

A SURVEY OF ENGLISH FOLK MEDICINE

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A Survey of English Folklore is being carried out in the English Department of University College, London, under the direction of Professor A. H. Smith, O.B.E., PH.D., F.S.A., with my assistance. It is a scheme for the collection and analysis of information about current and extinct "popular beliefs" and customs. Adequately to cover folk medicine expert medical attention is needed. Hence this article.

This sort of thing is almost fashionable. But we are not going about it from the "quaint" point of view. We are trying to be useful. If we investigate gnomes, elves, and fairies it is because people still see them and believe in them. We are studying tree-vegetation—just you chop down a 300-year-old elm and listen for the uproar! We have had notice of black-magic in the Midlands. We have had empty glasses turned upside down in Liverpool pubs. These are all exercises to demonstrate the vitality in the twentieth century of a cultural tradition as old as our history—long-standing English attitudes. I use English things as examples: there are British things, and Welsh and Scottish and Irish, and Cypriot, Italian, Greek and Gipsy things as well.

Apart from the field-work, the collection of information is done by questionnaire and bibliography. Questionnaires go to correspondents who volunteer reports on the traditions known within living memory in their districts. Historical research produces references and allusions to the ways of former generations. In conjunction with these exercises, appeals for help are made to interested bodies and associations of people who, through professional or other experience, are especially qualified to inform or advise on particular topics. In investigating popular medicine we are trying to avoid burning our fingers, and this note is an appeal to experts. The general practitioner sees more of the working of popular medical knowledge than most people.

Some time ago now we issued an experimental questionnaire

(of a general kind—"Do you know any home cures? Do you use them?", etc.). It produced information from 23 counties about 134 medicaments and treatments for 73 complaints. Although the returns have acquainted the Survey's staff with curious fields of "common knowledge" and well-meaning atrocity, they are as disappointing as they are encouraging. There is obviously a tremendous amount of knowledge current: we have barely touched it. What information we have is unrelated to time and place. We cannot form an idea of prevalence, distribution, or practice unless a more detailed and controlled investigation is made. Particularly, we cannot discern from our returns whether the "cures" are currently practised and believed in, or just "old wives' tales". What we seek is rather a complicated evidence: (1) what is now current belief, knowledge, and practice in the prevention, diagnosis, and treatment of ailments, either before the doctor is called in, or during his treatment, as an insurance against his "failure", or to help his medicine with some familiar specific, or after his treatment has failed. (2) What old beliefs and practices, not now used, are still remembered. I observe that, for all our pharmacy, a deal of goose-grease is still rubbed on "chests". We know that in some parts of the country the occurrence of "hare-lip" was once evidence of the pregnant wife's infidelity, and that this is remembered. It is not *consciously* believed, but may it not even now prompt unfortunate psychological attitudes? Country girls still jump up and down after sexual intercourse to avoid conception, for all the physiology and contraception they may be supposed to know about.

However, the faults we found were not in the information we received but in our inability to evaluate it. The kind of information now on file may be seen from the following abstracts. Specimen treatments in common for colds, bronchitis, coughs, and pneumonia were—inhalation from a grated horseradish, or from the fumes of a stable or a gas-works, or from camphor (sometimes in a linen bag round the neck); massage the chest with tallow or camphorated oil or turpentine; wear brown-paper plasters of tallow or of mustard; or poultices of onions, linseed (sometimes with mustard) pancake, or powdered clay-pipes; take a brew of black-currant leaves, wild-peppermint and elecampane, or of black-currant, lemon and black treacle (sometimes with rum, or whisky); eat Friar's balsam on a piece of sugar, elder syrup, a mixture of butter, honey and vinegar; drink a tea of cayenne pepper and sugar, or of hyssop and horehound; poultice with the lights of a freshly killed sheep. For tuberculosis, the most remarkable are—a draught of the liquor from wet cow dung; a diet of snails; a decoction of lichens; a course of comfrey tea with black "spanish" juice and linseed 4 times daily,

