Popular Medicine in Puntarenas, Costa Rica: Urban and Societal Features

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THE SOURCES of the cultural models that a people formulate to order their experiences of health and illness are, no doubt, several. A prominent one is historical tradition, another may be child training practices (Whiting and Child, 1953; Currier, 1966), and still another may be a type of lay empiricism (Erasmus, 1952). Yet when an illness strikes, a person suffers, not alone but in the company of others—real, fictive, or fantastic. Their presence, empirical or imaginary, and how they respond, technically or morally, temper his thinking and modify his actions.[1]

It is in this theoretical spirit that we approach Spanish American popular medicine as it operates in a small city, Puntarenas, and in a small and fairly homogeneous country, Costa Rica. We wish to concentrate on those aspects of popular medicine that reflect their urban and societal surroundings. To paraphrase Leeds' important point about kinship (1968), our goal is not to describe popular medicine in the city, but to depict the city, and the larger society, in popular medicine.

This methodological stance contrasts with the view that sees popular, "folk" medicine as essentially a rural phenomenon. Because it is basically rural, popular medicine will eventually disappear as its rural adherents move into the city and become acculturated to an urban way of life.

Although this process may take place in particular instances, such a rural view of urban matters makes us uncomfortable because (1) it divides societies into two distinct, sociocultural systems, rural and urban, a division which applies, at best, only to strongly plural societies or regions (Broom, 1960); (2) it ignores the fact that many "folk" medical ideas originated among the urban elite (Foster, 1953); and (3) it does not satisfactorily explain the hard evidence (e.g., Simmons, 1955; Press, 1969) that people in urban places practice a nonorthodox medicine, a medicine that flourishes on sustenance provided by patent remedies, spiritualism, homeopathy, and other types of nonfolk medicine.

To escape the pitfalls of this rural view of urban activities, we here consider popular medicine an adaptation to a social environment produced by the intersection of urban and societal features. Popular medicine is the medicine of the populace, particularly in this article, the part that belongs to the lower economic section. Its scope includes the medical facilities available to the populace, the pattern of healer-patient relationships, and the concepts of illness and health.

Urban features of popular medicine are those connected to an environment produced by a nodality of urban functions. Neither rural nor urban communities are distinct, unitary entities, but both are the behavioral end-points of a larger socio-cultural system (Arensberg, 1968; Richardson, 1967). A city, at least a contemporary Western one, is not so much a self-contained way of life as it is a place in which are clustered a number of activities that serve both the city's population and its hinterland (Sandner, 1967a). Better stated, a city is "a settlement in which a combination of functions are exercised, and which becomes useful because in time greater efficiency is obtained by having these functions concentrated in one site" (Wolf, 1966, p. 11). Thus, to be called urban, an aspect of popular medicine must be a response to urban functions.

As a city is a behavioral product of a larger socio-cultural system, to understand what goes on in a city, including popular medicine, we must grasp some essential characteristic of the

[1]This theoretical outlook comes from Hugh Duncan, 1968. His book is a sociological exploration of Kenneth Burke's theory of man and will interest all anthropologists who feel an affinity to Leslie White's definition of culture as symbols.

larger system. In lieu of "a general theory of the relationship between the structure of society in all of its aspects and its nucleated settlements" (Leeds, 1968, p. 39), the characteristic of Costa Rica that seems most pertinent to the understanding of popular medicine is its social and cultural homogeneity (Smith, 1965). In contrast to a plural society (such as Jamaica) and to plural regions (as in Guatemala, Mexico, and the United States) where institutional divergence separates populations into different cultural sectors, the population of Costa Rica shares a single set of institutions (Smith, 1965, p. 81). The great structural discontinuities which stimulate people to conceptually polarize healers, diseases, and cures into opposing forces are all but absent in Costa Rica.

Sharing a single set of institutions does not imply, of course, that every Costa Rican is a carbon copy of every other Costa Rican; nor does it mean that pockets of distinctive cultures do not occur. The pockets most divergent from the Caucasian Spanish-speakers of the interior heartland are the English-speaking, Protestant Negroes of the Atlantic coast (Olien, 1968, 1969), the small Indian groups of the Talamanca Mountains—which account for less than 0.4 per cent of the total population (Marino Flores, 1967)—and the equally small number of Chinese in the cities of Limón and Puntarenas.[2]

From a national point of view, these ethnic and geographic variations are small when compared to those in more pluralistic countries such as Guatemala, Mexico, Peru, and Bolivia. They are local foci of cultural differences and do not constitute "national cultural sections [which are diagnostic of] a plural society" (Despres, 1968, p. 13). Furthermore, Costa Rica has a higher literacy rate (approximately 85 per cent), smaller concentration of landholdings, and a broader participation in national politics than many of its neighbors (Busey, 1967; Lambert, 1967; Silvert, 1966). The cult of its national patroness, the Virgin of Los Angeles, vivifies formal Catholicism and unites even those Catholics who do not attend Mass. In Puntarenas, the fiesta of the national Virgin is more honored in attendance and in solemnity than the fiesta of its local patroness, the Virgin of Carmen. The national sport of soccer plays a similar, important role in bringing together Costa Ricans of different economic statuses.

Both the Costa Rican man on the street and the scholar (e.g., Segovia, 1951; Rodríguez Vega, 1953) state that their country is free of the hard class divisions that plague other nations and maintain that Costa Rica is composed chiefly of middle-class people. Studies by foreign scholars tend to support the statement that "Costa Rica like the United States has an open class system . . ." (Loomis and Powell, 1951, p. 8). Sandner observes (1967b) that the settlement pattern of San José, the nation's capital and chief city, does not reflect a highly visible, sharply defined division between the rich and the poor, nor even between the agriculturalist and the nonagriculturalist. Williamson (1962, p. 199), in a study that compares the social stratification of the capital cities of El Salvador and Costa Rica, writes that it "is likely that the middle class is proportionately larger in Costa Rica than in any other country south of Mexico or north of Argentina." When Goldrich (1966, p. 51) contrasts the political posture of the sons of Costa Rica's elite with that of a similar Panamanian group, he finds that the Costa Rican youth feel less conflict with the lower class than do the Panamanians. The majority of the group, from which will come Costa Rica's

[2]Of possible direct relevance to the understanding of popular medicine in Puntarenas is the nearby region of Guanacaste and the Nicoya Peninsula. In contrast to other parts of Costa Rica, the area's aboriginal population was strongly influenced by Mesoamerica's high culture (Stone, 1966). Whites and Negroes, moving south from Nicaragua, mixed with the Indians to produce a distinctive racial type which specialized in raising cattle (Wagner, 1958; Meléndez, 1967). Throughout the colonial period, the region was administered by Nicaragua, and it did not become politically part of Costa Rica until 1825. In a loose sense, Puntarenas is an outlier of this region, as through the years people from the region have moved into the city. To what extent Puntarenian popular medicine draws its traditional substance from this ostensibly distinctive region is difficult to say. We can only note that explanations given by Puntarenians born in Guanacaste do not diverge from explanations supplied by the native born.

presidents and national deputies, belong to a "moderate welfare-statist" political party, and they "are highly integrated through the party system, less cynical and much more positive about their politicians as a whole."

Structurally, culturally, and psychologically, Costa Rica is a homogeneous society, "where the system of government yields very little local autonomy to the educational system, to the health system, to the political, judicial, and other systems; and where the religious cult, the electricity and water services, the political parties, and even recreation through the means of sports are nationally organized. Perhaps because of the smallness of the country or for some other reason that we are ignorant of, throughout the country the reach of national integration is felt and each locality or community is solely a part of the nation, which is all" (Bozzoli de Wille, 1969, p. 1, our translation).

To be sure, one should not "blindly accept the idea that Costa Rica . . . is a perfect Arcadia whose inhabitants have found peace and happiness . . ." (Lambert, 1967, p. 28). Land distribution is not as perfect as Costa Rican conventional wisdom would have it (Herrera García, 1939; Biesanz and Biesanz, 1945; Hill, 1964; Moretzshon de Andrade, 1967). The Costa Rican urbanite uses such terms as *nuestro campesino, el pueblo,* and *concho* to call forth the image of the sincere, hard-working, loyal peasant—the backbone of the country—but he may also use the same terms to describe "an impolite, uncultured boor" (Goldkind, 1961, p. 377). Some 1300 people were killed in the 1948 civil war; between 1944 and 1955 the government of Costa Rica, according to one critic, was undemocratic to the point of dictatorship (Martz, 1959). However, Smith's concept of a homogeneous society does not imply a utopian society. A homogeneous society is simply another empirically derived type. All the data that we can muster, albeit fragmentary and sometimes impressionistic, strongly indicate that Costa Rica belongs to that type.[3]

[3]See Rubin (1960) for articles on the various aspects of plural society. A more recent review of Smith's critics is by Despres (1968). We prefer Smith's original categories of homogeneous, heterogeneous, and plural to Despres' revised classification of heterogeneous and plural. Smith's original terminology allows one to distinguish between a homogeneous society like Costa Rica and a heterogeneous society like the United States. Both societies are nonplural, but both are sufficiently different from each other that they should be placed in separate classes.

