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Black Folk Medicine in Southern Appalachia

A thesis

presented to

the faculty of the Department of Sociology

East Tennessee State University

In partial fulfillment

of the requirements for the degree

Master of Sociology

by

Steven Crowder

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Keywords: folk medicine, Southern Appalachia, homogenous

ABSTRACT

Black Folk Medicine in Southern Appalachia

by

Steve Crowder

This study is an exploration of existing informal health care beliefs and practices of blacks in Southern Appalachia and how they compare with the majority white population. How regional black folk belief systems compare to those documented in other parts of the country is also examined. Thirty-five blacks selected opportunistically were interviewed with a structured questionnaire. Topics addressed during the interviews included: illnesses from childhood, adulthood and old age; folk illnesses; ideas on religiosity in healing and healthcare, and views on folk medicine in light of biomedicine.

The collected data suggest that black folk medicine in the study region is consistent with an homogenous American folk tradition and is not itself unique. The data collected also suggest that the extraordinary aspect to the black community studied is the lack of belief in the spirit beyond God as a healing, omnipotent force. The lack of belief in spiritism is inconsistent with other studies done on black American folk belief systems and is even inconsistent with documented 'white' studies done in Southern Appalachia and the South.

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CHAPTER 1

INTRODUCTION

Research on folk medicine in America extends back to the turn of the 19th century. Initially, most of the research focused on Euro-Americans and included the South. Southern Appalachia became a major area of interest through various philanthropic organizations moving into the region from the North to educate the children, re-train the people, and exploit the land. Researchers came to the mountains on waves of cultural change documenting what they could before it was gone.

Working under the misconception that folk medicine was vanishing, research focused on the older population. There were no systematic collection efforts whatsoever. There were no efforts to distinguish between active and passive knowledge. Collection efforts were tinged with nostalgia and no efforts were made to differentiate between black and white folk medical traditions.

One of the dominant arguments for exclusion of blacks in research was their lack of presence. Table 1 shows that blacks in West Virginia – the only state in Southern Appalachia that is completely Appalachian – numbered 32,690 in 1890. In the same reporting period, Knox and Hamilton counties in Tennessee reported a total of 28,657 blacks, most of them living in Knoxville and Chattanooga. It was not that blacks were not present, but that the majority of them lived in urban centers. It should also be noted that the lowest numbers are in Kentucky because the two major urban areas in the state

(Lexington and Louisville) are not a part of Southern Appalachia.

Kentucky Superstitions (Thomas & Thomas 1920) documents black folk medicine to a slight degree, but it does not offer enough information to discern the level of their contribution to the study.

TABLE 1. SOUTHERN APPALACHIA BLACK POPULATION SAMPLING: 1880-1960

	<u>1880</u>	<u>1890</u>	<u>1900</u>		<u>1930</u>	<u>1960</u>
<u>Tennessee</u>						
Hamilton Co.	7,399	17,717	19,490	Chattanooga	33,289	138,193
Knox. Co.	7,244	10,940	11,777	Knoxville	17,093	69,532
<u>North Carolina</u>						
Buncombe Co.	3,476	6,626	8,120	Asheville	14,255	37,943
<u>Kentucky</u>						
Harlan Co.	114	154	226	----	5,879	4,055
<u>Virginia</u>						
Roanoke Co.	4,828	9,005	3,845	Roanoke City	12,368	54,811
Campbell Co.	18,953	19,800	9,615	Lynchburg	9,653	46,030
<u>West Virginia</u>	----	32,690	43,499	----	114,893	89,378

Notes: The 1880 through 1900 numbers were documented in the Census of Population publications by county and not by major urban areas. The latter census publications listed numbers by major cities also. Here the counties are listed, then the cities, to give an idea of black population growth in one line for ease and clarity.

Waller and Killion's (1972:71) study is a compilation of remedies that illustrates Georgia's (and America's) three major folklore traditions: Native American, European, and African. The remedies are listed in alphabetical order by illness and offer no specific

data to determine from which folklore tradition the remedies came, or from which part of Georgia. A footnote in the study does list six specific informants. All six are black women and are listed as being “identifiable, important informants.”

The same format is evident in Volume 6 of The Frank C. Brown Collection – Popular Beliefs and Superstitions from North Carolina (Hand:1961). Collected over the span of 40 years (1900 into the 1940s), involving work from 200 collectors and informants from about 70 of the 100 counties of North Carolina, the collection gives an extensive listing of folk medical beliefs and practices in the state. The collection does not identify blacks specifically as a source of information. Therefore, we have no way of knowing the contribution by blacks to the collection, the state, the Southern Appalachian region, or the South.

This is the first focused study on black folk medicine in Southern Appalachia. A wealth of information, however, exists on black and African health care belief systems in the United States. Those studies work towards examining how white and black healing modalities differ and also how they merge to create a homogenous American belief system of health care.

Hill (1976:12) reports on a study dealing with folk medical practices in the South. She used an equal 50 percent white, 50 percent black pool of indigent informants. One of her significant findings was that: “The belief systems of both blacks and whites is essentially synonymous, partially because it is inextricably bound to their religious

teachings or beliefs and their status in the social structure of American society .”

In support of Hill’s findings, Snow (1974:83) offers a description of a health belief system among indigent blacks with ties to the South. She identifies a theodicy of suffering found among Appalachian whites, as well as Trinidadians, Haitians, and Mexican-Americans as a commonality. They all share a similar background of subordination and immigration, strong ties to the mystical, and belief in vengeful deities, or a vengeful God.

In another article, Snow (1981) further discusses commonalities of the health belief systems of indigent blacks, Mexican-Americans, and indigent Southern whites. These three systems exhibit elements of European folk medicine, Greek classical medicine, West African traditional medicine, modern scientific medicine, sympathetic magic, and the Haitian Voodoo religion, all tied together as a unified force under the umbrella of fundamentalist Christianity.

[In regards to healers] One theme underlies all beliefs and behaviors present in the search for a cure. This is the idea that the ability to cure – by the housewife knowledgeable about home remedies, by the physician, by the spiritual healer, by the Voodoo doctor, or by the spirits of dead relatives – is a gift from God (p. 75).

Even though Snow’s work focuses on black Americans, she postulates the existence of an American folk medical tradition. In Walkin’ Over Medicine (1993:54), she states: “Certain very specific healing methods have been passed down for centuries in the European tradition, ...and are found today among both African-Americans and Southern Whites.” She mentions a book of magical charms, Hohman’s Pow-Wows (first

published in 1820), that is a part of the Pennsylvania Dutch (German) healing tradition and is still sold in occult shops, which typically operate in ethnic boroughs catering to Mexican-Americans, Puerto Ricans, Haitians, and blacks. She became aware of it in Chicago as part of a trinity – the only three books anyone needs for healing: the Holy Bible, the farmer’s almanac, and the Pow-Wows (or, The Long Lost Friend) (p. 64). Yodder (1976:244) suggests the Pennsylvania German occult literature may have diffused into the South, the Middle West, Ontario, Canada, and possibly even Louisiana and the Caribbean through Moravian missions. Yodder also observes that “there is evidence that it blended with Negro conjuring traditions in the Border states, particularly Maryland.”

