

MATERNITY AND ITS RITUALS
IN BANG CHAN

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MATERNITY AND ITS RITUALS

IN

BANG CHAN

by

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FOREWORD

Dr. Jane Richardson Hanks has been associated with the Cornell Thailand Project as Research Associate in Cultural Anthropology since 1952. Dr. Hanks' field work, with emphasis on family life, was concurrent with a dietary study of families in Bang Chan, and observation on dietary practices of mothers and feeding and growth of infants. She is co-author of Food Habits and Nutrient Intakes in a Siamese Rice Village, in which she contributed her insights as an anthropologist to the observations of her nutritionist co-workers. The facts recorded in a report on the nutritional aspects of maternal and child health, and many observations in the field notes of her co-workers from other disciplines, take on new meaning in the light of Dr. Hanks' study of maternity and its rituals in Bang Chan. References to these and other related reports are included in the bibliography.

In a society where health and well-being are thought to be determined primarily by merit, where illness and early death are accepted as deserved sufferings for sins of an earlier existence, the health worker might be perplexed as to how to implement his teachings. Yet the parallel importance of habit, the concept that the first occurrence sets the pattern for all subsequent occurrences of like nature, opens the way for the introduction of many desirable practices. The need to reconcile new ways with old is emphasized in this study. In her chapter on "Guides for the Introduction of Changes," the author gives practical illustrations which assure realization of her hope that this report will be of interest not only to anthropologists but to all who are concerned with maternal and child health.

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For the sustained friendliness and courtesy of the people of Bang Chan who made every visit happy and fruitful, the author is particularly grateful.

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SUMMARY

On the assumption that a woman's physical and mental condition at childbirth is a product of her life-long daily habits and ideas as well as any particular injunctions set up to insure well-being in pregnancy and parturition, the cultural scene was searched to ascertain all possible relevancies.

The farmers of Bang Chan lived in a tropical, rice-growing terrain, annually flooded by the monsoon run-off. Food was plentiful even if cash was not. Except for better housing and equipment, and a greater enjoyment of market novelties, the rich lived much like the poor. The work in the fields by women paralleled that by men. Sharp physical demands, especially at planting and harvest, made them muscular.

At marriage the partners were fully mature and no woman was married against her wishes. The birth of a child was welcomed as leading to higher personal, social, and economic status.

The underlying concepts which explain why the food and other injunctions, both pre-natal and post-partum, and the ritual behavior took their particular forms, are explained.

The human body, harboring multiple immaterial souls, was seen as composed of earth, fire, water, and wind. Illness was caused by intrusive disruption of these four elements, or by soul loss. Food and medicines had properties which could be used to restore balance in the elements. The traditional curers or exorcisers had magical and herbal remedies obtained ritually from a teacher. Since Buddhist phrasings, often read from old texts in weekly sermons, molded Bang Chan's conception of life, the ultimate cause of health or illness was the presence or absence of merit. This determined one's kam (karma), the balance sheet of virtuous actions which one added to, or reduced by sinning throughout successive existences over eons of time.

The Buddhist cosmic view of individuals as separate autonomous beings brought it about that help was the only dynamic relationship possible between people. The bonds established by helping people, on this earth, especially in the task of feeding priests, lasted on into successive incarnations. Thus, meritorious people met again and might marry again. Families had continuity over time, and babies were born into the "right"

family. Babies lacking in merit died at their birth, just as mothers whose merit had run low suffered or died in childbirth.

A soul desiring rebirth flew into the womb of a woman at conception. By care and imitative magical practices, both parents helped the fetus grow but the mother gave the baby its body. Parturition was a joint effort of mother and child, the course and outcome of which was determined by their respective stores of merit. After delivery the child was blessed, his soul seized and tied in, and ritual means taken that he not wander from home throughout life. A post-partum rest of several days was taken beside a hot fire, the purpose of which was both physiological, i.e. to dry the uterus, and ritual, to bring about full "ripe" adulthood.

The fire, which was consecrated, strengthened a woman and made her a better nourisher, mature, more compassionate, and eligible to handle magic and the tender souls of living creatures. Thus she was fitted for her life-calling as a woman. The comparable ceremony of maturation for men, when they too were changed from "raw" to mature, compassionate, and strong males for their calling of fatherhood and leadership, was ordination into the Buddhist priesthood. Only those men and women who had undergone their respective rites of maturation were eligible to handle magic. Men's magic gave power, control and could be aggressive. Women's magic was limited to nurturing purposes, and could never be destructive. The respective areas of magical competence and right were autonomous and rigidly separated on pain of severe sanctions.

This view of the role of women in life and the events of childbirth in the earthly and cosmic scene, had the effect of giving women in childbirth a positive, secure, and relaxed outlook, and an understanding and acceptance of suffering so that they had little fear.

How careers in midwifery, whether professional or amateur were established, and the nature of the specialty and of a practice are discussed.

The understanding of, and the attitudes toward, modern medicine are given along with findings accounting for acceptance or rejection of modern hospital care for parturients. Accepting the changes that were observed in the practices surrounding childbirth proved to be a means of expressing partial withdrawal from the old life of a farmer and a step towards the glitter of urban ways. In the desire to be seen as progressive, the fire rest had been shortened, market products substituted for the consecrated fire, and other urban ways introduced.

For persons interested in introducing changes in the

interest of improved maternal and child health, a few suggestions are made.

Purpose and Method

The purpose of this study is to set down the ethnographic data concerning childbirth in Bang Chan, following out the economic, social, religious, and cosmological aspects as needed to clarify the behavior and the psychological attitudes noted. The hope is that not only anthropologists but persons working in programs of maternal and child health will find the data useful.

The data were gathered from Buddhists and Muslims in Bang Chan by interviews and direct observation. Because Dr. Hazel Hauck, in the course of nutritional studies also made inquiries "from the standpoint of anthropological study rather than because of an assumed relation to nutrition or health" (1959:3) she first opened up the broad outlines of the subject. The author, with Dr. Saovanee as an interpreter of unusual competence, and Dr. Saovanee herself then pursued the subject further, including interviews at the M̄nburī Health Center and at Cha Choeng Sao.

A few comparative references such as to McFarland's dictionary and Phya Anuman's researches are given, but the focus is always kept on Bang Chan. Though many of the findings will have a certain pertinence in Bangkok, the fact that Kaufman found striking differences in Bang Khūat only 8 kilometers away shows how cautious generalizations must be.

The transliterations of Thai words are only approximations, based on the system promulgated by the Royal Institute of Thailand; the tones have been omitted. With the translation always adjacent and a glossary provided at the end of the volume, the author feels there should be little confusion. Proper names which are generally known in a different transcription are left in their familiar form. In referring to works by Thai authors western custom is followed but in referring directly to the authors themselves Thai custom is followed, as it should be in direct address.

Chapter I

THE COMMUNITY OF BANG CHAN

The Geographical Setting

In the populous flat central plain of Thailand where Bang Chan was located, fenceless geometric rice-fields, dotted by clumps of trees, stretch as far as the eye can see. Houses, clustering occasionally into hamlets, line the canals that serve for domestic use, drainage, irrigation, and communication. A few mounded-up roads lead out from Bangkok, the national capital on the Menam Chao Phrayā, the great central river.

The monsoon divides the year into three seasons: a hot and wet (late May through November); a cool and dry (December to mid-February); and a hot and dry (late February to mid-May). The temperatures range annually from 59° to 89° F. (15° to 32° C.) with monthly means of 77° to 86° F. (25° to 30° C.) (de Young:5). A drop at night averages around 18° F. (10° C.) in April, and 22° F. (12° C.) in January, while the relative humidity varies between 65 per cent and 81 per cent (Hauck, et al.:12). Rainfall averages about 50 inches a year, 40 of which fall in the wet season (Janlekha:21). Because of the run-off from the mountains in the north, once a year the Menam Chao Phrayā slowly rises, fills the canals and then overflows its banks, covering the plain for hundreds of miles to a depth of three feet or more. In Bang Chan, the water stood on the land from June until January, with its peak in October. From February to May the canals ran low, and the land dried and cracked from the intense heat.

The Community

In 1954, 1700 persons (336 families) lived in Bang Chan. Muslims, comprising 10 per cent of the population, lived as fully Thai citizens in all parts of the community in economic and social symbiosis with Buddhists. A few ethnic Chinese had married into Thai families and were accepted.

The community spread over an area of about 7000 rai (1000 hectares or 5 square miles). Bang Chan Canal bisected

the community and joined, about one mile south, Sāensāeb Canal, a broad old waterway connecting Bangkok and Mīnburī with the canal network of the central plains. A well-raised, year-round road which ran between Bangkok, 20 miles to the southwest, and Mīnburī, two miles east, cut through one side of the area. On it lay Bang Khūat, another community, about eight kilometers from Bang Chan (cf. Kaufman:1960), and a cluster of houses called "Kilō pāet," (Kilō 8) both west of Bang Chan and nearer to Bangkok. A shallow canal flanked this road most of the way.

The town of Mīnburī with district offices, shops, and pharmacists, and a good-sized Muslim population was well-known to most of the residents of Bang Chan. Its middle school drew from the surrounding farming countryside, including Bang Chan, those few pupils whose educational aspirations led them beyond the local elementary schools. Mīnburī had electricity, but no telephone or telegraph facilities.

For nine months of the year, while Bang Chan lay under water, most of the marketing was done through boat-vendors who plied the canals. During the dry months, or for large festivities, people marketed at Mīnburī, Kilō pāet, or in Bangkok.

Then Thai government administered Bang Chan through two district offices (amphōe), one located in Mīnburī, the other in Bangkok, close to Bangkok. The common boundary of their respective districts happened to run through the middle of the community. Seven local head men, each in charge of one of the seven hamlets (mūbān) into which the entire community was divided, reported to one or the other district office. They transmitted instructions from their superiors to the farmers, maintained order mostly by their personal prestige, and kept the village census more or less up to date by recording and reporting marriages, births, and deaths.

At the center of the community was the cherished Buddhist temple with its abbot, monks, and novices, numbering 15 to 50 depending on the season. The elementary public school, occupying one of its buildings,¹ was attended by 300 children aged eight to fifteen, both Buddhist and Muslim. The temple compound was surrounded by a number of houses, including a cafe and stalls for small vendors. A small country mosque (surao) in another hamlet was the religious center for the Muslim minority, some of whose children attended another school just outside the Bang Chan community. The abbot and the imam, the respective local heads of the two religious faiths, were of importance in the community as leaders.

1. A new large school has since been built away from the temple compound.

Most of the dwellings in Bang Chan flanked the canals that stretched away from the temple area. All houses were in sight of one or more other houses, if not standing side by side. Here and there they formed small hamlets where kinsmen tended to live in proximity. Around the houses were kitchen gardens and threshing floors, and behind them, the fields. Bananas grew abundantly; pineapples, mangoes, and other fruits occasionally. The canals were full of water-vegetables, cultivated or wild, while fish were plentiful. Water sources were the rain, kept in large jars; artificial ponds dug near the houses and fed from ground water; and the canals. No wells existed. The large tile roofs of the temple collected a good deal of rain-water which was available to anyone during the hot season when all water ran low.

General Nutritional Level

The population was physically well-formed with few physical deformities evident. There was little obesity or emaciation. The daily diet (cf. Hauck, et al.:passim) consisted of large quantities of rice, with small amounts of fish, meat, vegetables, fruits, spices, and eggs. Food at the not-infrequent festivals was rich in meat, eggs, and sugar. No milk was available except canned imports, and little was used. "Nevertheless, though caloric deficiency ('hollow hunger') was not prominent, over half of a sample of the population inspected medically had one or more signs of malnutrition. Even in a group chosen for research reasons for apparently good nutrition, about one in four had some such sign and in another group, selected for evidence of poor nutrition, two out of three persons had such."² The nutritional level in Bang Chan did not always correlate absolutely with economic level, for nutritionally one of the poorest families was found to be one of the best fed because the father did so much fishing and collecting of green canal vegetables. The change-over, some decades ago, from home pounding of rice to steam milling by most families had probably been a major factor in increasing nutritional deficiencies throughout the community.

2. Dr. H.M. Hauck, personal communication, 1959.

Modern Medical Resources

Since no modern doctor or midwife lived in Bang Chan nor visited regularly or on call, the nearest modern medical assistance was at the Health Center³ in Mīnburī. This was an out-patient clinic and small hospital established by the Ministry of Public Health to give modern care, instruction, and occasional free issues of such items as dried milk and cod-liver oil. It was conveniently located on the big Saēnsāeb Canal, near smaller canals and a foot-road, and only a few hundred yards from the bus terminal at the end of the auto road. The staff comprised a first-class doctor, a nurse-midwife (whom we shall call "the nurse"), a dental hygienist and a sanitarian. The main building had offices and pleasant waiting-rooms, with living quarters upstairs for the staff. Adjacent was a well-built and well-ventilated smaller building, with two good-sized rooms, one for general, and the other for maternity cases. The maternity half was divided again into a small room for labor and delivery, and a larger room for recovery with space for 2 persons. Beds were not used; patients were comfortable on the floor with mats. Relatives provided and cooked the food for each patient on their own portable charcoal braziers in a special area. Room and delivery were free, but a charge was made for medicines.

In Bangkok, 20 miles away, on the northern edge of the city nearest to the community, was the fine new Women's Hospital to which one wife had gone for delivery before she became a Bang Chan resident. The other hospitals of the city were occasionally used for other medical or surgical reasons by Bang Chan residents, but not for maternity cases.

In Mīnburī were also a few "second class practitioners." These were not graduates of Thailand's recognized medical schools, but they had some modern medical knowledge. A former medical orderly in the army, for instance, utilized his training to set up a practice. These practitioners used both traditional and modern systems. They would on rare occasions come to a Bang Chan farm house on call. They enjoyed the confidence and patronage of the most educated, progressive, and affluent element in Bang Chan's population, such as the teachers and many of the leaders, both young and old, who, in their patronage, saw themselves as less old-fashioned. Their large practice was lucrative, fees of 1000 baht for a course of injections being cited. Though consulted for maladies of pregnancy, to our knowledge they did no obstetrical work.

3. In 1957 a new building with expanded facilities was opened in Mīnburī. All our data refer to the old arrangements.

The Chinese druggists, many of whom stocked among their traditional pharmacopeia a few modern medications, gave out occasionally to their customers information derived from the manufacturer's instructions for use. People with minor indispositions sometimes sought a druggist's advice. He suggested traditional or modern remedies, depending on the wishes of the customer. Thus, the druggists also acted as a bridge to the use of modern remedies.

Facets of Social Life Pertinent to Childbearing:

Communication and Transportation

People went to M̄nburī, and less often to Bangkok, to buy, sell, work, or visit relatives. A few adults had never been outside Bang Chan.

Along the road buses passed Bang Chan every two or three hours during the daytime only. M̄nburī was a ten minute ride, Bangkok, an hour. M̄nburī had no taxis, and no telephone existed to call a taxi from Bangkok. Two or three persons owned bicycles.

Within Bang Chan, transportation varied with the season. From June to February travel was entirely by boat, even to a neighbor. A message to a local midwife, for instance, could be carried quickly by a speedy paddler in his skiff. If an emergency trip to the M̄nburī Health Center appeared necessary, a person could be rowed fairly comfortably along the canal that bordered the road. Going by boat to Bangkok, a whole day's row away, or four hours by the motor boat from M̄nburī, was not considered convenient even for passenger traffic, much less for a sick person or a woman in labor.

The inconvenient time of year was the three month dry season. Boats then could hardly go on the canal that ran through the middle of Bang Chan, while the smaller canals became muddy or even dry. Walking barefoot over sharp stubble in tropical sun was hard. To transport a woman in labor, assuming she could stand it, an improvised stretcher could be made, but to subject her to the jolting bus was usually foolhardy. It was not customary to flag down passing cars. If things went wrong for a woman in labor during the hot, dry season, there was practically no chance of getting her to a hospital, and none of getting modern help to her.

Work Habits in the Economy

Because of the annual flood the land was admirably suited to growing a single bounteous crop of rice. After all needs for

food, seed, and chicken feed were met, 58 per cent of the crop remained to be sold off for cash (Janlekha 1955:53). Almost every inhabitant was engaged in commercial rice farming. A few teachers, craftsmen, and traders, alone did not farm. Plantings of early and late varieties in different plots spread the toil. Cooperative work or some local hired help assured adequate labor forces at the needed moment. Nevertheless, two heavy work seasons dominated the rice cycle. The first of these, June through August, involved soil preparation and transplanting of the seedlings in long straight rows. In the second season, November into February, the rice was harvested, brought home for threshing and winnowing, then sold or stored. The straw was stacked as buffalo feed. People were anxious during the preparatory and planting season, for rains were fickle and the planning and timing had to be exact. Work was hard and almost grim. Harvest, though perhaps more of a physical strain because people cut the stalks by day, then threshed and winnowed far into the night, was gay and so less taxing emotionally, for the crop had safely passed through the threats of flood, drought, and pest, and "cash was in sight." Haste was necessary because each plot of rice had to be harvested within three or four days of its maturity, and because at that season the canals were drying up rapidly, raising the possibility not only that human backs and not boats would move the crop, but that the buyers themselves could not get their boats in to take the main portion to the urban markets. Then a farmer might have to wait until the canals filled again in June to sell his rice and get his money. Since during the busy seasons everyone from age 16 on up was taken up with farming, the cooking, child care, and other chores were carried on by the aged and the very young. These work days taxed to the limit the strength of all men, women, and even young people. Ten to 18 hours might be spent stooping to transplant or weed, or, at harvest, to cut the rice stalk close to the ground. There was a great deal of heavy lifting of seedling bundles or sheaves. The few professional masseurs in the area said they were kept on the run because of back complaints especially during the periods of heavy labor.

In the periods between these two seasons, tools were repaired, houses rebuilt, and ceremonies organized. Extra cash was earned in various ways. People kept very busy, though they did allow themselves more sleep.

The importance of women's role in agriculture is indicated by their virtual equation with men. In every step of rice-production women worked alongside men, plowing with the buffalo, planting, weeding, harvesting, repairing the dikes, hauling, etc. Only uprooting the seedlings was exclusively men's work (even this was done by women elsewhere in Thailand [Kingshill 1960:7]).

Besides the work in rice-fields, women dug and cleaned

canals and ditches, mounded land, and fished in many ways, the most laborious of which was plunging a heavy basket into the mud to catch burrowing fish. In the household chores, in which men shared to some extent, they carried water, cut and fetched wood, tended livestock, cultivated kitchen gardens, pounded rice in mortars, and cleaned houses. Boats were rowed by paddling or sculled by standing and pushing a single large oar. Cooking was time consuming. The low stoves were on the ground or floors. Since there were no tables or chairs, one squatted two to four hours a day to cut or pound ingredients, stir the curry, or wash the dishes.

The training of boys and girls for farm and household work was thorough and started early. By 18 years of age, boys and girls with few exceptions were experienced in every step of farmings. Janlekha's chart (1955:82) indicates the progression (parenthetical additions are the present author's):

Age	Method	Kinds of farm work
5 - 7	not forced, but allowed or induced to work if they want to	light hauling, removal of weeds which have been turned over by harrowing
8 - 12	mild pressure	light hauling, removal of weeds which have been turned over by harrowing; some household work and help in the kitchen - girls only - (sometimes boys)
13 - 14	moderate pressure	hauling, weeding, buffalo-tending, transplanting, chicken-feeding, fishing, household work (boys and girls)
15 - 16	high pressure	all kinds of farm work, harrowing, harvesting, and uprooting - boys only - are started at this ages

Children worked in the fields before and after school which, compulsory for all children aged eight to fourteen, was held from 9 a.m. to 3 p.m. five and one-half days a week. Vacations coincided with peak work seasons so children could help in the fields or at homes

This economic picture indicates that from early childhood, women had engaged in such physical labor that by 18 years of age they had strong muscles and backs through lifting, stooping, and squatting. Since to stop work during pregnancy was construed as laziness, women worked vigorously up to the day of delivery. If a woman were delivered during one of the hectic seasons, she might shorten her post-natal rest to whatever she thought was a safe minimum.

Marriage

As people of the community often met at the temple, at ceremonies, and at work parties, there too young people met. Unmarried girls went freely and often alone on duties about the community, and also to M̄nburī to sell vegetables or take a load of paddy to the mill. To temple fairs and such they went in groups. Though parents hoped their children would marry within the community, a few young people "married out."

Girls were married between 17 and 27 or so, most frequently around 21 to 23. Since boys at 21 might have to serve 2 years in the army, and were urged to spend as well at least a few months in the priesthood, their marriages took place between 22 and 30, most often around 24 or so. Parents were in no hurry to marry off their grown children at the very age when their productivity was funneling wealth back into the family. However, if male help in the family were short, parents were more receptive to suitors. No girl was married against her wishes nor to a stranger.⁴ Marriages might be arranged through formal conversations opened by the man's family and carried on through a go-between, but the girl had the final say. A secret agreement between the partners might even precede negotiations. About half of the marriages were elopements, sometimes arranged because negotiations were dragging, sometimes to avoid the higher costs of more formal arrangements. Marriage, though largely based on socio-economic factors (Phillips:62) was not devoid of personal esteem. Sharp (Bang Chan data at Cornell) has a note on the desirable qualities in a husband as viewed by women. "Sexual virility," last on the list, was minimized in relation to such qualities as "religiousness," "wealth," "industriousness," which headed the list.

4. A person who uses magical means to force an unwilling woman's love "will be born 500 times as a mad dog."

It was not felt necessary to marry. Because of the strong economic position of women, a few spinsters had their own homes, farmed their own lands, enlisting nephews and nieces to help, or hiring as needed, and entered fully into the social life of the area. Others lived with relatives and assisted in the maintenance of a larger household unit. Some men, too, never married. One group of grown siblings of both sexes stated they were "too happy together to marry."

Pre-marital chastity was more or less observed. If a girl became pregnant before marriage, her parents brought pressure, usually successful, on the boy to marry her. The occasional illegitimate child was raised without stigma in the girl's family, though problems arose during pregnancy and delivery (cf. "cone of wood" below). The mother later found a husband. One father was angered because he felt his daughter's pregnancy wrecked her chances for a marriage of prestige. He was conspicuous for his social aspirations towards city ways.

Information on human sexual matters was gathered by the young sometimes by accidental observation of parents and others, through hints from hearing cursing, and by conversations with grandparents, older siblings, and friends of the same sex. Men joked on sex matters at the all-male rice-uprooting parties. Being antithetic to the ascetic prescriptions of Buddhism, sex talk was highly charged. Sex was never discussed in mixed company.

Residence

The nuclear family of husband, wife, and unmarried children was the primary social and productive unit, but other resident kinship units larger and smaller also occurred. After marriage, the couple usually lived for a time in the house of the parents of one spouse or the other; then, as soon as they could afford it, set up housekeeping in their own house. Of a sample of 96 families in Bang Chan, 30 set up independent households at once after marriage, 16 after one year, and the rest, a few per year, on throughout 10 years; 15 of the families never had a house of their own but lived with other relatives (Janlekha:37). Of 298 families, 59.4 per cent lived independently as a nuclear family, while 34.9 per cent lived with other relatives in the house. (The remaining were single persons living alone, or priests at the temple in the "ecclesiastical family.") The average size of the households (not necessarily the nuclear families) was 5.7 persons, with a range of 1 to 14, the median being 6 (ibid. 28-29). The house of a new couple was usually built adjacent to parents or relatives, and certainly within calling distance or sight of some other household. Social patterns of cooperative work, borrowing, and visiting kept adjacent households, whether kin, co-religionists or not, in

close touch with reach other's activities and needs.

These residence arrangements had considerable bearing on the amount of help at hand for a pregnant, parturient, or lactating woman, especially since every woman expected to bear her child at home. A woman's first child was often born while she was still resident in the house of her parents or parents-in-law. If the separate household had been set up, and especially if there were other small children, a parturient's mother or other relative came to stay with her for delivery and post-delivery care, or a woman might return to her parental or her husband's home for the event. In fact, since husbands and wives were both needed in the fields, it took great diligence for a woman, without extra kinfolk in the house, to carry on child-care, cooking, and field-work, and then undergo child-bearing besides. The extensive overlap in the division of labor (Sharp et al. 1953:94-98), though, resulted in much sharing by husbands in the household chores, so that the burdens were somewhat eased. Help in child-birth was one of the areas of mutual aid freely accorded by neighbors, so all women could count on adequate or even ample help at this time.

Wealth Differences:

Way of Life

Real polarities of wealth existed. A well-to-do person owned rice fields, a good house, and had many devoted kinsmen. Teachers who were governmental civil servants and a few of the traders were somewhat better off because they had regular sources of cash. A poor man, owning no land, lived humbly and hired out at day labor and other odd jobs. Yet the way of life of the well-to-do was not very different from that of the poor. Practically all persons worked in the fields or at related activities, wore the same cotton clothes, and ate the same food. Rice was plentiful. Fish, fruit, vegetables, and fuel could be amply obtained practically without cost, though it was also possible to spend money on these. Yet here and there persons were beginning to lose their old satisfaction in life as a farmer. Changes were beginning to come in, heralded by such things as hair permanently waved, gasoline pressure-lamps, increased geographical and political awareness, grumbling over the cost of living, and frustration over rising expectations. Urban life as met with in Bangkok was viewed with some awe as a glittering universe with different ideas and needs, yet also with some uneasiness. The city dwellers sometimes looked down on the country dwellers and made them feel uncomfortable.

