

Language: Native=Mdw. English,
also speak German

Born: _____, Wisconsin

Relationship to Source:
She is my aunt.

Folk Medicine

SOURCE NAME, Age 64

Item NO. 0108

Ethnicity: Scotch, Irish,
English, French, and Dutch

Occupation: orderly

Language: Midw. English

Born: Nebraska, 1910

Interview date: 5/14/74

Item:

The informant remembers that to stop the pain from a bee sting or from stepping on a rusty nail, his father would make a poultice out of rough cut chewing tobacco and water from the well and put it on the wound. The informant says the pain went away very quickly. Also, the informant says that because this tobacco poultice was always used whenever he stepped on a nail, he never had tetanus, even though he stepped on many rusty nails.

COLLECTOR NAME, Age 20

Ethnicity: German and Irish

Occupation: Student at UNO

Language: Mdw. English

Born: Omaha, Nebraska

Religion: Catholic

Relationship to Source:

Co-worker at _____

Folk Medicine

Item NO. 0241

SOURCE NAME, age 65

Occupation: Housewife

Ethnicity: American

Language: Mdw. English

Religion: Protestant

Interview date: 3/13/73

Item: "Cut an onion in half. Lay it on your window sill.
It will keep the children from getting sick."

Comments: The informant states that her mother did this,
possible even her grandmother. She seems to believe in
it, since in her own words, "it worked." Her grandmother
lived in _____ also.

COLLECTOR NAME, age 35

Occupation: Student at UNO

Ethnicity: Native German

Language: German, also
English

Relationship to Source:
Acquaintance

Folk Medicine

SOURCE NAME, age 62

Item NO. 0163

Ethnicity: German (Penn. Dutch),
Welsh, Am. Indian

Occupation: Housewife

Language: Mdw. English

Birthplace: _____, Nebr.

Religion: Fundamental Protestant

Interview date: 5/10/74

Item: Dandelion root was used as a laxative.

Comments: Informant learned this from her mother. As children, the informant and her sisters gathered dandelions. The greens were eaten as salad. The roots were dried and ground. The ground root was saved to be used whenever a laxative was needed. The informant believes that the laxative is very effective.

COLLECTOR NAME, age 37

Ethnicity: German, Welsh,
Jewish, Am. Indian

Occupation: Student at UNO

Birthplace: _____, Nebr.

Language: Mdw. English, also
German

Relationship to Source:
Daughter of Source

Folk Medicine

Item NO. 0164

SOURCE NAME, Age 62

Ethnicity: German(Penn. Dutch),
Welsh, Am. Indian

Occupation: Housewife

Language: Mdw. English

Birthplace: _____, Nebr.

Religion: Fundamental Protestant

Interview date: 5/10/74

Item: Fresh urine applied to a bruise will prevent
discoloration.

Comments: This was used by the informant's mother when her
children fell and bruised their arms or legs. The urine
was readily available in the upstairs chamber pot. The
informant believes that it did prevent dark, ugly bruises
from forming.

COLLECTOR NAME, Age 37

Ethnicity: German, Welsh,
Am. Indian, Jewish

Occupation: Student at UNO

Birthplace: _____, Nebr.

Relationship to Source:
Daughter of Source

SOURCES CONSULTED

Primary Sources

Beach, Wooster. The American Practice Condensed, or the Family Physician. 12th ed. New York: McAlister, 1847.

Black, Pauline Monette. Nebraska Folk Cures. Studies in Language, Literature and Criticism, No. 15. Lincoln: University of Nebraska Press, 1935.

Buchan, William. Domestic Medicine, or a Treatise on the Prevention and Cure of Diseases. 22nd ed. Exeter: J.B. Williams, 1826.

Coates, Reynell. Popular Medicine, or Family Advisor. Philadelphia: Cary, Lea and Blanchard, 1838.

Crown Publishers. The 1902 Edition of the Sears Roebuck Catalogue. New York: 1969.

Faulkner, Thomas and Carmichael, J.H. The Cottage Physician. Springfield, Mass.: King, Richardson, 1893.