Then, for a further example, Snow notes:

There are hundreds of magical treatments for the removal of warts and some of these...involve their being prayed over or ‘talked away.’ The power of the ‘wart talker’ illustrates how beliefs from one group are incorporated into those of another. It is only relatively recently that the wart talking brought to the Sea Islands by German immigrants in the nineteenth century has been taken up by the African-American inhabitants, ...although all the White informants knew of the practice it was familiar only to African-American informants under the age of 45 (1993:55).

Snow’s thesis is that there exists an evolutionary American folk medical belief system that, by its nature, is not static and that it has changed with use, transmission, and memory. Hufford (1994) supports this by explaining that in a pluralistic environment such as the United States, all medical traditions affect one another. Hufford notes, for example, that:

Health food beliefs have developed from traditions of folk herbalism,

Pennsylvania German powwow doctors have been influenced by both Puerto Rican spiritism and by chiropractic, and New Age healers explicitly seek out and adopt the practices of Native American shamans (p. 117).

Overview of the Study

Chapter 2 discusses the methodological approach of this study, the problems attending access to a marginal community, and the informant population. Chapter 3 is an item by item listing of illnesses from the study questionnaire and home remedies. The remedies range from the naturalistic to the magico-religious. Chapter 4 is a discussion formed around data collected with open-ended questions on the questionnaire. The discussion covers illness causation and folk illness as well as religiosity and attitudes towards folk medicine and biomedicine. Chapter 5 concludes with the suggestion of continuing the study with samplings representing all states in Southern Appalachia to determine any possible degree to which religiosity and homogeneity have affected the black community.

CHAPTER 2

METHODOLOGY

Using an opportunistic approach, 35 informants were recruited. Informants were found by attending black churches with a friend willing to make introductions. The original intent was to primarily rely on convenience interviews with the assumption they would snowball. Some did snowball, but most did not. Though some potential informants were initially receptive to the idea of the study in general and participation in particular, they nevertheless declined to be interviewed. Conversations abruptly ended, or took stern tones as borders of basic civility had been crossed. It was and is unclear if this was a result of racial differences (the author is white) or standard treatment of the ‘outsider.’ However, Wax (1971) noted:

With rare exceptions a fieldworker cannot become an autochthonous, aboriginal, or organic member of a tribal or ethnic group. ...Nevertheless, there is a special sense in which a fieldworker who lives near or with the people he is studying does become a member of the group. But what he becomes is an attached or instrumental member, a person who, though he always is and remains an outsider or non-native, may function in the society in a manner that is useful and agreeable to his hosts (p. 50).

It could be entirely possible that my own history of studying black spiritual and religious systems lent a level of familiarity that I experienced that was not experienced by the potential informants of this study who did not share my experience or history.

When approaching people to get phone numbers and arrange a time to call to schedule an interview, the prevalent tendency of potential informants was to immediately

begin the process of nostalgic recitation at the introductory question (“Do you recall any home remedies, maybe some you use yourself?”) proved standard and problematic in the recruiting process. Several potential informants slipped quickly into vivid histories of being treated for this or that ailment by a parent or grandparent, then quickly retreated from the request for an interview by saying: “I just told you everything I know; why do you need to call me?” Thus, the introductory ‘hook’ process became verbal poker. The researcher offered recruitment lines like, “I’m doing recorded interviews for...” as quickly as possible to still be understood in order to move on to the home remedy hook-line – all of it in a nice rapid gunfire approach package. The cat and mouse feel to the opening monologue sometimes made for awkward moments of feeling like Eudora Welty’s crooked Bible salesman.

I cannot know the informants, like I cannot know the neighbors I’ve lived next to for over a year and have not had conversation with. In the moments that I had conversations with the informants, and all the people who did not become informants, the people were respectful and decent with wonderful laughs and voices and pots of collard greens and loaves of freshly baked banana bread. Church services attended in the recruitment process were like jolts of what is good in the world running under the skin and through the blood – not striking through like St. Elmo’s fire, but lingering inside the mechanics of the body.

It seemed to me that any racial tensions felt were tensions that shed themselves

after the conclusion was drawn that I was not racist. A common statement was noted in the field notebook: “What does a white boy want to know that for?” The statement was never interpreted as a racist judgment, but as a clear and inescapable circumstance, an intrinsic fact of color. Maybe that is to say it was a survival of recent civil rights history, or maybe it was a surprise that someone white would exhibit an interest in black folk medical beliefs and practices. The responses to the statement varied. In the beginning it was truthful: The study is a companion piece to a larger work on black American spirituality and magical healing. The response began to change with every interview to fit the mood of the moment: black belief systems have not been documented in the region; a requirement for the master’s degree; it seemed interesting at the time.

The Institutional Review Board (IRB) at the university required that all informants be made aware of two options for interview: a hand-written interview where the researcher physically hand writes responses, and a tape recorded interview which is standard ethnographic procedure. Informants are required to sign an Informed Consent Form that stipulates the use of the data, the assured privacy protection of the informant, and the interview options. While it seemed in the proposal stage of the study that hand-written interviews were a viable option (a last resort to not lose an informant who felt suspicious of the tape recording process), it does not seem standard procedure or conducive to the integrity of the information to require the hand-written interview as an acceptable and standard option. Of the 35 informants, 34 are hand-written. In the

beginning, informants expressed being uncomfortable with the tape recorder, or expressed comfort with the hand-written method. And, it is also true that my own diligence sometimes was lacking. Informants were made aware of both options, and then the interview happened hand-written with no further discussion, but with an implicit response from the informant with no verbal confirmation. It also needs to be made clear that, during the interview process assistants were taken on to help gather information. The recruitment of assistants was a result of time constraints accompanied with the difficulties in finding informants willing to schedule interviews. There were two assistants; both were local black women. The assistants were thoroughly briefed about the instrument and the intentions and scope of the study.

The interview instrument was a structured questionnaire modified from one used in a course on Southern Appalachian folk medicine at East Tennessee State University. The first section of the questionnaire concerns biographical information, socio-demographic questions such as date and place of birth, religious affiliation, and education. Depending on the informant, sometimes I asked these questions, and sometimes I gave that section to them and asked them to fill it out. The factors in that determination were gender (less likely to ask a man to fill it out himself based on a level of my own comfort), and age (more likely to ask older people to fill it out themselves in an effort to make them more comfortable and 'in control' of the process). There was constant confusion in asking informants about the number of their children. This was

often interpreted as the number of siblings as opposed to the number of children they actually bore and/or raised. There was an intentional effort to include illnesses from every stage in the life span so that informants of all ages would have a better chance to contribute. A section of open-ended questions was added to present an opportunity for patterns in beliefs or practices to emerge naturally. Questions were modified continually in the interviews to facilitate information on religiosity and worldview in relation to medical practices. Specific additional questions were never added to the instrument. The questions added were investigative and not systematic. The average interview lasted 40 to 45 minutes. Some were as short as 20 minutes and some were just over an hour. Of the 35 informants, 11 were male, and 24 were female. Educational backgrounds spanned from 4th grade to a PhD. Tables 2 and 3 show a more contextual overview of informants.

