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VSEBINA / INDICE GENERALE / CONTENTS

Polona Tratnik: Formation of the Fairy Tale Matrix of a Dragon Slayer 565
Formazione della matrice fiabesca dell'uccisore di draghi
Oblikovanje pravljичne matrike ubijalca zmaja

Paul Crowther: The Zlatorog Tale and Slovenian National Identity 591
Il racconto dello Zlatorog e l'identità nazionale slovena
Pripovedka o Zlatorogu in slovenska nacionalna identiteta

Marjan Horvat: Cognitive Matrices in Folktales and Contemporary
Practices of Deliberation: From the Utilitarian Mindset of
Mojca Pokrajculja to the Incomprehensible Laughter of the Bean 603
Le matrici cognitive nei racconti popolari e nelle pratiche
contemporanee di deliberazione: dalla logica della ragione
utilitaristica di Mojca Pokrajculja al riso incomprensibile del fagiolo
Kognitivne matrice v slovenskih ljudskih pravljicah in sodobne
prakse deliberacije: od utilitaristične misli Mojce Pokrajculje
do nedoumljivega fižolčkovega smeha

Cirila Toplak: Tales in Social Practices of
Nature Worshippers of Western Slovenia 627
I racconti nelle pratiche sociali dei naturalisti
religiosi della Slovenia occidentale
»Pravce« v družbenih praksah naravovercev
zahodne Slovenije

Mojca Ramšak: Medicine and Fairy Tales: Pohorje Fairy Tales
as a Source about Diseases and Health 655
La medicina e le fiabe: le fiabe del Pohorje come fonte di dati sulle malattie
Medicina in pravljice: pohorske pravljice kot vir o boleznih in zdravlju

Anja Mlakar: Valuable Ancient Remnants and Superstitious
Foolishness: Religiosity, Nationalism, and Enchantment in
Slovenian Folklore of the 19th Century 681
Resti preziosi del passato e sciocchezze superstiziose: religiosità,
nazionalismo e incanto nel folklore sloveno dell'Ottocento
Dragoceni ostanki preteklosti in vraževerne neumnosti: religioznost,
nacionalizem in očaranost v slovenski folklori iz 19. stoletja.

Dubravka Zima: Social Functions of the Fairy Tale Collection	
<i>Croatian Tales of Long Ago</i> by Ivana Brlić-Mažuranić	709
<i>Funzioni sociali della collezione di fiabe</i> Racconti croati	
di un tempo lontano di Ivana Brlić-Mažuranić	
<i>Družbene funkcije zbirke pravljic</i> Pripovedke iz davnine	
avtorice Ivane Brlić-Mažuranić	

Cristina Fossaluzza: A Romantic Fairy Tale and Its Social Purpose in	
Times of War: <i>The Woman without a Shadow</i> by Hugo von Hofmannsthal	727
<i>Una fiaba romantica e il suo intento sociale in tempi di guerra:</i>	
La donna senz'ombra di Hugo von Hofmannsthal	
<i>Romantična pravljica in njen družbeni namen v času vojne:</i>	
Ženska brez sence Huga von Hofmannsthala	

OCENE

RECENSIONI

REVIEWS

<i>Jakob Norberg:</i> The Brothers Grimm and the Making of German	
Nationalism (Marjan Horvat)	743

<i>Panos Sophoulis:</i> Banditry in the Medieval Balkans, 800–1500, New	
Approaches to Byzantine History and Culture (Marijan Premovič)	747

<i>Federico Tenca Montini:</i> La Jugoslavia e la questione di Trieste, 1945–1954	
<i>Federico Tenca Montini:</i> Trst ne damo! Jugoslavija i trščansko	
pitanje 1945–1954 (Urška Lampe)	750

<i>Zoltán Kövecses:</i> Extended Conceptual Metaphor Theory	
(Lihua Zhu & Qiu Yan)	754



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MEDICINE AND FAIRY TALES: POHORJE FAIRY TALES AS A SOURCE ABOUT DISEASES AND HEALTH

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ABSTRACT

Fairy tales are fascinating fantasies, but they also gave people a better understanding of serious issues such as illness, injury, and even death. The results of the analysis of a large corpus of a total of 1512 published fairy tales, legends, and other documentary prose about Pohorje, most of which date back to the 19th and the first half of 20th centuries, and whose origins were in a time when diseases were ubiquitous and poorly understood, show that the theme of health and disease rarely appear in these sources, however, when they do mention it, they refer specifically to the living conditions of people in the Pohorje Mountains, epidemics, social diseases, mental illnesses, congenital deformities, and ideas about the relationship between disease, the human body, and supernatural forces. One of the reasons for such explanations is the widespread absence of doctors in this hilly area.

Keywords: *Pohorje, Slovenia, fairy tale, disease, health, history of medicine, medical humanities, narrative medicine*

LA MEDICINA E LE FIABE: LE FIABE DEL POHORJE COME FONTE DI DATI SULLE MALATTIE

SINTESI

Sebbene le fiabe possano essere niente più che affascinanti fantasie, il loro ruolo è stato anche quello di facilitare la comprensione di argomenti più seri come malattie, traumi e persino la morte. Nel contributo si è analizzato un corpus di 1512 favole, leggende e altre prose documentarie pubblicate relative alla zona del Pohorje e risalenti per lo più all'Ottocento e alla prima metà del Novecento, ovvero a un periodo nel quale le malattie erano una realtà onnipresente e le loro

cause, invece, ancora scarsamente comprese. Come si evince dai risultati, le fonti non affrontano spesso l'argomento della salute e malattia, e nelle rare occasioni in cui lo fanno parlano delle concrete condizioni di vita della gente del Pohorje, di epidemie, patologie sociali e psichiche, difetti congeniti, e della convinzione che esista un legame tra le malattie, il corpo umano e le forze soprannaturali. Una delle ragioni alla base di tale credenza fu la diffusa mancanza di medici in questa zona montuosa.

Parole chiave: Pohorje, Slovenia, fiaba, malattia, salute, storia della medicina

INTRODUCTION: ON FOLK MEDICINE AND ITS STUDY IN SLOVENIA

On the notion of folk medicine

Folk medicine (in Slovene: *ljudska medicina*), also called ethno medicine (*etnomedicina*) or traditional medicine (*tradicionalna medicina*), encompasses a set of therapeutic practices, skills, experiences, knowledge, and beliefs of traditional healers used in the prevention, diagnosis, and treatment of humans and animals. Folk medicine knowledge about the causes and prevention of disease is not based on solid medical knowledge, but on proven, experience-based methods of physical treatment combined with beliefs to achieve greater effectiveness, or for diseases that cannot be explained or treated. It is usually based on orally transmitted empirical experience rather than written sources.

Folk medicine treats with: a) rational experiential procedures (e.g., phytotherapy or treatment with plants, zootherapy or treatment with animals, and treatment with preparations of mineral origin) and with b) “irrational”-magical procedures or symbolic healing (e.g., magic, charms, prayers, intercessions, belief in mythical beings, spells that are the opposite of charms) (Ramšak, 2017, 97).