Housing

The type of house, whether big or lowly, made a difference in the comfort and care of women. The big houses were teak-paneled and floored with a good roof of thatch, tile or corrugated iron. Their high piles insured dryness during flood season. The sleeping and living space was a single airy open room, often with one or two sides balustraded rather than solid, and protected from the weather by the roof's overhang. The kitchen was sometimes a separate room. There was always one small enclosed room, perhaps ten feet square, or larger, with a door and a window. This room was used for keeping valuables under lock, and whenever privacy was desired: as a marriage chamber for bride and groom, or as a quiet room for a senile parent. Because of its almost solid walls, it was poorly ventilated and hot. Childbirth took place in this little room, if convenient, or out in the main part of the house. The fire-rest was in this room so that the dreaded wind could be kept out.

The poor lived in modest earth-floored cottages of bamboo frame, thatch sides and roof, with one or two raised wood platforms for sleeping and sitting. In the rainy season, these cottages could be damp. In fact, one October the water was observed ankle deep inside a house, and the wife splashed around at her chores. Under the latter conditions, a woman in childbirth would be moved to some kinsmen's house. Delivery took place on one of the sleeping platforms, and post-partum rest was on a plank raised off the earth floor, unless space permitted that the plank and temporary fire-floor be placed on the platform. On one observed occasion reed mats as protection from drafts were temporarily set up, making an enclosure about three feet high within which a mother lay in her post-partum rest period.

Cash

Cash was short to everyone. The poor felt very poor and the rich did not feel rich. This was because the rice-money, which came in a lump sum once or twice a year, was at once turned over to clear debts, to make large purchases of agricultural equipment, to repair the house, or to perform elaborate ceremonies. What was left over was not kept around the house for day-to-day expenses for fear of robbery, but was immediately loaned out. Thus cash was not available for emergencies which in childbirth might mean taxis or hospital care. Being rich or poor made little difference in Bang Chan, however, as to the quality of the obstetrical help given.

Within the community all women received about the same services. Though the poor felt the 20 to 30 baht cost⁵ of a midwife was too expensive, and so utilized the free help of a compassionate kinsman (usually the mother) or neighbor, the latter sometimes were as expert manually as a midwife or even on their way to becoming one. The few critical cases, rich or poor, who were taken to the Minburi Health Center managed to pay the 50 to 70 baht fee (120 baht if penicillin were used).

General Attitudes Towards Having Children

In these farm families, children were an asset, for their help, skills, and earnings enriched the family. Boys and girls were equally desired. A girl did household chores and at her marriage brought in the considerable payment of "milk money." A boy could be ordained and so "bring merit" to his parents. Both could farm, and both would provide cherishing care to the parents in their old age, but this was expected particularly of daughters. A child usually arrived within a year or so of marriage, to the rejoicing of everyone. Until the birth of a child, marriage only partially changed the young couple's status, especially if they were still living under the parental roof. With children they became the heads of a family, with authority over, and responsibility for, a younger generation. In the few polygamous households, the position of a younger wife was enhanced when she bore a child. Sometimes on the birth of this or another child, the money paid to the bride's parents at the time of the wedding was turned over to the new mother. Title to some of the familial land, never given until a marriage had proved stable, might be conveyed to one spouse or the other. The arrival of a child was sometimes a signal for preparations for moving out and establishing an independent household, or for establishing a "second kitchen," i.e. two separate families living under a single roof. A study of the birth-rituals (Chap.V) gives evidence that the arrival of a child, especially the first, was of deep psychological and social significance to the parents. The marriage bonds were strengthened if the first-born were male (cf. p. 65). A couple without children was "sad" and "a little less rich." Barrenness was caused by lack of merit.

5. Analysis of Janlekha's figures, borne out in observation, shows that per capita income was low, that there were many poor people, and because of the seasonal nature of income, even the rich were short of cash (1955:135-143). Ninety-two baht were the average "expenses for medicine" including delivery fees (1955:142).

Adoption was fairly common, though not always of lasting satisfaction. On the other hand, in this watery domain, the trouble (lambāk) in raising children, mostly involving ceaseless tending, was such that a childless woman was accorded a little surface envy as one who had missed or avoided a lot of trouble. The attitude towards twins was ambivalent. "Twins are unlucky because there are more mouths to feed, more labour, trouble, and not enough milk. With twins, a poor family will never rise again." "No one will marry a twin for fear of begetting twins." "If twins are of a different sex, one must die." Yet others considered twins lucky "because they could be nursed at the same time, and given the same things."

Wealth differences also affected these attitudes, especially if babies came in close succession. Comments heard were: "Why do poor people have more children than the rich?" "Many visitors come bringing gifts to a rich parturient because she is respected. No one likes to talk to a poor person." "Those who have a baby oftener than every 3 years will never be rich. Fortunately, 4 of my 7 children died." The increasing cost of raising children was a concern. In one of the few families that had plans for their children's education, the father underwent a vasectomy after his 9 fine children were born, because he "feared he would not be able to feed them all." His wife, reassured that the operation had not "hurt" her husband, "was glad he had done so."

Abortifacients and Contraceptives

Episodes concerning abortifacients were whispered about both Muslims and Buddhists. A Buddhist who induced abortion was seen as impeding an individual's rebirth and disobeying a religious prohibition on taking life, tenets which did not obtain among the Muslims. Abortifacient medicines to be used with abdomen-pressing were quietly sold by Muslims.⁶ "Unmarried Muslim girls use them mostly," reported one Buddhist, "and they almost die in the process." A Buddhist curer had similar expensive medicine, but "unlike the Muslims, he will not destroy the baby." Chinese boat-vendors also carried contraceptive medicines (ya) which were secretly discussed by wives. A husband reported his wife as saying, "Old ways

6. Fraser (193) reports that in the Muslim village of Rusembilan, abortions were openly practiced, (as if part of a Muslim cultural heritage).

are more reliable than the new,⁶ implying familiarity with both. One Buddhist headman earnestly sought of the field-worker information on medicines, or "mechanical devices" about which he had heard, but bemoaned the costliness⁷

To the concepts underlying childbirth, both as physiological processes and their meanings in Bang Chan's world view, we devote the next chapter⁸

7. Hauck (1956) finds that the number of pregnancies compared to the years of marriage is so low as to suggest (1) relatively low fertility in many cases, or (2) the existence of some (unknown) method of birth-control (pp. 31-32). She finds an unusual feature of menstrual history as compared to western standards in a somewhat older age at menarche (median and modal age was 15, with a range from 13-19 years). The onset of menopause occurred anywhere from 35-55 or even later, which is somewhat later than in western societies (pp. 30-31)⁹

Chapter II

MAN AND WORLD

Bang Chan had for years heard preaching from Buddhist scriptures. Co-existing with these teachings were Hindu elements referring to Brahma, Shiva, and others. People also believed in an animistic lore concerning frightening ghosts and spirits (phī), protecting deities (thēwadā), maternal goddesses, princely spirit-lords, and other supernatural guardians of a more or less benevolent nature. To these beliefs were added special bodies of knowledge, such as sacred literature from India and traditions of astrology from both China⁸ and India. Other elements might be traced to Muslim influence, just as Muslims shared some of the foregoing references with their Buddhist neighbors. Bang Chan shaped its views of nature and man from all these sources. However, we shall not try in what follows to specify the sources of its beliefs.

The Human Body

The body of flesh, blood, bones, and other materials, harbored the noncorporeal aspects, in particular a person's merit store (kam; Skr: karma) and his several souls, viz., the Khwan,⁹ the winyan, and the four chēttaphūt (cf. J.R. Hanks, 1959). Views of the human body formed no unitary system, but were as varied as their origins. Thus, sometimes villagers distinguished the material from the non-material: "a human being is composed of two aspects: rūp (body) and arūp (non-body)." Sometimes learned persons referred to the Hindu-Buddhist concept of 32 parts of the body, one of which, the winyan-soul, was the "organizer" of the others.

8. No trace was discovered of the Chinese concept of Yin as female, dark, cold, and evil, etc., and Yang as its oppositer.

9. Ming (Mc.F. 650) was once given as a term for "soul" by a Muslim informant, but without further information.

As to the gross structure of the body, some persons learned about the skeleton when, in preparing corpses for cremation, the undertaker stripped the decaying flesh from the bones, usually in the presence of relatives and spectators of all ages. Occasional autopsies because of suspected sorcery, and surgical removal of a fetus from a deceased mother by caesarian section led to some knowledge of organs and blood vessels. Male and female masseurs of considerable competence were retrained in the Chinese neuro-muscular system. A system of "origins," e.g. that the elbow-origin was in the arm pit, and the chest originated at the spine, might relate to the Chinese concept of linkage points on the body, in particular acupuncture. In Bang Chan's popular conceptualization, the protecting skin which enclosed the body was thin at the top of the head and especially so at the stomach area. An old image also persisted that the body cavity itself was a relatively undivided space extending from neck to pelvis. Inside the cavity, food dropped from the top, faeces packed down at the bottom. Through the body circulated slowly the blood; several kinds of water (nām) (McF. 453) e.g., the nām khram (refuse-water) (ibid. 453) in the abdomen; and several winds (lom) (ibid. 728) e.g., the pushing lom bēng (ibid. 487) and the pulling lom chawat (ibid. 287). The small hair-whorls noted on the head, hip, or shoulder were construed as minor vortices of these currents, or as souls (khwan).

Foremost in people's minds were the elemental constituents of the body. The human body, along with every animal, plant, or mineral in the world, was made up of 4 elements (thāt): earth, fire, water, and wind (air).¹⁰ This ancient four-fold view, also familiar to the Greeks, had mixed in Bang Chan with the traditional five-element Chinese system (metal, earth, fire, water, wood) because gold, iron, and wood were also spoken of as constitutional elements, and there may have been others. Some persons said that the proportions of the 4 major elements were the same for everyone; others, that they varied for different temperaments, which were also affected by the presence or absence of elements other than the basic 4.

10. "The body, comprising about a bushel of powdery earth-element, is held together by half a bushel of juicy water-element, and propped up by the windy-element. The fiery element digests what is eaten or drunk and preserves the body". (Visuddhi-Maggae [Warren: 157-158]).

All food was also made up of the 4 elements. Here rice was of particular importance. The body was seen as built and maintained by rice. Flesh in fact was rice, an image probably derived from Buddhist scriptures.¹¹

Each element carried with it its substantive aspect of heat, flowing, etc., and its astrological nature and relations. Elements could be compatible or incompatible with each other. Earth, water, wind, iron, and wood for instance were compatible. Gold "got along" with all elements. Fire, though, was incompatible with wind, water, and wood for it could destroy their proper proportion.

The effect of astral and planetary relationships at the moment of birth on one's constituent elements induced qualities of character.¹² Mind and body were a continuum. Because family members were born at different moments of time, intra-familial temperamental differences were expected.¹³ Persons made up of incompatible elements quarreled. Thus, friction might occur between parents and children. For a husband and wife, who lived in especially close proximity, the constitutional elements were of special importance. Through marital relationships their elements were in physical contact. Consequently, in the old days, a couple contemplating marriage ascertained through their horoscopes the compatibility of their natal elements to determine whether they could live together without destroying each other. For instance, a girl with much fire in her make-up was easily angered and prone to fevers. She could not make a successful marriage with a boy with much wood.

Physiology

A single physiological process controlled the functioning of the body and the mind; i.e., the equilibrium of its elements. If the elements were in proper balance, proportion or harmony, a person was healthy; if an element were excessive or deficient,

11. "This, my formed body, is composed of the 4 Elements, generated by Father and Mother, built up from rice, porridge and sour gruel," says the Buddha (Suriyabongse 1951:11).

12. Merit, the other determinant of character, is discussed in "Influences on Health" below.

13. Cf. the proverb "The joints (knots) on the same stem are nevertheless unequally spaced, so even brothers are of different minds," (Gerini 1904:14).

a condition which also affected the functioning of the others, he was ill or emotionally disturbed.¹⁴ For example, dropsy, swelling, and yellow eyes came from excess water; cholera and constipation from earth mists. Wind and fire were the great trouble-makers.

Wind "was stronger than the other three elements." Either blowing wind or still air easily penetrated the skin and caused difficulties all the way from flatulence, stomach-aches and diarrhea to a minor head-ache and dizziness ("if wind whirls inside the body, the house swims around"); from incessant crying to serious interference with breathing, hence fainting and death. An accident, such as a cut or broken bone, disturbed, and might "let out," the air. Acute pain ensued if "rigidity" of earth, fire, or water interfered with the proper movements of the internal winds.

Anger and fever were both in the category of excess fire. Since fire was particularly implicated in disturbed social relations, coolness was emphasized as the desirable state of body and mind. The blessings for both sexes at birth and at the marriage ceremonies enjoined the individual to be "cool and happy." There was some evidence that cool natures were tender (or) natures. Since women by nature were assumed to be "tender," and men not, a difference in element constitution may have been sex-linked. However, everyone knew of women who were not tender. For persons abundantly endowed with fire, temper control through temperature control was a constant preoccupation, for the allowable margin of fluctuation was especially narrow.

Food occupied an especially important place in a person's welfare because food controlled the fire element.¹⁵ The following material on diet is the background for some of the dietary injunctions during pregnancy and lactations.

14. In view of Thailand's ancient Indian contacts, the parallels (and differences) between Bang Chan, and Hindu Ayurveda as described by Opler (1963:32-35), are noteworthy.

15. "What was drunk or eaten by its decaying created the fire element in the body" (Suriyabongse 1954:12).

Diet in Body Maintenance and Curing

Because food created fire, the daily diet could be a source of illness or a therapeutic means. Every food had known properties for heating or cooling, and for other effects as well. Guava fruit, alcohol, and turtle or cobra curry were heating. Eggs were cooling. Depending on the occasion, ice and iced concoctions were over-heating or over-cooling. They were always "dangerous during menstruation" Banana varied according to the variety: kluāi hōm (fragrant banana) was undesirably cooling and caused either diarrhea or constipation (Hauck, 1959:27); kluāi nam wā was less deleterious (salaeng) while kluāi nam was good for the sick or for parturients (Boonlong).

Properties in food changed in cooking. Boiling made rice "ripe" (suk) and so available as nourishment (Anuman Rajadhon:77) Even the method of cooking varied the properties. For the sick and for parturients, the banana variety called kluāi hak muk was good if baked, but not if cooked in syrup (Boonlong).

Some foods were "incompatible" with, and so aggravated, certain illnesses. Air-borne food in the form of smell was incompatible with, and compounded, a condition of wind excess. Death or blindness ensued. On the other hand, asafetida might be tied to the wrist of a new-born baby so that the smell, an established carminative, might cure the excess wind in his stomach manifested as flatulence.

Beneficial foods were encouraged. Of all these none surpassed rice, the main sustenance of the body, "the only true food" (Yong Chutima, in Hauck, 1959:27) and source of "strength" to the farmer. Rice was a safe food. It never disturbed elements. Eating rice, as compared with meat, had no overtone of taking life. One could eat one's fill without any sin. Most of all, rice nourished the human khwan, for each grain contained a part of the khwan of the divine Rice Mother. Furthermore, any food offered ritually to a spirit or to make merit acquired strengthening properties, and was afterwards given to priests, children, or to the sick.

Foods with known dangers were avoided. "Kluāi tānī banana, a variety full of seeds, was never eaten because it contained a female ghost (phi)." Jackfruit was avoided by lactating women as a direct source of wind-excess. Fruit in general was not dangerous but "did not give enough strength for a rice farmer. It was all right for an orchardist."

People used their knowledge of food properties to ameliorate their physical condition. During lactation, for instance, women ate vegetables or not "depending on the condition of the baby," for breast milk was very easily affected by adverse properties. In the broader context of general dietary needs, people entertained ideas about the suitability of certain foods to certain ages, sexes, occupations, conditions, and occasions (Hauck, et al: 42-50). Nevertheless, persons often risked an undesirable effect in food for pleasures. The proper banana variety for ritual use was the tiny kluaī nam, yet it was not planted much in Bang Chan because the people "did not like the taste." They substituted the "pleasant-tasting" kluaī nam was. Here orthodoxy came off seconds. The heat of alcoholic drink relished by men and older women often pressed the margin of safe temperature controls. The cobra--turtle--or chicken--plus--alcohol feasts exemplified how readily the elders gambled even on the increment of sin from eating meat, or risked an over-heated temper, for the joy of eating such cherished delicacies.

Food dislikes, if temporary, reflected an imbalance of elements; if usual, an individual constitutional set of the person's elements. To eat disliked food was therefore positively harmful. To urge someone to eat disliked food was wrong.¹⁶

Illness

All illness, anxiety, and soul loss was caused by intrusions from outside the body. The intrusion might be from a supernatural source (wisēt:powerful) or natural (tām thammachāt) (Textor:10) but in either case the result was the same: disruption of the elements. Anxiety, whether caused by a social situation such as fear of frustration, by a broken bone or by a fever, also was a disruption of balances. An attack by the supernatural disease missile, "khun"¹⁷ gave rise to the classic symptoms of wind-excess: "a man cried all the time and had flatulency." Elements were also disorganized by spirit attack. The victim suffered hysteria, paroxysm, flatulence, convulsion,

16. Phillips (p. 65) reported that parents did not give their child a disliked medicine because "it offends him.... It is better not to give it to him than hurt his feelings."

17s This small skin missile invaded the body and then expanded to the size of a buffalo. Intentional attacks (sorcery) might kill; accidental, merely pained (cf. Textor:116-127). Suspected khun was one of the few reasons why a family would authorize so grave a violation of the body of a deceased member as an autopsy.

or fainting, and also such localized trauma as abscesses. Similar behavior followed the influence of malevolent magical amulets, incantations, and love magic. Natural intrusions may be exemplified by the seasonal influences of rain, which brought on too much water element; of heat, which increased fire; and of wind, which cooled too much or brought in certain fevers, e.g. north fever (khai nūa). An accident was a natural cause of disequilibrium. A cut might let out the air or a soul.

Any lost soul, if not restored, meant death. Souls were lost from falls or frights or from spirit attack, a condition recognized by persistent crying, hysteria, and unconsciousness. The exits were at the top of the head, the palms of the hands, and the soles of the feet, the latter 2 sometimes localized at the 2 thumbs and the 2 great toes. One of the old beliefs associated an element with one of the four chēttaphūt souls (Textor:130). When one of these souls was lost one whole element was gone. Loss of the khwan soul was more frequent than any other, especially during childhood. Its care throughout life was very much in mind. The khwan¹⁸ played an especially prominent part during childbirth.

If a person were only slightly sick, he might first try to overcome his physical complaint by attention to diet. Very rarely did he by himself buy some medicine at a drug store. If it were a case of a child's lost khwan, women performed the rite for its recovery. When the khwan of an adult was affected, men performed a strengthening rite (tham khwan), or a priest gave a holy water bath. If the person were very ill, holy cotton thread (sāi sin) was tied at wrist, ankle, and neck so as to shut off the soul exits. An elder relative or spouse might also "bon," i.e. vow food or liquor in return for the help of supernatural beings; or, with Buddhist "sacred things" in mind, promise the ordination of the afflicted person, or oneself, or some interested relative. In this case, the relatives had long since turned for help from the arts of medicine.

The Arts of Medicine

Medical knowledge comprised on the one hand a pharmacology of materia medica, and on the other, the far more important

18. The conceptualization of this soul was Brahmanic in source, rather than Buddhist (cf. Martinie, 1952:370).

magical formulae and incantations (khāthā cf. Textor 1960:80-98; 67-79). It was one of the branches of occultism (saiyasāt [McF. 1940:895]), the ancient science which sought by magical means to control the forces of the heavens and of earth and to manipulate them in behalf of man's interests and enterprises, whether economic, aesthetic, personal, or other. Some of the other branches were dancing, singing, the agricultural rites, boxing, boat- and house-building, and the life-cycle rites. This powerful wisdom was contained in sacred books at the Buddhist temple where it passed, usually orally, from priest to priest. It could be transmitted away from the temple between men, if they had once been ordained. Its transmission was controlled by ritual teacher-pupil relations, and its use by formal request through presentation of a sacred offering, the khwan khāo (cf. Duan's Tale p.44). Unauthorized magic did not work because it was not validated by its supernatural discoverer; improper ritual behavior incurred strong supernatural sanctions. Instruction in magic and its use was free except for the token offerings and coin in the khwan khāo. The only rigid obligation was a public annual homage-to-the-teacher ritual (wai khūrū).

The persons authorized to handle any part of saiyasāt were called mō. In the context of medicine, mō was translated "doctor." To keep the modern and ancient traditions separate, we shall use the Thai word "mō" throughout this paper for the practitioner of the ancient occult art, reserving the word "doctor" for physicians trained in modern medicine.

The field of medicine was split into categories or specialties. There were, for instance, the exorcisers of spirits or disease objects (mō phī), and the curers (mō raksā) who made up decoctions particularly for element imbalances. Astrologist-foretellers (mō dū) analysed disturbances due to astral confluences; soul-ceremonialists (mō khwan) carried on the khwan-strengthening rites; and the mō sanē specialized in love and hate magic. On a lower plane were masseurs (mō nūat) and midwives (mō tanyāe). No specialist could operate in the field of another unless he had formally acquired that specialty. No limits, though, were set on the number of specialties a person might acquire so that all their lives, mō were open to and seeking new knowledge by pilgrimage, discussion, or visit to a Chinese or modern druggist. The major curing specialties were only in the hands of males, but men and women both practiced the minor branches of midwifery and massaging.¹⁹

19. A woman medium (khonsong) who cured when possessed by the spirit of a male mō was not entitled to be called mō. Her special circumstances are discussed in "Magic and Maturity."

An ill individual made a preliminary self-diagnosis to ascertain which was the pertinent specialist to consult. A quick cure occurred if the diagnosis were correct, because the specialist then had the exact curing agent and magic for that disorder. If the first mō were unsuccessful, the patient moved on without embarrassment to another. In fact, a person might be a-curing with 2 or 3 mō at once, and a modern doctor besides (cf. Hauck, 1956:37):

"She goes to Mō Suk who is good for spirits, and to Mō Plung at Lam Pakachet who is good for headaches and vomiting. Two years ago her child was sick with san chak and was cured by Mō Suk. First she took the child to Suk but a few days later went to Sawad at Lolae because she was afraid the child would die. Sawad gave tablets. She did not revisit either mō because the child recovered. Mō Suk helped most because he had experience in magic" (SS.).

For reasons of convenience, however, people also developed lasting relationships with particular mō, usually the nearest, or a kinsman, to whom they turned first for medical help.

Medicines cured either by direct rectification of deficiencies or excesses or on a principle of counter balance. Their effectiveness was increased by incantations. A rhinoceros in massive presence caused earth excess in the form of cholera (Bangkok Calendar, 1869:73), but a bit of its bone restored earth deficiency. Cobra was a direct ingredient for heat, but only sour tastes gave water element. A mō described the medical theory behind curing techniques for the heat-rash, boils, and fever sometimes suffered after childbirth:

"If the body is hot, fire is in excess, by which the other elements are heated. Thus the blood cannot move freely, and cells are deprived of their normal blood supply. The cells die, thus creating a boil or abcess. If the fire element is higher, the water of the body is lowered to a deficiency. Drinking water alone will not restore the water level. Sour tastes must be given. If the patient is thirsty, the lung is hot."

Influences on Health

In Bang Chan, a discussion of sickness and health merely in terms of element balance would be true but insufficient, or even superficial. After all, whether manipulated by oneself or by a professional curer, elements could only be controlled within certain limits. Far deeper questions were posed, probing the ultimate nature of health, life, and death. What determined the particular proportions of a person's 4 elements with which he had been born, and whether he had, say, a preponderance of wood from Jupiter or gold from Venus? The immediate answer of astrological confluences on the date of birth would be true, for each day had its own qualities and aspects, but it was not enough. Why had he been born on that date to that set of governing factors? In life, why did one person meet the circumstances that created illness, while another lived in glorious health? The answers to these questions must be sought in the Buddhist moral and cosmic beliefs.

The Buddhist universe operated on a principle of immutable law. Each person received his just due, suffering for his own sins, enjoying reward for his virtue. There was no personified deity to help, forgive, or blame. Moreover, attachments were the cause of sorrow. Because existence was fraught with desires, all life was basically painful. Even flashes of happiness by their cessation caused sorrow.

In this universe and on this earth, individuals, each a unique and independent entity, were born to live and die, over and over again, throughout eons of time. They bore no relation to each other. Separate and autonomous, each was in charge of his own destiny. All beings formed a single grand scale of existence from demons in hell, through such lowly creatures as worms and insects, upward through dogs, cats, buffaloes, and elephants to mankind, then on up to angels and gods in the last paradises before the peace of Nipphān (Nirvana).

The insight of the Buddha showed the way to break the sorrowful eternal cycle of rebirth and reach Nipphān. The Buddha perceived that meritorious behavior caused one to progress up this ladder of existence toward freedom from incarnation. In each life merit (bun) could be accumulated by compassionate behavior: caring for priests, and being kind and generous to persons less able to care for themselves. With merit one's next life was happier and freer of restrictions. A dog had more merit than a worm, a buffalo than a dog.

Man was higher on the scale than woman.²⁰ Progress toward Nipphan was not assured but had to be earned. With sinful behavior a person might be catapulted back to being a beast. He who stole would "be born and die 500 times before he could even grow up." Almost everyone had to be sent to purgatory where demons carried on tortures until he had suffered enough to be released for rebirth. The evil spirits (phī) that wandered frighteningly in Bang Chan were part of the legions whose job was to increase deserved suffering on this earth.

