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Folk Medicine in Southern Appalachian Fiction

A thesis
presented to
the faculty of the Department of English
East Tennessee State University

In partial fulfillment
of the requirements for the degree
Master in English

by
Catherine B. Strain
December 2002

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Dr. Anthony Cavender
Dr. Roberta Herrin

Keywords: Folk Medicine, Official Medicine, Appalachian Fiction, Lucy Furman, Mildren Haun, Emma Bell Miles, Catherine Marshall, Harriette Arnow, Lee Smith, Charles Frazier

ABSTRACT

Folk Medicine in Southern Appalachian Fiction

by

Catherine B. Strain

The region of Southern Appalachia, long known for its colorful storytellers, is also rich in folk medical lore and practice. In their Appalachian novels, Lucy Furman, Emma Bell Miles, Mildred Haun, Catherine Marshall, Harriette Arnow, Lee Smith, and Charles Frazier, feature folk medicine prominently in their narratives. The novels studied, set against the backdrop of the rise of official medicine, are divided into three major time periods that correspond to important chapters in the history of American medicine: the 1890s through the 1930s; the 1940s through the 1960s; and the 1970s through the present. The study of folk medicine, a sub-specialty of the academic discipline of folklore, gains significance with the current rise in distrust of official medicine and a return to medical folkways of our past. The authors studied here have performed an ethnological role in collecting and preserving with great care and authenticity many of the Appalachian region's folk medical beliefs and practices.

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DEDICATION

I wish to dedicate this manuscript to my mother, whose loving encouragement perpetually convinces me that I can indeed accomplish what I set out to do; and to the memory of my father, who I am only now discovering was an ardent folklorist.

ACKNOWLEDGEMENTS

I wish to give my sincerest thanks to my committee chair and members for their patience and guidance in helping me with this project. My initial choice for a topic had its inception in Dr. Theresa Lloyd's folklore class, and her suggestions for literary texts, plus her willingness to allow me to work out some aggression on her fenceposts, were timely and welcome.

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My especial thanks to my family and friends, who listened to me whine, fed me, took me for walks, and put up with my lengthy absences, distraction, and general decline in housekeeping abilities. I love you all and couldn't have done it without you.

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CHAPTER 1

INTRODUCTION

Rural Southern Appalachia boasts a rich tradition in its fiction, particularly in chronicling the lives of a people whose folkways and lore still influence not only a region but also a nation. An investigation of some of these works of fiction reveals a wealth of folk medical lore, documenting American folk medicine in its many forms. Our culture is currently experiencing a resurgence in the practice of non-traditional, alternative medicine, which includes centuries-old practices rooted in folk medicine. Thus, it is useful to note the full circle folk medicine has traveled and to give credit to the writers of fiction who have meticulously described and corroborated the practice of folk medicine. The categories of folk medicine to be highlighted in a sample of the fiction from this region are magico-religious healing and fatalism, labor and childbirth customs, botanical (herbal) medicine, and epidemiology. There is a certain amount of overlap among all of these categories, and some of the novels to be studied have different combinations of the above-mentioned categories.

Folk medicine, especially in the United States, has for some time now attracted considerable interest and research in both official medicine (also referred to as scientific medicine, biomedicine, orthodox medicine, professional medicine, formal medicine, and conventional medicine) and in folklore, particularly the subspecialty of medical folklore. Medical folklorists, anxious to preserve cultural knowledge that might otherwise be lost, gather descriptive data largely composed of anecdotal histories, reminiscences, and compilations of folk remedies and customs based on superstition and magic (Cavender 170). Practitioners of

biomedicine, recognizing the persistence and increasing popularity of nonbiomedical systems rooted in folk medicine, are beginning to seek out knowledge of alternative health practices, such knowledge having become crucial in treating their patients who use both forms (O'Connor and Hufford 16). What has not been examined is the role fiction plays in chronicling the struggles of concurrent folk and formal medical practice and in mirroring and preserving medical folklore and folkways. Michael Jones's definition of a folklorist describes with great accuracy the role of novelists writing about the folk customs of Southern Appalachia: "In their work, folklorists consciously seek evidence of continuities in what people do and think. [. . .] Viewing folklore as an index of historical processes, some researchers use examples of folklore to reconstruct the past or to examine historical events and movements" (3). Professor Clarence Gohdes, in his foreword to the *Americans in Fiction* series, which is dedicated to preserving the works of important American writers who had fallen out of fashion (often local colorists and/or minorities), claims: "[. . .] during the nineteenth and twentieth centuries the novel has usurped the chief place in holding the mirror up to the homely face of society" (preface). Rural Southern Appalachia provides just such a "homely face," and its novelists mirror the folk medical practices of a people as in a clear mountain stream, images often refracted, but brilliant in color and depth.

The Region

While the area known as Appalachia officially extends from Mississippi to New York, according to Marion Pearsall, noted Appalachian scholar, the Southern Appalachian region comprises three discrete regions: "the Blue Ridge and Smoky mountains on the east, the Appalachian plateaus on the west, and the great Appalachian valleys in the middle" (27). This

Southern Appalachian area, about 110,000 square miles, including northeastern Tennessee, eastern Kentucky, western North Carolina, northern Georgia, and northeastern Alabama (Pearsall 27), has inspired a collection of fiction particularly rich in medical folk lore. Frank Riddel is careful to point out that the populations of Appalachia cannot be reduced to one homogenous portrait: “Appalachia contains urban and suburban areas, a middle and an upper class, professional people, and wealthy people just as do all parts of the United States, and they exhibit very nearly the same characteristics as their counterparts across the nation” (preface xi). Also problematic is the attempt to stereotype Appalachia along lines of race and ethnicity. Countless early writers on Appalachia created the myth of a unique race of people captured in time. All followed the basic formula delivered to Dr. May Wharton as she began her practice in the Cumberland Mountains: “They [mountaineers] were mostly Scotch-Irish and Huguenot descendants and they developed a civilization of their own which has preserved their ancestral customs and speech long after the world outside has forgotten them” (32). John C. Campbell writes that Appalachia is “a land of promise, a land of romance, and a land about which, perhaps, more things are known that are not true than of any part of our country: (xxi). The cultures depicted by the selected novelists portray what Riddel refers to as the “folk class” (preface x), although folk medicine was and is not practiced exclusively by this folk class (Cavender 174; Hufford, “Folklore and Medicine” 119).

The characters in these novels are both distinguished and united by their agrarian setting, isolation, and culture of poverty rather than by forebears or specific location. One significant link among the cultures of these Appalachian communities is the role of the healer. Folk healers not only possess knowledge of the many herbs, roots, and other plants used as medicine, but also “share the basic cultural values, and world view, of the communities in which they live,

including beliefs about the origin, significance, and treatment of ill-health” (Helman 68). A strong sense of community and a healthy suspicion of the outsider; similar *materia medica* (the remedial substances used in medicine), folk illnesses, and strong religious beliefs; a agrarian lifestyle; and often stark poverty tie together folk medical traditions of the rural Southern Appalachian communities.

The Novelists

The novelists studied herein form a rather disparate group, covering over one hundred years of rural Southern Appalachian life, united by the region of which they write and by their inclusion of folk medicine in their narratives. Some are writing as outsiders come to save the isolated primitives from their ignorant ways; others are writing from within their communities, reporting on the multi-faceted lives they lead in an attempt to educate the outside world about a poorly-understood population; others are writing over the long stretch of history, recreating through painstaking research and oral tradition the folkways which are now foreign to the modern reader. All, however, serve an important ethnological role by accurately documenting their portion of the story of Southern Appalachian folk medicine. Whether ridiculing folk medicine, simply opening an objective window on the conflict between two ways of life, or romanticizing folk medicine as knowledge abandoned or lost in an age characterized by an increasingly complex technology, the novelists studied supply an important picture of folk medicine and its context in the Southern Appalachian mountains.

This study covers three major time periods in Southern Appalachian fiction, corresponding to significant changes in scientific medical knowledge. The theory to be demonstrated is that folk medicine in Southern Appalachia can most accurately be viewed and

analyzed against the backdrop of the rise of official medicine rather than by divisions in literary movements. These time periods are from the 1890s through the 1930s, during the major rise of modern medicine in this country; from the 1940s through the 1960s, in the time of World War II industrialization and the exponential growth of specific therapies in biomedicine; and from 1970 until the present, a period that includes phenomenal discoveries in DNA research, experiments in cloning, and a significant backlash against biomedicine and a return to medical lore of the past. The authors to be studied in the first period are Lucy Furman, Emma Bell Miles, and Mildred Haun; in the second time period, Catherine Marshall and Harriet Simpson Arnow; in the third time period, Lee Smith and Charles Frazier.

Folk Medicine and the Rise of Official Medicine

Charles Talbot asserts that the roots of folk medicine go much farther back than current scholarly documentation: “Wherever we look in folk medicine we find the traditions, the customs, the remedies, the whole corpus of doctrine drawing substance and vigor from an almost timeless source, as if they belonged to the very nature of man himself” (10). Perhaps because of the timeless nature and tremendous global scope of folk medicine, David Hufford states: “Folk medicine and its practitioners have never really found a comfortable or consistent place in the generic organizational scheme that has characterized folklore scholarship since its inception” (*Folk Healers* 307). Erika Brady maintains that medical folklore is distinguishable from anthropology and sociology by its tendency to deal with informal cultural aspects of group behavior (8). These cultural aspects of group behavior can pertain to either a specific community or an identifiable group within a larger society that is not protected from change but has maintained a certain “consistency of form over time” (Brady 8). Brady says: “Central is the

concept of ‘traditional’ forms of expressive behavior, both stable and dynamic, which satisfy the basic human needs at the immediate levels of subsistence (food, shelter, healing), and which also reflect and maintain deeper beliefs and social values within a group (8). The following definition of folk medicine forms the basis for the evaluation of folk medical practices and beliefs in this paper: “[T]hose beliefs and practices relating to disease which are the products of indigenous cultural development and are not explicitly derived from the conceptual framework of modern medicine” (Charles Hughes, qtd. in Kirkland viii). Folk medicine in Southern Appalachia was and still is divided commonly into two major components: naturalistic, which consists mainly of botanical (herbal) medicine; and magico-religious, which relies on beliefs involving supernatural agents, such as magical charms and religious fatalism (Cavender 170; Hufford, *Folk Healers* 309; Watson 1-3). According to Hufford, “In the conventional view, folk medical beliefs and practices are a cultural vestige influencing only isolated populations in the United States [. . .]. Such a notion stems from the idea that folklore itself consists of largely obsolete information and ways of doing things from past times. This conventional idea of the prevalence and nature of folk medicine is quite inaccurate” (“Folklore and Medicine” 117). In contravention to the idea that folk medicine is obsolete, also included in this definition of folk medicine are the modern descendants of early folk medicine, such as current “health food beliefs” that have been “developed from traditions of folk herbalism” (Hufford, “Folklore and Medicine” 117), and theories of the healing properties of the land described by theories on therapeutic landscapes.

Another useful working definition for folk medicine, according to Brady, is to define folk medicine not by its *materia medica* or method of practice but rather by its mode of transmission—oral—and its comparison to what has been designated by local custom as the

“official” medical system, usually scientifically-sanctioned M.D. physicians (14). In studying the folk medicine of a particular region, the oral transmission component is crucial:

Oral traditions involve relatively direct communication among individuals who share enough values and meanings for the communication to be accurately and easily interpreted, and for responses to have a direct and immediate impact. Thus folk medical traditions tend to show regional variation and to accommodate specific local conditions, as well as to be closely tied to groups or populations who share important identity-defining features such as a particular ethnicity [. . .] or common regional influences (for instance, both blacks and whites in the Appalachian South share many aspects of regional folk herbalism and its related worldview and theories of disease causation).” (15)

An examination of folk medicine in Southern Appalachia reveals that subtle regional differences in an area that encompasses 110,000 square miles can produce innumerable variants. The folk medical practices of Southern Appalachia are more likely to be joined by the culture of poverty and similar flora and fauna than by the myth of a homogenous Appalachia. The scope and recurrence of a particular folk medical remedy within Southern Appalachia conforms to Alan Dundes’ take on folklore in general: “One cannot say a priori what the distribution of a particular item of folklore might be.[. . .] Chances are great, however, that the item will not be limited to a single culture nor will it be worldwide” (vi). In Southern Appalachia, several researchers have documented use of particular plant remedies and superstitions in folk cures. These remedies are not always restricted to one single mountain “holler,” nor can they be shown to exist in just the same way throughout the region. Researchers seem not to have attempted to

show how widespread a particular custom might be, but rather that a custom or remedy in fact was used by someone at some time.

The second element of Brady's definition, comparison to an official medical system, gains importance in the light of the swift rise of official medicine in America. Semantically speaking, orthodox medicine cannot exist without the concept of unorthodox medicine, and vice versa. Kleinman suggests that one can identify three sectors of health care, interconnected and overlapping: (1) the popular sector, consisting of family remedies and beliefs; (2) the folk sector, which includes but is not limited to sacred and/or secular healers; and (3) the professional sector, which comprises "organized, legally sanctioned" official medical practitioners (qtd. in Helman 64-76). Folk healers found their calling in a number of ways: inheritance, such as being born into a family of healers; by signs at birth, such as being born with a "caul" or amniotic sac over the face; by revelation, such as receiving the gift of healing in a dream; or through apprenticeship to a healer (Helman 71). Folk medical practice, centered in family remedies passed down through many generations and the knowledge of indigenous healers, developed its own theory and efficacy based on community experience. Pearsall observes that folk medical remedies "have all the authority of strong family sanction. They seem reasonable because they are familiar and because everyone can cite many cures accomplished by them. Most scientific medical practices seem unreasonable and illogical, largely because they are unfamiliar and because they contradict local medical theory" (154). Despite an enmity that appears in recorded medical histories for centuries, progressive physicians, present and past, recognize the strong link between folk medicine and official medicine. William George Black, writing in 1883, says "Yet, apart from other things, we have in the Folk-Medicine which still exists the unwritten record of the beginnings of the practice of medicine and surgery" (2). Expanding on this link,

Black continues, “I do not hesitate to say that the early history of medical science, as of all other developments of culture, can be studied more narrowly and more accurately in the folk-lore of this and other countries than some students of modern science and exact modern records may think possible” (3).

Just as the rise of formal medicine cannot historically be separated from its roots in folk medicine, the study of folk medical practices is incomplete without noting prevalent scientific medical practices. There are various ways of interpreting this relationship: Some see official medicine growing alongside folk medicine; others see an organic relationship. Black, examining the links to formal medicine in his 1883 book on folk medicine, uses this metaphor to show the connection of medical science to folk medicine: “In nature the branch bursts from the tree, and the leaf bursts from the branch, but the growth of the branch does not make the tree less useful, nor does the leaf detract from the branch’s merit” (2). Paraphrasing work by Saunders and Hewes, Wilbur Watson expresses a different relationship: “Rarely, however, in health care do new beliefs completely replace older, more traditional value systems; as new medical concepts evolve, they are gradually incorporated into the traditional systems” (55). Expounding further on his relational view, Watson writes that “modern medicine does not replace traditional medicine as much as it develops a parallel system to it” (57). However one defines the relationship, as tree to branch or a parallel system, contrary to the expectations of the proponents of biomedicine, folk medicine has never been replaced by formal medicine (Brady 14). By recognizing that many people use folk medicine together with official medicine, Hufford writes that biomedical practitioners must abandon a “stereotypical assumption that folk medicine is found mostly among poorly educated, culturally marginal individuals” (“Folklore and Medicine” 125). Instead, Hufford advises that orthodox practitioners concentrate on discovering their patients’

unorthodox medical practices; determine the risk, if any, of engaging in those practices; and discover the patient's commitment to unorthodox treatment if there are risks involved ("Folklore and Medicine" 125).

It is easy to see why biomedicine has become what Brady calls "a superorganic mystique as though it exists outside the social, cultural, and historic contingencies that shape other aspects of custom and practice" (4). Since the mid-nineteenth century to the present, the advances of biomedicine seem nothing less than miraculous in the fields of physical trauma, infectious disease and epidemiology, bacteriology, and preventive medicine (Brady 4). "This privileged role, and the infallible status accorded formal medicine, can lead to a kind of biomedical absolutism [. . .] which finds expression in ways that overreach even the immense credibility accorded the practice" (Brady 5). The fiction that portrays folk medicine against the backdrop of an increasingly powerful official medicine provides some insight into the reasons why biomedicine must not ignore the cultural aspects of folk medicine. These cultural aspects exhibit communal behavior that is both "stable and dynamic, which satisfy basic human needs at the immediate levels of subsistence (food, shelter, healing), and which also reflect and maintain deeper beliefs and values within a social group" (Brady 8). If official medicine met all of the needs of an individual or a community, then there would be no need for alternative medicine.

The early nineteenth century was a transitional period for medicine in America. The industrial revolution ushered in an era of discoveries in all areas of science, not the least of which was the growth of organized medicine. The *materia medica* for all medical practitioners up until the turn of the twentieth century, orthodox and traditional, consisted largely of medicinal botanicals. Practitioners, including midwives, apothecaries, lay healers, surgeons, and some educated physicians, "could practice the healing arts with almost no legal constraints" (Rothstein

34). The rise of official medicine in the latter nineteenth and early part of the twentieth centuries dramatically increased the ever-widening gulf between scientific and folk medical practitioners. Herbal medicine and charms, provided by “yarb” doctors, and the services of lay midwives or granny women, once the mainstay of healthcare in this region, began to lose their preeminence with the rise of official medicine in the nineteenth and early twentieth centuries (Barney, *passim*; Gevitz, *passim*; Whisnant, *All That Is Native, passim*). Women healers, long the chief repositories of medical knowledge in Southern Appalachia, began to lose status and function as medical science organized into a profession that was almost exclusively male (Barney, *passim*; Marland, *passim*; Whisnant, *All That Is Native, passim*). In some respects, folk medicine could not become “traditional” or “alternative” or “unorthodox” without the drastic changes in *materia medica* and practices based on empirical scientific research.

Throughout the modern period and accelerating into the nineteenth century, the great schools of medicine and research in Europe began to formulate modern clinical medicine, propelled by the discoveries of the principles of vaccination, the development of the germ theory of disease, increasing dependence on physical diagnosis by use of the stethoscope, the role of the microscope in pathology and epidemiology, and the rise of preventive medicine, all of which found their way to America during the nineteenth and early twentieth centuries (Osler 183-214). By the end of the nineteenth century and early years of the twentieth, before folk medical practices had been displaced by official medicine, treatises on the quaintness of folk medicine and the superiority of modern medicine began to appear, such as William George Black’s *Folk Medicine: A Chapter in the History of Culture* (1883) and Dan McKenzie’s *The Infancy of Medicine: An Inquiry into the Influence of Folk-Lore upon the Evolution of Scientific Medicine* (1927). Full of the hubris concomitant with significant gains in a relatively short period of time,

medical science scoffed at its own recently held beliefs: McKenzie defends the title of his work, *The Infancy of Medicine*, over another possible choice, *Medical Folk-Lore*, because “although in the course of our investigations we shall plunge deep into the medicine of the savage and the yokel, of unlettered and vulgar people, nevertheless we must also wade through the medicine of the ancient and mediaeval [sic] philosophers, or scholarly and erudite men, saturated with the culture of great epochs and mighty civilizations” (preface viii).

By contemplating the title *Medical Folk-Lore*, McKenzie acknowledges the roots of official medicine in folk medicine, but he still wants to make sure the reader separates local superstition from ancient culture. What McKenzie fails to point out from his superior vantage point is that just fifty years before his investigations of the “medicine of the savage and the yokel,” formal medicine in the United States, particularly that of the rural South, had only recently moved away from botanical or herbal medicine, often with disastrous results. The heroic medicine of the early to mid-nineteenth century, with its purges and emetics, bleeding and administration of poisons such as calomel, whose excessive use caused “ulceration of the mouth, loss of teeth, bone caries, and even more dire consequences,” alienated many potential patients, who preferred the relative safety of “natural” medicine (Risse, qtd. in Rothstein 41). As medicine became standardized in the latter part of the nineteenth century, the lines of demarcation between folk medicine and official medicine became much stronger, as “all physicians came to practice the same kind of medicine, using mineral rather than botanical drugs” (Rothstein 41). By the end of the nineteenth century, as physicians began to organize and institutionalize medicine, they not only did their best to differentiate between orthodox and unorthodox practice, but to force unorthodox medicine out of practice completely (Barney 48-49; Brady 5; Rosen, *Structure* 24; Shyrock 31; Weill 22-23). By the beginning of the twentieth

century, regulation of surgery, institutionalization of public health, and the inception of increasingly stringent medical school requirements based on scientific knowledge revolutionized formal medical care (Rothstein 50) and opened the way for increasing hostility and distrust between practitioners of any system of unofficial medicine and the newly legitimized scientific medical professionals. Cooter and Pickstone begin their ambitious work on medicine in the twentieth century with this statement:

In many ways the history of medicine in the twentieth century is the history of the twentieth century. [. . .] The “proper” food to be eaten, air to be breathed, “dirt” to be avoided, thoughts to be thought, and dispositions to be analyzed, were strongly determined by bio-medical and psycho-medical knowledge and practices.

Materially, conceptually, intellectually, socially and culturally, medicine in the twentieth century affected the human condition in unprecedented ways. (xiii)

In the process of interpreting the twentieth century in a fictional context, the following novelists faithfully recorded a portion of the history of scientific and folk medicine. By focusing their careful observations on the rural Southern Appalachian communities of which they found themselves a part, these novelists created artistic narratives that present medical folklore against the backdrop of an increasingly powerful official medicine.

Historical Overview of the Fiction

The time between 1890 and 1940 is often referred to as “The Golden Age of Medicine” (Brandt and Gardner 21), associated as it was with a dramatic rise in medical knowledge and a zealous desire to eradicate disease with a new and effective chemical arsenal. The impact on medical history of the germ theory of disease, which linked specific germs to

specific diseases, cannot be underestimated. “The germ theory of disease united medical practice and medical science: one grew logically out of the other. The ability to diagnose, prevent, and treat specific infectious diseases [. . .] had vast implications for the practice of medicine” (Ziporyn 13). The novelists depicting folk medicine during this time evidence vastly differing viewpoints on the role of official medicine, befitting the end of one era and the beginning of another. According to Sandra Barney in *Authorized to Heal*, by the end of the nineteenth century, “tensions evolved within Appalachian society as the region was fundamentally reshaped during the era of industrial development” (2). While traditional healers were in some instances being displaced by licensed physicians, traditional attitudes toward medical care largely remained the same. During this period, several novelists writing about Southern Appalachia provided keen insight not only into the medical folklore of the mountain people about whom they wrote, but also into the struggle between the old and the new, as medicine began to organize, standardize, and develop into a unified profession. In some instances these novelists may have created or kept alive stereotypical folkways, particularly folk medicine, because of a strong need to proclaim the superiority of biomedicine. In these instances, the novelist provided a picture of the perceived struggle of light against dark, biomedicine versus folk medicine, depicting folk medicine as a symbol for all that needed to be changed in the mountain communities. Other novelists wove folk medicine into their tales with no other purpose than to bear witness to the customs of the mountain people and provide an equally welcome view of folk medical lore.

Two works by Lucy Furman provide an invaluable close-up view of the struggle between official medicine and folk medicine at the turn of the twentieth century. In her novels *Sight to the Blind* (1912) and *The Glass Window* (1925), Furman preached the new official medicine with

a vengeance, using her real-life experience in a settlement school in the Appalachian mountains to document folk medical practices of the mountain communities she served. Wilma Dykeman says of Furman's works, "They were accurate—but they were limited. They said to the reader, 'Come and let's look at these picturesque and lovable people,' while enduring literature says, 'Come and let's live with these fellow humans for a little space'" (12). But Furman's zeal for official medicine and her stereotyped mountain folk whose backward medical beliefs caused great harm do not negate her important record of Appalachian history. Quoting Cratis Williams, Christi Leftwich finds that Furman's "attentiveness to the minutia of mountain life is most valuable in completing the history of a people unable to write its own" (140). Furman performs a further service in documenting the rivalry between official medicine and folk medicine at the turn of the century.

Emma Bell Miles, in her fictionalized autobiography, *The Spirit of the Mountains*, provided a context for the medical folklore she depicted in simple and convincing language (Abrahams v). In his foreword to the new edition, Roger Abrahams asserts: "Virtually every page of *The Spirit of the Mountains* reminds us that folklore does not exist without people, and that traditions persist because they help give order, meaning, and value to a community and its individuals" (vi).

Mildred Haun, a native of the Southern Appalachian region, creates one of the most intriguing fictional works to come out of Appalachia during this time. A collection of tales written within the framework of a central character's observations, *The Hawk's Done Gone* captures the sense of the oral transmission of lore and is full of medical folklore that is hauntingly dark and often supernatural. Haun's observations, written in Appalachian dialect, on

the medical lore of the people constitute important first-hand material collected in her role as folklorist and fiction writer.

The period from 1940 through the 1960s was a time of heavy industrialization due to the changes brought about by a nation at war. Of particular significance to the people of Southern Appalachia was the coal boom, at its peak from 1890 to 1940, which left lasting ramifications for the region as more mountain people moved away from their communities and subsistence agriculture and into the coal mining towns. The Appalachian region, grown heavily dependent on the coal and rail industries, suffered a disproportionate amount of unemployment compared to the rest of the nation when employment in these industries plummeted (Riddel 186). During the 1950s, “2.2 million people left the Appalachian region” (Riddel 186).