The written transmission of folk medical knowledge took place with the help of “folk medicine books” (in Slovenian: *‘ljudskomedicinske bukve’*). These were tightly sewn manuscripts with advice and instructions for the treatment of humans and livestock, information about medicines, especially about medicinal plants. The first manuscript is attested for the 12th century, and a wider distribution can be assumed from the 16th century onwards. Most manuscripts from the Slovenian area do not originate from local folklore, but were copied by self-educated ordinary people, “*bukovniki*”, who collected medicinal herbs themselves, treated people and copied mainly German herbal books (in German: *Kräuterbücher*). There are two noticeable areas where folk medicine books were recorded, the older ones in Carinthia and the others in the area of Škofja Loka and Poljanska dolina. To date, more than 200 folk

medicine books are recorded (Dolenc, 1987, 31, 32). The most widespread booklet on magical treatment in Slovenia was “*Kolomonov žegen*”, which was probably printed between 1740 and 1800 and contained magical texts and instructions for the use of certain plants and as an amulet was supposed to protect people and livestock from diseases (Grafenauer, 1943).

With the establishment of professional, academic medicine and with regulated health and social care in the 1960s, the importance of folk medicine gradually declined. After 1980, the importance of folk medicine as an alternative form of treatment began to be emphasized again. After this period, many foreign practices, especially from the East, were added to the local folk medicine, which coincided with the emergence of new spiritual movements in Slovenia.

On the study of folk medicine in Slovenia

Various names of folk medicine appear in Slovenian ethnological works, mostly understood as synonyms, and the first definitions of folk medicine date from the 1950s and 1960s (e.g., in studies, such as France Kotnik, *From Folk Medicine (Iz ljudske medicine)* (Kotnik, 1952); Vilko Novak, *Folk Medicine (Ljudsko zdravilstvo)* (Novak, 1960); Vinko Möderndorfer, *Folk Medicine at Slovenians (Ljudska medicina pri Slovencih)* (Möderndorfer, 1964)). They were mostly written by formally uneducated ethnologists who, in addition to their teaching activities, also collected folk medicine material in the field and searched for references in the literature (such as France Kotnik, Pavel Košir and Vinko Möderndorfer). In the mentioned works, the authors not only defined the key concepts of traditional medicine, but also compared the material collected in Slovenia, or, as for example Vinko Möderndorfer, compared it with data from other European countries.

The first ethnological diploma dealing in part with folk medicine was written by Marija Jagodic, married Makarovič, at the Department of Ethnology of the Faculty of Arts in Ljubljana (*Folk Poetry and Storytelling, Folk Medicine in Podjuna Valley (Ljudsko pesništvo in pripovedništvo, ljudska medicina v Podjunski dolini)* (Jagodic, 1953)). Later, she dealt with folk medicine in most of her works, either in independent monographic works dedicated to one of the regions (*Image of the Health Culture of the Carinthian Slovenes in the Countyside from Zilja to Podjuna in the 19th and 20th Centuries (Podoba zdravstvene kulture koroških Slovencev v kmečkem okolju od Zilje do Podjune v 19. in 20. stoletju)* (Makarovič 2008)), in articles dealing with the entire Slovenian territory (*Health Culture of the Agrarian Population in the 19th Century (Zdravstvena kultura agrarnega prebivalstva v 19. stoletju)* (Makarovič, 1988)), or as extensive chapters in other local ethnological monographs on Sele (1994), Vogrče (1995), and Dobrla vas (1996) in Austrian Carinthia. In her work, she introduced new concepts such as folk healthcare (*ljudsko zdravstvo*), healthcare culture (*zdravstvena kultura*), and cure culture (*kultura zdravljenja*).

The first to deal systematically with folk medicine was the teacher Vinko Möderndorfer, who first published material and discussions on folk medicine together with his teacher colleague and folklore collector Pavel Košir (Košir, 1922, Košir & Möderndorfer, 1926a, Košir & Möderndorfer, 1926b, Košir & Möderndorfer, 1927), and then summarized his more than three decades of collecting activity in an encyclopaedic book *Folk Medicine at Slovenians (Ljudska medicina pri Slovencih)*, which was published after his death in 1964. His work *Folk Medicine in Slovenia* is the best post war account of folk medicine in the territory of the former Yugoslavia. Later it was cited by ethnologists, cultural anthropologists, veterinarians and medical doctors whose studies dealt with folk treatment of humans and animals. Systematics and completeness were, among other things, also the guidelines for the work of the field teams of the (Slovenian) Ethnographic Museum, which existed between 1948–1984, and later efforts for a unified research of the entire Slovenian ethnic territory. A few years before the publication of the Möderndorfer's book, in 1961, when Boris Orel, the then director of the Ethnographic Museum, no longer led his field teams, folk medicine ceased to be a topic of group research for some time.

More recent authors of more significant ethnological and anthropological monographs in the field of folk medicine have either politely mentioned or criticized Möderndorfer's conception and systematics of folk medicine without taking into account the conditions under which the book was written – he wrote the book even when he was in political prison and seriously ill – (e.g. Uršula Lipovec Čebren, *The Crossroads of Health and Illness: Traditional and Complementary Medicines in Istria (Krožere zdravja in bolezni: Tradicionalna in komplementarne medicine v Istri)*, 2008) or tried to build on his findings (Irena Rožman, *The Stove Collapsed! Birth Culture in the Slovenian Countryside in the 20th Century (Peč se je podrila! Kultura rojstva na slovenskem podeželju v 20. stoletju)*, 2004).

In connection with magical healing, it is also necessary to mention the annotated collection of charms that the Slovenians used in the treatment of people and livestock when official medicine was not yet available. These charms were compiled by the veterinarian Dr. Milan Dolenc (1907–1993) from various manuscripts or Möderndorfer's and other folk medicine publications, but he was unable to complete them before his death. The editors Zvonka Zupanič Slavec and Marija Makarovič took over the completion and annotation of the collection and published it under the title *The Charms in Slovene Folk Medicine (Zagovori v slovenski ljudski medicini)* (1999). The importance of this annotated collection with illustrations by Hinko Smrekar is that they bring the function of charms as short sayings or prayers in folk medicine to a wider audience. For modern medicine, charms are important because they point to the power of words in healing.

DISEASES AND HEALTH IN FAIRY TALES

With the above mentioned “classical” sources about Slovenian folk medicine (only the most important works, not all of them), the question arises to what extent it is possible to obtain data about folk medicine and diseases of the past from non-

documentary sources. This question came to my mind in connection with the folk literature referring to Pohorje mentioning among other the diseases and trauma, where there is a whole series of fairy tale books (cf. Ramšak, 2017).

The medical aspects of fairy tales have attracted the attention of folklorists, literary historians, and even physicians. Let us have a look at a few examples on the possibilities of using fairy tales in relation to medicine. For example, Livheh (1980), Schmiesing (2014) and Leduc (2020) addressed fairy tale heroes from the perspective of the predominantly disabled body. Livheh emphasized that in fairy tales, the stereotypical traits of evil are associated with disabled persons and old age, which are described with attributes such as excessive hairiness, wrinkled face, warts, animal-like skin, the animal resemblance in general, which is reminiscent of the possible common origin of humans with animals. All this fascinates and provokes disgust at the same time (Livheh, 1980, 281, 282). Loss of body parts (hands, feet, eyes, etc.), permanent disability and old age with all attendant illnesses symbolically mean death (death of mobility, death of vision) or its proximity, and this is important to know when observing society's reactions to disabled persons (Livheh, 1980, 281). Schmiesing (2014), who was particularly interested in disability, deformity, and disease in the Grimms' fairy tales, analysed various representations of disability, such as the physical and mental deterioration of the elderly, bodily integrity, mortality, social stigmatization, supernatural healing, and ephemeral and illusory corporeality. Leduc (2020), who has also studied the fairy tales of the Grimm Brothers and expanded them to Disney, demonstrates how they affect our behaviours and expectations by connecting them to the rights of people with disabilities and new forms of stories that embrace diversity.