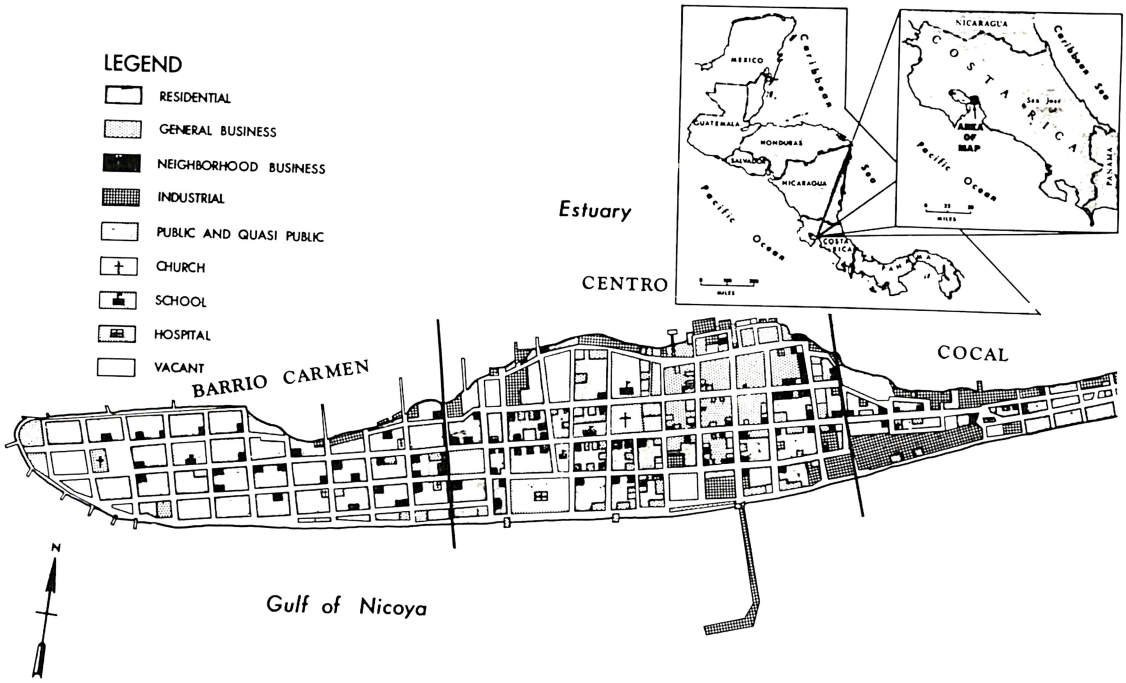
Our methodological perspective, in summary, sees popular medicine as an adaptive response to a social environment produced by the intersection of urban and societal features. For our purposes here, popular medicine is the medicine of the populace that occupies the lower economic section, and its scope includes the available medical facilities, the healer-patient relationship, and the concepts of illness and health. Urban features of popular medicine are those that pertain to urban functions; societal features are those that stem from Costa Rica's social and cultural homogeneity.

To provide substance for this perspective, we include a description of Puntarenas, a depiction of the types of local healers, and a presentation of one informant's concepts of illness and health. In the analysis we move progressively from a specification of urban and societal features of (1) the medical facilities, through (2) the healer-patient relationship, to (3) the popular concept of illness and health.

PUNTARENAS

Puntarenas, capital of the Pacific province of the same name, is on a sliver of sand that protrudes into the Gulf of Nicoya. Gingerly balanced on the sliver, which at its widest point measures less than a half-mile, some 20,000 people bump into each other as they earn their livelihood through fishing, working at the docks, or catering to tourists, who biannually come down from the cool highlands to lie on the hot, black sand.

Passengers on the electric railroad or on buses that wind down from the highlands enter Puntarenas via a precariously thin landbridge. The bridge gradually widens as one moves through Cocal, a relatively new area of poor houses, boatworks, and a yacht club;

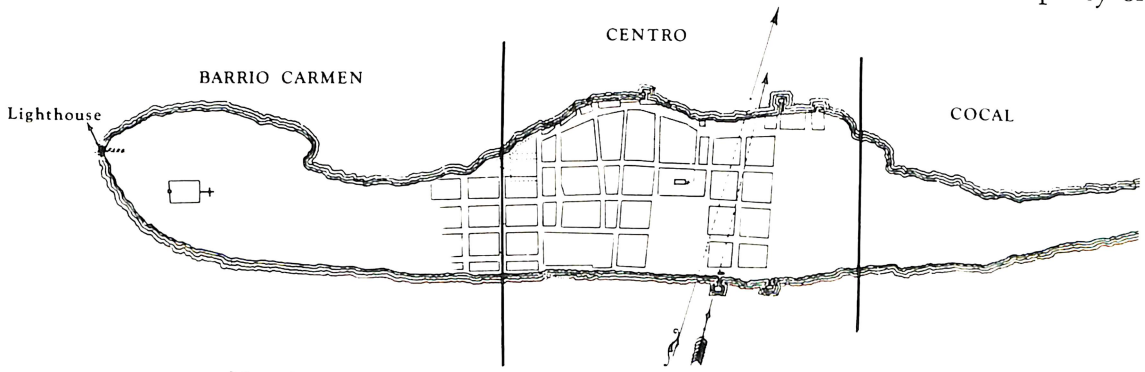


MAP 1—LAND USE, 1967, PUNTARENAS, COSTA RICA

and through the older Center, a heterogeneous collection of substantial homes, condemned shacks, governmental buildings, commercial concerns, Chinese-managed businesses, and the soccer stadium. The spit narrows again as one proceeds into the last section, the Barrio Carmen, also a relatively new settlement where both rich and poor live and shop at the numerous corner stores. Land comes to an abrupt halt at the Point, where the Virgin of Carmen stands atop her weathered, concrete tower and tiredly looks out into the Gulf.

On the northern side of the miniature peninsula modest houses, small industries (boatworks, ice companies, and lumberyards), the principal market, and the small intracoastal dock find shelter from the ocean winds and look across the estuary to the mangrove swamps of the mainland. Directly across the peninsula, on its southern flank, the large, international dock juts out into the deep waters of the Pacific Ocean, and from the dock to the Point runs the Paseo de los Turistas, separating the tourist hotels and weekend homes from their life-supporting beaches of volcanic sand.

Reflecting Costa Rica's rapid growth, the population of Puntarenas has increased to a point where it struggles to live within the confines of its miniscule peninsula. A comparison between Map 1 (1967) and Map 2 (1931) attests to the wholesale occupancy of



MAP 2—PUNTARENAS, 1931. (From González Viquez, 1933.)

the sandspit. Presently, unused land is nonexistent, rent is high, housing is frequently poor, sanitation is inadequate, and water is scarce.

Puntarenians fish; move cargo; feed, sleep, and comfort tourists; and, in the time left to them, attend to the material needs of other Puntarenians.

Fishing is primarily the pursuit of tuna and the gathering of shellfish. The scope of the industry ranges from a fleet of boats captained by relatives, through a single craft manned by the owner, to an individual holding a line off the dock, hoping to catch a *corvina* (sea trout), a *róbalo* (black snook), or even "*chatarra*" (any small, second-rate fish). The individual niche is an important one, at least so local lore insists; a person out of work or underemployed has this means available to him to cushion his poverty. Associated with fishing and its processing are the supportive plants for manufacturing ice and the small to medium-size yards for boatbuilding. Boats, either in construction or in maintenance, generate a demand for lumber, which the several lumberyards fulfill, and for skilled personnel.

Puntarenas is the main valve that regulates the flow of cargo into Costa Rica's densely populated interior. Items that originate in one of her common-market partners in Central America or in the United States come chiefly to Puntarenas; export products, largely bananas and coffee, go out in greater volume through the southern Pacific port of Golfito or through the Caribbean port of Limón (Dirección General de Estadística y Censos, 1966).

The semi-autonomous Pacific Electric Railroad has the responsibility for the movement of cargo. In addition to its white-collar personnel, the agency employs approximately 750 manual workers. Of these, 150 are men who *comen cuando hay,* who eat when there is cargo beyond what the permanently employed dockworkers can handle. The comen cuando hay in particular find it necessary to spend hours outside the dock office keeping an eye on the blackboard that announces the arrival of a ship and the number of workers needed.

Across Puntarenas a small dock on the estuary side carries both passengers and goods to and from the settlements along the coast, to the Nicoya Peninsula, and to the model prison island of nearby San Lucas.

The care and feeding of fellow Costa Ricans became Puntarenas' third major industry after the control of malaria made it healthy for interior people to follow the newly constructed Inter-American highway to the port. For two weeks in July and for three months during the drier summer (*verano*) of December, January, and February, tourists fill the hotels (one of which gained a comment in a guide book for travelers as being "very good indeed but has no hot water") or share with other families the vacation houses along the seashore. At night they eat at the numerous restaurants and dance in bars out of whose juke boxes the Beatles sing the music of the *nueva ola,* the new wave. During the day they, like tourists everywhere, burn their skin while watching their children dash in and out of the ocean.

The primary occupations of fishing, cargo moving, and tourism bring together many people in one spot. The concentration of people generates demands for food and clothing, so many Puntarenians, through the main market or through their own corner stores, *pulperías,* sell food and kitchen articles to their fellow urbanites. The Chinese-dominated larger stores and wholesale distributors meet other service needs for clothing, appliances, and hardware. Completing the economic structures are the nationally run banks and the government administrative and law-enforcement offices.

The efficacy of the Puntarenas economy in producing a livelihood for its participants is difficult to assess. Certainly there is much poverty in this urban landscape. Yet our survey of 200 families of the Barrio Carmen, popularly viewed as a poorer area than the Center, gives somewhat contrary evidence.