TABLE 2. EDUCATIONAL OVERVIEW

<u>Education Completed</u>	<u>Number of Informants</u>
4 th grade through highschool	17
some college	11
BA/BS Degrees	5
MA Degree	1
PhD Degree	1

TABLE 3. INFORMANT AGE GROUPS

<u>Dates of Birth</u>	<u>Number of Informants</u>
1901 - 1910	1
1911 - 1919	1
1920 - 1929	1
1930 - 1939	7
1940 - 1949	6
1950 - 1959	11
1960 - 1969	4
1970 - 1979	4

Note: The youngest informants were born in 1976 (n=2). The oldest was born in 1907.

CHAPTER 3

HOME REMEDIES

The following is a compilation of all data collected on illnesses in Part Two of the questionnaire. The illnesses are listed as subheadings for the reader's ease and are in the same order as the instrument in Appendix A. The numbers following the remedies in parentheses throughout this chapter and the next refer to the informant correlate in Appendix B. This cross-reference will provide contextual insights to readers. Some respondents gave more than one remedy without giving a preference or condition to rank the information in terms of its use or effectiveness.

Beneath each illness description is a list of published sources that document related folk medical beliefs and practices among Southern Appalachian whites, demonstrating a common corpus of healing knowledge shared by the two populations. The following illnesses do not have other sources listed: chicken pox, ulcers, nerves, tuberculosis, and skin cancer. The majority of remedies for chicken pox found in other studies are magical. Fifteen of the 35 possible responses reported the use of calomine lotion. This supports the use of over-the-counter medication as a rule more than an exception in the contemporary folk medical arena – at least in the study area. It also suggests such adaptation could be replacing the magico-religious component of folk medical tradition. Ulcers, nerves, influenza, T.B., and skin cancer did not elicit remedy information from the informants. The majority of the responses were, “I don't know”: ulcers, n=20; nerves,

n=18; influenza, n=20, T.B., n=27; skin cancer, n=34.

Following the illnesses is a brief summary concerning the large number of respondents who did not know or recall folk medical knowledge, as well as the lack of knowledge concerning information on magical remedies.

Chicken Pox

The majority of the treatments were topical: calomine lotion (1, 2, 3, 9, 10, 11, 14, 16, 17, 18, 21, 24, 25, 28, 35), oatmeal (11, 13, 14, 15, 16, 22, 28, 35), cornmeal and water (19), baking soda and vasoline (15), lemon juice (24), flour scorched in a skillet (30), olive oil to keep the skin from drying out and scarring (33), and warm sardine grease (32).

The administration of the oatmeal differed: simply pour oatmeal into a bath (11, 14, 15, 16, 28), mix it with water to make a paste and spread it on (13, 35), and alternate baths from clear water to water with oatmeal (22).

Two informants reported hot tea. Both said the temperature of the tea was more important than the type (7, 23).

Some reported it was best to stay in the house and wait it out (3, 4, 6, 29, 30). The time limits to stay inside varied but one source gave further instructions: “You can go blind from the sunlight during that time” (30).

Colic

Two responses were asafetida, but both involve different applications. One said it could be worn in a bag around the neck (21). The other said it could be taken internally (6).

One informant had different techniques of ‘blowing smoke’: put milk on a spoon, blow smoke into it, and give internally (8); simply blow smoke into the child’s mouth (29). Blowing smoke suggests magical intention, but it could just as well mean an intentional use of smoke for its heat or some other property. No specific regimes, requirements, or taboos were noted to clarify a type of smoke to be used. That these restrictions were not attached suggests the use of smoke has no magical intention.

Other internal methods for treatment were: drink warm honey and water (4), take paragoric (15), drink sugar and water (30, 35), and drink catnip tea – which was the most popular response (2, 11, 23, 24).

Other external methods were: administer leg exercises (28), and two informants simply said to walk the floor (14, 17).

(Other Sources: Cooke and Hamner 1986:65; Long 1962:2; Norris 1958:103)

Thrush

There were several variations on blowing in the mouth: “...has to be done by someone who never saw their father” (1, 30); “use to be treated by a man whose mother

died during birth, or a woman whose father died before birth; both could blow into the mouth and get rid of it” (11); can be done “by a man who never saw his father” (24, 26); “has to be done by someone white” (29).

This use of smoke is clearly magical, defined by the restrictions of the user. A similar cure is found in the Ozarks that says it has to be a preacher who blows in the child’s mouth. Another Ozark’s cure is calling on the holy trinity (Randolph 1947: 136). It should also be noted here that Puckett (1926:341) attributes the ability of a person who has never seen his father to blow into the child’s mouth to cure the thrush as an English cure. Both these require the healer to be a vessel for the spirit to move through them and heal. The requirements given in the survey suggest the same thing. The requirements suggest that it takes someone considered special, and probably chosen by the spirit based on the specific nature of the formula for identifying the healer, to be invested with the ability to open themselves up to become a vessel for the spirit to manifest physically and heal the infirmed. That the thrush doctor seems to be chosen by the spirit to allow cures for the thrush and nothing else makes the institution suspect to criticism.

A belief has been documented that whites have seen blacks as having an inherent magical quality to them based on the color of their skin; a magical component to a lock of hair, or breath. For example, to cure an earache, a lock of hair from a negro is placed in the ear (Hyatt 1965:201). The report that stipulated the person who blew into the child’s mouth had to be white is suggestive of an attempt at a social power exchange. That the

color of skin denotes an inherent magical quality is a racial stereotype. That the idea of the same being true concerning a white is suggestive of a social power struggle.

Other remedies reported include: wiping the child's mouth out with their own urine soaked diaper (7, 8, 21, 22), use "blue medicine you get from the doctor" (2), paint the mouth with a violet (19), wash the mouth out with blueing (20), and wipe out the mouth with boric acid mixed with water on a towel (14).

(Other Sources: Gainer 1975:111; Hunter 1962:104; Norris 1958:109)

Ulcers

The majority of the informants said, "I don't know."

Food stuffs eaten to help an ulcer were: peppermint candy (4), chopped red peppers and onions (8), and mashed potatoes or spinach (30).

Beverage remedies were: goat's milk (17, 24, 27, 29, 33), milk (6, 22), buttermilk (22), sassafras tea (1), and papaya juice (33).

One informant said "grandma's tea" was drank as a cure-all, but the ingredients could not be remembered (34).

Nerves

Several variations of drinking alcoholic beverages were mentioned: drink an alcoholic beverage in general (8, 22, 27), a glass of wine (9), moonshine (17), a shot of

liquor (35), and Jack Daniels (30). One informant said: “Drink a pint of Canadian Mist. If the stress level is still high ain’t a damned thing can be done about it” (15). Other drinks mentioned were: sassafras tea (4), mint tea (9), grandma’s tea (34), and warm milk (23, 33).

Other treatments were: nerve pills (29, 35), aspirin (6), peppermint candy (4), smoking marijuana (13), sitting in a dark room (24), and a cold water bath (20).

Eighteen respondents said, “I don’t know.”