The intersection between early medicine in the 17th and 18th centuries and fairy tales about the childbirth has also been a topic of research (cf. Tucker, 2003). Women used the fairy tale to rethink the biology of birth. With references to midwifery, infertility, sex selection, and embryological theories, fairy tale tellers experimented with alternative ways of understanding pregnancy. The queen and king's longing for children were not simply literary conventions in the fairy tales, but representations of real longings that had practical historical consequences (Tucker, 2003).

The appearance and behaviour of the fairy tale characters described is also of interest to physicians, as they can study them as if they had a living patient in front of them (cf. Massie, 2019). Fairy tale and literary authors have crafted characters with intriguing traits that we now recognize as diseases. Authors made acute observations about people in a pre-modern medical society and used them into their works frequently. What seems like a myth may actually have some truth to it and offer a logical explanation, as noted by Australian paediatrician John Massie (2019). He linked diseases buried in fairy tales and literature and found several fairy tales describing diseases. Here are a few examples. In *Jack and the Giant Bean Stalk* (old English fairy tale), the giant has a *pituitary tumour* that causes

gigantism (Massie, 2019, 1295). In *Sleeping Beauty* (Giambattista Basile, 1634), the girl suffers from an insect-borne parasitic disease that causes sleeping sickness in humans and other animals by the protozoa *Trypanosoma brucei* (Massie, 2019, 1295). Several fairy tales by the Brothers Grimm describe symptoms that were recognized as diseases. The Grimm brothers' poor health and their personal experiences with disability and illness affected their fairy tales, their metaphors of physicality and wholeness, revealing the many disability-related changes in the fairy tales (Schmiesing, 2014). Their fairy tales with recognized diseases are for example: *Rapunzel* (Brothers Grimm, 1812), in which the girl may suffer from *trichotillomania* and *gastric bezoar*, which is called '*Rapunzel*' syndrome after this fairy tale (Massie, 2019, 1295); *Little Red Riding Hood* (European Folktale, Italian Folktale, Brothers Grimm, 1812), in which both characters, Little Red Riding Hood and her grandmother, had numerous illnesses. Little Red Riding Hood suffered from *nearsightedness (myopia)*, *astigmatism* (or both) because she did not notice that her grandmother looked like a wolf, while the grandmother may have suffered from late-stage *lupus erythematosus*, which can cause a lupine-like face (and was probably the reason the grandmother was in bed). Or grandmother had *hypertrichosis* and hid from society by living in the woods. Grandmother may also have suffered from a number of other conditions: "Grandmother, what big eyes you have" (*exophthalmos*), "what a deep voice you have" (*vocal cord nodules*), and "what big hands you have" (*pituitary tumour*). *Little Red Riding Hood syndrome* has recently been described in terms of excessive naiveté (she ventures into the woods alone) and cognitive dissonance (she does not recognize the wolf): she is trapped in her own self-deception. The term has been used in many ways, including in the sense of 'beware of strangers' and, more recently, in the context of the dangers of Internet dating (Massie, 2019, 1295). Another Grimm fairy tale that describes possible diseases is *Snow White and the Seven Dwarfs* (Brothers Grimm, 1812). In this fairy tale, there are a number of medical possibilities that can be found. Snow White's pallor could be an indication of *albinism*, and the dwarfs clearly had *achondroplasia*. Snow White could have eaten an apple 'poisoned' with *Listeria cytomogenes*, which can cause coma. Alternatively, a piece of apple got stuck in her airway (*foreign body*), and Snow White recovered immediately when she got rid of it (with a kiss of a prince). The wicked stepmother could be suffering from '*Dorian-Grey*' syndrome, a term from Oscar Wilde's novel of the same name, in which he describes a young man who is obsessed with his appearance and refuses to accept the ageing process. Dorian-Grey syndrome can be a form of narcissistic personality disorder (Massie, 2019, 1296). The witch in *Hansel and Gretel* (Brothers Grimm, 1812) – usually described in fairy tales as having warts and a hunchback – may be a reference to *neurofibromatosis*, the warts being skin fibromas and the hunchback being *scoliosis*, a common complication of neurofibromatosis. People with this disease may have been shunned by society and therefore lived alone in secluded places, contributing to a somewhat selfish and nasty personality (Massie, 2019, 1296). In *Goldilocks and the Three*

Bears (British, 1837), the girl suffers from *Kleine-Levine syndrome*, a disorder involving hyperphagia and hypersomnolence. Symptoms may occur in episodes that may last weeks or years. She broke the chair because she was overweight from overeating and lack of exercise. (Klein-Levine syndrome has also been used to explain Snow White and Sleeping Beauty falling asleep, but neither suffer from hyperphagia.) Another possibility is that Goldilocks suffered from *Prader-Willi syndrome*, which is associated with hyperphagia, obesity, low IQ (entering a bear's house), behavioural issues (breaking objects), and obstructive sleep apnea (excessive tiredness). *Hypothalamic tumours* can also cause a combination of hypersomnolence, temperature control, hyperphagia, and anger, which could also explain Goldilocks's behaviour (Massie, 2019, 1296). In *The Princess and the Pea* (Hans Christian Andersen, 1835), the princess notices the pea because she suffers from *fibromyalgia*. Fibromyalgia is associated with hypersensitive skin, pain points, and poor sleep. It can be aggravated by the conditions the princess suffers outside the castle, emotional stress, travel, and sudden changes in weather (Massie, 2019, 1296–1297).

In Slovenia, Monika Krojež wrote about the reflection of reality in folk storytelling in her book *Folk tale and Reality: The Reflection of Reality in Slovenian Folk Tales on Examples from Štrekelj's Legacy* (*Pravljica in stvarnost: Odsev stvarnosti v slovenskih ljudskih pravljicah in povedkah ob primerih iz Štrekljeve zapuščine*, 1995). She pointed out that the reflection of reality is easier to determine in the field of material culture, somewhat more difficult in the field of social culture, and most problematic in the field of spiritual culture. The reflections of spiritual culture in fairy tales are often vague and hidden, they intertwine indistinctly with older components or with imaginative elements, and therefore to a greater extent allow for different interpretations. Reality and fairy tales are compatible in folklore, because oral literature is such that it likes to mix historical facts with imaginary ones, reality with fantasy, and miraculous fairy tales with everyday life (Krojež, 1995, 20–24, 273). Monika Krojež, among other, also discussed the reflection of reality in the field of folk medicine and folk belief and came to the conclusion that the treatment, as mentioned in the one hundred selected fairy tales of Karel Štrekelj, which she discussed in the book, is mostly of magical nature, and the fairy doctors mostly treat with herbs, miraculous objects, miraculous beings, water and ointments, and it is necessary for them to go to the other world, from which a magical helper (mostly animals such as a fox, a bird, a bear) brings them. The fairy tale heroes also learn the miracle medicine from demonic beings (crows, witches) whose conversation they pick up in invisible places. She points out that such treatment was not uncommon in the 19th century, as people preferred to turn to village healers such as the so-called “*bali*” and “*vrač*” rather than seek professional help (Krojež, 1995, 119). Together with old ways of treating diseases, folk tales also contain elements from medical and pharmaceutical practice, which was at the time they were recorded (second half of 19th century) already firmly entrenched and widespread (Krojež, 1995, 120–121,

276). The same author also dealt with European plague folklore and remedies for the disease (Kropej, 2022), describing the circumstances of the epidemic and measures to prevent and treat the contagion or folk tales about the plague and demonic beings that kill people and livestock.

