

**At the Edge of Modernity: Physicians, Priests and Healers
(1940–1990)**

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Abstract: The study is based on a field research developed in a few Romanian villages and is focused primarily on what peasants have to say about their relation with the sanitary system during the communist period. One preliminary conclusion of research is that people living in rural communities have a prevalently negative image about the modern sanitary system imposed by the state, consequently resorting to a parallel sanitary system that we may call traditional where all kinds of empirical or magical characters come into action.

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When one wanders around the villages and takes interviews, or, as ethnologists say, does field research on a topic a little...atypical – the perception of modernization of the sanitary system during the communist period¹ – one may have some surprises; especially if coming from an urban environment, impregnated with what some authors name the 'medicalization of existence'.² Where these surprises would come from? Firstly, from realizing that the interviewed people experience and perceive *differently* the relation of their own body with illness; then their relations with what from now on we shall call Sanitary System characters and Sanitary System institutions³ are *different* from the ones we experience and imagine. In other words, by doing such a research, what strikes us is the alterity. We

¹ The present paper is the result of the researches done in the summer of 2009 in few rural communities in Cluj County: Finișel village, Mociu township and Râșca township. The field inquiries in Finișel were done by Alina Ioana Șuta and those from Mociu and Râșca by Elena and Constantin Bărbulescu. The research is financed by a CNCSIS grant, type Idei, code 1647 with the title: Reception of Modernization of the Romanian Communist Sanitary System in the Rural World (1948–1989)". Information gathered from Râșca township at a previous date has also been used on occasions.

² Roland Gori, Marie-José del Volgo, *La santé totalitaire. Essai sur la médicalisation de l'existence* (Totalitary health. An Essay on the Medicalization of Existence) (Paris: Denoël, 2005).

³ By characters of the sanitary system we understand those people, integrated in the state sanitary system, that come into contact with the sick people trying to cure them: firstly the physician, then the nurse, the midwife. The institutions of the sanitary system are: the hospital, the maternity, the village surgery.

are different. They and Us live and perceive the world differently. For an ethnologist these latter remarks are almost a truism.

But let us now try to define what we proposed in this paper. Firstly, the study imposed itself, it came out from the material gathered: with such a material in front, you cannot stop from asking certain questions and getting some answers. Thus, here, the most important is the material gathered through oral inquiry. In the field, roughly speaking, we were interested in the way the interviewed people lived the experience of illness and healing, as well as, primarily, how they perceived as patients the experience of the contact with the characters and institutions of the Sanitary System. While the experience of the interaction with the characters of the Sanitary System can be narrated at a primary level, as a personal experience, the second supposes a different level of interception and thus of analysis, resulting from a wider range of events told. However, all the material gathered on field led us onto another track: in the peasant communities studied, illness is not only a breaking of the physiological equilibrium of the body, but also a punishment for some faults committed against beings with supernatural powers or the result of some hostile magic actions. Under these circumstances, the characters and institutions of the Sanitary System no longer hold the monopoly of healing practices, they only add up to other specialists of healing: the priest, the exorcist, the wizard, 'the one who puts the bones back', the empirical midwife etc. In other words, the field research revealed the coexistence, inside the memory and practice of informants, of two categories of healers: those of the State Sanitary System and the rural traditional ones. For the period studied, 1948–1989, which is obviously not exclusive, the two categories of healers coexist: the Sanitary System of the modern state did not totally replace what we may call as the pre-modern traditional sanitary system.

Let's start with a summary of illness representations.

The Illness

Illness, as it is described by our informants, has a definition much more restrictive that it has today. Wherefrom the general impression, subjective and obviously false, that in the past, the state of health of the population was better than today. In the communities studied they only speak of illness in the case of what today we would call a serious disease. It is obvious then that when our peasants describe themselves as, and consider themselves ill, they are in fact in an incapacity for work. Other states of ailments "they take on their feet", as they not surprisingly say. We have here an attitude towards illness, pain, and one's own body visibly different from contemporary modern standards.

