

2. The common economic relationships are the facilitator and facilitatee roles. Ninety-one per cent of the economic relationships of the informants are of these types. Facilitator and facilitatee are unequal not only in economic relationships, but also in other phases of community inter-actions.

3. The equal member joint economic relationship constitutes only 9% of all the informants' economic relationships.

4. The equal member joint economic ventures aggregate within the same class. Those in the upper class concentrate in big scale enterprises, while those in the lower class are spread over several small scale economic projects.

## Cultural Context of Folk Medicine: Some Philippine Cases

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### Introduction

The problem of etiology and treatment of disease in its aboriginal setting has sustained the critical interest of social scientists all over the world. Outstanding among the early works are W. H. Rivers' *Medicine, Magic, and Religion* (1924), and Forrest E. Clements' "Primitive Concept of Disease" (1932). Over the last twenty-years, considerable number of ethnographic materials on the concept of disease and therapeutic practices have become available. The modern anthropological views on folk medicine are best summarized in the scholarly works of Erwin Akerknecht (1942-1947). The pharmacology of native curers and shamans has also been studied by a number of fieldworkers (cf. Hsu 1952; Stegerds and Korsch 1943; Fox 1963; Rubel 1960) and so has been the interrelationships between magic and science in man's understanding of sickness and disease (cf. Nurge 1958; Erasmus 1952; Hsu 1952; Lieban 1960; 1962; Simmons 1955; Gould 1957; Frake 1961; Nydeggers 1963).

However, we still know less about the relationships obtaining between sci-

entific and folk medical practices. In fact, there is a dearth of materials on what makes possible the existence and operation of these seemingly divergent methods of healing side by side the same locality without conflicts. Harold A. Gould, in appraising this problem, pointed out "We know even less about the reasons for the persistence of folk medical practices in the most sophisticated urban cultures, or about the structural accommodations which must be made in the primitive environment with the advent of modern medical practices (1957-507)." .

This paper is an attempt to show how culture functions in the area of health and illness. To our knowledge there have been very few studies made in this area of research. Our primary aim in undertaking this study is to indicate, from the academic standpoint, the social and cultural elements of folk medicine and how these elements structure the practice in the community where it exists; and, from the extension-service standpoint, to suggest the significance of cultural and social variables in introducing scientific medical practices in many rural areas.

## The Concept of Disease

Disease is one of the universal experiences and its occurrence is always considered a terrifying abnormality to both civilized and "primitive" man. Because it is a contingency for which society must provide, every known group of people has developed curative methods for coping with the demoralizing effects of disease on normal life. Often these preventive health measures are surrounded by a substantial body of beliefs, knowledge, and practices (Scotch 1963:30) which is designed to make the medicine more effective.

Among the people of Barrio Tarong, Ilocos Norte, William and Corinne Nydeggers (1963:779) report that illness is brought about by (a) loss of soul, (b) spirits of the dead who visit their former abode, and (c) by supernatural tricks.

Tremors, tics, dizziness, delirium or coma are thought to be caused by soul loss. Sudden shock or fright is thought to detach part or all of an individual's soul. Since a child's soul is weakly attached to his body, he is especially susceptible to this type of illness. To avoid such loss, an adult returning home from any trip with a child will call, "Come, Maria, do not stay." Or should a child fall, water will be splashed on the spot and some given to the child to drink, to keep his soul intact after the jolt (1963:779).

Soul loss is the dominant diagnostic theme on the etiology of illness and death among the peoples of the Mountain Province. The Ifugao, according to R.F. Barton (1930:205), becomes ill and suffers other misfortunes when this soul "has been carried by the betraying god to his quarters in the Skyworld". Among the Kulaman group in Mindanao, Fay Cooper Cole reports (1913:157) that

Sickness may be caused by evil spirits, or it may be due to a desire on the part of the *kalaloo* to leave its present abode.