Other Slovenian folk literature (fairy tales, fables) and art fairy tales are also worth mentioning in which the themes of illness, trauma and physical differences are prominent. Folk tales are dominated by tales with the motifs of miraculous healing objects, miraculous water springs, miraculous herbs, miraculous animals, longevity, blindness, congenital facial deformities, such as cleft lips, which emphasise the desire for healing, acceptance in the community and the need to live longer. Such fairy tales are, for example, the folk tale *The Healing Apple* (*Zdravilno jabolko*, Bolhar, 1972), the Tolmin fairy tale *Wonder Well* (*Čudežni studenec*, Zupanc et al., 1960) and *Pot of Marjoram* (*Lonec majarona*, Dolenc, 1989), the folk tale *The Deathly Ill King* (*Na smrt bolan kralj*, Bolhar, 1959), the folk tale *Of the Sleeping Queen and the Wonder Bird* (*O speči kraljični in čudodelnem ptiču*, Unuk, 2002), the folk fable *Why Do Rabbits Have Split Lips* (*Zakaj imajo zajčki preklano ustnico*, Bolhar, 1975), the folk tale *The Blind Little Brother* (*Slepi bratec*, Rožnik, 1981) from Prekmurje. Some modern fairy tales deal with the theme of being different (dwarfism, infertility, cerebral palsy, sadness, stuttering, dementia), such as *The Son, the Dwarf* (*Sinček palček*, Zupanc, 1979), *The Heart for Nina* (*Srček za Nino*, Pogačnik, 1993), *Squirrel of a Special Kind* (*Veveriček posebne sorte*, Makarovič, 1994), *How Bibi and Gusti Chased Away Sadness*, (*Kako sta Bibi in Gusti pregnjala žalost*, Mlakar Črnič, 2004), *The Fairy Tale of the Princess who Stuttered*, (*Pravljica o princeski, ki je jecljala*, Akerman, 2009), *Why Grandma is Angry* (*Zakaj je babica jezna*, Njatin, 2011). Some fairy tale motifs related to health and illness were discussed in more detail or published in dialect, such as the fairy tale *The Tale of the Hunchback* in Tolmin's dialect (*Tolminska pravljica o grbcu*, Dolenc, 1984), in which the hunchbacked and poor third brother replaces his physical disfigurement with cleverness.

Milena Mileva Blažič (2011) wrote from the perspective of feminist literary theory and folklore about the fairy tale motifs of armless girls in connection with incestuous and/or treacherous fathers (Blažič, 2011). Apart from that, no Slovenian fairy tale was treated in a medical-humanistic way.

These examples show that a careful cultural and medically informed reading of fairy tale texts leads to descriptions of diseases and their treatment from the past and other contexts from the time of their origin. Such detailed cultural and medical analyses of fairy tale characters actually refute the assumption of entirely fictional settings and characters, which means that fairy tales can be a source for the study of history.

POHORJE FAIRY TALES AS SOURCES FOR FOLK MEDICINE

Fairy tales are stories that are passed down from generation to generation until they are written down or they are completely made up. Although some of them

are not made up out of thin air and have a connection to real historical figures and events, using fairy tales as a source for interpreting the way of life in the past could be tricky. While it is tempting to make a connection between fairy tales and the real world, from a methodological and historical perspective this is a difficult task. If documentary sources must be read in context to meet the criteria of objectivity, representativeness, reliability, and historical value, we cannot fully consider these criteria in the case of fairy tales.

The optimal use of these sources goes hand in hand with the complementary use of other sources, such as various literary, historical, ethnological and other documentary sources. For the Pohorje Mountains, it has proven to be the best method to capture the spirit of economic and cultural self-sufficiency from the pre-industrial period, which in some cases lasted until the second half of the 20th century and had an impact on folk medicine and health care. These sources are found in large numbers in folk literature, which also depicts real everyday life, where we find many dense but also fragmentary descriptions of health, illness, injuries, attitudes towards the sick and the elderly, and methods of treatment. The list of possible sources for the Pohorje Mountains is as follows:

- 1512 fairy tales, legends, documentary prose about the Pohorje, collected and published by Janez Koprivnik¹ (Koprivnik, [1901]; Gričnik, 1997); Elza Lešnik² (Lešnik, 1925), Jakob Kelemina³ (Kelemina, 1997 [1930]), Josip Brinar⁴ (Brinar, 1933), Jože Tomažič⁵ (Tomažič, 1990a [1942]; Tomažič, 1990b [1943]; Tomažič, 1990c [1944]; Tomažič, 2011), Paul

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- 1 Janez Koprivnik (1849, Gorenje pri Zrečah – 1912, Maribor), teacher, publicist and writer. He published popular scientific sketches, wrote several elementary school textbooks and wrote a monograph on the Pohorje, which was published only after his death (Gričnik, 1997).
 - 2 Elza Lešnik, teacher in Vitanje and storyteller. She has published a collection of historical novelettes, folk tales and short stories for young people *Roar, Roar Drava ...: Novelettes from the History of Maribor, Fairy Tales and Short Stories from the Vicinity of Maribor and Elsewhere* (1925, 1931, 1938).
 - 3 Jakob Kelemina (1882, Vinski Vrh, Ormož – 1957, Ljubljana), literary historian, Germanist and ethnographer. He published literary-historical and linguistic treatises. He studied the mythology of Slovenian folk tales and short stories, which he collected in newspapers and in some scientific collections. In 1930 he published *Fables and Tales of the Slovene People*, the first edited collection of fables and tales from all Slovene regions.
 - 4 Josip Brinar (1874, Studence, Hrastnik – 1959, Celje), teacher and writer. In addition to pedagogical articles, textbooks, linguistic works and literature, he also collected ethnographic material. In 1933 he published *Pohorje Fables and Tales* with 19 stories illustrated by Maksim and Oton Gaspari.
 - 5 Jože Tomažič (1906, Veliko Tinje – 1970, Jesenice) published books of fairy tales, legends and sagas during the Second World War in Slovenščeva knjižica, Ljudska knjigarna or self-published (*Pohorje fairy tales*, 1942, *Woodcutter Maria*, 1943, *Shepherd's Heavens*, 1943, *Pohorje Fairy Tales*, 1943, *Drava Flower*, 1943, *Charcoal Burner's Son*, 1944, *Pohorje Legends*, 1944, *Godmother Fairy*, 1944, *Witch's Daughter – Dead Heart*, 1944). Through reprints of the original editions in the Mohor Society in Celje and in the Atelier RO – Humar in Bilje between 1990 and 2011, his works were made accessible to a wider public.

- Schlosser⁶ (Schlosser, 2015 [1956]), Oskar Hudales⁷ (Hudales, 1968) and Anton Gričnik⁸ (Gričnik, 1994));
- 230 published life stories and narratives by people born in or professionally associated with the Pohorje, with narrators mostly born in the first half of the 20th century – although some stories were also told by their 19th century ancestors (Makarovič & Sušek, 1996; Makarovič, 2001a; Makarovič, 2001b; Makarovič and Logar, 2001; Makarovič & Mravljak, 2006; Gričnik, 1997; Gričnik, 1989; Gričnik, 2000);
 - Unpublished field notes from the southern Pohorje from the Slovenian Ethnographic Museum in Ljubljana, collected July 1–14, 1963;
 - Other field notes and recollection of stories from the past.

Due to the surprisingly large number of sources about Pohorje, most of which are scattered in printed publications and rarely available in digitized form, the first analytical step is extracting relevant parts of the texts and coding all fragments related to health and disease. Since health and illness occur indirectly in the Pohorje tales, the contexts of these mentions had to be written out. In other sources, such as the life stories, the mentions of health and illness, while still fragmentary, are more concrete and reality-based, which is understandable given the nature of the source.