Illness is described by the majority of informants with the modern terms of the clinical discourse: the organ whose functioning is affected is identified and, if needed, the symptomatology of the illness is described as well. From this point of view we are in full modernity. But not only a 'going out of order' of the bodily mechanism can lead to illness and possibly death, but also the action of some people considered to have magical powers. The magic action can provoke a disease, most of the times, a deadly one. Here is an example:

There were here three good friends: one, Bordean Ion¹, who was older, he was 22, and the others younger. And before the winter holidays...this was in '46, crisis of living, of food, of this and that ... these [people] from the mountains came with the wagons and went in the fields. When they crossed the village, they stopped by the Store, in the evening. These [the village people] stole from the wagon. When the people came back from the Store, to buy something, the wagons were empty! Food for the children... and they had six-seven children, or nine (...). And these from the mountains said: »Well, brothers, you've stolen!«. These denied that they haven't. »In three months' time you will all be ill in beds«. In three months' time two dried on their feet and died. This Bordean, who was stronger, an honest man, lay in bed for about a year and three months, he didn't have anyone to take care of him(...) And eventually he became hunchbacked, he could not straighten up again; and so he lived until he was more than eighty years.(Finişel Village)

In conclusion, the representations of illness in the communities studied stand as evidence for a beautiful mixture of modern and pre-modern representations, which often appear both with the same people, setting up a mix of a special charm.

The Good Physician

The physician is the central character of the modern Sanitary System, but in this quality he has quite a short history of interaction with the rural population. Before the middle of the 19th century, one cannot speak of a constant contact of the rural population with the physician. Until the great discoveries of bacteriology and their application in the late-19th century, the healing capacities of medicine were not very spectacular themselves. The progress of the following century though, as also the modernization of the society as a whole, led to the rise of a physician's social prestige. However, not only the more obvious healing capacity of the physician assures him a high social status, but also the monopoly the modern state ascribes to him: theoretically, together with the founding of a state Sanitary System, all the premodern characters with resembling social functions were to cease their activities. That obviously did not happen.

The image of the physician in the rural communities under research witnesses this old tension between the newer and modern healing characters and a rural population mistrustful of his methods and healing abilities. This is because the positive image of the physician is not ubiquitous as we would expect. Everybody sees the doctor and resorts to his services, but they cannot say he is a beloved character.

Generally, when we deal with elements of a positive image, many characteristics are highlighted. One of these is professionalism: a good doctor is the one who heals, as an interviewee confesses:

And doctor Petre came, who is the best doctress ever since I 've lived here in this Finişel village(...) the best doctress, who deserves a great prize; she's still serving. I did not have the possibility 'cause I was poor, 'cause I would

¹ From reasons of professional deontology, all names of interviewees were changed. After each quote extracted from interviews I mentioned only the name of locality.

have given her a prize. 'Cause anything I had she cured me, she knew exactly... true that I told her the truth. (Finişel)

But this is not only about professionalism, but also about devotion – the term 'serves' is not accidentally used here – and ultimately also about what in a rural world is characteristic to human being: 'humaneness'.

To understand the appreciations of peasants regarding physicians, we must have in view the status of the character and the specific ways of the population in the small peasant communities where human 'quality' is appreciated. Firstly, the doctor is usually not a man of the place, and this is not an advantage to him. The ideal rural physician is the one that lives in the community where it practices, but this remains often...an ideal. Then the physician is a 'Sir', this being also a sign of the lack of autochthonism, a man of the city, of the school and books, eventually, a stranger. Secondly, the doctor is a professional, and its curative abilities start to be appreciated, as it appeared in the quote above. But we should not let ourselves deluded, the image the doctor has in the eyes of the peasant is not given by the ratio between healing and failure, this would be too rational; it is rather an affective one. The beloved doctor is not necessarily the one that heals, but the one who knows how to 'soothe' the suffering, the one who proves 'humaneness', here being included sympathy, empathy, devotion, respect. A crowning of all these qualities, a supreme test, is the doctor's attitude towards money: the positive image is inversely proportional with the interest he shows to the 'presents' offered by patients. Anyway, this part of the doctor-patient relation was and probably still is a custom accepted by both sides. The way this is working though, is essential, and here the limits of the ethical common sense are in action as an informant confesses:

And now, he operated me of hernia, but I tell you, by force I put in, by force I put in; I took the bag, and I say »Doctor, doctor, everybody gives, it is not only me or you who get! Cause everybody gives!«. And there are [doctors] who require, that this is needed. He didn't (...) and this kind of Doctors, God give, so they won't require! (Mociu)

The good physician is the physician that refuses the poor people's money and we have such cases. Eventually the physician must be a good Christian.

The Bad Physician

In the discourse of our informants the negative image of a physician seems more emphatic than the positive one.

Why this representation? We believe that here also the explanation may be found by source criticism. In a way the situation is normal in the measure that the discourse generated by our informants narrates most of the times a critical situation, of great physical and psychological discomfort. The fear from the doctor is implicitly a fear of illness and its consequences, as an informant told us:

I didn't go for anything to the doctor(...) All my life I didn't like to see a doctor for anything, cause I say: << Well, he will tell me something and I will get scared and my mind will be set there, but so I keep going and just say that my back hurts or I have a stitch...>>, I keep on moving(Finişel).

In other words you don't see a doctor in happy circumstances, and this may cause a certain negative reflex of the discourse.

On the other side, there are in peasant areas beliefs upon certain illnesses and traditional methods of healing that exclude the physician and modern medicine on the route of illness and healing. In Râșca, such a sickness is provoked by the presence of a woman at her period around a new-born baby in its first six weeks of life. Such a contact is reputed to be extremely dangerous for the baby who risks the appearance all over his body of some 'boils', always considered incurable by a doctor: *'Not even doctors can heal a child like that'* (Râșca), but perfectly healable by using the traditional method of washing the infant with water that contains the menstrual blood from the person who 'spoiled' the baby.¹

But the negative image is constituted from experiences much more concrete: our peasants refer in a row to incompetence, bad will, corruption, lack of communication with the patient. All these together draw the image of a character eminently negative. But let's take them in turn.

Some doctors are mistaken in establishing a diagnosis, which is always one of the biggest issues of medical practice, and the patients submitted to this kind of mistakes live the drama of being close to death. Here is such a story:

Says [the GP doctor]: *»This is serious, you have to go!« I was all, swollen up, you think I was not even given birth; I could hardly fit in the sleeveless frock I had (...) I reached there, they put me on the table, he pressed and said:» she has another fetus«» She has a fetus, fetus of God if you are a stupid doctor!« I just said it like that: a stupid doctor, » She has a three weeks old baby, I say! «². (...) The urine, my kidneys blocked (...) And the God made the Old man appear. He was old, it's like I see him now, 'cause he had a dog, like this, big, black. And he said: »What are you doing with the girl?« the Old man said to doctor Oprescu. He said »What are we doing? We prepare the surgery room to operate her«. He says » Look!« After he released my urine, he put the probe, 'cause he saw it was urine and not a child. Oprescu kept on saying that it was a fetus! And it died there and I was all infected... the truth is that I was having an infection. And the Professor said: »This is urine. Fetch the probe«. And about four kilos of urine got out. After that I did not have anything (...) and he says:»the surgery room is ready«»Don't put the knife on the girl until I say so! When I say it, then you put it! 'Cause he says, she has four children and she must raise them« The Old man...Rest in peace cause he is dead!... (Mociu).*

The informant is convinced that if the surgery had taken place, she would not have survived. We notice here the appearance of the duplicate good doctor–bad doctor. In the quote above, the image of the providential doctor that comes out of

¹ Constantin Bărbulescu, *Imaginarul corpului uman. Între cultura țărănească și cultura savantă (secolele XIX-XX)(The Imaginary of the Human Body. Between Peasant Culture and Scholar Culture. 19th–20th Centuries)* (Bucharest: Paideia, 2005), 151-2; Elena Barbulescu, *Dulce cu amar se manca. Eseu de etnologie privind cuplul in mediul rural (Sweet You Eat with Bitter. Ethnological Essay Regarding Couple in Rural Area)* (Cluj-Napoca: Presa Universitara Clujeana, 2009), 68.