Colds

Several toddy combinations were given: rock and rye (2, 5, 7, 15, 33); liquor and honey (3, 12); honey and lemon tea (4, 11, 33); hot tea with lemon and onion juice (9); honey, lemon and whiskey (17); hot tea, honey, lemon juice, liquor (35); horehound candy and whiskey (4); and moonshine and sugar (26).

Purging as a treatment is suggested by the uses of Black Draught (25) and castor oil (6, 23, 25, 33).

Ingestion of onions in different forms were mentioned: soup (1), syrup (2), eat any way (25), and, eat with honey or sugar melted over them (27). Onions in the form of poultices were also mentioned (1, 2, 8, 22).

Other curative beverages mentioned were: yellow root tea (5), sassafras tea (29), urine (13), cod liver oil (21), turpentine (32), and pineapple juice (33).

Three topical treatments were: sweat it out with camphor (9); rub slave on the chest (30); and, rub Vick's Vapor Rub on the chest and cover it with a flannel pad (33). Other treatments using Vick's Vapor Rub, from the same informants, were to put it up the nose, and to eat it.

Miscellaneous approaches given were: peppermint candy (4); sugar on a teaspoon with 10 drops of turpentine (6); wear an asafetida bag – for kids (6, 33); take a hot bath (18); lemon juice (12); vitamin C (34); chicken soup and rest (28); rest and starve it out (24); and, take kerosene, sugar, and candy warmed together on the stove till they mix together, let it harden into a candy and eat it (13).

(Other Sources: Gainer 1975:106; McGlasson 1941:15; Mullins 1973:38)

Influenza/The Grippe

The data reflect the belief that 'the flu' is traditionally viewed as a bad cold. Therefore, the remedies given are not that different from colds.

Toddies given as remedies were: rock and rye (8, 9, 25); onion with honey or sugar and alcohol (100 proof) let it all melt and take internally (27); honey and lemon (33), rock candy and corn liquor (33); "take a hot toddy same as a cold but use a stronger dose of liquor, like moonshine" (35).

Other drinks were: chicken broth (4), turpentine and water (32), castor oil (33), and pineapple juice (33).

Things to be worn were: asafetida bag (33), and skunk oil in a bag and worn around the neck (25). A poultice could be applied (22). Two recommended drinking whiskey then covering up, turning up the heat, and sweating it out (8, 17). “Sweating” without the use of liquor was also mentioned (18, 22).

One informant reported: “Boil and strain horse manure then drink it as hot as you can stand it, but won’t work as good now. Horses fed with synthetic feed” (6).

(Other Sources: Cooke and Hamner 1976:67; McGlasson 1941:15)

Nosebleed

The two most common responses dealt with brown paper bags and something cold on the back of the neck or down the back between the shoulder blades. The brown paper bag responses were: put a piece of a brown paper bag between the teeth and upper lip – inside the mouth (1); put a piece of a brown paper bag wetted and dipped in salt then held against the nostrils with the upper lip – outside the mouth (2); hold a piece of a brown paper bag between the upper lip and gums – the bag is dry (4); put a piece of a brown paper bag under the tongue (6); tear a brown paper bag into pieces, wet those pieces in salt water, and mold it over the top of your head (7); tear a piece from a brown paper bag and shove it up the nose (13); put a piece of a brown paper bag under you lip (24); put a piece of a brown paper bag in your mouth (31).

The “put something cold down the back” variations were: put the keys down the

back (6, 33); put ice on the back of the neck (5, 11); put a cold rag on the back of the neck and tilt the head back (18); put a 'case' [dinner] knife down the back (26); pinch the nose and put a pair of cold scissors or ice down the back (30); put a cold compact on the back of the neck (35).

Other remedies included two dealing with money, either the coins as amulets, or the effect of the metal itself: put a dime under the lip (17), and put a nickel under the upper lip (29). Two informants referred to the Biblical passage Ezekiel 16:6 (19, 33). Ezekiel 16:6 is a standard invocation of the spirit of God to perform a physical healing and is a charm. It is commonly used for blood stoppage and is not specific to a nosebleed. The passage is: "And when I passed by thee, and saw thee polluted in thine own blood, I said unto thee when thou wast in thy blood, Live; yea, I said unto thee when thou wast in thy blood, Live."

It seemed the importance of the brown paper bag might suggest a magical connotation. However, use of the brown paper remedy is reported by Puckett (1926:376) to be substituted with white paper but used in the same way: sticking it between the upper lip and upper gums. Puckett goes on to explain the paper pressing against the small capillaries near the nose may actually stop the bleeding.

Use of a case knife or scissors is sympathetic magic and may be a predecessor to the cold metal of keys.

Other treatments reported were variations of those above, deriving from cold and

pressure on the nose: soak a cloth with cold water and hold it over the nose with the head tilted back (3, 25); run cold water over the forehead (19); soak a paper towel and put it between the upper lip and teeth (9, 33); pinch the nose (5, 8, 30, 33, 34); pack the nose with tissue (22), or with ice (23), or cotton (27, 33); place an ice pack on the nose (32).

Miscellaneous remedies were: bend the head down and apply pressure (10), place a wet towel on the nose (21), application of Red Cross medicine (20), and elevate the head (28).

(Other Sources: Gainer 1975:110; McGlasson 1941:16; Wilson 1968:179)

Earache

Just as cold was a requirement for nosebleeds, heat was prevalent in treatments for earache: blow smoke from a cigarette (21) or pipe (30) into the ear, blowing any kind of smoke into the ear (2, 11, 21, 26, 30, 31, 33), put a warm towel or warm pebble on the ear to draw the moisture out (16), sprinkle warm ashes from the fireplace into the ear (24). A variety of warmed drops dominated the data: camphorated oil (25, 33), mineral oil (9), cod liver oil (4), urine (2, 7, 8, 16, 17, 29, 35), sweet oil (1, 6, 10, 12, 13, 14, 15, 18, 22, 23, 25, 27, 28, 29, 32, 34).

Variations for the use of urine were: the urine has to come from the youngest child in the family (2), has to be from a family member (17), or the baby's own urine (35).

Reading Ezekiel 16:6 was also mentioned as a cure for the earache (19). Exactly

how was never made clear. It could be that just hearing the words could invoke the spirit into the patient to ease the pain. It could be that the person reading or reciting the passage places their hand over the ear.

(Other Sources: Farr 1935:4; McGlasson 1941:1)

Toothache

Six responses related the use of liquor: hold liquor in your mouth (7, 30), put whiskey and an aspirin on the tooth (8), gargle with whiskey (8), swish whiskey around in the mouth (15, 24), and soak a cotton ball with brandy and put it on the tooth (28).

Tobacco was used for three remedies: smoke a cigarette – only works with a person who does not smoke (1), blow tobacco smoke in the mouth (11), and chew tobacco to numb it (33).

Temperature related to the following: hold ice on the gum/tooth (15), put a hot towel on the cheek (16, 29), put a hot water bottle on the jaw (18), or place warm baking soda in the cavity (32).

For a child, a dime could be put on a string and worn around the neck (7). A dime on a string is considered a good luck amulet as well as a protective device warding off any conjuration that may be worked against the wearer. The African belief is that a string tied around the waist of a child acts as a protective fetish (Puckett 1926:314). A child could also wear an asafetida bag around the neck (7).