The people of Bang Chan felt they could discern even of themselves who was meritorious and who was not according to human circumstances, constitution, and behavior. A meritorious person was healthy, happy, and successful in all undertakings. He enjoyed good health and long life, a kindly personality, many fine children, wealth, high status, intelligence, and luck. Astrologically, he was born on a day of good confluences, of gold and auspicious signs. He who lacked merit, because of sins committed perhaps many ages ago, was born on an unfortunate day. He suffered early death, deformities, unhappiness, poverty, and had a cruel nature. Illness, whether supernatural or natural, whether induced by wind or sorcery or what, struck as part of the suffering brought on by former sin. It was accepted in the conviction that whoever suffered had brought it on himself. When merit ran out, or when sin cancelled out and then exceeded one's merit, suffering and premature death occurred, despite all human efforts. Because of the prevalence of illness and of life's difficulties, major and minor, no one, no matter how outwardly fortunate and so evidently meritorious, had at this earthly level of existence enough merit to escape some suffering and frustration. By the same token, though, no person was without hope. By making merit or by suffering in this life, existence would be happier in the next. The making of merit was in the forefront of daily conscious effort and even conversations of the people of Bang Chan.

The long-range protection against all illness was to live virtuously and make merit. However, to guard against temporary supernatural intrusions, everyone possessed and usually wore Buddha lockets and other amulets. Some underwent tattooing, men having Cambodian or other figures, women, 2 small dots tattooed on the torso under the arm.

20. Men had achieved greater "other-worldliness" while women were more bound by the phenomena of the flesh (cf. Kirsch, 1961).

There were also the protecting rites of the life cycle, and Buddhist, Hindu, Muslim, and animists rituals to ameliorate events in every walk of life.

Chapter III

PREGNANCY AND PARTURITION

Conception

Conception occurred when a khwan-soul flew into the womb of a woman during sexual intercourse. "A father and a mother are equally important because there is no birth in the world without both. An infant is the product of both sexes," said a priest in a Bang Chan sermon.²¹

The little being in the womb from the moment of conception was a specific individual who had lived many times before, meritorious or sinful according to its previous actions. Desire for rebirth was in itself evidence of inadequate merit to effect release from incarnation. Though this life was to some extent a fresh start, his character (nisai) and heart (chai) were already largely formed through his store of merit and ingrained habit from former existences.²²

21. The teachings of the Buddha state: "Rebirth takes place when a father and a mother come together, and it is the mother's period, and the one to be born is present" (Suriyabongse:20).

22. He bore with him the last ideas spoken to him at his most recent death. The Visuddhi-Magga tells how this carry-over occurs. One of the categories of karma, was the "close at hand, karma remembered at the point of death [which] springs up with [a person] in rebirth" (Warren:246). As King Mongkut lay dying, everyone in the room called out "arahat!" in his ear incessantly so that by "remembering it at the point of death" he might be reborn an Arahat (E.R.E. "Siam" 487). Another pertinent category of karma was the "habitual": "karma that has become habitual through frequent repetition. This brings on rebirth when [other] forms are absent" (Warren:246). Here is the basis for the inborn character, heart and ingrained habit (cf. J.R. Hanks, 1959, and the section below on "Habit" (khoei)).

The Pre-natal Baby

The baby's body "started as a hair." After conception it was necessary that the father, with his semen during intercourse "strengthen" the baby. There was less, if any, intercourse in the last weeks of pregnancy, though no prohibition against it. Food eaten by the mother, "transformed into blood," built the baby's body. For the first 3 months the child was a "clump of blood." By the third month the mother felt a shaking (san) at the clump. This was the "khwan soul flitting in and out of the baby's heart." The picture of pre-natal growth was expressed by the chant at the tonsuring ceremony:

"The body of a child inside its mother's womb grows gradually like droplets of oil coagulating at the end of the yak's hairs. The 5 apertures appear, the nose, 2 ears, and 2 eyes; and then the hair, hands, and feet. The infant's hands embrace its placenta from which it sucks water day and night. There it sits on its mother's faeces while her newly eaten foods pack closely on its head. Its chin rests upon its knees, its face is turned toward the mother's back as it leans back against her belly. It looks like a monkey in the rain, sitting, waiting, trying to warm itself in a hole at the foot of a tree" (S.S.).

Before birth (and after), the baby was weak and tender (ōn), with especially soft, thin skin.

The Pregnant Woman

In pregnancy, a woman saw herself as moving toward the fulfillment of her long adumbrated female office²³ of nurturer. The essence of her femaleness, to be "soft and yielding, to lengthen life by nourishing others" was heightened.

23. To paraphrase Fortes: "office," subsuming both status and role, means "calling, occupation, or life-task." It serves "instrumental or utilitarian ends," yet also has the "other dimension of duty and responsibility enjoined, sanctioned and above all symbolized in ceremonial or ritual forms placing it in the moral order" (Fortes:62).

She was "more sensitive, tender, and delicate," and more vulnerable to outside influences, both good and bad. For her goal of nourishing a beautiful child, her greater sensitivity gave her the means. Because of the physical unity of mother and child, her every sight, sound, touch, taste or smell, every thought and action reacted on the child. Out of compassion she sought out beautiful sights and avoided ugly ones; she behaved virtuously and tenderly. As the tonsure-chant put it

"A child's skin is as soft as cotton. His mother dares not eat hot-tasting foods lest they burn this tender skin and make him suffer. Awake or asleep, she is careful in sitting and reclining lest he be hurt inside. She is merciful, and sensitive for her child. His pain is like that of a tiny helpless bird being clubbed by savage hunters. She will not taste incompatible foods, nor the sweet nor the peppery, even though she thirsts for them...." (S.S.).

She took every opportunity to associate herself with words or actions which implied success in situations analogous to parturition. For instance, in order that her child would "come out" more easily she cooked and ate a lotus bud, carried by monks and chanted over, especially those used at the termination of Buddhist Lent, when the monks "came out" (ōk) of their sequestration (Textor:169-170).

The father, too, shared in the responsibility, for it took both a father and a mother to bring forth a child. Quarrels were avoided for they made for a quarrelsome child. A man was particularly enjoined to help by keeping his wife in a happy mood. The father's industriousness in collecting wood for his wife's post-partum fire made for an industrious child. As a good example for the child and for their own "merit," a pregnant woman and her husband chanted prayers (mon;skt:mantra) at night together before retiring. Thus their child would be "easy to raise" (Textor 1960:87).

On the other hand, pregnancy was a period of uncertainty when a woman was easily upset emotionally. Because childbirth was "like a war" when a woman might die, "defeated by her pregnancy" (phaethong), she felt uneasy.²⁴ If she were frightened, her child's khwan would fly off in terror. The baby died in the womb if its khwan did not return. Because of increased sensitivity and vulnerability her elements and those of the baby were frequently thrown off balance. Wind easily entered through the thin skin of her stomach where she carried the unborn child. It caused pre-natal disorders all the way from queasiness and minor vomiting in early pregnancy to miscarriage and death. "A woman felt dizziness and numbness because of wind in the fetus. In a month she suffered a miscarriage."

A pre-natal pain that did not seem to be a labor-pain was diagnosed as the very dangerous naem, "a thick lump of blood and wind that moved quickly." As in other illnesses, element harmony was restored by medicines, holy water, and by modifications of diet.

Women knew of possible supernatural invasions of the womb during pregnancy. If a woman had beforehand lost a baby at birth or through miscarriage, and the body had not been properly buried, she might be seriously troubled by its restless ghost, fully as powerful, it must be remembered, as an adult's.

24. The image of battle was traditional (cf. Anuman Rajadon: 108). Phaethong (McF: 599), a combination of food craving and vomiting (Anuman Rajadon: 115) paralleled the dola-duka of Ceylon (cf. Obeyesekere), but without the hostilities built in by the Sinhalese.

She might also be troubled by the ghost of anyone who had died violently. This ghost, a phi taj thang klom, caused "the worst of all possible deaths." The phi krasu spirit,²⁵ entering through her anus, also might cause death by consuming her faeces, organs or the child's entrails. It was more dangerous during and after child-birth than during pregnancy (Textor:304-320). The supernatural disease missile called "khun" might also strike. "If the mother is under 9 months pregnant, the baby inside can protect (itself). If this happens during the ninth month, the doctor uses holy water to extract it at the time of birth." Khun was recognized by "extra pain occurring just before the baby comes out." To protect themselves, women wore extra talismans or had 2 dots tattooed under the arm.

There was no assumption that what was born was inevitably to be human. When people said of a woman who had died pregnant, "the child ate the mother;" or, at a miscarriage, "the mother ate her child," or if many of a couple's children died, "they eat their children," the charge might be merely the comment of a vituperous neighbor, but the reality of vicious, autonomous beings, human or otherwise, in the womb was unmistakable. A certain woman died pregnant. The fetus, removed surgically, was observed to have 2 visible teeth, which indicated it was a non-human, jak (giant). However, a child might also be the soul of an angel in the form of a falling star that entered the womb in the advanced stages of pregnancy. "If such a baby lives it is pure and is a very wonderful child." Episodes were described of women giving birth to "gold," "jewels," "a monkey," "a fish's stomach," and a mouse-like "Golden Child." Sometimes these

25. This spirit ate like a dog, not like a human being, in eating faeces and putrid meat (McF.46). No revulsion nor idea of filth and contamination was found in Bang Chan's attitudes about faeces or urine. The infant in the womb sat peaceably on the mother's faeces. It was lucky to dream of faeces. In daily life human and animal excretions, like sins at the festival of Loy Krataung, were carried away by the canal waters. Bang Chan Buddhists recognized a need for cleansing, but not for purification. Since neither faeces nor sins were filthy the water was not contaminated. Even putrid meat was not disgusting in the context of the perishability of the flesh, but as food it was revolting. Muslims, however, had built in contamination to their concept of sin, so required purification.

aberrancies were viewed as desirable sources of supernatural power, but on other occasions, they were seen as a sign of demerit, caused embarrassment, and were suffocated at once (if alive), and buried.

If a woman died pregnant, her body was at once brought to the temple where the unborn child was removed surgically. The usual solacing sermon, rites "to lead the deceased to live in her right place in the next world," and cremation took place, with the fetus laid beside its mother so that it "would come out normally." The mother and child were separated to prevent a ghost which was double-powered. No prayers were chanted at home before exsection "lest they make the power of the spirit stronger." Moreover, any violent or premature death caused an angry ghost. The ghost of a premature child had a heavy load of sin, for its stay in purgatory, where sin was worked off, had been interrupted (Textor:262). An unscrupulous mō was eager to get possession of any ghost for use in sorcery, and a double ghost was stronger than any other. Ghosts were obtained by plundering the mortuary chambers of the temple prior to cremation. By feeding (liang) it, a mō controlled it. The ghost of a male infant was preferable because it was "stronger than that of a female." In the light of this situation, not only should the body of a pregnant woman never be left aloner" so that no one can get at them (sic)," but a pregnant woman herself ought not to be alone.²⁶ The behavior towards the Rice Goddess, Mother Posop, who was "pregnant" when the grains in the stalk filled out, illuminated many of these attitudes: "Mae Posop feels weak, hungry, and uneasy. She is eager to taste sour and sweet foods. She is a woman and beautiful in her pregnancy." To allay her hunger the

26. In Cambodia, a pregnant woman might be murdered, even by her husband, so that the murderer might gain the malevolent power that possession of her now double soul would afford. (E.R.E. "Cambodia": p.159)r This specific statement was not found in Bang Chan but might be part of the shadowy background to local reluctance to leave a pregnant woman alone.

farmers brought to the fields an offering of two kinds of bananas (kluai hōm and kluai namwā), sugar cane, taro, young coconut and cakes; and "fresh earth burned and offered with oranges and other kinds of fruit."²⁷ She was also given the things "dear to women": new clothing, perfume, face-powder, hair lotion and a mirror. In the annual harvest ritual, when some woman (never a man) escorted the Goddess from the field to the rice bin, participation was forbidden to a pregnant woman because "the Goddess-Mother might be jealous of the woman's heightened beauty" and so be malevolent. Also, "being now emotionally weak and easily upset, a woman might be frightened by seeing the Goddess, who, after all, is close to being a spirit (phi)"

The prominence of food cravings in this traditional description leads to a consideration of diet in pregnancy.

Diet in Pregnancy²⁸

As long as everything went well, pregnant women "ate as usual." The underlying premise was that each woman early in childhood had established a regular diet suitable to her individual make-up of elements, and eliminated foods that because they did not agree with her or were disliked, were judged "not compatible." A woman could eat as usual because the ordinary daily foods, rice, coconut, etc., were "safe." The modifications introduced to beautify and protect the mother and baby were made on the basis of the properties and

27. The goddess was following traditional "defeated by one's pregnancy" (phaethōng [Mc.F: 599]) symptoms of desiring "sour, salty, or strange things such as burnt earth." Like any woman, her craving for sweets indicated that a heavenly creature was to be born; for fruits, that she would bring forth an animal; for burnt earth, that the god Brahma would be born (Anuman Rajadhon 1961:115-116).

28. This section does not purport to present a dietary study in modern nutritional terms. Hauck's study (1959) of maternal and child health gives information on foods eaten, craved, disliked, or viewed as "good for" or "not good for" women during child-bearing, and also on illnesses found among pregnant women, including beri-beri, nausea, cramps, and fainting. The data here add to her information on behavior and stress traditional views as to the purpose of the dietary injunctions.

qualities of foods. Chili peppers were avoided because they "burned the baby's skins" The cooling kluai namwā banana ensured a cool-tempered child. The fact that one woman ate cobra curry and suffered heat, while another took it comfortably, indicated, however, that what was bad for one might not be bad for another. Individuality of constitutional make-up explains why views varied considerably on proper diet in pregnancy and lactation (cf. Hauck 1959:2,16). Those who were eying urban ways added to the variety by occasionally following modern medical advices. A school-teacher, for instance, ate eggs regularly and during pregnancy----not the "old way."

Women were urged to eat a great deal for they were eating for 2.²⁹ Cravings were not compelling, but to increase food intake, preferences were indulged, even when involving out-of-season fruits, expensive, or "dangerous" items (Hauck, 1959:14).³⁰ "A pregnant woman can eat any kind of food because she is sailing on a tremendous ocean [a traditional phrasing, (cf. Anuman Rajadhon:108)]. No one can predict whether she will live or die. One wants to eat chicken and kills it herself. Another has dreams and nightmares about craving certain food." She who flouted the Buddhist prohibition on taking life and killed a chicken to eat was not criticized. She was shouldering

29. "To increase the appetite" was of frequent concern (cf. Hauck, 1959:27, and Sharp et al., 1953:256-260). Food in quantity and the appetite to consume it was one of the main props of social relationships and of personal security (L.M. Hanks, 1963).

30. Some of the likes and dislikes mentioned turned out to be a recitation of the traditional food injunctions set down in the old "textbook," Promcindaa, quoted by Phya Anumans Rajadhon (116). That fresh fish tastes and odors were the most frequent dislikes (Hauck, 1959:14) should be seen alongside the following "symptom of pregnancy sickness: if the mother desires to eat meat and fish and raw things----a creature of hell has come to be born" (ibid:116). Such an idea might well discourage the eating of fresh fish and underlie Yong Chutima's statement that "women were supposed to eat less meat than men" (quoted in Hauck, et al., 1958:42), and found assa prevalent attitude in Cha Chung Sao (H.M.H.). The out-of-season fruits, Chinese noodles (an expensive or party fare) and hot foods (dangerous) fit certain craving-categories of Obeyesekere (pp. 338-339).

sin for the sake of nourishing the child. Some Thai village women followed a local Chinese belief that eating a female chicken gave strength during pregnancy. Eating a rooster, though, caused miscarriage through "ectopic gestation." Thai Muslims recommended chicken whole-heartedly.

Medicines

Beginning early in pregnancy, one or more kinds of medicine (yā) were taken. These hot-tasting medicines of ginger, galanga, pepper, and such in 28 per cent alcohol were either bought from the big selection at a Chinese drugstore, or were made up at home from alcohol or water and an envelope of ingredients. A woman made the choice herself with the advice of experienced persons. Even the Muslims who ordinarily frowned on alcohol permitted their women to take it at this time. A few women, though, said they "did not like to get drunk," so took their medicines in hot water. The quantity varied from two to six spoonfuls per day, with big increases as delivery approached, e.g. "two big cups a day of it during the ninth month."

The primary purpose of medicine was to increase the appetite, but there were other reasons. Fragrant ss Medicine (yā hauaum) cured wind. One Muslim midwife's mixture "stimulated the amniotic fluid." Other preparations had more general objectives. One label advertised "strength and good blood to men and beauty to women;" another promised to "maintain the mother's body and make the inner organs do their work properly" (H.M.H.).

In the last months, the reason for the medicines was to build up the body's heat. This purpose was not affected by hot tastes, which burned but did not necessarily raise the heat, but rather by alcohol, cobra, and specific decoctions. A label cautioned, though, "Not to be used by pregnant women with fever," lest the increment of heat be excessive. Snake Brand medicine, an exceedingly hot concoction used primarily post-partum, was occasionally taken in mild dosage during pregnancy. (Used full strength it caused miscarriage, so was rumored to induce abortion). The heat raised the body's temperature far above the ordinarily desired coolness so as to implement birth.

The Physiology of Births

At parturition the body's usual needs were reversed. The child could not be ejected under the normal, cool condition of the body's. The pushing and pulling winds inside the body that ordinarily circulated slowly had to be

speeded up with heat to the point of blasts. The strength of the contractions of labor was in direct proportion to the speed of the winds' circulations. The great pushes of the expulsive lom beng "broke down" the sac with the amniotic fluid (nam thūn hua: water-that-supports-the-head-of-the-child), and forced out the child, water, and the placenta.

After the child was out, the mother was cold, weak, and exhausted. Her uterus was full of harmful fluids. Heat was needed more than ever not only to warm her but to give the winds "the power and push" to drive out three undesirable birth-waters: "The blood that looks like ordinary blood but is bad,"; the amniotic and abdominal body water (nām khram: refuse water); and the pale, viscous, repugnant "fish-water" (nam khāo plā). Therefore, a hot fire was built, close to which the mother lay (yu fai), turning all sides of her body towards the flames. She bathed in or drank hot or warm boiled water (nam suk: cooked, or ripe, water). She ate safe foods like rice and dried fish,³¹ and kluai nam bananas, continued to take alcoholic medicines of the hottest sort, such as Snake Brand, and occasionally might be given cobra or other hot curries to eat. For a first-born, a woman stayed eleven or nine days by the fire (always an odd number), with stays shorter for each successive child, but never less than five days.

Complications sometimes developed because of inadequate control of the heats. A "headache and a hot body" indicating "stagnation of the blood and the fishy-smelling-water," was cured by a heat-producing decoction. Rashes often occurred, causing small boils that might develop into sores. To soothe these, turmeric was painted on. In the most dangerous cases the heat "drove the bad blood to the heart, to the face or belly" where it was recognized by serious swelling, with resulting madness or death. In fact, one mō felt that the

31. The reasons for rejecting fresh fish during pregnancy ("lest a creature of hell be born") would not hold after parturition. Yet fresh fish was rejected then too "as bad for the womb." One suspects that the less odorous dried fish was substituted so that the odor of fresh fish, like air-borne, incompatible food, would not affect adversely the "fish-smelling" post-partum discharge (nam khāo plā). In Hauck's list of foods "bad for mother during the post-partum rest," the reasons are apparent: Sour tastes did not dry out the body, but built up water; egg was too cooling; jackfruit brought in wind; glutinous rice and the sugar of sweets "wet the uterus;" fruits did not give strength and were excessively cooling (cf. Hauck, 1959:15).

heat could be better controlled by medicine alone, saying "I do not prohibit a fire, but if called because of difficulties such as a temporary paralysis, I always take the patient off the fire and prescribe a decoction, or recommend more pickled medicine (yā dōng).⁸ "Damage to the thigh ligaments," treated by a masseur, was said to result from insufficient rest by the fire. If the baby died, the mother did not curtail her fire-rest but finished it out as planned. As will be seen later, the fire-rest had far deeper meaning than just physiological restoration.

Chapter IV

THE BIRTH OF A CHILD

Dūan and her husband, Song, had a 2 year old son, Chai.³² They lived and worked with her widowed mother, Lek, and her unmarried sister, Mī. The comfortable house stood high on piles, surrounded by rice fields. On a nearby mound lived Sāi, 60 years old and full of energy, the youngest sister of her grandmother.

Now Dūan noticed that again her menses had stopped. Her mother had described before her marriage what this meant. With happiness in her eyes, as the first time, she told her husband, then her mother, and at the first opportunity, her husband's parents. There was no reason to keep her pregnancy secret. Since she and Song would be happy to have either a boy or a girl, she did not seek out the ritual means which existed to induce a child of a particular sex.

During the months of anticipation, Dūan worked along as usual in farming and house-keeping. Lek reminded her of prudent behavior. "Women are easily upset when pregnant. It is up to you to put yourself in a cheerful mood. Everything you do will affect the infant in your womb. If you see a scarred person, your child will be scarred. Be calm, look only at pleasant things and avoid jerky motions. Do not overeat, lest the child be a glutton. If you sleep during the day and are inactive, you will also have a lazy child. Some girls are trying to be like Bangkok people, pleading that they cannot do heavy work in the last few weeks of pregnancy, but that will cause a difficult labor."

To increase her appetite, early in her pregnancy Dūan visited a Chinese pharmacist to get medicine. He had so

32. This account puts together data from several informants. Particularly illuminating phrasings are quoted exactly, over and above the conversations, which, though fictionalized, are also direct transcriptions.

many kinds she hardly knew which to choose. He also had all-purpose kits for mother and baby, even one with 14 different kinds of medicine "to control the body's temperature and keep the organs functioning"(H.M.H.). She decided on one of the favorites, pickled medicine (jaa dauaung), and from then on took a spoonful twice a day. She avoided all peppery-hot foods which would "damage the delicate complexion of the infant in the womb, burn off its hair, and maybe even kill it." Some women said they craved sweet, hot, or sour foods, but Dūan did not. A friend who had never eaten cobra curry so longed for its hot taste during her pregnancy that her mother gave her a small dish. She could not resist secretly finishing the whole pot! What heat and sleeplessness! To cool herself, she had sat in the canal. The baby, saved only because its mother drank the water from a young coconut fruit, "could resist the cobra heat because it was 6 months along, but even so, it shed its skin at birth." But another woman, pregnant 7 months with her third child, also craved cobra curry, ate a lot, and said she did not feel hot. Nothing at all happened! The second woman was nearer to delivery, so stood the heat better, but more important, each individual was different. Because of virtue and sin in former lives each woman--and man, too--was born under different astral confluences and had lived and suffered differently.

About the seventh month, Dūan pondered who should help her at her delivery. Some of her friends were delivered by their own mothers, but Lek had undertaken the delivery of another daughter's child, and the baby had died in an hour. Dūan suspected that her mother, therefore, would prefer not to do it, and knew that she herself would feel uneasy. So she decided for safety's sake to ask a midwife. She and Song could well afford the ceremonial offering with its customary 20 or so bahts, even though the midwife said it was "as you please." A great many women never consulted with a midwife beforehand at all, but just sent word to the nearest one when the pains started or when trouble was encountered. Midwives varied in their capabilities, however, and Dūan wanted not only a good one but someone she knew well. Muslim midwives were said to be skilled, but they happened to live too far from her. Dūan decided to ask her elder aunt, Sāi, who was a well known midwife. Everything was right about Sāi. She had experienced hands, a true desire to help, and effective magic; and she was a relative. Best of all, her own babies had eaten and slept well, had cried little, and now were grown to maturity. With such proof of merit, capabilities, and fortunate relations with supernatural powers, what better person to help Dūan start her baby on its earthly existence? Actually, if something happened, and Sāi could not come, Dūan knew she would not be alone or unassisted. Almost every woman, and quite a few men, had

seen childbirth not once, but many times, so willing hands abounded. So, one day, Dūan went to Sāi. "Will you help me, and come when I call you? Please do not go far at that times" Sāi agreed, knowing in her heart she had expected to care for Dūan. No day could be calculated because the baby decided when to be born. Dūan came home very fast, for doing so would help ensure a fast delivery.

As the weeks passed, Song, the new child's father, collected outside the house a great cone of sakāe firewood from their land. This wood was for the post-partum fire beside which Dūan would lie for many days. As the fire had to be very hot, a great deal of wood was needed, all to be collected beforehand. Song also covered the outside of the pile with thorny woods to keep away evil spirits. On her part, Dūan knew that everything needed for delivery was ready in the house as part of the regular household staples or utensils. Nothing need be bought except possibly a little Borneo camphor to mix with lemon grass for faintness, and alum. The midwife should never bring anything with her because it was essential to use what was in the houses. Anything lacking could be quickly borrowed after the pains started. The little cushion on which the baby was to lie was cut, and half-filled with kapok. It was not sewn up, lest it induce by example a closed-up exit from the womb, or suggest a mal-placed or deformed baby which had to be delivered onto a pillow. No one wanted to prepare for such an unhappy event. No clothing was bought for the child ahead of time for then the child might die, and all would have to be destroyed.

Dūan felt at ease and yet somewhat frightened at the prospect of the pain ahead. At an ordination she attended one night she listened again to the chant she had heard many times:

"In childbirth a woman has pain all over her body...She is losing her soul and feels so frightened, despairing, and suffering that she throws herself up and down from time to time as if her mind were terribly wounded by the poisonous arrow of a hunter. She is uneasy and moans loudly as if a big mountain had fallen down upon her, and she is supposed to wait for death. She does not recover even if massaged by someone. She does not think of her pain, but tries to save the child's life, when, after the pushing wind comes, he is born" (S.S.).

On other occasions she pondered the deep satisfactions of her maternal role, then laughed in recalling a crafty woman who

"faked labor pains to hold down her errant husband!" or so a sour mother-in-law said (Hauck, *ibid*).

