

Syncretism in Nordic Folk Medicine

CRITICAL PERIODS DURING PREGNANCY

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Among my researches in the recent Norwegian folk traditions concerning pregnancy and birth, I have chosen the traditions concerning the critical periods during pregnancy when the foetus is exposed to the risk of suffering serious injuries. There is a good deal of such traditions in more recent Nordic and European folklore. But these popular conceptions have merely been recorded, without, as far as I know, having ever been investigated as to their provenance. In my studies of various details in recent Nordic tradition I was able to establish a striking correspondence between, on the one hand, folk tradition and, on the other, learned publications and popular accounts in books on healing and midwifery. This led me to investigate the beliefs about critical periods by a comparison with the theories of the learned tradition.¹

The material was not systematically collected by me. It consists of spontaneous information later collated with similarly occasional records from collections of earlier date. It is for this reason impossible to define the exact geographical diffusion; suffice it to say that the various critical periods are known all over Europe.

In recent Nordic folk tradition recorded from the end of the nineteenth century up to the present, I have been able to ascertain six different notions of critical periods:

(1) The risk of the foetus receiving injuries is equally great throughout

¹ Lily Weiser-Aall, "Svangerskap og fødsel i nyere norsk overlevering. Kildeskritiske studier." *Småskrifter fra Norsk Etnologisk Gransking*, vol. 6/7, sections 18-24. Oslo 1968. Unpublished sources. Answers to questionnaire no. 45 distributed by *Norsk Etnologisk Gransking*, "Omsorg og stell med spebarn før dåpen"; records in Nordiska Museets Folkminnesarkiv, Institutionen for folkminnesforskning vid Göteborgs Universitet (Västsvenska Folkminnesarkivet), and Uppsala Landsmålsarkiv.

the pregnancy; (2) the defects originate during the sexual act; (3) only the first months are critical; (4) the risk is imminent as the foetus begins to live, that is, when the pregnant woman feels the first movements; (5) the last part of the pregnancy is most critical (6) Swedish records mention three and two critical months; not the whole pregnancy is dangerous since there are three critical months: the first the middle one and the last, whereas the remaining six are safe (Scania, Småland, Blekinge). From Jämtland two critical months are known, the first and the ninth, a view maintained by, for instance, David Herlicius in his book on pregnancy and birth of 1584, and recurring in the following seven editions until 1687.¹

Different traditions as to the critical periods can thus be observed—all of them, moreover, known throughout Europe. What is the explanation of this? Earlier one would have asked what primitive beliefs there might be behind each of these differing conceptions. But if we turn to the learned tradition concerning the critical periods, we can follow all these conceptions since the earliest times; each of them, we feel, must be based on complicated medical and theological speculations.

In folk tradition we encounter two explanations of congenital defects:

1. The first seems to be common to all races: Evil powers and individuals skilled in sorcery can destroy the foetus in the womb of the mother. It is, as it were, a question of external interference.

2. Another belief is, at the same time, universally current in Nordic and European tradition: Defects of the child result from the manner of living and from the experiences of the mother. Compared with the belief in evil powers and sorcery as the causes of congenital defects, this second explanation regards the foetus and the mother as a functional unit; that is, the influences reach the foetus by the medium of the mother. Such a theory is the beginning of scientific embryology.

The first written formulation of the latter theory is to be found in the *Yayur Veda* where it is attributed to an ancient Indian physician, Susruta.²

¹ David Herlicius, *De curatione gravidarum, puerperarum et infantum*. New Frauenzimmer und gründliche Unterrichtung von den schwangeren Frauen und Kindbetterinnen was ihnen vor, in und nach der Geburt zu wissen nötig sey ... Anclam 1584.

² *Bhishagratna*, Kaviraj Kunja Lal, an English translation of *The Susrutha Samhita* in three volumes. Vol. II (Calcutta 1911), pp. 138 f. Richard Schmidt, *Beiträge zur indischen Erotik*, 2. Aufl., pp. 288 ff. Berlin 1911.