The direct participation of the supernatural beings in the daily affairs of the living is normally brought into focus by the rural folks in their attempt to cope with the problem of health and disease. Invisible agents are reported to have taken active part in the affairs of humans without being seen. And when these beings are displeased they cause their victims to suffer illness, death, or series of misfortunes. In Lian, Batangas, for example, the barrio folks believe that many of the illnesses which people suffer are due to the workings of the *Nunusa Punso* (old man of the mound). This agent of disease, when angered, sends his *mangolos* to eat the "inside" of men, thereby causing them to experience pain and discomfort. Among the farmers of Capiz and Antique, illness is caused by the spirits of fields and clearings.

Recognition of the causes of disease as it is known and understood by modern medical practitioners is "a rare phenomenon" among the inhabitants of Guinhangdan, Leyte. As among the Tarong people, the Guinhangdans attribute the incidence of disease to spirit-gods, witches, and sorcerers (Nurge 1958:1162). In contrast with the former, however, the people in this eastern Bisayan community do not believe in soul loss. Illness is due to (1) the spirit-gods' injuring the sick man's intestines causing him to suffer from pain; (1) the witches' (*asuwang*) eating the man's liver; and (3) the sorcerers casting charms over the sick man. Originally, these agents of disease.

were fallen angels who were doomed to follow Lucifer when he was expelled from Heaven. The *encantos* fall into the trees, the rivers, and onto the earth. Earth beings are the *tunanon*, river and ocean spirits are the *tubignon*, and tree spirits are the *cahoynon* . . . the *asuang* or witches, were originally humans who acquired and developed supernatural powers (Nurge 1958:64).

In eastern Samar a special class of environmental spirits known as the *agta* are generally responsible for the occurrence of disease. The *agta* are tiny, dark complexioned and hair-covered beings. They differ from the *enkantos* or the *mala compania* (Legapsi 1964 ms) in that they are malevolent and cause illness which cannot be cured. This pervasive influence of the supernatural beings over human experience is recorded in detail by Richard Lieban (1960, 1962) among the people of Sibulan, Negros Oriental. In this village, illness is believed to be brought about by contacts with the supernatural beings known as *inkantos*.

*Inkantos* frequently inhabit trees and remote places, but they can be present anywhere. Some *inkantos* are conceived of as heads living in a mound of earth, others as dwarfs, giants, or a combination of human and fish (Lieban 1962: 307)

Among the people of Lambunao in Iloilo province, disease and death are said to be caused by the environmental spirits. These dwellers of the "invisible" world are grouped into three categories:

- 1) the *ibabawnon* or spirits of the upperworld. Sometimes these spirits are known as *udtohanon*; they take care of such natural phenomenon as eclipses, lightning, thunder, storms, and whirlwinds. When not propitiated with proper ritual every year, they cause epidemics like cholera, *boti* (small-pox) and so forth;
- 2) the *dutan-on* or dwellers of the middleworld or the earth. They are further grouped into (a) *talunanon* or dwellers of deep forests who are responsible for the *sogpa* (vomiting of blood); *malignu* and (c) *tamauwu*, those living in trees on cleared hillsides or in the middle of the fields;
- 3) *idadalmonon* or dwellers of the underworld. They are responsible for death (Jocano 1963:56).

From the above selected cases it is apparent that causes of disease in many places in the Philippines are defined in terms of their social and cultural context. In this setting, diagnostic decisions generally go beyond the patient's verbalization of his ailment. In fact, in many cases, even the patient's own categories of his illness is culture-bound. Disease in many remote upland and rural areas is not only suffered and treated but it is normally talked about. The constant exposure and participation of the rural folks to village discussions about disease and how these are caused enable them to learn about the etiology of different diseases and to be familiar with the methods of coping with them. This socialization process makes the people less introspective in their answers to diagnostic questions.