Miscellaneous approaches to a cure were: rub vanilla flavoring and red liniment on the gums (2), yank the tooth out then lay an aspirin directly on the socket (4), aspirin (9), make a paste from cloves and vanilla and apply (12); if there is a hole in the tooth, fill it with lemon extract, or perfume, or salt heated in a spoon to burn and kill the nerve endings (13); apply drops of oil of clove (19); vanilla (23); kerosine (25); or, cinnamon (27).

(Other Sources: McGlasson 1941:1-2; Rogers 1941:32)

Burns

Most informants reported using butter for burns. Temperature related treatments were: flush with cold water (3, 5, 10, 16, 34), and application of ice (10, 27, 33).

Treatments included topical application of scorched flour (6), mullein juice (7), vasoline (9), cocoa butter (9), clorox and water wash (15), mustard (18), toothpaste (19), a soda and syrup paste (23), mayonnaise (30), lard (32), and sulphur poultice [dampen it and strap it on the burn] (26).

A burn can also be packed with ashes from a fireplace or wood stove (1, 24), or packed with black soot from the chimney (30).

One informant recommended pouring baking soda in water. Let the baking soda settle to the bottom, then scoop it out with a clean white rag and place it on the burn (11).

(Other Sources: Cooke and Hamner 1976:65; Norris 1958:102-103)

TB/Consumption

Twenty-seven informants reported that they knew of no treatment for TB. That could be because of the decline in reported TB cases, or that there is no memory of the disease, or no remembered or currently known cure. The treatments mentioned varied: the patient is bedridden and isolated (1), exposure to sunshine and drinking a lot of fluids (6), a couple tablespoons of lemon extract (12), drink milk with a raw egg in it (19), a dose of castor oil and a warm compress on the chest (22), goat's milk (29), simply quarantine the patient and wait on them to die (30, 33).

Sore Eyes

'Sore Eyes' is a non-specific term used in reference to a variety of ocular disorders, ranging from mild eye irritation to conjunctivitis. Most of the data can be broken down into the categories of compresses and eye washes.

Eye washes: boric acid solution (2, 14, 19), salt water (5, 23), water (15), and milk (21).

Compresses: hot pads (8), tea bags (24), sulphur poultice (26), and cold compress (27, 30).

Various other remedies are: over-the-counter eye drops (6), hemorrhoidal medicine (12), put olive oil around the eyes (33), wipe with a sterilized cloth soaked in hot water (11), and put vasoline around the eyes to open them up (29, 33).

An informant warned: “Don’t let anyone look in their eyes because they could get it” (30).

(Other Sources: Cook and Hamner 1976: 68)

Boils

The majority of the remedies mentioned employ the use of fatback, or salted pork to dry up boils and bring them to a head (1, 4, 8, 12, 13, 15, 16, 17, 20, 21, 22, 25, 28).

Other remedies reported were: scriffin [membrane that lines the inside of an egg shell] (4, 18), egg white (19), egg yolk (8), apply a white potato (22), warm compress (22), sulphur poultice (26), eat raisins (30), Epsom salts in a hot water bath (5), sterilize a needle by burning it and open it up (14, 29), juice from a mullein leaf [tie off the boil with a string, then put a cloth with the juice over it to bring it to a head] (7); put a piece of paper in a bottle and light it, let the bottle fill with smoke, then let the smoke out over the boil and it will come to a head (9).

One informant (6) offered the following magical remedy: “Cross a fork over the boil in the shape of the cross three times, then the boil goes away in three days. While crossing with the fork say, ‘In Jesus’ name.’” The cure invokes the blessing of Jesus Christ as a miracle worker and healer. Use of the fork could simply be symbolic of a puncturing device, or the metal could be used for other properties. This remedy illustrates trichotomy in American folk medicine which is evident in other magical cures such as an

Ozark cure for boils: put your hands behind your back and repeat three times “Bozz bozzer, mozz mozzer, kozz kozzer” (Randolph 1947:132)!

(Other Sources: Norris 1958: 107-108; Wilson 1968:178)

Ringworm

The few remedies mentioned were: Watkins salve [over-the-counter] (4), caliber pinks [prescription pills] (6), Absorbin, Jr. (13), Tinactin (28), Adam Powder (23), Curdeure ointment with sulphur (19), baking soda (32), oatmeal paste (35), walnut husk (15), and the application of one’s own urine with a rag (5).

Castor oil (21) was also mentioned which implies a survival of purging.

(Other Sources: Wilson 1968:326)

Hookworm

There was a stronger vestige of purging in the data for this illness: castor oil (8, 25, 32), and “take a laxative” (22). One variation of castor oil was the addition of sugar (8). Over-the-counter approaches were not as strong as with ringworm – caliber pinks (6) was the only one mentioned. Turpentine was mentioned three times (7, 29, 30). All uses of the turpentine were different: take with a little sugar (7), place around their navel to “knot them [worms]” and they will come out through their bowels (29), and “take three drops with sugar, they [worms] will come out and you burn them” (30).

Other remedies were: drink vinegar (9), eat egg shells mixed with syrup (19), apply oatmeal paste (35).

(Other Sources: Rogers 1941:22)

Arthritis

Heat was a commonality in the remedies: massage and keep warm (4), apply dry heat (9, 22), liniment rub and heating pad (14), keep the bone warm (15).

Two other common elements were vinegar and copper. The vinegar was used as such: apply a brown paper bag soaked in boiled vinegar, then wrap the bag with a cloth (5), apply a brown paper bag soaked in vinegar (8), drink vinegar and honey (11); mix kerosene, vinegar, and pepper and apply (23). Uses of copper were: place a dime on a copper chain and wear it around the ankle (15), wear a copper bracelet (17, 25, 27), copper wire around the wrist or ankle (30), copper pennies with a hole in them, strung and worn as a necklace (30).

Other remedies reported were: commercial liniment (7, 21, 32), teaspoon of honey (9), pokeberry wine (19), commercial mechanical lubricant WD-40 (33); apply Varsaw and camphor [put the camphor in the Varsaw, a motor cleaner, then after it dissolves rub it on] (6); Octagon soap chipped in rubbing alcohol [let the mix set till the soap melts, then rub it on] (12).

(Other Sources: Hunter 1962:101; Wilson 1968:179)

Rheumatism

Liquor was the most common element reported: take a shot (9, 13, 18, 27), mix camphor with whiskey and rub it on the joints (30). All other remedies were topical: turpentine and lye soap (8), WD-40 (12, 33), camphorated oil (19), commercial liniment (21), wear a copper bracelet (25), kerosine, vinegar and pepper mixed together and applied (23), Varsaw and camphor (6), and Octagon and rubbing alcohol (13) [both prepared and applied the same as with arthritis].

(Other Sources: Hunter 1962:101; Waller and Killion 1972:87)

Skin Cancer

The only remedy given was breast milk from a church member (28).

Related Folk Medical Practices

Respondents were asked for information concerning venereal disease, menstruation, and abortion, all of which have been grossly overlooked in previous research.