Of the 166 families that reported their incomes, 137 earn more than the national per capita of 357 dollars (United Nations, 1969). Many of the 137 earn substantially above that average and only three of the 166 say they are out of work. Even more contradictory to the impression that the landscape gives is that 103 of 200 families do not class themselves as poor but rather insist that they belong to the middle economic category.

Perhaps it is the irregularity of the Puntarenas economy, rather than its absolute efficiency, that is the critical link between economic productivity and individual livelihood. Jobs in all three major occupation areas—fishing, dockwork, and tourism—cycle between zero and relative abundance. The dockworkers who comen cuando hay exemplify the cycle. Even the workers who are assured jobs frequently find themselves with nothing to do. According to one informant who moves cargo through customs, he and his crew must report for work—thus preventing them from doing other jobs—although delays in the processing on paper may keep them idle. This waiting time is not paid. The daily cycle in work, and in pay, is worsened when ships do not call. The informant says that at times he has gone for 10 months without work, but presently he has been working continually for 6 months.

Although this man may go long periods without pay and although the only labor he can sell lies in his muscles, he refers to himself as a middle-class person. He first explains that in Costa Rica there are no social classes because, unlike people in Nicaragua and in the United States, Costa Ricans are all equal. When the anthropologist presses the issue and points out differences in material possessions and income, he refines the statement to say that Costa Ricans overlook these differences and treat everyone as equal. All have *roce* (from *rozar*, to rub against) with each other. Nothing prevents the rich and poor from mixing together.

Puntarenas, its compactness and its heterogeneity, comes through the senses as a jangle of sights and sounds. Bare-chested men work on boat hulls in the streets and in the estuary, or play a game called *jon* (like parchesi) under a thatch roof; old men sit at sewing machines on their front porches, with parrots perched nearby; bare-bottomed babies run in between their older brothers and sisters who are engrossed in hopscotch, marbles, but only rarely in mock war—and one recalls that Costa Rica has no army; and children scream in delighted fear as their fathers toss them into the surf, while nearby, young men pursue the national addiction, the soccer ball. Noise, like a great beast, claws at the eardrums. Created by soap operas, like "Doctor Heart," coming out from every radio in the morning and by programs, such as "*Misión Imposible*," from the television sets at night; augmented by the clack of motorscooters carrying girls in tight satin dresses, by the marimba band on a truck collecting for a new ambulance, and by the grind of a battered bus mechanically stumbling toward the Point; and punctuated with the cries of the lottery vendor, the papaya seller, the newsboy, the beggar, the down-and-outer, and the lucky man who is auctioning his large corvina, the noise threatens. The mind, in desperate search for privacy, flees within itself and then, secured, allows the eyes to see the frigate birds, who disdain to flap their wings like ordinary birds but prefer to glide effortlessly through the air, and allows all the senses to gradually merge with the early morning events of soft waves on the beach, a solitary nurse on her way to the hospital, a poor woman looking for wood along the shore.

HEALERS

Healer is a status which occupies one end of a social relationship created when an individual seeks care beyond what he, his family, or his neighbors can provide. Two main classes of healer status occur in Puntarenas: those that have empirical referents, such as physicians, midwives, and homeopaths; and those that do not, such as saints, spirits, and God.

The first class is further divided into two main types, the orthodox and the heretic. The orthodox status includes the professionally trained and licensed physician, the licensed pharmacist, and the licensed and unlicensed midwife. The activities of the pharmacist occasionally border on illegitimacy, and physicians, as untarnished representatives of medical orthodoxy, view with alarm a pharmacist's attempt to diagnose as well as to prescribe. The unlicensed midwife, who may have gained her knowledge from her former association as an employee of the hospital, falls even further away from the orthodox center.

The heretic healer, as will be explained under Urban and Societal Features, is not a folk healer. Although both the heretic and the folk practitioner are at odds with the medical establishment, the heretic challenges the establishment on its own grounds: the use of the scientific method in curing. Heresy makes explicit, conscious claims that its science is better; folk medicine, at least as medicine of the folk, is not self-consciously scientific. In Puntarenas, heresy is represented principally by a homeopath and, to a lesser degree, by a naturist.

As the major proponents of medical orthodoxy, physicians are reasonably well represented in Puntarenas. Their number, 15, falls below the recommended one physician per 1000 people, but far above the number of their colleagues practicing in the rural areas of the province (Gutiérrez Sáenz, 1967). Nearly all 15 doctors begin their day at the hospital, where they spend four hours. They then move to the Social Security Clinic, where they practice for an additional four hours, and finally to their private offices, where they end the day.

The traditional bastion of medical orthodoxy is the San Rafael Hospital, founded in 1852. Except for the new addition, its physical structure does not inspire confidence. The buzzards that peer down over the entrance way remind one of the saying current in the city that the hospital is the place where they kill you. Inside, the staff works hard at keeping an old building clean, and the pleasant chapel in the open patio counteracts the depression engendered by flaking walls and chipped floors. Behind the chapel is the children's ward, and a nearby plot serves as a play area. Here a boy, dressed in patient uniform, sways on a dilapidated swing whose sign stirs up old pains: The John F. Kennedy Playground.

The hospital's 209 beds, average for a regional hospital, are in two main types of wards: those which front the ocean and which have comfortable rooms for private patients and spacious dormitories for people covered by Social Security; and the much larger wards which extend along the hot streets and provide beds for patients who are both poor and outside the Social Security program. People from the surrounding rural areas occupy almost all the beds in the latter section. The hospital asks that such patients pay a nominal fee, but if they cannot, the hospital is still obliged to treat them.

The cases in the wards are mainly: (1) the abandoned: people who, in effect, have been bequeathed to the hospital, such as the blind, psychotic boy who communicates to himself through endless revolutions of his body, and the old Anglo woman who sits lost in her senility amidst the relative splendor of her private room; (2) the emergencies: the dockworker who lies broken from a fall off the docks, or the employee of a fish-packing plant whose enthusiasm for soccer resulted in a broken leg; (3) the chronics: the young woman with asthma whose prayers to God for relief from the suffocating attacks fall, incomprehensibly, upon deaf ears; and (4), the most numerous of all, the pregnancies: the young woman from Miramar who leaves the hospital with the advice of her mother and mother-in-law carefully fixed in her mind: "During the next 40 days do not get wet or have sexual relations with your husband, for this is the period when all the blood accumulated during pregnancy is discharged."

Table 1 shows the high incidence of pregnancies and gives a crude indication of disease prevalence. The table includes only the most frequent cases selected from a hospital chart constructed in 1964.

TABLE 1—MOST FREQUENT CASES DISCHARGED FROM THE HOSPITAL, SAN RAFAEL, 1964

Cases	Approximate Number
Births without complications	3000
Gastroenteritis and colitis	1500
Abortions without complications	600
Unspecified worm infestations	400
Anemia	300
Bronchitis	300
Alcoholism	300
Tuberculosis	250
Measles	200

On specific orders from San José, the hospital physicians treat as many people as they can without admitting them into the wards. The single waiting room is usually filled with people from the nearby rural areas and coastal settlements waiting to talk to the doctors about their relatively minor illnesses, pains, and injuries.

Two other health agencies located within the hospital compound are the *unidad sanitaria* and a blood test unit. The unidad sanitaria is a preventive health unit that focuses on the treatment of expectant mothers and young children. Its extensive program of inoculations and instructions on proper foods and child care is free to all who cannot pay. The blood test unit is the headquarters of the "Fight Against Venereal Disease." Respectable restaurant workers and government employees come here for their health certificates. Each Friday the prostitutes come for their weekly inspections, for to be a legitimate prostitute in Puntarenas a woman must have an up-to-date health card.

A block away from the hospital complex and installed in a new, modern building is the Social Security Clinic. Although staffed by the same physicians who work in the hospital, the clinic, in the modernity of its buildings, in the high-pitched intensity of its activities, and in its wide-ranging operational philosophy, contrasts sharply with its more stolid and somewhat decrepit sister.

The clinic provides total medical care for the participant and his family. In return for 4 per cent of the participant's salary, plus contributions from his employer and from the government, the participant receives medical consultations, laboratory examinations, hospitalization, a subsidy to help compensate for loss of salary while hospitalized, maternity service, and even an amount to defray burial expenses when he dies. Included in much of this extensive coverage are other members of the family; the wife, legitimate or common-law, children under eighteen of both married or common-law couples, the mother of the insured, and his father if the latter is over 65 or is totally incapacitated. There are some qualifications. The participant has to be employed for at least four weeks at a minimum salary of 100 *colones* (approximately $15), and the children of unmarried couples have to be recognized. These and other qualifications are relatively minor, especially when compared with the United States' much more timid efforts at providing inexpenisve medical care.

The clinic sends to the hospital any case needing intensive treatment and devotes itself to consultation. People, not infrequently as many as a hundred, crowd into the waiting rooms and sit patiently—or impatiently—while the staff scurries about processing their records and establishing contact between the people and the doctors. Sitting in their cubicles, the doctors attempt to meet the guideline of seeing eight people an hour. Some months they are successful; other months, as in March, 1967, when they saw 6,599 people in 1,008 hours for an average of 6.5 people an hour, they fall slightly behind (Caja Costarricense de Seguro Social, 1967).

The official view of this massive, impersonal system of curing is that the complexities of modern medicine and the commitment to a healthy Costa Rica can no longer rest solely on an individual's seeking out the doctor in

whom he has faith. Doctors have to treat what is *wrong* with the patient and not what the patient has erroneously diagnosed. Patients not satisfied with their doctor can complain to the local administrator of the clinic.