In contrast, the gains of biomedicine from the 1940s through the 1960s were nothing short of phenomenal. Scientists looking for chemical weapons against disease-causing microbes began developing what became known as “magic bullets,” therapeutic chemical agents drawn to specific targets (Brandt and Gardner²³; Golub 189). Some notable dramatic realizations of the “magic bullets” concept during this time are the use of penicillin in the treatment of a broad range of infection in humans; the discovery of streptomycin, which was so successful in treating tuberculosis that within five years of its discovery many sanatoria had closed; and the development of vaccines for polio and small pox (Brandt and Gardner 24-25).

The regional novelists of this middle time period have a largely unified vision of official medicine, in that they reflect “both the awe and the ambivalence with which twentieth-century culture responded to this extraordinary technology” (Kevles 1). The fiction of this period often ridicules the remnants of folk medicine but nevertheless shows careful research into the folk practices that refused to die out. Of special note during this post-war era is the move away from

midwives, home births, and woman-centered pre- and post-natal care. These fictional narratives are often highly colored by a desire to recognize that which is new and scientific. One senses a turning away from the folk medicine of the past and a strong desire not only to distance from the superstitions of folk medicine, but to embrace and identify with official medicine.

Catherine Marshall's *Christy* (1963) is predominantly the fictionalized biography of her mother's experience as a young woman come to work in a settlement house¹ in the Appalachian mountains of North Carolina. Close in spirit to the works of Lucy Furman, *Christy*, perhaps more than any other novel from this time period, captures the conflicting notions of the dignity of these mountaineers as well as their scientific "backwardness," their medical folklore in contrast to the new official medicine of the day, and the settlement workers' struggle for the body and soul of the Appalachian people they served.

In *Hunter's Horn* (1949), Harriette Simpson Arnow keeps a precarious balance between respect for what is good in the old medicine and recognition of the new. Full of local remedies and deeply-ingrained folk medical beliefs, *Hunter's Horn* depicts the growing struggle between folk medicine and official medicine by revealing the antagonism between the central characters and their divergent medical belief systems, without taking sides or resorting to clichés and stereotypes.

Cooter and Pickstone state that medical historians might begin a history of medicine in the twenty-first century dating from 1975 (xvi). They note the full-circle effect of medical belief and practice, particularly a return to alternative medicine: "The twentieth century's end and its beginning might be regarded as having more in common with each other than with the middle decades" (Cooter and Pickstone xvi). Edward Golub asserts that "a world without vaccination,

penicillin, safe surgery, and insulin is unthinkable,” and recognizes that few would want to give up the benefits of official medicine we enjoy at the end of the twentieth century. However, Golub states that “there is a growing unrest and even fear about technology and medicine as we prepare to enter the twenty-first century,” evidence of an increasing backlash against official medicine due to a perceived loss of control over our own health care. Golub suggests that the military metaphor of waging war on disease is no longer effective, and that science and medicine must recognize its limitations (215). Perhaps the tremendous increase in patient use of alternative medicine can be traced to official medicine’s ignoring what folk medicine did so well: uniting the body and the mind.

Novelists writing about the Southern Appalachian mountains between 1970 and 2000 confirm a longing for tradition and lore by writing with nostalgia and romance. Like novelists from the first two periods, the two novelists in this period root their stories in the past rather than the present.

In *Oral History*, Lee Smith confirms a latter twentieth-century trend to romanticize and return to ancient healing practices. By bringing the oral folk medicine from the past into the present, Smith faithfully records and affirms research of folklorists and reiterates the importance of the woman as healer in Appalachian culture.

Charles Frazier’s *Cold Mountain*, set in the Tennessee mountains during the Civil War, records an abundance of herbal and medical lore in a highly romantic fashion. Frazier, like Smith, represents the full circle of folk medicine at the end of the twentieth century. And like Smith, Frazier demonstrates an apparent formula for romanticizing folk medicine: the greater

¹ A social institution whose aim was to bring culture and education and public health to underprivileged communities in the late nineteenth and early twentieth centuries

the distance between the past and the present, the greater the nostalgia and glossing over of the limitations of folk medicine.

All of the novels studied meet two criteria: the prominent featuring of folk medical lore in the development of the narrative, and carefully researched and corroborated examples of folk medical practices common to the novels' settings. The authors all serve an important ethnographic role in their accurate depiction of folk medicine, and they display great sensitivity to the broader meaning and significance of folk medicine for the communities they portray.

CHAPTER 2

THE 1890s THROUGH THE 1930s

The latter part of the nineteenth century and the early decades of the twentieth century, referred to as the “golden age” of medicine, witnessed dramatic changes in the area of public health. “Crucial to an understanding of the ‘golden age of medicine’ is the rise of the germ theory of disease in the last years of the nineteenth century. [. . .] Between 1880 and 1900, investigators identified more than twenty micro-organisms, each which they associated with a *specific* disease” (Brandt and Gardner 22, emphasis in the original). Armed with weapons never dreamed of in folk or official medicine, the crusading health missionaries to Appalachia were fervent in their beliefs that this medical gospel must be spread throughout the land. The following authors treat the approaching medical revolution in one of two ways: to welcome its advent and work to dispel the inadequacies of folk medicine (Furman); or to ignore official medicine and concentrate on the communal role of entrenched traditional medicine (Miles and Haun).

Lucy Furman, Emma Bell Miles, and Mildred Haun offer three views of rural Appalachian life that differ in context, intent, and focus, yet maintain an integrity born from experience and testify to the authors’ careful listening to the folk. Instead of looking at these authors in chronological order, this study surveys their works on a continuum from most approbation of official medicine to least. Using that criterion, within the time period of the 1890s through 1930s, Furman’s work will be discussed first, followed by that of Emma Bell Miles, then Mildred Haun.

Folk medicine plays a central role in Furman's novels paradoxically because of her focus on official medicine. As a settlement worker in the first two decades of the twentieth century whose principal goal, among other activities, was to bring the gospel of official medicine to rural Appalachia, Furman displays a missionary's zeal to bring "sight to the blind" (Barney 10, 26). With the "new" medicine as her primary weapon against the diseases that existed in part because of the extreme poverty of the region, Furman focuses on the medical folklore of the people she has come to help. To her, folk medicine is an enemy to right thinking, and her characters are most likely to be of the rustic, "folk" class rather than formally educated. Emma Bell Miles and Mildred Haun, whose purposes in writing appear initially to be an introduction to their native homes and folkways, weave folk medicine into their narratives effortlessly and almost seamlessly. While all three authors choose fiction as the medium for their portrait of a people and its lore, scientific treatises and scholarly works on this region during this time period corroborate the novelists' observations on the official and/or folk medicine as they witnessed it. In many ways, these novelists' sketches show that perhaps there is no objective Appalachian portrait. Their views are accurate in that they portray the small bit of Appalachia they can see, but no one person can accurately paint the entire region.

To understand the context of Lucy Furman's novels *Sight to the Blind* and *The Glass Window*, it is helpful to know some early history of the Women's Club Movement and the rise of settlement schools in rural Southern Appalachia between 1890 and 1930. According to Sandra Barney, the peoples of rural Southern Appalachia witnessed an unprecedented amount of interest in the reconstruction of health care from diverse members of the scientific medical community (1). As official medicine sought to establish itself as a licensed and professional entity, women of the emerging middle class, anxious to improve and establish their community standing, chose

to work with physicians to promote the growth of scientific medical care in rural Appalachia (Barney 71-72; Whisnant, *All That Is Native* 33). “Guided by maternalistic beliefs in their sacred obligation to protect women and children,” Appalachian clubwomen and settlement workers enthusiastically campaigned to introduce the professional doctor into the hollows and hills of the rural Appalachian South (Barney 72). The clubwomen, banded together under the umbrella of the General Federation of Women’s Clubs, founded in the 1890s, focused their efforts on families working in the mining camps, while settlement workers focused their energies “on securing educated practitioners for isolated mountain communities” (Barney 72). Lucy Furman’s novels were written directly from her experiences as a teacher with the Hindman Settlement School in Knott County, Kentucky (Leftwich 135).

The settlement house in rural Southern Appalachia modeled itself after popular urban institutions from the late nineteenth century, such as Jane Addams’ famous Hull House in Chicago (Barney 10; Whisnant, *All that is Native* 22). The idea of the settlement house took hold of the imagination of young women of means who were fast becoming educated but were politically disenfranchised and socially prohibited from a profession (Whisnant, *All That Is Native* 33). Working from the premise that the Appalachians were “backward primitives” (Barney 89), settlement workers, most often single women born and educated outside of the areas they sought to help, moved into some of the most remote of Appalachian mountain communities to use “their education and their social and economic standing to claim legitimacy as agents of cultural change” (Barney 11). At the Hindman Settlement project, where Lucy Furman taught in the settlement school, settlement workers “considered the introduction of scientific medical care and scientific knowledge a key component of their mission to improve the lives of mountain people” (Barney 92).

David Whisnant writes that Furman's novels "elaborate upon the essential pathology of mountain life" (*All That Is Native* 86). In Furman's first novel, *Sight to the Blind* (1912), "based upon the school's efforts to eliminate trachoma among mountain people, the pathology is explored through another symbol Furman came to use repeatedly: the physical sickness of mountain people" (Whisnant, *All That Is Native* 86). "Pathology," a term strongly tied to scientific medical diagnosis, is not used loosely here. The workers, like Furman, who entered these remote mountain communities came armed with a well-established idea that even if the mountain people were not physically sick, their fatalism, superstitions, and resistance to change, all elements of folk medical belief, needed to be debrided like so much unhealthy tissue. The hubris of the well-meaning, self-styled missionaries of science is evident in the novel's introduction by Ida M. Tarbell, who applauds "spreading what one has learned of cheerful, courageous, lawful living among those that need it" (13). Tarbell then propounds a popular sentiment among those whose work took them to the mountain people, a variant on the noble savage theme:

Tucked away on the tops and slopes of the mountains of Eastern Kentucky and Tennessee are thousands of families, many of them descendants of the best of English stock. Centuries of direful poverty combined with almost complete isolation from the life of the world has not been able to take from them their look of race, or corrupt their brave, loyal, proud hearts. Encircled as they are by the richest and most highly cultivated parts of this country, near as they are to us in blood, we have done less for their enlightenment than for that of the Orient [. . .].

(19)

It seems that by making these mountain folk “kin” to them, and of the finest bloodlines, the settlement workers, including Furman, could presume that they were extending help to recently discovered, deserving cousins. Tarbell’s introduction to *Sight to the Blind* corroborates a historical push to bring biomedicine to the mountains, combined with a sure knowledge that God was on the side of the settlement workers:

To be told that the baby is dying not because the Lord is angry with the family but because the milk is impure may seem little better than impiety at first, but save the baby by proper care and you have gone a long way to proving that the pure milk is God’s law and that all the prayers in the world will not change his ruling. (22-23)

Tarbell concludes her introduction to *Sight to the Blind* by affirming the settlement goal: “For distorted imaginings of the way the world is run the settlement is giving to the mountaineers something of the harmony and beauty of science” (23). This gift will then produce “a new generation with vastly improved morals, health, self-control” (Tarbell 25). Thus, in one fell swoop, God, science, and right living join forces.

Sight to the Blind opens with a lecture on tuberculosis given by a trained settlement nurse to a gathering of mountain folk, followed by her talk to an assembly of mountain women on the prevention of typhoid. At this second meeting, the nurse hears of Aunt Dalmanuthy, who has been blind for twelve years, ever since her only daughter, and one of only two of nine children to survive infancy, died of “breast-complaint; some calls it galloping consumpt” (*Sight* 33).² From the opening page, *Sight to the Blind* announces its mission of spreading the scientific news of biomedicine to these mountain people. The consensus of Aunt Dalmanuthy’s little community is

that she has been struck by a vengeful God, and Aunt Dalmanuthy confirms this “diagnosis” and her reaction to it to the nurse: “I hate and curse and defy the Power that hated and spited me enough, after darkening the light of my life, to put out the sight of my eye!” (*Sight* 36); “I am sot here bound hand and foot, my strength brought to naught, my ambition squenched, my faculty onusable, a living monument to the hate and revenge and onjestice of God” (*Sight* 46). In addition to hearing the story of the only daughter’s death from tuberculosis, the nurse listens to the litany of folk names for the diseases that have killed Aunt Dalmanuthy’s seven sons: “three in infancy of summer complaint, two with the choking disease, two with typhoid” (*Sight* 46). Furman documents folk medical names in this passage: summer complaint, the folk medical name for dysentery or diarrhea (Cooke and Hamner 68); and the choking disease, almost certainly the folk medical name for diphtheria, characterized by a throat lesion that resulted in choking or strangling to death (Ziporyn 35). Furman, through her nurse’s voice, capably translates the folk illnesses into their recognizable biomedical forms and adds the smug sermon of science, which goes to the heart of this novel:

With a little knowledge, and proper food and fresh air, your daughter’s life could have been saved; with knowledge and proper treatment your sons need not have died of dysentery or typhoid or even diphtheria; with knowledge your blindness itself, which is no curse, but would surely have come upon you [. . .], need have lasted only a few months. (*Sight* 49)

The nurse explains to Aunt Dalmanuthy that her blindness can almost certainly be reversed by surgery, because it is caused by cataracts, not the smiting hand of God. Aunt Dalmanuthy

² Galloping consumpt, or galloping consumption, documented as a folk illness in Cavender, Fisher, and Kerley, *Lexicon* 23.

responds with incredulity: “Where do you get your authority over preachers, woman?” (*Sight* 49). The nurse’s answer is biomedicine personified:

“I get my authority,” replied the trained nurse, firmly, “from my knowledge of modern medicine and surgery; I get my authority from things seen with my eyes and heard with my ears during the days and nights of duty on the battle-line between life and death; I get my authority,” she continued more solemnly, “from Him whose spirit of freedom and tolerance has made possible the advances in modern science.” (*Sight* 49-50)

This speech not only goes to the heart of Furman’s pro-scientific position, but it validates historians’ documentation of the rise of biomedicine in the early twentieth century, who noted that “for most of the twentieth century the dominant metaphors were drawn from engineering and warfare” (Cooter and Pickstone xv).

By the novel’s end, Aunt Dalmanuthy’s sight is restored by the capable big-city surgeon, and she becomes a convert and eager missionary to her community of the superiority of official medicine. While Furman’s aim does not appear to be the collection and preservation of medical folkways, her fictional characters give us glimpses into the medical attitudes and lifeways of the people she is attempting to convert. By paying careful attention to the interaction between the science-based workers and the mountain community, the reader can glean folk medical beliefs: the old names for illnesses, the belief in a vengeful God, and prevailing attitudes of fatalism that might obstruct an active role in obtaining medical care.

Furman’s *The Glass Window* (1925), a continuation of the story of the settlement women, develops “the pathology of mountain life” even further. At the center of *The Glass Window* is

the medical drama surrounding the illness of Lowizy Rideout, a precocious “scholar” with tuberculosis, who informally teaches the other children when school isn’t in session and reads insatiably, ahead of her grade level. Lowizy “hungers and thirsts after knowledge” (42), a symbol, perhaps, for the noble mountain dweller who is dying for lack of scientific medical knowledge. Furman, as in *Sight to the Blind*, opens *The Glass Window* with a rather heavy-handed representation of her central theme: official medicine versus superstitious folk medicine. Aunt Ailsie, also the central voice of the mountain people in Furman’s 1923 novel *The Quare Woman*, meets two new “quare women,” Christine and Susanna, and immediately asks as to their marital status. Susanna has a fiancé, but he is questionable in Aunt Ailsie’s eyes because he is a surgeon. The ensuing conversation between Aunt Ailsie and Susanna sets the tone of conflict found throughout the novel. Aunt Ailsie wants to know what a surgeon is. Susanna replies:

“a kind of doctor who—who operates on people when necessary.”

“Operates? What’s that?”

“Well, you know sometimes people have tumors or cancers or a bad appendix, and the only way to save life is to cut them out. That is what Robert does.”

Aunt Ailsie’s eyes bulged with horror. “Cyarves on living humans!” she exclaimed.

“When it’s the only way.”

“Hit’s wicked and devilish and a pyore scandal!” pronounced Aunt Ailsie without hesitation. [...]

“I feel to warn you, Susanny,” she said, “not to confidence no sech a man—not a minute; for the way things look, he don’t mean no good to you or

nobody else. If I was you, I'd sooner die a' old maid like Christeeny here."

(*Glass Window* 13)

The reader knows instantly that a surgeon will "cyarve" on someone by story's end and that the operation will be a success. Scholarly studies on this time period reflect little, if any, widespread fear against surgery *specific to Appalachia*. In fact, it is well known that at the turn of the twentieth century, the American hospital in general, where most surgery was performed, was a place where only the poor went for treatment, and usually to die (Howell 505; Rosenberg, *Care of Strangers* 116). The current national belief was that "hospitals are the place where [physicians] exercise their ingenuity in killing, or curing, with impunity" (Rosenberg, *Care of Strangers* 116). A fear of doctors was most certainly not peculiar to the Appalachian mountain communities. Marian Pearsall, in a prepared response to Stekert's study "Focus for Conflict," says, "The statements about Southern Appalachian distrust of doctors and fear of surgery are certainly true. I would like to emphasize, however, that they are true because they are, or were, realistic. We have so far been talking about people from the Southern Appalachians as if they came from a different culture. To some extent they do, but the culture is a familiar one; it is American" (131). John Campbell, providing the balance, suggests that "the great scarcity of physicians" contributes significantly to a reluctance in seeking professional medical attention (205). Barney corroborates this by stating that to many Appalachian farmers, official medicine was attractive, but a family unable to produce the cash necessary for medical services "continued to reject professional physicians in favor of local healers" (7). Dr. May Cravath Wharton, a physician practicing at the turn of the twentieth century in the Tennessee mountains near Crossville, states that there were no doctors "closer than Crossville, and he must be paid at least twelve dollars a call. Because most people handle less than one hundred dollars in actual cash in

a year, they cannot even think of calling a doctor. They cure themselves with herbs and simples or they die” (33). If one believes that Southern Appalachia is not homogenous and accepts that it is impossible to discover the range of use of any particular medical folkways, then Furman has at the very least accurately portrayed one mountain woman as being convinced that surgery was of the Devil, describing a folk medical attitude that prohibited the acceptance of official medicine and surgical procedures. Aunt Ailsie, a central character to both *The Quare Women* and *The Glass Window*, represents the voice of longing for change; Phebe also is also presented as being willing to accept progress, yet both women speak constantly against the new, “quare” ways. Through her dissenting folk characters, Furman allows the reader to view the difficult process of change from a folk medical belief system to official medicine.

Furman builds her case for official medicine carefully. The two new settlement women, Susanna and Christine, are immediately swept into the many medical dramas being played out in the little community they’ve come to save. The new girls are soon initiated into the pathology of the mountains when a family of five who rent a house on Uncle Tutt Hogan’s place comes down with typhoid fever. Uncle Tutt Hogan sends for help from the settlement house and comments on the strange doings:

“First thing that-air woman did when she come was to strip all the clothes off’n every last one, and wash ‘em all over; ef hit don’t kill ‘em hit’ll be a meracle! [...] and then she stripped the beds, too, and put on them sheets the women sont, and washed down the walls, and washed the ceilings and j’ists, and the three well young uns, and the pots and kettles and deeshes, and now she’s a-washing the floor. She’s the most washingest woman I ever seed. She even biles the drinking water! Quare women has quare ways.” (*Glass Window* 45)

Uncle Tutt reluctantly adds—“Hit’ll sartain kill ‘em to wash ‘em when they’re sick; I never in all my life and travels heard of sech doings, [. . .]” (*Glass Window* 62). Furman uses a comic character to ridicule the apparent ignorance of the community to simple sanitation.

Much of the narrative progresses through Susanna’s letters to her physician fiancé, opening a dialogue between folk medicine and official medicine.

“Yesterday, [. . .] I went into a home [. . .] and found that the mother, an elderly woman, was very low with ‘pneumony-fever.’ [. . .] They said Seliny had been ‘bad off’ for four days.

‘Have you had the doctor?’

‘She was tuck in so bad at the start hit wa’n’t no use,’ replied her son. ‘A body’s got to go when their time comes.’ This seemed to be generally agreed to.”

(105)

Susanna suggests that the doctor be sent for. The reply sheds light on the traditional folk response: “If you’re a mind to. But ‘taint no use” (*Glass Window* 105). The woman dies in the night. Dr. Wharton documents the folk illness “pneumony fever” (41). Wharton also echoes the experience with fatalism of many physicians practicing in the Appalachian mountain communities. Upon arriving at the home of a patient for whom medical care was too late, the response was quite often “Hit’s God’s will,” “Hain’t no use to fret” (Wharton 50). This attitude, termed religious fatalism, appears often enough in first-person accounts of physicians practicing in Appalachian mountain communities to merit belief (Breckinridge; Pearsall; Watkins and Watkins; Wharton). M. Taylor Matthews, who conducted an extensive sociological study of the small Appalachian communities of Roan Mountain and Shell Creek in Tennessee in 1936, states in broad terms that “it may be said in the mountains generally that health is regarded as an act of

God” (34). Marion Pearsall, a respected sociologist who conducted fieldwork in a small Southern Appalachian community in 1949 and 1950 makes a similar case for religious fatalism as a significant folk medical belief:

There are also strong religious sanctions for continuing traditional ways in the fundamentally fatalistic approach of the neighborhood to the supernatural. Many aspects of life that have long since been taken over by science and a variety of secular specialists in most of American society are interpreted here as unalterable ways of God. Natural and supernatural are not neatly and permanently separated, and natural phenomena are never entirely outside the realm of supernatural explanation. (106)

Yet Pearsall also notes that “[t]here have never been more than two or three licensed physicians to serve the entire mountainous eastern side of the county, and self-styled doctors often enjoy more confidence with the people than regular ones” (155). The argument that superstition and fatalism reign supreme in Southern Appalachia loses some ground in *Glass Window* with a central conflict between Aunt Ailsie and her husband. Ailsie fakes eyesight loss in order to get a glass window. Since the glass window is free for the taking, Ailsie believes that a medical condition will prompt him to take action. However, installing a glass window would require that her husband go against his belief in leaving their cabin in its original form, the way his father built it. Ailsie’s husband refuses to put in a window because of tradition, not fatalism or superstition. He struggles with his eventual decision to buy her some spectacles because of the cost involved, not because he believes Ailsie must live with her disability. Obviously, cost is more important here than God’s will, which bears out the many claims that the cost of medicine was often the deciding factor in making medical decisions.

In another set piece, Susanna finds a family of nine who all have “the sore eyes,” the folk medical term used interchangeably for both conjunctivitis and trachoma (Cavender, Fisher, and Kerely 31; Stucky 6) The mother tells her, “‘pears like hit takes a family that way’” (*Glass Window* 94-95). Campbell enforces this notion of fatalism in his non-fiction work with almost identical words: “‘Pears like hit’s bound to go plumb through a family,’ said a mountain girl wistfully when approached as to treatment for tuberculosis, from which five of her brothers and sisters had died. In her mind there was no help for her” (204). The doctor in *Glass Window* believes the family’s “sore eyes” to be trachoma, which leads to certain blindness, and states that the family’s fear of the hospital keeps them from necessary treatment. Furman, one of the leaders in the fight against trachoma in the Kentucky settlement schools (Stucky 4), uses *Sight to the Blind* and *Glass Windows* to document the truly terrible scourge of trachoma in mountain societies. Trachoma, extensively documented as being a dangerous disease in these mountain communities, could be treated effectively in its advanced stages only with scientific medical intervention in the form of surgery (Cruickshank, Standard, and Russell 170). Dr. J. A. Stucky, a Lexington, Kentucky, ophthalmologist, who had been treating patients from the mountains of Eastern Kentucky for 25 years, agreed to set up a clinic at the Hindman Settlement School to perform the surgeries (Stucky 5). Trachoma, according to Stucky, “is a treacherous disease of the eyelids, beginning in the under surface; an insidious, and stubborn disease, the exact nature and specific cause being as yet unknown, but which will probably be proven to be due to faulty nourishment” (5). Stucky describes the effects of trachoma:

When trachoma begins the eyes feel as though a cinder [. . .] or some other substance had gotten into them, and usually some of these things are blamed for the eyes getting sore. The eyes soon become red and painful, discharge water;

some pus (matter) is present and the eyelashes stick together in the mornings. Soon the light affects the eyes and in time causes so much pain that it is necessary to wear dark glasses or tie a dark cloth over the head in the effort to keep out the light. The surface of the lids becomes rough, some what like sandpaper, and irritates the eyeball at every wink of the eye, often described as “cutting.” [. . .] Ulcers appear and a new growth is formed over the pupil, and then the patient is liable to become slowly blind. (6)

Trachoma is “a specific kerato-conjunctivitis caused by a chlamydia,” and it is currently still found in epidemic proportions in many developing countries where unsanitary conditions such as flies, crowded living conditions, and unclean water are the principal causes of its persistence and spread (Cruickshank, Standard, and Russell, 168-69). While Furman does nothing to document folk remedies for “sore eyes,” she performs a valuable role in connecting folkways that affect health, such as large families living in small quarters and lack of knowledge of modern sanitation, to folk illnesses. In support, Raine notes that even in the cleanest of homes, “there is seldom any knowledge of what constitutes sanitary cleanliness. They have no conception of the causes of disease nor of the means by which it is spread” (210). Campbell states: “There is little understanding, even in those households which are scrupulously clean, of ordinary hygienic and sanitary precautions. [. . .] The spread of contagious and infectious diseases is naturally rapid” (197). Settlement workers similar to Furman’s medical role models in her novels undoubtedly brought needed information about sanitation and knowledge about the spread of disease.