Venereal Disease

Respondents were not asked about any specific type of VD. Everyone who gave information associated venereal disease with ‘crabs:’ gasoline wash (5), kerosene (13),

Blue Ointment [over-the-counter salve] (25, 33).

Menstruation

Drinks for menstruation were: ginger tea (2, 11, 15); whiskey and sugar, red pepper tea, and hot pepper tea (2); sassafras tea (4); turpentine, or a little liquor (7); hot tea for the cramps – the temperature is more important than the type (33, 35); drink flour and water to cut off the bleeding (13).

Other things done for menstruation were: heating pad (14, 15); hot liniment (14), cold shower (18); and, exercise (15).

Abortion

Abortion, or “throwing the baby” (33) was performed by: falling down the steps (15), coat hanger (3, 13, 15, 16, 22), drink a lot of vinegar (5), ginger tea (15), ingest turpentine with sugar to taste (7), castor oil (8), castor oil and turpentine (33), “run around the track until you pass out, or get punched in the stomach” (34), “lift something heavy and it will do you in, or drink hot whiskey if it’s in your first month. Drink it and it will bring your period on” (30), or, drink bleach straight, “it’s supposed to hurt for payment of the sin” (13).

Summary

There was an overwhelming number of “I don’t know” responses in the data. This could mean that respondents could not remember, or would not divulge the information, or simply did not know or had not heard of it. This is an indicator of the degree to which folk traditions, at least in the sample, have disappeared. In collecting the data it was unclear at times when remedies were active or passive. Vague detailing from the informants could be a result of their distancing themselves from their heritage as a testament to social evolution and the purposeful shedding of stereotypes. It also could be a simple problem of losing information in memory. Regardless, most of the remedies given were actively used, or were used at some point in the informants’ lives. This suggests that the generations sampled in the interview are the very generations that could possibly be discarding their own ancestry.

There were twenty magical remedies reported. The weak representation of the magico-religious component to the folk medical belief system is suggestive of the degree to which Christianity has replaced spiritist beliefs. It is representative of the disappearance of ancestral belief systems and traditions like the Powwow doctors, European, South American, African, and Afro-Caribbean magical remedies and conjuration, as well as Native American shamanism.

CHAPTER 4

HEALTH BELIEF SYSTEM

This chapter presents the data obtained from Part Three of the questionnaire and is broken down into the following themes: Concepts of Illness Causation, Folk Illnesses, Religiosity, and Attitudes Towards Biomedicine. Each section summarizes informant responses related to these themes and elucidates patterns of folk medical belief and practice.

Illness Causation

Most of the respondents said illness is caused by germs and not taking care of oneself. One respondent had a slightly different response from the others, he identified three factors associated with maintaining good health: 1. Physiological – the immune system is the key; 2. Emotional – stress breakdown; and, 3. Spiritual – God is in control of everything (33). This response offers a shared responsibility for health and healthcare between human beings and God as opposed to total responsibility suggested by the absolute belief of germs as the primary source for illness. Hill (1976:14) notes that for some Southerners a causal explanation of illness is an imbalance in the individual's life due to social misconduct, i.e. actions that are not in alignment with fundamentalist religious codes of conduct. It is the state of imbalance that puts the individual in a state of crisis. In that state of crisis, the individual seeks to bring their life back into balance

and cleanse himself of the transgression, or sin, and thus become a member of the harmonious moral order again. This suggests that the social structure is a sanctified structure and can take on the powers of the supernatural, if by no other means than to punish those who fail to stay within expected social guidelines. Regardless, the result is the same: the social structure has the power to create life balance and thus has healing potential for those who believe.

Folk Illnesses

Folk illnesses exist within the cultures that create them. “Etiology, diagnosis, preventive measures, and regimens of healing” (Rubel 1977:120) are provided by the culture. Those afflicted by a folk illness tend to seek out traditional healers who are trained in coercion of occult forces as well as herbalist remedies. Physicians normally consider such illnesses to exist only in the minds of the afflicted. They are seen as psychosomatic disorders and superstitions.

The folk illnesses included in the questionnaire have all been recorded as existing in the Southern Appalachian region. They are livergrown, white-liver, bold hives, and marking. There was no information provided by informants concerning livergrown.

White-liver

White-liver is a syndrome identified by an insatiable sexual appetite. It seems to

be primarily attributed to women, but can refer to a man. Randolph (1947) identifies white-liver as meaning over-sexed.

When a lively, buxom, good-looking woman loses several husbands by death, it is often said that her inordinate sexual passion has killed 'em off, and she is referred to as a white-livered widder. Usually it is only a figure of speech, but there are people who actually believe that a 'high nature' is correlated with white spots on the liver, and that this condition has often been revealed by postmortem examination (p. 172).

Randolph also reports that a lot of sexual intercourse is thought of as a cure for maladies of the bladder and kidney in women (p. 103). One seems to compensate for the other.

Of nine responses on white-liver, three reported that white-liver is a male specific disorder. "A man with an over-sex drive. It's not treatable. If a woman is with a man who has this she gets a bad infection from it" (8).

"If a man who is white-livered marries a woman who is not, it will eventually cause her death" (11).

"When a man can't get enough sex. He's born like that. It's very rare. A man died from it; he stayed erected" (30).

Three responses referred to white-liver as a female condition: "A nymphomaniac; woman can't be satisfied" (13).

"When a girl is over-sexed. It's caused by the Devil; plenty, plenty sex" (22). (This is the only response in the entire study that referenced the Devil as a force that wreaks havoc among Christians.)

One informant simply said it meant over-sexed (19). One said it meant the liver turned one-half white for an unknown reason (20).

Two respondents said they had heard the term but did not know what it meant (12, 27).

Bold Hives

Bold hives is an infant-specific folk illness not to be confused with the biomedical condition of urticaria. It is believed that all babies are born with this malevolent entity inside them that must be brought out of the body after birth. The manifestation of that entity are hives that can kill the child if they are allowed to turn inwards and descend into the body from the skin. Therefore, it is essential that the infant be 'hived' just after birth. Catnip tea is used for that preventative measure, ensuring that the hives will break out and 'leave the body' (Stekert 1970:142).

Pruitt (1964:69) describes how death comes with the bold hives: "Its victims were infants under one month of age, and it often proved fatal. Death always came during the night: the child was found in the morning, dead in its cradle."

Death is death, when encountered it is more real than a psychosomatic disorder. Something had to kill the baby, something other than bold hives. "It may be that bold hives served, and still serves today, as a culture-specific mode of explaining what biomedicine today terms Sudden Infant Death Syndrome" (Cavender 1996:18).

Two informants had information concerning bold hives. One informant mentioned information concerned two tea remedies: catnip and cornhusks (7). The other informant simply had knowledge of the existence of bold hives. “Bold hives will kill you, if they go back in you” (29).