From the people in the waiting room come these responses. A woman, who works in a bookstore, says that if she cannot see the doctor whom she prefers, she feels that the prescriptions of any other doctor are not effective, for she has little faith in him or in his diagnoses. The wife of a carpenter has brought her child because of his vomiting and stomach pains. She originally thought the child had worms, but the doctor said it was a virus, maybe something like hepatitis. He is probably right, but she should counteract the effects of any pills that he prescribes with "cold" foods, as pills are "hot" and heat up the stomach. Another woman, a worker in a fish-packing plant, proudly insists that she, unlike some other people, does not exploit the clinic. She always keeps her appointments and never throws away the clinic's medicine. Physicians have studied, so they must know their work; because of this she has confidence in them. Finally a dockworker, who is suffering from a cold caused by a clash between the heat of his body and a fresh, unexpected breeze, explains his strategy. If the doctor cannot cure this cold, he is going to see Don Carlos. Don Carlos has cured the boils on his back, and he has faith in homeopathy.

Don Carlos, the homeopath, is the principal representative of medical heresy in Puntarenas. Founded in 1796 by the German, Samuel Hahnemann, and introduced into Costa Rica in 1914, homeopathy operates on the principle that like cures like. A medicine that produces vomiting cures vomiting. In contrast, allopathy, the technical homeopathic term for orthodox medicine, is based on the assumption that opposites cure, a medicine that calms vomiting cures it. Perhaps the largest center of homeopathy today is the Hahnemann Medical Center in Philadelphia, Pennsylvania (Haehl, 1922).

As he sits in his office, cluttered, dusty, and impressive with its many huge tomes, tiny vials, and garnished sign which proclaims that here is *La Ciencia de Homeopatía,* Don Carlos explains that homeopathic medicine must be given in infinitesimal amounts. The dosage is not actually medicine but rather the potency of medicine. He purchases many of his remedies from homeopathic laboratories in the United States, Germany, and Mexico. From his pharmacy he dispenses drops in coke bottles (patients must bring their own) filled with water for a nominal 2.50 colones (37 cents). With his rapid perfunctory procedure of diagnosing only on the basis of his patient's hurried recital of symptoms, he can see 30 to 40 people a day. He treats all diseases, including cancer. His reliance on his medicine is such that he demands that people do not place their faith in him. It is his medicine, not he, that cures.

In contrast, Puntarenas' other heretic, Don Pedro, the naturist, feels that his patients must have faith in him. People who seek his help come to his office, the front room of his modest, but comfortable home. They first explain to him that they have found orthodox remedies ineffective, and then they allow him to look into their eyes. The eyes are the windows into the body. Don Pedro, as a trained person, can detect through the character of the cornea, the size of the pupil, and the movement of the eyebrows which organ—liver, kidney, or heart—is malfunctioning. On the basis of his observations, he recommends treatment.

Don Pedro believes that nature will cure people, once his herbal remedies have extracted the poison caused by eating meat. For the maintenance of health, he recommends a strict vegetarian diet with plenty of sunshine and water. He does not compete with orthodoxy in the wholesale fashion that Carlos does. Pedro explains that modern medicine is greatly advanced and is usually effective. Occasions occur, however, when it fails. Naturism then steps in and provides a specialized cure.

Don Pedro is a man of eclectic interest. Before becoming a naturist, he delved into

spiritism and homeopathy, and, acknowledged or not, he seems to have acquired a reputation for diagnosing witchcraft. One of our informants found a bundle of black cloths under the hearth, and his wife took it to Don Pedro. According to the wife, Don Pedro said someone was envious of their happiness and, through this bundle, was inflicting the pain that the husband felt in his back.

Naturism, in either its pure or its mixed form, completes the range of living healers but does not exhaust the total range of curers. The healer status is occupied not only by physicians, homeopaths, and naturists but also by nonempirical spirits, saints, and God.

Curing spirits are made available to Puntarenians through Doña María's belief in spiritism. Doña María, whose substantial home, maids, and husband's partnership in a small shipping concern attest to her middle economic position, placed her faith in spiritism when a medium cured an inexplicable illness that fell upon her shortly after the birth of her first child. When her sister-in-law, who is a medium, comes to visit from San José, María is willing to hold a seance for any Puntarenian who seeks spiritual aid. As her goal is to help people, she does not accept money. Actually, the curative scope of spiritism is limited largely to María, a few relatives, and an occasional acquaintance.

Spiritism, in Puntarenas and elsewhere in Costa Rica (Bozzoli de Wille, 1968), cures through the spirits of famous doctors now dead, through the spirits of certain individuals who bore great suffering, through the help of men referred to as Hindu or Turkish saints such as Patricio and Ali Yukaman, and more rarely through the intervention of Christian saints. A physician whom María's sister-in-law has contacted is Dr. Moreno Cañas, a Costa Rican surgeon-cardiologist, who died in the 1940s, victim of a political assassination. Dr. Cañas' spirit usually instructs that a glass of pure water be placed near the sick person. If the patient and the participants in the seance have sufficient faith, the water will become medicinal and cure any illness the person may have when he drinks it and washes with it.

Spiritism is effective for any disease, but believing in spiritism does not prohibit going to a living physician. Doña María points out that God said, "Help yourself so that I may help you." Her family belongs to the Social Security program and although she does not go, she sends her children to the doctors for treatment and for vaccinations against polio, measles, and other diseases.

In comparison with that of spiritism, the curative umbrella of the Catholic saints is enormous. Of the 200 people interviewed in the Barrio Carmen survey, 136 reported recourse to the saints and the manifestations of the Virgin or of Christ to achieve relief from pain. Most people apply to the Virgin of the Angels, the patroness of Costa Rica. Her sanctuary in the old colonial capital of Cartago is filled with tiny silver arms, legs, hands, and heads, all testifying to her efficacy. The second most popular saint is Puntarenas' own Virgin of Carmen, also called the Virgin of the Sea. She has a chapel at the Point near her tower. A new saint, whom the church hierarchy has not yet recognized, is establishing himself in Puntarenas. This is Fray Casiano who devoted his life to the care of abandoned Puntarenian children and who lies buried in the orphanage that he built. Since his burial, described as magnificent, the likes of which many a Puntarenian had never seen, the friar has been called upon to heal. His picture appears in homes and public places, and all know the stories of his gentleness and miracles.

The chief mechanism for tapping supernatural aid is the *promesa,* a promised offering to one's favorite saint if he responds with a cure; if he does not cure, he gets no offering. The offering may be only a simple prayer, it may be a candle lit under the saint's picture in the home or under his statue in the church, or it may be a pilgrimage to Cartago. One old woman related that she had gone to a doctor because of a terrible itch and inflammation on her hands. The doctor did not help, and so her son gave her a

home remedy, "but I had already offered a promise to the Virgin of Angels that I would go to Cartago, enter the church on my knees and pray all I could, if she would cure me. Luis put on the remedy and that night the itch went away. I was cured, but it was not the remedy. It was the Virgin working a miracle. That was four years ago. I haven't fulfilled the promise yet, but this summer I will."

Promesas tend to be measures of the last resort, although one person may reach this point much earlier than another. Too, a mother may reach the point more quickly with her children than with herself, and promesas on the behalf of children figure prominently in the accounts. Promesas do not inevitably have a happy ending. A worried mother made a promesa to the Virgin of the Angels to cure her seriously ill child, but the Virgin, who knew the child had to die, took her away.

The concept that God, unencumbered by saints, will heal is an essential ingredient of the Four Square Gospel Church in Puntarenas. The pastor of the small congregation of 100 members explained that one of the four sides of his church's doctrine is that Jesus heals. Jesus heals directly, or through doctors, the climate, the sun, a sea bath, and many other ways. The church is not an enemy of human medicine. Medical science is bestowed by God upon a man that he may serve others. But divine medicine, through faith in Jesus Christ, also cures. It was divine medicine that cured the pastor's daughter when she fell ill from a snake bite. The pastor occasionally receives calls from the sick. He rubs the person with oil in accordance with biblical instruction, and he and the patient pray to God. If the person has faith in Jesus, then the patient will recover. Not everyone can achieve the necessary faith, so the pastor recommends that these people go to a physician.

The urban environment that surrounds the individual Puntarenian is rich in healers. When he concludes that he needs medical assistance to augment his own resources and those of his neighbors, the Puntarenian can attach himself to a number of different types of healers. Having decided, for the moment at least, to utilize human curers, he can seek out orthodox physicians, who operate as resident doctors in a charity hospital, as clinicians in a governmental clinic, or as private physicians in their own offices. He can request aid from members of the minor orthodoxy, the pharmacist, the licensed midwife, or her unlicensed colleague. He may go outside orthodoxy and seek heretic curers, the homeopath or the naturist. Finally, he may seek to complement the efforts of humans and call upon supernatural healers. Available to him are spirits, saints, and God.

The next step in describing the basic features of popular medicine in Puntarenas is to move from the healer end of the curing dyad to the concepts that the individual uses to communicate his state of health. We rely principally on a single informant to supply these concepts. Although Doña Carmen is an excellent informant, we make no claim that she contains within her mind all the concepts and images of Puntarenian popular medicine. Wa cannot even claim that we know all that she knows. Yet, even in her biases and in our ignorance, Doña Carmen, as a real person, gives a more accurate picture of the symbols that an individual uses to articulate and to respond to his social environment than would a composite informant patched together from all sources of data. From conversations with other informants we do have a degree of control over Carmen's explanations. Also in the Urban and Societal Features section, we use information gained from the Barrio Carmen survey to expand and explore her remarks.