Furman’s greatest error lies in her promotion of stereotypical views of the mountain communities’ reactions to and acceptance of official medicine. Barney gives the example of Jane Crawford, a rural mountain woman who traveled sixty miles in order to undergo

experimental surgery (26-7), demonstrating that official medicine often existed alongside folk medicine, rather than existing as an either/or choice. Barney insists that “country people vigorously pursued innovative cures when they were available” and cites the lack of trained physicians and expense as the primary reason for a continued reliance on traditional medicine: “Mountain poverty and isolation, not tradition, prevented Appalachian residents from obtaining medical care” (27). Campbell, writing eighty years prior to Barney, takes a middle stand: “When his own knowledge and the offices of those near at hand fail, the Highlander goes for the doctor, if there be one within reach; but usually it is not until the patient is ‘dangerous’—so dangerous often that efficacy of help is past. His delay in seeking medical advice is due in large part to the great scarcity of physicians, [. . .] the unreliable character of some of the native doctors and the high charges made” (205). Campbell agrees that poverty and isolation are a factor in seeking the services of a physician, but he does seem to be of Furman’s opinion that official medicine is sought out late. In defense of the mountaineer’s reluctance to seek medical treatment, Gebhard quotes a late nineteenth century surgeon who said of the practice of medicine, “It was heroic, it was murderous. I did not know anything about medicine, but I had enough common sense to see that physicians killed their patients, that medicine was no exact science, that it proceeded empirically and that it was preferable to put one’s confidence in to nature and not in to the dangerous skill of physicians” (91). However, large-scale projects such as Stucky’s campaign to eliminate trachoma that offered immediate relief to participating patients were not only highly effective but greatly appreciated (Barney 116). “His clinic, which provided almost miraculous relief to many trachoma victims, served as exceptionally effective advertising for the promise of scientific medicine” (Barney 116). It would appear that mountain

people, like most sensible patients, were compliant when superiority of a treatment was clearly demonstrated and trust had been gained.

While countless opportunities arise for the settlement women to spread their scientific gospel, Lowizy Rideout and her family hold center stage as examples of all that is wrong with folk medicine and right with biomedicine. When Christine goes to visit the Rideout family she comments on how frail Lowizy appears: “‘I suppose you do all you can to build up her health?’ ‘My Lord, yes! We’ve tried every yarb-tea and salve and charm we ever heard of, and oncet David he rode plumb to the railroad to get her a bottle of physic we had knowed folks to brag on’” (51). Lowizy’s problem is consumption, or tuberculosis, a significant problem in the United States, including Southern Appalachia, during the turn of the twentieth century. And Southern Appalachia had many folk remedies for consumption’s cure. Some listed in Hand’s collected remedies from North Carolina are finding a cat without a white hair and taking a tablespoon of blood from its tail (159); cherry-tree bark tea; mullein tea; mustang liniment; and sawdust mixed with whiskey (160). Thomas and Thomas’ collection of remedies and charms includes eating snails, sticking a table fork into the head of the bed of the sufferer, eating the hind leg of a fat dog, and ingesting butterfly root (100). Browne’s collection of remedies from Alabama includes peach-tree bark and honey tea; tea from pine buds, sweet-gum buds, and mullein roots; pokeberry-root tea; pine bark tea with honey; and a peach-tree poultice. Pearsall, commenting on the *materia medica* and lore of the Tennessee mountain community she observed, states in general:

[T]he neighborhood does have an extensive body of medical lore accumulated through generations of isolation from formally trained medical specialists and practiced especially by certain “gifted” and “wise” old men and women who can

advise their neighbors in any crisis. Their more or less systematic *materia medica* is a mixture of European folk belief, American Indian therapeutic measures, and patent medicine advertising, much of which is contrary to modern theories of disease etiology and treatment.”

[. . .]

Also, any procedure that calls for a radical modification of habitual family routine is likely to be rejected in favor of the usual herb teas and long-accepted patent medicines that can be taken at home “as needed.” (153-54)

Thus, Furman’s description of Lowizy’s family’s reliance on teas, salves, charms, and patent medicines is well-documented in the collections of medical folklorists and anthropologists.

Christine soon discovers that Lowizy has “tuberculosis of the bones” (78). In giving her fictional native family the ability to differentiate between different types of tuberculosis, Furman is at least recognizing that they possess some real medical knowledge. Tuberculosis, an ancient disease linked to the tubercle bacillus in the latter part of the nineteenth century by Robert Koch, presented primarily in three distinct ways: pulmonary tuberculosis, which affects the lungs, most commonly called consumption or phthisis; tuberculosis of the lymphatic glands, known commonly as scrofula; and tuberculosis of the bones and joints (Ackerknecht 101).

While the Rideouts love Lowizy and are proud of her accomplishments, it soon emerges that she is shut in the house from November to April of every year, because of Mrs. Rideout’s belief that the fresh, cold air of winter will kill her. Mrs. Rideout’s belief is quite possibly related to the humoral doctrine of medicine, which influenced medical beliefs and treatment for over two thousand years (Clendening 39). Humoral medicine, which survived in many regions of the country well into the nineteenth century, stated that the universe was made up of four

elements—earth, water, air, and fire (Clendening 39). “In the human body these correspond to cold, dry, moist, and hot humours. When they are in balance the result is health” (Clendening 39). A terrific battle for the girl’s life ensues, with Christine doing all in her power to convince the mother that her mistaken folk notions are killing the child, and the mother just as adamant that she knows best:

“The nurse that was with the quare women last summer she allowed, the same as you, that fraish air ought to be turnt-in on Lowizy. But I told her no, not while breath was in my body; that I loved my child too good for any sech; that hit allus had been and allus would be the business of my life to keep the air from her.”

(Glass Windows 58)

Christine continues her campaign, flat out telling Phebe Rideout that she is hastening her child’s death by keeping her from fresh air. Phebe responds:

“You fotched-on women,” she said at last, slowly, “has a sight of book-larning, which nobody respects more than me. But you hain’t got ary a young un to your names, and don’t know the feelings of payrents. And along with your larning you got some quare notions that flies pine-blank in the face of all sense and reason. Time out of mind folks has knowed that cold air was dangerous, and night air pure pizen. I never heared nothing else sence I was borned. Of what goes on out in the world I know little and keer less; but I do know all the doctors that lives could n’t never persuade me to turn the cold air and the night air in on little Lowizy. I love my child too good!” *(Glass Window 98-99)*

In reading some of the scholarly works written contemporaneously with Furman’s fiction, one is aware of emerging conflicts over the mountain people’s attitude toward cold air. Writing in

1921, looking back on twenty-five years of gathering information from all over Southern Appalachia, Campbell says: “Light and air are furnished during the day by the door which is swung hospitably wide throughout winter and summer. At night the door is closed [. . .]” (196). Kephart echoes the same findings in his Appalachian journeys: “Winter or summer, doors are to be shut only when folks go to bed” (294). James Watt Raine confirms: “During the day the door usually stands open a good deal, summer and winter. At night it is closed [. . .]” (208). There does appear to be good reason to suppose that the night air is undesirable, but Phebe’s attitude toward fresh air in wintertime does not appear widespread in the available literature. Is Furman inventing a stereotype? Probably not, although there is no real way to determine this. What is most likely is that Furman encountered this position at the Hindman Settlement school by one or perhaps more of the local people, and by making Phebe, Aunt Ailsie, and Uncle Tutt the voices of intransigence and superstitious fear, helps spread the idea that this resistance to change is typical and representative. In Furman’s novels, all voices belonging to right thinking come from the outside world of science—the communities are never shown as being able to get well without intervention from those outside medical missionaries, whose dislike of the folklore they find is thinly disguised.

The doctor, come back to practice in his community, begs Phebe to reconsider her treatment of Lowizy: “I tell you, as a doctor, who knows and has studied such things, that fresh air is the only treatment now used by doctors everywhere for tuberculosis, and in my opinion it is the sole hope for Lowizy’s recovery” (212). Phebe responds “over my dead body” (213). And the doctor replies: “You will remember this one day, when you have killed her” (214). One of the most succinct metaphors for the scientific medical attitude toward folk medicine is embodied in the glances Phebe and Christine exchange when Lowizy states she can’t wait to grow up: “It

was of cold hatred on Phebe's part, warm hatred on Christine's" (272). As it turns out, Phebe has learned nothing from Lowizy's death: "Oh, she never wanted to go, but she had to! Nothing could n't saver her—not the best love her maw and pappy could give her, not all the trouble day and night to keep the cold air from blowing on her!" (283).

The role of the glass window from the title of the novel can be analyzed in various ways. In a purely literal sense, Christine gets a glass window for Lowizy so she will at least have sunlight in the winter, if not the fresh air she needs. The glass window also stands for progress and the changing of minds, as Hardshell Primitive Baptist Uncle Lot is convinced to provide one for Aunt Ailsie. In a larger sense, the glass window performs a symbolic function as the light of science carried to a people who have been sitting in literal and figurative darkness all these years (Whisnant, *All That Is Native* 88). The glass window is indeed a generous gift, but one has the feeling that it still serves as a sterile barrier between the world of science and the ignorant mountain people. Though the mountain people install the window, they cannot always be made to open it.

While Whisnant disparages Furman's accuracy in providing "a comprehensive account of the settlement's actual operation," he does find that her novels "reflect much of the drama of cultural interaction that was central to the effort" (88). Whisnant declares that Furman's novels are "seriously deficient" in providing an accurate picture of "the social and political dynamics of the mountains" (*All That Is Native* 88). However, Furman's descriptions of folk medicine often corroborate narratives of health issues in the Appalachian region, both contemporary and historical. Trachoma and tuberculosis were, indeed, scourges of the southern Appalachian people, and these diseases were much relieved by professional medical intervention (Barney 118; Campbell 209; Pearsall 156; Poole 38; Wharton 98). However, proponents of folk medicine in

the mountain communities had every right to be skeptical of the efficacy of biomedicine; not only was it new and untried, but even the “new” cures, such as plenty of fresh, cold air for tuberculosis patients year-round, could lead to exposure and early death (Whisnant, intro *Spirit* xxiv). John Campbell, writing in 1921, provides a candid look at the mountain physician:

[I]t must be admitted that much of the more rural Highland region, where supplied at all with physicians, is served by men who have had little or poor training, sometimes none at all. Many of them are men of good sense, who even with their limitations are useful; [. . .]. But unfortunately it is also true that the mountains have provided a retreat for so-called doctors who are morally and intellectually unfit to minister to the communities which they are supposed to serve. Some, once able physicians in other sections, have been forced from their original fields of service through addiction to drugs or drink. (206)

Folk medicine, heir to a long tradition of medicine, including that of the ancient Greek physicians, did not separate the health of the body from the health of the mind, one of the most obvious drawbacks to emerging official medicine, which taught that the body and mind were treated separately (Golub 33). Quoting philosopher Michel Foucault, Edward Golub represents “modern ideas not as being ‘correct,’ but as being ideas of ‘an era from which we have not yet emerged’” (33). Furman cannot see beyond her beliefs in the absolute rightness of emerging biomedicine, and so she expends great energy in preaching her beliefs. In so doing, Furman portrays with accuracy the conflict from the viewpoint of science—“darkness versus light, privilege versus duty, ignorance versus knowledge, passivity versus action, irrationality versus rationality, conservatism versus progressivism” (Whisnant, *All That Is Native* 88)—without acknowledging that there might be other reasons to reject official medicine than just ignorance

and superstition. While Furman does not provide the full picture of mountain life, as a disciple of biomedicine, she depicts folk medicine as the enemy. While Cratis Williams does not believe Furman's novels have a great deal of literary merit as fiction, he states that she "nevertheless accurately presented mountain folk moving from ignorance, disease, and isolation into enlightenment, improved sanitation, and adjustment to a new social order" (1145). However, Christy Leftwich's assessment is that "Furman consistently presents the poor backwards mountaineer about to encounter some fatal problem saved ultimately by a city person" (139). I argue that Furman's greatest drawback lies not in her accuracy but rather in her assigning a "typical" response to official medicine from the mountain people she portrayed.

In his foreword to the 1975 edition of Emma Bell Miles's fictionalized autobiography *The Spirit of the Mountains* (1905), Roger Abrahams describes Miles's little-known book as "an exciting find," largely because it is not only one of the earliest collections of mountain lore, but "also because it was written with such great and quiet social insight" (v). Abrahams gives Miles credit for providing a context for the folklore so central to mountain life, placing what often appears to be unfounded superstitious customs into a framework of stories that demonstrates how the traditions help a community maintain its sense of order and meaning (vi). Abrahams asserts: "Conspicuously absent is any great attempt to make us feel guilty; rather, we witness a proud person giving testimony to the positive, if harsh, qualities of daily existence in the mountains" (vii). David Whisnant, writing an introduction to the new edition, holds that *The Spirit of the Mountain's* greatest strength lies in its escape from the sensationalism and stereotyping of the local color novel and the distant and culturally correct works of anthropologists (*Spirit*, introduction xvii). Whisnant attributes Miles' unique perspective to her biculturalism, living among the mountain people yet involved intimately with a wealthy society through her painting

and writing (*Spirit*, introduction xvii). Unlike the local color novels of Lucy Furman, Miles's depiction of mountain folk medicine does not place this lore at center stage, in conflict with science; Miles's love and respect for the people she alternately calls "my people" and "they" permeate her story, and folk medicine appears as one other facet of a culture rich in tradition and lore.

Emma Bell Miles, born in 1879 in Evansville, Indiana, moved with her family to Walden's Ridge, Tennessee, a mountain community outside of Chattanooga, when she was eleven years old (Gaston 3). Emma's parents, both educators, had been advised that a move to a milder climate was necessary for their daughter's frail health, so Emma's father and mother each took teaching assignments at two neighboring one-room schoolhouses serving the mountain children in nearby communities (Gaston 3, 5). The Bells formed part of a middle class group in the community that belonged neither to the mountain people nor to the summer resort people and formed ties with few of the local families (Gaston 10). Emma, by most accounts, was a shy, intelligent, and sensitive child who studied art and read what literature she could find in the isolated mountain community (Gaston 7-8). Emma left Walden's Ridge for a short time at the age of twenty to continue her art studies at the St. Louis School of Art, a prestigious art school for women in St. Louis, and stayed there for two winters (Gaston 12). In the meantime, she had become attached to an illiterate mountain man, Frank Miles, an amateur botanist who shared Emma's love of nature and the mountains (Gaston 11). Although the match was considered highly unsuitable by Emma's parents, friends, and her art patrons, after a three-year courtship, Emma married Frank, and together they moved into a small house owned by her father (Gaston 15-16).

Miles's biographer, Kay Baker Gaston, working with Miles's extensive journals and letters to friends and family, documents a life filled with deprivation, harsh working conditions, and poor health. Miles lived the last years of her life in a sanatorium for tuberculosis, separated from her husband and five children (Whisnant, *Spirit* introduction xxiv). She did not want to die alone in the sanatorium and was brought home to Frank's small rented home in Chattanooga, where she died of pulmonary tuberculosis at the age of thirty-nine (Gaston 240-41). Emma Bell Miles's life was short, but the primary legacy of her creative talent, *The Spirit of the Mountains*, continues as an important source of mountain lore for folklorists almost one hundred years later.

Miles begins *The Spirit of the Mountains* with her own explanation of what others refer to as fatalism of the mountain people, a term for a folk medical belief system that is somehow deemed to be part of the mystery of the people of the Southern Appalachians, often referred to as "our contemporary ancestors" or "yesterday's people," as if they were a primitive tribe preserved by the isolation of the Appalachian Mountains. Miles offers an explanation that connects the mountain people of the Appalachians with all who live in the mountains:

The charm and mystery of bygone days broods over the mountain country—the charm of pioneer hardihood, of primitive peace, of the fatalism of ancient peoples, of the rites and legends of the aborigines. To one who understands these high solitudes it is no marvel that the inhabitants should be mystics, dreamers, given to fancies often absurd, but often wildly sweet. (18)

Miles is perhaps guilty of feeding a stereotype with the use of words such as "primitive," "ancient," and "aborigines," yet she at least ties these images to mountain dwellers of the world, expanding the focus. Miles reports matter-of-factly on conditions that other writers of fiction imbue with disdain or righteous indignation by giving an explanation for a mountaineer's pride

in drinking water, a practice that can be called a folk medical belief because it plays such a large part in Southern Appalachian epidemiology. Although epidemiologists and public health officials preached against the refusal of mountain people to refrain from drinking from the streams that so often carried diseases that could decimate a small community, Miles tells us the “why” of it: “The mountaineer takes the same pride in his water supply as the rich man in his wine cellar, and is in this respect a connoisseur. None but the purest and coldest of freestone will satisfy him” (20). James Watt Raine, in *The Land of Saddle-bags*, echoes Miles’s portrayal:

Mountain People are usually very particular about the water they drink. They generally prefer spring water, and are emphatically partial to the peculiar taste of their own spring or well, [. . .]. Like all other people that have not been educated in sanitary precautions, they do not consider water to be polluted so long as it is sparkling and clear. ‘Hit bubbles right out’n the ground, hit’s bound to be puore.’” (211)

Raine’s words “like all other people” are important in negating the idea that mountain people somehow have a franchise on ignorance of sanitation and health. Miles refers to the unsanitary conditions of cabin life, but again, speaks without condemnation or judgment: “But this existence is nearly as primitive as that of the Dark Ages, and primitive life is necessarily dirty, if for no other reason than that it is lived close to the ground. Nearness to the soil is not so much a mere figure of speech as we are apt to imagine” (20). In this way, all people living near the soil form a group, with mountain people a subset. Miles sums up the mountain people’s attitude toward formal medicine in this way:

Yet, though we violate every rule of hygiene, we are a strong people, sound of wind and limb, making light of hardship and heavy labor. A doctor is not thought

of, except in cases of broken bones or actual danger of death; ordinary ailments and childbirth are endured as a matter of course. Starvation and exposure do sometimes bring on real consumption, but there are plenty of men seventy years old who can farm and plow and fell trees and haul wood, and rule the tribe they have raised, and get drunk as heartily as any young buck of the new generation.
(24-5)

Miles cannot escape a certain romanticization of the mountain people, but she most certainly is not proclaiming the need for a full-scale reform; rather, she sets the stage for a large degree of acceptance of the medical folklore she describes.

Whisnant and Abrahams both see Miles's description of the role of the mountain woman as healer in the life of the community as one of the chief strengths of her novel (xi; xxix). Miles describes her feelings about the older women:

I have learned to enjoy the company of these old prophetesses almost more than any other. The range of their experience is wonderful; they are, moreover, repositories of tribal lore—tradition and song, medical and religious learning. They are the nurses, the teachers of practical arts, the priestesses, and their wisdom commands the respect of all.” (37)

Miles's description of a granny woman called to help deliver a young woman's child is couched in vague language, perhaps out of a delicacy born of the time in which Miles is writing. Miles tells of accompanying Aunt Genevy to the cabin of Mary, who is in the last stages of labor. Instead of recounting the details of the midwife-assisted birth, Miles provides setting and context:

Aunt Genevy opened the door for me, and as she drank the hot coffee I had brought I heard the faint mewling of a new little voice. She and Mary had got through the awful hour alone—Gid [Mary’s husband] had not put in an appearance since dinner—[. . .]. There was no light save a lantern that was used for ‘possum-hunting in ‘possum-time. The new mother moaned bitterly on her wretched pallet. A kettle of steaming water sat on the stones which served the purpose of fire-irons, and this I was bidden to replenish. Next I took charge of the little one, while Aunt Genevy, herself almost weary to death, lessened the woman’s discomfort as far as was possible.” (60-1).

The world of lay midwifery is a world of women, and the conditions, even as sparingly described as they are, are harsh and makeshift. The tone of this passage, however, lacks accusation or self-pity. This is the way of the mountain world, and alongside the harshness is the promise of new life. Miles makes no attempt to tackle the issue of midwifery in the United States and its struggle for legitimacy and respect. The medical view of women in the healing arts at the turn of the century was unmistakably rigid: “Such is not a woman’s province, nature, power, or mission. She reigns in the heart. [. . .] Home is her place, except when, like the star of day, she deigns to issue forth to the world, to exhibit her beauty and her grace [. . .] and then goes back to her home, like as the sun sinks in the west” (Shyrock 184). Miles quietly shows us a woman healer, Aunt Neppie Ann, her *materia medica*, and what she accomplishes as she “deigns to issue forth to the world.” Aunt Neppie Ann, an elderly mountain healer, is described with affection and respect:

She carries, too, a reticule containing her spectacles, and sundry treasures of seeds and medicines, which she is in the habit of dividing with her neighbors on Sunday visits. She is acquainted with some half thousand herbs and remedies, including what to wear round one's neck against contagious diseases and toothaches.

Wherever trouble is present there enters Aunt Neppie Ann, stepping in comfortable state, her reticule packed with herbs and salves. To a death or a birth or an illness she comes in all the beauty of an angel of healing, and everywhere she is well beloved. (104)

Miles notes the different life a woman leads; in opposition to the relative freedom of the man's life of "high daring and merciless recklessness of youth," she states, "Let the woman's part be to preserve tradition" (68). Miles continues her comparison of man's life to woman's: "The man bears his occasional days of pain with fortitude [. . .], but he never learns the meaning of resignation. The woman belongs to the race, to the *old people*. He is part of the *young nation*" (69, emphasis in the original). Miles claims that "the woman's experience is the deeper; [. . .] Her position means sacrifice, sacrifice, sacrifice and ever sacrifice, for her man first, and then for her sons" (70). Miles reiterates woman's role as the keeper of community lore, including the medical lore, an important and often overlooked truth in folk medical history. Sharon Sharp echoes the importance of women as healers in the Appalachian South: "An adult member, usually the mother or grandmother, was the repository of medical knowledge, essentially the carrier of traditions" (245). The women in Miles's narrative are willing to sacrifice in order to carry out this important communal role.

In her chapter on the supernatural, Miles makes this sweeping statement: "It is scarcely too much to say that every man and woman in the mountains is, in one way or another,

superstitious” (98), and she catalogues medical superstitions. Campbell affirms this assessment: “There is not a little faith among many that the performance of prescribed rites under prescribed conditions will drive away certain ailments. There is in a neighborhood generally some older woman who is recognized as peculiarly gifted in the matter of charms” (205). Miles lists some of these superstitions which relate to physical health:

The signs and portents at the end of every tongue are innumerable. If a bird or a chicken dies in your hand you will get the weak trembles and drop everything you take hold of. If a bird weaves a hair of your head into its nest you will have headaches until that nest falls to pieces; and if ever a bird builds in your shoe or pocket, or in any of your clothes, you may prepare to die within a year. (99)

Miles describes a disease and cure that is widely corroborated in other sources: “A baby’s sore mouth [“thrash” or “thresh”] may be cured by the breath of a man who has never seen his own father. [. . .] Sometimes the child is given drink from an old shoe” (101). Miles’s cure is widely documented in collections of folk cures: “A person who has never seen his father after reaching maturity is represented as being able to blow into a child’s mouth and cure the ‘thrash’” (Hand, *Magical Medicine* 45; also listed in Browne 28, Farr 5, Faulkner and Buckles 13, Hunter 104, McWhorter 11, O’Dell 30, Parr 11, Reece 123, and Thomas and Thomas 117; drinking from an old shoe found in Thomas and Thomas 117). Interestingly, Miles gives a context that is often missing from other works: “Few employ these remedies, however, so long as the bitter golden-seal root is to be had for the digging” (101) (golden-seal root, also known as yellowroot, is a well-documented herbal remedy for “thrash.” See Browne 28; Crellin and Philpott 187; Hand, *North Carolina Folklore* 65; Mullins 41; and Norris 10). One might infer that herbal medicine, is looked to first before resorting to charms or superstitions. Campbell states: “All dwellers in

the remote Highlands are more or less familiar with the use of teas made from common herbs and roots” (205). Miles is one of few writers of fiction who noted that mountain people might turn to medicinal herbs first.

Miles’s focus is at times romantic and stereotyping, but one senses the respect and acceptance for her mountain people that is the solid foundation on which her book is built. In concluding her work, Miles’s plea for the mountain people, though not specifically addressing science, does imply that outsiders’ missionary efforts, often directed at discrediting traditional lore, are high-handed and condescending: “In the mountains the need is for development not foreign to our natures, cultivation of talents already in blossom. Let us be given work that will make us better mountaineers, instead of turning us into poor imitation city people” (198).

Campbell also recognizes a logical reaction to movements coming from outside the mountains, when he addresses his book to potential readers: “[. . .] or you may be the Southern Highlander himself, who like the rest of us does not at all relish the idea of being uplifted or missionary-ized” (xvii). Again, one hears those distancing words, “like the rest of us.” Miles speaks for the mountain people when she asks that their folkways, including their medical lore, be approached with an attitude that includes the recognition of a common humanity, the first step toward giving welcomed aid, and that common goals for health need not produce cookie-cutter societies.

Mildred Haun’s novel of the mountain people of the Hoot Owl District in East Tennessee, loosely constructed around a central narrator, an old granny-woman, uniquely and beautifully captures the folklore and superstition of her native community. Haun left her mountain home to live with an aunt and uncle in Franklin, Tennessee, and in 1931, at the age of twenty, she entered Vanderbilt University in Nashville, Tennessee, preparing to get a medical degree and return to Cocke County as an “educated granny-woman” (Gower xii). Although

Haun gave up on her medical education, she enrolled in John Crowe Ransom's English course at Vanderbilt and wrote assignments that became the basis for her only published works: "Cocke County Ballads and Songs," her 440-page master's thesis, a collection "containing some of the most valuable ballad texts recorded in the South" (Gower xiv); and *The Hawk's Done Gone*, a collection of short stories gathered into a novel and narrated by Mary Dorthula White, a powerful granny-woman in Hoot Owl District (Gower xiii-xv).