Charles O. Frake (1961:114) notes among the Subanon of eastern Zamboanga that a man, in answering the diagnostic questions,

solicits the readily preferred judgment and advice of kin, neighbors, friends, specialists, deities, and ethnographers. Sickness comprise the third most frequent topic of casual conversation (after litigation and folk botany) among Subanons of my acquaintance, and it furnishes the overwhelming predominant subject to formal interviews with the supernatural.

Folk theory of disease, from this standpoint, permits a dual explanation of the illness. As noted above, the Sibulan folks believe that illness is due to contact with *inkanto* and the Tarong people attribute some to their affliction to the loss of soul. However, the symptoms of diseases caused by these supernatural beings are manifested in the natural way—i.e., stomach-ache, fever, enlargement of the limbs, etc. While scientific treatment is recognized as desirable this is generally taken as the last recourse, and only after all rituals for the propitiation of the

supernatural beings are exhausted and found ineffective. In effect, many kinds of treatments

are tried in the experimental frame of mind. Most are harmless and some undoubtedly help the sufferer mentally or physically, but occasionally the attempted cure leads to dangerous complications. One school-teacher applied gun powder and coconut oil to an open blister on her heels (Nurge 1958:1160).

Disease are diagnosed according to their specific symptoms or pathogenic components or according to stages of their developments. Diagnosis of illness is often arrived at by asking questions, looking at the patient and by communication with the spirits who caused the ailment. In Guinhangdan the local curer

has an exotic diagnostic techniques. She ritually anoints the patient with coconut oil and had him perspire for about an hour. When he is uncovered, the leaves were examined for the misiles which the annoyed inkantos have presumably shot into him or at him. Bits of hair, and or part of insects are "proof" of the disease causation. The *tambalan* examines his patient and then waits for an inspirational diagnosis; the knowledge "just comes to him" (Nurge 1958:116).

Sometimes the determination of the causes of diseases is carried out through direct communication with the supernatural beings. The Nydeggers noted this practice among the Tarong people in Ilocos Norte. They relate the case of one person. Damiana, who became suddenly ill after having seen a man at her window one night. She was paralyzed from the shock. When the *sirkano* was called, he diagnosed soul loss resulting from the shock for seeing a non-human as the cause of the illness. To confirm this suspicion, he "went into the darkest place of the sitio-hill, calling to and talking with non-humans" (Nydeggers 1963) in order to determine who among the spirits caused the illness.

## Treatment

Treatment of various illnesses vary from group to group. Among the Tarong people, illness due to soul loss is treated in the following manner. The *sirkano* normally secures a used piece of the patient's clothing. Stepping out into the porch or on the first rung of the ladder as the case may be, he waves the clothing as the name of the child is called. Then

the cloth is placed over the child like a blanket. If a number of such attempts to bring back the soul does not succeed, a *sirkano* specializing in the treatment of soul loss must be summoned. A similar type of cure is used if a child becomes sick when his parents are away and the illness is interpreted as yearning for the parents; A soiled shirt or some such article of clothing will be sent to the child (Nydeggers 1963:779).

Prayers to the Christian deities and chants to the environmental spirits are explored for the cure of illnesses which are caused by the angered supernatural beings or diagnosed as due to the oversight in their relationship with the humans. In Guinhangdan, Nurge (1958:67) notes that

Incantation to spirits and prayers to Christian deities are used by all practitioners, and the *tambalan* also observes a perpetual novena to an inkanto ancestor; failure to observe daily devotion would cause him to become ill. Occasionally, a lay person with a persistent malady will vow to a saint to make an offering or to perform a particular action if he is cured.

The common curing method employed by folk specialists is the use of rituals and sacrifices. So interwoven is ritual in the procedure that it is difficult to delineate from the practice what is ritualistic and what is pragmatic. Sometimes the rituals are directed towards the supernatural beings who are too remote to be involved in the affairs of man and not to the patient himself, or to the im-

mediate environmental spirits. At any rate, most offerings consists of: chicken or eggs, rice, rice-wine or coconut beverages (tuba), betel or tobacco, coins, and chosen leaves and roots of known medicinal plants. If the patient is in danger of dying and if all minor paraphernalia have been tried to no avail, then a pig, a goat or any big domestic animal may be slaughtered.