DONA CARMEN'S CONCEPTS

Across the sandspit and away from the wide expanse of the Pacific Ocean and from the cool sea breeze that ruffles the afternoon heat, Doña Carmen's café lies stifling in its cramped quarters between the estuary dock and a wholesale distributor of Japanese motorbikes. Constructed of corrugated tin tacked

onto a dilapidated wooden frame, the café has but a delicate hold on land. Nearly half the structure extends out over the water, and during high tide the pollution of the estuary laps at the floor boards.

The occasional patron enters the café simply by taking one step from the street. Seated at one of the scarred wooden tables, which still struggle to be cheerful in their orange paint, he may drink coke or coffee. More rarely, he may eat a meal that Doña Carmen prepares on the wood-burning hearth next to the broken electric stove. Behind the tin wall that backs the hearth is a minute room into which Carmen has crammed her family and her few personal effects. In the part of the café which juts out over the estuary—so that the water's ebb and flow will dispose of the garbage and waste—is the washing area and the latrine. Also in this part, Carmen has boxed in one of the nooks to raise a pig that a friend has given her.

Doña Carmen's customers are people from the settlements scattered along the coast. They periodically board the launches to Puntarenas to sell produce, visit friends, go to the hospital, or to travel on to San José. Because of the unsteady flow of these people, there are occasions when Carmen sells almost nothing. Even when the volume of people is the greatest, immediately after harvest, her business is marginal. On a good day she grosses under five dollars. With this she has to replenish her small stores and to maintain herself and the four children who presently live with her.

I have had nine children, but two of them died before they were a year old. Three of my girls have left home, one of them to teach school, the other two to marry. One of my married daughters is visiting me now. Aura's husband is traveling, so she came here to have her baby. Víctor Hugo, my youngest, goes to primary school. He talks a lot and won't keep on his shoes, but he is a good boy. He is full of enthusiasm for school things. He wants to go to Monteverde where the Quakers are so he can learn English. Jorge, Haydée, and Zaida went to school for several years, but it did not interest them. Zaida is twelve and was in the third grade last year. They have the facility but not the interest. The authorities won't cooperate and help me keep them in school. So I let them stop. One grows tired of buying school materials and making uniforms for children who show such little enthusiasm for learning. Haydée and Zaida help with the café. Jorge doesn't have a bad character and is not badly raised, but he is sixteen, and grown. One doesn't have the power to dominate him.

It has been several years now that my husband went to work in the banana plantations around Golfito, south of here. He never comes to visit his children. No, I don't ask about him. As a casual thing, one asks now and then.

We were married in a *pueblito* in Nicoya where we both were born. My grandfather, on my father's side, was born in Germany. His parents immigrated to Guatemala and then to Nicoya. Some of my father's relatives moved to San José. One of them is a dentist. I don't see them often. A poor person like me doesn't have much *confianza* in rich relatives. One feels uneasy with them.

I married pretty late, when I was twenty-four. This was because I taught school before I met my husband. I taught primary school. I completed only four grades, but in those days you could take special courses during the summer and obtain a provisional teaching certificate. I came to Puntarenas some fifteen years ago. I had a store near the Church and I sewed a little. Before that I had a candy shop near the park. I've been here two years. No, don't write me at this address. Who knows where one will be a year from now?

Doña Carmen is a knowledgeable, literate woman who has tried unsuccessfully to find for herself and her children a more comfortable niche in the Puntarenian economy. She talks in a flat, repetitious monotone that blends in with the gray squalor of her surroundings. Yet in characteristically Costa Rican fashion, she does not attribute the cause of her misfortune to the machinations of a machiavelian oligarcy. She expresses little social bitterness over her state. Instead, she relies on her ability to psychologically roll with the economic punches that bad luck and unhappy circumstance have thrown at her.

Doña Carmen's thoughts about health and sickness can be conveniently presented in terms of an interaction sequence roughly similar to that employed by Adams and Rubel (1967). Pathological agents, arising from areas external to the body, intrude into the body's normal functioning and cause the person to feel and to act abnormally. Curing

consists of counteracting the pathological intrusion and thus restoring the body to its normal state. Contained within this abstract sequence are the specific sequences of agent, malfunction, and remedy.

The first sequence stems from the widespread Spanish American principle of "hot" and "cold" qualities. In accordance with this principle Carmen classifies as among those items possessing hotness: coffee, chile, liquor, pork, and medicinal plants such as *manzanilla* (chamomile), *gengibre* (ginger), and *nacites* or *nances*. In general, hot foods are harmful to the body in that they irritate the digestive organs, principally the liver. If a person eats too much pork, his liver will malfunction and produce a pain in the side, a nasty taste in the mouth, a bad color in the skin, and frequent belches. The person may vomit and certainly will feel bad-tempered and miserable. To ease this discomfort he can eat fruits such as pineapple, watermelon, tamarinds, and *guanábana,* which, because of their cool, *fresco* quality, clean and refresh the liver. He can also take the well-advertised English product, Andrew's Liver Salts, which similarly renovates that organ.

Food that is very cold, *muy frío,* also will cause trouble. If a nursing mother eats the meat of a *tepescuintle* (a paca), the coldness of the meat will affect her milk and cause her baby to suffer digestive upsets. Likewise, sardines, and to a degree all fish and shellfish, are very cold, and when they are eaten, the coldness settles in the stomach causing it to ache. To counteract the coldness, Carmen recommends manzanilla tea, whose hot quality warms the stomach. Beef and chicken are cool, but not as cold as fish, so they have no harmful side-effects. On the contrary, because beef and chicken contain many vitamins and calories, they nourish and fortify the body.

(Carmen also classes foods according to heaviness and greasiness. In her system, pork must be eaten with great caution because it is not only hot but also heavy and greasy. Another informant goes an additional step and designates fruits such as banana, papaya, and guanábana as phlegmatic. A person with a cold already has phlegm in his body and naturally should not add more phlegm by eating these fruits.)

A second interaction sequence is the clash of hot and cold temperatures. When a person is hot and sweaty, the pores of his skin open wide. If he is in this condition when an unexpected blast of fresh air hits him, or when a sudden downpour falls on him, he will probably catch a cold, get pneumonia, or suffer other ill effects. The fresh air or cold rain rushes in through the opened pores and clashes with the heat of his body. This happened once to Carmen when she was pregnant, and the shock to her system was partially responsible for the loss of that baby.

Carmen frequently mixes both types of hot and cold sequences in her explanation of illness, as when she elaborates on the role of the climate in Puntarenas. Puntarenas' hot tropical climate increases the occasions when a person sweats and thus has widely opened skin pores. Not only does this condition allow the dangerously cool air to enter the body, but it also permits the dissipation of the body's strength through the pores. Unattended, the condition of excessive sweating will result in a loss of calories through the pores, and the body will become weak and cold. To stop the sweating, one can spread talcum powder, flower water and sulphate, or honey on the skin. Honey is particularly good because it is hot, and its heat will prevent the body from becoming chilled. In addition, one should eat heavily when he is hot and sweaty, as this will restore the energy lost through the pores. Another informant adds that sweat can turn "bad." In such a putrefied state, bad sweat is contagious and spreads through body contact.

While on the subject of Puntarenas' climate, Carmen maintains that its climate, in contrast to the cool, healthy climate of the interior highlands around San José, is essentially pathological. The climate's hot temperature, its frequent winds, and its relatively high rainfall increase the frequency of a

Puntarenian being shocked from having his overly heated, sweaty body unexpectedly cooled by wind or rain. This is the reason why many people in the port suffer from the respiratory diseases of colds, bronchitis, and pneumonia. However, the air in Puntarenas is not "bad," or *mal.* In fact, Carmen points out that air in Puntarenas is healthy because it is filled with iodine gathered up from the ocean. She remembers people in Nicoya talking about bad air producing tetanus and saying that honey made from the sisal plant is good for drawing out the pathological air. But she is not certain if air can in fact cause tetanus. It is true, she insists, that too much air can enter the head and cause the eyes to become inflamed. She suffered from this condition; to cure it, she coated a piece of paper with *trementina* (turpentine?) and stuck the paper on her head just back of the ear. When the trementina drew out all the air, it became unstuck and fell off.

Carmen denies that she classes parts of the body or conditions like pregnancy as being hot or cold in either of the two meanings. However, some of her examples give evidence of such a classification. Any woman who has been drenched in a downpour may suffer womb pain and enlargement of the stomach because the rain has dangerously lowered the healthy warm temperature of the womb. The cure for this painful condition is to drink manzanilla tea which, because it is hot in quality, will restore the womb to its normal temperature. A pregnant woman, unless she wants to abort an unwanted child, should never drink manzanilla (presumably, because she is already in a hot state). Similarly, she should eat mainly cold foods, as the hot ones will cause acute digestive disturbances.

Another closely related sequence of agent, malfunction, and remedy is the effect of sudden emotions. Just as exposure to an unexpected gust of wind may produce illness, a sudden surge of fright *(susto)* or anger will affect the digestive work of the bile, liver, and stomach and will result in discomfort or serious illness. The surge of emotion may come from witnessing the death of a close relative, from hearing that a car has hit your child, from seeing anything horrifying like an accident, from being startled by the unexpected appearance of a friend or an enemy, from being angered by the spiteful acts of a child or a neighbor, or even from receiving a sudden physical blow. What is common and dangerous among these experiences is the sudden, unexpected flow of emotion inside the individual; what causes the emotional surge is unimportant. Also, Doña Carmen and other informants agreed that susto is "fright with no accompanying soul-loss" (Adams and Rubel, 1967, p. 346). Susto in Puntarenas seems to correspond more closely to the Anglo-American concept of "shock" than to the susto or espanto sickness frequently present in those Spanish American communities which have an Indian base (Rubel, 1964; O'Nell and Selby, 1968).