Finally, one day, Dūan felt uncomfortable and decided not to go out to plow. Lek prepared for her hot-tasting medicine. When Song came in at eleven from work, he went to the garden, to the little house of the family's protecting spirit (sān phra phūm), lighted incense and offered flowers, asking that it and the ancestors help his wife and keep away evil ghosts. He also prayed for help of the ancestors. Mī went to ask Sāi not to go far away that day and to ask in what exact direction to push over the woodpile. Sāi replied, "Push it over in the direction the snake lies today, so that Dūan and the wood lie parallel with their heads and its apex in the same direction to the north and east. Never let them be to the south and west." A passing boatman saw the wood go over. "There's news to tell!" he said. "The child is being born." Dūan thought she ought to send away her little son, but he refused to go, and stayed by his mother the whole time. Song's sister came by for a visit, but stayed to help after getting word to their parents. It was no time for visitors, especially men, but any helpers, male or female, were welcome. Lek prepared the all-important ceremonial gift, the khwan khāo (soul-rice), for the midwife, which validated, and insured the use of, her private magic. She put a bunch of bananas, 7 betel pepper leaves, 7 areca nuts, flowers, incense sticks, a candle, and 20 baht into a bowl filled with dry rice grains. A little later she strung the holy thread around the 4 walls of the house. On each side she attached "yan," (Skr.: yantra). These protective cloths, about 10 inches square with magical letters and drawings, kept away the terrifying phī krasū spirits, seen as lights at night, who, attracted by bad smell and blood, would creep up the housepost, eat Dūan's blood, intestines, and faeces through her anus. Then Mī went again to Sāi to report that "the pain was increasing." These words were the signal to Sāi that it was time for her come.

As Dūan was to profit from the magic, it was better that she herself hand the midwife the khwan khāo bowl. Sāi lit the incense and offered the bowl in gratitude to the teacher who had given her her magic. She whispered in the direction of Dūan's head, "All good spirits in the high heavens and in the locality, help and do not obstruct at this delivery! Give happiness to mother and baby!" Placing the bowl on a high place to the side of Dūan's head, she said, "My teacher is long since dead, but will hear this request, and will pass the request and the khwan khāo to her teacher, and so on, back all those thousands

of generations, to the hermit Phra Khulīmān, who first discovered this magics. He got it from Phra In (Indra). He will make it goods."

Dūan was sitting in the main part of the house. Her mother was seated behind her, arms under Dūan's arms, pressing down on the abdomen with every pain. She, Song, and others had taken turns thus supporting Dūan's back all afternoons. Dūan hoped it would not be like the first time when she had screamed with the pain of the tender spot where they constantly pushed. Their toes, digging into her thigh, also had left large bruises. Some women in the area had tried arm ropes, hung from the ceiling, on which to pull, and some women tried lying flat, but sitting while someone pressed was the usual way. Sāi examined Dūan, and announced that labor was not very far along. She moved Dūan around so she faced another direction. "No wonder you are having a hard time," she said. "Your feet were pointing toward the sān phra phūm spirit house and you were not properly in line with today's direction of the celestial prince-snake (Chao Nāk). By turning you thus, the baby will be born with, and not against, the scales that lie on the nāk's backs. The snake's direction differs each hour of the day, each day in the week, month, and season in the year. Today is Monday, so your head must be in the east, but Sundays, for instance, it must be to the north. You must also not face the Great Ghost (phī luang).³³ Another being to respect is the Chao KrungsPha Li (cf. Textor:487-490). Offerings to him must be at the feet or sides. If offered at the head, he would be angry at your disrespect, and you would have a fever and a terrible time. My grandfather taught me this from his Pali book. His was more accurate than the books in Thai one sees in the market."

Song was asked to boil up several kettles of water using this sakāe wood. Husbands always did that. "I was recently asked," said Sāi, "to help at a woman's fourth child. I had been there for all the other 3, and for every one her husband was absent, gambling, I heard. He said he did not want to stay there because it was an awful sight. So it is, but there must be a man around, the husband; if he is dead, or gone, then a father or brother. I refused to accept that case because of the husband's neglect."

The winds that circulated in Duan's body were not speeding

33. Textor (378,423) relates that it makes a complete circle of all directions throughout 24 hours, and its direction of the moment must be avoided.

fast enough to break the amniotic sac. Sāi made her a medicine of mung bean and sugar, both of which wet the uterus, and murmured some magic words to help. Later she worked with her hands at the vagina, twisting the sac a bit to break it. Suddenly the sac ruptured.

Now the child was almost there. The head showed well. Sāi sat down directly in front of Dūan to do the pressing herself. With one hand she held or gently pulled on the baby, with the other she pressed on the abdomen with every contraction. As she started in, she said magic words. She worked for an hour--no midwife would press more than that--until at last the child was out. A little boy! With her finger Sāi removed the blood from his mouth, and puckered out the lips. Breathing was slow in coming, so she shook him vigorously, then laid him down. Quickly she chewed up an onion and spit it over his body. "Ah-h-h!" A cry, though not very strong! Seeing the new baby appear, Chāo, who up to then had been constantly near his mother, rushed precipitously from the house, and refused to come in for hours, in spite of Song and Lek's coaxing.

Everyone had observed an auspicious circumstance: the cord was looped around the baby's neck! This imitation of the holy cord (mongkhon) placed around head and neck in Brahman rites of passage was a rare and good sign. "A cord looped thus could never kill a baby," someone said.

Since the placenta was slow in coming, Sāi prepared to cut the cord while Dūan rested and sipped the fiery snake brand medicine. Depending on circumstances she might cut it before or after the placenta was out. Taking a rhizome of phlai (McF. 604), a traditional healing root, she laid it on a clod of soil brought in from outside. From one of the old bamboo house beams, someone had sliced with a knife a sharp-edged, tapering sliver to serve as a cutter. The cord was stroked 3 times, starting near the baby's stomach "to remove the dirt." Then "something that is in the umbilical cord" was pushed back towards the baby's stomach "to prevent a flow of blood." She measured the cord from the baby's abdomen to his knee, and tied off 2 places in it with the holy unspun cotton cord used ordinarily in rituals. Laying the part between the 2 knots on the phlai on its bed of soil, and saying her magico "winyān a sam pa nō," she cut the cord with the bamboo cutter. With a chicken feather which had to come "from the mother's yard," she collected a few spider webs from the rafters, mixed them with coconut oil, and painted them around and on the cord-stump, also "to stop the blood-flow." While doing this, Sāi said, "One midwife I know severs the cord by tying it with the thread at 3 places, then burns it with a flame."

Lek watched over the baby, while Sāi turned towards Dūan. "One looks to the mother first, unless the baby needs help more." First Sāi gave Dūan medicine for the placenta. She rubbed her hands with alum and tried unsuccessfully to work down (klōm) the slippery placenta. Then she told Dūan to get on her hands and knees, and exert all the force she could. Dūan crept around the floor but it still did not come. Sāi then tried hitting Dūan's back 3 times with Dūan's own pillow. Finally she gave Dūan a leaf of betel pepper to chew, hoping to induce a wind-producing nausea and so push out the placenta. In the end Dūan resumed her sitting position and it was pressed out. So the baby would not get pimples, the placenta was cleaned carefully, then put into an old pot, mixed with 2 dishes of salt, and set aside.

While Lek sewed up the partially completed cushion, Sāi laid the baby along her legs, and washed him with soaps. Sometimes she washed the baby before the cord was cut, if the placenta came quickly. She used salt to remove the greasy fat from his body, though would have preferred "fermented tamarind to protect him from pustules that enlarge to sores (rōk phu-phōng)." "Soft tissue like a stomach covering his head! What a good sign of progress and fortune!" she exclaimed. She powdered him with face powder (dinsōphōng), and painted his abdomen with turmeric,³⁴ "so wind will not make him cry." Covering him with a little piece of old cloth, she laid him on Lek's old winnowing tray (kradong).

It was the moment to winnow (rōn) the baby, and link it to home and family. While Lek got the holy unspun cord, others placed on the tray with the baby all manner of traditional things to influence the progress and well-being of the child during his lifetime. Sāi put on the phlai, the clod of soil, and the tapered bamboo she had used to cut the cord "because they will never be used again," but actually these things had a far deeper meaning to all present. Song laid on a school exercise book and pencils, so that his son would have knowledge and a good memory. Mī got a needle for sharp wits. If the baby had been a girl, the needle would have given sewing skills. When all was in readiness, Dūan had to decide on the ones to raise the child aloft, catch the tray as it was dropped, and bless him as the holy thread was tied on. She had to choose these persons carefully, for the child

34. Other mixtures (used also on the mother) were lime-bergamot lemon; or phlai (if possible the ones which the cord was cut), wānām (acorus calamus) (Textors 64-66) and smahāing (asafoetida) with burned betel leaf. These were all to keep out wind.

would later manifest their characteristics. Much as Dūan loved her own mother, Lek ought not to winnow the child because she had had the misfortune to lose 3 babies in infancy. An older person was desirable, for longevity, too, indicated virtue, and the child would then also live long. Of all the women present, besides her mother, Sāi was the one Dūan trusted and respected most, and Sāi had raised healthy babies. Dūan turned to her. "Please winnow and bless the baby." She wanted, as every mother did, to catch and so claim the child for herself.

Sāi seated herself close to Duan, picked up and raised high the tray with the little boy and the auspicious items. Waving the tray in a circular motion slowly from left to right, clockwise, she recited the old words: "Three days a spirit child; on the fourth day, a human child! Whose child is this? Is this the child of a female pot? Of a jar? Come, take this child!" Three times Sāi chanted these old words and on the third, Dūan cried out, "Mine!" The tray with the child was gently tossed in her direction. She caught it as it slid toward her. Then Sāi took the holy thread and tied some around each of the child's wrists and ankles to seize and "welcome" its soul (kānrāpkhwan), giving the while the traditional blessing. "Come, khwan! Come my own child! Stay well and eat well! Do not get sick or have fever! Be cool and happy! Feed your father and mother until they are old. Hold the walking stick with the gold head, or the stick with jewels on its top! Stay at home like the bottom of the house post! Watch the house like a cat! Eat and stay here! Never go roaming! Be fat as the golden ash pumpkin, heavy as the long melon, strong as an elephant in must! Be the head priest when ordained and the leader of men when you leave the priesthood! Come, khwan!"³⁵ Thus, Dūan claimed the child for herself and for her family, to nourish and raise. Because such a fine person as Sāi had started this son on its life-habits, and Dūan was already sparing no efforts in assuring his progress, he would be a good boy, and reciprocate her pain and effort.

35. Another version added the words, "Have the strength of Hanuman! Hold the stick with the iron head! Be a student." For a girl, "If you have a family, keep cool and happy! Earn your livelihood (tham mā hā kin)! Have enough to use and eat! Do not lower (tan) your face, or eyes;" i.e. "don't be poorer than your friend." A China-born Thai woman's blessing was "Mother, nourish, and care for this child. Do not let it be hurt or have fever."

The next step was to prepare for Dūan's post-partum days of rest beside the holy fire. Before the baby arrived the fire-floor had been prepared, but not lighted. Song had chopped down a banana tree, and quartered and trimmed the trunk into four good planks. Along a wall inside their house he had laid them in a square about three feet on each side and 18 inches deep. He remembered that at Chāi's birth, the fire had to be in a corner, because of the direction of the celestial Snake. Lek picked up a large round basket and went out to get the soil, which had to come from the north side of the house. Three full baskets she was to get, no less, but there could have been five. She heaped the soil into the frame, smoothing it to a good fire floor. After she poured in the last load, she picked up three handfuls of earth and put them back in the basket. Quickly she took them back to the spot she had been digging and tossed the three handfuls one by one onto the earth, murmuring to the spirit of the land that she was returning the earth she had taken. Back in the house, in each of the four corners of the fireplace, Sāi planted a little banana leaf bowl containing rice, sticks of incense, a candle, and flowers. "Some persons add areca nut and betel pepper leaves, but I was not taught to do it that way," she commented. A fire of the sakae wood was laid, and the placenta and cord in the pot placed at the back where they could dry with the heat. To prepare Dūan's bed, Song searched the house for a smooth plank about 14-16 inches wide. Not one! So he ran over to a neighbor and borrowed a good one. He cut two banana trunk sections to set this plank up so that it was as high as, and two or so hand spans from, the fireplace. Sāi checked that firewood, woodpile, and plank were all parallel to the celestial Snake. Then the fire and the incense in the corners were lit.

Meanwhile Sāi had been washing the lower part of Dūan's body and legs with warm, boiled water. She painted Dūan's abdomen with turmeric, lime, and alcohol, putting a little on the hands and arms, and now gave her a fresh skirt. "To cure the womb" Sāi also gave her a "filtrate" of tamarind, salt, and water to drink, the same potion people also gave to the cherished buffalo on the rare occasions when a calf was born. Finally, she asked Dūan to lie on the floor a moment. Putting her foot on Dūan's hip she pressed hard, three times on each side, to "close the hipbone" and get the pelvis back into place again.

Now that the fire was going nicely and Duan was "ready to warm her body," the all-important prayer and incantation "to control the hotness and poison" of the fire had to be pronounced lest the mother's body be "swollen or burned." Sai took raw rice, salt, and alcoholic liquor³⁶ in her mouth, chewed them, and sprayed them over the fire and over Duan's body three times, saying "Spirit of the Fire and Wind, may both mother and baby be cool and happy!" and murmuring her secret formula with ancient Pali words about "great fire" and "death"³⁷. With the shoulder cloth (sabaichiang) that she always wore to the temple draped diagonally over her left shoulder and under her right arm, Duan knelt and faced the fire. Praying for happiness to the Mothers of the Fire, Fire-floor, and Wind, and finally to the Lord Buddha, the Holy Brotherhood of Priests, and the Sacred Law, she bowed, hands clasped, and touched the floor three times with her forehead. Then she rose and lay down on the plank with the holy fire on her right side.

As Duan was resting quietly, Sai made three "taping fruits" (luk prakhop), balls of tamarind leaves, phlai, and salt wrapped in cloth. One was put well up between Duan's legs to cure the birth wound (phlae). The other two were set aside for use on subsequent days. Sai painted the baby's tongue with alcoholic medicine, and from her fingers dropped a little honey and boiled water into his mouth. Then she laid him on his tray on the floor close by Duan, on the side away from the fire.

With satisfaction of a job well done, Sai and Lek sat together for a quiet chew of betel. "Lek," said Sai, "has it occurred to you on what a good day this boy has been born? It is a Saturday, so he will have power. Nothing, nobody can hurt him! Once I delivered a boy on that best

36. Alcohol was heating; rice, strengthening. Salt appears to be drying.

37. The deities addressed were mae phra phloeng and mae phra phai. Another Pali-Thai magic formula to control fire was: "Phra Mok Khan La No will extinguish the fire from hell, na mo phut tha ya." Phra Mogdallana, one of the two most faithful disciples of Buddha, caused the fires of hell to go out (cf. Anuman Rajadhon 1961:137). The na mo...etc. was a traditional phrase to prevent spiritual dangers and is a repetition of the names of the Buddha in five incarnations, past and future (cf. Textor 1960:483-485).

date of all, Sao Hā Day, one Saturday in April, which was the fifth day of the waxing moon of the fifth month, in the year of the Big Snake. That boy is truly blessed. He will be the best and most respected doctor or teacher. He is in school now and people are always telling him he is bright. Chāi came on a Monday, so he'll be charming, but, alas, always roaming away from home! This new little son has his mother's features, which is as desirable as a daughter's having her father's features. Still, no one knows what characteristics come from a parent. One more thing, Dūan. Now you may take medicine as you please. Shortly after, Sāi took leave until the next day.

The new mother turned her face toward the fire and tried to sleep. It was night. Lek was close by, and Song slept in his mosquito net near Chāi's cradle. The fire was so hot it kept waking Dūan. Though the smoke made her eyes smart it kept the mosquitoes away. In spite of the discomfort, Dūan was eager to have the fire as hot as she could stand it, for this heat and that of the medicine would dry her uterus, rid her of the bad blood and waters of childbirth, restore her strength and stimulate her milk. She forced herself to drink as much hot boiled water as possible to keep out the dreaded wind element that might get into her body and cool her. When, however, the fire was overpowering, she dripped water from a handy jar with a cloth.

The next day, Sāi returned. With warm, boiled water she bathed Dūan--this time the upper part of her body also--and the baby. The boiled water was much more important for the mother, but being available, was used for the baby, too. Sāi washed the soiled clothing and the baby's little cloths. Turmeric was again painted on both Dūan's and the baby's abdomen, head, and neck to protect from wind. Sāi questioned and examined Dūan. Measuring a handspan down from Duan's groin, she pressed outward gently. "I want to see if these particular ligaments on the thigh are joined. They are often damaged and do not heal if the time by the fire is too short. Some mothers cannot walk at all. They have to call a masseur for regular treatment." To "make the ligaments well," she tapped Duan's body all over with the second of the tapping-fruit balls and had her sit on one while bathing. She massaged the muscles, stiff from lying quietly near the fire, by pressing in the ball with her hands and even feet. Medicinal herbs were warmed and laid on Dūan's breasts so that the "useless early milk [colostrum] which would give diarrhea" could be worked out and thrown away. "The real milk is not ready for the baby until the third day," Sāi said, "but if the baby is crying much, and if there is milk some mothers start nursing on the second day."

Almost from the moment of his birth, whenever the baby

cried, Lek had dribbled from her finger warm boiled water into his mouth. Now she mashed up for him a little klūai namwā banana, honey, and water. Song happened to pass as he was going to work and saying, "Let me give it to my son this first time," took the child in his arms, and pushed it gently in with his fingers. "This variety of banana does not cool, or give diarrhea because its tissue is harder. Uncooked is better than baked because it is easier for the baby to swallow," said Lek, "but baked food is incompatible if wind is in the body." Then she painted medicine on the baby's tongue with a feather.

Dūan turned to Lek. "Who would be the best person to start my child on good nursing habits?" Lek mentioned a relative who had much milk for her handsome child. This woman gladly came to give the baby his first suck.

Sāi came the third day for the same duties. It was the last day for her, unless something serious happened. Dūan's milk came in somewhat that day. She asked, "Is it true, as people say, that the 2 breasts give milk of different consistency, that one is water and the other rice?" Sāi answered, "That is an old saying. The important thing is to feed from both breasts at each nursing. Here is medicine for the baby of honey, charred betel leaf, and water. Give it 3 times a day to cool his neck. His medicine is mostly to cool him slowly; yours is to keep you hot on the inside, while the fire warms you outside. Both are to keep out wind. Dūan, I would suggest 13 days by the fire, but you are the one to decide. It was 15 for your first child, but each time can be less. Be sure it is an odd number of days. My women are certainly making it short these days! My first fire-rest was 27 days. And think of all the changes coming in! That trader-woman across the canal is using one of those small hot-ashes pots on her stomach. She is lying on a mat under her net, with her new baby. Her 2 other little children come in and out! No fire at all! I have heard they use rubber hot water bottles and electric warming devices in Bangkok. Well, it probably is all right provided there is heat, but to have plenty of milk and strength to work in the fields, then you have to lie by a real fire. The longer you stay, the stronger you are. Bangkok ladies do not have to farm! They want the fire for the fine pale golden color it gives their skin (cf. footnote, p. 71)! Well, now I shall take my final leave." She reached up and took her khwan khāo bowl. Smiling, she left the house.

From then on Lek and Mī were certainly busy, caring for both children, doing things for Dūan, boiling up quantities of water, and cooking. Song put the wood on

the fire for her during the first day or so, lest in her straining, Dūan's womb "move to a new place," but Duan did it herself thereafter. The smoke was harder on others than for her for she was on the floor. She could leave the plank to bathe and to relieve herself through a crack in the floor. As soon as Chāi got over being frightened of her turmeric-yellow stomach, he often came and lay beside her on the plank, though it was a squeeze! She took her medicine and often sipped hot water, feeling very modern with her brand-new thermos bottle. Constantly turning her back or front to the fire, she poked or dripped water on the flames to make coals. Once she tossed on a dry palm leaf, and as it flared up, put a cloth over her head to trap the smoke and heat. Though a rash developed on her body, she was complimented by Lek on the care she was taking of the heating and drying process. Unfortunately, a neighbor who wanted to help brought in some of the wood one day. Not remembering that to make noise with the wood caused diseased red eyes in the baby, she dropped the bundle with a crash! Alas, "sang" disease, of course, came at once. So the near-by mō who always cared for them had to be called, but he used no medicine. "For eyes red from 'sang'," he said, "never use any eye-medicine as drops, or they will be permanently damaged or blind. Such eyes have not enough resistance to win over the strength of the medicine. A drop of mother's milk, any mother's, in the eyes is the cure."

Uterus pain was said to last one day for the first child, 2 days for the second, and so forth, increasingly. As Dūan seemed to be in considerable pain, Lek resorted to an old cure: she secretly took the bamboo knife and the phlai from the baby's tray and put them under Duan's plank bed without telling her. Slowly the pain diminished.

If anyone spoke of uterus pain to her during the fire period, Dūan would suffer still more. If a visitor spoke of the hotness of the fire, little boils would appear on her body. The fire, being thus made too hot, would have to be put out, and Duan "would be weak for a long time." This was because actions or even words occurring beside the holy fire set a new and permanent pattern. Neighbor's children were kept away lest they inadvertently exclaim about the heat.

A few relatives with gifts of banana, turmeric, and face powder dropped in, but visitors mostly stayed away. "It is an ugly sight," said Dūan, "lying here with only a cloth over me, half naked and yellow, and I fear there might be an unpleasant smell."

The winnowing tray, with the baby on a pillow now covered with a plastic cloth, rested on a low table, the legs of which stood in bowls of water to keep away ants. At first an old dome-shaped fish trap had been set over it to prevent draft and

mosquitos, but then Song bought in Mīnburī a bamboo frame with be-flowered netting. He also bought little mits to tie onto the baby's hands, so the fingers would not be sucked. Not every baby got these! Most of the time the baby lay naked, but was wrapped when nursed. One cool day they put over him a thick blanket. Lek, Dūan, or Song bathed him in boiled water 3 times a day and always after his excretions, which were wiped off with cloths. Then fresh cloth was put under him. On the seventh day since he was thriving, he was bathed in ordinary rain water. Every day Lek vigorously squeezed his fingers and legs "to make them straight," which made him yell each time. To speed the drying of the cord, a charred leaf of betel pepper was applied for a while to his navel on which Dūan spit saliva several times a day.

Dūan's milk supply was only fair. For milk stimulation they pressed her nipples and kept the fire hot. She was also taking daily a special nursing curry of banana flower and vegetables (khaeng liang). One day she ate a cobra curry. A neighbor offered to help nurse the baby but Duan refused. "It is a pitiful sight to see one's child at another's breast." Whenever the baby wailed he was given boiled water but was not necessarily at once picked up. If his crying continued, however, Dūan washed her breasts with warm water, pressed out and threw away a little milk, moistened the baby's lips with water, then lifted him on the pillow to her plank. She laid him beside her and leaned over him to nurse, though occasionally took him in her arms. He was nursed about 10 times a day, and also received honey, boiled water, and a bit of banana, too. One day the baby cried a lot, so they painted him with turmeric and gave him baked cobra tail in alcohol to warm him up.

As to her own diet, Dūan followed the usual practice of limiting herself rigidly to rice with salt, dried fish, and baked kluai namwa banana. Egg was too cooling: "like glutinous rice, it brought pus to the unhealed cord and the vaginal wound." Dūan also avoided "jam" bean which caused madness, fruit, and sweets. Whatever she ate affected her child by secreting into her milk. If she were sick, he would be so, too. If he alone became ill, she must watch the foods both he and she ate. All these food instructions would stop only when nursing stopped a year or two later.

Duan decided to stay only 11 days by the fire, though Sāi had said 13 and she would have liked to stay longer. However, she wanted to get back to work because the transplanting season was approaching. Besides, the

wood was getting low. Friday (wan suk: day of happiness) was the best day of all to leave the fire, but for her, Friday happened to fall on the fourteenth day after delivery. It was better to come off on another day than to risk taking such an important step on an even-numbered day. Even numbers were always associated with the even corners of a coffin.

Usually the fire period went off safely, but not this time! One day, the heat "seemed to come up suddenly" and choke Dūan. She rose gasping and ran to the window for air. Horrified at the terrible danger of cool air, Lek hastened to get her back to the board. Then by accident Dūan dripped too much water on the fire and put it out! Later, Dūan was almost unconscious, felt unhappy (klum) and as if "the fire were burning inside her." Lek called both Sāi and the mō. As the mō entered, Lek handed him the expected offering of incense, flowers, candle, and a baht and a half for his khwan khāo. He prayed to his teacher, then made holy water and a decoction both of which he gave Dūan to drink, saying, "The bad blood and the fish-water did not flow out well, a common trouble after childbirth. Since your body is not cold and the fire has not been out a half-day, you could start the fire up again. But as it is never good to put out the fire like this, I am taking you off it. Take a pot of salt, heat it well and wrap it in a cloth. Put that on your abdomen. Drink no cold water, or you will die."

Dūan was sad that she had to leave the fire early and on an even-numbered day, but one always wanted to obey a mō. All had gone so well when Chāi was born! That time she had taken the usual steps, choosing a Friday to come off the fire. Now she could not choose. Her formal leave of the fire was as before: The mō prepared earth holy water (nammon thoranisān), some of which she drank, and some he sprinkled on the fire. She then knelt down facing the fire and touched her forehead to the floor 3 times, asking the Mother of the Fire to bless her and her child, and to keep them well. She went outside to bathe, first with warm water to cleanse her body, then with holy water and put on a clean skirt. Returning to the house she seated herself quietly, for she was not supposed to do anything for a time. Others in the family broke up the fireplace. The baby was taken off the winnowing tray. Warm water mixed with the holy water was dropped in his mouth. After being bathed in the holy water, he was laid in a little cradle made of a long cotton scarf spread apart with sticks, and swung between 2 houseposts.