Gerard, John. The Herbal or General History of Plants: The Complete 1633 Edition as Revised and Enlarged by Thomas Johnson. New York: Dover, 1975.

Gunther, Robert T. The Greek Herbal of Dioscorides: Illustrated by a Byzantine A.D. 512, Englished by John Goodyer A.D. 1655. New York: Hafner, 1959. Originally published, 1933.

Mast & Crowell, Publishers. Farm and Fireside Library. Health Hints and Ready Recipes, No. 10. Springfield, Ohio, 1882.

Newman, John B. The Home Doctor, or Family Manual. New York: T.S. Husted, 1847.

Omaha Arrow, 1854.

Omaha Daily Herald, 1873, 1880, 1900.

- Orr, H. Winnett. Selected Pages from the History of Medicine in Nebraska. Lincoln, 1952.
- Remington, S. The Family Doctor. New York: H. Phelps, 1848.
- Robb, R.L.; Bean, J.V.; and Robb, Sarah. Robb's Family Physician. Chicago, 1884.
- UNO Folklore Archive. 389 items of folk medicine.
- UNO Folklore Archive. Journal from Lincoln, Nebraska Pharmacy, ca. 1880-1920.
- Wesley, John. Primitive Remedies, 1776. Santa Barbara: Woodbridge, 1975.

Secondary Sources

Books and Reference Works

- Ackerknecht, Erwin. Medicine and Ethnology: Selected Essays. Baltimore: Johns Hopkins University Press, 1971.
- _____. A Short History of Medicine. New York: Ronald, 1955.
- _____. Therapeutics: From the Primitives to the Twentieth Century. New York: Hafner, 1973.
- Anderson, Frank. An Illustrated History of the Herbals. New York: Columbia University Press, 1977.
- Atkinson, Donald T. Magic, Myth, and Medicine. Cleveland: World, 1956.
- Barzun, Jacques. Clio and the Doctors: Psycho-History, Quanto-History and History. Chicago: University of Chicago Press, 1974.
- Bauer, W.W. Potions, Remedies, and Old Wives Tales. New York: Doubleday, 1969.
- Beringer, Richard E. Historical Analysis: Contemporary Approaches to Clio's Craft. New York: Wiley, 1978.

- Black, William George. Folk Medicine: A Chapter in the History of Culture. Publications of the Folklore Society, XII. London: 1883; reprint ed., New York: Burt Franklin, 1970.
- Brown, Richard D. Modernization: The Transformation of American Life, 1600-1865. New York: Hill & Wang, 1976.
- Bullough, Vern. The Development of Medicine as a Profession. Basel, Switzerland: S. Karger, 1966.
- Brunvand, Jan H. The Study of American Folklore. 2nd ed. New York: W.W. Norton, 1978.
- Castiglioni, Auturo. A History of Medicine. New York: Knopf, 1958.
- Clarke, Edwin, ed. Modern Methods in the History of Medicine. London: Athlone Press, University of London, 1971.
- Consumer Reports. The Medicine Show. Mt. Vernon, N.Y. Consumers Union, 1974.
- Davis, Cullom; Back, Kathryn; and MacLean, Kay. Oral History: From Tape to Type. Chicago: American Library Association, 1977.
- Dorson, Richard M. American Folklore and the Historian. Chicago: University of Chicago Press, 1971.
- _____. Folklore: Selected Essays. Bloomington: University of Indiana Press, 1972.
- _____, ed. Folklore and Folklife. Chicago: University of Chicago Press, 1972.
- Duffy, John. The Healers: The Rise of the Medical Establishment. New York: McGraw-Hill, 1976.
- Dundes, Alan. The Study of Folklore. Englewood, N.J. Prentice, Hall, 1956.
- Ehrenreich, Barbara and English, Diedre. Witches, Midwives, and Nurses: A History of Women Healers. Old Westbury, N.Y.: The Feminist Press, 1973.
- Fife, Austin; Fife, Alta; and Glassie, Henry, eds. Forms Upon the Frontier: Folk Life and Folk Arts in the United States. Logan: Utah State University Press, 1969.