Among the troubles of pregnancy, Susruta describes the well-known and much discussed fact that pregnant women suffer from various cravings, such as an appetite for unnatural and inedible food. He says that this symptom occurs in the fifth month when the heart of the foetus is fully developed. The heart is the substrate of the power of imagination, and for this reason the foetus shows desire for sensory objects in the fifth month. A pregnant woman is said to have two hearts and to be burdened with her pregnancy cravings; if she does not satisfy her cravings, she will give birth to a child with hunchback or lame arms, a child with a limp, a feeble-minded or a dwarf-like child, or a child with misshapen eyes or no eyes. For this reason she should be given everything she desires. The long list of precepts for the pregnant recurs more or less unaltered in later western medical and theological writing and in more recent folk tradition. Susruta tries to reconcile the medical theory with the religious notions of the period: the desires of the foetus that manifest themselves as the cravings of the mother, are pre-determined by fate and a result of the behaviour of the child in an earlier life.

No attempt at religious explanation of the pregnancy cravings is made in a later Indian manual of hygiene by Vagbhata (c. 800 A.D.). Vagbhata¹ says that the heart of the foetus is fully formed in the second month, and that the pregnancy cravings appear at this period. They must be satisfied if the foetus is to be well-shaped. Vagbhata's advice is that the pregnant woman should be allowed to have her harmful food when she desires, but in small portions and together with wholesome food. This precept recurs in the Greek gynaecologist Soranus (2nd c. A.D.). Soranus' treatise² is the main source for the books on medicine and midwifery written and printed around 1500. Among these, Rösslin's *Der Schwangeren Frauen Rosengarten* of 1513 was translated by Henrik Smid into Danish in 1557 and published with the title *4. Urtegaard*. The precept that pregnant women should be allowed to have harmful food in small quantities is mentioned in a series of books on healing and midwifery; for instance, in Benedictus Olaus's *Een nyttigh Läkere Book*

¹ *Vagbhata's Astangahrdyassamhitra*. Ein altindisches Lehrbuch der Heilkunde, aus dem Sanskrit ins Deutsche übertragen, mit Einleitung, Anmerkungen und Indices von Louise Hilgenberg und Willibald Kirfel, pp. 166 f. Leiden 1941.

² *Sorani Gynæciorum vetus translatio latina cum additis græci textus reliquiis*. A. Valentino Rose. Lipsiæ 1882.

(Stockholm 1578), in a Danish book on midwifery of 1688,¹ and in Seitz's *Trost der Armen* (1710 and 1740) which were widely copied during the eighteenth century. The precept recurs in recent Swedish collections.

The belief in suppressed pregnancy cravings as a cause of defects in the foetus is known all over Europe. Today a Norwegian informant states that the child will be born blind if the pregnant woman does not get the food she wants. Recent Swedish collections mention miscarriage and defects on the child as results. According to a record of about 1860 from Swabia, Germany, the child will be born without nose or with an open palate.² Particularly rich in this respect are the traditions recorded among the Germans of Hungary about 1900.³

Older regulations, official as well as private, paid attention to this belief. According to German customary law (*Weistümer*), a pregnant woman was allowed to satisfy her hunger with fruit, vegetables, game or fish belonging to other people, and this was not regarded as larceny. Private German house rules of the sixteenth century contain similar regulations.

In Johan von Hoorn's *Swenska wälöfwade Jord-Gumma*, published in 1697, and at the time a fully up-to-date manual of midwifery, it is emphasized that suppressed pregnancy cravings harm the mother and the foetus. After having dealt with the pregnancy cravings from a physiological point of view, Hoorn mentions some instances of quite extraordinary cravings, such as the hunger for human flesh. Many sixteenth-century works on healing and midwifery, and theological writings on deformed children and congenital defects refer to the hunger for human flesh. In the beginning of the seventeenth century, however, this theme disappears from the literature, until Hoorn again broaches the subject, and it should be emphasized that in more recent folk tradition the theme is known only from Swedish records. Hoorn thinks that since these cravings are so extraordinary, they must have a psychological cause and be due to the woman's psychical weakness and lack of selfdiscipline. The latter view is often maintained in recent Nordic folk

¹ *En kaart Underwißsning om Barsel Qvinder og Jorde Mödre. Kiöbenhafn* 1688. Similarly *Vagbhata* (see p. 102), p. 167, and *Soranus* (see p. 102), p. 215, section 48).

² G. Lammert, *Volksmedizin und medizinischer Aberglauben in Bayern*, p. 181. Würzburg 1869.

³ Rudolf Temesváry, *Volksbräuche und Aberglauben in der Geburtshilfe und der Pflege der Neugeborenen in Ungarn*, p. 41. Leipzig 1900.

tradition (up to c. 1910). Defective children are the mother's fault; she was not prudent enough or cared too little about old rules.