If a mother is nursing and becomes frightened or angered, the experience may affect her milk and upset her baby's digestion. It is much more serious for the woman who is in the forty-day period following birth or the woman who is menstruating. If these women experience a sudden surge of emotion, all their blood may rush to their heads and cause insanity. Today, the doctors can cure this type of insanity with injections; in the old days, people would prepare a hot bath with ashes. The sick woman would bathe her feet and legs and the heat of the bath would stimulate the blood to flow down from the head. Carmen cannot remember why the ashes were used.

People with high blood pressure, usually the rich who eat better and those bodies generate more blood, should guard themselvs against a sudden flow of emotions. In their condition, the shock may cause a cerebral hemorrhage, a *derrame cerebral.* Carmen's youngest son, Víctor Hugo, does not eat all that he should. However, if she makes him eat, he becomes mad, and his food does not set well. What Carmen gains by making him eat, she loses through his indigestion.

The three interaction sequences discussed so far have all begun with a pathological

agent that is not alive. The agent has not been a germ, but a food that was too hot, a temperature change that was too great, an emotional surge that was too abrupt. Carmen adds to these sequences one that begins with a live pathological agent, a *microbio,* a *bacteria,* a *parásito,* an *amiba,* or a *lombríz.*

Drawing in part on the knowledge gained from a course provided by the Ministry of Health for restaurant personnel, Carmen explains that all of these *bichos,* or vermin, are present in Puntarenas. They flourish in the hot, wet climate and contribute to the city's unhealthy state. The bicho that Carmen is most concerned about is the lombríz, the intestinal worm. She displays an amazingly detailed knowledge of intestinal worms and distinguishes at least four varieties and talks in detail about one, *tricocéfalo* (trichuris?). The tricocéfalo has a relatively large head with a very fine body, like a hair. The body curls up into a tiny, tight ball but, stretched out, it measures 4–6 cm. In addition to the typical worm syndrome—little appetite, pale sickly skin, eyes half-closed but shining, teeth gnashing—a child with tricocéfalo will defecate frequently, producing loose feces with lots of blood. The feces will be odorous, and a close examination will disclose tricocéfalos in the rectum.

Víctor Hugo had tricocéfalos, and Carmen tried several home remedies. She then took him to the doctor, but the physicians in Puntarenas are so accustomed to diagnosing the more commonly occurring amoebas that they confused amoebic symptoms—infrequent defecation of very loose feces with only spots of blood and no odor—with those of tricocéfalos. Finally, Carmen located a young doctor who was doing his internship in Puntarenas and who was a specialist in the field of internal parasites. He correctly diagnosed tricocéfalos and cured her son.

Another very serious disease of the internal organs is *gastro* (gastroenteritis). Unlike measles, chicken pox, and smallpox, gastro is not contagious but comes from bad milk. Contaminated milk, either fresh or powdered, infects the stomach and intestines, causing diarrhea, fever, vomiting, and excessive sweating. Exclusively a child's disease, it may occur between the ages of three months and one year. Children with little resistance to the disease may die within three to twenty-four hours unless they are taken to the doctor for injections and pills.

All four sequences of agent, malfunction, and remedy are conceptually intertwined in Carmen's thinking. Consider the "hot" treatment for "cold" worms. Intestinal worms do not like the cold. If a person's temperature is lowered through getting wet or through drinking iced drinks, the worms will become agitated. To escape the cold, they will climb up into the throat, nose, and mouth. They may even penetrate the brain and cause convulsions. During this *ataque de lombrices,* this worm attack, a person will suffer greatly from any sudden surge of emotion. To placate the worms, Carmen uses hot-quality remedies such as castor oil or honey. The heat of these remedies removes the coldness from the stomach and soothes the agitated worms. To kill the worms, Carmen suggests *apasote,* a medicinal herb which is hot, or Wuit's Worm Medicine, or a trip to the doctor for a feces examination and pills.

Other informants in Puntarenas likewise conceptualize the sequences as intertwined. For example, "the bladder should be refreshed by a cool substance like the sweet water of the tender coconut, the *pipa.* If the bladder is hot because of infection, however, and not just inflammation or irritation, antibiotics (from the system of scientific medicine) are called for, and pills are always hot and may affect the liver" (Bode and Richardson, 1968, p. 20). An affected liver, of course, calls for the freshness of a pineapple, a watermelon, a guanábana, or Andrew's Liver Salts.

Into the sequences of pathological agent, illness, and remedy, Carmen inserts a "given." Some people, like herself and her children, have a built-in hardiness of body. This quality allows them to escape many of the discomforts that plague the less fortunate. This internal physical vigor is developed in child-

hood and is a function of proper maternal care.

Careful mothers are those who give their children sufficient amounts of food rich in vitamins and calories, such as beef, chicken, vegetables, and fruits, and fortified with dosages of codliver or sharkliver oil. Attentive mothers hover over their children in the period from two months to two years when internal parasites are the most dangerous. Using the combined resources of home remedies, patent medicines, and professional care, good mothers continue to maintain a watchful eye. Not until they have reached the ages of 14 or 15 will children be sufficiently strong to fight off worm attacks.

Being products of proper maternal care, Carmen and her children have always been healthy. They rarely have had fevers, headaches, colds, or indigestion and never have had a serious illness. In contrast to the health of her children, Carmen points to the unlucky child whose mother has neglected him. Such a child develops poorly, his organs are weak, and whatever he eats will upset him. When people see this sickly child, they will exclaim, "What an unattentive mother that child has!" They will never say, Carmen sardonically observes, "What a miserable father!" The child will carry the results of lackadaisical attention into adulthood, and as an adult he will constantly be ill.

Women, for example, who are products of improper maternal care will have such a difficult time at childbirth that they will have to have their babies in the hospital. In testimony to her health, Carmen emphasizes that she has never had any of her children in a hospital. Always a midwife has attended her and her daughters. When Aura came home to have her baby, Carmen had an *empírica,* a midwife without formal training, to assist the daughter. She brushes off the fact that another daughter had gone to the hospital and attributes that daughter's difficulties to the stitches that she received. With pride, Doña Carmen emphasizes that she and her daughters are on their feet the day after birth.

Her reluctance to have children in the hospital notwithstanding, Carmen utilizes most of the healer types in Puntarenas. The only two that she does not use are the spirits of Doña María and the God of the Four Square Gospel Church.

When Carmen goes to an orthodox physician, she approaches him with some ambivalence. On the one hand, she is appreciative of the efficacy of orthodox medicine and of the warm personal ties that may develop between a family and a physician. On the other, she urges caution in taking the physician's medicine: "If medicine does not cure, it harms." She gives the example of a friend's child. The mother took him to the Social Security Clinic for treatment. Instead of getting well, or at least remaining in the same condition, the child became more pale and malnourished each day. The medicine was damaging the child and making him more ill.

The dictum that if medicine does not cure, it harms is true for all pills and injections, but it is particularly applicable to birth control measures, such as the loop, or *espiral.* A woman who has the loop installed in her has nothing to cure. She is not sick. Thus, the loop may well damage her. The womb, which, after all, is the most delicate of organs, may develop ulcers and, quite possibly, cancer. Also, they tell the story of a woman who, despite the loop, became pregnant. When she had the child, the loop was embedded in its tiny body.

Carmen went to Don Carlos, the homeopath, when she was suffering from the emotional shock of her mother's death, a condition complicated by a vicious attack of intestinal parasites. She had gone to three or four doctors, but she continued feeling bad and her normal suspicion of pills increased. So acting on a friend's advice, she went to Don Carlos, and he cured her. After this experience, she has much more confidence in homeopathy than before. However, she continues to go to orthodox physicians, just as she continues to take home remedies and patent medicines. She also continues to rely on the Virgin of Carmen and the Child of Prague for supernatural assistance. She asks them

each night to look after her health and the health of her family, and on more rare occasions she makes a promesa with one or the other.

Regardless of the healer that Carmen uses, be it physician, homeopath, or saint, and regardless of the remedy that she takes, penicillin, manzanilla, or Andrew's Liver Salts, what cures her in the last analysis is her faith. To her the ubiquitous concept of having faith, of *tener fe*, is a single condition with two applications. In a broad application, Carmen uses faith to relate herself to God. Through the strength of her own personal faith, God through the saints looks after her health and that of her children. In a much more specific way, she applies faith to remedies and thereby turns their potentiality for curing into actuality. She suggests to herself that the remedy will work; she puts the force of her will into the treatment. This effort calms her nerves and permits the medicine to work. The faith of the physician and his religiosity matter little to Carmen. It is her faith, her personal commitment, that successfully restores health. *"Es la fe de uno que vale,"* Carmen repeatedly asserts. "It is the faith of one's self that matters."

Without any pretext at total comprehension, we have a reasonably complete picture of how a single Puntarenian, who occupies the bottom economic rung in an urban environment, describes the sphere of health and illness. Coming from areas outside the body, pathological agents—both inanimate conditions (inappropriate hot and very cold foods, drastic temperature changes, sudden emotional shocks) and animate organisms (microbes, bacteria, parasites, amoebas, and worms)—intrude into the body's normal functioning and make the person feel and act abnormally. Although exceptions occur, digestive troubles are associated with hot and very cold foods, respiratory difficulties with temperature changes, and digestive malfunctions plus mental aberrations with emotional shocks. Animate agents cause breakdowns in the internal organs and produce nonrespiratory diseases such as malaria, measles, smallpox, and chicken pox.