and linseed poultices every 4 hours, while comfrey leaves and other herbs are burned in the sick-room; a course of raw egg in lemon-juice with rum. For rheumatism, rheumatic fever, and lumbago, the principal remedy is that magical vegetable the potato, worn about the person or the clothes, after which, the nutmeg, sulphur lumps, lode-stones, girdles, arm-bands, and necklaces of blue or red wool or string, and red garters, and red flannel are worn; a tea of celery and red pepper, or of the leaf of the " bog-bean " is taken; stinging nettles, oil, turpentine, or a hot iron on brown paper, may be applied for local pain and stiffness. For whooping-cough, as well as the sweaty-stocking necktie which is the universal (we think) cure for " sore-throat ", we may inhale a cow's, or a piebald horse's breath, or the fumes of a gas-works or a lime kiln; put a live plaice on the chest; eat fried, boiled, or roast mouse, or hedgehog, or raw egg in vinegar, or owl broth; swallow a live spider or frog, or keep a live toad in the mouth; eat bread and butter given by a married couple named John and Joan or by a woman whose name did not change at marriage; drink milk which has been tasted by a ferret or a fox (a weasel is good for fevers), or water out of an unused silver chalice, or new milk out of a holly-wood cup, or drink from and ivy-wood vessel; go into caves, tunnels, or the upper air; go to the seaside at high-tide so that the ebb may take the cough, or be carried fasting into three parishes, or go out on nine successive mornings without passing the same way twice in succession, or take a hair from the head and give it to the dog in its meat, or chop it up fine into a pint of milk and give some to the ferrets, the patient drinking the rest; wear about the neck a linen or black silk bag containing either a live spider or nine hairs from the cross on a donkey's back; be dragged backwards through a bramble bush.

This is partly medical treatment and partly sympathetic magic. The distinction is likely to break down. One wonders how effective it all was, or is. Might one give a ferret whooping-cough with the same ease as a wart is sold? Does anybody still try it? It would be instructive in a practical way to find out what powers the general practitioner must contend with, or make use of, in this field of popular belief. We are anxious to get at these powers. Behind some of the prescriptions and prophylactics listed, there is or has been a hopeful faith in the *power* of a thing, a substance, an action. (We have not yet any proper information about diagnosis in popular medicine: is it like or unlike professional diagnosis?). This kind of faith in a *power* is not strange to a doctor, I suppose. Whether he likes it or not, he has a *power* of the sort! But at this level of analysis we are going to try to measure the difference between the persistence of the forms and observances which spring from a belief, and the persistence of the belief itself (call it " the superstition " if you like.)

Do customs live on after the inspiration is dead, or do they preserve it, jellied. How wide is the gap between civilization and culture, where medical science is a civilizing factor and "popular medicine" is an aspect of culture. How long does it take for a man in the street to take into his "common knowledge" the facts discovered by scientific method and observation?

However, these brave translunary notions need not be thought of in the first place. They will do for the philosophy. First, we want a controlled collection of evidence about the popular diseases. There is room for a survey of medicines and treatments on the lines we tried to use, since bodily ailments are not separate from bodily functions and climaterics, with their emotions, which also have their prescriptions. For instance, peppermint and scalded poppy-seeds are good for menstrual pain; parsley tea, or a cock's liver stewed, does for women in the menopause; rue tea or a mandrake twice daily "cured" unfaithful husbands; for blushing, "a stewed frog just spawned and taken on a Thursday" has probably been the thing since Macbeth's day. An "ailments" questionnaire might miss these. We should have to ask our informants a second set of questions every time a prescription was quoted.

Therefore, it seems best to begin at the beginning and find out first about common (and uncommon?) ailments and their treatment. We propose a series of surveys of the popular medicine—the "lay treatment" if you like—of specific diseases. They can hardly be critical, since "sore throat" will cover many specific diseases. Our lay informants will not be put to that trouble, but it would be of immeasurable help if a number of medical men in general practice were prepared to join in the investigation and name ailments by both their popular and scientific names so that a more useful index can be made. We should like reporters well-distributed geographically and we want, as nearly as possible, exact reporting of the date and place at which a treatment was current practice, and of the time and place where it was met by the reporter.