² The husband also participated in the interview, the wife being the patient. I underlined the comment of the husband.

nowhere, knows and saves the patient seems more pregnant. The experience is almost mystical. Such mystical characters are also justice-making, they punish the one that made mistakes, even if they did not want:

He says» Dear, who you gave birth with?« And I tell him: »With Dr Matei«»He says to the woman, to the nurse, he says, you go 'cause I think he is on duty at the birthing room. Go quickly and bring him here!« he says:»You, look what you did to the girl! She is mother to four children! Mother to four children, what did you do to her? He says, she could die and, he says, four children will not be brought up! « And...he says: »Show me your hands!« I reckon he saw on the fibroma, 'cause if he didn't scratch it... he had a long nail on his small finger. And he says »and this is for what? To search in your nostril, or why you keep this nail for? Well if you wanted to be a gynecologist, then don't you know that we cut our nails to the skin?! So as to not have any microbes, nothing?« He says: »You ruined the girl!« Poor guy, he said nothing, 'cause he didn't realize it! 'Cause he did a manual check, without glove and he scratched me with his nail. (Mociu).

I insisted on these episodes as they reveal an essential fact: the good doctor – so hard to find in real life – is in the logic of the system a true God descended on Earth: it comes at the right moment and saves the life of a patient.

Another problem of the physician–patient relation invoked by the interviewees is the lack of communication. In fact, this is about the dehumanization of the patient, his being treated like an object, which is a more general problem of modern medicine¹. And some of our informants tell with fright about the experiences they lived in the hospital:

Well, I can tell you a case when it happened to me in Cluj, 'cause they pulled out six teeth at once, when I had to sign. Because I had an inflammation here at the teeth. And they said... they didn't tell me why, and later, after they pulled my teeth out, I found out why (...) Because I could die and the doctor didn't tell me. When they finished pulling them I had problems with the shots, 'cause it didn't become numb... and I found out in the room, 'cause I have been in the hospital for three days, and a nurse said to a patient:»You you're your medi...you take your shots 'cause these are not good«(...) I heard it with my ears but I could not get out of hospital to get them, and nobody to send for them. And so I had to wait for the Doctor to serve me. And the doctor gave me shots those that didn't... to each tooth, six shots in a row. Imagine, I was tormented. (Finişel)

Interesting is that both images of the physician may come up for the same informant, as it is the case above, depending on the experience he/she had with them. In other words, there are but a few interviewees who manifest a constant attitude towards physicians, either positive or negative, a fact that makes us believe that a person's own experience is essential and does not constitute a social attitude. Nevertheless, there are also informants for whom all the experiences connected to the characters and institutions of the modern Sanitary System have only negative

¹ Maurice Tubiana, *Histoire de la pensée médicale. Les chemins d'Esculape (History of Medical Thinking. The Ways of Esculap)* (Paris: Flammarion, 1995), 646–647.

connotations. The image of the physician in the peasant areas is affected also by the medicalization of abortion. The physician becomes this way a hateful character, a true baby killer and contributes this way to the contemporary demographical decline, as one informant confesses:

Back then we were thirty-forty children there in the village (...) but then there were more children (...) Why? It's the doctors' fault, doctors! So I say! (...) Because they go to the doctor to make an abortion, to... they do a lot, yeah. But they could not have so many, 'cause if you stay to have – you have; if you avoid... and this is important. But if they go there, I feel this inside of me, I told my husband: »I won't ever go there. If we are both stupid – we will make [babies], if we aren't – we won't«. I had three, three I have [children] but I could have had ten! But I didn't go to the doctor, 'cause the one that goes, she looks to go quite often and her future is gone! 'Cause she would be spoiled! (Râșca).