Marking

Fife (1976) offers the common definition of marking:

...if a woman’s emotions get sufficiently stirred up during pregnancy, then the fetus itself may feel and register the shock as a blemish on the body, as a deformity, or as a pattern or behavior. The mark frequently resembles the object or circumstance which produced the mother’s emotional state (p. 273-74)

Of the informants’ responses the majority fall into the common definition. The few oddities are: “The person delivering a child could mark it, like witchcraft – could pray over the child. Could be good, marked to be a preacher. If the person delivering the child is bad, could mark the baby as bad” (4). “Called bad blood: child of a bad person, inherits bad blood, is marked to be bad” (5).

The following are more conventional examples of marking obtained from the interviews:

“A woman’s pregnant and makes fun of [someone], or an emotion is strong and marks the child. You laugh at someone deformed, or feel over-sympathetic and that will deform the child. It’s a true fact” (6).

“Momma was pregnant with me and she wanted a steak real bad and I have a mark

on me like a steak” (8).

“I craved greens when I was pregnant. My son has a birthmark that looks like a green leaf” (14).

“A woman laughs at somebody while she’s pregnant, the child will be deformed. A pregnant woman can’t do anything without marking the baby. It’s like a curse” (25).

Blood Types

As Moerman (1981) and Snow (1993) report, blood is a central feature in the African American folk medical belief system. The volume of the blood can be high or low (the same as tree sap), viscous, thick or thin (thick in the winter for warmth and to adjust to a slower physical lifestyle; and thin in the summer), and have an essence, bitter or sweet.

The majority of informants had no information concerning blood conditions. High blood was referred to as high blood pressure and thin blood concerned platelets and anemia. The depth of the informants’ knowledge of blood states in the biomedical sense was impressive. The lack of knowledge concerning blood states in the folk medical tradition was a surprise as blood is normally considered the foundation of folk medical belief systems in America.

There were, however, some respondents who understood blood in a folk medical context.

1. High Blood:
 - A. “Excessive blood, nose bleeds from high blood. There’s not a known remedy” (4);
 - B. “Drink vinegar” (17, 35);
2. Low Blood: “No energy; sickly. Use a tonic, sulphur dose” (4);
3. Thin Blood: “Cold natured. Eat beets, liver. Liver’s a blood builder” (4);
4. Thick Blood:
 - A. “Drink vinegar” (17);
 - B. “They have to draw it out of me, rare; and throw it away. No one can use it” (30);
5. Sweet Blood: “Only heard others to refer to people who are homosexual” (35);
6. Bitter Blood: “Anger between people” (27, 35);
7. Dirty Blood:
 - A. “Born with bad blood; demon possessed. From a long line of bad people” (4);
 - B. Prostitute (30);
 - C. “Someone born with a blood disease, or got a bad transfusion” (35).

The few data provided by informants correlate with other documented ideas concerning the blood in folk medical terms (Cavender 1992). This observation supports the notion that black folk medicine in Southern Appalachia is part of a larger,

homogenous system of American folk medicine.

Religiosity and Attitudes Towards Biomedicine

Existing collections of folk medical traditions have a higher degree of mysticism, magic and spiritualist beliefs than do the informants in this study. In Chapter 1, Hill's observation was noted: "The belief system of both blacks and whites is essentially synonymous, partially because it is inextricably bound to their religious teachings or beliefs and their status in the social structure of American society" (12). The point intended is that these data indicate the presence of an American folk medical belief system that encompasses both blacks and whites. The second part of Hill's quotation offers an explanation: The acculturation of blacks in American culture has been marked by the systematic stripping away of all traces of African and Afro-Caribbean belief systems in a slow process that began with slavery and continues today. It is virtually impossible to tell where Africa ends and America begins – perhaps a similar place where all immigrants cease being from another place and begin being Americans.

The respondents consistently emphasized the belief in God as a healing force, but there was virtually no support for spiritualist beliefs or worship. There was one account of root doctors in an informant's extended family in rural Georgia. The informant referred to the group as Voodooos but they are probably Hoodooists – which is a watered-down version of the Bokor in Haitian Vodou and is more consistent with root doctors

(naturalist and supernatural workings that use malevolence for profit). It should be made clear that none of these things are consistent with or representative of Haitian Vodou. The work of the Bokor is often confused with the Vodoun priest. That confusion was born in power struggles with the Catholic Church, pulp fiction, and 'B' movies. The hoodooists make up the majority of reported 'Vodoun' enclaves in the Deep South.

When asked about faith healing and hands-on healers, respondents agreed that God can heal. The mediator laying on hands raised conflicting explanations. Below are several excerpts from respondent interviews concerning God as a healing agent.

“God can heal. It doesn't require a mediator to lay hands on. The mediator becomes more important than God. The messenger becomes more important than the message” (1).

“Believe in the power of prayer. The messenger of God is the person laying hands on” (4).

“I can do it. Anybody can do it. Hands get warm like holding them in front of a hot stove” (35).

“There's an agreement between the mediator laying on hands and the person sick that it's the power of God. I was healed of Lupus by prayer” (5).

“Nothing but the good Lord and a healing preacher” (29).

“Believe. Has to be God's will. Believe that God can do it” (33).

“My mother was diagnosed with cancer. She decided she didn't have it, would not

claim it. She's gone to the oncologist every six months since then and it hasn't shown up again" (12).

"I have been acquainted with some folks who trusted God for their healing and many times they receive Divine healing and many times they received healing in death: permanent healing" (11).

"...You think you're healed and you're not. If you don't have any faith you aren't healed" (29).

Even in light of the pronounced belief that God is the ultimate source of healing, the respondents gave inconclusive support for biomedical healthcare practices. Most saw Christianity as working in tandem with official healthcare. At the same time, however, respondents supported using those folk medical practices that worked for them.

"The Lord has given doctors wisdom. But there's also faith healing. You can pray and ask the Lord to guide you" (6).

"Doctors are better. Folk medicine can be used sometimes, though" (21).

"Folk medicine is sometimes better, sometimes isn't" (17).

Use folk medicine with biomedicine, not instead of (12).

"I think you should go to the doctor. But home remedies can cure. If you have cancer you need to go to the doctor" (32).

"Considering the illnesses we face today, we need some assistance (other than faith). Folk medicine relies more on natural elements" (35).

“A doctor can only heal if he has faith in God” (19).

“It’s [biomedicine] important but feels shaky sometimes. God’s prognosis takes precedence over the doctors. ...[I] use both folk and professional healthcare treatment systems together” (35).

Another possibility for preferring biomedicine over folk medicine may stem from the Civil Rights Movement. One informant offered the following commentary:

“Understand that growing up and having to sit in the backroom waiting room to see a doctor who may take the time to see and treat you or not; then be graduated with human rights and be able to sit in the front waiting room and see the doctor in fair turn and be treated” (1). This suggests that going to see the doctor is an act of exercising basic and fragile human rights. Relying on traditional healing modalities may reproduce past stereotypes and therefore perpetuate racial inferiority.

The active use of magico-religious remedies in traditional healthcare is documented as still being used (Hill 1976; Snow 1974, 1978, 1993). However, the erosion of such beliefs as found in this study could suggest strong commitment to fundamentalist religion.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

Remedies gathered are consistent in content and application with those documented in other studies in the South among blacks and whites and across the country. Data on religiosity and spiritist beliefs are not consistent with other studies (Hill 1976; Hill and Mathews 1981; Moerman 1981; Snow 1974, 1981, 1993). Perhaps respondents were concerned with impression management and filtered their responses to a caucasian researcher. Filtering could also be a result of the informants expressing mainstream middle class values. The de-emphasized magic and occult remedies and factors could possibly have been an attempt by informants to dis-identify with rural/folk/black stereotypes based on those stereotypes perpetuating an idea of black inequality.