Haun might have given up her dream of becoming a modern granny-woman, but the herbal lore and folk charms and superstitions are never far from her narrative. As an example of the folk medical lore that remained close to Haun's consciousness, Stephen McCoe quotes from Haun's "Cocke County Ballads and Songs": "Willow bark poultices are good for the backache. [. . .] Horseradish rolled and put on the forehead stops the headache. Tea from the bark of white walnut trees is good for a mind that is getting a little wrong" (2). Mildred Haun died in 1966 at the age of 55, leaving a legacy of collected ballads and songs and, in *The Hawk's Done Gone*, what Gower calls "an almost comprehensive treatment of superstition in the Southern Appalachians" (xvi). Perhaps unique among all the writers who attempted to describe the mountain peoples of Southern Appalachia, Haun achieves a raw strength and truth that is colored neither by over-romanticism nor didactic lessons. Instead, Haun powerfully brings to life the darker aspects of the folk medical belief system of the people in her region, using a curiously emotionless voice that intensifies the drama of her tales. Gower writes: "In a merely folkloristic context, a catalogue of such beliefs might be summarily forgotten by readers today. Because they are woven into the dramatic fabric of Miss Haun's stories, the superstitions contribute, paradoxically, to the final credulity" (xx). McCoe points out that "perhaps the most vital element to be found in the work of Mildred Haun is the sense of a living audience. [. . .] The

technique of direct address reminds us immediately of our role as the audience of a living narrator” (163). Haun indeed masterfully draws the reader immediately into the often tragic tales of her community’s medical folk beliefs.

It is not by chance that Haun speaks through the voice of a granny-woman; the granny-woman “has seen more of life than anyone in the community” (Gower xx) and embodies the community’s belief in the supernatural. The Granny-woman is doctor and midwife and witch-doctor, inspiring both respect and fear, a non-judgmental voice telling the tale with dignity and authority. The reader’s first introduction to Mary Dorthula is in the first-person prologue to *The Hawk’s Done Gone*:

I’ve been Granny-woman to every youngon born in this district for nigh on sixty years. I’ve tied the naval cords of all the saints and sinners that have seen their first daylight in Hoot Owl District. They all have bellies about alike. There’s not much difference. (7)

With that pronouncement, “there’s not much difference,” Haun, through Mary Dorthula, states the powerful thesis that ties the short stories together: we are all “about alike,” whether we read the “signs” or the stock market report. Haun’s tales use the folk remedies and superstitions to point out we all are born, experience love and pain and fear and joy, and eventually we die. The best we can do is find our place: “It is my place, seems like, to doctor sick folks and bring babies into the world, and lay out the dead. [. . .] If it got so I couldn’t doctor folks I might not ever see anybody” (7). Mary Dorthula, like all in her community, is bound in life by the “whimsical supernatural forces” (Gower xxi) around her, but she takes control by working from within, bringing in new life, easing pain where she can, preparing the dead, and comforting those who are left behind.

In one of the opening stories in *The Hawk's Done Gone*, Haun immediately highlights the critical nature of the role of the community's healer as she deals with birth and illness and death, and describes the nature of the folk remedies used. In this early story, Mary Dorthula rescues her tiny granddaughter Bessie from neglect and certain death. Bessie is the bastard child of Mary Dorthula's own bastard son and his lover, who dies giving birth to Bessie; Mary Dorthula's son has likely been killed by her husband, the boy's step-father. Mary Dorthula takes Bessie home to rear and nurture, using her knowledge of herbal medicine to help:

It seemed like Bessie never did get started off right. She was pale and sickly from the first. I kept having hopes that she would get all right. [. . .] I give her bone-set tea and iron-root tea. But it seemed like there was a little something wrong with her all the time. She wasn't exactly sick, but she didn't have the life in her that other youngons have. (29)

Bone-set tea, or boneset tea, is one of the most frequently mentioned herbal teas for use as a general restorative. In the 1830 medical handbook Gunn's *Domestic Medicine*, Gunn says: "The Bone-set is a valuable plant, and cannot be too highly prized as a medicine. [. . .] It has been used in the Hospitals of New York with great success, given as a tea or in Powder" (379). Grady M. Long of the University of Chattanooga says that boneset, also known as Queen of the meadow, was used widely as a sleeping aid, a tonic, an antiseptic, for calming nerves, and in general was "good for whut ailed you" (3). (See also Browne 48; Hand, *North Carolina Folklore* 144, 150, 221; Long 3; and Raichelson 109).

Haun documents diseases common to the Southern Appalachian region and folk medical remedies likely to be used. Bessie becomes a beloved member of her Granny's family, and

spends her time helping with what chores she has strength to perform. Then one day Bessie doesn't come down to breakfast—she is burning up with fever and too weak to move:

By the middle of that evening Bessie had little tiny red spots on her legs. I put my finger on them and they turned white. Right then I knowed what was wrong. "Hit is mountain fever," I said.

Me and Amy made her plenty of cherry-bark tea. That is the first time I ever seen it fail to cure the fever. (31)

While a specific folk illness called "mountain fever" was not found after research, Gunn's medical manual, like many others of the late nineteenth century, found fevers in general to be the disease, not a symptom. Gunn catalogues some of the more common fevers identified at that time: ague, bilious fever, and nervous or typhus fever (133-41). Gunn says, "It is almost impossible to describe *fever* correctly; because it shows itself in so many various ways and forms. [. . .] By these symptoms [long list] you are to judge of this disease" (128).

More important than pinpointing the nature of the disease is Mary Dorthula's mode of treatment, which leads to the debate of efficacy of herbal remedies. While there are those who view resistance to change, fatalism, and the reliance on herbal medicine among mountain societies as superstitious and unscientific, it is quite logical to assert that if a particular herbal treatment works, has a long history of use, and is free, it is logical to use it. Gunn's *Domestic Medicine* (1830), a compendium of practical medical advice, found its way into many a Southern Appalachian home. Charles Rosenberg, in his introduction to the 1986 edition, cites a general suspicion of academic medicine and a desire to use practical common sense (vii). Gunn's medical manual frequently prescribes the use of herbal medicine, based on his belief that "our wise and beneficent CREATOR has placed within the reach of his feeble creature *man*, herbs and

plants for the cure of all diseases but old age, could we but obtain a knowledge of their real uses and intrinsic virtues” (viii). Gunn prescribes the bark of the wild cherry tree in the cure of “ague and fever, bilious fever, and other diseases where tonic or strengthening medicines are proper” (399). The use of wild cherry bark tea for fever is also documented in Browne (65), Hand, *North Carolina Folklore* (148), and Meyer (82). Mary Dorthula might not have recognized the causes of typhoid fever or have been aware of the scientific cure, but she worked within the realm of experience and efficacy, like any other proponent of the scientific method.

In a chapter section titled “Biomedical Implications of Indigenous Plant Use,” Nina Etkin addresses two perspectives on a definition of “efficacy”: emic and etic perspectives (*Plants in Indigenous Medicine and Diet* 6-7). An emic perspective works within an internal framework, taking into account cultural ideology and health practices; an etic perspective uses external concepts in interpreting ethnomedical knowledge, and “typically employ[s] a Western biomedical paradigm” in evaluating botanical parameters (Etkin 7). Etkin, citing Young and Montellano, states, “From an emic perspective, the medicinal and other uses of plants can be considered to be effective if they meet culturally defined expectations (of healer, patient, and social group) and, thus, confirm and reaffirm shared beliefs about the nature of health” (7). Thus, Mary Dorthula is working within a framework of available botanical knowledge and an emic perspective of efficacy. However, when it becomes clear that Bessie is unlikely to recover, Mary Dorthula goes into a trance and hears the voice of Bessie’s dead mother directing her to take Bessie to the cave where Bessie’s father has died. Bessie dies there, and Mary Dorthula hums an old song about Little Bessie’s sleep. Without judgment or excuse, Haun shows in one stroke the dual nature of Mary Dorthula’s medical practice: if proven herbal lore doesn’t work, then the supernatural will bring the necessary and healing closure.

In another story, Haun combines herbal lore with superstition when the ghost of a mountain man called Big Sam, “a knowing man about herbs and animals and such” (251), guides the hand of a young father in preparing a tea from a root which saves his infant son’s life. Big Sam’s ghost directs the father high into the mountains, to a “small, tiny plant. About like heart’s ease, save that it had sort of star-shaped leaves instead of heart-shaped ones, with red veins running through them” (263). It is possible that the plant described is hartshorne, sometimes used as a stimulant (Crellin and Philpott 17). Mrs. Grieve’s *A Modern Herbal* describes hartshorne, also known as plaintain: “When it is well grown, the leaves lie round about the root on the ground, resembling the form of a star and thereby called *Herba Stella*” (642). Grieve also notes that hartshorne grows on mountains and rocks (642). The identification of this root, however, is secondary to its role as a supernatural agent and magical component of folk medicine. This particular tale has a happy ending: the young father prepares the root as directed by the ghost, and his son is saved. However, not all of Haun’s stories end on a benevolent note.

In two of the darkest of Haun’s tales, jealousy and suspicions about a child’s parentage lead to tragedy, and not just literary tragedy, but keen, visceral, horrifying events. The chapter titled “Melungeon-Colored” tells of the prejudice against the Melungeons, a class of people thought to be of another race, possibly black (Haun 98). Mary Dorthula’s granddaughter Cordia, raised to believe she is Mary Dorthula’s and Ad’s daughter, has a Melungeon father, and Mary Dorthula swore on her daughter’s deathbed to never reveal this Melungeon tie. After Cordia marries, Mary Dorthula worries about what will happen when Cordia has a child: “I knowed if Cordia ever had any boy youngons they would be Melungeon-colored and her man might not understand” (Haun 99). Mary Dorthula makes Cordia promise she will report any initial signs of pregnancy and makes plans to circumvent a Melungeon child:

I hate to own up to what I was aiming on doing. All the years that I have been a Granny-woman I never have give anybody a thing to knock a youngon. Heaps of women have begged me to. It is just one of the things I always said no to. But with Cordia it was different. What I aimed on doing was to giver her a quart of hot pennyroyal tea. Ma told me about it back when she was teaching me to be a Granny-woman. (Haun 100)

This listing of pennyroyal as an abortifacient, interestingly, shows up rarely in collections of herbal remedies. In fact, only a handful of sources mention abortion at all. Pennyroyal does, however, show up many times as an emmenagogue (a substance taken for resumption of menstruation; Bauer 82; Browne 65; Crellin and Philpott 176; Grieve 626; Meyer 172). Crellin and Philpott, in their book on herbalist Tommy Bass, report that pennyroyal is well known as an abortifacient and emmenagogue, and that Bass himself never prescribed pennyroyal for human use “because he is fearful of misuse, that is, producing abortion” (176). Crellin and Philpott further note that most plants identified as emmenagogues were also used to induce abortions (176). Clarence Meyer’s *American Folk Medicine*, a collection of natural remedies consciously free from any magico-religious cures, states, “In cases of sudden suppression of the menses, a tumbler full of pennyroyal tea [. . .] will rarely fail of producing the desired effect” (172). An influential mid-nineteenth-century text, C. D. Meig’s *Females and Their Diseases*, states unequivocally that emmenagogues will not affect the cessation of menstruation (Crellin and Philpott 177). Varro Tyler writes, “An emmenagogue promotes menstrual flow but in popular writing is often a euphemism for an abortifacient. The more active pennyroyal oil has been taken in attempted abortion with tragic results” (243). It seems highly possible that “sudden suppression of the menses” could be a euphemism for an early sign of pregnancy, and the rarity

of abortifacients in collected remedies and the fiction point to a reluctance to discuss this controversial issue.

Cordia forgets to tell Mary Dorthula she is pregnant until she is three months along, too late for pennyroyal, according to Mary Dorthula (Haun 103). All of Mary Dorthula's fears about a Melungeon-colored baby return, and she is wracked by the knowledge that Cordia and her husband had a Melungeon boy helping out all winter. In a bit of dramatic foreshadowing, Mary Dorthula is summoned by Cordia's husband Mos during a horrendous storm to help with Cordia's delivery. They arrive after Cordia has delivered alone, and Mary Dorthula immediately cries out, "'Its skin! [. . .]. 'A Melungeon! I knowed it' I don't know what made me say it'" (Haun 108). Mos immediately assumes the child has been fathered by the Melungeon hired help. Cordia dies moments after Mary Dorthula and Mos arrive, and Mos buries the infant alive with its dead mother (Haun 109). Mary Dorthula's reaction is unfathomable:

I've thought about the things that happened that night. [. . .] And the little funny-colored baby that I prayed the Lord would let die before we got the coffin made. But it didn't. It kept on whimpering and gasping. I never could have stood it if I had been in my right mind. I was scared out of my right senses. (Haun 109).

Mary Dorthula gives as her reason for not telling Mos of Cordia's parentage the oath she made to Cordia's mother: "I wanted to tell Mos how it was. But I knowed that would disturb Effena's peace, because I had promised her. Effena would come back and haunt Mos. Mos would be haunted and I would be haunted" (Haun 111). At Cordia's funeral the next spring, Mary Dorthula is again at peace, singing the words from an old hymn: "Darkness, fire and pain. They were what I had been through. But God said he understood. [. . .] A honey bee flew around my head, and some pretty pied butterflies. I felt peaceful as a kitten" (Haun 111). The power of

superstition and the assurance that God understands lend an uneasy peace and troubling explanation of folk beliefs to this tale.

In a second, haunting piece of jealousy and revenge titled “Wild Sallet,” Mary Dorthula’s young daughter Meady is being courted by Burt Hurst. A fierce enmity springs up between Burt and Meady’s older-half brother Linus, who “used to try to spark Meady when Meady was just fourteen year old” (Haun 113). Meady ends of marrying Burt, but half-brother Linus lies in wait for Burt and in the ensuing fight is seriously wounded by Burt. Meady, hating Linus but unable to fight her sense of family loyalty, insists that the gravely injured Linus be brought to their home. Upset, and two months pregnant, Meady turns in anger on Burt, who leaves. Linus does not leave, staying on with Meady and mistreating her. When Meady gives birth to twin girls, Burt’s children, Linus, in a rage, picks up one of the infants and throws it into the fire, where it burns to death. The remaining twin, Rozella, develops “the thresh,” and Meady sets off to find Burt, who as a man who has never known his father, has the gift of healing thresh by blowing into a child’s mouth (Browne 28; Hand, *Magical Medicine* 45; O’Dell 30; Parr 11; Thomas and Thomas 117). Burt refuses, and Meady makes the long trek home; Rozella dies within hours. And within an equally short amount of time, Burt arrives at their old home, “nigh out of breath. ‘Am I too late, Meady?’ he got out of his mouth. ‘You come in a smidgin not being,’ she told him” (Haun 123). As with the story of the Melungeon-colored baby, this tale, filled with lust and jealousy and murder, ends with a pastoral peacefulness, as Burt and Meady go to pick violets for the grave, and “a mess of wild sallet for us” (Haun 123). There seems to be no lesson, just a sense that violence and death are part of the world, and within God’s plan, taken in stride the same as peace and birth.

Continuing with a listing of medical folklore in Haun's book, Granny spreads spiderweb into bleeding cuts (233), administers "sheepball tea to make the measles break out" (311), prepares walnut-bark tea for Granny Norris "to clear up her mind" (314), and ties the left front leg of a mole to her grandson's leg to make tooth-cutting easier (338). Mary Dorthula's remedies are widely documented in modern collections of old medical lore (sheepball tea, also known as sheepy nanny tea or sheep manure tea, is found in Browne 19, Browne 79, Cooke and Hamner 66, Faulkner and Buckles 9, Hand, *North Carolina Folklore* 233, Hunter 99, Norris 106, Parr 10, Redfield 16, Watkins and Watkins 127; mole's foot for teething, Browne 24, Farr 5, Faulkner and Buckles 15, Parr 11; spiderwebs for cuts, Bauer 85, Cooke and Hamner 66, Hand, *North Carolina Folklore* 123, Hunter 100, McWhorter 13, Meyer 275, Norris 102, Redfield 15, and Thomas and Thomas 94). Contemporaneous writers also affirm Haun's accuracy in detailing folk medical practices: "All dwellers in the remote Highlands are more or less familiar with the use of teas made from common herbs and roots, such as boneset, camomile, sassafras, and pennyroyal" (Campbell 205). Kephart reports: "Ordinarily wounds are stanchd with dusty cobwebs and bound up in any old rag" (300).

What remains remarkable about Haun's legacy to medical folklore is not simply its accuracy, but the effect her work has on the reader, creating an internally logical story out of a wild and dark world that is "equal parts of witchcraft and herb medicine" (Gower xxv). Haun does not ask us to moralize or even to believe in the folk medical system she describes: It simply is. Haun's tales are haunting and powerful and ancient; they cause the reader to "confront again [. . .] the passionate, supernatural forces which are at work simultaneously in Miss Haun's corner of the universe and in Homer's" (Gower xxv).

If the works of Furman, Miles, and Haun can be placed on a continuum gauging their reliance on official medicine, one can equally make the case that the amount of collected folklore also works on an inverted equation: more actual folk remedies equals less official medicine. Furman had a mission, and while folk medical lore plays a crucial role in her plot developments, she does not spend a great deal of time documenting folk remedies. Instead, Furman takes traditional folk medical attitudes—religious fatalism and distrust of the new—and works them into her didactic novels. Miles wants us to know and love “her” mountains, and she reports on some of the folk medical beliefs and practices. However, her goal and greatest strength are in showing the importance of women as carriers of folk medical tradition. Haun weaves the darkest of folk medicine into her strange and other-worldly tales, and includes the largest number of documented folk remedies, in part because of her interest in medicine and in collecting folklore. The common thread that forms the basis of comparison for these authors’ works is the crucial role folk medicine achieves in their novels.

CHAPTER 3

THE 1940s THROUGH THE 1960s

The period between 1940 and 1970 was a time of unimaginable change and discovery. The increased industrialization and technology that accompanied World War II, together with the steady advancement of roads into remote areas, significantly impacted the development and advancement of official and folk medicine. Programs in public sanitation, nutrition, and maternal care were equally, if not more instrumental in improving living conditions and overall health in the Southern Appalachian communities to which they were directed. Saks states that “epidemiological analyses of the Western population indicated that more of the improvement in health over the past century had arisen from factors such as enhanced food supplies and better sanitation than from interventions by orthodox biomedicine” (116). The discovery of penicillin, marking the “launching of the antibiotic era,” remains one of the single most important events of this period (Hotchkiss 2). Up until 1940, the “magic bullets” available to combat the principal scourges—pneumonia, scarlet fever, diphtheria, and numerous streptococcal and staphylococcal infections—were “almost all based upon poisonous principles—arsenic, mercury, phenols, [. . .] etc,” all of which had some sort of detrimental effect on the patient’s healthy tissue (Hotchkiss 2). Penicillin, “based on the supremely simple working hypothesis that soil as a self-purifying environment could supply an agent to destroy disease-causing bacteria” (Hotchkiss 2), ushered in an age of a broad-spectrum weapon against disease that could only be termed miraculous. It is this sense of awe in the power of technology, modern sanitation, and scientific therapeutic medicine, together with a growing doubt in the efficacy of folk medicine, that imbue the novels of the following authors.

The fiction studied in this chapter quite naturally falls into a chronological organization based on the timeframe within each novel rather than its publishing date—that is, while Arnow published *Hunter's Horn* almost twenty years before *Christy*, Marshall's novel is set decades earlier than Arnow's. Catherine Marshall's bestseller *Christy* (1967), the most current of the novels from this period, is set in a small East Tennessee mountain community in 1912. Highly reminiscent of Lucy Furman's fictionalized accounts of the settlement schools brought to the tiny, rural mountain communities, Marshall wrote *Christy* from careful research in books on the region, such as Kephart's *Our Southern Highlanders*, and from her mother's memories (Ladner 125-26). Like Furman's fiction, *Christy* has a definite message: the gospel of Christ is almost interchangeable with the gospel of modern medicine, and folk medicine, faithfully recounted, is largely scorned, although the actual "folk" are highly romanticized. Harriet Arnow's book *Hunter's Horn* (1949), set during the early years of World War II, offers a cornucopia of folk medical practices, and at its center are set pieces showing the conflict between folk and official medicine. Through the opposition of *Hunter's Horn*'s male protagonist, who is fighting free of superstition, embracing the new technology, and the community's folk doctor and midwife, Arnow provides a balanced and compassionate look at an Appalachian community on the cusp of radical change.

Marshall's prologue to *Christy* opens with a return visit to the tiny mountain community at the center of her novel, an Eastern Tennessee community where her mother taught in a settlement school in 1912. Barbara Ladner, who had access to Marshall's private notes from writing *Christy*, states that two-thirds to three-fourths of the novel's events are true, while the rest are constructed from resource materials (125). Marshall herself claims in the prologue to *Christy*, "from the beginning, my imagination had taken hold of the true incidents and had begun

shaping them so that now, after so many years, I myself scarcely knew where truth stopped and fiction began” (19). In effect, Marshall’s novel becomes removed from a primary source on several levels. First, she is writing a novel about her mother’s life, so her perspective is through the somewhat subjective lens of a family history, sentimentalized and romanticized as so many of our own historical accounts are. Second, her research depends greatly on historical perspectives written by those whose own medical frame of reference is quite firmly planted in the values of official medicine. Nevertheless, Marshall, who according to Ladner “consulted more than fifty books and a similar number of newspaper and journal articles and conducted several interviews in gathering material for her plot and characters” (126), continues the tradition of novelists writing Appalachian fiction by devoting careful attention to folk medicine and official medicine as reported by both researchers on Appalachia and physicians of the time in which she is writing.

Like Furman’s novels, the first dramatic event in *Christy* is a medical crisis. Young Christy Huddleston, the fictional name given to the character modeled after Marshall’s mother, has convinced Mr. Pentland, the mailman, to allow her to accompany him seven miles through huge drifts of snow to begin her job as teacher at the mountain settlement school in the fictionalized community of Cutter Gap, Tennessee, locally referred to as the Cove. As Christy and Mr. Pentland take a short respite in Christy’s first mountain cabin, the Spencer place, “a young man limp and unconscious, his head bloody, was carried into the Spencer cabin” (Marshall 52). Dr. Neil MacNeill, a local mountain boy who went off to medical school and has returned as the doctor to his community, arrives to tend to the patient. Marshall gives careful details of the doctor’s examination: “His fingers kept sliding over the man’s head on the pillow—feeling, probing. [. . .] He took the patient’s pulse, then forced his mouth open and

looked at the tongue. He checked the pulse again; opened the eyelids and looked intently into the eyes; took the lamp and moved it closer to the still face” (Marshall 53-4). Dr. MacNeill speaks privately to the man’s wife and his brother, the head of the “clan,” attempting to convey the seriousness of the young man’s condition. In answer to the wife’s question, “Be it a—mortalizing—wound, Doc?,” MacNeill responds, “Don’t know the answer to that Mary. But Bob’s pulse is real slow, breathin’ irregular, reflexes bad, one eye doesn’t respond to light” (Marshall 54). When MacNeill realizes Mary doesn’t understand these terms, he says that Bob will go into a deep sleep and quit breathing unless he performs a difficult and rare surgery to release the pressure from bleeding within the skull (Marshall 54). The operation consists of boring a hole, or trephine, into the skull to release the pressure; MacNeil has only seen this procedure done once and has never performed the operation himself (Marshall 55). Bob’s brother Ault gives a response typically assigned to mountain people when confronted with illness: “‘I stand against it,’ the heavily bearded man exclaimed. ‘Life and death is in the hands of the Lord. We’ve no call to tamper with it’” (Marshall 55). But Mary steps in and insists that all must be done to save her husband’s life. Marshall does a good job setting the scene, juxtaposing official medicine with the primitive conditions of operating in a mountain cabin. MacNeill realizes he will “have a mountain cabin for an operating theatre, no trained nurses, little light, not even proper surgical instruments” (Marshall 56). However, the doctor brings bandages, sutures, and instruments from his bag, borrows a hammer and awl from the owner of the cabin, and begins sterilizing his tools (Marshall 57). Christy gives voice to the starkness of the situation:

Though I was impressed with his thoroughness, I couldn’t help wondering what good it would do in such an operating theatre. Why try to sterilize instruments

when not six feet away stood an anything but sterile audience breathing on the scene? One woman at the front of the group, who wore a rusty-looking black cape, kept rocking back and forth, fanning the air. Several people were coughing. One man sneezed with no handkerchief in evidence. (Marshall 57-8)

With no warning, Mary heaves an axe deep into the wooden floor underneath the makeshift operating table; MacNeill thanks her calmly (Marshall 58). Christy discovers later on that Mary is using a folk superstition to keep her husband from hemorrhaging (Marshall 137).