Synthesizing, the image of the physician in the communities studied is dual, the stress moving towards the negative aspects.

The hospital

The hospital or maternity ward as places specialized for care are not quite loved by our informants.¹ As in the case of the negative image of the physician, the image of the hospital seems to suffer of a negative psychological reflex; but concrete experiences of the interviewees bring the same negative lights.

Hospital or maternity can be the stage of some traumatic experiences. After more than twenty years an informant remembers:

'Cause what did happen to me with my girl when I gave birth in hospital? (...) And then, through some snow.... right on Epiphany it was, the second day, and God gave some snow... snow until here [shows the waist]; there was no path, as they told us to go to the village surgery to call the ambulance, 'cause until there the road was open, 'cause they opened it for the road, but here it was not open. My man was going ahead – I was going after him, I was full of water until here! I went to Hodin soaking. And a nurse said to me: »Well, what month are you pregnant in? Well is it time?« »Dear lady, don't ask... « when I raised my clothes and I squeezed »You see how I am? Are you going to keep me here any longer?« I say, »Mam? Why don't you let me die at home, 'cause I was happier to die at home, if I were to die, not here!« I had some character, saying things! (...) Well, a nurse came, she took me to the table, I gave birth well. They came, took me; after a while a nurse came and when she pressed my belly I thought she was snatching my brains out of my head! (...) I thought here I die from hemorrhage. And the doctor came and I said: »Doctor, sir, be careful! In case that nurse is coming to me, you see this bottle? I break her head!« I was thirty-five when I gave birth to this girl, she didn't have to press my belly. 'Cause she said I won't get a swollen belly: »Leave it,

¹ Elena Bărbulescu, *Dulce cu amar se mânca. Eseu de etnologie privind cuplul în mediul rural (Sweet You Eat with Bitter. Ethnological Essay Regarding Couples in Rural Areas)*, 71–77.

'cause I will look after it, not you! « I say: »As long as I am here, you won't come to my face, 'cause I took a bottle, 'cause I had, my husband brought me some mineral water, not of plastic as it is now, you see it? I will break you head! Like that, as much strength as I have, 'cause it is not much but when I hit you, you will know that I hit you!» That nurse didn't come to me anymore, only others. (Râșca)

If we try to analyze the sources of the informant's discontent, we cannot help remarking that her situation is not quite happy. The pregnant woman is forbidden to give birth at home (which in the past had not been a problem) and this seems to be the basis of the medicalization of birth during the communist period: an interdiction of administrative nature will no longer allow birth at home, but only at the hospital and even worse, at the village surgery. But the actual situation – mountain area, dispersed habitat, snowed roads – transforms this administrative initiative in a nightmare that the woman experiences fearfully. Once at the maternity ward, the situation does not seem to improve and the famous lack of communication between the medical staff and patient will subject the latter to a new ordeal, this time linked to the experience of pain and to an open conflict with one of the members of the sanitary staff. Are we dealing with a reticent patient or lack of communication? Hard to say, as we only analyze the testimony of one of the parties involved. It is clear that in the narrative above the central object is missing totally, the motive of all nuisance – birth itself.

The hospital is a place where the patients have the opportunity to experience physical pain in maximal forms, as the progresses of anesthesia are constantly accompanied by a decrease of the tolerance limit of pain. Men, women, or children link the memory of hospital with the experience of physical pain. But also with the experience of seclusion. But let us rather see how one of our informants remembers the adventures of his passing through one of the Cluj hospitals:

Once I had pneumonia (...) I was in sixth grade (...) It was in a winter, my grandmother died, down here, my mom and dad were there, having things to do with the dead, stuff: preparing for the funeral, for wake. And what I was doing? I was playing football on snow (...) and played football, on the snow, we liked the way the ball was sliding, you know? It was... And I stayed like that with my feet soaking, with snickers, of course, in winter... even on... it was, after, after New Year's Eve. And I caught a cold. They were out, there was no fire in the house; I went heated up from football and I stayed, I slept, I don't know... I had pneumonia. And they took me and I was hospitalized in Cluj, at the hospital for contagious diseases. I was suspected of having meningitis, but it was not the case, 'cause it was only pneumonia. It was serious, serious, serious, very serious. It bothered me, I remember the light disturbed me, I was dizzy in every position (...) I stayed there for a week, with my butt to shots, penicillin and I remember that they gave us some penicillin that I could not walk on my feet (...) and at some point I was with a boy of the same age with me in the room (...) and we thought of eloping from hospital. And we took the sheets from the beds and we ... 'cause four of them were not enough to reach the ground, and we cut them in two and twisted them and tied them together (...) And when we

were about to escape the cleaning woman came... or I don't know (...) we were all gathered at the window, we had tied it to the heater, tied well (...) It was quite a scandal, 'cause some workers came and they closed the window so well that we could no longer open it. And then we kept on trying to escape and we succeeded to get to the gate and at the gate they stopped us (...) [I wanted to escape] because of the pain from the shots they gave us, they gave us one shot in the morning and one shot at night and they were very, very painful (Râșca).

While the image of the physician is nuanced, that of the hospital is eminently negative. It is exactly the place where the popular wisdom sympathetically recommends “not to get to”. But the hospital ever since the end of the 19th century has surpassed the status of an antechamber of death. Wherefrom this image then? We think that it is exactly the status of the institution that generates the lack of popularity. Whereas people resort to a physician for minor illnesses too, hospitalization almost always assumes a serious state of illness. Furthermore, surgery, so feared by patients, is practiced exclusively in a hospital. In other words, in hospital you think you are much closer to death than anywhere else. The hospital is haunted by the phantom of death.

The Priest

Alongside the physician and hospital, illness and healing are ascribed in peasant communities to the Church and to the priest. The priest was and remains in the villages studied a character with a crucial social role. Most of times, he is a feared character as his powers resulted from his proximity with the sacred are huge, both in good and evil ways. The curse or anathema done by the priest can have ominous results. This belief is extremely active in the communities studied and almost anyone could relate such cases. Here is one such story:

The curse is from the priests, 'cause the priest said he could make an anathema. It is a book, where they read...curse (...) Her grandfather, of this one, ...her great-grandfather was a man, lived at the boundary (...) and he had sheep; and the sheep ran in the village and the priest caught them and closed them up. The priest, 'cause the sheep went to the priest. And he closed them up and called the old man to come and get them. And he didn't go that evening and the priest didn't let them go. And since the priest didn't let them out he said »Well you'll see...« I don't recall the old man's name »If you don't come for them, I will do something with them« »well you can do whatever you want, priest, cause I have no fear« And he didn't go for them and when he went – I reckon that he went – then I don't know what the priest said, he said something and the old man said:» Priest, sir you can shit in my beard, right here!« so he said to the priest »cause I am not afraid« and then the priest said »You say it, but the beard is not far your mouth« And he cast a curse (...) And they said that to the seventh generation that curse goes.(...) The children, from each and everyone of them had something (...) one was a drunkard, or another was powerless... from all, all, the people in the village talk about it (Mociu).

In this case at least, the one who came in contact with the priest remained unharmed, but the descendants were affected: the discussion started from the case of a woman with mental problems. This seems to be a community mechanism, so

commonly found, that tries to explain a disease through a punishment for a behavioural guilt towards people reputed to have supernatural powers. We are dealing with an explanatory system where the disease does not come by itself, but it is a sign, and sometimes a stigma.