All people have these illnesses, but people in Puntarenas suffer more because the area's climate produces excessive sweat, drastic temperature changes, and an abundance of pathological organisms. Certain individuals, who did not receive proper maternal care in their youth, lack the built-in hardiness of persons like Carmen, and they are constantly falling ill.

Curing calls for the implementations of a wide range of home remedies, patent medicine, doctor's prescriptions, homeopathic remedies, and faith. Personal faith is a necessary ingredient for all treatments, but because of human limitations—no one can have that much faith—faith alone does not cure. Similarly, because of human frailty, God's power, tapped through intermediaries and promesas and capable of curing any and all diseases, is only occasionally used. Human cures are, at best, loosely connected with causes and symptoms. To be sure, Carmen probably would not go to a doctor for liver discomfort attributed to eating pork, and she probably would eventually take her child to the doctor if he had measles, certainly she would if he had gastroenteritis. However, the use of one type of cure does not preclude the use of another. Carmen does not categorize illnesses into those which only home remedies can cure and those which only a physician can treat. It is permissible, and indeed many times advisable, to use a combination of cures. With few exceptions, Carmen's curing strategy is a wide-open maximization of available resources.

With the description of Doña Carmen's concepts of health and illness completed, we turn to an analysis of the urban and societal features of the medical facilities in Puntarenas, of the healer-patient relationship, and of the concepts of illness and health.

URBAN AND SOCIETAL FEATURES

Medical Facilities

Although a far cry from the massive, primate city that sprawls across much of the Spanish American landscape, Puntarenas

plays an important role in Costa Rica as the nodal point of the fishing industry, port activities, tourism, and administrative functions. Stemming directly from the nodality and itself a nexus of urban activity is the concentration of medical facilities. The location of the hospital and the Social Security Clinic in Puntarenas is the most effective means that Costa Rica presently has for distributing its scarce orthodox medical services to the largest number of people.

The concentration of the other types of healers—the pharmacist, the midwife, the heretics, and even the nonempirical spirits, saints, and the Four Square Gospel God—is also a product of the urban nexus. Regardless of their curing theories, the healers tend to concentrate where the "market" is rich in discomforts, pains, and illnesses, that is, an urban place. The pharmacist, for example, finds a ready, consumer's market for his pharmaceutical supplies and patent medicines. This market is enhanced by the modest affluence of Costa Rica and by the high literacy rate which makes the written advertisements of drugstore medicines an effective selling device.

Strictly local factors that may contribute to the concentration of a variety of healers in Puntarenas are the city's reputation as an unhealthy spot and the mixed feelings about the competence of the resident physicians. Seventy-four per cent of the 200 people surveyed in the Barrio Carmen agree with Doña Carmen that it is difficult to maintain any state of reasonable health in the city, chiefly because of the area's climate. Nearly 50 per cent state flatly that perfect health cannot be had in Puntarenas, and 66 per cent worry more about their health than about their economic state. The concern about health is sharpened by the low level of confidence in the orthodoxy. Approximately 50 per cent of the people have doubts about the qualifications of all or some of the local physicians. As with Doña Carmen, the doubts do not imply an attack on orthodox medicine, but rather a realization that the local orthodoxy has failed to provide the population with specialists. Thus, the high level of worry about staying healthy in an unhealthy spot and the low level of confidence, mistaken or otherwise, in resident physicians may encourage Puntarenians to experiment with a variety of healers.

Although these two local factors contribute to the occurrence of different types of healers in the city, their very local nature means that they cannot account for the specific type of healer. The presence of at least one specific type, the heretic, seems to be a product of the consensual, homogeneous character of Costa Rican society.

As mentioned earlier, heresy, as represented by homeopathy, is distinct from pristine, folk *curanderismo*. Pure curanderismo, we suggest, is the use of medicinal herbs, gathered and processed by a folk specialist, the *curandero*, to cure illnesses that are not always recognized by orthodox medicine. Curanderismo comes up from the "bottom" and in the form of the curandero represents the maximization of a Spanish American tradition belonging to the non-elite of a pre-industrial society. Where it is conscious of orthodox medicine, it adopts an antiscientific attitude.

In contrast, medical heresy originates in a process similar to the one which occurs in established religions. As in religious sects, medical heresy splinters off from the establishment and comes down from the "top." In the process, it adopts an anti-establishment attitude, but it does not abandon the scientific culture of orthodox medicine. It simply claims that its science is purer and more efficacious. The term "heresy" attempts to capture the distinctive quality of this type of medicine, a type which differs both from the medicine of the M.D. and from that of the cuandero. As applied specifically to homeopathy, "heretic" describes homeopathy's power position relative to orthodoxy. It says nothing about the efficacy of homeopathic cures. "Heretic" is more descriptive than "limited practitioner" and, to us at least, less condescending than "marginal practitioner."

In a population as culturally homogeneous as are the Caucasian Spanish-speakers of

Costa Rica and in a modern society with a high literacy rate we would expect a wide sharing of the language of, if not the content of, science. When Doña Carmen, a person at the bottom economic level, talks about microbes, amoebas, and intestinal worms, she testifies that such a sharing takes place. The comments about the lack of qualifications of the local physician also indicate a sharing of scientific values. The dissatisfied person is not disenchanted with the science of medicine but only with the absence of those persons who epitomize science, the specialists. Thus, a medical heresy, such as homeopathy, flourishes because it claims to be the pure science of medicine; it communicates itself through a language shared by many people, that of science.

The presence of medical heresy in Puntarenas does not mean that curanderismo, as we have defined it, does not occur in the city. Our three months' investigation may have been too short to disclose it. Don Pedro, the eclectic naturist, seems to represent a type that extracts information from both heresy and folk medicine (perhaps from orthodoxy as well) in order to maximize his chances of effecting cures and increasing his clientele. The empírica midwife who attended Doña Carmen's daughter may represent a similar type, as do the people practicing in San Miguel, a highland community near San José (Bozzoli de Wille, 1968).

The existence of homeopathy, however, seems to arise not from a lingering folk tradition but from a wide distribution of elite values, a distribution that Costa Rica's homogeneous structure insures.

Healer-Patient Relations

To simplify the analysis of healer-patient relations, we exclude the Four Square Gospel case, and focus principally on the physician-patient structure. We consider all relations from the perspective of a person who occupies Doña Carmen's social position. Stripped to essentials, the relationship between orthodox physician and the patient is a dyadic, single-stranded, vertical structure (Wolf, 1966).[4] Two people, one of whom occupies a higher position in the social order, join together for the single purpose of effecting a cure. The relationships with all other Puntarenian healers are also dyadic. For all living healers, the structure is single-stranded. A single, predominant interest in curing also characterizes the relations with the spirits of spiritualism and to a large degree with the saints of Catholicism. Promesas for curing are not usually predicated on the basis that the human partner will become a more moral person. Viewed from Doña Carmen's position, the relations with the minor orthodoxy are less vertical than with the orthodox physician. The relationship with the spirits, one of whom is the famous physician, Dr. Cañas, and with the saints is vertical.

The dyadic, single-stranded, largely vertical structure of healer-patient relations in Puntarenas, an urban place in a homogeneous society, contrasts point for point with the polyadic, many-stranded, horizontal relations in Mesoamerican Indian communities – rural places in pluralistic societies (Adams and Rubel, 1967).

In Puntarenas, the healer-patient relationship is a private matter between two parties. It is activated within the confines of the healer's office or, in the use of saints, in the solitude of the patient's home. Frequently, in Indian communities of Mesoamerica, the healer probes into the patient's conduct while the patient's household looks on and hears the patient confess his social and ritual sins.

Both the Puntarenian healer and his patient see curing, albeit from different levels of specialization, as basically a physiological process. The cure must counteract the intrusion of a morally neutral pathological agent: a hot food, an emotional shock, an intestinal worm. Curing does not take on the priestly trapping of moral therapy. In contrast, the Indian healer of Mesoamerica is a socio-ritual

[4]As will become clear, "single-stranded" denotes a relation based on physiological curing; "many-stranded" characterizes a curing relation which necessitates moral rejuvenation and changes in the patient's ritual and social behavior. This usage is a slight modification of Wolf's.

practitioner who sees "the patient as a victim of his own misbehavior and [the curer's] job is to keep him an effectively behaving member of the group" (Adams and Rubel, 1967, p. 349). The socio-ritual curer particularly scrutinizes the patient's relations with the members of his household and with his affinal relatives. The curer also questions the patient's perseverance in the observation of rituals and wonders if he has given offense to witches.

The dyadic, single-stranded portion of the healer-patient relationship in Puntarenas harmonizes with an urban environment. The social environment in modern, Western cities is rich in the multiplicity of such two-party, single-interest relations. The contrasting type, the polyadic, many-stranded structure, is part of the closed, corporate communities of Indian Mesoamerica (Wolf, 1966, pp. 85-86). Not all the healer-patient relations in rural Mesoamerica are of this type, but the type seems to flourish wherever historical circumstance causes people to exert great effort to maintain their socio-cultural identity, that is, in pluralistic settings. The socio-cultural homogeneity of Costa Rica relieves the curing act of any pressure to take on the additional role of cultural maintenance. Both the urban environment and the societal structure encourage a reduction of the healer-patient relationship to the bare essentials of a morally neutral, physiological process.