Marshall's dramatic mountain surgery serves several purposes. First, the event immediately sets up a recurrent theme throughout the novel: official medicine must be brought to these primitive people, or they will die. Bob's wound and prognosis are particularly telling. The wound cannot be seen; he is not gushing blood, and he appears to his family as one sleeping. The fact that only a scientifically trained doctor can "see" what is wrong with Bob and what is needed proves that science, with its increasing reliance on instruments and formal medical training, is the only appropriate treatment. Second, Marshall provides an excellent account of an actual surgical procedure, trephining, which was indeed in use at the time of the novel's setting. MacNeill explains to Christy that this operation is seldom used but has its origins in pioneer days, where it was used to aid survivors of an Indian scalping: "For anybody who lived through the scalping, the problem was how to get the skull covered again. So the frontier doctors used to bore a series of holes into the dura mater with a straight awl until they drew blood to the surface. That caused the scalp to grow again—in time" (Marshall 137). Interestingly, Ron McCallister, in *Frontier Medicine*, traces this primitive surgical technique back to Appalachia, to Dr. Patrick Vance, whose innovative procedure is described as follows from a surgery performed on a scalping victim: "I have found, that a flat pointed straight awl is the best instrument to bore with

as the skull is thick and somewhat difficult to penetrate. [. . .] The time to quit boring is when a reddish fluid appears on the point of the awl. I bore a first [hole] about one inch apart [. . .]” (53). The third function of Marshall’s immediate plunge into a medical emergency is to show the contrast between folk medical lore, superstition, fatalism, and official medicine. Marshall’s accounts have corroboration. An axe being used to stop hemorrhaging can be found in several collections of folk remedies (Blythe 82; Hand, *North Carolina Folklore* 11; Thomas and Thomas 95). Providing support for Mary’s role in deciding for medical treatment for Bob, Eileen Stekert says that it was “the woman’s role to determine when to call the doctor” (106). Corroborating Bob’s brother Ault’s proclamation that God’s plans should not be tampered with, other writers mention the attitude of fatalism so often attributed to the rural Appalachian: “When a person comes into the world the time of his death is already determined. No medicine will make any difference. This belief is found even among the small children” (Sherman and Henry 35); “Forced from early times, however, to face almost without help the grim certainty of suffering and death, he has come to assume toward them the only attitude which makes life endurable under such circumstances—a belief that they are ordained and therefore to be borne with what display of stoicism one may command” (Campbell 204). Not only does Dr. MacNeill have to contend with primitive, unsanitary conditions for the risky operation, but he must deal with what are to Christy superstitious, fatalistic beliefs and a frightening act of violence which purport to be medicine.

One method of dealing with the tremendous gap between official medicine and folk medicine is to romanticize the “folk” in order to render them capable of eventually throwing off their old ways and embracing the new ways. Marshall builds on an old tradition in Appalachian fiction, that of the mountaineer as “a strange race” (Kephart xxxvi), or “yesterday’s people”

(Weller), throwbacks to English and Scottish ancestors who still speak the language of Shakespeare and Chaucer and embrace the dress and moral codes of two hundred years ago (Williams 886). Mandel Sherman and Thomas Henry, in *Hollow Folk*, an invidious “racist” study which purports to be scientific anthropology, continue this myth in their opening chapter: “The dark interior valleys of the Blue Ridge Mountains are realms of enchantment. Here, hidden in deep mountain pockets, dwell families of unlettered folk, of almost pure Anglo-Saxon stock, sheltered in tiny, mud-plastered log cabins and supported by a primitive agriculture. [. . .] They speak a peculiar language which retains many Elizabethan expressions” (1). Kephart closes his chapter comparing the “outlander” to the Appalachian native in this way:

So, let me remind the reader again that full three-fourths of our mountaineers still live in the eighteenth century, and that in their far-flung wilderness, away from large rivers and railways, the habits, customs, morals of the people have changed but little from those of our old colonial frontier; in essentials they are closely analogous to what we read of lower-class English and Scottish life in Covenanter and Jacobite times. (285)

In defining Appalachia as a “strange land and peculiar people” (the title of local colorist Will Wallace Harney’s travel account of a trip through the Cumberland Mountains, Lewis 21), then imbuing its people with romantic ideals and quaint speech and dress, these mountain folk now appear worthy of receiving the gospel of official medicine. Marshall’s Miss Alice Henderson, the dynamic Quaker woman who has established the settlement house, reassures Christy of the treasure beneath all the dirt and filth: “At first I couldn’t see anything but dirt and poverty either. [. . .] But then as I rode through the mountains during my first few months here, getting acquainted with the people, flashes of something else began to come through. It was like looking

through a peephole in the wall that closes on the past, catching delightful glimpses of earlier ways” (71). Miss Henderson elaborates on these glimpses: a young girl playing on a dulcimer, which “must be a crude copy of some very old instrument,” singing old English and Scottish ballads (Marshall 71); “then my ears began catching seventeenth-century words—a lot of them straight out of Shakespeare and Spenser” (Marshall 71). “When the women talked of Bone-Set as a cough remedy, Mare’s milk for whooping cough, or Sweet William for a tonic, through my imaginary peephole I could see a thatch-roofed cottage set in an English herb garden. So that’s how I began to visualize something beyond the dirt and the poverty. You see, they do have a fine heritage, but they need to be reminded of it over and over” (Marshall 72). Again, Marshall has carefully researched the dialogue she provides her characters. Mare’s milk is indeed an established remedy for whooping cough (Browne 30; Faulkner and Buckles 10; Hand, *North Carolina Folklore* 353; Hunter 98; Norris 110), and bone-set tea is used for coughs, among other ailments (Browne 48; Gunn 379; Long 3; McCallister 108; Raichelson 109; Stuart 60). Sometimes romanticizing the folk remedies, other times reacting to the remedies with horror, Marshall sets up early on the rivalry between remedies which belong to a distant past and the new, official medicine.

There is no disputing that the southern Appalachian mountain communities had great need of official medicine, public health projects, and better schools. However, the persistent view, promulgated by much of the fiction depicting Appalachia, appears to be that this help was either unwelcome because of continued reliance on folk remedies or needed to be preached “over and over” because of some fault of the mountain people themselves, not because scientific medical help was expensive and not always easily obtained. Indeed, one can detect a general sense that the very primitiveness of the mountain people has in some instances kept them safe

from their lack of scientific medical knowledge, making folk medicine a fitting remedy until such time as official medicine can be delivered. When Christy whispers to the young minister who has come to preach in the settlement church about the shameful condition of the barefoot children, wondering what could be done, his response is “I know it’s a shock. [. . .] But up in these mountains the youngsters have gone barefooted all their lives—summer or winter. And they’re healthy as pigs” (Marshall 76). Mary Breckinridge, founder of the influential Frontier Nursing Service in the mountains of Kentucky, documents Marshall’s commentary on poverty and barefeet in her autobiography, and mentions that 6.5% of the children in one of her districts had no shoes (267). Sherman and Henry, in their 1933 study of five mountain communities (which quite providentially can be studied in strict hierarchical evolutionary progression, from mountains to lowlands), echo Marshall’s idea of less-than-human sensitivities by proclaiming that “within a radius of twenty miles they were able to keep company with the human race on its long journal from primitive ways of living to a modern social order” (5), and even posit that “perhaps they [the mountain women] do not suffer as acute pain [in childbirth] as do their sisters on higher culture levels” (27). Breckinridge offers her own scientific musings on the ability of mountain women in Kentucky to successfully deliver babies without medical assistance. First, all mountain women had been breast-fed, which precluded a flattened pelvis due to rickets because of the Vitamin D in the breast milk (Breckinridge 312). Second, natural selection had preserved those women most likely to be able to deliver without a physician by causing them to develop wide pelvises, because physicians were often unavailable (Breckinridge 312). Third, in perhaps the least scientific, certainly the most politically incorrect of her theories, Breckinridge claims that the mountain women “belong to a homogenous population. In such a population the baby’s head is racially designed to go through the mother’s pelvis”(312). Thus, by

sentimentalizing and/or marginalizing the mountain people, proponents of official medicine are free to assume the role of savior and magician, saving a noble people from their ignorance while at the same time transporting a forgotten people into modern society and culture.

In another small set piece early in the novel that continues to draw the battle lines between official medicine and folk medicine, Christy is called to the cabin of a young mountain woman, whose long-awaited infant daughter, the first girl-child after several boys, has died. The infant's mother is eager to talk to Christy:

“The baby cried something awful all night and we thought it was liver-growed.”

“Mrs. McHone, I never heard of that. What's liver-grown?”

“Lots of newborned babies has it. You take the baby by the left heel and the right hand and make them tetch. Then you take the left hand and the right heel, and if'n they won't tetch you know hit's liver-growed.”

“What do you do then?”

“You got to force the hand and heel to tetch. When I pulled, the baby hollered and went as limp and white as a new-washed rag doll. Never could do nothin' with her after that. Give her tea all night long, but nothin' hoped. Jest afore the sunball come up, we heered the death tick in the wall. Jest quit breathin' then, she did.” (Marshall 120)

In Cavender, Fisher, and Kerley's *A Folk Medical Lexicon of South Central Appalachia*, this particular illness is described in more detail (8). Defined as a folk illness, an illness that has no counterpart in official medicine, the concept of an infant's becoming liver bound or liver grown, a folk illness of German origin, “is founded on the belief that if an infant is allowed to remain on its back in a crib or a bed for too long, its liver will become bound to its spine. Death will

eventually result if preventive measures are not taken. Symptoms of an infant becoming liver bound are indigestion, constipation, and irritability” (Cavender, Fisher and Kerley 8).

Corroborating evidence of the cure for this folk illness is found in the Thomas and Thomas collection of Kentucky mountain superstitions: “You can cure a liver complaint in a child by having him touch his left foot with his right hand” (108). Because this specific cure of causing the child’s hand and foot to meet does not appear common in the collected remedies studied for this paper, and given Ladner’s comments on Marshall’s careful study of journals in preparation for writing *Christy*, it is possible that the preceding scene in *Christy*, describing the method of touching first left and then right sides and the use of the term “liver-growed” instead of liver bound or liver complaint, is directly inspired by the following account by Lawrence Thompson:

An ancient granny woman near Chapel Hill in Allen County told me of “liver-growed” infants. She could just tell it by “the way hit crossed hits eyes.” She took the infant’s right hand and left heel and made them touch behind.

Unfortunately, she could not make the right heel and left hand touch easily. “So I jest pulled,” said the beldame. “The child hit cried mightily, but I knowed hit had to be done.” (97)

Christy’s reaction makes perfect sense when confronted with what seems obviously to be an unnecessary death due to folk medical superstition: “The horror of this sickened me. The baby must have had cruel internal injuries. Yet Opal McHone had wanted this baby daughter. She was not a callous, indifferent mother but had acted out of love, love mired by her ignorance and by the superstition handed down to her” (Marshall 120). The concept of fatalism as a component of folk medicine is again demonstrated in Opal’s reaction: ““It was to be, I reckon,’ she said. ‘Hit was the Lord’s will. We’uns just has to bow to it. The Lord giveth and the Lord taketh

away. Blessed be . . .” (Marshall 120). This reaction reflects a very real problem in confrontations between official medicine and folk medicine. What does one do when the difference between using a folk cure and in using official medicine might result in death? Robert Hahn states:

Medical anthropologists commonly confront an essential dilemma and a profound ambivalence toward Biomedicine, resulting in an uncertainty about the validity of their own framework. Although they seek to compare medical systems across cultural boundaries without bias for or against any one perspective, they themselves are often rooted in the perspective of Biomedicine. Much of what they believe about sickness and healing has been learned from the teachings of Biomedicine and the broader culture. (3)

The bearers of official medicine in *Christy* have no such dilemma in deciding the validity of their medical framework: they are not anthropologists, and their medical perspective is the only valid one. Like the settlement projects at Hindman and Pine Mountain, which formed the historical basis for the settlement project in *Christy*, the staff who came to Cutter Gap “considered the introduction of scientific medical care and scientific knowledge a key component of their mission to improve the lives of mountain people” (Barney 92). *Christy* and other medical missionaries like her in real life had no cultural framework for the folk medical practices they encountered other than viewing these practices and beliefs to be ignorance and superstition disguised as love and good care.

Those who brought official medicine to remote mountain communities were zealous to bring some of the first significant medical weapons available after years of haphazard cures and were unprepared for a cautious reception. Terra Ziporyn states: “The germ theory of disease

united medical practice and medical science: one grew logically out of the other. The ability to diagnose, prevent, and treat specific infectious diseases [. . .] had vast implications for the practice of medicine” (13). The proponents of the germ theory of disease, armed with weapons that really worked, had difficulty with the fact that another system of identifying and treating sickness must be understood before it could be assisted, not to mention replaced. Hahn states that “how we think of sickness and the different kinds of sickness shapes our response, diagnosis, and treatment” (19). A society where physical complaints are judged solely on “anatomical and physiological alterations” is likely to dismiss the patient’s account and diagnosis (Hahn 19). When this sort of empirical medicine, founded on physical characteristics and scientific logic rather than social concepts of illness, conflicts with deeply ingrained attitudes regarding sickness and health, the stakes increase as the nature of the outcome gains in seriousness. It would appear that gaining trust through providing alternate treatments would work better than expressing horror at backward and outmoded beliefs. However, earning this trust would take a fairly long time, more time than idealists like Christy had in the face of a life-threatening situation. Hahn proposes a “framework for thinking about sickness that allows for the validity of phenomena envisioned by Biomedicine without assuming these to be ultimate or exclusive truths” (27). However, in the face of the preventable death of a tiny infant, an event already charged with emotion, these sentiments sound more politically correct than doable. Christy wonders about Doctor MacNeill’s failure to combat the ignorant superstitions of the people, who were in fact “his” people: “Dr. MacNeill seemed of the mountains, yet strangely not of them. He would have had to get his medical education somewhere else. But then, once he had seen and known the world outside the Cove, why had he come back to practice medicine here and then let things go on as before—like that liver-grown superstition that had killed the

McHone baby?” (Marshall 134). MacNeill’s response seems to speak more of his own sense of futility than of his logical role as mediator between folk medicine and official medicine.

Apparently Opal McHone had a granny who was “revered in the Cove as an herbalist. Some of her knowledge was sound enough, some of it nonsense—like the liver grown ailment. But granny’s word is gospel” (Marshall 135). When it comes to choosing between granny’s wisdom and Dr. MacNeill’s scientific medical training, MacNeill believes that granny’s words will always get preference to his own (Marshall 136). This attitude is explained further by Marion Pearsall: “Repeated generation after generation in the absence of alternative ways, they [folkways] have become guiding principles, sacred in themselves and not to be questioned” (129). Written near the end of the twentieth century, a biography on mountain herbalist Tommy Bass states of his mountain patients, “nonnatural folk beliefs remain in people’s systems; even if belief is muted some feel—especially if ‘granny knew them and she lived to a ripe old age’—that it is prudent to use them, thus contributing to persistent usage” (Crellin and Philpott 15). Official medicine and public health were needed in the mountains just as in the rest of the country, but the methods adopted needed more subtlety and less arrogance.

Campbell provides a more balanced and less emotionally charged explanation of the need for scientific medical intervention into the rural Appalachian communities, a view that avoids the hubris of claiming indisputable superiority of official medicine over folk medical beliefs. In his foreword to *The Southern Highlander and His Homeland*, Campbell is sensitive to the feelings of the Southern Highlander, “who like the rest of us does not at all relish the idea of being uplifted or missionary-ized” (xvii). Campbell insists that if one engages in intimacy with the families in the Highlands, “a fine code of ethics—equal to that of a physician or nurse—should be observed. We need not go to his land unless we wish, nor to his home; but having gone,

received his welcome and shared his hospitality, it behooves us, if we cannot maintain that courteous code, to leave” (xx). Campbell appears aware of the health problems in southern Appalachia without assuming that disease is peculiar to that region. He states, “One cannot travel far in the mountain country without facing the fact that romance is not necessarily synonymous with comfort, nor is the beautiful perforce wholesome. [. . .] Sickness is of too frequent occurrence, the need to relieve suffering too obvious, to permit matters of hygiene and sanitation to become obscured” (195). Campbell warns of sentimentality, and urges practical measures. Kephart quotes Bishop Wilson’s advice on dealing with the proud independence of the Southern Highlander: “The worker among the mountaineers [. . .] must ‘meet with them on the level and part on the square’ and conquer their often-times unreasonable suspicion by genuine brotherhood. The less he has to say about the superiority of other sections or of the deficiencies of the mountains, the better for his cause” (283).

Christy’s idealistic need to help arises in part from her romantic notions of carrying the gospel, both medical and religious, to a far-off land, but her ideas are good ones, and practical. She notices that the children in her class all drink from a common water bucket, and in a moment of rather heavy foreshadowing, she notes “I was going to have to put a stop to that. The communal gourd would be a good way to start epidemics” (Marshall 88). Epidemics such as typhoid fever were common and very often fatal in rural Appalachian communities (Campbell 204; Raine 212). Although by the turn of the twentieth century most doctors accepted that specific infectious diseases were caused by specific microorganisms, this acceptance did not always translate into an immediate change in treatment (Ziporyn 12). This was especially true in the mountain communities of southern Appalachia, where change, although accepted with proof of efficacy, was often cautious and slow. In 1912, the setting for *Christy*, typhoid fever

epidemics were a problem for many areas of the United States, notably in war camps and crowded urban areas, spread by flies and contaminated food and water supplies (Ziporyn 76). Ackerknecht states that “the bacillus that is the agent of the disease was discovered in 1880 [. . .]. It became evident that it found entrance into the human body by way of drinking water, food, and milk and that healthy carriers of bacteria often play a large role in spreading the disease” (41). Prior to the discovery of antimicrobial therapy, the mortality rate of typhoid fever was quite significant, 10 to 15 percent (Ziporyn 72). According to Ziporyn, “People had to learn how to prevent contagion and when to be immunized, they had to know what to eat and what to clean, if vaccines, antisera, and vitamins were to have any meaning” (16). This leads to one of the greatest obstacles to containing epidemics of typhoid: the fact that the bacillus is invisible to the naked eye, can withstand freezing temperatures and remain active in soil, water, and feces for weeks, and the fact that people could be “chronic carriers” for years, infecting others without ever exhibiting any symptoms (Ziporyn 72). Marshall understands the underlying etiology of typhoid and combines accurate descriptions of the health-threatening scenario with the folk perspective:

The mountain people called typhoid “the summer scourge” because many a year as soon as warm weather brought thawing ground and flies, the fever would begin. But typhoid could just as truly have been tagged “the autumn scourge,” for it was the fall rains washing human and animal waste down the steep slopes into creeks and springs that, often as not, started the epidemics. (Marshall 435)

The populations of mountain communities in Southern Appalachian were no more susceptible to doubt over an invisible enemy and a seemingly healthy carrier than in any other part of the country. However, the fact that their apparently pure, sparkling mountain streams could be

carriers of disease appeared to defy logic. Doctor MacNeill, preparing the settlement school staff for the battle ahead when the typhoid epidemic hits Cutter Gap, lectures on the water: “What *looks* like beautiful, sparkling drinking water may contain billions of typhoid bacilli” (Marshall 437). MacNeill explains the particular problem this poses for the mountain people: “Yet here in the mountains, people are proud of their water. Crazy contradiction! Every family thinks their water is best—whether it’s limestone, freestone, sulphur, iron or just aching cold” (Marshall 437). MacNeill gives his imitation of a mountain man who is told that his water carries the disease: “Why, Doc, you’re plumb crazy. Ain’t no better water anywhars than the spring on our placed. Hits bound to be pure. Bubbles right up out’n the ground” (Marshall 437). Although it cannot be proved, this bit of dialogue suggests the strong likelihood that Marshall obtained this account of mountain people and their water from Raine’s almost identical description in *The Land of Saddle-bags*:

Mountain People are usually very particular about the water they drink. They generally prefer spring water, and are emphatically partial to the peculiar taste of their own spring or well, be the taste that of sulphur, soapstone, limestone, freestone, or merely clear and cold. Like all other people that have not been educated in sanitary precautions, they do not consider water to be polluted so long as it is sparkling and clear. “Hit bubbles right out’n the ground, hit’s bound to be puore.” (211)

The significance of the mountaineer’s pride in drinking water relates directly to folk medical beliefs, in that there is no room for a belief in invisible germs when one has the visible proof of sparkling, pure water. At the height of the typhoid epidemic, Christy ponders this disbelief in

invisible germs as she watches Bessie, one of her students, struggling up the hill to her home with a pail of water. Christy wonders

if, all unknowing, Bessie was carrying more typhoid germs up the hill in that pail. Dr. MacNeill never had ceased talking about the necessity of cleaning out all springs, of being sure that no waste washed into them, of being certain that no pig pens or barnyards were adjacent to a source of water. Yet even with so much dramatic evidence spread before the eyes of the highlanders, little that the Doctor said about sanitation had any effect. Few people had changed their ways.

(Marshall 478)

Death by epidemic is more likely than not thought to be God's will, unavoidable and capricious and unknowable. Watkins and Watkins corroborate Marshall's portrayal of Appalachian folk medical beliefs:

Hill people thought no more about the causes of tuberculosis and typhoid than they puzzled about why a rose petal is red or a bean blossom is white. Sickness might be providential chastisement or punishment for sin, and God mysteriously caused the good and the righteous to suffer. Epidemics of typhoid were pestilences which the Lord visited on the people because of their wickedness.

Some people believed that sickness just happened without cause or plan. (124)

Watkins and Watkins strengthen Marshall's view of the folk response to the germ theory of medicine: "People knew little or nothing about germs or bacteria; they despised nastiness from instinct or taste rather than from any connection with filth and germs" (124).

Marshall mentions briefly some of the folk medical responses to the typhoid epidemic: "One of the peculiar by-products of the epidemic was that every blockading still began

producing to full capacity and many new ones were set up. The mountain people had the fixed idea that home-brewed liquor killed the germs, that to drink some liquor each day kept up strength, and that no herbs or medicine could be taken without it” (468). The widespread use of whiskey, alone or mixed with herbs, is documented extensively in many of the collections of remedies (Browne; Cooke and Hamner; Hand, *North Carolina Folklore*; Hunter; Meyer; Parr; Raichelson; Thomas and Thomas). In fact, more than one collector of remedies provided variations on the following statement: “Whiskey is in rather common use as a cold medicine. Some people maintain that there is no better cold cure than a whiskey and rock candy mixture. Others would not ruin the ‘medicine’ by the addition of rock candy” (Hunter 97). A collection of remedies, under the heading “snake bites” simply states “get dead drunk at once” (Norris 108). Nonetheless, Marshall’s apparent intent is to show more of a folk medical belief system—a belief in the pureness of their water and disbelief in germs—than a detailed account of actual herbal and/or superstitious remedies.

Herbal medicine and its uses are briefly documented in *Christy*. Fairlight has “favorite spots for all the herbs she needed for her family doctoring: mullein, out of which she made cough syrup; crabapple bark for asthma and sneezing; wild ginger for diarrhea; witch-hazel bark from which she made a salve for burns and skin sores; gingseng and sassafras mixed together for a tea” (Marshall 213). This listing shows careful attention to collected remedies, and can be documented from many sources (mullein for coughs, Crellin and Philpott 136; Hand, *North Carolina Folk Beliefs* 162; Meyer 83, Thomas and Thomas 99, Thompson 102; wild ginger for diarrhea, Browne 40, Gunn 401; witch-hazel bark for burns and skin sores, Grieve 851; ginseng and sassafrass, Browne 121; Cooke and Hamner 67, Hunter 102, Long 4, Mullins 37, Raichelson 116, Stuart 61; Watkins and Watkins 125). Marshall’s depiction of the medicinal use of herbal

gardens is also supported in Watkins and Watkins: “Herbs were the chief source for remedies and cures. The Hillman knew by name hundreds of plants, flowers, weeds, and bushes, and many plants possessed marvelous properties which would cure all kinds of diseases. [. . .] Most families grew medicinal herbs in one corner of the garden” (125). However, Marshall more frequently chooses the broader concepts of folk medicine—fatalism, dependence on old ways, and the inability to grasp concepts of microbial agents—rather than detailed use of herbal remedies to explain the community’s reaction to typhoid fever and other illnesses. The death of Christy’s mountain friend, Fairlight Spencer, of typhoid fever follows a familiar pattern in portraying the mountaineer’s reaction to illness, one based more on a reluctance to call on scientific doctors than complete reliance on folk medicine. In response to her question as to whether the doctor had been called, Christy is told, “Mama didn’t reckon to need no doctor-medicine” (Marshall 420). Kyle Coburn, whose wife Lety has come down with typhoid fever, accepts help from Christy only after his “toddy” (toddy), “whisky in water with a little sugar” (Marshall 480) has proven ineffective. When Christy asks why the doctor has not been called, Mr. Coburn replies “Put hit off. Bessie [his daughter] got along without. Figured Lety would too” (Marshall 481).

Marshall also gives detailed examples of how a family might combine folk medical beliefs with an acceptance of official medicine. For example, Opal McHone, the woman whose infant girl died of the treatment for the folk illness “liver-growed disease,” has suffered serious anemia since the child’s birth. Her husband has turned to “stilling”—making moonshine—to provide the expensive medicine and healthful diet Opal needs (Marshall 274). Dr. MacNeill tells Christy, “As their doctor, Tom will let me supply the medicine, but as for money for ‘brought-on’ food ‘I’m obleeged to ye, Doc, but I don’t choose’ is his final word” (Marshall 274).

Obviously MacNeill's medical knowledge is being used by the community, but the community is shown at a time when reliance on old medical folkways is still strong. Marshall accomplishes a dual purpose in *Christy*: providing a detailed look at the difficulties of maintaining a science-based medical practice in the face of distrust, superstition, and an established folk medical belief system; and, to a lesser extent, documenting the folk *materia medica* and individual folk medical practices and beliefs of the historical time period.