Hoorn distinguishes between ordinary and immoral pregnancy cravings. Long before him a succession of authors had agreed in calling all pregnancy cravings evil desires, whereas other writers, medical men in particular, take them for what they are, namely, physiological phenomena. A case in point is Konrad von Megenberg (d. 1372), who calls all these cravings "evil desires" (*pös gelust*) in his *Buch der Natur*.¹ The term recurs in all the eight editions of Herlicius's medical treatise 1584–1687. Luther uses the same expression, as does the theologian Irenäus in his compilation on abortions and deformations, which was printed in 1585. In a later passage of his *Buch der Natur* Megenberg writes: "Misshapen children are due to Adam and his sins, for I believe that all men would be born without defects if only the first man had lived without sin." Luther and Irenäus,² too, regard defective children as a result of original sin and as a punishment by God.

The belief that misshapen and defective children are a punishment by God is still very widespread in Norway. Many informants state that people do not say this aloud, but that they nonetheless believe it.

The variations in the views on the critical periods expressed in medical and theological literature are often related to discussions about the moment when the foetus receives a soul. This is also the case in ancient Indian manuals of medicine where the critical phase is said to ensue as the heart of the foetus is fully developed and with it the faculty of imagination.

In western literature it was instead assumed that the mother's imagination influenced the soul of the foetus and so also the formation of its body. The Church Fathers, in particular, discussed the question of when the foetus acquires its soul, but they never arrived at an unanimous decision. In the eighteenth century Catholic theologians postulated that every foetus, male or female, has a soul from the beginning of its existence.³ More or less

¹ Konrad von Megenberg. († 1372), *Buch der Natur* (printed from 1475 onwards), (ed. Franz Pfeiffer), p. 39. Stuttgart 1861.

² M. Christophous Irenaeus. *De Monstris*. Von seltsamen Wundergeburten. Gedruckt zu Ursel durch Nicolaum Henricum 1585. No pagination.

³ "Die deutsche Thomas (von Aquin) Ausgabe, ungekürzte deutsch-lateinische Ausgabe der Summa theologica." *Gemeinschaftsverlag*, bd. 8, p. 596. Heideberg 1951.

at the same time the medical profession loses interest in the dispute about the moment when the foetus acquires its soul and congenital defects arise.

I shall now pass on to the critical periods according to recent Nordic folk tradition.

1. For reasons of space I shall leave out the traditions where the entire period of gestation is regarded as equally critical.¹ I should only like to mention that there is a good deal of Swedish records where the number 40 plays a decisive role. The tradition about the number 40 in connexion with the development of the foetus is old enough, but the high degree of elaboration with which it occurs in Swedish information points to astrological traditions transmitted through planetary texts and black books, rather than the kind of literature mentioned here.

2. That the soul of the foetus originates with the conception, is a view advanced by Parmenides c. 540 B.C.² The writings discussed above more often refer to Pliny *HN*, VI, 12. The following two sources, however, became the most important ones for the later tradition. Soranus writes: In a marvellous manner the state of the soul influences the formation of what is conceived. Thus women who saw apes during the sexual act become pregnant with ape-like beings. A misshapen ruler of Cyprus forced his wife to look at beautiful statues during the sexual act and in this manner he begot beautiful children. Horse-breeders put fine animals in front of the mare when it is mounted. In order to avoid monstrous children, the woman has to be sober since the soul imagines evil phantasms under the influence of intoxicating drink ...³ Similar examples, with the exception of the passage on drunkenness, are to be found in Isidor of Seville's (c. 560–636) *Etymologiae sive origines*⁴ which served as a source work over the centuries. The importance of

¹ Weiser-Aall, "Svangerskap ...", n. 1, section 19. The entire period of pregnancy seems to be equally dangerous in the oldest known sources emphasizing the influence of visual impressions (Lycurgos, 9th c. B.C., Empedocles, 5th c. B.C., and many later Greek sources, e.g. Heinrich Balss, „Zeugungslehre und Embryologie in der Antike" (*Quellen und Studien zur Geschichte der Naturwissenschaften und der Medizin*, bd 6, heft 3, p. 67, Berlin 1936)), and according to many medical works and recent tradition.

² Karl Emmel, "Das Fortleben der antiken Lehre von der Beseelung bei den Kirchenvätern", p. 8. Inaugural dissertation. Bonn and Leipzig, 1918.