Not everyone though has the luck of the character from the text above; the one that has the guilt most times suffers the consequences, and these sometimes can take the shape of a simple accident:

It happened here another case, with the priest also, right here next to our church (...) Right in front of the church there is a house, there lived two old people: Ion and Florica, these were their names and they had eight children (...) and Florica went to put a tub for the water to flow down from the roof of the church. And priest Stefanescu, 'cause this was his name, went and didn't let her, he said she is not allowed to put in the church yard things from the household which are not clean. Florica didn't give up, she put it again. The priest went again and told her. »Florica stop putting the tub, 'cause here you are not allowed to do it « »Yes I will!« and she kept on putting it and argued with the priest there, and they say that the priest told her »Ok, Florica, Florica-Florica! Don't forget, you will see what will come to you!«. And now when they were old, all the children had gone, Ion was in the barn working and she was in the house. But she was sick, she could not see (...) And Ion let her in the house and she made a fire, she kept on putting wooden chips from his work and they fell on her (...) and she was burnt all over and he didn't find her, Ion was in the barn, until the man with the electricity bill came. This man wanted to enter the house, he could not do it because she was down in the doorway; he pushed the door and then he saw a wonder: God forbid! And quickly he came out and ran to the neighbours and shouted (...) Everybody went there and saw how she burnt: all of her! All of her and the house did not! (...) well the people said then: »You see? You see what the priest had done?« (Mociu)

We have already established that the priest is an exemplary character through his powers, but how can he intervene in the process of healing? First, by praying. In the natural course of things, before leaving for hospital, the sick go to the priest for confession. And then, as the illness evolves, the family or the sick person will 'order' a special mass for 'illness'.

But the priest has the vocation of mediating; as one priest confessed, he prays for the sick person to meet the right person, and that sometimes miraculously happens indeed:

But during Ceaușescu's time, not now, it happened and we also had here: »father, a man who saw me years on end, but he never said to me: let's check on you and see what is wrong!« And after so many years: »You come« He looked at him, there are doctors that only look at you and know what sickness you have »You are not sick from this you are sick from that« and he was healed (Râșca)

Although the healing power of the priests is rarely mentioned directly, they are, together with wizards, the best outlined characters of the traditional sanitary system. Future researches will have to clear up the multitude of healing practices that the priests are doing.

Healers

Whereas the priest is the main character of what we named the pre-modern sanitary system, besides him there are a great number of other characters, with a minor social role and implicitly social prestige: the exorcist, the empirical midwife and the one who 'puts the bones back'. As we may notice, there is a certain specialization of these characters: the exorcist practices curative magic, the empirical midwife assists the births and the one 'who puts the bones back' is the on-duty orthopedist of the peasant society.

Curative magic is the most widespread, and the exorcist is a character that is still present in Romanian villages. Of course that the phenomenon is not so widespread as it was one century ago, but even today, I can assert without fear of mistaking too much that the people born in rural areas were at least once exorcized. Together with the exorcist there are also other characters whose role was not very much studied by ethnologists. To be more precise, besides curative magic, Romanian ethnology gave almost no attention to the other characters of the traditional sanitary system. The blacksmith is one of them and an interesting testimony sheds light upon him:

When I was little, my Mom used to say, God forgive her, 'cause she is dead, and dad too, I was about two years old, I don't know what kind of boils came on me and, listen, as they show up I wasn't supposed to go to a doctor, nothing... they took me to a blacksmith, who worked with iron, listen: he was working with iron and he had a trough made, a trough to work on a hatchet, he tempered it in that fire (...) and that water where he cooled those irons, he washed me with water from that trough and I was healed, I no longer had anything (Râșca).

The syntagm 'the one who puts the bones back' refers to a kind of traditional rural orthopedist, who seemed to have existed in all areas researched and some of them seem to have practiced until recently. Numerous testimonies prove it:

There was an old man here in the village, if you dislocated your leg, nobody would go to a doctor! They went, he had a kind of spirit there in a bottle of two hundred centilitres and with that rubbed your leg three-four times and ready it was: the leg was back in its place; nobody went to doctors! (Mociu)

We hope that future researches bring some more information about this character.