Hunter's Horn (1949) by Harriette Simpson Arnow has more in common with the work of Mildred Haun's *The Hawk's Done Gone* than with the works of Furman or Marshall. That is, the narrator of *Hunter's Horn* relates the world of Little Smokey Creek from a realistic viewpoint that is not particularly romanticized or sensationalized. While official medicine does not play a prominent part in this novel, the intrusion of the world from outside of the mountains, with its progressive ways, influences the folk and folk medicine in Arnow's mountain world. Arnow's principal strength in *The Hunter's Horn* is her sympathetic and respectful characterizations of the people of whom she writes, and her unrelenting honesty in portraying how they struggle with traditional beliefs in the presence of a rapidly changing society. One of her biographers, Wilton Eckley, writes that "*Horn* goes far beyond local color, for Mrs. Arnow is not the kind of Realist who produces merely a photographic and phonographic copy of real life. On the contrary, her Realism exposes the minds of the characters—their fears, their desires, their hates, and their loves" (64). In exploring the minds of her characters, Arnow shows not only the strengths of folk medical tradition but also a three-dimensional portrait of the practitioners of folk medicine: those who are holding on to the traditions, those who are leaving them behind, and those who are attempting to grasp the best of both worlds. Eckley maintains that *Hunter's Horn* "is pervaded by a strong life impulse in both man and nature, an impulse that will survive

regardless of social or natural barriers. [. . .] It's not a question of progressing or regressing; it's a question of living or dying—and the need for love and compassion” (84). Three of the novel's principal characters—Nunnely Ballew, his wife Milly, and the local healer, midwife, and granny woman, Sue Annie—represent a mountain community as it leaves its pre-World War II isolation and struggles with its traditional beliefs, including the benefits of folk medicine. Watkins and Watkins state that the folkways of people in Southern Appalachia did not radically change until after World War II, and then those “older ways disappeared in less than a decade” (Preface i). Thus, Arnow captures the mountain community at Little Smokey Creek at a pivotal time in history, when many folkways, including folk medicine, are about to undergo a significant change, if not completely disappear.

While *Hunter's Horn* does not open with a medical emergency, as have so many of the Southern Appalachian novels studied in this paper, one of the underlying principles of the conflict between traditional medicine and official medicine does appear on the first page. The reader is introduced to the novel's protagonist, Nunnely Ballew, the year before the United States joins the conflict that will be the Second World War. Nunnely is a mountain man whose passion is hunting a legendary and almost demonic fox the community has named King Devil. In the opening scene of the novel, Nunnely, husband and father of four children, is buying store-bought dog food for his hunting hound. The clerk, perhaps aware that Nunnely is spending the bulk of his grocery money on a dog, reminds him of his family obligations: “How about some oranges? They'd be good for your family” (Arnow 1). Nunnely replies: “You ought to see my youngens. Four a livin and there ain't never been a doctor in th house” (Arnow 1). Watkins and Watkins support this attitude of self-reliance and eschewing of medical care in the absence of an emergency: “Hill folk tried to do without the services of the physician except in times of

childbirth and grave sickness. Even the low fees of the doctor were a great extravagance. People turned to homemade remedies” (125). In an autobiographical account of her years as a woman doctor in the mountains of the Cumberland Plateau, Dr. May Wharton corroborates the lack of reliance on medical doctors due to lack of ready money: “They cannot even think of calling a doctor. They cure themselves with herbs and simples or they die” (33). Nunnely’s farm at the mouth of Little Smokey Creek has been in the family for many generations, and at the story’s opening Nunnely, who has come back to farm after working in the coal mines, is a rather haphazard and not particularly enthusiastic farmer, the land having gone over to “brush and gullies” (3). At the heart of this novel is Nunnely’s obsession with hunting and killing King Devil, a fox who has tricked innumerable hounds to their deaths, killed off many of the farmers’ sheep and chickens, and who symbolizes the supernatural forces that keep Nunnely from embracing changes that could lead to more economic security for his family. When King Devil runs Nunnely’s old hound to death, Nunnely spends an ungodly amount of money for two pedigreed hounds, the first his community has ever seen, a sign that Nunnely is leaving old ways for the new. An early foreshadowing of Nunnely’s struggles to embrace modernity and leave superstition behind comes during an early hunt for King Devil. One of Nunnely’s hunting companions, whose struck match goes out immediately as it lights, whispers ““that’s bad luck’; ‘Granny woman,’ Nunn said, and struck another match” (Arnow 54). Nonetheless, Nunn leaves room in his journey toward science for the medical folkways that have worked. When he brings one of his near-dead pedigreed pups, Sam, to the town veterinarian, worried that he has waited too long, Nunn remembers the time that “little Ezekial Cooksey was stretched out stiff like that and Sue Annie and Milly had pulled him through” (Arnow 138). In the next sentence—“But Sam wasn’t a Cooksey” (Arnow 138)—one has the sense that Nunn, who wouldn’t take his

children to a doctor, believes that a scientifically-bred pup needs scientific medicine, an interesting leap to make.

Nunnely's wife Milly is content with the medical folkways she has lived with all of her life. She is aware that Nunn, as she calls her husband, does not look favorably on the folk cures prescribed by the local healer, Sue Annie, so Milly conducts her medical practices when Nunn is away (Arnow 19). Eckley says, "The world of Little Smokey Creek is conditioned not only by a relentless natural environment but also by naïve superstitions that range from a reliance on folk remedies for diseases to a belief in witches and by a harsh fundamentalism that rationalizes all human suffering as a prerequisite for an easier life after death" (67). In many ways, Milly is the embodiment of this description of the world of Little Smokey Creek. In an early scene, the Ballew's youngest child, Deb, is experiencing a flare-up of the "tizic," an old word for asthma which has its root in an even older word used for both asthma and tuberculosis, phthisic (Cavender, Fisher, and Kerley 28). Milly has tried many cures, but this day she decides to follow Sue Annie's "white oak remedy" (Arnow 19). This asthma remedy consists of selecting a white oak tree, making a mark the height of her son's head, then driving a lock of the asthmatic child's hair into a hole bored into the tree. Milly believes that as "soon as that little tree grows an lifts that lock a your hair higher than you are, that old tizic'ull leave you sure as shooten" (26). This cure, along with numerous variations, is extremely well documented in collections of folk medical remedies (Blythe 77; Cooke and Hamner 67; Farr 5; Hand, *Magical Medicine* 101; Redfield 15; Thomas and Thomas 110; Woodbridge 133). Dr. Gaine Cannon, a doctor who returned to his native North Carolina mountains to practice medicine in the 1950s, supplies both his logic and his respect for this particular folk cure. In describing a variant of the tree remedy, similar in that a lock of hair is nailed to a stick higher than the child's head, Cannon says: "The

thing about this stick cure for asthma is that most children naturally outgrow asthma, and by the time a child's head reaches the stick [or the lock of hair is elevated by the tree's growth] he is well" (78). While this particular asthma cure depends more on the natural response of many asthmatic children rather than the efficacy of the cure, it certainly does no harm.

Milly is also a great believer in herbal and medicinal teas, and she offers Nunn a potent brew of whiskey and peppermint when she fears he is coming down with a cold, a common remedy in collections of folk remedies (Browne 50; Craft 15; Meyer 66). Milly has lost two children in infancy, yet her beliefs in the efficacy of folk cures, often highly superstitious, play an important role in how she deals with the hardships of her life. Milly does not separate her faith in God from her faith in folk medicine, although she thinks perhaps that God is not altogether on the side of women: "Oh, dear Lord God in heaven, why do you send trouble thick as the falling snow on a woman? Did you have a spite against us when you created us from Adam's rib? Oh, God, it's hard to be a woman" (Arnow 68). Milly's reliance on superstition often allows her no peace. Later in the story Deb's "tizic tree" has failed to grow because of a hot, dry summer, and for Milly, "that could mean he was going to die, outgrowing his tree like that" (Arnow 268). Folk medical beliefs could provide a sense of accomplishment in doing all one could in an uncertain and puzzling world, but a total belief in what the signs portended could produce fear in those who knew no other way. While sitting with a child near death, Milly hears a screech owl, a sound that seemed to her "not to belong to some warm living bird, but was the voice of death and trouble and worry and pain, a cry from that great trackless beast that waited out there in the snow" (Arnow 381). But Milly has a strength that keeps her engaged in healing that goes beyond her dread and superstitions. While helping the granny woman Sue Annie with a young child suffering from convulsions, Millie expresses her feelings of inadequacy and fear:

“Pore thing, seemed like when Tom [her dead infant] was in his dyen sickness—a cold slick rainy time—seemed like I’d a give my soul to a run sometimes” (Arnow 376). Sue Annie responds ““But you didn’t though, [. . .] You set right there an held him till he died, an that’s what a woman’s got to learn to do”” (Arnow 376). The role of women as healers plays a significant part in Arnow’s novel. While Milly is not officially a healer, Nunn says of her that she “was forever doctoring on something,” (Arnow 133), and the granny woman/herb doctor Sue Annie relies on Milly’s strength, perseverance, and desire to “doctor something” to help her in her work throughout the novel.

In the mountain healer Sue Annie, Arnow creates a character whose depth and knowledge are evocative of Haun’s Mary Dorthula. Arnow introduces Sue Annie subtly, in small vignettes that continue to flesh out the granny woman’s character and integrity as the story progresses. The reader first gets an inkling of Sue Annie’s status and integral role as community healer when Milly searches for a tree for Deb’s tizic remedy, talking to herself: ““I reckon this is about th south side now, Debbie,’ she said. ‘Sue Annie says it’s got to be on th south side if’n the cure works”” (Arnow 26). Sue Annie has known personal loss, unable to save her own son: “It wasn’t so many years back that Sue Annie’s oldest boy had lain drunk with his feet in the fire. His feet went all rotten before spring and he suffered a sight before he died in the summer, she’d heard people say” (Arnow 63). Sue Annie is getting old, but she traverses the mountainous countryside bringing gossip and delivering babies. Sue Annie also takes a political role in the community—the reader’s first extended description of Sue Annie comes when she vigorously campaigns to help the old schoolteacher, Andrew, keep his job in the face of a “surprise” visit from the superintendent’s office, enjoining the aid of the children in sprucing up the school for the visit. Sue Annie says to Milly, “You know, Milly, it’s hard when a body gets old like me an

Andrew. They's many a woman a sayen now that I'm gitten too old to bring babies anymore, just like they's many a one [. . .] that says pore old Andrew's too old an no good to teach school" (Arnow 158). Sue Annie is never one to run from a fight, be it a medical crisis or helping a weaker member of the community in any battle with the "outside" world.

Sue Annie occupies a pivotal place in both the novel and in the conflict between folk medicine as superstition and folk medicine as an efficacious remedy. Halfway through the novel, Milly and Nunn have their fifth child, and neighbors come from all over to visit, bringing presents that include green walink (ground ivy) and mullein for tea for the new baby (Arnow 286). A common folk medical belief was that if a baby didn't break out with hives, the hives would turn inward and become "bold" or "boll" hives, which were always fatal (Mullins 38; Pruitt 69; Stekert 106, 119). According to Virginia Pruitt, the theory of bold hives goes back to ancient beliefs in possession by evil spirits (69). The presumption was that every child is born possessed with a potentially fatal "something" that must be expelled by way of producing hives before the child reached one month of age (Pruitt 69). Ground ivy and mullein were considered a crucial remedy for this particular folk illness (Hand, *North Carolina Folklore* 219; Meyer 141; Mullins 38; Norris 9; O'Dell 29; Reecer 123). Bill Dan, the new baby, develops a serious case of diarrhea when he is three days old, and Sue Annie arrives immediately with a batch of rattleroot tea (as remedy for hives, Meyer 141), with the pronouncement that he would not recover until she could "get the hives broke out on him" (Arnow 286).

The following scene demonstrates the struggle between folk medicine and the growing awareness of official medicine, with Sue Annie and Nunn taking up the fight on opposite sides. Nunn watches Sue Annie with worry and disapproval as she forces another batch of tea down his infant son (Arnow 286). Nunn proclaims, to Sue Annie's disbelief and Milly's fear, that he will

get the infant well (Arnow 287). Sue Annie brews some catnip tea, another common remedy for bringing out the hives (Browne 20; Crellin and Philpott 187; Faulkner and Buckles 14; Norris 9; Parr 10; Raichelson 112; Reecer 123), but Nunn roughly shoves her away (Arnow 287). The battle lines are drawn, and for the next several hours Nunn rocks Bill Dan on his lap while the infant vomits up the walink, mullein, and rattleroot (Arnow 287). Nunn knows he should be out doing chores, “but the minute he left Sue Annie would be pouring tea into the baby—if she stayed the night he’d sit like this all night—he’d sit her out if it took a week” (Arnow 287). Sue Annie insists that if her remedies are ignored, the dread “boll hives” will set in (Arnow 288). Milly is frantic, but Nunn, who has been consulting county health bulletins and using “real” veterinarians for his pedigreed pups, believes that a scientific remedy he has learned will work better. Nunn directs an older daughter to boil fresh spring water, cool it, add some sugar, then keep the solution in a bottle with rubber nipple he received from the veterinarian for his pups (Arnow 288). While Milly has doctored all of their children with teas and poultices and Sue Annie’s care, Nunn remembers the vet with his injections and pills, who saved his pup when it was dying (Arnow 289). Not only does Nunn have his way, feeding Bill Dan some of the sugar water all night long, but by morning Bill Dan’s bowels are no longer green and runny, and instead are those of a healthy newborn (Arnow 289). Milly is terrified that the baby will develop thrash and die from sucking on a rubber nipple, a story she had heard passed around among her neighbors (Arnow 289). Milly cannot believe that the baby survived the hives with no medicine, and Sue Annie does not accept Nunn’s remedy as having any merit: “‘Nunn must a done some prayen,’ Sue Annie said with a sly roll of her eyes” (Arnow 290). What Nunn has stumbled upon is Oral Rehydration Therapy, or ORT, a significant current therapy for infants with diarrhea that has often been effectively integrated with traditional therapies in developing countries (Hahn

36). Nunn's victory dramatically showcases the conflict between superstitious medical folkways and the wealth of new ways that were trickling into the mountain communities in the wake of World War II.

However, Sue Annie is a complex granny woman, and Arnow does not caricaturize her or completely denigrate Sue Annie's medical lore and experience. In another crucial scene, Sue Annie and Milly are called in to visit a young woman who has left the mountain community with her husband and small children to make a life in a large Northern city, only to return when her husband is jailed. Lureenie, abandoned by the community because they think her husband is sending her money, arrives on Nunn's doorsteps thin and crazed, begging for medicine for her baby, who is seriously ill. Nunn says, "Don't fret. Sue Annie an Milly, they'll pull him through" (Arnow 370). Sue Annie's diagnosis is that all of the children have a bad case of worms, the baby the worst (Arnow 372). Sue Annie mixes up a batch of sulphur, molasses, and wormseed (Jerusalem oak seed), a traditional remedy for worms (Bauer 82; Browne 30, 117; Crellin and Philpott 188; Hand, *North Carolina Folklore* 354; Hunter 103-4; Meyer 270) and gives this mixture to the older children. The baby, Doddie, whom she also diagnoses as having a bad cold, a touch of fever, and starvation, receives onion poultices for his cold (Browne 50; Craft 15; Hand, *North Carolina Folklore* 250; Hunter 98; Meyer 67; Mullins 38; Raichelson 109), turpentine around his navel to make the worms start down, and the worm-seeded molasses (Arnow 373). Sue Annie's dedication to her craft is sincere, her disgust for the community's neglect of this family strong, and her decision to be a part of this family's cure practical: "The youngens, poor things, would have full stomachs from now on if she had to spend every cent of her old-age pension and Dave's, too, for meal and lard" (Arnow 373). When Doddie begins to have convulsions, Sue Annie pronounces it a worm fit brought on by the turpentine (Arnow

375). Grady Long also documents that convulsions were frequently the result of worms, recommending catnip tea (4). Gunn also warns of convulsions due to worms (350), and Hand's *North Carolina Folklore* provides a remedy, sage tea, for worm fits (354). Doddie gets the full arsenal of Sue Annie's medical lore. Sue Annie next uses mutton tallow to grease the soles of his feet and palms of his hands and "bake" by the fire (Browne 15; Hand, *North Carolina Folklore* 155), then the poultice of hot onions and more turpentine (Arnow 376-78). Sometime in the middle of the night Milly and Sue Annie hear the sound of footsteps outside, and Milly is convinced that the spirit of an older woman from the community who died is coming for little Doddie (Arnow 382). Sue Annie's reply is typical, stubborn Sue Annie: "'Well, she'll go back emptyhanded, fer she ain't a goen to git him. If'n I can git this worm out a his neck, he'll be all right'" (Arnow 383). And after a few more hours, Doddie vomits up the turpentine and feverweed, and Sue Annie reaches into the child's throat and pulls out "two large round yellowish-pink worms, twined and twisted like unwound wool" (Arnow 383). Not only has Sue Annie saved this child and treated his brothers and sisters, but her anger at Lureenie's abandonment brings the rest of the community around with food and clothing and fuel for the rest of the winter. Sue Annie may practice a superstitious medicine, but the community, including Nunn, realizes that her cures can work. Even more important, Sue Annie raises a voice for humanity and decency in tending one's own neighbors.

Sue Annie's role as midwife dominates folk medicine in *Hunter's Horn*, and she finds her greatest acceptance from the community and demonstrates significant strength as a true healer in "baby cotchin." Many of the descriptions of Sue Annie focus on her role as midwife. When Nunn takes to "stillin'" (making moonshine) at night in secret to raise money, he worries that Sue Annie will discover his secret, because she, "with the unconcern for night walks of a

long-seasoned midwife, might at any moment come calling shrilly at the door, ‘What you a doen, Nunn?’” (Arnow 191). When Sue Annie comes to warn Nunn that government men have discovered his moonshine activities, “she drew a long quivering breath and her black eyes were soft with a troubled sorrow that usually came only when she watched over a bad sick child or with a woman in the last hellish hours of a slow childbirth” (Arnow 203). And when the government men are spotted making their way up the hillside, prompting Nunn to think of the effect on Milly in her expectant condition,

Sue Annie’s professional interest in Milly’s condition, of which she had not known, only suspected, for an instant outweighed her concern for Nunn. “Jesus God, it’s liable to make her miscarry.” She shook her head darkly. “Th law a comen into this valley where it ain’t never been before’s a goen to be bad—them that’s got little babies ull be so skeered their milk’ll cause colic, an them in th family way’ll miscarry over fretten on marken their youngens.” (Arnow 204)

A little later in the story, Sue Annie, put out that Milly is not following her instructions and is instead fetching her cow in three feet of snow, says “an if that youngen’s marked by a white-faced cow, don’t blame me” (Arnow 278). The idea of newborns being marked by the actions of their mothers also appears quite prominently in collections of folklore surrounding pregnant mothers and new born children (Browne 11; Hand, *North Carolina Folklore* 11-22; Murphy 26-38). Milly worrries more about her fifth pregnancy than any of the others, remembering the six-day labor and breach birth resulting in a stillborn child of one neighbor, and the death after birth of twins of another neighbor, but in the end is comforted by the thought of Sue Annie’s skill:

The comforting thought came that in all her years of midwifery, Sue Annie had lost but one woman, the Martin woman with the twins, and weeks before she'd tried to get her to go into Town and get her heart doctored; she'd never had a woman flood to death, and she'd never let a baby stick more than a day or two on the crossbones." (Arnow 275)

Dr. May Wharton confirms being consulted by a granny woman, but her portrayal is decidedly negative. When called to the home of a woman apparently dying in childbirth, Wharton comments, "The baby was partly born and the 'granny woman' was afraid to do any more. She had probably, I thought to myself, done too much already" (59). Milly ends up having the baby alone, but manages to fire off a shotgun to bring Sue Annie. Milly's first thought is to check her newborn for signs of being "marked," but she will not look at the infant for fear of Sue Annie's pronouncement that a baby seen first by its mother would have "nothing but sorrow for the rest of its life and the life would be short" (Arnow 281). The respect Sue Annie receives from the community in her role as midwife transcends the newer ways that are coming, in part because Sue Annie embraces her role as healer/midwife without turning her back on official medicine when it appears more efficacious.

One of the most sympathetic set pieces surrounding Sue Annie's craft as a midwife involves Lureenie, the young mother who returns to the community with four small children when her husband is jailed. Lureenie, pregnant with her fifth child and with no support from her husband's family, almost starves to death till Sue Annie prompts the community to help. Sue Annie, called in at the birth, discovers that the child is presenting in a breech position that is more serious than she can handle, and she immediately asks Lureenie's father-in-law, Keg Head, to get a doctor from the town (Arnow 388). When Keg Head insists that calling in a doctor is

against the Bible, “Sue Annie cursed him something awful and said that, Bible or no, Lureenie needed a doctor, for she was sick to begin with, and that it was the \$30 or \$40 a Town doctor’s trip would cost that worried Keg Head more than the Bible” (Arnow 388). Although Nunn supports Sue Annie’s plea for a doctor, Milly intones the familiar answer: ““God’s will is God’s will”” (Arnow 388). Finally, after someone guarantees the money for a doctor, one of the men is sent into town, but comes back alone. Out of four doctors in town, two claimed to be too old to walk past where the road stopped, one did not concern himself with obstetric cases, and the fourth was too busy examining men who were going off to war, and sent some pills. Lureenie dies in childbirth. At Lureenie’s funeral, the pastor of the church, a compassionate man, offers a prayer that is born from Sue Annie’s protestations and active help: “Her sin was black, God, but my sin was blacker. We left her in want an misery. She knocked; we did not open th door. She asked, and we did not give. “She suffered and it was not Thy will, O God, but man’s greed, O God.” (Arnow 402). Sue Annie is one of few in the community who does not attend church, yet her compassion for her laboring mothers and her willingness to call in professional help when it seems necessary set her apart from a picture of the granny woman as denying the efficacy of official medicine. When Lureenie’s errant husband returns to the community as a preacher in dress tails and an expensive Bible—“thirty-one dollars and ninety-five cents, box an all”—Sue Annie cursed him with “the blackest, dirtiest oaths the devil ever brewed, [. . .]. The thought came to her that \$31.95 would have got a doctor for Lureenie, and that the fine store-bought suit and the long-tailed overcoat would have kept her in grub half the winter” (Arnow 430). Sue Annie and her dedication to the “folk” over folk medicine lie at the heart of this novel.

In an unusual twist at the end of Arnow’s tale, King Devil, the phantom fox hunted and killed by Nunn’s pedigreed pups, turns out to be a cunning vixen, pregnant with an unborn litter

of kits. In a story which expends so much energy on the power and compassion of women, especially in the healing arts of folk medicine, a metaphor can be drawn between the killing of the feared fox, whose capture and death are belittled upon discovery that it was a vixen, and the figurate death of the woman folk healer as she was pushed from her traditional role as healer by the scientific medical community and its encroachment upon traditional folkways.

The defining characteristics of *Christy* and *Hunter's Horn* emerge in the conflict between the old, folk way of handling medical emergencies and the miraculous power of antibiotics, serum, and surgical skill. Marshall conveys scorn for the deleterious consequences of folk medical beliefs and practices, since her book is written twenty-seven years after the launching of the antibiotic era. Arnow presents the medical conflict in a way that incorporates more folk remedies than are found in *Christy*, some that work, some that don't, in an even-handed telling of the coming of progress to the mountains.

CHAPTER 4

THE 1970s THROUGH THE PRESENT

Cooter and Pickstone's anthology *Medicine in the 20th Century* states, "Almost all our authors detect a loss of confidence in science, the professions, and state welfare from about 1970" (xvii). Deborah Lupton agrees with this assessment: "Western societies in the late twentieth century are characterized by people's increasing disillusionment with official medicine. Paradoxically, there is also an increasing dependence upon biomedicine to provide the answers to social as well as medical problems, and the mythology of the beneficent, god-like physician remains dominant" (1). Brandt and Gardner also assert that "by the 1970s and 1980s, many had identified a crisis in trust and authority in doctor-patient relationships" (32). In a world where technological and scientific progress has achieved a complexity that often cannot be understood without an advanced degree in physics, biology, or chemistry, it is no wonder that people seek solace in medical treatment that has understandable analogies and accessible pathways. Before the rise of official medicine, people sought medical aid from designated practitioners whose principal role was to aid in interpreting the signs of subjective, self-reported symptoms (Lupton 84). According to Lupton, "It was not until the development of the biomedical model of illness and disease, founded as it was upon scientific techniques of objective observation, that the importance of the patient's interpretation of his or her illness began to diminish" (84). As the patient narrative became more suspect, and as routine clinical terminology increasingly incorporated condescending language such as "patient admits," "patient denies," and "patient remains non-compliant," people in large numbers began investigating alternative health care, an umbrella term that includes a return to herbal folk medicine. Hufford

states that the folk medical tradition is more likely to value the patient's subjective experience, as opposed to official medicine's emphasis on objective evidence ("Folklore and Medicine" 124). As a result, the practice of folk medicine is more likely to reflect and embrace the patient's beliefs about sickness and health, providing a "focus on *illness* as opposed to *disease*" (Hufford, "Folklore and Medicine" 124). Healers outside of orthodox medicine have long been in opposition to the basic structure of biomedicine as it emerged in the 20th century, based as it was "on the separation of mind and body, the subordination of the patient to the (typically male) practitioner, and the centrality of clinical examination and laboratory tests" (Saks 114). According to Saks, patients in the latter part of the twentieth and early twenty-first centuries are interested in taking charge of their health; they want more accountability from physicians, and they are interested in holistic health care, that is, care that recognizes the link between mind and body (117). This desire for control and distrust of official medicine has prompted a return to folk remedies, particularly herbal, and a view of health care that integrates the mind with the body, as seen repeatedly in the folk cures of Southern Appalachia.