Quantitatively, the motif of treatment and illness occurs most frequently in the older Pohorje fairy tale collections, while it decreases in the more recent collections. In a broader historical context, this could be explained by the greater availability of health services and the regulation of health insurance after the World War II, but this impression cannot be confirmed by anything, not even by the authors or fairy tales themselves.

6 Paul Schlosser (1876, Budapest – 1956, Graz) collected short stories until 1914, the manuscript was bought by the Historical Society of Maribor in 1930. Schlosser did not speak Slovenian and depended on people who spoke fluent German or had to work with an interpreter. He therefore treated the folk tradition of the Maribor area as a German cultural area. Because the manuscript was not of such a nature that the Historical Society preferred it to other materials, and because there were not enough funds, it was not printed. Since the German occupiers dissolved the Slovene societies and confiscated their property, Schlosser's manuscript was kept in the Study Library in Maribor, from which the occupiers brought most of his literary and scientific material to Graz in 1941. Schlosser's manuscript was not returned, and the collector restored it in 1941 (Schneidewind, 1957, 536–538; Baš, 1957, 89–92; Glazer, 1960, 219). In 1912 he published *Der Sagenkreis der Pošteta in Maribor, Ein Blick ins Bacherntreich*.

7 Oskar Hudales (1905, Žaga near Bovec – 1968, Maribor), teacher, writer and translator. He wrote history, adventure and travel stories, historical novels, schoolbooks, juvenile works and translated from English and German. In 1968 he published a collection of 27 fairy tales and short stories *Golden Potato*.

8 Anton Gričnik (1947, Planina na Pohorju), an amateur literary-historical researcher of Pohorje, who collected and published valuable ethnographic material from Sveta Kunigunda on Pohorje in 1998, Sv. Marjeta on Kebelj in 1991 and 2013, from Zreče in 1995, 1997, 2000 and 2010.

Table 1: Mentions of health and disease in collections of fairy tales related to Pohorje. Statistics based on excerpts from fairy tales prepared by Mojca Ramšak.

Title	Number of mentions of health and disease
Josip Brinar, <i>Pohorske bajke in povesti</i> . Ljubljana: Učiteljska tiskarna, 1933	In 12 fairy tales (63.15%) out of 19
Jože Tomažič, <i>Pohorske pravljice</i> . Celje: Mohorjeva družba, 1990. (Reprint 29. zv. Slovenčeve knjižnice, 1942.)	In 13 fairy tales (39.4%) out of 33
Jože Tomažič, <i>Pohorske bajke</i> . V: <i>Pohorske pravljice</i> . Bilje: Studio RO – Humar, 2011. 3. Ponatis. (Original: Ljubljana: Konzorcij Slovenca, 1943 (v Ljubljani: Zadržna tiskarna)	In 3 fairy tales (13.04%) out of 23
SCHLOSSER, Paul: <i>Schlosserjeve Pohorske pripovedke</i> . Maribor: Zavod Gremo na Pohorje, 2015. (Original: <i>Bachern Sagen: Volksüberlieferungen aus der alten Untersteiermark</i> . Wien: Österreichisches Museum für Volkskunde, 1956)	In 3 fairy tales (2.9%) out of 101
Oskar Hudales, <i>Zlati krompir. Pohorske pripovedke in pravljice, kakor jih je povedal Oskar Hudales</i> . Maribor: Založba Obzorja, 1968	In 2 fairy tales (7.4%) out of 27

THE NARRATIVE OF POHORJE FAIRY TALES ABOUT HEALTH AND DISEASE

The combination of ethnological, anthropological, literary, historical, medical and health sources and field data is the best way to understand the cultural and medical heritage of the Pohorje Mountains in the pre-industrial period until the first half of the 20th century. Published and written data in a variety of source types, such as life stories and folk literature, described visible signs of the sick and “otherness”, people who looked or behaved strangely. These descriptions were influenced by the ideas and opinions of people who did not know the exact causes of diseases, disabilities and mental disorders. Thus, they sometimes associated them with alcoholism or endogamy, but mainly with social neglect, physical domestic violence in youth, hunger, overwork, and the effects of war.

The ethno psychological characteristics of the Pohorje inhabitants are found in various sources of oral tradition, folklore, historical descriptions and ethnographic reports (such as Pajek, 1884, 157; Koprivnik, 1997b, 407, 428–429, 430;

Baš, 1965, 165–174, Baš, 1967, 224, Baš, 1990, 415–417). The descriptions of character were often interwoven with the physical-anthropological image, habits, dress, and eating and drinking culture. They were created on the basis of long-term observations of the authors and are not the result of measurements or psychological tests. Thus, descriptions of the same features or diseases can vary quite a bit depending on the environment observed by the author, with younger authors often summarizing older ones. However, both note some common characteristics, such as, the predominant isolation, distrust and rarity of contact of the Pohorje inhabitants with strangers, as they mostly lived on self-sufficient farms; the slow – phlegmatic or stoic emotional response; silent and serious behaviour; honesty, friendliness and diligence; stubbornness, especially towards masters; but also dipsomania or periodic bouts of alcoholism caused by pay days and drinking habits; sexual gaiety and sexual irresponsibility, resulting in a high number of illegitimate children. Some timber raftsmen of the Drava river, who had more opportunities to come into contact with the world due to the nature of their work, also brought venereal diseases, such as gonorrhea, to their homes.

There are also some fairy tales in which various types of mental disability are mentioned in connection with poor living conditions, such as *Little Parsley* (*Peteršiljček*; Schlosser 2015, The Narrative 101), *A Hard-headed Pauper* (*Siromaček trde glave*; Tomažič 1990a, 47–50), *Mad [People] and the Corn* (*Nori in turščica*; Tomažič 1990a, 167–168), *Mad Hind* (*Nori hlapec*; Tomažič 1990a, 169–170). The illustrations of Jože Beránek to some of these fairy tales also testify to great poverty, physical exhaustion, general neglect, toothlessness, and perhaps even alcoholism. From several illustrations, especially of older men, we can conclude that toothlessness with retraction of the jawbone was widespread. We learn about the bad condition of the teeth also from other descriptions, for example, in the tale *Treasure on Poštela* (*Zaklad na Pošteli*; Brinar, 1933, 27) a “toothless witch” (*škrbinasta coprnica*) is mentioned. This coincides with Angelos Baš’s finding (Baš, 1990, 417) that the forest workers in the Pohorje Mountains never went to the dentist until the World War II, or with other testimonies about the fact that the inhabitants of Pohorje did not even know that there was a doctor who treated teeth until the 1960s.

In folk literature, health and disease are never described exclusively in descriptive-epidemiological terms, but rather implicitly, so that the sources had to be placed in a precise historical and cultural context. As a rule, detailed and accurate explanations of the symptoms or the way the disease manifests itself, as well as thorough recommendations for treatment, are incomplete; sometimes the implicit descriptions of the disease or physical conditions are supplemented by illustrations.