The most spectacular character but just as little known is the wizard/witch. To him/her people resort in serious cases when the exorcism proved inefficient. He/she is the last instance to resort to:

I had a grandfather who experienced these kinds of things. He was little and he was working at a herd, you know? A child who took the sheep to the sheepfold for the shepherds to milk them. And it was here in Ijar. And those shepherds (...) stole some bells from another one, from his sheep, you understand? Well and they didn't want to admit they did it, and he made, or he went to some woman... or a priest, where he was and it made an anathema, you understand? They say an old woman came, after they milked the sheep for dinner, an old woman came with food for the shepherds and brought them alcohol; and I don't know how it was or wasn't? Cause she gave alcohol first to

the child. That was charmed, and after that the shepherds drank, and she put the charm on my grandfather, you understand? To my grandfather appeared on his forehead, 'cause the child became sick, it appeared two horns, you understand? And when the grandparents saw, I mean my grandfather's parents: »What should we do? How should we do? Where should we take him? Now it is really bad with the child! Oh God, Oh God, this is a charm!« And up here towards Albac, as they say towards Horea, towards Albac, in Alba county they say there was an old woman there who knew how to discharm if he had not been guilty. 'Cause the child was not guilty, the shepherds were. (...) Well, and listen, my grandfather, they took him, 'cause there were no cars then, nothing, riding a horse, and his parents walking to that old woman. But my grandfather could not ride it forward as the horse would be ridden, you see how poisoned he was... he was so charmed that he could not ride forward, he was riding backwards (...) and then they went to that old woman and she told them straight how it was with the child and that he should not drink, he should not do and she discharmed him; and he became a man in his life (Râșca)

Before concluding, we must confess that our research has its limits: firstly there are methodological limits offered by the perception of modernization, under one of its aspects, from a single perspective – that of those submitted to the phenomenon. Modernization, of the rural world at least, was not a social phenomenon generated spontaneously by society, but a phenomenon imposed by the dominant culture. As any imposed phenomenon, it has known resistance which has only been and still is dislocated slowly, too slowly we would say, as the phenomenon is developing.

In other words, we did not see the modernization of the Sanitary System from the perspective of the dominant culture that was building the system and tried to impose it, but from the perspective of the Others, who used the system, mostly unwillingly. Their perspective seemed interesting just because their voice is mostly silenced. By gathering the testimonies that created the raw material of this study we understood why. What can be so interesting, some may ask, in knowing the opinion of some peasants, upon the medical act they are subjected to? Especially if the opinion of those peasants is eminently negative. Firstly, we assume the answer that the opinion of all the users of the system should count, especially if it is negative. This is because in the testimonies of our peasants all the lacks of the sanitary System appear as a filigree, as also those of modern medicine in general. What can be more legitimate in wishing that normal births, although assisted, be performed at home and not in a maternity, as is the case for the countries in Northern Europe?

Obviously, we will find in the same testimonies all the phantasms of disease, pain and death. The physician is undoubtedly not the most blamed negative character in the descriptions of our peasants as the physician and modern medicine have their limits, but especially in the case of people with minimal sanitary education, the psychological counselling is essential, and most often in practice it is neglected or even absent.

But each time it depends on a physician and his ability to convince the one in front of him, that what is to follow is for his own benefit. On the other side, in general, what our informants reproach to the System is not necessarily the inefficiency but especially the lack of 'humanity', that equals eventually with the lack of empathy with the patient and his tragedy. In the world they come from, any matter of life, be it an accident, illness or death, lead to the solidarity of the family group, but also provokes a huge wave of collective empathy. There is nothing similar in the Sanitary System.



Irina Dumitrașcu, *Crucifixion* Photography print, 50x70, 2007
Website: www.bavardestudio.ro

Wherefrom the terror of so many peasants to die in a hospital. It is like you would die without a candle. That is why comes the testimony of a rural priest who, modestly, does not pray for healing but for '*He could find the man; it's not that God comes now and He would take his illness... they have to meet the person they need*' (Râșca). Could we say that the Old Man is one of them?

On the other hand, the existence and the important role the characters of the pre-modern sanitary system play still in the communities studied, prove the inconsistency of modernization of the rural world. I live myself in a village where the priest, the Church and the Faith are supreme references. Here modernization has not yet won the battle.