The diagnosis and treatment of disease in some areas may be illustrated by the following incident which took place among the Sulod, in Central Panay, when we were in the field.

One day a man from Masuruy, a sitio located at the foot of Mt. Kudkuran, came to Buri. He complained of severe abdominal pain and came to be treated by Diansa, the 60-year old female baylan in the area. Diansa, after a brief interview with the man, told him to sit on the floor with his legs crossed. Then she took a piece of ginger from the basket above the fire-place and cut it into seven slices. She put these on top of the man's head, in his armpits, on his buttocks and on the soles of his feet.

Having done this, she seated herself in front of the man. Then she took hold of his middle finger with her right hand, and with her left she felt his pulse, at the same time murmuring an unintelligible prayer. At length she looked the man directly in the eye. After a while, she laid aside the man's hand and told him that he was "suffering from a *burugtang* (a charm placed by the angered environmental spirits inside the stomach of the victim, causing him to suffer an indescribable abdominal pain).

Diansa told her patient that unless that *burugtang* was removed he would not be able to rest, and perhaps he would die. The man asked Diansa to remove the charm. She left the house and when she came back she brought leaves and twigs of various plants. I inquired what the names of the plants were but Diansa refused to tell me, saying that doing so would make her medicine ineffective.

She placed the leaves and twigs of the various plants inside a kararaw (a tray made of bamboo splints) and divided these into two parts. One-half she pounded in a small wooden mortar (*lusung-lusung*) and the other half she boiled. The juice derived from the pounded leaves and twigs was filtered through an abaca cloth and placed inside a folded banana leaf. Pieces of glowing embers were placed inside a coconut shell.

When everything was ready, Diansa told her patient to lie down on the mat spread near the wall. She wound a piece of red cloth around his stomach. Picking up the coconut shell, she blew the ashes off the embers, and dropped a pinch of *kamangyan* (native incense) into it. Then she fumigated the wrapped juice before she placed it on the belly of the man. As she did this, she called out in a loud voice:

I call upon you Dumalaphig, Pamburung, Pagsandan, Paharunan (all identified spirits of the departed ancestors) to help me locate the charms, to remove the spell, of the evil ones. Let it look like a butterfly if it is from the spirits of the grassland; turtle-like if it is from the spirits of the trees; if it is from the spirits of the streams or of the river, let it form a figure inside the *talug* (wrapper) and show it in the *panabang* (twigs and limbahon (leaves))

After the invocation, Diansa opened her *maram-an* (chewing pouch) and talked to the patient. The wrapped juice remained in the folded banana leaf for thirty minutes before the leaf was opened.

When unfolded the leaf revealed a fat-like substance, Diansa said it was the *burugtang* or charm of the *himyaw* (spirits of the fields) which was removed from the patient's abdomen by the *hirogom* (power) of the plants. Pointing at the formed substance, which looked like a butterfly, she said that the patient had displeased the spirits of the fields while he was working. The man admitted having killed a strange looking insect two days be-

fore he went to be treated by Diansa in Buri.

The man was then given the bowl of brew from the boiled leaves and twigs. He was advised not to consume all of the decoction but to leave a portion of it, about a ginger-deep, in the vessel. Diansa dipped her finger into the remaining brew and anointed the patient's forehead, palm, chest, and back. She said later that the patient was fortunate to have consulted her; otherwise, he would have died. The patient, apparently relieved of his discomfort, paid Diansa the sanag or advance fee for the spirits. Diansa collected her fee two weeks later.