- Flanagan, Cathleen C. and Flanagan, John T. American Folklore: A Bibliography, 1950-1974. Metuchen, N.J.: The Scarecrow Press, 1977.
- Foster, George. Problems in Intercultural Health Programs. Social Science Research Council, Pamphlet No. 12. New York: Social Science Research Council, 1958.
- Foster, George and Anderson, Barbara Gallatin. Medical Anthropology. New York: Wiley, 1978.
- Frankel, Barbara. Childbirth in the Ghetto: Folk Beliefs of Negro Women in a North Philadelphia Hospital Ward. San Francisco: R & R Research Associates, 1977.
- Garrison, Fielding H. History of Medicine. Philadelphia: W.B. Saunders, 1929.
- Gaster, Theodor H., ed. The New Golden Bough. New York: Anchor, 1961.
- Genovese, Eugene D. Roll, Jordan, Roll: The World the Slaves Made. New York: Vintage, 1974.
- Grabner, Elfriede, ed. Volksmedizin: Probleme und Forschungsgeschichte. Darmstadt: Wissenschaftliche Buchgesellschaft, 1967.
- Gutman, Herbert G. Work, Culture, and Society in Industrializing America: Essays in American Working-Class and Social History. New York: Alfred Knopf, 1976.
- Guthrie, Douglas. A History of Medicine. Rev. ed. London: Thomas Nelson, 1958.
- Hand, Wayland, ed. American Folk Medicine: A Symposium. Berkeley: University of California Press, 1976.
- _____, ed. Popular Beliefs and Superstitions from North Carolina. The Frank C. Brown Collection of North Carolina Folklore. Volumes 6 and 7. Durham: Duke University Press, 1961.
- Handlin, Oscar. The Uprooted. Boston: Little, Brown, 1973.
- Hatcher, Robert A., and Wilbert, Martin. The Pharmacology of Useful Drugs. Chicago: American Medical Assoc., 1915.

- Hawkins, Cora Frear. Buggies, Blizzards and Babies. Ames: Iowa State University Press, 1971.
- Hertzler, Arthur E. The Horse and Buggy Doctor. Garden City, N.Y.: Blue Ribbon Books, 1941.
- Inglis, Brian. A History of Medicine. Cleveland: World Publishing Co., 1965.
- Jensen, Richard J. Illinois: A Bicentennial History. New York: W.W. Norton, 1976.
- Jensen, Richard. Modernization and Community History. Newberry Papers in Family and Community History, Paper 78-6. Chicago: Newberry Library, 1978.
- Joyner, Charles. Folklore and History: The Tangled Relationship. Newberry Papers in Family and Community History, Paper 78-2. Chicago: Newberry Library, 1978.
- Kaufman, Martin. Homeopathy in America: The Rise and Fall of a Medical Heresy. Baltimore: Johns Hopkins, 1971.
- Kett, Joseph F. The Formation of the American Medical Profession: The Role of Institutions, 1780-1860. New Haven: Yale University Press, 1968.
- Kibbe, Edward and McCorkle, Thomas. Culture and Medical Behavior in a Bohemian Speech Community in Iowa. Bulletin No. 1 of the Institute of Agricultural Medicine. Iowa City: University of Iowa Press, 1957.
- Kiev, Ari. Curanderismo: Mexican-American Folk Psychiatry. New York: Free Press, 1968.
- King, Lester S. Mainstreams of Medicine. Austin: University of Texas Press, 1971.
- _____. The Road to Medical Enlightenment: 1650-1695. London: McDonald, 1970.
- King, Stanley H. Perceptions of Illness and Medical Practice. New York: Russell Sage Foundation, 1962.
- Kleppner, Paul. Ethnocultural Studies and Local History: A Preliminary Overview. Newberry Papers in Family and Community History, Paper 76-4. Chicago: Newberry Library, 1976.