Now that the fire-period was over, they stopped all boiling of the water for the baby and Dūan. Rain water was substituted, but whenever the baby seemed sickly, boiled water was used. When their rain-water ran out, they got some at the temple. Both Dūan and the baby continued taking medicine for many weeks.

Seven days after the end of the fire period, Dūan sends a message to the mō to look in his book as to what direction from the house she should bury the phlai, the bamboo knife, and the pot with the now dried placenta and cords. She already knew some of the procedures burying should take place on a Monday or a Friday; south was right during the first three months of the lunar calendar, November, December, January; and the full moon of the twelfth month (October) was especially good, for the moon waned thereafter. Chāi had been born in October, so north was right for him, but for a girl it would have been east. Song or Lek or anyone could bury the pot, but most mothers did it themselves. If it were buried in the wrong direction, the baby would die, and if not under a tree, he would leave them and their home, and roam. The instructions came. With the things in her hand, she walked toward a big jackfruit tree. Beside it was a sakāe. Either was good, so she chose the sakāe which, being nearer the house, might strengthen by that much the roots that would keep her boy at home. After burying the pot and all, she returned directly to the house, remembering to pick, as she came, a fruit, a vegetable, a leaf, and then a piece of wood, all useful things. In the house she added them to the usual household stores. By doing so, and by using them up shortly, she ensured that her new son would be a good worker, who on returning home would always bring something to add to the requirements and wealth of the household. Once buried, the placenta, "like ashes," was ignored and the spot forgotten.

Within a month after childbirth, Dūan was back at farm work, even to the back-straining pounding of rice in the big mortar. For three months she avoided fruits, particularly guava and jackfruit. Then, since the baby was thin, she gave up vegetables, especially gourds, corn, and the green plants that grew in the canal. One day, because she carelessly ate some salted field crabs, the baby got thrush on its tongue. They cured him by smearing the milky juice of a peel of kluai nam banana on the cloth sheet covering his cushion, then wiping this on his tongue (cf. Anuman Rajadon 1961:153). So the year passed, and then another. Not long after his third birthday, Dūan realized she was pregnant again, so took steps to wean him. She painted her nipples with "black medicine" (yā dam), a bitter and hot tasting ointment made from the boraped rhizome (McF; 474). Then she sent the child over to her mother's older sister's house for four nights. To make quite sure, she followed an old ritual way, too. She boiled an egg hard and peeled it. Holding the egg behind her back, she turned her face away from her son, and handed it to him behind her so that she could not see his face. "Henceforth, you shall not nurse any more," she said. Without looking at him, she walked

away from him straight out the door. Thus the child was successfully weaned. Duan would have "pitied" him too much to wean him so soon had a new baby not been on the way.

Chapter V

BIRTH CUSTOMS: THEIR SIGNIFICANCE

Physiological ideas clarify only part of Dūan's tale. To illuminate other underlying tenets, we begin with the idea of help.

Help

In "Influences on Health" (p.27) it was pointed out that Bang Chan conceived of individuals as unique beings, each with his fate in his own hands, with no bonds nor responsibilities to any other being. In an earthly existence, though, it would be difficult to obtain satisfaction or even life itself under such separatist terms. What relationship was possible between such autonomous beings? How in fact was rebirth brought about? Help (chūai) was the fundamental principle for organizing social interaction. Without help, the villagers saw existence not only as lonely and ineffective but even unrealizable. With it, personal and mutual goals were achieved, and life was enriched. People were "independent agents serving each other because it is mutually beneficial" (Phillips:63).

Responsibility for initiating help lay formally with persons of greater age or higher status. Elders assisted juniors, government officials assisted peasants. They received in return gratitude, obedience, and respect. Parents received care in their old age from the children they had nurtured. In the ordinary walk of life, particularly in a household, though, aid took the form of a continuous give and take with associates. The view of help as the mainspring of social action cut through many a problem of initiating aid or waiting on another to act, for fundamentally, on the cosmic scene, all beings were equally old. The child who helped most by giving over his earnings was loved most by his parents (Phillips:69); when married, children helped their parents less than before marriage, still less if they cooked in separate kitchens in the same house, and much less when they moved to a separate house, for their time and cash went increasingly to maximize their own interests.

The genetic connections of those who did not help in cash, or labor at, says cremations or cooperative work-parties were forgotten. Degree of help was a measure of kinship solidarity, and even marked the outer boundaries of kinship.

The word "help" turned up over and over again in the context of childbirth. Birth came about because a married couple already steeped in the knowledge that they had been so helped by their parents, "helped another individual to new life" through the mingling of semen and blood. The midwife's role was merely to "help." When a woman engaged a midwife, her words were, "Will you come to help me?" A baby having trouble breathing right after delivery "had to be helped for half an hour." Most important, only through the reciprocal help of mother and child was rebirth to earthly life implemented at all. Parturition was an active, cooperative venture between 2 autonomous beings. The child set the time for labor to start by "deciding to be born" when his 32 parts were "complete,"³⁸ and he had worked off sufficient sin in purgatory to permit rebirth. The mother by her labor "helped the child to be born," but she could not succeed unless he actively "helped," too. Though other assistance to her was desirable, such as persons to support her back and press out the infant, only his help was essential. Without it she had a hard or unsuccessful labor. A woman who gave birth successfully without outside help created no stir because it was evident that the baby had been helpful.

38. Informants were not uniform in opinion here. Some said the khwan (or winvan) was the first "part" to establish itself--arriving at the moment of conception--others that it was the last (Textor:262). In either case it was highly volatile during pregnancy, and the trapping by winnowing at birth was the major means of rooting it in the person. During pregnancy, medicine for wind in the fetus was given "which was not effective if there were no khwan," but whether the khwan was the mother's or the child's was not certain.

In view of the stake of a child in the successful outcome of his own birth,³⁹ under what circumstances might a child not be helpful? This was explained by merit (bun) and habit (khōei).

Merit

Since merit, gained through virtuous behavior, determined a person's character, circumstances, health, and longevity, the merit of mother and child set the course of childbirth. It will be recalled that persons who lacked merit because of previous sins were cruel, lived short lives, and had to endure suffering, while meritorious persons enjoyed success, kindly natures, and long life. Yet an outwardly fortunate person might be at the point of merit-exhaustion, when suffering commenced. Any mother who suffered greatly lacked merit. In one case, "7 babies of a woman died young while the eighth and subsequent ones lived, proving she had to suffer greatly to work off some misdeed in former existences. She was given the trouble of bearing and feeding the child, and the child did not have enough merit to grow up, and so to feed her in return." Her punishment was to bear non-meritorious children who could not live. A woman's premature⁴⁰ death in childbirth was caused only by her own lack of merit.

39. By way of contrast, consider how parturition is pictured in the United States. The active role is played by the midwife or doctor, or some other outsider, who "delivers," i.e. "liberates," the child from the womb, or frees the mother and baby from one another. "A child is born" presents the child as completely passive; in "to have a baby" the mother is relatively so. The most active English renderings are "to bear a child" and "to give birth to a child." It is noteworthy that modern anaesthetics have tended to increase the passivity of the mother.

40. The idea of a natural term of life was described in the Visuddhi-Magga: "The Karma that caused conception has ripened to a termination, although the dependence for continuing the series constituting the term of life be not exhausted. Death by the exhaustion of the natural term of life occurs when the span of life, the nutritive powers... proper to any given grade of existence come to an end..." (Warren:252).

A midwife or doctor could not be blamed, unless it was felt they did not help as much as they could have.

A child lacking in merit died. Such individuals, for some reason, did enough at their own birth. Words of comfort to a surviving mother were, "your baby did not have enough merit to live." If particularly sinful, it died after making delivery unusually painful. "Once a child was born dead, but it teased the midwife by moving its legs a bit. Consequently, its death was not the fault of the midwife." The child's lack of merit was proved by its death and its maliciousness. There was no hostility towards any child born in a hard delivery, for if both mother and child survived, the demerit that caused the suffering was the mother's.

On the other hand, a meritorious woman with a meritorious baby had a short, easy delivery. Such a child was considerate: "he will not hurt his mother, will help her to bear him easily, and will live."

A woman who safely came through childbirth felt deep satisfaction and new security. Bearing a child in itself did not bring any merit, though it was an act of mercy. Merit could come later with the ordination of a son. However, why one woman had successful or short labor, and another not, was unequivocally clear and accepted. If delivery were normal, she was confident of her and her child's store of merit. If not, she bore the anguish, convinced that she had brought it on herself in some previous life. Since sins were worked off with pain, every thrust made her future lives happier. Fear was minimized, for if death came, it was merit-determined.

Moreover, her life would some day begin again. Whether birth was rapid or slow, the experience of the suffering deepened her sense of compassion and, as will be shown, brought her closer to fulfillment of her life role.⁴¹

Habit

If mutual help organized relationships, habit (khōēi) stabilized them. Khōēi means "to be used to, accustomed to, habituated." A first occurrence was an example and set the pattern for all subsequent occurrences. With one performance one was accustomed to an action. For instance, shortly after the temple was built 2 people died, deaths in Bang Chan "always occurred in pairs;" it was the temple's "habit." Moreover, "the head priest could never expel a priest because he had never done so." Again, a few women saw to it that during this period their babies were given a few grains of rice (even though they were far too young to be offered any rice regularly), so that "later on, if they got sick, they could always at least eat rice," for "they would be used to it." "Glutinous rice was not good for babies in Bang Chan, but in North Thailand [where it was a staple] it could be eaten because people were used to it." Someone had set the example which started the custom.

41. Bang Chan's Buddhist phrasing of the meaning of pain and death in childbirth seems to indicate that childbirth occurred under psycho-cultural conditions that induced relaxation and reduced fear and pain. An "easy" delivery lasted 2 hours. According to a modern medical theory, (Dick-Read: Childbirth Without Fear, passim) lack of fear of childbirth leads to mental and physical relaxation which in turn reduces pain and labor. Dr. Dan Bradley observed that labor was shorter among Siamese women than among non-Siamese. "Facts seem to prove that parturition is both shorter and easier to Siamese mothers than is usual to Europeans and Americans" (Bradley, 1865:79). We accept his first-hand observation because he had 40 or more years of experience in delivering babies, both Thai and non-Thai (missionary wives, etc.), and suggest that it may be taken as proof of mental and physical relaxation derived from lack of fear. Although the missionary women may have been frightened because they were in a far country, Dick-Read argues that fear of childbirth has long been present among American women and this fear has the effect of longer, harder labor.

A major clustering of first experiences, and so of habit formation, was in intra-uterine existence. Every experience of the mother was shared by the fetus. After birth, a baby daily formed habits of eating, sleeping, and crying, and later, as a child, habits of respect, obedience, truth-telling, etc. To create good habits efforts were bent to control and ameliorate any first experience: to make it as correct as possible; to seek out favorable astrological moments; to ask auspicious, skilled, or learned persons to be part of the initial action. An example was the establishment of nursing. When the baby was put to the breast the first time, the objective was not nourishment but to establish a good habit, viz. copious and strong sucking from an ample milk supply. Only after this first nursing did breast-milk as nourishment become important. If on this occasion he did not nurse well, he would have the habit of eating poorly all his life. Moreover, whatever the mother's experience with her first-born, it would not only be repeated every time he nursed, but set the nursing pattern for all subsequent children she bore. For her first-born, though, a mother would have had no previous experience of making milk. She had to be taught, or shown, how to make good milk, just as the baby had to be taught to suck and later taught to eat rice. Consequently, the first-born baby was almost always first nursed by another person (not necessarily a kinswoman) with copious milk. Then 2 or 3 days later, because the example had been set, good milk came in and the mother started nursing. What was to be avoided at all costs was a first suck of colostrum, which appeared to be "unfit, early milk" from an insufficiently lactating breast. This would be a poor precedent. Until a mother decided her milk was right for nursing, a baby subsisted usually on honey and water, and maybe a little crushed banana. If a woman were not satisfied with her nursing capacities for her first-born child, when the second child was born she might ask another lactating woman to give the baby a first nursing so as to improve her own habit.⁴² One woman flatly said her own milk was always unfit as proved by her babies' health, so she used a bottle of (canned) cow's milk from the start. She felt she had the habit

⁴² Bradley (79-80) felt that the dehydration attendant on onlying by the hot fire significantly reduced the quantity and quality of the milk.

of making poor milk. Any woman whose milk flowed early and well needed no example, for she was seen as having the habit as an in-born characteristic so deeply ingrained that it came through from a previous incarnation⁴³ After nursing was established by the mother, babies were not often given over to another woman's breast because they were reputed to refuse it, "being not used to it."

In sum, the nursing patterns in Bang Chan varied with the previous lactating experience (if any) of the mother, and the ordinal position of her children.

Hauck shows the old way of establishing good eating habits in a baby. "If a mother ate small amounts of many different kinds of foods while lying by the fire, the child would not get diarrhea when he ate these foods for the first time" (1959:14). Through the beneficial effects of the fire, any deleterious qualities of the foods were eliminated (as we shall see in "The Fire of Maturity") and the child had his first experience with these foods in the breast milk.

Bang Chan's life was full of secondary opportunities for starting new habits. Every rice crop, every boat purchased, every house built, and all the rites of the life cycle could, if handled properly, start a fresh and fortunate sequence on its way. We shall have more to say of this in discussing maturity.

Imitation

The familiar principle of imitation (Anuman Rajadhon: 154), the influence of like making for like, operated throughout daily life in Bang Chan. An action, event or presence emanated an analogous influence on its surroundings. A woman returned from a visit to the midwife with all possible speed in order to achieve a speedy delivery of her child a few weeks hence. Another pregnant woman visited the temple on the final day of the rainy-season Buddhist

43. Bradley's informants gave an example of a deeply ingrained habit: "European and American mothers can better dispense [with the fire-rest] because their own mothers from time immemorial have never been in the practice of the custom, and consequently their constitutions do not at all require it (p.79)."

retreat (ōk phansā) in order that her child would come out (ōk) more easily. Here none sought to divide the worlds of the natural and the supernatural, or to mark off "imitative magic" from the "learning by example of the natural world." A stronger influence came from more powerful agents, so that the effects of the Buddhist temple carried greater effect than the actions of a mere neighbor. Yet any like influence was of aid, especially in a verbal similarity. Thus, an event occurring on a Friday was apt to be auspicious because the Thai name for Friday contains an element identical in sound (though etymologically different) to the word for happiness (wansuk=Friday; suk=happiness), and for the fortunate status of true adulthood (suk=mature, ripe).

Stability in a Floating World

In explaining why some children were "born easily and were easy to raise" (liang ngai) certain persons simply said, "They were born into the right family. Those born to the wrong family usually die." In defining the "right" family, merit, habituation, and helpfulness converge.

Most families were thought to live together as a group in life after life. In view of the separateness of souls, how was this brought about? The key lay in the conviction that people who made merit together met in future lives. Since most merit-making was undertaken as an enterprise of the nuclear family, sometimes with close kinsmen and friends, they would find each other. Some of the eagerness of friends to help (chuai ngan) with cash or labor was in order to meet in later lives. These persons were used to each other, used to helping each other, and so might marry. Thus, if they lived rightly, the nuclear family, maybe with an infusion of beloved old friends, expected to carry on in the next existence. Although a family's prosperity proved its merit, and its wealth facilitated making more merit, continuity in time was not limited to the wealthy. Proof that a couple had been married in a previous life lay in the birth of a boy as first born. Such a couple was known as a "khū" (pair), and divorce was held to be highly unlikely.

How did a child find its "right" family? After whatever necessary stay in purgatory, the khwan soul of a deceased member roosted in a tree near to its old home, then flew into an accustomed womb. One recalls the start of the blessing (p.48), "Come, khwan! Come my own child!" A woman hoped that the khwan was one previously born to her. "A couple lost its first child. Later the wife was fearing for the life of their sickly second-born." The husband said, "It is according to your sin and merit. If the child is your own child, he will live with you. If not, he cannot."

Since only meritorious children were born into the "right family," they were helpful and so easy to raise. The easiest to raise were reincarnations of babies deceased in the mother's present life. "A girl of three died. Her father dreamed he was at her coffin. She asked for water which he gave her, then brought her home. Months later a boy was born, so easily raised up that people knew it was a reincarnation of that girl." Here amiability and the change to male sex demonstrated merit. In another tale, "a woman lost many babies at birth. Her husband, thinking it was the same child trying to be born to that mother, marked the forehead of the last deceased baby. His surmise proved correct, because the next baby born had this mark on its forehead."

This assumption that a woman's children were born to her over and over led to a measure of control over the cooperativeness of the child in the womb. A child trained to "good habits" became a meritorious adult who, when re-born, would of course "help" his mother in childbirth. It was advisable to set one's own child into paths of proper behavior, for he could be born again to a descendent, and in all likelihood to oneself.

On the other hand, families were not closed groups. "Like a leech that sticks in one place, then goes to stick somewhere else, so a deceased person may be reborn somewhere else," said a priest. The marriage blessing stated, "May angels, not criminals or beggars, reincarnate as your children." Thus was explained why upright parents might have a disobedient, roaming child. He had roamed into a new family which perhaps he had met during a pleasant casual visit to them in another life. If he did not stay home to make merit with his present family, a wayward child would roam out of it as easily as he came in. Here was the ultimate danger in visiting around too much.

Because all individuals lacking in merit died off at birth, some of whom because they got into the wrong family, a selective process continuously weeded out the extremely non-meritorious so that those who were born usually survived. In fact, Hauck's figure of 90.6 live births (1956:33), the percentage of total pregnancies shows how many meritorious babies were born to the right family!

The Winnowing Ceremony

This ceremony, described in Duan's tale, was usually performed shortly after delivery, though it might occur anytime during the first three days of a baby's life. The child, placed on the tray (twins were laid together or separately) was claimed by the mother or the father, who

called out "Mine!" ("khōng chan" [female speaking] or "phom" [male speaking]). Never did a parent say "ours!"⁴⁴ Sometimes the mother might ask a relative or friend present to claim the child, and so become a godparent.

As the first human step to control the volatile khwan, the first objective of winnowing a baby was to seize it (kan rap khwan) and so "complete" the child's person.⁴⁵ By tying holy thread at the wrist and ankle soul-exits, the khwan which had flitted in and out of the womb was given root. It was still flighty, but now it had a life-long home.

Secondly, the child was given membership in a human family. Connection through blood and semen did not establish kinship. At first, the child hovered between corporeal and non-corporeal existence. "The child is not fully human for the first 3 days." This period was under the supernatural control of Mother Sū, for babies "never died during the first 3 days after birth. They might be born dead or they died 6 or 7 days later." The shock of dropping the child on the tray "made him forget his life as a spirit." When someone cried "mine!" the child finally cut his relationship with the spirit-world. As an old woman explained, "The ties are the important part [of the ceremony]. They show that the child belongs to someone. Once a tie fell off one wrist. The child cried and cried until it was restored,⁴⁶ fearing its lost khwan would attach itself elsewhere. The claiming set up kinship as a contract before witnesses. Whoever announced responsibility for the child's care, and this was usually the mother, deserved reciprocal care in old age. Other relatives would also help to bring him through to maturity. He would not be so frightened of an evil spirit because of family support, nor of the "ghost of an ancestor" who would be recognized as a relative.

Third, the ceremony strengthened the child. By giving him through the ties a stable khwan, he "grew better, cried less, and did not get sick."

The incorporation of as many auspicious elements as possible into the ritual was customary. Since the child took

44. A winnowing tray (basket) had the capacity to "trap" spirits. It could seize or trap not only the khwan soul, but, at New Year's, one of the fun ghosts (Textor:371).

45. There is no convenient way of expressing "ours" in Thai in this restricted sense (id.).

after whoever claimed him, a mother might ask a "wealthy person, of polite, calm, and good character" to do this. The baby also started an association with whatever items were placed on his tray with him. Besides the most common ones mentioned in Dūan's tale were ink and books (which induced learning); gold, rings, jewelry, money (wealth); bergamot thorn, a tin of kaffir lime (sharp wit); and a razor (a good wood-cutter for the fire; said to be a Muslim custom). When the baby was finally transferred from tray to cradle these items were returned to household use. The bamboo cutter, rhizome of phlai, and earth associated with cutting the cord were taken off the tray and buried with the placenta. Their significance lay as part of a binding ritual. The phlai and earth might be taken off ahead of time.

Binding Rituals

Because Bang Chan accorded autonomy to every individual, whatever his age, everyone had the free choice to go wherever his advantage lay. In infancy and childhood, the khwan soul might flee at any time, and could only be recaptured by a khwan-calling or khwan-ladling rite (Textor: 396-411). After about the age of 8, a tham khwan ceremony helped to bind in and strengthen the khwan soul. In daily life, the fear that a loved one, whatever his age, would withdraw or run away if unhappy, frightened, or overburdened, dogged people their whole lives. Casual episodes were sometimes viewed with alarm. Once a boy of 10 on his own initiative went off to live a few days with his grandmother only 10 minutes away by boat. His mother complained that he had wandered (pai thieQ) and feared it would become a habit. Parents dreaded that grown children would find work away from the village; that daughters would elope; that adopted children or spouses run away; or even that their child, at marriage, would elect to go live with his in-laws. At any time a husband might go into the priesthood leaving his wife and children to fend for themselves, though here the wife had to give her permission and the motive was sympathetically viewed.

A traditional jesting threat was to "go away to the jungle-forest" (pai pā).

The economic and social base for this fear of losing a child to the world was that children were a parental investment with an anticipated return: for the trouble of bearing and raising them, children should work for the family until their marriage. Furthermore, a boy was to bring his parents merit by being ordained, while a girl was to care for them in their old age. If a child moved away

before completing these obligations, the parents lost out on their anticipated reward (cf. L.M. Hanks, 1962).

Since waywardness (pai thīeo) was considered a continuous threat, magical means were taken at the moment of birth to ensure that a child stay close to the family that raised him. The blessing following the winnowing ceremony invoked immovable things: the post, the cat that traditionally never roamed far, the pumpkin that sat and fattened:

"..a Stay at home like the bottom of the house post. Watch the house like a cat. Eat and stay here! Never leave home! Be fat and heavy as the ash pumpkin..."

The most important binding actions utilized, or brought the child into physical contact with objects long associated with family, in particular the house and land. The umbilical cord was cut on earth or phlai dug from the house-land itself with a bamboo "knife" sliced from one of the deeply sunk house posts. Of these "the knife is the important thing". The phlai also had medicinal purposes. With a feather "from the mother's house" the baby's navel was smeared with cobwebs from a spider whose web indicated long undisturbed residence. They buried the placenta either under some large old tree that stood near the house, or under the house stair. The old family winnowing tray, old clothes, and well-used family possessions were used first before any new furnishings were purchased for the baby. A fire of sakāe wood grown on premises boiled the water for the baby and mother, and heated the mother. Sakāe "was planted when a house was first built so that every generation of occupants would have it available for use at confinement" and also for firewood at other times (cf. McF. 834). All these binding rites assured that the child being rooted to a home terrain, would not wander frightened, and so "would not cry." He also would be at home to participate in the merit-making that would reconstitute the family in another existence.

If a child were born away from home, how was this bond to his locality established? On one to two occasions when the child was born at the Mīnburī Health Center, Hauck (notes, 1954) observed a solution to this dilemma. The mothers returned home, as was customary, within a few hours of delivery and were established by their respective fires. Their babies were winnowed and laid on their trays with the usual auspicious book, pencil, and needle. Neither tray held any bamboo, clod, nor phlai, however, for these had not been used. On one tray, though, was laid a steel knife from the kitchen, mute proof that a family cutting instrument ought to be there. On another occasion, a father asked to be given his child's placenta so as to bury it on the house site. In so far as possible, people

in Bang Chan tried to carry on the old rites

The Cone of Wood

When a child was conceived out of wedlock, the first problem raised was, "Who will build the wood pile?" The actual father had to come forward and identify himself, for he and no one else could perform this duty. A child could not be born without the father giving this assistance.

This cone of wood represented a "womb" towards which a father actively played out his role. His child was in it. While building it, his behavior affected the child, just as his wife's behavior acted on the child in her womb. If the pile were incomplete before the onset of labor or gave out before the fire-rest was terminated, the child would "never finish any task in its life." The very manifestation of industriousness involved in collecting the wood, though, made the unborn child industrious. Gathering a quantity of wood for this big pile was not easy. Old houses had plenty of wood, for they stood in thick groves, but new houses sometimes stood bare and stark in the fields. He placed spiny Indian jujube or Chinese date (phutsā) and Manila tamarind (ma khām thēt) all over the outside to protect this "womb" from invasion by malevolent spirits. Thus he also protected his wife's womb. Sakāe wood was preferred because it was smokeless. Collecting a mixture of woods was easier, but then the fire smoked. Mixed or all sakāe, whichever the constitution of the pile for a woman's first confinement set the pattern for all her later ones.

At the onset of labor, the father had to open the way for his child to come out of the womb, so the pile was tipped over in a direction paralleling the position of the Great Snake. This astrological orientation was exactly that of the woman in labor. Unless the mother's head and the apex of the fallen wood pile coincided with the direction of the head of the Snake, with the open end of womb and cone below, "with and not against the lie of the snake's scales," the child would have to struggle against these scales as he came out. By tipping the cone of wood properly the father helped his child to an easy exit.

The thorns protected the womb and the baby inside from all evil spirits during the months of pregnancy. With the onset of labor, the holy cord which surrounded the mother took over this function, and kept away such dangerous spirits as phī krasū and, if the baby died at birth, the violent New Baby Ghost (cf. Textor:261)q

Even after the child was out, the pile of wood was still a drying womb to be treated carefully. It was also the wood for a consecrated fire. To drop a piece of this wood carelessly both injured and desecrated. If this happened a disease of the eyes "sāng," came at once for which no male medical powers had any remedy. The only cure was in women's hands, that essence of maternity, "a drop of mother's milk--any mother's." The larger implications of this linking of fire and maternity are dealt with in the next section.