However, the Puntarenian patient does not simply abandon himself to the healer. He becomes an active agent in the curing process, when, like Doña Carmen, he brings his faith to bear on the relationship. His faith gives him conceptual control over the curing process. To the patient, it is not the healer or the medicine that cures but, in the last analysis, it is his faith. The universality of the concept of faith in Puntarenas is revealed by the fact that 95 per cent of the 200 people surveyed in the Barrio Carmen agree that a patient must have faith in order that a physician may cure him. Slightly over 60 per cent assert that when two physicians have equal qualifications, the one in which the patient has faith will cure him. As Doña Carmen says, *"Es la fe de uno que vale."*

The concept of faith, we suggest, is a response, indeed a protest, to the reduction of the healer-patient relationship to a passive, mechanical, physiological process. The concept of faith is the patient's attempt to personalize his role in the curing drama. Significantly, faith is the possession of the individual, not an attribute of a social segment. With faith, the Puntarenian attempts to maintain his own identity as a distinct person, not his membership in a socio-cultural segment. When he approaches the healer, he does not adorn himself in the proud clothes of his *raza* (Madsen, 1964), but he comes encouraged by the invisible potency of his own distinct, individual faith.

The final facet of the healer-patient relationship is the relative position of the two. In Mesoamerica, the socio-ritual practitioner, although he may be a specialist, occupies the same social position as do his patients. To gain access to an orthodox physician, a member of this community has to go outside his culture. In Puntarenas and from the perspective of Doña Carmen, the relationship between physician and patient is asymmetrical. Carmen addresses the physician with the formal *usted;* he replies with the intimate *vos,* the Costa Rican equivalent of *tú.* Because of Costa Rica's homogeneity, however, the social distance between physician and patient is not accompanied by cultural differences of a great order. Both physician and patient speak the same language, believe in the same God, go to the same schools, and participate in the same political institutions. Furthermore, they are bound together in the ideology of *somos iguales,* of being equal. This is not to say that cultural differences of a lesser order do not separate the physician from the patient. But these differences form a continuum and are not broken by the chasm that often divides physician from patient in plural societies.

Doña Carmen's ambivalence toward physicians and her dictum that if medicine does not cure, it harms seem to stem from the

asymmetrical relationship of healer-patient. The physician asserts his authority over the curing process and claims that through his superior knowledge he can cure the ills that cause the patient pain. In his pain, the patient has little sympathy for mistakes, and when relief is not immediately forthcoming, he becomes suspicious and distrustful. Thus, Carmen's ambivalence is not so much an expression of a lingering folk tradition as it is an inevitable product of the healer-patient relationship. Short of the entire population going to medical school, such ambivalence will occur whenever physician and patient meet.

Concepts of Illness and Health

Although the healer-patient relationship is a single-stranded, morally neutral one, the concepts specifically concerned with illness and health have several moral components. For the most part, these components are part of a conceptual search for an equilibrium between man, on the one hand, and his natural environment, his fellow men, and his God, on the other (Bode and Richardson, 1968). For example, the widespread concept that God may send an illness to teach man how to suffer is essentially a lesson on how to be human in an inhuman world (Richardson, Bode, and Pardo, 1970). These moral components and Doña Carmen's equation of a built-in physical strength with correct maternal behavior do not appear to connect to urban features. On the other hand, they are not anti-urban; the urban scene contains no features that run counter to these moral concepts.[5]

The concept of an illness produced by an emotional shock, specifically susto, harmonizes with an environment of wide-open, quickly shifting social relations, an environment produced by both Puntarenian urban features and Costa Rican societal ones. The concept of susto (without soul-loss) may be a model of existing social interaction. A sudden appearance that shocks the body out of its normal functioning is a notion that is tantalizingly close to the quickly changing, constantly connecting and disconnecting interaction of people in an urban place that is freed of heavy socio-cultural boundaries. Although the evidence is contradictory, the opposite concept of susto (with soul-loss) tends to be tied to a socio-ritual curer and associated with polyadic, many-stranded communities in pluralistic societies (Simmons, 1955; Rubel, 1964; Adams and Rubel, 1967; O'Nell and Selby, 1968; Seijas, 1969).[6]

The homogeneous make-up of Costa Rica adequately explains the presence of microbes, bacteria, amoebas, and intestinal worms in the disease etiology of Doña Carmen and, more importantly, in the absence of any meaningful division between traditional, folk, and modern, scientific illnesses and cures. Because of Costa Rica's homogeneity, not only is there no large socio-cultural gap between Carmen and the orthodox representatives of scientific medicine, but also there is no deep, societal cleavage between Carmen, as a person of little power, and the Costa Rican power-holding elite. Thus, the social environment exerts no pressure on Carmen to divide her concepts into contrasting components. On the contrary, the homogeneous structure of her environment encourages her to adopt a strategy of maximizing *all* available resources—orthodox, heretic, nonempirical, manzanilla, and Andrew's Liver Salts.

SUMMARY

The sources of the cultural models that a

[5]One moral concept that does have a relationship to the urban environment is the concept that God may send an illness to punish a person for his sins. In a social environment characterized by a multiplicity of single-stranded, emotionally shallow relations, we would not expect such a notion (and its function as a mean of social control) to be effective. In the Barrio Carmen the concept is not popular. Only 38 per cent of the surveyed population agree that God would so act, 12 per cent maintain that they could not possibly know what God may do, and 50 per cent disagree, often vehemently, with the concept.

[6]The Sibundoy of Colombia are an example of an exception to the generalization that susto with soul-loss is tied to polyadic, many-stranded communities in pluralistic regions. However, Seijas suggests that the Sibundoy may have had the soul-loss concept in the past.

people use to order the total medical experience of healer, disease, illness, and health are several. Because people must continually scan their present experience in order to present themselves to other men, one source of their thoughts and actions is their immediate social environment.

The people of Puntarenas, Costa Rica, operate in a social environment produced by the intersection of specifically urban features—those that pertain to urban functions—and, more broadly, of societal features—those that stem from Costa Rica's social and cultural homogeneity. Either singly or in conjunction, urban and societal features sponsor an array of medical facilities. These include orthodox, heretic, and nonempirical healers. Heresy, in the form of homeopathy, is particularly expressive of Puntarenas' position in a society characterized by socio-cultural homogeneity.

Urban and societal factors combine to structure healer-patient relations into a dyadic, single-stranded, largely vertical pattern. Typically, a Puntarenian relates asymmetrically to a healer, whose culture differs only by degrees from his own. The relation centers on the technical, physiological aspects of effecting a cure. The patient attempts to exercise conceptual control over the curing process through the concept of faith. Significantly, faith is a characteristic possessed by individuals, not ethnic groups.

The urban-societal-produced environment apparently makes only a distant connection with the moral aspects of illness and health. Urban interactions, because they flash on and off like lights on a computer console, may form the social basis of the concept of susto without soul-loss. The homogeneity of Costa Rica does not encourage Puntarenians to dichotomize their medical culture, but instead it stimulates them to maximize all available medical resources.

Our methodological perspective has left unexplained much of the content of Doña Carmen's thoughts about illness and health. Also the relatively short period of investigation has caused gaps in our knowledge about the practitioners who extract material from orthodoxy, heresy, and folk culture and about witchcraft.[7] Only more investigation can solve the latter problem. As to the first, the attempt to see the city, and the larger society, in popular medicine does not claim to explain completely the popular ideas and practices; it only demonstrates that concepts and actions must adjust themselves to the social environment in which they occur.

Likewise, we have said little about the purely biological environment. As cultural anthropologists concerned with understanding how man relates to other men, we are not technically equipped to treat the purely biological side of medicine. Treatment of the biology of medicine is best left to those medical anthropologists who are adequately trained in the biology of disease. It is to be hoped that such anthropologists will follow Polgar's suggestion (1964) that the ills of mankind be seen in the perspective of total human evolution.

Finally, the treatment of popular medicine from the perspective of the social environment implies the existence of a type of culture distinct from both primitive and folk (or peasant). The very term "popular" suggests this difference. The term has appeared in the literature with a variety of meanings (Simmons, 1955; Polgar, 1962), but paradoxically it was Robert Redfield who gave the term its most precise meaning. Following Sumner, Redfield divided the people of a modern society into the "classes" and the "masses." He then split the masses into the folk and the "common people of civilized and completely literate countries." Groping about for a name to label this segment, he wrote (1930, p. 6) that " 'folk' is to 'folk song' as 'popular song' is to *x*—one might suggest *populus*, or better, *demos*." The less ornate "populace" is even better.

[7]The conversation that disclosed that Don Pedro may diagnose witchcraft came, as such conversations always do, at the end of fieldwork, so we had no opportunity to explore more fully this additional talent of Don Pedro's. Dr. Orso (1969) relates that she also heard of witchcraft in Puntarenas while she was working on nearby Chira.

Popular culture and popular medicine may develop in societies with a long history of socio-cultural homogeneity, as in Costa Rica. They may also develop in societies that, under the impetus of modernization, are currently experiencing great and painful structural changes, as in Colombia (Press, 1969; Richardson, 1970). The delineation of these developmental processes and the understanding of popular culture, despite (or because of) the fact that it is full of clichés and is the horror of the self-conscious intelligentsia (Redfield, 1930, p. 5), form one of the major, scarcely begun tasks in anthropology.

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