If we take, for example, the description of the plague from the fairy tale *The Merchant’s Son* (*Trgovčev sin*; Tomažič 1990a, 65–75) – that is close to us now, because we have just survived the two-year period of the global Covid-19 pandemic – we see that the description, which may have seemed to us to be greatly

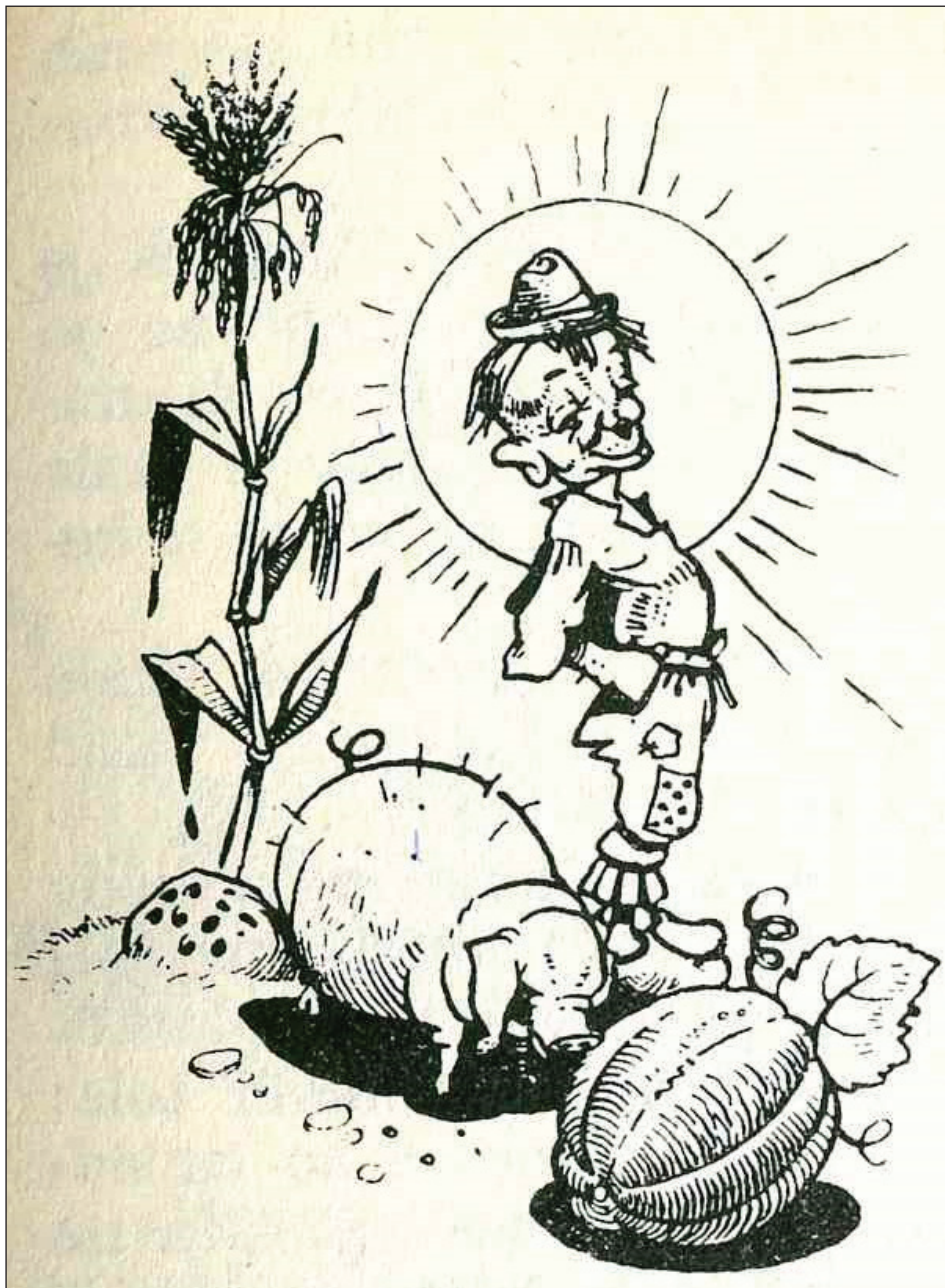


Fig. 1: The illustration from the fairy tale Mad [People] and the Corn, *Ilustr. Jože Beránek (Tomažič, 1990a).*



Fig. 2: The depiction of the consequences of the plague. Although the story is about a medieval plague epidemic, the illustrator has dressed both men in the clothes of the time in which the illustration was made (1942), Ilustr. Jože Beránek (Tomažič, 1990a).

exaggerated before the pandemic, nevertheless has many similarities with the recent situation. In a heightened description, the fairy tale enumerates the consequences of the plague, such as a large number of deaths, misery and severe famine, leading to cannibalism, the consumption of human corpses in these abnormal conditions, suicide due to the horrible situation, contagion and the culture shock of an outside observer. In addition, the fairy tale also testifies to the phenomenon of sudden greying of the hair in an observer of the effects of the plague, which is a consequence of the anxiety-caused stress experienced. The sudden greying of the hair is emphasized three times, testifying to the degree of shock.

They were walking in fear along the shore of a foreign kingdom, on the road past a hill that was itself made of human bones. Suddenly a human skull rolled down the hill at their feet, stopped, and stared at them with deep eye sockets. Standing next to the merchant's son, the captain of the sailing ship said:

"The dead welcome us!"

And the new hair of the merchant's son turned grey...

They reach the first house and enter through the open door. There are no living souls! Then they search house after house; no one anywhere, just a few traces here and there that people once lived here. In the twelfth house they find a girl on the floor. She was lying there unconscious, and a child was crying next to her, sucking blood from an open vein on her arm...

Then the merchant's son got grey hair again. /.../

Again, no one in the thirteenth house. But: an old man sat in the kitchen in front of stove cutting human flesh...

And the hair of the merchant's son is getting greyer.

"For God's sake, stop it!"

The old man pointed to the chimney where a man's body was hanging. The merchant's son immediately ordered to take it down and bury it in the garden. Bread and wine were placed on the table for the old man. The merchant's son gathered all his men; they buried the dead, treated the sick and infirm, until all his sailors and companions were sick and dead. He was left alone in a foreign land, with no sailboat and no oarsmen (Tomažič, 1990a, 66).

That this fairy tale did not come from somewhere is proven by the information about the plague in the Pohorje Mountains, which occurred in Lovrenc in 1372 and 1680, when up to two thirds of the inhabitants died, in 1680 also in nearby Činžat and Ruše, in 1679 near Marenberg (today's Radlje ob Dravi). Today, the plague's horrors are commemorated by plague signs, which at that time had to be placed next to the mass graves of plague victims or in front of the entrances to settlements