The Fire of Maturity

In the events surrounding the birth of the child, the significant step for the woman personally was the post-partum rest period by the fire (yū fai). Far more was at stake than just drying the uterus. The fire rest was one of the series of rites of the life-cycle which marked the course of an individual from birth to death. The others were the cutting of the umbilical cord, first head shaving, top-knot tonsure, ordination (for men), marriage, and cremation. Through the consecrated fire a woman formally achieved full maturity: she became suk (cooked, ripe, mature). Maturity did not come just by bearing a child. The fire brought about the transformation.⁴⁶

How was mature womanhood viewed? What was the essential female role and office? Bang Chan saw a woman as one who "feeds and lengthens lives." As the custodian of growth she was, first, the guardian of the vital, essential khwan soul, and especially of the immature, flighty khwan of growing persons.

Secondly, a woman was a donor of nourishment (liang).⁴⁷ Her primary responsibility was to nurture children and other tender beings. She nourished the fetus with her blood. After

46. "The fiery element digests what is eaten or drunk...and cooks the body and gives it its beauty of complexion. And the body thus cooked is kept free from decay" (Warren:157-158).

47. All the deities "concerned with the welfare of our bodies and our khwan" were maternal (Māe), e.g. Rice, Water, Earth, "Mother-Goddess" (Māe Sūn), and several Mother-Princesses (Chao Māe). Fire, and maybe wind, were both female (māe) and male (phra) (Textor:485). To these deities, "higher" than ordinary spirits, Bang Chan "owed more."

delivery, "her blood was purified to a white color to become the milk of the breast"⁴⁸ Nursing a child was the essence of a woman's function, the supremely feminine act. A priest said, "A mother mercifully receives the khwan into her womb, and for maintaining life gives more of her own body, strength, and care (i.e. than does the father)ø Mothers are born to love children. Theirs is a steady intent to provide children with successful existences. To a mother one is most grateful" (S.S.).

In a wider context, not only all their household members but people anywhere were the objects of women's nurture: women were in charge of the cooking even if occasionally helped by menø At the meals they prepared they were often the last to eat, so often "holding back and eating whatever was left over," that in a poor household, short rationing daily was probable (Hauck, et alø:35,49)ø One old lady expressed deep satisfaction that she "did not feel hungry any moreø" She construed this as proof that she had ample merit, but it also meant that she was a great donor who gave continuously and took little. Women usually offered the early morning food to priests in behalf of the family, and they took charge of cooking the immense amount of food served at large ceremonies and temple festivitiesø When age pushed women past their mature capacitiesø they returned to the status of recipientso A son said of his senile mother, "She has gone back to being a child" (klap pai pen-dek). The son's wife cooked delicacies for herø

A desire to give tender care and nourishment was deemed inborn in all womenø Although sex was not strongly differentiated in babyhood,⁴⁹ by age 3 a hard-to-handle skirt was put on a tiny girl, who reacted with vast prideø By 5, girls were helping with cooking and baby tendingø Often has an older sister of 9 or 12 been observed patiently feeding her charge the ice cream she longed to eat herselfø

48. This very phrase was congruent with the colors associated with the khwanø Red or white flags, or pieces of cloth, or puddings (khanom) were required wherever khwan were involved, such as in rice, sān phra phūm, and tham khwan ceremoniesø Red was an auspicious color, white symbolized innocence and purityø

49. Anuman Rajadhon reports, though, that at the moment of birth, the child's sex was immediately "adjusted" (Anuman Rajadhon:127)ø

Only when the youngster was satiated did she gobble the remainder.⁵⁰ Parents often commented that girls in general were obedient and good, but boys were not. Everyone spoke, however, of exceptions. The capacity to play the female role grew with the child. It was not completed with the physiological maturity of first menstruation but only with ritual maturity.

The rituals to fit a woman for her office, described as "directly related to the welfare of the child," had 4 specific purposes. They perfected her as a compassionate being; restored and strengthened her body; improved her capacities as a nourisher; and strengthened her own khwan. The key to each of these aims was the holy fire.⁵¹ Because actions taken by the fire were immediately and permanently effective, every effort was made to induce auspicious happenings. Words spoken by the fire had compelling effect so even ordinary speech became magical. Speaking of the fire's hotness so raised its heat that a mother was burned. For this reason, uninformed or careless visitors like children or foreigners were a danger.

According to Buddhist thinking, suffering developed compassion. Through the discomfort of pregnancy, followed by the anguish of childbirth and the heat of the fire, a woman became compassionate and so achieved the guide-line for moral behaviors. Then a woman was sure to be touched with pity for the younger or less fortunate. One teacher despite the inconvenience went home twice a day from school to nurse her new baby because she "pitied" him too much to hire a wet-nurse. It was "pitiful" to see a child at another woman's breast for it implied that its mother was either unwilling or unable to nurse it. Thus, babies were rarely nursed by others than their own mothers.

The fire also strengthened a woman by ridding her of bad blood and foul fluids. Wind and Fire, the 2 spirit guardians of the elements necessary to the occasion, were invoked to assist in the drying of the uterus. In addition, strengthening

50s Boys too fed their younger siblings but their purpose was a power-play: "to assure obedience in the future" (cf. Hanks and Phillips: 48).

51. This fire was kept entirely separate from the one for cooking and boiling of waters. It was ritually lit and ritually extinguished at the end of the fire-rest.

foods like rice and fish, the staples for stout farmers, were stressed. Fruit, "which gave no strength," and vegetables (except for the nursing curry mentioned below) were avoided.

The holy fire also transformed a woman into a better nourisher. It gave her new, lasting beneficial nursing habits. As one man explained, "the very nature of water is changed by boiling over a fire. It becomes suk (ripe)." Similarly, a woman's body, her very nature, was permanently changed to suk by the fire's heating. The fire, in fact, made suk all the food she ate beside it. Since this food was turned into milk, her breast milk became suk and so more nourishing, and did not disturb elements.⁵² "Food eaten while lying by the fire, when eaten later on (during lactation) by the mother, does not cause diarrhea in the baby." Jackfruit ordinarily caused wind-trouble during lactation, but one woman ate it during the fire-rest, and at once "got used to it, so she could eat it all the time." To make themselves better nourishers, some women spoke of the desirability of "eating a bit of every kind of food." The "nursing curry" (kaeng liang) was a mixture of vegetables.

Finally, the consecrated fire strengthened a woman's own khwan. She could better withstand convulsion if attacked by a spirit.⁵³ She was able thereby to handle a khwan even without the special magic that existed for it.

52. To be nourishing even the daily rice had to be made suk by boiling (Anuman Rajadhon 77). It may be that no food was considered nourishing unless suk, either naturally (like ripe fruit) or by cooking.

53. "...when 'involuntarily' entered by ghosts...maidens in the 17-25 age bracket tend to convulse more violently than do women of more advanced years" (Text 406). "Maidens" were presumably not married and so not suk.

Thus she performed several rites involving the maintenance of the immature khwan of children and of rice.⁵⁴

The acme of maternal virtues was manifested in the "good nourishers" (liang di). These women had borne many children who "nursed and slept well, did not cry, and easily established good habits." They were liang di not just because of the time spent by the fire, for that time could be matched by persons who had lost babies. They were special persons of more than usual capacities for success in nurture. Good to have around for their auspicious influence, they were called upon to inaugurate or help processes concerned with health and growth. They performed, or caught the child in the winnowing ceremony, or gave babies their first suck. They were the persons to whom a sickly child was brought so that his health might be improved by calling the soul and tying holy cord at wrist and ankle

54. If a child indicated by continuous crying that he had lost his khwan, a mature (suk) woman had to be asked to call it back ritually and re-tie it into the body with sacred cord at wrist and ankle. There was no special magic. Her words suffice. Khwan-ladling, a more elaborate and compelling form of the same ceremony, used magical formulae (Textor:401-402). One of Phillips's sentence-completion tests was, "If one is frightened, the best thing to do is..." Of the respondents, 7 women, including one Muslim, would set to work to "call back the khwan" (Phillips:267-268). No man suggested the latter.

In the agricultural rites, women handled the rice's khwan in basically the same way when it was immature: inviting the young Rice Goddess to stay and grow in the field, and transporting to the house the child-like seed that only next year would grow to maturity. For these rites a woman used an incantation if she knew one. That she could also handle the rice khwan by speaking "extemporaneously" (Textor:429)q, indicated that her mere words were enough. If no one else were available, a non-suk woman could call the khwan of a child or of the Rice Mother by reason of her in-born female potency, but could not "ladle" a khwan.

When the khwan was mature (after a person was about age 10) men took over its care. In the men's tham khwan (khwan-strengthening) rite, here, too, women were the ones to carry off the cloth-and-leaf covering of the baisi (tiered offering) into which the khwan had flitted during the ceremony. The rice-ceremony at the threshing floor was a tham khwan, so was performed by men.

(riak khwan)⊙ Theirs was an augmented personal potency⁵⁵ in nurture not unlike the mana so widespread in the Asian-Pacific area.⁵⁶ The best midwives were liang dī, though not all liang dī were midwives. This societal peak was not an unattainable ideal. In the community, certain women were pointed out as liang dī and some of them recognized in themselves the validity of this title.

The association of rice, motherhood, and khwan now stands clear. Rice made suk by cooking over a fire, was the essential food not only for the body but for the khwan. Growth and life depended on the nourished khwan. Rice came from a maternal figure, the Rice Goddess, Mae Phosop (cf. J.R. Hanks, 1960). Human mothers, too, when made suk, gave suk nourishment: the milk of the breast was merely transformed rice. Whenever rice was eaten throughout human adulthood, the Rice Mother continued her nourishment, for in each grain was a bit of her khwan, nourishing to the human khwan. The rice-bowl and ladle, used in many a ceremony, stood for the maternal care given a human khwan, and by extension, personal care throughout life. Whenever the rice bowl with offerings (khwan khao: soul-[of]-rice) was presented by a parturient or by a sick person, loving care comparable to maternal care was being requested.

The idea of re-birth, of a fresh start within the pure area encircled by the holy cord, with auspicious words and consecrated fire, was deep in every life-cycle rite. The particular circumstance of the fire of parturition was a forthright cooking to bring out and increase a woman's essential femaleness, to transform her from a youthful, partial giver into a complete, mature donor of nourishment. Such was the satisfaction of women in this female role that many said they would like to be reborn as women. Few wanted

55. Anuman Rajadhon (p. 134) reports that in India a newborn girl needed no ritual paraphernalia to keep away spirits because "her sex...is a protection in itself, and spirits cannot come to bother her." This was close to Bang Chan's idea of female potency.

56. Cf. "Mana" (E.R.E. VIII:375) for a quick run-down on a definition of mana.

to be reborn as men. All women were eager to undergo the post-partum fire at least once. After that modifications might be entertained.⁵⁷ Whether the baby lived or died was not pertinent, for the benefits of the fire were for the mother.

Comparison of Male and Female Maturation Rites

The parallel ritual that fitted men to perform their masculine role was ordination into the Buddhist priesthood. The well-documented Buddhist ends should not be permitted to eclipse this other personal goal. Just as the fire prepared a woman for motherhood, so ordination changed an immature youth into a man ready for marriage and fatherhood. He too was transformed from raw (dip) to ripe (suk). Men gained compassion through denial and suffering. Since their natures were seen as hard (khaeng), strong, bent on gain, influence, and power, possibly destructive and concupiscent, the severest deprivations were invoked: the renouncement of the gratifications of sex and food. Of the 2, the deprivation of food involved the greatest break with previous habits, for since babyhood, food had been a symbol of maternal care. Hence, a man was cast on his own. His only refuge and support was the Buddha, the law, and the Brotherhood. This self-denial induced the suffering that, coupled with knowledge gained from study of the scriptures, led to compassion. The suffering in no way

57. The fire-rite though desirable was not obligatory. In 1865, Bradley said it could be "dispensed with in times of civil commotion, for fear of the enemy" and "no damages whatever were suffered whatever to mother or child" (p.79). Like other life cycle rites it was postponed if not convenient (saduak). Also in times of peace, "a few mothers here and there cannot lie by the fire," and a few say, "they will not" (ibid:p.79). Bang Chan would accept this viewpoint freely as reflecting an individual, constitutional set of elements, or as an autonomous decision of an individual. The woman would never feel herself as competent as a ritually mature person though.

deprived a man of his masculine strength but was expected to change him into a kind and merciful being.⁵⁸ It took at least a three month season (phansā) in the priesthood to make a man mature, responsible, and effective. That this moral fitness was not obtained overnight was given vivid illustration: if a Buddha Amulet, designed for invulnerability, failed to be effective when tested by having a gun fired at it, it was "sometimes jokingly dismissed as a monk (phra) who has just been ordained (buāt mai)" (Textor:529)◊ This interesting episode illuminates one other important result achieved by both men and women in their respective maturation rites◊ authorization to handle magic.

Magic and Maturity

In Bang Chan, magic was powerful. Whatever the purpose, whether beneficial or nefarious, it was effective if all conditions were met. Lest such power fall into unscrupulous hands, the community limited its availability and use to those who had gained the moral qualities and fitness to handle it wisely◊ Only the ritually mature could be counted on to be compassionate, strong, responsible adults, and so were permitted access to occult powers◊ Whether by ordination or the fire-rest, to be suk was an absolute prerequisite to magical knowledge◊ It did not give magical power, but qualified one to seek it out◊ Since no career in medicine was possible without magic, no man could be a mō who had not been previously ordained◊

The uses of magic by men had entirely different objectives from those of women. Their respective fields did not

58. "A monk was changed...to be meek and mild." By seeking his morning alms he "show(s) mercy towards creatures" (prōt sat) (Anuman Rajadhon:76-77)◊ Women's tenderness in their maternal function was not associated with shyness◊ A compassionate woman with a strong winyān soul (which projected the quality of the heart) was enterprising and effective (cf. J.&. Hanks, 1959). Where sexual characteristics were confused, instability in behavior appeared. The cultural expectation was that children and women were delicate (ōn), older people and men were hard (khaeng)◊ "A male who is easily induced to convulse is one who had a 'soft' heart (čhai ōn)... and also a 'soft' khwan (khwan ōn).◊◊◊ Such a young man is excitable rather than predictable and dependable, and hence is cause for parental anxiety" (Textor:405)◊

overlap at all. Magic was wielded by men to gain power over spirits, persons, elements, and forces. It had either social or personal benefits. The role of highest social benefit, corresponding to the liang dī in women, was the khwan-specialist (mō khwan) who conducted the life-cycle, khwan-strengthening (tham khwan) (for persons and for the rice) and many other ceremonies for the mature khwan. This role demanded men of the highest qualifications in probity, erudition, and personal dedication. Men also had the formulae for curing, house- or boat-blessing, invoking guardian spirits (sān phra phūm), etc. Men could make protective amulets to render the wearers safe from bullets, knives, spirits, and all sorts of hostile forces in the world.

On the other hand men's magical objectives could be aggressive and hostile. The gamut of amulets, missiles, love-oil, and incantations (Textor: passim) showed the potential for attack and why the converse need for invulnerability was so strong. Men had a nurturing (liang) role, but only for non-human beings, e.g. buffalo, pet birds, and guardian spirits of house and land. Subverting this role for hostile ends, they obtained possession of the ghost of a recent corpse by gathering the drop of oil at the chin, and nourishing it (liang) for use in sorcery. For a man, nourishing something gave control.

All of the powers of men's magic were available to women on request for any purpose, hostile or not, but the "owner" had to be the mediating agent.

A woman's magical knowledge was linked exclusively to her female task. It did not give power over people. It could not be destructive. No female sorceress existed in Bang Chan. No woman feared the magic of another woman in childbirth nor at any time. A woman's magic was devoted solely to promoting the processes of growth and life. Thus it controlled the searing heat of the fire, invoked the Spirits of the 4 elements, and helped at various points in childbirth. It handled the soul of the Rice Goddess and of Mother Sū, guardian of children. It restored any frail and wandering khwan to its proper bodily abode. Such was a woman's magic.

To insure separateness the respective provinces of magical activity were ringed with sanctions. Contact with a woman's skirt, undergarments, or menstrual blood completely negated any of a man's protective amulets (re tattooing, cf. Textor: 102). Though this reflected the traditional avoidance between sexual phenomena and Buddhism, it might also indicate a tacit moral evaluation of the magical powers of men and women: the powers for growth were ultimately ascendant over those for power, for men had nothing that undid a woman's powers. Though women were easily prey to men's magical control, as by

love philters, and they might be "sealed up" in childbirth or attacked by khun, their capacities to "liang" were inalienable. If any woman tried to tamper with men's magic, a severe sanction fell on her. She became the host of the phī krasū who lived from faeces like a dog.⁵⁹ On the other hand in a legendary case a man who tried to perform one of the women's rites to the Rice Mother was destroyed.⁶⁰ Furthermore, the Buddhist sanction of sinfulness fell on any man using magic for evil purposes.

The single channel where women might operate in the men's field of curing, power, clairvoyance, etc. was as a medium (khon song), through possession by a spirit. If possessed by a male mō she could do everything a mō could do. Men were never mediums. Bang Chan's only medium was possessed by a male mō.⁶¹ During seances she talked and sat like a man, and gave out cures and advice to an eager clientele. Only while wearing the yellow robe of an ordained priest did a man enjoy a generalized eufunction comparable to a woman's nurturing capacity. His powers in many respects were far greater than hers, but limited in her special province.

59. My finding is based on Textor's interesting facts (pp. 305-330). He described the hosts of phī krasū as married women ("never a maiden") in their 30's or 40's, who were "invariably" trying to learn love magic. Such women were, however, violating their sexual function as nurturant and worse, their status as "suk" women, ritually established by the holy fire! Ostracism by the community, implemented by fear of contagion through spittle, lasted even unto the deathbed. The phī krasū's daughter alone was immune while giving the devoted care which was every mother's due in her old age, for Bang Chan desired no alienation of this filial duty even out of fear of the terrible sanction on the mother.

60. The legend ran that once a man instead of a woman went into the rice field to perform the ritual inviting of the Rice Goddess to stay there and be cared for with food and offerings during her pregnancy. The goddess he met was not an immature and tender child-like spirit, but the adult, pregnant being who was powerful, flirtatious, and frightening. Dazzled by her beauty he fell in love with her, and ran away with her, vanishing forever. The goddess, affronted because an improper person arrived to deal with her, destroyed him.

61. In Bangkok, monkey, cats, or spirits may also possess women.

The medium's powers as a $m\bar{q}$ appeared to be entirely equivalent to a man's.

To summarize, the fire-rest enabled a woman to acquire fruitful habits, new status, and the right to handle magic. The implications of the ritual clarified the role of women and the associated symbolism of rice, and by contrast the role of men. The nature of the magical resources available to each sex laid the groundwork for a career in midwifery for women, and for men, a career as a $m\bar{q}$.

Comparison of the respective rites of maturation points up certain contrasts and parallels between men and women. Women achieved compassion and maturity through their sexual role, while men achieved these qualities by denying their masculinity. Even a bounty of merit, which a man achieved directly by ordination, came to a woman through procreation, by the ordination of a son, or as a wife if her husband were ordained. Many activities were done by either sex, but each had certain exclusive proprietary areas. If women were donors of nourishment, men too had their donor roles, sexual, economic, religious, etc. Each paralleled the other in the formal steps to maturity, building the way for a complementary social and marital partnership for which both were ritually and psychologically well prepared.⁶²

62. In contrast, note the psychological ill-preparedness, leading to severe tensions in Ceylon (Oberesekere, *passim*).

Chapter VI

MIDWIFE AND MŌ

In Bang Chan it was easy to ask, "Who has delivered babies?" The answer would run into dozens of names. To respond to "Who are the midwives?" an informant would give the names of 6 or 8 persons, then add, "Some people call them professional midwives but some do not. X is not a midwife but she knows how. Y delivers babies, but only out of pity. Z has delivered 30 babies or more, but she is not a midwife." If asked, "Are there doctors among those who deliver babies?" he would say, "MŌ (doctors) never deliver babies."

Before a definition of a midwife is given, a general picture of midwifery in Bang Chan is needed.

The Practice of Midwifery

Normal childbirth, a cooperative venture between mother and child, was not an illness. It called only for the help of kin or neighbors. Anyone who had seen or experienced childbirth at least once before was considered a possible, though not necessarily competent, "deliverer" of a child. The husband was supposed to be present to assist; failing whom a father or brother should attend. Consequently a good many men had witnessed birth. The spectacle was disliked, however. Anyone, though, young or old, male or female, kin or not, might offer or be asked to help. Private magic was not essential, though it was necessary for someone with incense, flowers, and a candle in hand to inform (bōk), the Lord Buddha, the ancestors, and the ordinary protective spirits of the land and home and so enlist their help. The customary post-partum rituals and blessings were not esoteric. Enough popular astrological knowledge was known, or quickly and freely available from a priest at the temple, to orient the woman in labor. Consequently, many a woman was delivered by her mother or other kin. One poor farmer and masseur, with the assistance of his sister, delivered all but one of his own children. On another occasion, a visiting kinsman, by chance a medical orderly in the Royal Thai Navy, safely delivered a relative. In all these cases the cost or "gift" was less, or non-existent, and the convenience

greater, for relatives were at hand. Some of these ordinary persons developed skills of considerable consequences

If difficulties developed, then a more experienced person, preferably a midwife, was needed. But many a midwife assisted at normal births. Because difficulties might arise from a deficiency of merit either in the mother or the child (one could never know which), many women preferred to have in attendance, for peace of mind, either a midwife or an experienced person to insure the presence of expert help. Sometimes they were engaged in advance, more often just sent for "as pain is increasing," it being not always certain whether the case was normal or not.

A few women were delivered at the Mīnburī Health Centers. These were rarely normal cases. The Center was turned to as a last resort in dire circumstances, with the result that sometimes the woman died in the boat on the way. A few persons of rather more modern outlook, such as wealthy farmers, teachers, and traders, had been delivered there and recognized its usefulness.

The midwives lived in all parts of the community, with 3 in the populous central temple areas. No one was more than a half-hour's paddle, or an hour's walk from the home of some midwife. What was desired, however, was a particular person, even though he might not be the most accessible one.

Since midwives were all heads of large families their clientele was mostly their kinsmen. They also took care of non-kin who lived in their localities. A daughter or other close relative who had married out would be attended wherever she was, if she did not return home for confinement.

In choosing a midwife, a parturient sought out not only skill but favored a kinsman over a non-kinsman, a close relative over a distant one, a near person over a far.⁶³ Occasionally, to sustain an image of progressiveness, social superiority or of wealth display, a midwife from outside Bang Chan was imported. Sometimes proximity, convenience, and

63. A male and 2 female kinsmen-midwives were called by the man's sister to deliver her, and all came. He did not deliver her because she was "too close a relative," but he said a brother "could deliver a sister."

affection overrode kinship.⁶⁴ Thus affinal relatives and non-kin neighbors were also requested to assist Buddhists attended Muslims and vice-versa (though Muslim women preferred female assistance).

In emergencies the professional midwives' area was the whole community. They travelled long distances to attend women who were not close kin. No parturient, however, even in an emergency, was ever attended by a complete stranger. In all likelihood, every adult in the community knew the midwives at least by sight.

As to the size of the practices, reported activities ranged from the Muslim midwives' estimate of 10 per year down to 2 or 3 per year.⁶⁵ The 2 men and the most competent female midwife reported about 4 per year, a figure probably weighted on the side of the difficult cases per year. It is noteworthy that the men, in spite of being as we shall see both *mō* and midwife, did not have larger practices than the women. It was considered basically a woman's skill.

None of the midwives derived much income from their practices, nor did they expect it to be significant. Their main income came from rice-growing from which, however, the women and one of the males had largely retired because of age. The other male midwife was exceptionally busy as a labor contractor, builder of houses, land-owner, and headman as well. The midwives found the 5 to 30 baht offered

⁶⁴ Two teachers who were in the kinship category of granddaughter (*lān*) to the 3 best midwives, and lived only a few hundred yards from them, were delivered by a woman who was mother-in-law to one and husband's older sister to the other and who was "not a midwife but knows how." Since labor was quick and normal, no higher help was necessary. On the other hand, all 3 of these midwives turned up to help at the confinement of another cherished "granddaughter." Only one of them actually delivered the infant but other functions were diplomatically divided up by the young mothers.

⁶⁵ Hauck studied 46 babies, aged up to 3 and so not all born in one year. Thirty-one were delivered by 4 of the professional female midwives (12, 9, 7, 3 respectively); a male midwife and an "experienced" person had done 2 each; 11 women, one each (Hauck, 1959:61). A few of the latter 11 were ordinary kin, not midwives.

in the khwan khāo "gift" handy cash. The income was about 40 to 200 baht (\$2.00 to \$20.00) per year.

The duties of a midwife were not time consuming if all went well. There was practically no pre-natal care, and a few hours of care was given for only three days after birth. If complications arose, though, the midwife spent long hours away from home. In fact the husband of one midwife grumbled, "You don't receive anything, and just waste time. Sometimes you stay away over night, and no one watches the house or the children."