### The Local Specialists

Every known group in the Philippines today has its own local "medical" specialist. This specialist is called by various names—sirkano, surhano, baylan, haplasan, tambalan, and the mananambal. Normally, these practitioners act as the health custodian of the locality. They interpret the dreams, diagnose the illness, and attend to all ceremonies connected with the society's *rite of passage*. Often these specialists are older men and women in the group and, as such they also function as religious and political leaders.

At any rate the type of illness or the degree of development which an ailment has may be understood in terms of who among the specialists in the community—the family of the sick man approaches for help. For prenatal care, delivery assistance, and postnatal care the *partira* or midwife is called. For ordinary sprain or for broken limbs, the *hilot* is called. For complicated illness the *tambalan*, the *sirkano*, or the *baylan* is called. The latter is often an omnibus practitioner.

Most *partira* and the *hilot* do not receive their knowledge from supernatural beings. They acquire their skills through early trainings. In Guinhangdan, one may become a midwife.

if one is the proper sex, has given birth to a child, and has the inclination.

The same is true with the *hilot* or "the sprain and broken-bone" specialists, although in some cases their skill is thought to be inherited. Among the people from Lian, Batangas, it is believed that no one can be a *hilot* "unless he is born with a skill to perform the job." Or in the local dialect—"Ipinanganak na may *hilig*" (trs. born with inclination).

The skill of the *tambalan*, *mananambal*, *sirkano* or *baylan* is acquired in adulthood. It is a learned profession. In most cases, their professional training involve a rigorous, verbatim learning of all the rudiments of herb medicine and memorizing of complicated rituals. Moreover, not everyone can become an *herbolario*. Becoming one largely depends on the *linahe* or (descent) and upon the choice of the environmental spirits, which reveal themselves in dreams followed by trembling fits after waking.

Among the Sulod of Panay, the period of training for *babaylan* lasts from seven months to a number of years, and it involves different tedious steps. The student-*babaylan* is taught during this period the different methods of curing diseases, the ceremonial dances, and the other features of the Sulod religious rituals. There are seven steps to undergo before any one can become a *baylan*.

(1) *Baratakan*—This is the period of apprenticeship during which spirit-protectors and spirits-friends are assigned. The student *babaylan* merely assists the chief *babaylan*.

(2) *Sanguban*.—During this phase of study, the student is taught to recognize and memorize the names of all medicinal plants and to learn all the symptoms of illness as caused by the different spirits of the forest streams and spring.

(3) *Hangdugan*.—The student makes his first offering to his chief spirit-protector, the sacrificial fowl being a black chicken. It is also during this period that he learns the names of all his ancestral-deities, especially those who were babaylan, good hunters, and fishermen, and successful farmers during their time on earth.

(4) *Tagbungan*—or the period of ritual study.—The student is taught all of the magico-religious arts—ritual dances, songs, and music—but he is not allowed to perform any of them in public. He makes an offering which consists of two black chickens, one of which is buried near the sources of a spring or river.

(5) *Hagbayan*.—During this period, the student is allowed to attend to minor cases. He is called *merku*. He assists the chief baylan in public performances of important ceremonies. At the end of this term, he departs for a nearby cave to communicate with his spirit-friends and to gather herbs for his *himagan* or “medicinal oil.”

(6) *Turupadan*.—By this time the student is expected to know all the rudiments of curing ceremonies, to recognize all known medicinal plants, to memorize all the names of departed ancestors, and to dance the different ritual dances. He performs these in the presence of the chief baylan. He is also required to make an offering to his chief spirit-protector. The sacrifice consists of seven red chickens.

(7) *Banawangon*.—or period of final offering—The student kills a black pig and offers its liver to his chief spirit-protector and the carcass to the less powerful divinities. He invites the whole community to witness his first public ritual performed without the help of the chief babaylan. He is now a full-fledged babaylan.

## Implications

Thus far we have described the various aspects of folk medicine as practiced in some areas of the Philippines. We have likewise noted the cultural context within which the different curative procedures are defined and put to use. Let us now note some of the sociological implications of our materials.