As long as people live in marginal communities, traditional healing modalities will never completely disappear. As an inherently evolutionary system, the non-static nature of folk medicine could simply be in the process of adapting to cultural change. The magico-religious aspect of folk medical belief systems could be in the process of being replaced by over-the-counter medications, herbs in pill form purchased at Wal-Mart, and the omnipotent power of God. The congruency between the data found in this study as demonstrated in Chapter 3 confirms Hill's (1976) thesis of the close correspondence between black and white folk medical belief systems.

It seems the most pertinent examples of this close correspondence lie in the

existence of folk illnesses reported by informants for this study. This is important because folk illnesses are culturally created phenomena. The shared beliefs about the folk illnesses mentioned implies the inherent homogenous nature to the study area. It also implies the historical dominant influence of European beliefs over African and Caribbean on American soil. The concept of white-liver appears to be of Scottish origin, and it is reported in non-ethnic-specific studies in the Southern Appalachian region, and was reported in this study by black informants. Likewise, bold hives is of Scottish origin and is known among African Americans as a folk illness. Information reported concerning the blood system in folk medical traditions is synonymous with other studies and has its origins in Greek humoral medicine and a long-standing stronghold in European medical beliefs.

Folk medical knowledge is specific to those who practice the art: a community, a family blood-line, an individual. The tenuous nature of those who practice the art of folk healing makes the survival of the healing art just as tenuous and unpredictable as the practitioners. The dissolution of traditional African belief systems began in the Caribbean on the slave route with the introduction of European medicinal ideas and practices and continued under the American plantation system. The data gathered in this study suggests all vestiges of traditional Afro-Caribbean and African medical belief systems have been systematically stripped away from an evolving, more homogeneous American folk medical belief system. When one culture over-powers another there is a

degree of cultural exchange. What that exchange may have been is unknown. The specific contributions made by the slaves that became an intricate part of the whole, and still remain, are not know. That survivals of Africa and the Caribbean folk medical belief systems exist but have become anonymous contributions or have fallen under the umbrella of European contributions is an hypothesis that requires further research.

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APPENDICES

APPENDIX A: Survey Instrument

African American Folk Medicine Questionnaire

Part 1

1. Date: _____
2. Questionnaire No./Tape No.: _____
3. Name of Interviewer: _____

Informant Information

4. Address (borough/township)/Location of Interview: _____
5. Date of Birth: _____
6. Birthplace (home, or hospital/midwife, or medical doctor): _____
7. Religious Affiliation: _____
8. Occupation: _____
9. Parent's Birthplace: _____
10. Number of Children: _____
11. Level of Education (grade level, location): _____

Part 2

Can you provide treatments for the following; also, have you ever actually used the treatment? If you have, who taught you? If you haven't, where did you hear about it from?

1. Chicken Pox:
2. Colic:
3. Thrush:

4. Ulcers:
5. Nerves:
6. Cold:
7. Influenza/The Grippe:
8. Nosebleed:
9. Earache:
10. Toothache:
11. Burns:
12. TB/Consumption:
13. Sore Eyes:
14. Boils:
15. Ringworm:
16. Hookworm:
17. Arthritis:
18. Rheumatism:

19. Skin Cancer:

Part 3

1. Could you talk about how illness happens – where it comes from, what causes it?

2. Have you ever heard of an ailment called white-liver? If so, could you talk about that? What is it? What's it caused by? How is it treated?

3. Have you heard of an ailment called livergrown? What is it? What's it caused by? How is it treated?

4. Do you have any experiences or knowledge of a child being marked?

5. Do you have any experiences or knowledge of faith healing, or hands on healing?

6. Do you know any healers – folks who channel the spirit for the purposes of healing? Have you ever sought out the services of a healer?

7. What are your opinions of biomedicine?

8. How does biomedicine compare with folk medicine?

9. Do you practice folk medicine – use of home remedies or faith healing? Do you know anyone who does? If so, where did the knowledge come from?

10. Can you give any information on bold hives? What is it? How is it caused? How is it treated?

11. Can you give any information on blood and disease? What role does blood play in disease and ailment?

12. Have you heard of different blood types, or conditions, like: High Blood, Low Blood, Thick Blood, Thin Blood, Sweet Blood, Bitter Blood, Dirty Blood? And, if so, do you know their cause, symptoms, and treatment?

A. High Blood:

B. Low Blood:

C. Thick Blood:

D. Thin Blood:

E. Sweet Blood:

F. Bitter Blood:

G. Dirty Blood:

13. Do you know of any ‘home remedy’ methods of performing abortions?

14. Do you have any knowledge of home remedies for venereal disease?

15. Do you have any knowledge of home remedies for menstruation?

16. Do you have any information or knowledge about how to cure alcoholism?

17. Do you have any information about how to stop smoking?

APPENDIX B: Informant Contextual Data

Informant Number	Sex	Year of Birth	Place of Birth
1	female	1933	Russellville
2	female	1931	Russellville
3	female	1967	Johnson City
4	female	1957	Churchill
5	female	1949	Greenville, South Carolina
6	male	1924	Birmingham, Alabama
7	female	1919	Morristown
8	female	1958	Morristown
9	male	1962	Morristown
10	female	1949	Morristown
11	female	1945	Morristown
12	female	1958	Johnson City
13	male	1956	Johnson City
14	female	1955	Morristown
15	female	1960	Morristown
16	male	1964	Morristown
17	male	1956	Morristown
18	male	1976	Morristown
19	female	1933	Chattanooga
20	female	1936	Rome, Georgia
21	female	1932	Chattanooga
22	female	1954	Chattanooga
23	female	1907	Chattanooga
24	female	1958	Russellville
25	male	1944	Morristown
26	female	1956	Morristown
27	male	1952	Johnson City
28	female	1976	Chattanooga
29	female	1936	Morristown
30	female	1935	Morristown
31	female	1949	Morristown
32	male	1950	Johnson City
33	male	1940	Johnson City
34	male	1972	Johnson City
35	female	1970	Johnson City

VITA

STEVEN CROWDER

Personal Data: Date of Birth: February 9, 1965
 Place of Birth: Johnson City, Tennessee
 Marital Status: Single

Education: Public Schools, Jonesborough, Tennessee
 The Evergreen State College, Olympia, Washington;
 Playwrighting, B.A., 1999
 East Tennessee State University, Johnson City, Tennessee;
 Sociology, M.A., 2001

Professional
Experience: 1983-1989 U.S. Navy; E-5, Aircraft Maintenance
 Administrationman, Honorable Discharge
 1990-1992 Fringe theatre; Seattle, Washington
 writer, director, actor, technician
 1994-1995 Babylon 5; Set Decorator, North Hollywood,
 California
 1998-1999 Babylon 5; Set Decorator, North Hollywood,
 California