In their social role, midwives felt personal but not group solidarity. A solid bond existed between an older midwife and the particular younger one to whom he or she had given training and magic. Those related by blood or marriage sometimes worked together, and even turned over cases to each other if outside demands became pre-eminent. If in trouble on a case, midwives did not call on each other unless as close, affectionate relatives but turned rather for help from a mō or to the Mīnburi Health Center. Yet sometimes rivalry was severe. If the family of the parturient felt that no progress was being made with one midwife, they called in another and another. Each did his utmost and then stepped down when it had to be admitted, "My magic is not enough." The final expert who brought mother and baby through before the deposed midwives glowed inwardly with pride and skill and satisfaction that the magic of his particular teacher had proved effective. The sharpness of the competition reverberated through the words, "I pushed the other midwives down." Community standing or "face" was not lost by an unsuccessful case because of the midwives' fundamental role as helpers only, their faith in their own experiences, and again, the conviction that the course of childbirth was merit-determined.

Though living like other elder citizens of the community, in their social role they were more respected. Known as selfless donors of time and energy for the sake of others, whose successes gave proof of merit and nurturing capacity, they were viewed as assets to the community. In spite of competition considerable affection was evident between some. They were elders before a sea of youth, old friends who had for years lived and farmed side by side, met at ceremonies, and shared many experiences.

If the case were in difficulty sometimes a mō was called, sometimes a midwife or even both. What was the nature of their respective specialties? What in fact made certain midwives "professionals" (tham āchīp [Mc.F. 990]) when others who had equal or more experience were not so considered?

The Role of the Mō

A mō never delivered the baby and never even touched a woman in labor, for this was not part of his specialty. If labor were slow, or weakness were setting in, he came to give a decoction to raise the fire element within the body, speed up the winds and so strengthen the contractions. He also gave holy water for general strength and to clear out, if such there were, any obstructing spirit or magical disease object like khunn. Because of his experience, though, he might stand beside the midwife or other woman instructing; for instance, "Pull now!" "Watch out for the eyes!" His advice was more often sought after childbirth if fever or swollen body were in evidence, for these were the results of "inadequate outflow of blood and fishy-water." Because they were called in case of debility, the mō were the ones who suggested when it was advisable to send a parturient to the Mīnburī Health Center.

No priest-mō was ever called for childbirth because of the contact with a woman's genital area, though they were consulted on menstrual and pre-natal irregularities.

The Specialty of the Midwife

Midwives were called mō tamvāe (doctor-expert-in-occultism; pounding, as in a mortar [McFn 365] crouching, [McFn 682]). There were 4 or 6 women, both Buddhist and Muslim, and 2 or 3 Buddhist men, who had delivered 100 or so babies apiece. They ranged in age from 50 to 70. Dozens of women had delivered babies one or more times but were not accorded the title of midwife.

The foundation of their specialty was a greater than usual manual skill, developed over long experience. "We have only our hands," said one woman. The more expert could handle certain mal-positions, and did not hesitate, but only with permission to put the hand into the vagina to turn the baby or "unstop the blood." They were better judges of the progress of labor, whether normal or slow, and of the symptoms of debility. They were more likely to keep calm in the face of extreme suffering where the parturient's relatives, over-eager in their desire to help, sometimes inflicted

severe injury, such as bruising by excessive pressing, or even in hysteria pulling the child to pieces in their effort to get it out.⁶⁶

Secondly, a midwife offered success, not only as proof of competence, but as a substantive asset. It will be remembered that the initial shape of an event set the invariable pattern for its subsequent occurrences. Thus a parturient was virtually certain of successful childbirth if she called on a person who had the habit (khōei) of success. It could not turn out otherwise. We have also seen that these successful midwives were good nourishers (liang dī). A new mother wanted to associate herself with such a fortunate sequence. Once established, a midwife's reputation was not unduly tarnished by the loss occasionally of a mother or baby. She might explain, "The woman did not do as I said," or "I was not given permission to do what I could have done, for her family feared she would be even more hurt by my putting my hand into the vagina." Death was of course, only due to the running-out of the deceased's merit.

⁶⁶ To give something of the measure of their skill: if the feet of the baby appeared first, one man "straightened the legs by hand inside, held the chin carefully as the head came through," while another said, "Do not press or reach into the vagina. Let the baby come naturally." If an arm came first, or it were a breech presentation ("the baby is turned over"), the procedure was to "pull and press lightly," but it was conceded that neither the mother nor child could be saved. Expulsion of the placenta was frequently difficult. "It may take 2 hours or stay in 2 days or more. Some die when it is left in, but some do not." The technique of removal was to give a medicine, press, pull with the hands rubbed with alum for a better grip, with the woman in a crawling position. Some reached into the vagina to locate it. One woman had analyzed her practice so as to know when to expect trouble: namely, in the later pregnancies and childbirths, i.e. the sixth and seventh, say, rather than in the early ones during a woman's younger years.

As to mortality, one "professional" man estimated 30 deaths of babies out of 238 deliveries in 50 years. Hauck (1956) reported 90.6% live births (pp. 32-33), 7% of the babies dying in the first month, 11% within the first year (pp. 39-41). One should remember that the professionals had a greater proportion of difficult cases. One woman had delivered over 100 babies and "all lived."

In these 2 qualifications of skill and success, some of the explicitly non-professional old ladies were recognized as easily matching the professional. What then was the definition of a professional midwife?

What the professional midwives alone did was to deliver non-kin, for which they had to have magical formulae and reliable celestial knowledge. The incantations gave a midwife the right to be called a mō tamyaē, for he or she was using to a greater or lesser extent the sacred wisdom of occultism (saiyasāt). Here midwifery was like any other craft or endeavor. One could cure and build a boat without magic, but with it, the chances of success and effectiveness were increased. The incantations could "ease delivery," "get a baby out that had died inside" (for this baby could no longer do his part), "prevent the poison of the fire from burning the mother" and give other special help. That this magic was the crucial difference between the professional and non-professional was illustrated by the old lady who had delivered 30 babies, but vehemently⁶⁷ denied being a midwife. "I am not a professional. I have no magic. I only pray to the Lord Buddha and think of sacred things each time."

A professional also had more detailed astrological knowledge of the orientations of relevant celestial beings so that delivery would be "helped and not obstructed." This knowledge was in no way a professional secret, but if complications during childbirth were evident, it was necessary to have accuracy, and convenient that the midwife had it.

To certain villagers the designation "professional" could not be applied to women because, never having been ordained, they had not learned to read, as men supposedly had, not only Thai but Pali and Cambodian, the languages of medical and magical lore. "A professional midwife has a book. No woman can become professional because she cannot read." at incantations were correct only if taken from the sacred texts at the temple, though in fact the formulae were taught orally. One male midwife had a sacred book in his private possession, which was proper, for

67. Her vehemence may reflect either pride in being so successful without magic--a true liang dī--fear of being reported as unlicensed (see below, p. 145), or consternation lest she be accused of using magic to which she was not entitled.

sacred books were inherited by males.

In the light of this definition, only the 2 or 3 males were true professional midwives. They gave elaborate annual ceremonies of homage to their teachers (wai khru) attended by all the persons who had profited from the teacher's magic that year. However, all the male midwives were also fully qualified mō. Their ceremonies were large because they were dedicated to the teachers of their curing powers as well as midwifery.

The male midwives, then, were in a somewhat different category than the females. They were mō who had, in addition, trained their hands for midwifery as an "extra specialty." Midwifery seems to have been one of the few areas where skilled hands were considered of greater importance than magic. "We have no magic for delivery," said one male midwife, knowing that nothing but merit could guarantee success. Because they had access to the incantations for element and spirit control, and could make holy water, the midwife=mō could spare the parturient the necessity of getting in an outside mō, if such were needed. However, one part of the midwife's job the men could not do. To protect their male powers of invulnerability they were forbidden to wash the woman's clothing. A woman or a female midwife always had to do this. Men also could not provide the female "mystique" particularly related to the khwan and to growth.

However, the community did not adhere to this narrow definition of professionalism, for several of the experienced and competent women, Buddhist and Muslim, behaved as professionals and were accorded the title of mō tanyae. Their magical formulae, being congruent with their female office of promoters of growth and life, were especially effective. Like a mō they received the ritual gift of the khwan khao, hallmark of the possession of occult formulae, which the patient presented to assure the benefits of magical knowledge.⁶⁸

68. This ritual bowl of rice and offerings was never excused even between the closest kin. If forgotten or misused, the "teacher" punished the midwife with pains, and had to be mollified with a food offering. The magical benefits could not be withheld once the khwan khao had been accepted. It was not accepted if the patient were too near death to be assisted. If the patient died, the whole gift, cash, rice, and all, was given at once to the temple to make merit.

Although as to fees they said "It is as you please," these women received as a rule the higher honoraria of 10, 20, and 30 baht. They did not have a separate teacher-rite but paid their respects during regular temple events such as offering a pig's head and the other items during someone's ordination though the Muslim midwife had her modified teacher-rite in a separate home ceremony, not at the mosque (cf. Appendix: Muslim Customs). It was even said of the best female midwife that "she had a book" She was literate in Thai. Even if her book were a popular astrological guide, it carried the reverence accorded all books. Whatever it was its possession increased her aura of reliability. Though the women did not receive their magic at the temple but rather from a kinsman in the maternal line, their incantations, which appeared to be in the Pali-Thai tradition, were no less effective.

The professional midwives, both men and women, saw themselves as individual custodians of sacred knowledge and competent in a technique. They were not only interested and ready but obligated to give expert care to anyone, anywhere it was needed.

The non-professional midwives always thought of themselves as voluntary helpers of kinsmen, acting "out of pity," and carrying on their female responsibility for new life as older women helping their younger relatives. The idea of giving nurture and assistance was so deeply ingrained in the female office that the professional midwives saw themselves fundamentally as volunteers.

Learning Midwifery

The decision to deliver a daughter or a wife was not momentous. One did not have to be "suk" to deliver a baby. The same practical and compassionate motives that led a mother to seek out professional techniques so that they might "help more." One woman bearing her own child at 25 with intense suffering, became angry (chep chai) because "the midwife did nothing to help, but just sat and chewed betel while others did all the work." In desperation she called in her own mother to deliver her. She also "felt she had many relatives who would need her help." Another was asked by her mother's brother, a midwife, to accompany him as he was getting too old. He then gave her his magic. A man took up the specialty after his first child, a son, died at birth from ineptness he thought of the midwife. Another man, though, took it up as a "minor extra" to his career as a mō. All learned the skill by accompanying and helping an

established midwife who was a "close relative."

Sometimes the interest arose in young people. A girl started at 15 to accompany her mother, a midwife, as helper and delivered her first case alone (an emergency) at 20. A boy of 15 also helped his mother's sister, who was a midwife. Later, when married, he delivered some of his own children, but denied that he ever intended to take up the calling. One young man in his 30's, was seen going "as a team" with a well known old mō who directed him in the manual operations but who did not ever touch the woman himself. He also assisted one of the female midwives, but had not yet delivered a baby alone.

The first child delivered by anyone was always the child of a close kin. Only with success at this first delivery would a person even consider doing it again. The second case, and the next few were confined to the potential midwife's close relatives, children (lūk), grandchildren, and the children of siblings (lān). Thus, the skills were validated within the kin circle before a midwife felt ready to practice outside.⁶⁹

With success, a person of developing skill might be willing to include non-kin in his clientele, i.e. become a professional. One resolved only to help relatives but her "fame spread." As another said, "seeing it was safe, I was encouraged to go on." By this time, magical formulae had been

69. Daughters-in-law were within the validating circle if circumstances were "convenient"--i.e. if their own mothers did not deliver them and if they lived with their husband's people. No witchcraft was feared between women. A mō in his specialty also had to validate his skills within his close kindred before non-kin would call on him. A reputation began at home.

sought, ritually requested of some relative who was a midwife.⁷⁰ Some persons though continued to limit themselves to delivering their relatives, and never sought magic at all.

Two Worlds: The Natural and the Supernatural

To deliver a baby as a midwife or even as an unskilled kinsman, embraced 2 aspects: a manual or technical, and a magical. These aspects corresponded to Bang Chan's 2 great worlds of knowledge and experience: the natural and the supernatural.

Midwifery was not alone in embracing both of these categories. Every activity, bus-driving, dancing, printing, or other, had its incorporated magical means to augment the probability of success. Though with the manual or technical skills of the natural world alone one could come through all right with even a modicum of supernatural help, success was greater. No one wanted to take the responsibility and risks of "going it alone" especially when the resources of the supernatural world were so freely and easily accessible to everyone. At the very least, one could start an enterprise on Friday (Wan Suk: Happy Day). The closer an enterprise was to the margin of life and death, however, the larger the supernatural element. In farming, curing, and midwifery, for instance, the ritual component was strong.

Since these 2 worlds were qualitatively different, each required a different method of learning. The supernatural world, immaterial, royal and sacred, was learned

70. Three women had received theirs from their mother, mother's mother, and mother's older brother, respectively. A retired midwife planned to give hers "to the daughter or grandchild (lan: sex not specified) who was interested enough to ask for it." One man had received his from his father's father. Childbirth magic would hardly be a suitable topic of conversation between priests, but it might have been passed down there, too. The midwife whom one accompanied while learning probably was the source of one's magic. Women's magic was passed down the maternal line only, whereas men could get theirs both from kinsmen and at the temple.

by instruction from a ritually⁷¹ approached teacher. "One cannot accidentally learn. One has to ask to be taught." As a practitioner in this field, the title "mō" signaled expertise; where teaching was involved, the title was khurū (teacher [McF. 183]) or āchān (professor [McF.990])^o Speech was the key to this tradition, in spite of sacred books and wall-carvings in the temples.⁷² Modern education, being book-and-teacher based, shared in this aura. There, even today, listening is more comfortable than reading.

Techniques of the practical, natural world were learned not by teaching but pragmatically by observation, example and experience. Eyes were the key. "I know because I saw," said a midwife^o At the highest level of achievement in the natural world one was expert (nak), e.g. convict (nak thōt, an expert in being punished) a tourist (nak thīeō, an expert in roaming around)^o⁷³ Within the natural world, an intense pragmatism reigned always emphasizing visual phenomena. People were keenly

71. To speak ritually one held in the hand the trio of incense, flowers, and a candle^o This was the way to cross over from the profane to the sacred world, to inform (bōk) or make a request of, a sacred being (a teacher^o priest, king, or deity)^o The tiny flame of the offering invoked holy fire, and so had the effect of making one's words compelling, for no one could gainsay a request under such circumstances^o A husband about to deliver his wife held incense, flower, and candle in hand as he requested the help of ancestors and spirits. (Bishop Pallegoix saved the existence of his mission by thus approaching the King [Pallegoix, Vol. 2:201]). The trio of offerings, whether at the 4 corners of the lying-in fire-floor, or in "bat phlī krathong" at a "tham khwan" rite, or even in an ordinary khwan khāo made all actions and words compelling.

72. Because words, immaterial and invisible, lay at the base of occultism, words as continuous agents of power permeated Bang Chan's ordinary daily life. This was why words, verbal play, and punning initiated action: pregnant women attended the monks' "coming out of retreat" (ōk phansā) so that the child would "come out" (ōk) easily.

73. It should not be forgotten that most activities in the supernatural world had their technical sides, and the term "nak" was used there too. A curer had to learn his herbs; a dancer, his steps; and a master of ceremonies, the words of the chants.

aware of what they observed and interested in experimentation. One woman, observing a mother who did not take any medicine, and even ate jackfruit, commented that she was "quite strong." Another watched what happened to a parturient who had no one to boil water for her, so used canal water. "She is healthy!" she exclaimed. Another decided to test whether not burning up all the wood made a child unable to finish his work and found the maxim untrue.

Just as supernatural knowledge was individually transmitted from a teacher to a pupil, so knowledge learned by observation was personal, even idiosyncratic. The actual observer of a phenomenon might change his ways accordingly, if he wished, but no one else would do so unless he too "saw it with his own eyes." The habits of one did not become the habits of another unless the same visual experience had been shared.

Because of the separation of the occult and the practical, the old midwives of Bang Chan would find it inconceivable that technical aspects which should be visually transmitted could be taught from a book.

Chapter VII

ATTITUDES TOWARD MODERN MEDICINE AND MIDWIFERY

Modern and traditional **medicine** appeared to Bang Chan to have much in common. Both **subscribed** to a belief in disruptive intrusions. In typhoid and **cholera**, the old scheme postulated intrusions of fire and **earth**. Boils involved a spirit attack or excess of fire. For ~~these~~ **same** disorders, new medicine spoke instead of virus or **bacterial** infection. Such concepts as nutritional deficiencies, **insect** transmission, and pollution, however, were alien to the **old** views as disease agents.

Modern medicines paralleled the old decoctions. Anti-biotics, ointments, or **pain-pills** were appreciated for their efficacy, but evoked no **surprise**, for every plant in the world was said to have some **therapeutic** value. Injections were similar to the sub-cutaneous **magical** protective needle.

"Old" medicine did not **feel** threatened because people were not convinced that the **modern** was better. The 2 systems were viewed as different, each **having** its own specialties. The difference was sometimes phrased as "Old medicine cares for old ailments; modern medicine for new ones." Spirit possession and **khun** attack, for instance, were old ailments; poliomyelitis, gonorrhoea, and maybe diphtheria, new (J.R. Hanks, 1955:155-195). It was sometimes better not to **claim** competence outside these customary lines. One **mō** said he could cure gonorrhoea, but the young men preferred a city doctor. Sometimes, though, one could not be sure what was a new **disease**.

Another phrasing of the proper place for modern medicine was that because of varying "**habit**," differing social stations required differing medical **techniques**. "Modern medicine is only good for delicate city **people** or other kinds of farmers, but does not give enough **strength** for rice-farmers." The orchardists below Bangkok who "**had** the habit of eating a lot of fruit," and the teachers and **traders** of Bang Chan (who went to the second class practitioners, and occasionally to modern doctors) were assumed to have different physical needs than farmers. The post-partum **fire** was clung to as strength-making: "woman are weak if no fire." The hot ashes chamber, introduced from Bangkok, was for the **most part** used by non-farm women.

An old woman summed up significantly 2 attitudes saying, "In the old days people made more merit and so lived longer, but because we had no hospitals, the children died younger." The relation of good health and longevity to proper religious and moral behavior was fundamental in Bang Chan. If merit did not suffice, medical attention, traditional or modern, could not prolong life. Children, however, were tender (ṅn) and easily prey to sickness. Traditional care could help them, but being delicate and tender like city people, children could also be helped by modern hospital care.

Between the 2 systems people sensed little conflict, for each patient made a preliminary diagnosis of his symptoms and sought the type of assistance his diagnosis and convenience indicated. Mṅ with some knowledge of both systems might offer their patients a choice of remedy. With the right diagnosis, magic, and medicines, a quick cure was expected. If not forthcoming, people were disappointed and moved to another specialist for his help. Modern medicine merely took its place as one more recourse.

The basic handicap of modern medicine was that it had no magical resources or holy water. "Its effectiveness is limited to the properties of the ingredients." Old medicine on the other hand had, in addition to these properties, "The strength of the mṅ's incantation plus the power of every person who learned and used that incantation, back to the time of its discovery, centuries ago." Thus where the medical schemes offered the same specialty, as in fevers, bone-setting, or obstetrics, the old appeared to offer more resources.

Besides its deficiencies in magic and strength-making attributes, modern medical care had other drawbacks. First, it was not accessible. A trip to Bangkok for medical purposes involved far more time than a day. M̄nburī's Health Center was a feasible trip, even for a woman in labor (stays ranged from 6 to 24 hours). Home arrangements for tending children, feeding buffalo, and other chores were less demanding. Bang Chan's eagerness for local modern care was shown when a Bangkok physician visited Bang Chan for a few times as part of a nutrition study. He was besieged with private requests for medical advice. Secondly, modern medical care was expensive. In Bangkok, after the expense of getting there, taxis, food, and housing costs for accompanying relatives, hospital, and doctor's fees sometimes meant losing the family gold and even land. M̄nburī's costs were closer geared to farm income, but medicines appeared costly. "Modern drugs taste and act better, but the poor have to use the old." Third,

to make use of modern facilities one suffered confusing and unhappy experiences. Bangkok traffic was dizzying, even if one knew just where to go. Hospitals had beds, not mats, and the personnel were strangers. Foods were often unfamiliar or violated traditional injunctions concerning heating and cooling. People were brusque, impersonal, and overbearing to country people. One woman complained, "I am afraid of the doctor there. She scold~~s~~me and does not treat me like city people. She will not explain what the sickness is." M̄nburī's clinic was small, set up in more familiar terms, and the staff known personally to many villagers.

Finally, there was the problem of finding an experienced escort, i.e. someone who "knew the way." More was involved than just convenience. In all walks of Bang Chan's life, no one ever presented himself to a school, to a household, anywhere, without a personal introduction from someone who had been there before, and so was accustomed (khōei) to it. It was not hard to find someone who had been to the M̄nburī Health Center, but it was difficult to find one who had been to a hospital in Bangkok, knew what to do, and had the time, money, and inclination to act as escort. The latter was always a relative by blood or marriage or the sick person's mō himself (Hanks and Hanks, 1955: 160). Actually, five or ten persons might accompany an ill person, only one of which was acting as the recognized go-between. Many of those who had been to a hospital or clinic as patients had previously accompanied others merely as escort, or to visit (Goldsen and Ralis 1955:31).

Who had actually tried modern medicine for one reason or another? About a third of the household heads had used some modern clinic or hospital for treatment or hospitalization (Goldsen and Ralis 1955:31). Use was more frequent among (1) the literate, (2) those exposed to the mass media of radio and movies, (3) those accepting certain urban ways, and (4) those having greater contacts with the city in the way of visits, but users were not of a noticeably higher economic level (ibid:37). Women went no more frequently than men (ibid:32). No figures indicated how many of these occasions were for childbirth, but our interviews point to a small number. Taking the will for the deed, two women teachers who appeared to be the first to plan ahead to be delivered at the M̄nburī Health Center--but who did not get there because labor was too quick--seemed to be viewing the use of modern methods as a means to higher status.

Why was modern obstetrics so largely eschewed? What had been Bang Chan's experience, unfavorable or favorable, that colored their attitudes? First, home was the most convenient place for care. Bangkok was ruled out categorically as too far. In fact, M̄nburī might be too far if labor manifested its normal celerity as the case of the two teachers showed, or if complications had developed. Furthermore, a Chinese resident of Bang

Chan during a period of residence in Bangkok was delivered at the Women's Hospital and at a later pregnancy at the M̄nburī Center. With her last baby, however, she elected to be delivered at home by the local midwife as more convenient in order to assure from her bed supervision and proper care for her other children. One young woman of very high social and economic standing preferred to import a midwife from a community six kilometers down the canal, and bear her child in her own home rather than attempt getting to a hospital.

Moreover, basically the M̄nburī Health Center was seen as a place for sick people, while normal childbirth was not a medical matter. To plan ahead for medical care there was to invite an abnormal delivery. The Center also suffered a poor reputation for success because difficult cases, hopelessly advanced, were the usual ones brought in. "At the Center are many . . ." people said.

Some comments were genuinely favorable. The cleanliness of the hospital was greatly appreciated. Anyone who witnessed the skill of the doctor or nurse-midwife held it in respect.

Techniques of delivery were sometimes mistrusted, sometimes admired. "They pull out the child with their hands, which is dangerous." "The fecal pump is unnecessary." "One may not crawl during labor." A m̄-midwife who witnessed the nurse-midwife at work said approvingly, "She can force a baby out, but our midwives can only press harder," and "The hospital knows when a baby will come." The stopping of the flow of birth fluids by an injection was resented as affecting strength adversely, yet the injection that "made the placenta come so fast I couldn't notice it," or "gave the mother strength when the baby was stronger than she" was liked. The pills for pain were enthusiastically received. The hospital's closed windows "protected the baby from wind element," but the journey home dangerously exposed it and the mother to cooling wind. The dietary recommendations during recovery appeared wrong: eggs, which were "too cooling," or fruit, which "gave no strength." The suggestion of a nurse that scissors be used to cut the cord was resented as uncomprehending of village living problems ("we haven't any!" and "scissors always rust") and also as unwise ("rust gives tetanus poisoning").

Another criticism was the lack of personal warmth and pity manifested by modern physicians and nurses, unlike the attentive, reassuring m̄. By forbidding abdomen-pressing, they were accused of "not doing enough," even of

"not wanting to help." The mother and baby were seen as having to fend for themselves. The very confidence built up in modern medications led to a conviction that doctors maliciously withheld available, effective medicines. "She died at the Center because she needed medicine but was not given any." Personality factors sometimes were involved: one doctor was considered incompetent, fearful of complicated obstetrical cases, and brutally indifferent to a countryman's views and circumstances-- ("Since we have no room, why don't you charter a bus to take your parturient wife to Bangkok?"), whereas another was friendly and wise. Since doctors were part of the respected government hierarchy which enjoyed superior knowledge and status, and also of the supposedly compassionate medical tradition, they were expected to be competent, kind, and protecting. Those who failed in winning confidence undermined the status of modern medicine.

The midwives themselves thought of the Minburi Center not only as a recourse if a case were in deep trouble, but also as a personal convenience. One male midwife, who was also a headman, mason, and carpenter-contractor, was often too busy to stay with a woman in prolonged labor. To turn her over to another midwife other than a kinsman would damage his reputation. Knowing Minburi well, he found at the Center a convenient solution to his dilemma. He had respect for the nurse-midwife's skills, which he had witnessed, and regarded the doctor as a colleague on his own level, a view probably not reciprocated. The women midwives, too, always considering themselves at bottom volunteers, when faced with pressing home chores and the "impossibility of turning a relative over to another midwife," utilized the impartial service of the nurse-midwife. One cloud impeded the female midwives from making full use of the occasion as an opportunity for observation and so instruction. They refused to identify themselves as midwives out of fear of legal sanctions. Having neither taken the course prescribed by the government for "ancient" midwives nor paid the fee, they were not licensed. Thus, they lived in dread of fines if their calling became known outside the community. They knew they were permitted to deliver babies within the family, but outside those rather hazy boundaries, they took refuge in an old view, "I am not a midwife. I only help out of pity."