to warn of the spread of the plague. For example, in the 17th century, five stone plague pillars were erected along the old road from Puščava to Fala; in Ruše, a chapel of the Sorrowful Mother of God was added to the parish church in 1680 and a votive tablet with an intercession to God was placed in the church. In 1681, a statue of the Mother of God was erected on Main Square in Maribor, and the church of St. Barbara was built on the hill Kalvarija. New altars with patron saints were erected against the plague (e.g. in Lovrenc, where in the plague year 1680 up to 389 people died, mainly the poorest, 85 years after the epidemic in the newly built third parish church in 1765–1766 a side altar of St. Boštjan was erected, in the parish church the altar of St. Rok was erected, in Maribor in 1715 the chapel of St. Francis Xavier was built in the present cathedral church). Otherwise, altars dedicated to saints who had a protective and healing function against the plague were erected in many places on Pohorje and at its foot, e.g. Sv. Anton Padovanski (Sv. Anton na Pohorju, Brezen), Sv. Barbara (Ribnica, Legen, Malahorna) Sv. Blaž (Slovenska Bistrica), Sv. Frančišek Ksaverij (Vitanje, Slovenska Bistrica, Kot, Slovenske Konjice, Home), Sv. Ignacij Lojolski (Rdeči Breg), Sv. Jurij (Slovenske Konjice, Ritoznoj, Slovenska Bistrica, Legen, Hoče), Sv. Ožbalt (Zlakova, Ožbaltski vrh), Sv. Rok (Vitanje, Janževski Vrh, Kovača vas, Prihova), Sv. Sebastjan (Boštjan) (Puščava, Vitanje, Lovrenc na Pohorju, Slovenska Bistrica, Prihova, Golika, Lovrenc na Pohorju), Sv. trije kralji (Sveti trije kralji na Pohorju), Sv. Valentin (Gorenje pri Zrečah, Prihova) (Ramšak, 2017, 45–52; 104–106). Mortality from the plague is also briefly mentioned in Brinar's tale *Treasure on Poštela* (*Zaklad na Pošteli*; Brinar 1933, 26), which states that “whole families were swept away by the plague.” From this enumeration it is clear that the plague must have had a strong impact on people's consciousness, whereupon it found its way into fairy tales and other stories, as for example in a novelette about the plague in Maribor, written by Elza Lešnik (Lešnik, 1925, 11–12), which testifies to a baker's survival strategies and even knowledge of disinfection: “With a long-handled iron racquet she brought loaves of bread into the street, and the money was put into a jar of vinegar” (Lešnik, 1925, 11). This type of disinfection was common during plague epidemics; for example, in the 17th century, disinfection stations made of stone or plague stones with carved depressions were placed on street corners, filled with vinegar, and used to wash hands and clean trade money. An example of such a plague stone is in the Abbey House Museum in Leeds (Europeana).

If the initial question of whether fairy tales can be a source for learning about the past can be answered in the affirmative way on the basis of the above explanations and examples, we can then ask how these diseases confirmed in the fairy tale can be most clearly and effectively represented. There are undoubtedly several answers to this question. We can refer, for example, to the approach of Vinko Möderdorfer (1964), which was also based on the domestic and foreign medical literature and was widely adopted by the majority of later Slovenian folk medicine researchers. However, advanced and modern medical classification systems can also be used for classification.

In order to process and classify the diseases mentioned in the fairy tales, it is perhaps more helpful to follow the International Statistical Classification of Diseases and Related Health Problems (ICD-11, 2022), a regularly updated manual, the global standard for diagnostic health information that has been used in medicine for more than a century for all general epidemiological and many health management purposes. Another helpful tool is the World Health Organization's definitions, such as the one on disability, which states that it is an umbrella term for impairments, activities, limitations, and participation restrictions. It refers to the negative aspects of the interaction between an individual (with a health condition) and the individual contextual factors (environmental and personal factors) (WHO, 2001, 228). With these tools, the ethnological material does not lose its value, since in both cases there is a consensus on the optimal classification of the disease. With their help, however, it is possible to present more clearly to the modern reader the folk-medical context from the past. Of course, other contexts must also be presented, the disease as such must never be torn out of them.

In the Pohorje sources, the proportion of statements about health and illness from youth to old age is relatively small. Sickness and death were perceived as a normal part of life. In case of illness, medical help was usually unavailable because doctors were hours away, many didn't speak Slovenian, or were too expensive, so people helped themselves with folk panaceas. Many times, the disease of humans and animals has been confused with evil spirits, which also indicates the absence of general health education. Pohorje folk literature originated at a time of high mortality, incurable diseases, frequent work or war injuries, hunger, absence or geographical and linguistic distance of doctors, and health and social insurance in general. All these circumstances were considered normal precisely because of their frequency, and so the medical part of life is completely ignored in the literature. Some diseases that lurked among the population, such as plague, cholera, dysentery, are today in the consciousness only metaphorically or proverbially and no longer pose a real threat. They have been eradicated through vaccination and better hygienic conditions. The memory of diseases is preserved only in the sources and literature, which, with careful reading and analysis, helps us to understand that era (Ramšak, 2017, 9–10).

The impairment and disability

The contrast between the 'healthy' and the 'disabled' body is one of the most significant cultural categories that can be found. Anthropologists have pointed out that these distinctions vary widely among different social and cultural groups, as do the meanings they ascribe to these particular labels. The most important conceptual distinction between impairment and disability is the functional limitation of the body versus the socially imposed limitation of the disabled body.

Impairment is a loss or abnormality in body structure or physiological function (including mental functions). Abnormally here is used strictly to refer to a

significant variation from established statistical norms (i.e. as a deviation from a population mean within measured standard norms) and should be used only in this sense (WHO, 2001, 229).

In Pohorje fairy tales the impairment describes a body lacking part or all of a limb or having a defective limb or some other bodily mechanism. The disability refers to the many social and other disadvantages imposed by the society in which disability occurs. The concept of disability is socially constructed and it creates a large number of people who are dependant, marginal and supposedly unproductive economically. Society's narrow definitions of physical normality lead to ignore and marginalize those who do not fit within that definition. The distinction between impairment and disability shifts focus from individual to social pathology. In some ways, this perspective also socially labels psychiatric disorders. Disability is in some ways artificial category that encompasses congenital and acquired physical differences, mental illness and retardation, chronic and acute illnesses, fatal and progressive diseases, temporary and permanent injuries, and a wide range of bodily characteristics considered disfiguring, such as scars, birthmarks, unusual proportions, or obesity. The physical impairments that render someone "disabled" are almost never absolute or static; they are dynamic, contingent conditions affected by many external factors and usually fluctuating over time. Some conditions, like multiple sclerosis or arthritis, are progressive and chronic; others, such as epilepsy, can be acute. Even seemingly static disabilities like amputation affect activities differently, depending on the condition of the rest of the body.

Anthropologists have described that people with body types, sizes, and functions that differ from those of the majority are often subject to significant stigma, prejudice, and discrimination in many societies. Even though the disabled body is not necessarily a sick body, these people often encounter a variety of social disadvantages – especially in finding a marriage partner. The degree of stigma and the economic effect of physical impairment can depend on several factors. These include the type of impairment, the socioeconomic position of the person and their family vis-à-vis the wider society, the types of rehabilitation or treatment available, and the level of technology and social organisation of the society itself. However, the stigmatization of all physical impairment is not universal. In many cultures, different forms of impairment are seen in a positive light, and disabled people play a full role in community life. Certain types of physical impairment are highly valued and people believe that impaired people have special powers or abilities. Many of the supernatural explanations for the disabled body attach to congenital conditions rather than to those acquired later in life, where 'personhood has already been established'. Overall, the category of the disabled body is not fixed. It is a complex and variable one, and its definition depends on social, cultural, economic and historical context (Helman, 2007, 35–38; Garland Thomson, 1997, 13).

Physical impairment and disability in Pohorje folk literature

People with permanent physical impairment were colloquially called cripples (in the Slovene language *kripelj*, *kripel*, *kripl*; in German *der Krüppel*). These were due to injury or illness in a condition that was not in line with the normal functioning of the organism. In some cases, the cripples were people with a moral disability, such as scoundrels and villains.