- Koos, Earl Lomon. The Health of Regionville. New York: Hafner, 1967.
- Krieg, Margaret. Green Medicine: The Search for Plants That Heal. New York: Rand, McNally, 1964.
- Krochmal, Arnold and Krochmal, Connie. A Guide to the Medicinal Plants of the United States. New York: Quadrangle, 1973.
- Leeson, Joyce and Gray, Judith. Women and Medicine. London: Tavistock Publications, 1978.
- Lewis, Walter H. and Lewis, Memory. Medical Botany: Plants Affecting Man's Health. New York: Wiley, 1977.
- Loether, Herman J. and McTavish, Donald G. Descriptive Statistics for Sociologists: An Introduction. Boston: Allyn & Bacon, 1974.
- Luebke, Frederick. Immigrants and Politics: The Germans of Nebraska, 1880-1900. Lincoln: University of Nebraska Press, 1969.
- Major, Ralph H. A History of Medicine. 2 vols. Springfield, Ill.: Charles C. Thomas, 1954.
- Mayers, Lewis and Harrison, Leonard V. The Distribution of Physicians in the United States. New York: General Educational Board, 1924.
- Mechanic, David. Medical Sociology. New York: Free Press, 1968.
- Merck & Co. The Merck Index. 9th ed. Rathaway, N.J. 1976.
- Nie, Norman H; Hull, C. Hadlai; Jenkins, Jean G.; Steinbrenner, Karin; and Bent, Dale. SPSS: Statistical Package for the Social Sciences. 2nd ed. New York: McGraw-Hill, 1975.
- Olson, James C. History of Nebraska. 2nd ed. Lincoln: University of Nebraska Press, 1966.
- Pickard, Madge E. and Buley, R. Carlyle. The Midwest Pioneer: His Ills, Cures, and Doctors. New York: Henry Schuman, 1946.
- Randolph, Vance. Ozark Magic and Folklore. New York: Dover, 1964.

- Rose, Linda C. Disease Beliefs in Mexican-American Communities. San Francisco: R. & R. Research Research Associates, 1978.
- Rothstein, William G. American Physicians in the Nineteenth Century: From Sects to Science. Baltimore: Johns Hopkins, 1972.
- Savitt, Todd L. Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia. Urbana: University of Illinois Press, 1978.
- Shorter, Edward. The Historian and the Computer: A Practical Guide. New York: W.W. Norton, 1971.
- _____. The Making of the Modern Family. New York: Basic Books, 1975.
- Spicer, Edward, ed. Ethnic Medicine in the Southwest. Tucson: University of Arizona Press, 1977.
- Thill, Richard S. A BASIC System for the Creation and Processing of a Folklore Archive. Bloomington: University of Indiana Folklore Publications Group, 1978.
- _____. A Manual and Selective Bibliography for Field Workers in the Omaha Folklore Project, Part I: Omaha Area Resources for the Study of Folklore. Nebraska Association of Teachers of Foreign Languages. Special Publications in Bibliography, Language, and Culture, Vol. I. Omaha: Nebraska Association of Teachers of Foreign Languages and the UNO Senate Research Committee, 1975.
- Tillhagen, Carl-Herman, ed. Papers on Folk-Medicine Given at an Inter-Nordic Symposium at Nordiska Museet, Stockholm 8-10 May 1961. Stockholm, 1963. Reprinted from Arv: Journal of Scandinavian Folklore 18-19 (1962-1963).
- Tyler, Albert F., ed. History of Medicine in Nebraska. Omaha: Magic Printing Co., 1928.
- Vogel, Virgil J. American Indian Medicine. Norman: University of Oklahoma Press, 1970.
- von Heeringen, Jochem and McCorkle, Thomas. Culture and Medical Behavior of the Old Order Amish of Johnson County, Iowa. Bulletin of the State University of Iowa Institute of Agricultural Medicine. Iowa City, University of Iowa, 1958.

- Walker, Kenneth. The Story of Medicine. New York: Oxford University Press, 1955.
- Welsch, Roger. A Treasury of Nebraska Pioneer Folklore. Lincoln: University of Nebraska Press, 1966.
- Williams, Phyllis. South Italian Folkways in Europe and America. New York: Russell & Russell, 1938.
- Wilson, Robert N. The Sociology of Health: An Introduction. New York: Random House, 1970.
- Young, James Harvey. The Medical Messiahs: A Social History of Health Quackery in Twentieth-Century America. Princeton: Princeton University Press, 1967.
- _____. The Toadstool Millionaires: A Social History of Patent Medicines in America Before Federal Regulation. Princeton: Princeton University Press, 1961.