It is fitting that late twentieth-century authors writing about folk medicine in Southern Appalachia return to the simpler practices of a far earlier time. Echoing the growing dissatisfaction with the impersonal and often imperious nature of official medicine, Lee Smith and Charles Frazier recount the healing practices of isolated mountain communities in the distant past. While their research and recording of folk medical traditions are consistent with folk medical lore documented in earlier fiction, Smith's and Frazier's careful attention to detail is tinged with nostalgia and romanticism. Whereas the fiction from the 1890s through the 1960s often took an antagonistic stance toward folk medicine rooted in reform and scientific zeal, the fiction of the latter portion of the twentieth century, such as Smith's and Frazier's, almost

completely ignores the outside world. Instead, Smith and Frazier create worlds where progress and knowledge outside of the natural realm of Appalachian lore are both superfluous and intrusive.

Dorothy Combs Hill's preface to her biography of Lee Smith states that "beneath and underneath all of Lee Smith's writing is the worth of the world of women, as well as this world's almost unbearable loneliness" (ix). While Pearsall tells us that men were as likely as women to be herbalists, and more likely to be "thrush" doctors, with very few exceptions, all midwives were women (Stekert 130). Ben Jennings writes, "Smith's central characters are primarily women, and her fiction is impressive as a record of the psychological dislocations that have occurred in women, particularly during periods of rapid cultural change" (10). If Smith is writing of "the worth of the world of women," it makes sense that her primary characters, including the healers, are women. Yet in chronicling the world of women in *Oral History*, Smith does not focus on the dislocation of women as healers, brought on by an increasingly scientific world dominated by male physicians. Instead, Smith plays on modern fears of disconnection, loss of control, and bewildering technology by imbuing the voice of her initial central character, a woman folk healer, with a confidence, power, and simplicity that our late twentieth-century world lacks. In an interview on Appalachian writers, Smith explains the nature of Southern writing: "It has something to do with our culture as a whole becoming so homogenous and sort of strange and impenetrable. [. . .] It's just like things have gotten beyond us. And we all have a sense of helplessness, of having a different world to deal with than anything we know how to deal with" (Williamson and Arnold 357). In *Oral History*, Smith imagines a time when folks knew how to deal with the problems of their world, often guided by a wise woman healer.

Oral History begins in the late twentieth century with Jennifer, a young graduate student searching for her Appalachian roots as a project for an Oral History course at her Florida college. In much the same way that we as a society are returning to previously discarded ideas of health and healing, Jennifer returns to Hoot Owl Holler to find a family heritage she has been taught to be ashamed of. Jennifer's first perception of the holler echoes many of the earlier writers who spoke romantically of a forgotten land and people: "Jennifer thinks it is just beautiful in this holler, so peaceful, like being in a time machine" (Smith 15). After the italicized opening chapter, which begins in the present, *Oral History* immediately jumps to the year 1876, narrated by the Holler's granny woman and herbal healer, Granny Younger. Through Granny Younger's voice, Smith establishes the natural scope of folk medicine, its magical and practical components, and the role of women as healers.

Granny Younger immediately introduces the reader to her unhesitating confidence in who she is in the mountain community: "I been here a long time. Years. I know what I know. I know moren most folks and that's a fact, you can ask anybody. I know moren I want to tell you, and moren you want to know" (Smith 27). Frank Soos says, "Granny is not a story teller who demands our allegiance but rather seduces it out of us by assuring us, 'I know what I know,' echoing Yahweh Himself who assured Moses, 'I am that I am'" (21). If we are searching the past for answers to our present-day confusion, Granny has the answers. The reader's introduction to Granny's healing art is problematical in that Granny begins her narrative by citing an earlier failure. However, the man she is trying to heal, Van Cantrell, has received his injury in the Civil War, a conflict foreign and unnatural to the Holler community and, therefore, not subject to Granny's power. This allusion to the world outside of the Holler hints that the rules of folk healing work only within a world whose strength lies in its obedience to natural

laws. Van's amputated leg "started up oozing a clear liquid where it had been cut off and healed over. It was a clear smelly liquid, not like pus, which seemed to ooze right out of the very skin without no break that you could find at all. You never saw the beat of it" (Smith 30). Granny continues "They called me, of course, and I done what I knowed, but nothing I knowed done any good" (Smith 30). Granny begins with a familiar folk remedy for bleeding: a spider web held on with soot and lard (Smith 30). (Numerous mentions of spider webs, often with the addition of soot or lard, are found in Browne 35; Cooke and Hamner 66; Hand, *North Carolina Folklore* 125; Hunter 100; McWhorter 13; Meyer 25; Norris 102; Redfield 15; Thomas and Thomas 94). When that remedy proves ineffectual, Granny goes further back to a more mystical remedy:

The next thing I done was what my mama showed me and which I am knowed for everywhere in these parts, what I do to stop bleeding. They will call me anytime, day or night, and when I hear who it is I start saying the words even afore I get my bonnet on, I start saying the words which I know by heart from my mama, and when I get there, most times, the bleeding's already stopped. It is Ezekiel 16, sixth verse, what I say. (Smith 30)

This religious remedy has extensive corroboration in collected folk remedies: "Ezekiel 16:6 in the Bible will stop blood" (Raichelson 108; also in Betts 157; Browne 34; Hand, *North Carolina Folklore* 126; Norris 102; Redfield 15; Thomas and Thomas 95). Granny admits defeat when Van dies, but only because her remedy "is for bleeding, like I said, and not for no smelly ooze" (Smith 30). Thus, Granny both establishes her gift as a healer and reveals the inadequacy of proven remedies against ills that come from outside the laws of her system. The scope of her folk remedies is firmly ensconced in that which is natural to the ills that befall the community.

While meandering around to the heart of her tales, Granny Younger says: “And often in my traveling over these hills I have seed that what you want the most, you find offen the beaten path” (Smith 37). A life lived off the beaten path is an apt description of the realm of female folk healers, often ignored or underreported in folk studies (Sharp 248) and vigorously opposed by orthodox medical practitioners (Ehrenreich and English 15). According to Sharp, “female healers have been much more likely than male healers to practice as nonprofessionals; i.e., to define themselves as informal practitioners, to expect little or no remuneration, and to operate within the home or community setting” (248). Barbara Ehrenreich and Deirdre English proclaim that

women have always been healers. [. . .] They were abortionists, nurses and counselors. They were pharmacists, cultivating healing herbs and exchanging the secrets of their uses. They were midwives, traveling from home to home and village to village. For centuries women were doctors without degrees, barred from books and lectures, learning from each other, and passing on experience from neighbor to neighbor and mother to daughter. They were called “wise women” by the people, witches or charlatans by the authorities. Medicine is part of our heritage as women, our history, our birthright. (1)

Wise woman or healer in the Appalachian mountains was often the only position of respect for a female in a life of unremitting hard labor and deprivation, punctuated by the bearing and burying of children. Campbell documents the difficult life of an Appalachian woman at the turn of the twentieth century, a life that often began with marriage at age twelve or thirteen (133). The Appalachian wife was responsible for all of the indoor work of keeping a house and a great deal of the outdoor work of subsistence farming, including the carrying of the household’s water from

sometimes far-off streams over difficult terrain (Campbell 133-35). Add to this the physical hardship of bearing many children with little or no prenatal or postnatal care, and, according to Campbell,

It is small wonder that the mother fades early. Little care is given her in childbirth, for doctors and nurses have always been almost non-existent in the very remote sections, ill-trained or beyond the financial reach of the poor man, and midwives where obtainable are usually ignorant and superstitious. While this statement must like others be modified in certain sections in view of the changes taking place, yet the neglect of women at this period, in the past and in the present as well, is, if not a cause of death the cause of lifelong suffering on the part of so many mountain women as to be a matter of comment by physicians. (139)

Smith's depiction of the world of Hoot Owl Holler is by her own account "mysterious and possibly scary and horrifying" (Williamson and Arnold 355), and her stated purpose is to show how the land of Southern Appalachia is no longer "as strange and strong and beautiful. The landscape has changed. The earth has changed" (Williamson and Arnold 346). Smith's intended role for Granny Younger is not to create a representative portrait of the difficult life of a typical mountain woman, but to create a character who is "mythological" (Williamson and Arnold 347), a woman who sees what she wants the most "offen the beaten path."

Granny Younger's voice compels the reader to listen to her stories and accept them as truth: "I'll tell you a story that's truer than true, and nothing so true is so pretty. It's blood on the moon" (Smith 37). Smith, through Granny, is already setting a magical and somewhat ominous tone with "blood on the moon," which Granny earlier connects to "graves and dying" (Smith 36). Although she is self-reportedly an "old, old woman" (Smith 37), Granny travels all

over the three mountains of her “practice,” dispensing her herbs, helping bring new babies into the world, and sharing her wisdom of the unseen world. Granny’s dedication to her craft takes her often to Hoot Owl Mountain, a “dark mountain” where she’d as soon not go: “They is something about Hoot Owl Mountain makes a body lose heart. If you laid down to sleep on that pretty moss, you mought never wake up again in this world. It’s no telling where you’d wake up” (Smith 34). But Granny returns to Hoot Owl Mountain because “you can find yellowroot there, and ginger, heartleaf and pennyrtle, red coon for poison ivy. What I need” (Smith 33). Interestingly, several of these listed plants gained predominance of use because of their conformity to the “doctrine of signatures,” an ancient set of beliefs about herbs that attributed their healing properties to their physical appearance more than to their efficacy (Crellin and Philpott 14). For example, yellow plants might be used for liver ailments, and plants with heart-shaped flowers or leaves, such as wild ginger (heart leaf), or with strong red color, such as bloodroot, for the heart (Crellin and Philpott 14). This supernatural element of herbal medicine confirms David Hufford’s belief that it is a mistake to divide folk medicine strictly into categories of natural and supernatural (“Folk Healers” 309). At some point this categorization breaks down, because herbs are often used as charms, gathered under certain astrological principles, or prescribed according to the doctrine of signatures. Smith’s Granny relies heavily on herbs as supernatural agents.

Just as Granny’s role as wise woman sets her above the often deplorable lot of women in Appalachian mountain communities, her belief in magic shifts her role as healer into a realm that is closer to ancient beliefs than to the science of herbal medicine. Her *materia medica*, like Granny herself, is strong and colorful, pungent and powerful, and more mystical than natural. Yellowroot, whose juices are vivid enough to be used as dye, enjoyed widespread use in curing

the “thrush” or “thrash” in young children (Browne 28; Grieve 364; Hand, *North Carolina Folklore* 65; Mullins 41; Raichelson 115), an illness whose cures were as like as not to be magical as herbal. Ginger, an exotic Asian plant naturalized in America in the fifteenth century, is aromatic, “hot and biting,” and was widely used as a remedy for ailments as divergent as colds, upset stomach, diarrhea, and “stoppage of the menses” (Browne 65; Hand, *North Carolina Folklore* 150; Grieve 353-54; Long 1). Heartleaf (also known as wild ginger, Crellin and Philpott 187) has strikingly shaped leaves, is fragrant, spicy, and slightly bitter, and was thought to be helpful in heart disease (Crellin and Philpott 14; Grieve 354). Pennyroyal, or pennyroyal, which has a “strong minty odor” (Long 2), has strong ties to “female” troubles, particularly painful or difficult menstruation, along with its less reported use as an abortifacient (Browne 65; Hand, *North Carolina Folklore* 6). Red puccoon, also known as red coon or bloodroot, has a deep orange-red juice, can be highly toxic, and was used for heart disease and dye, among other uses (Grieve 116).

Tommy Bass, an Appalachian traditional herbalist who practiced herbal medicine until his death in the late twentieth century, reports that his patients were reluctant to express their nonnatural (or magical) beliefs, such as beliefs tied to the doctrine of signatures (Crellin and Philpott 15). However, “Nonnatural folk beliefs remain in people’s systems; even if belief is muted, some feel—especially if ‘granny knew them and she lived to a ripe old age’—that it is prudent to use them, thus contributing to persistent usage” (Crellin and Philpott 15). In highlighting an herbal pharmacopoeia that is strongly allied with the doctrine of signatures, Smith, through Granny Younger, highlights the magical component of Granny’s practice and the dark and mysterious nature of Hoot Owl Holler. Frank Soos says, “I would suggest that Granny’s challenge to us readers, to us outsiders, is to take on the question of a seemingly

outrageous belief in a sometimes magical but always mystical world in the face of our own deeply rooted faith in the logic and rationality of our own systems of truth” (21). Smith romanticizes folk medicine in that she encourages the reader to accept all that Granny has to offer as truth, ignoring the claims of official medicine or one’s own logic. On the other hand, Smith has fulfilled the role of a careful medical anthropologist in accurately reporting on traditional folk illnesses and their remedies, both herbal and magical. One cannot separate the magical elements of folk cures from those that might have some scientific basis and still keep faith with an accurate recording of folk medicine. However, in emphasizing the magical components of folk medicine, Smith plays on contemporary doubts about official medicine and encourages a childlike belief in the supernatural.

In perhaps one of the most troubling passages in *Oral History*, Granny diagnoses Almarine Cantrell’s physical and mental decline to his being married to Red Emmy, who Granny identifies as a witch. When told by neighbors that Almarine didn’t look well, Granny has the answer: “I knowed what was happening, of course. A witch will ride a man in the night while he sleeps, she’ll ride him to death if she can. [. . .] Witches’ll leave their bodies in the night, you know, and slip into somebody else’s” (Smith 53). Granny noted that “Almarine was wore out all the time, of course. He laid in the bed and slept most of the time while she worked his farm and then she’d come in and get in the bed. He was servicing her, that’s all, while she liked to rode him to death” (Smith 53). Folklorist Wayland Hand devotes an entire chapter to the practice of witch-riding, whose presence in American folklore he traces to an Anglo-American tradition (*Magical Medicine* 228). Particularly chilling in Smith’s novel is the use to which this folk belief is put into practice. When Granny uses the belief in witch-riding as a medical diagnosis, she condemns one of the novel’s more mysterious and interesting characters to ostracization,

banishment, and perhaps death because of the weight of her standing in the community as wise woman. The history of women as folk healers includes many incidences of women condemned to death as witches for no other reason than their ability to cure with herbs. In this instance, Granny reveals a magical belief system that is contrary to what would seem to be her natural sympathies toward a woman in the community who by intimation has been badly used by her father, a woman who has finally found love and acceptance with a good man. Smith, laying aside her nostalgic lenses for a moment, shows the dark side of the magical component of folk medicine, as one woman is driven out of the community and presumably to her death at the hands of another woman who is “authorized to heal.”

Smith does show a practical basis for at least one of the folk illnesses that besets the community. Even though the members of the community are not aware of the scientific mechanism for the disease Smith has them call dew poison,³ the reader has the sense that this disease is not typically attributed to unnatural forces. Smith adds an element of magic, however, in both the cure and the possible cause for the disease. Almarine, after driving out Red Emmy, buys a second wife, the young, beautiful, foreign Pricey Jane. In one of the novel’s more dramatic scenes, Pricey Jane, left alone for three days with her two small children while Almarine leaves the holler to do some trading, retrieves their cow for milking. The cow is “where she ought not to be,” in a cool shady field, or cow-stomp, instead of in the sun, where Granny says better milk is made (Smith 71). After drinking the milk, Pricey Jane and her young son Eli become seriously ill. When Almarine returns home he finds the cow close to death, his young son already dead, and Pricey Jane barely able to recognize him. Almarine particularly notes a distinctive foul odor in the cabin where Pricey Jane lies dying (Smith 76). Almarine

rides his horse almost to its death in order to fetch Granny, ill herself and wearing her “burial socks” (Smith 77). Granny solemnly pronounces the disease as “dew pizen”:

She knew—they all knew—about dew poison, and they all knew it had no cure. Either you lived through it or you died. [. . .] This was why you had to watch where a milk-cow grazed, keep her out of cow-stomps and shady swamps and ferny places so she wouldn’t get took milk-sick like this one did. Anybody who drank off a milk-sick cow, or ate her butter, would die too. (Smith 78)

So the community is aware of a connection between illness and drinking the milk from a cow that has grazed in shady places, and although they have no scientific explanation, no attempt is initially made to attribute the illness to supernatural forces. This disease, documented by Dr. Erwin Ackerknecht as only occurring in North America and, therefore, only known by its English name, milk sickness, was first described in the latter part of the eighteenth century in Carolina (Ackerknecht 142). At one time milk sickness was a dreaded epidemic disease, spreading inland with early settlers to Indiana, Illinois, Ohio, Missouri, Tennessee, and Kentucky (Ackerknecht 142). Ackerknecht’s account of the progression of the disease fully supports Smith’s fictional narrative:

It has been observed from the beginning that the disease coincided with a cattle disease called “trembles.” The symptoms in man and animal were about the same: uncertain movements after exertion, convulsions, and death. [. . .] It was noted that the air exhaled by men and animals had a peculiar smell. We know today that it is the smell of acetone. [. . .]

³ Smith has confused dew poison, a folk illness typified by an external rash from contact with dew (Cavender, Fisher, and Kerley 20), with milk fever, also known as milk sickness.

The trembles occurred in general when the cattle were grazing in wooded areas. (Ackerknecht 142)

An Ohio farmer, John Rowe, who believed the spread of the disease was connected to the use of an infected cow's milk, experimented with and finally located the cause of the disease: white snakeroot and rayless goldenrod, poisonous plants that when ingested by cattle could be transmitted to humans (Ackerknecht 142). The medical community remained unconvinced of the plant explanation until early in the twentieth century, when the poison was isolated and called tremetol (Ackerknecht 143). Ackerknecht states that differences in concentration of the poison lead to differing rates of survival among both infected humans and animals (143). Thus, in prominently displaying this scene in the late nineteenth century of her novel, Smith not only accurately portrays the time period in which this disease prevailed, but also carefully uses details of the current name, means of transmission, symptoms, and uncertain survival rate of milk sickness. However, in order to further the drama of the narrative and continue employing a mystical atmosphere, Smith has Almarine cut out the offending cow's heart and shoot it five times. And although Granny asserts that "hit all has to do with the cow," (Smith 80), Almarine, who claims that the cow has grazed in the shady holler before without harm, heads off in a crazed rage toward Snowman Mountain, presumably to kill the witch Red Emmy, whose spell has cursed his new family (Smith 81).

While Smith's novel has sprinkled through it other folk beliefs pertaining to wart removal, childbirth, and mystical cures for the "thrash," at the heart of this novel lies Granny Younger, invested by her community with the ability to make sense of a powerful unseen world, and to use her wisdom to bring healing if it is to be obtained at all. Smith's romantic gaze does

not often dwell on the difficult lot of the mountain woman in *Oral History*; Smith chooses rather to portray how certain wise women, for good or ill, rose to positions of respect and standing.

Charles Frazier's *Cold Mountain* (1997) has the least number of references to folk medical beliefs and practices of any of the novels studied in this paper. However, *Cold Mountain* evokes the late-twentieth-century cry for a return to the earth and its simple, natural ways, and evinces strong nostalgia for a retreat from the harshness of a world that is increasingly dependent on the devastating brutality of technology. The book jacket of *Cold Mountain* declares, "Inman and Ada confront the vastly transformed world they've been delivered." While declaring passively that the "vastly transformed world" has been thrust upon us, not carefully built, we of the century of biological and nuclear warfare, scientific torture, and genetically-altered life seek answers in the tale of two people who escape into the mountains of Southern Appalachia.

Cold Mountain opens with Inman, a laconic and deep-thinking mountain man from North Carolina, recovering in a Civil War field hospital from near-fatal wound. Inman, unable to move his nearly-severed head, spends countless hours staring out a tall window, "picturing the old green places he recollected from home. Childhood places. The damp creek bank where Indian pipes grew. The corner of a meadow favored by brown-and-black caterpillars in the fall. A hickory limb that overhung the lane, and from which he often watched his father driving cows down to the barn at dusk" (Frazier 4). Frazier immediately summons the nostalgia of a childhood spent close to the land, in language rich in sensual appeal: "old green places," "damp creek bank," "brown-and-black caterpillars," "the barn at dusk." Frazier, through Inman, then gives voice to the principal theme of *Cold Mountain*—flight from an era where technical knowledge leads to banishment once more from the Garden. Inman, gazing out the window that

he imagines to be a door back to a peaceful world, welcomes his yearning thoughts: “For he had seen the metal face of the age and had been so stunned by it that when he thought into the future, all he could vision was a world from which everything he counted important had been banished or had willingly fled” (Frazier 4). By contrasting the devastation of the Civil War with the Edenic and mysterious Cold Mountain in the Appalachian mountains of North Carolina, Frazier echoes the late-twentieth-century desire to go back to a simple relationship to the land that quite possibly never truly existed. The “metal face of the age” that previsions Inman’s future is our late-twentieth-century/twenty-first-century world. *Cold Mountain*, alternating between the story of Inman’s journey back to Cold Mountain and Ada’s subsistence life on Cold Mountain, sets up a contrast between the magical elements of a Ulysses-like quest and a waiting life where the mysteries of nature can be learned and understood. In both tales—the journey and the waiting—the language of folk medicine as symbolic power lies at the heart of the narrative.

Early in his odyssey, Inman conjures the magic of plant names and of place in the Appalachian mountains. As a bit of nostalgic looking-back, Inman carries a copy of Bartram’s *Travels*, the travel diary of an eighteenth-century pioneer historian recording his journeys through the mountain wilderness of North and South Carolina, Georgia, and Florida. The *Travels* covers much of the same ground as Inman making his way home and is, therefore, a powerful talisman on his journey. In Inman’s favorite passage in the descriptive diary, Bartram begins “chanting at length as he went the names of all the plants that came under his gaze as if reciting the ingredients of a powerful potion” (Frazier 15-16). Inman parallels Bartram’s magic with his own Appalachian charm, formulated from the topography of his home: “Cold Mountain, all its ridges and coves and watercourses, Pigeon River, Little East Fork, Sorrell Cove, Deep Gap, Fire Scald Ridge. He knew their names and said them to himself like the

words of spells and incantations to ward off the things one fears most” (Frazier 16). This healing spell is tied to place—the Appalachian Mountains of North Carolina:

Inman did not consider himself to be a superstitious person, but he did believe that there is a world invisible to us. He no longer thought of that world as heaven, nor did he still think that we get to go there when we die. Those teachings had been burned away. But he could not abide by a universe composed only of what he could see, especially when it was so frequently foul. So he held to the idea of another world, a better place, and he figured that he might as well consider Cold Mountain to be the location of it as anywhere. (Frazier 23)

Inman’s sense of Cold Mountain as a place where he can find healing from the wounds of the outside world, a place where an invisible world has power, is reminiscent of much of folk medical lore, which insists on uniting the physical world with the spiritual, body with soul, natural herbal remedies and supernatural remedies that link the earth with God’s presence in his Creation.

A recent area of research, medical geography, builds on and includes a folk system of medicine reliant on the manifestation of God in nature. Medical geographers, who form a branch of social science, set out to explore the therapeutic process that occurs in certain settings, the mountains, for example (Gesler 735). These settings, or “therapeutic landscapes,” “may contain medical meaning” in that they “can reveal human values and meanings as they are actually lived” (Gesler 736). Wilbert Gesler, writing on therapeutic landscapes, states,

There is a long tradition that healing powers may be found in the physical environment, whether this entails materials such as medicinal plants, the fresh air and pure water of the countryside, or the magnificent scenery. The

pharmacopoeia of both folk societies and professional medical systems [. . .] contain thousands of medicines made from leaves, herbs, roots, bark, and other materials found in nature. (736)

A therapeutic landscape, in broad terms, can be found in a region whose geography and the imprint of its inhabitants are tied to systems of healing (Gesler 737). *Cold Mountain* combines a healing sense of place with the herbal pharmacopoeia of that place, as its characters make their way back to and make a living from the therapeutic agents found on Cold Mountain.

In much the same way as Homer's *Odyssey* takes turns between Odysseus' journey and Penelope's trials back home, Frazier alternates between Inman's odyssey and Ada's life on her father's farm on Cold Mountain (Inscoc 333). Ada Monroe, the educated, introspective, pampered, only child of a wealthy Episcopalian minister who has bought a farm on Cold Mountain, unexpectedly finds herself forced to make her living when her father dies. Her father's various ventures are suddenly without profit because of the war, yet Ada, penniless, is unwilling to go back to the empty lowland society from which she and her father came. Ada, knowing nothing of Inman's trek back home, also is subject to the spells and incantations of the mountain community where she chooses to stay,

listening with interest as Esco and Sally listed the old signs the had noted of a hard winter coming. Grey squirrels rattling in hickory trees, frantic to hoard more and more nuts. Wax thick on the wild crabapples. Wide bands of black on caterpillars. Yarrow crushed between the hands smelling sharp as falling snow. Hawthorns loaded with red haws burning bright as blood. (Frazier 47)

Esco, her neighbor, also lists the supernatural signs, "a tally of omens and portents from around the county" (Frazier 47), companions to those that nature signals: a mule giving birth, a pig born

with human hands, a slaughtered sheep with no heart, an owl who spoke in human tongue, and two moons in the sky (Frazier 47). Just as folk medicine inextricably ties the natural with the supernatural, so does the world of Cold Mountain, where natural signs point to a hard winter, and all the supernatural signs point to a coming evil. “Esco’s thinking was that though they had so far been isolated from the general meanness of the war, its cess might soon spill through the gaps and pour in to foul them all” (Frazier 47). One could make the analogy that official medicine is linked with the technology and machinery of war, while a return to folk medicine equates to a return to nature’s signs and remedies. Frazier’s characters can be said to voice an entirely modern fear, that science grown unfamiliar and complex will pollute and foul that which was given us as natural medicine.