The word cripple derives from the Anglo-Saxon word to creep and was described in 1923 as “One who creeps, halts or limps, one who is partially or wholly deprived of the use of one or both limbs; a lame person.” The term cripple represented a broad category and referred to the person’s overall condition. In 1914, the term was neither used in the sense of a medical diagnosis nor perceived as pejorative. From the physician’s perspective, the diagnosis of cripple would never be made. The patient would be classified as suffering from Potts’ disease (hunchback), clubfoot, infantile paralysis or the like. Yet all these people were cripples. While the term cripple represented a broad category of impairments, there were underlying similarities that were indicative of impairment to the muscular-skeletal system. The crippled condition was used to embrace deformities both congenital and acquired by disease or trauma (accidents, including various amputations) causing malformation to the limb and stature. Concern for economic independence was an essential component of most cripple definitions. In 1930, there were three categories of cripples based on the ability to work. The first category of cripples included those who were able to complete training and who could potentially be employed in occupations open to all people regardless of the degree of physical disability. The second category included individuals who could not be employed in the open market because of the degree of their impairment, but were able to work in a sheltered environment. The third category included individuals who were confined to their homes and for whom there were no opportunities for employment or training. The social construction of people with disabilities, including children with orthopaedic disabilities, varied from one historical era to the next, and in many circumstances the social role of people with orthopaedic disabilities fluctuated between social acceptance and rejection. Before the involvement of physicians in the lives of people with disabilities, the care of people with disabilities was considered a socio-legal responsibility, and care was provided either by family members or in other ways closely related to the care of poor and dependent populations (Hanes, 2018, 435–436, 450).

Disability discrimination is not mere thoughtlessness or failure to accommodate the needs of people with disabilities. Much disability discrimination consists of overt physical and verbal abuse, the conscious effort to subordinate people who as a group hold less power and social standing than the majority. People observe a disability and assume that the person with that impairment fits a stereotype of someone who is lazy or deceitful. Stigma and stereotype combine to keep those who appear to be different in a position inferior to others (Weber, 2007, 1, 4, 6).

Folk literature from Pohorje implicitly express the attitude towards the different and disabled persons. For example, they portray physical disability (hunched back, blindness in one eye as a result of a war wound), otherness (resulting in solitary life), and social stigma, which is not beautified or is without the writer's excessive editorial interventions. These stories have very little magic elements. Moreover, these stories do not attempt to present the other personal virtues of the main character and they do not miraculously erase or replace the physical and mental disabilities with them. They rather describe the social and medical condition of old Pohorje foresters quite realistically. Non-involvement in social life and wrangling at the expense of the main character's physical differentness is, in fact, a projection of his true or imagined sins of the past to him. Decoded, these tales equal the physical and mental state of a person with his supposed past sins.

Physical abnormalities, mental retardation, disability, inborn deformities (hunched back, cleft lip, hydrocephalus), physical and mental decline are evil in the real and also in the fairy tale world, which is full of fears and prejudices for the disabled and the otherness. The reactions to them are verbal (pranks, insults), physical retreat (because of the possibility of "contamination") or their acts are conditioned by stigma (infanticide due to birthmark and/or incest).

The Pohorje fairy tales often use physical ability and beauty to emphasize the moral and other positive virtues of a character. Physical weakness symbolizes the wickedness and evil that must be driven away. In many fairy tales, bold, physically capable protagonists are set against the physically weak. In portraying disabled characters, their heroic acts are brought to the fore despite social stigma – a victory that is rewarded in a fairy tale by the magical erasure of their anomalies. It is not just whether the fairy tale character is physically and intellectually different, disabled, but also how the narrative shapes the difference between normality and otherness. In several cases, the tales refer to pejorative terms that refer to a different body, such as fat, thick-headed, developmentally and growth retarded, lame, "Shoulders" (in Slovenian '*Pleče*') as a term for hunchbacked.

Pohorje fairy tale heroes, such as Vodovnik, Jezernik, Hostnik, Vouvel, the Water Man, the Wild Hunt, dragon, devil, wild hunter, nocturnal hunter, a forest spirit, snake queen, horseshoe witch, and others, have plenty of these attributes of evil, either moral or sexual. For example, they have green scales and water moss on their bodies, a long green beard, green hair, golden-red hair, green and red glow in the eyes, fish or snake eyes, fins instead of legs, shovel legs like a boat on the Drava river, a snake tail, they bark like dogs, roar, or are accompanied by a dog. Their green colour is certainly a reflection of the Pohorje forests, a kind of mimicry, which, despite their imperfections, makes them look dangerous. Pohorje fairy tale characters depict people that are different. In any case, attitudes towards different, whether physically or mentally handicapped persons, testify that there was an expected "normal" phenotype, and, on the other hand, how they reacted to the deviations from normality with fears and prejudices (Ramšak, 2017, 153).

In some fairy tales of Pohorje and other stories, the fate of these people is also mentioned, for example, self-isolation or placement in special institutions. This is the case of the forest man ('*gozdni mož*', '*hostni mož*'), who was considered a mentally underdeveloped young man who could not speak and ran away from home, staying in the forest and eating cones, reeds and bark out of hunger (Gričnik, 1994, 404–405). The story of the forest man is not fictional. It was recorded by the priest Anton Slatinšek (1839–1908) at the end of the 19th century in the parish chronicle of St. Kunigunda. The forest man was the deaf-mute son of a maid who fed himself with bark and cones and walked barefoot in winter until the parish priest brought him to the orphanage in Graz (Gričnik, 2000, 31). Then, we find descriptions of people who were permanently deprived of their mental health by the war and occasionally behaved strangely, which is why they were placed in a home for the disabled in Slovenske Konjice, from where they often fled back to the Pohorje (such as in the Narrative No. 865, *Planina na Pohorju*, Gričnik, 1994, 405).

CONCLUSION

The fairy tales from Pohorje thematises human mortality in all of its' physical and mental decline, with ageing and dying, disable, injured and defective bodies, social stigmatizing of disabled people, times without disability, pension or old-age insurance, dependence from the goodwill of the relatives or the community, hard work until the very end, mutual help, the social outcasts because of their physical or mental impairment and Christian values together with the patriarchal notions of gender roles. Stigma attached to disabled and impaired in the past, is a niche into the process of assigning or denying social values and managing identity. In the traces we also find descriptions of epidemics.

MEDICINA IN PRAVLJICE: POHORSKE PRAVLJICE KOT VIR O BOLEZNIH IN ZDRAVJU

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POVZETEK

Kljub velikemu številu gradiva (pravljice, legende, življenjske zgodbe, dokumentarno gradivo), ki se nanaša na Pohorje za čas 19. stoletja, pa njegova fragmentarnost in subjektivnost kličeta k uporabi dodatnih virov, zlasti s področja zgodovine medicine. Razpršenost in nekonsistentnost gradiva sta razumljiva, saj gre za objave različnih avtorjev in žanrov. Čeprav je avtorica pregledala ok. 1500 enot tega gradiva in ob tem izpisala, klasificirala in interpretirala dele, ki se nanašajo na zdravje in bolezen na Pohorju, je bil za globlje razumevanje te tematike potreben poprejšnji uvid v zdravstveni sistem, geografsko ter jezikovno dostopnost zdravnikov in odsotnost zdravstvenega zavarovanja v obravnavanem času. Kljub vsem razlikam in razpršenosti gradiva pa lahko zaključimo, da gradivo poroča o boleznih in poškodbah redko, saj so bile te nekaj tako vsakdanjega in del življenja, da jim je bilo prav iz tega razloga namenjeno manj pozornosti. Kadar pa jih omenja, so to delovne poškodbe v gozdu, vojne poškodbe, socialne bolezni, kot so alkoholizem, nalezljive bolezni, endemske bolezni, duševne bolezni, prirojene bolezni. Zaradi težje dostopnosti zdravnikov so se Pohorci pretežno zanašali na svoje znanje in preizkušene veščine zdravljenja ter na magijo, s katero so pojasnjevali zdravstvena stanja in zdravili hkrati.

Ključne besede: Pohorje, Slovenija, pravljica, bolezen, zdravje, zgodovina medicine, medicinska humanistika, narativna medicina

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