Articles

- Bailey, Orville T. "Mrs. Beeton, Medical Advisor," Journal of the American Medical Association 216 (April 5, 1971): 71-75.
- Blake, John B. "From Buchan to Fishbein: The Literature of Domestic Medicine." In Medicine Without Doctors: Home Health Care in American History. Edited by Guenter Risse, Ronald Numbers and Judith Waltzer Leavitt. New York: Science History Publications, 1977.
- Berger, Michael L. "The Influence of the Automobile in Rural Health Care, 1900-29." Journal of the History of Medicine and Allied Sciences 28 (October, 1973): 319-335.
- Carrigan, Jo Ann. "Early Nineteenth Century Remedies," Louisiana Folklore Miscellany 1 (January, 1960):
- Cassedy, James. "Why Self-Help? Americans Alone With Their Diseases, 1800-1850." In Medicine Without Doctors: Home Health Care in American History. Edited by Guenter B. Risse, Ronald Numbers and Judith Waltzer Leavitt. New York: Science History Publications, 1977.

- Creson, D.L. "Folk Medicine In Mexican-American Sub-Culture." Diseases of the Nervous System 30 (April, 1969): 264-266.
- Engel, George L. "The Need for a New Medical Model: A Challenge for Biomedicine." Science 196 (April 8, 1977): 192-196.
- Foster, George M. "Humoral Traces in United States Folk Medicine." Medical Anthropology Newsletter 10 (February, 1979): 17-20.
- Gebhard, Bruno. "The Interrelationship of Scientific and Folk Medicine in the United States of America Since 1850." In American Folk Medicine. Edited by Wayland D. Hand. Berkeley: University of California Press, 1976.
- Grob, Gerald. "The Social History of Medicine and Disease in America: Problems and Possibilities." Journal of Social History 10 (June, 1977): 391-409.
- Hand, Wayland D. "Folk Medicine Magic and Symbolism in the West." In Forms on the Frontier: Folk Life and Folk Arts in the United States. Edited by Austin Fife, Alta Fife, and Henry Glassie. Logan: Utah State University Press, 1969.
- _____. "Measuring and Plugging: The Magical Containment and Transfer of Disease." Bulletin of the History of Medicine 48 (1974): 221-233.
- Harwood, Alan. "The Hot-Cold Theory of Disease: Implications for the Treatment of Puerto Rican Patients." Journal of the American Medical Association 216 (May 17, 1977): 1153-1158.
- Hays, Samuel P. "Modernizing Values in the History of the United States." Peasant Studies 6 (April, 1977): 68-79.
- Honko, Lauri. "On the Effectivity of Folk Medicine." In Papers on Folk-Medicine Given at an Inter-Nordic Symposium at Nordiska Museet, Stockholm 8-10 May 1961. Edited by Carl Tillhagen. Stockholm, 1963.
- Hori, Masatake, et al. "Studies of Antipyretic Components in the Japanese Earthworm." Biochemical Pharmacology 23 (1974): 1583-1590.
- Joyner, Charles. "A Model for the Analysis of Folklore Performance in Historical Context." Journal of American Folklore 88 (1975): 254-265.