Ada and her father came to Cold Mountain on his doctor’s orders, hoping that the fresh mountain air and exercise would heal his rapidly progressing tuberculosis (Frazier 52). Initially, Ada and Monroe experience the wildness of their mountain homes in different fashions: Ada is uneasy in “this strange and vegetal topography, its every cranny and crag home to some leafy plant foreign to the spare and sandy low country. The spreading tops of oak and chestnut and tulip poplar converged to make a canopy that crowded out the sunlight”(Frazier 53). Ada’s Charleston friends’ opinions of the mountains are reminiscent of the images evoked by the stereotypical names promulgated by some (Weller’s “yesterday’s people” and Campbell and Kephart’s “Southern Highlander”) and vigorously fought by others in contemporary times:

All of their Charleston friends had expressed the opinion that the mountain region was a heathenish part of creation, outlandish in its many affronts to sensibility, a place of wilderness and gloom and rain where man, woman, and child grew gaunt and brutal, addicted to acts of raw violence with not even a nod in the direction of

self-restraint. Only men of gentry affected underdrawers, and women of every station suckled their young, leaving the civilized trade of wet nurse unknown.

Ada's informants had claimed the mountaineers to be but one step more advanced in their manner of living than tribes of vagrant savages. (Frazier 55).

Monroe, on the other hand, immerses himself in the beauty of that same wilderness, occasionally startling the horse "by suddenly declaiming lines from Wordsworth in a loud voice" (Frazier 53). Monroe's acceptance of his new home does not initially gain him acceptance with the mountain people to whom he's come to minister. Monroe's sermons deal with the question, "[W]hy was man born to die?" (Frazier 79). His mountain parishioners, grumbling, "saw it [death] rather as a good thing. They were looking forward to the rest" (Frazier 79). Frazier captures in this passage an element of folk belief sometimes called religious fatalism, a belief of the Appalachian mountaineer documented by many, in variations on a theme: "Hit's God's will [. . .]. Hain't no use to fret" (Wharton 50); "Hit was to be, I reckon" (Raines 191); "The Lord gave, and the Lord hath taken away; blessed be the name of the Lord" (Withington 297). Monroe also provides the romantic, Platonic notion that, "like all elements of nature, the features of this magnificent topography were simply tokens of some other world, some deeper life with a whole other existence toward which we ought aim all our yearning" (Frazier 144). In spiritual terms, Monroe believes "that in their hearts people feel that long ago God was everywhere all the time; the sense of loneliness is what fills the vacuum when He pulls back one degree more remote" (Frazier 145). Monroe's sentiment sounds akin to the belief voiced by one folk herbalist, "God Almighty never put us here without a remedy for every ailment" (qtd. in Hufford, "Folk Healers" 307), a belief tied to the doctrine of signatures, and a way to make sense out of a harsh life. In alternating the yearning voices of Inman and Ada, each longing for some force tied to the very

nature of the mountains, Frazier speaks for a late-twentieth-century audience. This modern audience hopes for a similar escape from a science that leaves no mysteries, and from an industrialized life stripped of beauty and meaning and spirituality.

For Inman, whose long journey home took him through perilous encounters with nature and man, the world outside of Cold Mountain was a “foul country,” “vague and ominous in the moonlight. Inman’s hope was that it would strike neither mark nor impress on his mental workings, so vile did its contours lie about him” (Frazier 90). “He floated along thinking he would like to love the world as it was, and he felt a great deal of accomplishment for the occasions when he did, since the other was so easy. Hate took no effort other than to look about” (Frazier 90). Parallels are easily drawn between Inman’s experience of the world outside of Cold Mountain and a current ideological retreat from the often incomprehensible and troubling modern scientific knowledge of disease processes. It seems that no matter how much one learns in the realm of medical science, the finish line continues to move. As soon as one disease is completely eradicated from the globe, another, such as AIDS, rises to take its place. It is no wonder that science, which promises us so much, becomes an institute of distrust when it doesn’t answer all our questions. Bruno Gebhard, quoting a botanical medicine agent, states: “Folk medicine has one advantage: it has no doubt; it believes. Scientific medicine moves from truth to error to truth—it must search and re-search” (97).

In a small scene that highlights Inman’s reliance on natural ways, Inman is joined by an unwelcome companion, Veasey, a minister escaping a community where he has compromised and impregnated a young woman. Inman, who remains close to nature, procures some honey from a tree for them to eat, and proceeds to eat the honeycomb. “—You eating even the comb? Veasey said, a note of disapproval in his voice. —You say that like there was a rooster in the

pot, Inman said. He chewed it like a waxy plug. —It’s just that it looks like it would stopper a man up” (Frazier 154-55). Inman, who knows the secrets of natural health, is presented as superior to the man of education who despises those secrets. As Veasey and Inman continue, the surrounding countryside begins to resemble the land of Inman’s quest, “so that if one were not too careful about the particulars it might be taken for a mountain stream. The damp cove too had the smell of the mountains to Inman’s nose. The fragrance of galax and rotted leaves, damp dirt. He ventured to say as much. Veasey put his head back and sniffed. Smells like somebody’s ass, he said” (Frazier 155). Perhaps a bit crude, but a fitting simile to show the difference between one who finds health and restoration in nature versus the unappreciative, educated man. For Inman, and perhaps for many who are supplementing or abandoning official medicine in present times, the end of the journey lies in returning home, to be healed by the land.

Inman’s relationship to healing in *Cold Mountain*, however, depends on more than just the therapeutic value of returning to Cold Mountain. Still bothered by the near-mortal wound to his neck that set him on his journey home, Inman grows weak and ill. Although he believes in the healing that awaits him on Cold Mountain, he takes honest stock of his situation: “I am stronger every minute, he thought to himself. But when he sought for supporting evidence, he could find none. [. . .] The wound at his neck and the newer ones at his head burned and throbbed in conspiracy against him” (Frazier 262-63). Inman heads up a steep mountain path, a track so narrow and hidden that “[t]he brush and bracken grew thick in the footway, and the ground seemed to be healing over, so that in some near future the way would not even remain as a scar” (Frazier 263). In this “therapeutic landscape” Inman meets a tiny, ancient crone, a healer who lives on the edge of a cliff, alone except for her goats. This goatwoman, never named, lives in a gypsy caravan in her isolated mountain retreat, and comes down occasionally to barter her

herbal remedies for provisions (Frazier 273). Her worn caravan is a cramped sanctuary of healing, described in terms that evoke the field office of a naturalist:

The table was piled high with paperwork, its surface a shamble of books, mostly flapped open and layered facedown one on the other, page edges foxy from the damp. Scattered about and pinned to the walls were spidery pen-and-ink sketches of plants and animals, some colored with thin washes of mute tones, each with a great deal of tiny writing around the margins, as if stories of many particulars were required to explain the spare images. Bundles of dried herbs and roots hung on strings from the ceiling, and various brown peltry of small animals lay in stacks among the books and on the floor. (Frazier 269)

She tells Inman some of the details of her life. Married off by her family to a much older man who had already buried three wives, she looked around and took stock of the facts: “You’ve seen these old men—sixty-five, seventy—and they’ve gone through about five wives. Killed them from work and babies and meanness. I woke up one night laying in bed next to him and knew that’s all I was: fourth in a row of five headstones” (Frazier 272). She got up before dawn on her husband’s best horse, traded the horse for the caravan and eight goats, and had been living by herself ever since, brewing “simples” from plants, selling tinctures and salves, and conjuring warts (Frazier 272-73).

After a lengthy discussion on the nature of war, the elderly healer offers to help Inman with his painful wounds. She tells him,

[T]hat’s within my realm of power.

She got up and went to the cabinet and took out a basketful of withered poppies and set about making laudanum. She picked out poppy heads one by one,

pierced the capsules with a sewing needle and then dropped them into a small glazed crock and set it near the stove for the opium to sweat out.

—Before long this will be about right. I'll take and add me a little corn liquor and sugar to it. Makes it go down better. Let it sit and it gets thick. It's good for any kind of pain—sore joints, headaches, any hurt. (Frazier 277)

While the laudanum simmers on the fire, the old woman gets a crock of salve that “smelled of bitter herbs and roots” to daub on Inman’s wounds (Frazier 277). She offers him her theory on pain: “Our minds aren’t made to hold on to the particulars of pain the way we do bliss. It’s a gift God gives us, a sign of His care for us” (Frazier 277). After giving Inman directions as to the use of the salve, which she gives him to take on his journey, she also presents him with “a handful of great lozenges made of rolled and bound herbs, like fat little sections of cheroot,” (Frazier 278), with directions to swallow one every day. As they sit by the fire, eating and sipping the laudanum, Inman tries to imagine living like the goatwoman, a hermit in the mountains: “It was a powerful vision, and yet in his mind he saw himself hating every minute of it, his days poisoned by lonesomeness and longing” (Frazier 279).

Although no exact recipe was found for an herbal salve for pain, Hand lists goat grease as a cure for rheumatism, a disease typified by pain and inflammation in the joints (*North Carolina Folklore* 256). Because Inman’s goatwoman is described as using all parts of her goats for survival, it is quite possible that goat grease formed the base of her salve. Crellin and Philpott cite herbalist Tommy Bass’s famous skin salve using pokeweed, bloodroot, mayapple, and yellow dock (150), and Gunn prescribes a linament made of hartshorn (a plant), laudanum, and unsalted butter (153). The goatwoman’s recipe for laudanum (opium mixed with alcohol), however, is easily found. Gunn becomes lyrical in his praise of opium, calling it “the monarch

of medicinal powers, the soothing angel of moral and physical pain” (401). According to Gunn, opium, which is made from the white poppy, formed the principal portion of every patent medicine sold (402). Gunn further advocates the cultivation of poppies in the United States, particularly in the south and the west, where warm climates are conducive, so as to relieve America of the expensive burden of importation (401-402). Gunn’s detailed description of the preparation of opium into laudanum confirms the method Frazier gives his goatwoman. First, the capsules, or seed pods, are collected (Gunn 402). Next, several incisions are made in the capsule, and the milky juice that is released is placed “into an earthen vessel” (Gunn 402). The thickened juice, or opium, becomes laudanum with the addition of “any kind of spirits” (Gunn 402). Gunn does warn against the dangers of opium addiction, and offers this advice on its use: “Therefore, use not this drug, but as intended by the great Father of the Universe, the universal parent of mankind: because used as a medicine alone, it is an invaluable blessing, in the relief of pain and suffering, in soothing and tranquilizing the system, with balmy and refreshing slumbers” (404). In this central and pivotal narrative, Frazier, through Inman, admits that the act of drawing closer to Cold Mountain cannot alone cure Inman—the medicinal herbs and healing knowledge of the goatwoman are crucial in giving him the strength to continue his journey.

Ada’s life alone on the farm, where she is almost starving from her inability to maintain a farm, improves with the appearance of Ruby, a young girl left to grow up on her own after her mother dies and her ne’er do well father abandons her for his licentious and roving life. Hearing through the community grapevine that Ada is not faring well, Ruby offers to teach Ada how to run a farm in exchange for food and a place to stay. Ruby’s education in farm and herbal lore is quite extensive:

Ruby said she had learned what little she knew in the usual way. A lot of it was grandmother knowledge, got from wandering around the settlement talking to any old woman who would talk back, watching them work and asking questions. Some came from helping Sally Swanger, who knew, Ruby claimed, a great many quiet things such as the names of all plants down to the plainest weed. Partly, though, she claimed she had just puzzled out in her own mind how the world's logic works. It was mostly a matter of being attentive." (Frazier 137-8)

Again, the intimation is that if one is quiet and mindful, the natural world will give up its secrets, and the resultant bounty will sustain and suffice. Ruby also insists on doing all work on the farm according to the signs:

In Ruby's mind, everything—setting fence posts, making saurkraut, killing hogs—fell under the rule of the heavens. [. . .] Cut firewood in the old of the moon, [. . .] plant corn when the signs are in the feet; [. . .] kill a hog in the growing of the moon [. . .].

[. . .]

Monroe would have dismissed such beliefs as superstitious, folklore. But Ada, increasingly covetous of Ruby's learning in the ways living things inhabited a particular place, chose to view the signs as metaphoric. They were, as Ada saw them, an expression of stewardship, a means of taking care, a discipline. They provided a ritual of concern for the patterns and tendencies of the material world where it might be seen to intersect with some other world. Ultimately, she decided, the signs were a way of being alert, and under those terms she could honor them. (Frazier 134)

Ray Browne's *Popular Beliefs and Practices from Alabama* and Wayland Hand's *North Carolina Folklore* corroborate the authenticity of Ruby's signs: "kill hog on the waxing of the moon and it won't make grease" (Browne 237); "plant crops that grow above the ground in the light of the moon" (Browne 244); "anything planted on the new moon will grow tall" (Browne 244); "plant beans when the sign is in the feet" (Browne 249); "many people will not cut cordwood on the new of the moon" (Hand 561); "kraut should never be made on the decrease of the moon" (Hand 361); "fenceposts must be put up at the full of the moon, else they will rot" (Hand 564). Ada also recognizes the healing properties of the land, the "therapeutic landscape":

She rose and walked beyond the orchard to the margin of the woods where the tall autumn flowers—goldenrod and ironweed and joe-pye weed—were beginning to bloom yellow and indigo and iron grey. Monarchs and swallowtails worked among the flower heads.

[. . .]

On such a day as this, despite the looming war and all the work she knew the cove required of her, she could not see how she could improve her world. It seemed so fine she doubted it could be done. (Frazier 139)

Ada, like many today who are rediscovering new means of maintaining health by returning to old ways, finds that belief is not as important as stewardship and an acceptance of the meeting of two worlds, one logical, the other mysterious and ancient. Ada's role is similar to what Charles Talbot suggests for the folklorist, likening the task of preserving folkways to the Gospel command: "gather up the fragments lest they be lost" (7). Observing the signs, like a belief in an ancient, healing wisdom, makes as much sense for many in today's complex medical world as it does for Ada.

Cold Mountain's dramatic penultimate scene brings together all of Inman's longing, Ada's newfound knowledge, and Ruby's medicinal skill. Inman, Ada, and Ruby meet on Cold Mountain in a desolate, wintry scene where Ruby and Ada have gone to minister to Ruby's seriously injured father. Inman, returning to claim Ada only to find her gone, follows their traces to an old Indian hut deep in the woods. Ada, grown wise in plant lore under Ruby's tutelage, searches for "healing roots which she could know only from their dried stalks and husks poking up from the snow" (Frazier 384). Ruby goes on her own foraging expedition and returns with

her pockets full of any root she could find that might be remotely useful—mullein, yarrow, burdock, ginseng. But she had not found goldenseal, which was the thing she needed most. The herb had been scarce of late. Hard to find. She worried that people were proving themselves not worthy of healing and that goldenseal had departed in disgust. She packed a mash of mullein and yarrow root and burdock into Stobrod's wounds and bound them with strips cut from a blanket. She brewed tea from the mullein and ginseng and dribbled it into his mouth." (Frazier 385)

Again, Ruby's folk medicine has much corroboration in documented Appalachian plant and medical lore: While Ruby's particular combination of mullein, yarrow, burdock, and ginseng is not mentioned in collected remedies, Meyer recommends taking "3 different kinds of herbs, you need not be particular what kinds" to apply to wounds (271). Grady Long calls goldenseal the "cure-all, good for man or beast," and recommends it for ulcerations (3). Grieve says that golden seal "provides a drug which is considered of great value in modern medicine" (362). Mullein and ginseng tea appear in many collections as an all-purpose healing remedy (Grieve 565; Gunn 361; Hand, *North Carolina Folklore* 151, 160, 162, 352; Stuart 61; Thompson 102).

Ruby also makes a poultice for her father's bullet wound from spiderwebs and root shavings (Frazier 399; spiderwebs, Bauer 85; Cooke and Hamner 66; McWhorter 13; Norris 102; Thomas and Thomas 95). When Ada finds the goldenseal, Ruby packs some into her father's wound, then makes him some tea (Frazier 427; goldenseal as tonic found in Bauer 83; Long 3).

Ada's character proves crucial in defining folk medicine in *Cold Mountain*, and in imagining its future incarnations. Ada believes that one can build a life in observing "all the ways life takes shape" (Frazier 424). In contemplating the possible death of Ruby's father, a fiddler and composer of original fiddle tunes, "Ada wondered about his hundreds of tunes. Where were they now and where they might go if he died" (Frazier 384-5). Ada's musings about the fate of the original fiddle tunes serve as a relevant metaphor for folklorists' concerns for folk medicine: What will happen to all the old remedies if the keepers of the knowledge die? Her final thoughts on folk medicine aptly express the late-twentieth-century longing for a return to oneness with nature through healing:

What she thought was that cures of all sorts exist in the natural world. Its every nook and cranny apparently lay filled with physic and restorative to bind up rents from the outside. Even the most hidden root or web served some use. And there was spirit rising from within to knit sturdy scar over the backsides of wounds.

Either way, though, you had to work at it, and they'd both fail you if you doubted them too much. (Frazier 419-20)

What we perceive today as the full-circle return to folk medical remedies lies in the sense that we still need some mysteries—if we work at it, and believe hard enough, that which lives and breathes within the earth will heal the world's rents. In fact, one of the most history-changing events from scientific medicine came from René Dubos' discovery that soil as a self-purifying

environment could supply an agent [penicillin] to destroy disease-causing bacteria” (Hotchkiss 2). Folk medicine, traveling a long path from herbal medicine and a beneficent natural world to health food, herbal supplements, and therapeutic landscapes, still serves a vital purpose in our search for health.

Lee Smith and Charles Frazier, in their nostalgic novels *Oral History* and *Cold Mountain*, never stray from a desire to truthfully portray past medical folkways. The difference between their depictions of folk medicine and the other novels explored in this paper lies in a thinly-veiled longing to return to simple beliefs in natural cures. The truth is that life in a small mountain community was often harsh, and illness and death were commonplace. Smith and Frazier choose to turn their scholarly light on illness as a metaphor for the evils of the modern world—their prescription is all of nature’s mystery and bounty.

CHAPTER 5

CONCLUSION

Examining folk medicine in Southern Appalachia is a daunting task. Charles Talbot, in his essay “Folk Medicine and History,” states that one cannot examine the leaf of folk medicine without examining its roots and branches (7). By doing so, we will gain “a complete understanding of the widespread, organic growth of the tree that first emerged from a tiny seed and then developed over the centuries” (7). But going back to the roots of folk medicine scholarship, as ancient at least as Plutarch’s *Roman Questions* around 100 A.D. (Jones 1), would require a document whose scope is far broader than that of this paper. Even defining a region called “Southern Appalachia” is problematic, as Appalachian scholars argue over the invention of Appalachia, “a region without a formal history” (Lewis 21). What is possible is to look at the branches of folk medicine as they appear in novels set in mountain areas generally recognized as Southern Appalachia. At this time no bibliography exists that catalogues the occurrence of folk medicine within the narratives of Southern Appalachian fiction, and such a bibliography would be a useful resource for medical folklorists as well as proponents of Southern Appalachian fiction. Flannery O’Connor, quoted in Robert Higgs’ “Are You Quality, Or Do You Stack?”, says, “When I went to college ... nobody mentioned any good Southern writers to me later than Joel Chandler Harris As far as I knew, the heroes of Hawthorne and Melville and James and Crane were balanced on the Southern side by Br’er Rabbit – an animal who can always hold up his end of the stick, in equal company, but here too much was being expected of him” (73). If Southern Appalachian fiction is to blame for the dissemination of stereotypical beliefs, let us at least look at some of the fiction which preserves a portion of its medical folklore.

Most authorities on Appalachian fiction date the inception of Appalachian fiction with Will Wallace Harney's famous 1873 local color travelogue, "A Strange Land and Peculiar People" (Lewis 21). Lewis, citing Henry Shapiro and Allen Batteau and their work on the "invention of Appalachia," states that "the idea of Appalachia as a homogenous region physically, culturally, and economically isolated from mainstream America has its genesis in fiction" (22). Lewis claims that "[t]his fictional representation became accepted and reified" to the extent that the truth about Appalachia could not be determined by these representations (22). Lewis's claim places quite a burden on Appalachian fiction, and proving or disproving his theory and the theories of others in this regard is also beyond the scope of this paper. However, in this study on the validity of Appalachian novelists' portrayal of folk medicine in their fiction, a unified picture does emerge, documented by social scientists, medical anthropologists, and collectors of Appalachian folklore. Richard Simon asks, "What is Appalachia? How do we go about understanding the region? Why do we study Appalachia?" (23). Anthony Cavender, in his essay "Theoretic Orientations and Folk Medicine Research in the Appalachian South," believes that studying folk medicine from Southern Appalachia has both practical and theoretic implications for physicians who currently treat patients who continue to combine folk medical practices with official medicine (170). Cavender takes issue with sampling problems and stereotypical assumptions in scholarly works reporting on the nature of the folk who practice traditional medicine (171, 173), and his point is well taken. However, this study's goal is to show that certain folk medical remedies did exist and were used in Appalachia, by one person or a whole community, specific to one particular community or to an entire region, and that Appalachian novelists accurately portrayed these folk remedies and beliefs. By carefully researching the medical folkways of Southern Appalachia that appear in their fiction, the

novelists studied serve as medical anthropologists, ethnologists, and as folklorists, “gather[ing] up the fragments lest they be lost” (Talbot 7). As long ago as 1935, T. J. Farr stated that “in Tennessee, as in other sections of the country, the folk superstitions and beliefs are still prevalent, but with the rapid progress in education, communication, transportation, and modes of living, many of these illogical and eccentric ideas are gradually losing their significance, and in a few years most of them will be irrecoverably lost if they are not collected and preserved” (4). By understanding the folk medical beliefs and practices of the Southern Appalachian region, we connect not just with an Appalachian past but with our past as a country, as we moved away from folk medicine into official medicine, and then began the gradual return to traditional ways. In fact, if any particular culture emerges from this study, it is that the culture of poverty, with restricted access to medical care that encourages reliance on self-diagnosis and self-treatment, is far more unifying a theme than remedies peculiar to Southern Appalachia.

One of the most striking perspectives to emerge from the study of folk medicine in Southern Appalachian fiction is the role of woman as healer and carrier of tradition. The midwives and granny women in the novels of Haun, Miles, Smith, and Arnow provide an important component of the history of folk medicine in Southern Appalachia. The role of healer was often the only avenue open to women who desired to live a larger life than the harsh and brutal existence many seem to have experienced in these small mountain communities. And while many of the orthodox physicians who came to practice in the mountains were men (largely because the medical profession succeeded for decades in keeping women out of the profession), settlement women, portrayed in Furman’s novels and in *Christy*, and women doctors and professional midwives who brought their practice to Southern Appalachia, play a crucial role in the improvement of health and eradication of disease in this region.

Finally, another perspective that arises from studying folk medicine, especially in view of the rise of official medicine, is that “today’s ‘scientific’ medicine will be tomorrow’s ‘folklore,’ since science, too, is subject to fashions and fads; and a great deal of modern medical practice depends as much on cultural norms as on pure rationality” (Pearsall qtd. in Stekert 130). Using a historical perspective to view the rise of official medicine shows that Western official medicine is often no more “scientific” or “objective” than medicines of other times and cultures (Lupton 5). The fiction of selected Appalachian novelists over the past one hundred years reveals a cyclical pattern: from reliance on folk medicine, to distancing from folk medicine, to a modern return to medical folkways. This full-circle phenomenon is due in part to the patient’s sense of powerlessness and ignorance in comparing his or her medical beliefs to the vast storehouse of official medicine, and to the patient’s uncertainty as to the real efficacy of official medicine. Cooter and Pickstone, in their ambitious and comprehensive *Medicine in the Twentieth Century*, state,

To put it another way, the history of medicine in the twentieth century is about the history of power: not just the power of knowledge in the abstract but power in the hands of doctors and (increasingly) patients; in the hands of institutions such as churches, charities, insurance companies, and pharmaceutical manufacturers, and, not least, in the hands of industrialists, economists and governments in peacetime and war.” (xv)

In an attempt to regain a sense of power in an amazingly complex, technological world, physicians and patients alike are returning to holistic models that reunite the physical body with a larger social construct. Holly Matthews claims that medical doctors have not remained involved with their patients’ views of diagnosis or treatment:

Consequently, while scientific medicine met with remarkable success in treating disorders caused by infectious agents, by poor sanitation and nutrition, and by personal injury, it has been markedly less successful in handling the effects of chronic, degenerative conditions and in resolving psychiatric and psychosomatic complaints where behavioral, emotional, and spiritual factors play a major role in etiology and outcome. (9)

In suggesting a solution for the patient's feelings of disenfranchisement, Hahn proposes a framework for thinking about sickness that allows for the validity of phenomena envisioned by Biomedicine without assuming these to be ultimate or exclusive truths. [. . .] Each person has a body and a self that includes a mind, subjective experience, and relationships with the social and physical environment. Persons affect and are affected by their environments; and each part of a person (body, mind, experience, relationships) may affect other parts. (27)

Holly Matthews states that "the alienation of physical symptoms may be of secondary importance to the goal of restoring the individual to social and/or spiritual harmony within the group" (9).

Studying medical folkways by reading them in the contextual framework of fictional stories helps us define and focus our own beliefs about medicine and community and keeps us culturally aware that "all societies have more than one culture within their borders" (Helman 3). Whether the novelists whose works are studied here despise folk medicine, romanticize it, or use it to stereotype the peoples of a region, the remedies and beliefs they vividly describe are corroborated and documented by numerous sources. These novelists have succeeded in collecting and preserving medical folklore within a medium (fiction) that is more accessible and

readable than much of the scholarly work available on the same subjects. The end result of their work is that not only have they faithfully preserved medical folkways from another time and region, they keep us aware of the rich folklore that forms our collective national history and continues to influence our cultural future.

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