The range of questions in the several questionnaires to our own correspondents will be drawn from the following, according to the ailment's requirements. We want to catch the disease's popular image, as well as its relevant medicine, and our questionnaire is designed for laymen, as a guide for them in their collecting and to prompt their conversation with informants. From the busy family doctor we should only ask for the name of the disease, the location, the time, the treatment, and any popular conceptions of the matter which have come to notice.

The information we ask from our lay reporters is reproduced below.

NAME OF DISEASE: Common, popular name, and dialect names
(Scientific name to be added)

Reporter's name and address.

Date and place where reporter obtained his information: names, addresses, ages and occupations of informants if possible.

Date and place to which the report refers.

Questions

1. Have you had it? Have you known of anybody who had it? When? How old were you/they? Where? Is that where you/they lived then? What were you/they doing (for a living) in those days?
2. Can you die of it? Do you know anybody who died of it? When? How old were they? Where? Is that where they lived? What did they do for a living?
3. Can/could you prevent it? Do/did you wear something special? How long for? All the time or at different times? How often? What do/did you take? How often? How long for? Can/could you do something to prevent it or avoid it if you stopped doing something, or by taking care not to do something? (e.g., smoking, going out without a hat, lying north-and-south in bed).
4. Is/was it a children's ailment, or an old people's, or a men's or a women's or a young folk's, or can/could anybody have it? Are/were some folk particularly liable to get it? Are/were there some folk who never seem/seemed to get it? Can you think of any reason for that?
5. How does/did it happen? Is/was it caused by the job? Or by something you do/did?
6. How do/did you catch it? Can/could other people catch it from you?
7. How do/did you know you have/had got it? Are/were there any signs of it coming on? What do/did you do when you notice(d) them? How long does/did it take to show up after you have/had got it?
8. Would you be/were you under the doctor? Or could you manage without him? Do/did you have him right away or only when it gets/got bad? Is/was he expensive? How long are/were you under him? Do/did you have him all the time until you get/got better? How do/did you pay for him?
9. What does/did he give you, or do to you, or have you doing?
10. Do/did people go to a hospital or an infirmary with it? Do/did you? How do/did you get there? Is/was it a long journey? What happens/happened?
11. Do/did you doctor yourself at all for this complaint? Until you get/got the doctor? While you are/were under the doctor/ or After you have/had finished with him? Or all the time?
12. What do/did you do for it when you doctor yourself? Do/did you go to bed? Or stay in? How long for? All the time? How much? Is/was there anything you have/had to avoid doing? Is/was there anything special you have/had to do? What do/did you take for it? How often? How long for? What can/could you have to eat and drink? What is/was good for it? What is/was bad for it? Is/was there anything special to be worn or carried while you have/had it (e.g., a charm, red flannel, a nutmeg)? Do/did you use plasters, or poultices, or ointments or rubbing mixture? What else do/did you put on or use? Have/had you to strip off, or wrap up, or do/did you wear your ordinary things?
13. How long does the ailment last? How long does it take to get over it? Does it cause other complaints, or leave you with a weakness? Do these wear off? How long do they take?
14. Have you heard any saying about this complaint, like "Feed a cold and starve a fever"?

All this is of interest to us. We need the help of general practitioners in a pilot survey into the folk medicine of warts. A short questionnaire is reproduced at the end of this *Journal*.

**SURVEY OF ENGLISH FOLKLORE
FOLK MEDICINE**

When completed this form should be sent to:

Professor A. H. Smith, University College, Gower Street, London, W.C.1.

WARTS AND SKIN BLEMISHES

I wish to notify you of the following customs/beliefs/treatments:

Condition: proper name.....

popular name

Custom observed in.....(state district)

in.....(state year), in *rural/urban surroundings.

Observed *once/occasionally/frequently

Age and sex of informants:

State details briefly

I *can/cannot supply further details on this matter.

I *am/am not willing to supply further reports.

Doctor's name and initials
(BLOCK CAPITALS)

Address

.....

Date.....

**Delete words not applicable.*