- Kennedy, Donald A. "Perceptions of Illness and Healing." Social Sciences and Medicine 7 (1973): 787-805.
- Logan, Michael. "Anthropological Research on the Hot-Cold Theory of Disease: Some Methodological Suggestions." Medical Anthropology 1 (Fall, 1977): 87-112.
- Morantz, Regina Markell. "Nineteenth Century Health Reform and Women." In Medicine Without Doctors: Home Health Care in American History. Edited by Guenter Risse, Ronald Numbers, and Judith Waltzer Leavitt. New York: Science History Publications, 1977.
- Murphree, Alice H. and Barrow, Mark. "Physical Dependence, Self-Treatment Practices, and Folk Remedies in a Rural Area." Southern Medical Journal 63 (1970): 403-408.
- Numbers, Ronald L. "Do It Yourself the Sectarian Way." In Medicine Without Doctors: Home Health Care in American History. Edited by Guenter Risse, Ronald Numbers and Judith Waltzer Leavitt. New York: Science History Publications, 1977.
- Reynolds, John W. and Reynolds, Wilma M. "Earthworms in Medicine." American Journal of Nursing 72 (July, 1972): 1273.
- Roney, James G. "An Anthropologist Looks at Medicine." Pennsylvania Medical Journal (July, 1960): 1000-1004.
- Rosenberg, Charles E. "The Medical Profession, Medical Practice, and the History of Medicine." In Modern Methods in the History of Medicine. Edited by Edwin Clarke. London: Athlone Press, 1971.
- _____. "The Therapeutic Revolution: Medicine, Meaning and Social Change in Nineteenth-Century America." Perspectives in Biology and Medicine 20 (1977): 485-506.
- Sackett, Samuel J. "Volga German Beliefs and Superstitions." Heritage of Kansas 9 (1976): 47-53.
- Saunders, Lyle and Hewes, Gordon W. "Folk Medicine and Medical Practice." Journal of Medical Education. 28 (September, 1953): 43-46.
- Sherman, Carl. "Garlic: The Healing Fire." Prevention (May, 1979), pp. 104-109.

- Shutler, Mary Elizabeth. "Disease and Curing in a Yaqui Community." In Ethnic Medicine in the Southwest. Edited by Edward H. Spicer. Tucson: University of Arizona Press, 1977.
- Snoddy, Donald. "Medical Aspects of the Lewis and Clark Expedition." Nebraska History 51 (Summer, 1970): 115-151.
- Snow, Loudell F. "Folk Medical Beliefs and Their Implications for Care of Patients." Annals of Internal Medicine 81 (1974): 82-86.
- Spray, Winifred. "The Importance of Taking Garlic." Nursing Times 74 (February 16, 1978): 295.
- Stekert, Ellen J. "Focus for Conflict: Southern Mountain Medical Beliefs in Detroit." Journal of American Folklore 83 (April-June, 1970): 115-147.
- Thill, Richard. "The Influence of the American Environment on German Folklore." In American Ethnic Folklore. Detroit and Wayne State University Bicentennial Commission Ethnic Heritage Lecture Series. Detroit: Wayne State University Press, forthcoming.
- Vath, William R. "A Dermatologist Talks About Warts." Today's Health (March 19, 1963), pp. 40-41; 50-54.
- Weigel, Lawrence A. "Folk Medicine and Folk Doctors in the Catholic Volga German Colonies in Russia and Ellis County, Kansas." In American Historical Society of Germans from Russia: Work Paper No. 19. Lincoln: American Historical Society of Germans from Russia, 1975.
- Welch, Susan; Comer, John; and Steinman, Michael. "Some Social and Attitudinal Correlates of Health Care Among Mexican Americans." Journal of Health and Social Behavior 14 (September, 1973): 205-213.
- Withers, Carl. "The Folklore of a Small Town." In Medical Care: Readings in the Sociology of Medical Institutions. Edited by W.R. Scott and E. Volkart. New York: Wiley, 1966.
- Yoder, Don. "Folk Medicine." In Folklore and Folklife. Edited by Richard M. Dorson. Chicago: University of Chicago Press, 1972.

Young, James Harvey. "Patent Medicine and the Self-Help Syndrome." In Medicine Without Doctors: Home Health Care in American History. Edited by Guenter Risse, Ronald Numbers and Judith Waltzer Leavitt. New York: Science History Publications, 1977.

. Unpublished Materials

Axler, David M. "Computer Applications in Folkloristics: A Bibliographic Survey." Unpublished paper (December, 1977).

Carrigan, Jo Ann. "Medicines and Miscellanies, A Handbook of Remedies, Recipes, etc. (c. 1830-1870)." Master's thesis, Louisiana State University, 1956.