In our description of the various folk practices relative to etiology, diagnosis and treatment of illness, we have noted that the rural folks attribute causes of diseases to the doings of the supernatural beings. Organic causes of sickness are seldom accepted if at all known. An indigestion or a slight fever for example will be treated simply with leaves of plants or with a concoction derived from powdered seeds. But as the illness continues to persist over a period of time, the curative measures we elaborated—i.e., from the application of leaves or the drinking of the concoction to elaborate rituals—are applied. Now the people begin to generalize about the disease. The supernatural beings enter into the picture. The treatment changes in accordance with the diagnosed cause. Often the nature and extent of treatment vary according to the hierarchical position of the causative agents in the pantheon of the supernatural beings.

Soon from this standpoint, it is understandable why many rural folks prefer traditional practices over scientific ones. First, the local curer operates within the cultural framework of his group. Second, he develops his diagnostic techniques within the area known to the people and draws his curative materials from familiar objects. In this way, he sets up three levels of mental attitudes among his “patrons”: (1) an assurance that the system of folk-medicine is not at variance from what they already know; therefore, it is the right practice; (2) a confidence that a particular curative measure is the

best way of coping with the present illness because experience has illustrated in the past, that someone with similar ailment has been cured by this type of treatment; and (3) an acceptance that the practice is part of their way of life.

In contrast to this approach, modern medicine while effective is foreign to the cultural orientation of many rural folks. They know that the "*parmasiyutica*" (all medicine bought from the poblacion is called by this name) is effective but because there is no corresponding point of reference from their own cultural background or experience there is always a general hesitation to accept it. To their eyes the local practices are a body of traditionally sanctioned, established formulae, approved by the supernatural beings, to be resorted to in time of need.

Because of these divergent views regarding the effectiveness of scientific medicine, competition between folk and modern medical practices comes about very often. In order to test the healing powers of the new medicine, the villagers usually seek the help of medical doctors, nurses, and public health workers for such illness against which the local procedures have proved ineffectual. Often the patients are beyond help. And when this fails, the doctors and nurses are regarded with suspicion, their methods are not good, their skills are doubtful, and their medicine "cannot cure."

Another point to consider in analysing why folk medical practices persist in spite of the challenge offered by scientific medicine is the psychology of the patients. To the sick man illness is a mystery caused by an unknown source which brings about pain and discomfort, and which also threatens his life. Before this impending crisis for which no one has direct control, the patient and his relatives are helpless. There is only one solution to the problem—to call for the *herbolario*! As we have noted the *her-*

*bolario* is a specialist not only in medicine but also in all things supernatural. The latter is not possessed by the medical doctor, and, this makes his medical skill less effective. Taking all these into consideration, one may predict that it will be the *herbolario* who will be called for medical assistance and not the doctor, the nurse, or any public health worker.

### Concluding Remarks

On the basis of the data and discussion presented above, the following observations emerge:

1) there is a strong connection between (a) folk practices, (b) scientific medicine; and (c) the culture of the group where such folk practice exists and where scientific medicine is to be introduced;

2) there is a system of "common-sense" attitude which acts as a cultural sieve, a selective principle which guides the people to determine which method of treatment is fitted for a particular illness;

3) the limited use of scientific medicine leaves the area of chronic, non-incapacitating illness open for the development of folk practices which will continue to complement the structural position of folk healers;

4) the cultural matrix upon folk practices are defined need be considered when introducing scientific medicine in the area;

5) on a wider theoretical level, it is suggested that an extensive study of folk-medicine may help create an atmosphere of fuller and dynamic understanding of social cooperation in various normal and critical conditions. It is in this way that change can be introduced, for in critical situations even quarrels, frictions and group differences are eliminated, or at least momentarily forgotten when the structural position of each participant in the differing systems is understood and defined.



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