³ *Soranus* (see p. 102), p. 210, section 39.

⁴ *Isidori Hispalensis Episcopi Etymologiarum sive Originum. Scriptorum bibliotheca Oxoniensis 17–20* (ed. M. W. Lindsay), XII, 1, 60. Oxford 1911.

the mother's impressions during the sexual act is treated at length in more recent Finnish and German tradition. That the ape is dangerous for pregnant women is believed throughout Europe including the Nordic countries; sometimes it is among the first rank of dangerous animals.

3. The first months are the most critical. Soranus' account of the role of the mother's impressions during the sexual act does not recur in the literature on healing and midwifery after 1500. This absence may be explained in the following way. Having discussed the impressions on the mother's soul, Soranus offers a detailed guide to the diet and manner of living of the pregnant woman during the first months; the passage suggests a foundation in actual experience. But then follows a concluding remark: "One should not believe that, in case a pregnant woman fails to follow one or all the precepts and yet evades miscarriage, the foetus will escape damage ... there will be a deformation of body and soul."¹ Most of the works using Soranus as a source, state that the first months are the most critical. Megenberg, and Rösslin's book of 1513 and its Danish translation of 1557, for instance, all state that the foetus begins to live in the third month which is the most critical since now the mother may cause defects on the foetus or loose it. This ambiguity in Soranus probably lies behind the cautious formulations of Luther and Irenäus: some physicians think that the foetus is formed when women during conception, and probably also later during pregnancy, have strong *imaginationes*. Their further explanations of the imagination show influence from Paracelsus—we shall return to this question.

4. The critical phase ensues when the foetus begins to live. An idea which is based on a notion as ambiguous as "when the foetus begins to live", or—which is the general interpretation—when the mother feels the first movements of the foetus, might easily be taken as popular. But this idea, too, is dependent on learned theories. An anonymous Neo-Platonist of the second century A.D. advanced this view, quoting Luke I, 41 f. as evidence for it.² Thomas Aquinas (1225–74), adducing the Tale of Creation, taught that God creates each soul separately as soon as the organism is sufficiently

¹ *Soranus* (see p. 102), p. 214, section 47.

² Paul Diepgen, "Die Frauenheilkunde der alten Welt". *Handbuch der Gynäkologie*, bd. 12/I, p. 314. Berlin 1937.

developed to receive it.¹ The thinking of the Scholastics was popularized in their own times, and in a simplified form and in translation their ideas spread through sermons and manuscripts, which, according to Wolfgang Stämmeler,² still remain unpublished in great numbers in various libraries. An illustration of this is to be found in a sermon by Berthold von Regensburg (d. 1272) who states: When the child begins to live in the womb of its mother, an angel pours the soul into it.³ This notion is very fully documented in more recent Nordic and European tradition.

6. The last period of the pregnancy is most critical. This belief is well documented in recent Nordic folk tradition, and also recurs in the learned tradition. It might also, needless to say, occur in many medical and obstetric books not known to me. The selection of works studied by me has been made according to two principles: (i) major writings on medicine or theology together with works referred to by these, and, (ii) books known to have been current in Norway and extant in book collections, books said to have belonged to local healers, as well as writings quoted by Norwegian informants.

Besides the long chains of traditions in works dependent on another, it is also important to note the astonishing similarities between formulations in more recent information and the formulations in printed literature. Paracelsus (1493–1541) appears to have left his mark on the views on congenital defects. He takes the phenomenon as an instance of the power of imagination in general. The starting-point for his explanation of this power is the possibility that the woman's desire inspires images of the object of the desire, and that these images form the foetus. He thinks that the imagination is much stronger in women than in men, but strongest in pregnant woman. The argument is very complicated, but reduced to the simplest terms it amounts to the following. The result of the mother's imagination is an impression on the foetus, and this impression resembles the mother's imagination which is formed by her desire. He writes: "Thus, when a

¹ The Catholic Encyclopedia, New York 1907–12, vol. 14 p. 156.

² W. Stämmeler, "Geist und Form im Spätmittelalter". *Zeitschrift für deutsche Philologie*, bd. 84, heft 4, pp. 484 f.

³ Berthold von Regensburg, *Predigten* (ed. Franz Pfeiffer and Johs. Strohl), 1. bd, pp. 30 f. Wien 1862 and 1880.

mother gives birth to a strange child, bear in mind that it is the power of imagination that has caused it.”¹ Against the background of Paracelsus’ account we can understand later works attributing deformities to an unfavourable impression or imagination of the mother, which impresses impossible forms in the delicate body of the child just as a seal stamps them in wax.² We recognize the formulation in later writings and in information collected in our own time. Protestant clergymen, too, emphasize that the imaginations of the mother affect the foetus, causing deformities. A case in point is J. F. Buddeus’s *Lærdom om Gode Gjærninger* of 1740, which I mention because it is among the books owned by Norwegian peasants of Vestlandet in Norway.³

In the Post-Reformation era clergymen practised medicine in the countryside and attended to the training of midwives. They took courses in medicine at the university where they had access to the entire medical and theological literature. What they later transmitted may have derived from different sources and may therefore represent differing views on the critical periods of pregnancy.

Regarding the popular traditions and the learned traditions concerning the critical periods we may speak of a syncretism of theological and medical ideas which can be followed up to our own day. Many circumstances seem to indicate that the popular views on the critical periods are not very old. It appears that information collected in Imsland in Rogaland and showing a fair correspondence to Henrik Smid’s *4. Urtegaard* of 1557, may date from the last century. In the middle of the nineteenth century there lived in this district a shoemaker who was a famous local healer. He always brought with him an old book of wisdom which he used to consult; this book was

¹ *Paracelsus sämtliche Werke nach der 10 bändigen Huserschen Gesamtausgabe (1589–91) zum ersten Mal in neuzeitliches Deutsch übersetzt von Bernhard Aschner*, 4. bd. Jena 1932. P. 272 in *Fragment über die Kraft der Imagination*, pp. 265 ff. Cf. a Swedish record in Nordiska Museets Folkminnesarkiv, pregnant woman should not look intently on or think about strange men, since this may result in likeness (Södermanland, Åkers hd., Österrekarne sn.). For similar examples in Norwegian records, see Weiser-Aall, “Svangerskap og fødsel ...”, section 17.

² E.g. Johan Jacob Woyt, *Gazophylacium medico-physicum. Schatzkammer medizinisch-natürlicher Dinge*, 15. ed. Leipzig 1751. S.v. “monstrum”.

³ Halldor O. Opedal, “makter og Menneske. Folkeminne frå Hardanger. IX”. *Norsk Folkeminnelag*, no. 80, p. 24. Oslo 1958.

Henrik Smid's 4. *Urtegaard*. Other books reflecting the sixteenth-century tradition were also bought by Norwegian peasants around 1900.¹

The influence of Pietism is manifest in old, traditionally medical precepts. It makes itself felt in the negative interpretation of old precepts, a tendency already present in the theologians of the Middle Ages but even more pronounced in recent popular tradition throughout Europe. If an old book says that the expecting mother should be prettily and neatly dressed to get well-shaped children, the pietistic interpretation has it that she is punished for her vanity through a deformed child. According to old precepts, the pregnant woman should be gay and light of heart to get a well-shaped child; according to the pietistic interpretation she should be serious and avoid boasting about her happy condition, or she will lose her child or have a very difficult delivery.²

The various dangerous factors referred to, especially those involving the visual impressions or the strong imaginations of the pregnant woman, were since the sixteenth century summarized in German as "sich versehen". As far as I can see, this expression occurs for the first time in Irenaeus's *De Monstris* of 1585 (unpaginated), ch. 4. Grimm's *Deutsches Wörterbuch* lists instances of "sich versehen" in this particular sense only from the eighteenth century onwards.

"Å forse seg" is listed in dictionaries of standard Danish³ and Norwegian,⁴ but not in dialect dictionaries; we are here dealing with a translated loan-word.

In our own day the expression "å forse seg" is commonly used by Norwegian informants, and even "translated" into Norwegian *landsmål* as "å forsjå seg"; in Ivar Aasen's *Norsk Ordbog* (Christiania, 1873) "å forsjå seg" is still noted only as meaning "to forget oneself, to do wrong". This, too, indicates the role of literary influences in popular traditions about congenital defects.

¹ *Ibid.*, p. 15.

² Temesváry (see p. 103), p. 25.

³ *Ordbog over det danske Sprog*, V, col. 808. København 1919-54.

⁴ *Norsk riksmålsordbok*, I/2, col. 1254. Oslo 1937-54.