All in all, the people of Bang Chan had fitted modern medicine into their broad medical scheme where it could be accepted on its merits, if not blocked off by inconvenience, high cost, and discourtesy.

Chapter VIII

CHANGES

In studying change in the customs surrounding childbirth in Bang Chan, we have D.B. Bradley's description of birth in Bangkok in 1865 as a base-line on which to project our findings. Since most of the population of Bang Chan (Thai, with a few Laotians, Mon, Muslims, and Chinese) stems from Bangkok, we may reasonably assume that the parallels derive from a true historical connection. Bradley's description fitted Bang Chan as if written today:

"Siamese theory in regard to the part which external and internal fire plays in the functions of life and health is made to work powerfully. There is, at such times, a diminution of heat in the body, and consequent liability to stagnation of the blood, which, if not guarded against by fire, will leave the uterus flabby and enlarged, bad humors in circulation, a consequent weak state of the stomach, resulting in the secretion of too little milk, and that of a bad quality for the child, all of which will be likely to be followed by a host of other fearful maladies to both mother and child. [Thus a woman lies by the fire]... exposing all parts of her body, and more particularly her abdomen, to that drying process, so that the uterus shall be forced to shrink up quickly to its normal dimensions and the sanguineous streams which had been diverted to support the child before birth, shall, by fire, be driven backward to their more usual limitations, all which is sine qua non to a sound constitution and good health in the future..." (Bangkok Calendar, 1865:78-84).

Bradley showed that some behavior one might call "change" today was a recognized alternative in 1865. For instance, in Bang Chan a few women "are made too unhappy (klum) by the fire so cannot use it. They should take extra amounts of pickled medicine" (yā dōng). Bradley wrote, "a few delicate females...who cannot endure [this] usual treatment, are compelled, against all their fears of the consequences, and all the importunities of their

friends to say positively that they cannot and will not endure it. For such, some other course has to be taken by the use of "...medicines" (p. 81).⁷⁴

The most noticeable modification in the customs of childbirth was the shortened fire-rest which had shifted from 29 or so days, to 9 to 15 or less; this was practiced by everyone.⁷⁵ Another conspicuous change adopted by a few dozen persons was the substitution for the open fire of a heat-making contrivance, in particular the hot-ashes or charcoal burning container (chamber or fire-box: fai chut) and the hot water bottle. (The hot brick and wrapped pot of hot salt were probably old alternatives.) New, of course, were the occasional utilization of the Minburi Health Center; the second class doctors; and, somewhat more generally, the novelties of the market, such as flowered net-frames, mits, oshirts, pillowcases, and pacifiers. There were a few other changes noted.

Who took up the innovations? First, they were women who had already successfully borne a child, undergone a full fire-rest, and were bearing their second or later children. Being already ritually mature (suk) and of proven competence in childbearing, they had no reason to fear a change and nothing to lose. Age and experience gave them the self-confidence, authority, and interest to ponder their experience and decide on ways to increase their effectiveness and their comfort. They had the right to do so because of the fundamental autonomy of the individual. Strong-minded old ladies might criticise the substitution of the hot-ashes container for the fire, feeling it was not hot enough to do the job, but they never questioned the woman's right to do so. The least likely to adopt

74. On the other hand, Bradley (pp. 82-83) was puzzled why his success in saving the life of so revered a personage as the Queen by taking her off the fire, a move so thoroughly approved by the King, did not cause universal abandonment of the fire-rest. He was not aware that many a mō did the same (with the possible exception of the sponging with tepid water), that as a mō-with-a-particular-specialty he could do anything he wanted but no one would copy it without personal formal authorization, and that he was up against the deeply-rooted rite of female maturation concerning which even royalty had no authority (Bangkok Calendar, 1871:107-109).

75. We have no data on whether this shortening process set in in the 1930's, or after World War II in the late 1940's. The month-long rest was universal in the 1920's.

a new way was a woman bearing her first child because she was not yet ritually matured. This she wanted to be. Moreover, her self-interest led her to try to profit as much as possible from the experience of elders by first following the old way. By incorporating the experience of successful child-bearers into her own and the baby's life and by asking them to initiate actions auspiciously, she augmented by that much her own competence, and laid the groundwork for her future progress. Self-responsibility engendered respect for elders. Thus there was no split between old and young over innovations. Experience gave grounds both for conservatism and for changing, but at different age levels.

Secondly, changes were adopted by the rich who, spending their money rather conspicuously, sought to maintain and enhance their social position. Their wealth and position were in themselves unquestioned as signs of merit earned in another incarnation.

The changes being introduced to Bang Chan were of two kinds: first the prestigious, and secondly those giving no increment of esteem, i.e. idiosyncratic changes of taste or convenience; or those reflecting individual circumstances. The prestigious innovations were oriented towards the use of market novelties, modern medical care, urban standards of cleanliness and beauty, and other ways termed "progressive" associated with the city of Bangkok, cynosure of the eyes of the rich. These values were leading certain families away from their original occupation of farming, into the fields of teaching, trading, carpentering, cottage-industry, etc. Since these new occupations brought in steady cash, and large land holders, too, had a good income, an association was found of wealth, prestige, urban interests, and innovation. Comment on the hot ashes container (fai chut) indicated that it was a strong symbol of prestige and progress. To use it was "to get rid of ignorance and the old way of doing things." It was "cleaner, not hot or ugly, and more convenient." One teacher took it up after reading an advertisement in the newspapers that described glowingly its more efficient healing effect. On the other hand, one woman abandoned the fai chut because "it was not hot enough to rid her of stiff muscles," so she went back to the use of the fire. "It is all right for rich Bangkok ladies who want to avoid a scar, but it does not give enough strength for a farmer." She had no urban pretensions. Also in this prestigious aggregate, observed here and there, were the market novelties mentioned above: bed, mat, and mosquito net instead of the plank-bed; kits of medicine from the Chinese pharmacist instead of the old

home brew; rub-on medicine (yā chup) instead of a fire or fire-container; canned cows' milk, and nursing bottles for the baby, and the bottles washed with salt; the transfer of a baby from the tray to the cloth cradle before the termination of the fire-rest because "he needed fresh air;" and the rejection of the turmeric rub against the wind element as "dirty and ugly."

To use modern medical care was becoming prestigious. Most spectacular here was a case of a prosperous and educated man who had had 9 children, then "feared he could not feed them all," so underwent voluntarily a vasectomy. Patronage of the second class doctors who used modern medications but explained them in traditional terms was frequent among the well-to-do. The Mīnburī Health Center, a resource in case of over-long and difficult labor, was beginning to be seen as a fashionable place to go for medical care and parturition. The case of the 2 teachers who laid plans ahead to go to the Center (but their quick labor precluded attempting to get there) showed that prestige had a stronger lure than convenience at times. It was much more convenient to bear a child at home, yet one of these teachers even talked about wanting to be delivered in Bangkok at the Woman's Hospital, an extreme of prestige and practical inaccessibility.

The drive toward progressiveness led to conscious re-examining of those "old ways" that could be visually tested. One woman said, "There are fewer spirits (phī) nowadays." There was the mother who pondered the maxim about burning up all the wood collected by the husband to make a child finish tasks when he grew up. Finding it not true, she abandoned it at her next confinement. A man said that the old belief that papaya should not be planted near the house because "it dies easily and doesn't like water," and so would affect a child, was "unreasonable because the harm was not specific [e.g. a threat to skin or eyes]. If specific, I might believe it." An opening wedge of disbelief was noted where a woman gave no bit of rice to her baby to start a habit for later benefits because "she was told but didn't believe it," and another who said the "winnowing rite was not important."

In addition to prestigious changes were those due to individual circumstance, taste or preference, and convenience unaffected by social aspirations. One woman rejected going to the Mīnburī Center for delivery and took up the hot-ashes container instead of a fire because she could better direct her older children, and "it was less hard on them." A poor woman took no medicine during pregnancy because she had no money to buy it. A comment that of recent years medicines were purchased because "women are too lazy to make them up" as in the old days, sounded more personal than socially significant. A change induced by lack of money was that "hot spices

are less eaten today because they are too expensive"

A slight trend towards depersonalization might be part of the aping of urban behavior, or idiosyncratic, or of more general significance.⁷⁶ The Mīnburī Health Center may have been used to avoid certain face-to-face situations. A woman whose labor was prolonged was taken there by her (male) midwife who had to get to a meeting. He preferred the impartiality of the Center to turning her over to another midwife. A woman took up the hot-ashes container so "others would not have to wait on her." Another appeared to have obtained a midwife from outside the community rather than seek out someone inside and closer at hand. A very poor woman used no boiled water because of inadequate help in the household to prepare it. Whatever the circumstances of her social isolation, ordinarily kin or neighbors would have seen to it that this job was done. This episode too was watched by neighbors who commented that since her health remained good, boiling might be unnecessary. Finally, to advertise certain medicines, a firm handed out yan, the magically inscribed cloth, to suspend on the holy cord that surrounded the mother. This was a long way from the personally inscribed "yan" of old.

A final reason for the acceptance of change was the larger number of choices of behavior because of a broader horizon. Bang Chan had never been an isolated community, for pilgrimages and visiting through easy boat-travel had been for decades part of its life. Yet the growing number of literates, the establishment of bus and other transportation services to the city, the experience, for a few, of work in Bangkok or of military service in Korea, the continuous association with non-Thai, (Chinese, Muslims, a Cambodian, and now the Americans), and the now somewhat diversified economy of the community all led to the increased familiarity with other ways of doing things. Patterns of childbirth were already reflecting this awareness.

Unchanging in the scene at childbirth was the necessity of supernatural assistance, and heat to ripen and restore the mother.

76. I feel this evidence is slight, and set it down merely as a point for future observation.

Chapter IX

GUIDES FOR THE INTRODUCTION OF CHANGES

The government of Thailand provides in Bangkok and in other centers of the country up-to-date facilities for training in modern midwifery. It has also created in some places special opportunities for the traditional midwives to upgrade their skills. One of the objectives of the Minburi Health Center was to carry on a certain amount of instruction in modern views. For reasons that have been explained, no one in Bang Chan ever had or even sought modern instruction. The midwives of whom we have spoken grew up entirely in the folk tradition.

On the basis of the material presented at length in the previous pages, a few suggestions are here advanced which may be of help to these public programs in maternal and child healths

1. Build a program around the idea that it will help women in their age-old role of caring for, raising, and nourishing (liang) childrens. Emphasize that through new techniques they may increase their strength and care better for themselves and the babies.
2. Change existing practices as little as possible.
3. When a change is offered, ask that the midwife, mother, or whoever observed it watch for certain results which allow them to judge it in relation to the olds. The idea is strong that aspects of the natural world can be analyzed and considered pragmatically, then legitimately utilized as a basis for modifying customary behavior.
4. Pay special attention to the places where the old and the new come into conflict and seek ways to resolve these conflicts.

As an example, let us consider these points in relation to cutting the umbilical cords. Modern instruction recommends the use of scissors--neat, sterilizable, handy--to avoid infection while cutting the cords. People in Bang Chan wish to avoid this infection, too, but for them scissors are unsatisfactory for several reasons: they are scarce, they rust--and

this rust is believed to cause tetanus--and they are unsuitable for the ritual objective at the moment of cutting. It will be remembered that cutting the cord on a rhizome of phlai or soil with a bamboo sliver from the housepost guarantees that a child will not roam away from home. Could the bamboo sliver be dipped in "heating" alcohol, or passed over the flame of a holy fire? Could the old family kitchen-knife--long associated with the household--be substituted and dipped in the beneficial heat of boiling water? Such a knife once was substituted on the winnowing tray. Might the phlai or soil be covered with a boiled, clean, old cloth? If modern science succeeds in coming up with an acceptable substitute, one sees the possibility of a very small change making a big difference in the amount of tetanus poisoning observed (Hauck, 1956:41)n One should then ask the midwives to watch as to whether the new method reduced the infection called "death because of a red or green face and clenched fists."

In diet "the concept that a good choice of food is important to the health of both mother and child" (Hauck, 1959m2) was very much shared by modern science and by traditional ideas but the basis of choice was entirely different⁷⁷ Modern science has ascertained that certain foods are beneficial because of certain nutrients, while old beliefs have set up certain foods as desirable because of properties of heating, cooling, compatibilities with the elements, etc. The nature of these properties should be collected and listed. If dietary deficiencies in Bang Chan are noted, the foods that combine the needed beneficial qualities in both systems should be stressed. A hot-tasting tonic(ya) with appropriate dietary supplements, to be taken daily during pregnancy, and another kind during the post-partum period, might be acceptable. The period of the fire-rest is the best place to initiate dietary changes for whatever is done by the fire becomes a habit beneficial to mother and child. The use of boiled water should be encouraged as "making for strength." Here again, disturbance of customs is minimized, and the presence or absence of "increased strength" and healthiness can be observed experientially.

77. Hauck felt the concept was lacking, but it appears only that the grounds of choice were different.

Hospital Delivery

If modern obstetrical method is demonstrably more effective and easier, let the midwives, mō, and relatives see it! If amiably received by the doctor or nurse, they will bring in patients, and accompany their relatives. The midwives--and many non-midwives--know the practical difficulties, and will be keen and interested observers. In so far as possible any persons accompanying a patient should be permitted actually to assist in some way. Perhaps the country midwife could be allowed to deliver the baby with nurse or doctor alongside to instruct and comment. Such experience is more effective than a dozen traveling demonstrations-with-a-doll.

Discussions with the (non-midwife) mō who must handle prenatal disorders and abnormal childbirth should be conducted by the doctor, not the nurse, for doctors are viewed as colleagues on the same level.s

In sum, everything modern should not be expected to be better than the traditional. The complete rationale underlying some modern behavior cannot be grasped at once. Explanation must be given as the second class doctors do it: in terms that can be understood. The foundation for cooperation between modern and traditional medicine is solid. It is the common objective of healthy mothers and children.

REFERENCES CITED

- Anuman Rajadhon, Phya, 1961. Life and Ritual in Old Siam. William J. Gedney, Translator and Editor. New Haven, Connecticut: Human Relations Area Files Press.
- Bang Chan (B.C.): unpublished field notes written by various persons between 1948 and 1957 in Bang Chan, Thailand, and on file with the Cornell Thailand Project, Cornell University. H.M.H., field notes of Hazel M. Hauck, 1952-53. S.S., field notes of Saovanee Sudsaneh, 1953-54. R.B.T., field notes of R.B. Textor, 1952-53.
- Bangkok Calendar, 1859-1872. Bangkok: Press of the American Missionary Association.
- Boonlong, Siribongs, 1959. "A Note on Bananas in Thailand," Unpublished Manuscript, Wartenstein Symposium, 1959.
- Bradley, Rev. Dan B., M.D., 1865. "Siamese Obstetrics," Bangkok Calendar, pp. 78-84. Bangkok: Press of the American Missionary Association.
- deYoung, John E., 1955. Village Life in Modern Thailand. Berkeley, California: University of California Press.
- Dick-Read, Grantly, 1959. Childbirth Without Fear. New York: Harper & Bros. Second revised edition.
- Encyclopedia of Religion and Ethics, 1932. T. and T. Clark articles: "Cambodia," "Siam," and "Mana." Jas. Hastings (Ed.) Edinburgh: T. and T. Clark (cited as E.R.E.)
- Fortes, Meyer, 1962. "Ritual and Office in Tribal Societies," in Max Gluckman (Ed.), Essays on the Ritual of Social Relations Manchester, England: Manchester University Press.
- Fraser, Thomas M., Jr., 1960. Rusembilan: A Malay Fishing Village in Southern Thailand. Ithaca, New York: Cornell University Press.
- Gerini, G.E. 1904. "On Siamese Proverbs and Idiomatic Expressions," Journal of the Siam Society, Vol. 1, pp. 11-168.

- Goldsen, Rose K. and Max Ralis, 1957. Factors Related to Acceptance of Innovation in Bang Chan, Thailand. Ithaca, New York: Cornell University, Southeast Asia Program, Data Paper Number 25.
- Hanks, Jane R., 1959. "Thai Character and Its Development," Unpublished manuscript, Wartenstein Symposium, 1959.
- Hanks, Jane R., 1960. "Reflections on the Ontology of Rice," in Stanley Diamond (Ed.). Culture in History: Essays in Honor of Paul Radin. New York: Columbia University Press
- Hanks, L.M., 1963. "Merit and Power in the Thai Social Order," American Anthropologist, 65: 1247-1261.
- Hanks, L.M., Jr., and Jane R. Hanks with the assistance of Kamol Janlekha, Aram Emarun, Jadun Kingsa and Saovanee Sudsaneh, 1955n "Diphtheria Immunization in a Thai Community," in Benjamin D. Paul (Ed., with the collaboration of) Walter B. Miller. Health, Culture, and Community. New York: Russell Sage Foundation.
- Hanks, L.M., Jr., and Herbert P. Phillips, 1961. "A Young Thai from the Countryside," in Bert Kaplan (Ed.). Studying Personality Cross-Culturally. Evanston, Illinois: Row, Peterson.
- Hanks, L.M., Jr., and Lauriston Sharp, 1963n Unpublished manuscript on cultural stability and change in Bang Chan.
- Hauck, Hazel M., 1956n Aspects of Health, Sanitation and Nutritional Status in a Siamese Rice Village. Ithaca, New York: Cornell University, Southeast Asia Program Data Paper Number 22.
- Hauck, Hazel M., 1959. Maternal and Child Health in a Siamese Rice Village: Nutritional Aspects. Ithaca, New York: Cornell University, Southeast Asia Program Data Paper Number 39.
- Hauck, Hazel M., Saovanee Sudsaneh and Jane R. Hanks, 1958. Food Habits and Nutrient Intakes in a Siamese Rice Village. Ithaca, New York: Cornell University Southeast Asia Program Data Paper Number 29. (Cited as Hauck, et al).

- Janlekha, Kamol Odd [Kamon Chānlēkha] 1955. A Study of the Economy of a Rice Growing Village in Central Thailand. Bangkok: Ministry of Agriculture, Division of Agricultural Economics.
- Kaufmann, Howard Keva, 1960. Bangkhuad: A Community Study in Thailand. Locust Valley, New York: J.J. Augustin.
- Kingshill, Konrad, 1960. Ku Daeng: The Red Tomb. Chiangmai, Thailand: The Prince Royal's College.
- Kirsch, A.T., 1961. "Buddhism, Sex Roles, and the Thai Economy," Unpublished manuscript.
- McFarland, George B., 1944. Thai-English Dictionary. Palo Alto, California: Stanford University Press. Second edition.
- Martinie, J.A., 1952. "The Evolution of Buddhist Thought," Asia, Saigon Vol. 2, No. 7, (Deco) 367-377.
- Obeyesekere, G. 1963. "Pregnancy Cravings (Dola-Duka) in Relation to Social Structure and Personality in a Sinhalese Village," American Anthropologist 65:323-342.
- Opler, Morris E., 1963. "The Cultural Definition of Illness in Village India," Human Organization, 22:32-35.
- Pallegoix, Mgr. Jean Baptiste 1854. Description du Royaume Thai ou Siam. Paris: Imprimerie de Vialat et Cie.
Two volumes
- Phillips, Herbert, 1963. Thai Personality: A Case Study of Bang Chan Villagers. Doctoral dissertation, Cornell University.
- Sharp, Lauriston, H.M. Hauck, K. Janlekha, R.B. Textor., 1953, Siamese Rice Villages: A Preliminary Study of Bang Chan. 1948-49. Bangkok: Cornell Research Center. (Cited as Sharp. et al).
- Suriyabongse, Luang, 1954. "Human Nature in the Light of the Buddha's Teachings," Journal of the Siam Society, 42, part 1, 11-22.
- Textor, Robert Bayard, 1960. An Inventory of Non-Buddhist Supernatural Objects in a Central Thai Village. Doctoral dissertation, Cornell University.

Warren, Henry Clarke, 1922. Buddhism in Translation.
Harvard Oriental Series, Vol. 3, Eighth issue. Cam-
bridge, Massachusetts: Harvard University Press.

GLOSSARY OF THAI TERMS USED

อาจารย์	āchān	Professor
อำเภอ	amphōe	District office
อรหันต์	arahat	Priest who has achieved the highest status in Buddhism
อรุณ	arūp	Non-body
บาท	baht (bāt)	Base monetary unit
ใบศรี	bāisī	Tiered offerings
บางชัน	Bang Chan	Name of place
บางกะปิ	Bāng Kapi	Name of place
บางเขน	Bāng Khūat	Name of place
บัตรพลีกระทง	bat phlī krathong	To give offerings or a small container for offerings
บอก	bōk	To inform
บน	bon	Vow food or liquor in return for the help of supernatural beings
บวชใหม่	būat mai	Newly ordained
บุญ	bun	Merit
ฉะเชิงเทรา	Cha Choeng Sao	Name of a province
ชาย	Chāi	Name of Duan's son
ใจ	ch'ai	Heart

ใจอ่อน	ǎchai ȳn	Soft, or tender, heart
เจ้ากรุงมาลี	ǎchao Krung Phā Lī	Name of a spirit
เจ้าแม่	ǎchao Māe	Mother-princesses (deities)
เจ้านาค	ǎchao Nāk	Prince-snake
เจ้าถ่าน	ǎchao thān	A spirit of the place
เจ้าที่	ǎchao thī	A spirit of the land
เจ็บใจ	ǎchep ǎchai	Angry
เจตภูติ	ǎchēttaphūt	Soul
ช่วย	chūai	To help
ช่วยงาน	chūai ngān	Help to do the work
ดินสอพอง	dinsȳphȳng	Face powder
ดิบ	dip	raw, uncooked; not (yet) ordained
ควน	kuān	A woman's name
ไฟชุก	fai chut	Chamber, fire-box
ฝากทอง	fāk thȳng	To deposit gold
หนุมาน	Hanumān	King of the monkeys in the Ramayana
แกงเลียง	kāeng liāng	A nursing curry made of banana flower and vegeta- bles

กรรม	kam	Karma
การรับขวัญ	kānrapkwan	Seizing and welcoming the soul
แข็ง	khaeng	Hard
ขนม	khanom	Puddings
ไข้เหนือ	khai nūa	North fever
เคย	khōei	Habit, to be accustomed to
คนทรง	khon song	Medium
ของฉัน(ผม)	khōng chan (phom)	Mine (female [male] speaking)
คู่	khū	Pair
คุณ	khun	Supernatural disease missile
ครู	khurū	Teacher
ขวัญ	khwan	Soul(s)
ขวัญข้าว	khwan khāo	Ritual rice offerings, rice-soul
ขวัญอ่อน	khwan ōn	Soft, tender, immature soul
กิโลแปด	Kilō Paēt	Name of a place
กลับไปเป็นเด็ก	klap pai pendek	Back to being a child; senility; second childhood
กดอ้ม	klōm	To press down

กล้วย	kluāi	Banana
กล้วยหักมุก	kluāi hakmuk	A variety of banana
กล้วยหอม	kluāi hōm	A variety of banana-fragrant banana
กล้วยน้ำ	kluāi nam	A variety of banana
กล้วยน้ำว้า	kluāi namwā	A variety of banana
กล้วยตานี	kluāi tānī	A variety of banana
กลุม	klum	To feel unhappy
กระตัง	kradong	Winnowingotray
ลำผักกะเดด	Lam Phakachēt	Name of a place
ลำบาก	lambāk	Trouble
หลาน	lān	Grandchild
เล็ก	Lek	A woman's name
เลี้ยง	liang	Feeding, nourishing
เลี้ยงดี	liang dī	Good nourisher(s)
เลี้ยงง่าย	liang ngai	Easy to raise
ลอยกระทง	Lōi Krathong	A festival
ล่อแล	Lōlāe	Name of a place
ลม	lom	Wind
ลมเบ่ง	lom bēng	The pushing wind
ลมชะวัด	lom chawat	The pulling wind

ลูก	lūk	Children
ลูกประคบ	lūk prakhop	A medical compress
แม่	māe	Mother, female
แม่โพสพ	Māe Phōsop	Rice goddess
แม่พระพาย	Māe Phra Phāi	Goddess of Wind
แม่พระเพลิง	Māe Phra Phlōeng	Goddess of Fire
แม่สื่อ	Māe Sū	The mother-goddess, guardian of infants
แม่ธรณี	Māe Thoranī	Mother Earth
แม่น้ำเจ้าพระยา	Menam Chao Phraya	Menam River
มหาหิงคุ์	mahāhing	Asafoetida
มะขามเทศ	makhāmthēt	Manila tamarind
มี	Mī	A woman's name
มีนบุรี	Minburi	Names of a community
มิ่ง	ming	Soul
หมอ	mō	Doctor, specialist, person authorized to handle any saiyasāt (magic)
หมอดู	mō dū	Astrologist, foretellers
หมอขวัญ	mō khwan	Soul-ceremonialist, soul-specialist
หมอนวด	mō nūat	Masseurs
หมอผี	mō phī	Exorciser of spirits, disease, missiles or objects

หมอปสิง	Mō Plung	The personal name of a particular specialist in saiyasāt
หมอรักษา	mō raksā	Curers
หมอเสน่ห์	mō sanē	Love-and-hate-magic specialist
หมอสุก	Mō Suk	The personal name of a particular specialist in saiyasāt
หมอคำแย	mō tamyāe	Midwife, expert-in-pressing
มนตร์	mon	Prayers
มงคล	mongkhon	Holy cord
หมู่บ้าน	mūbān	Hamlet
นมโม่ พุทฺธาย	Na mō phut thā ya	Traditional incantation of the five names of the Buddha to prevent spiritual dangers
นัก	nak	Expert
นักเที่ยว	nak thīeo	An expert in roaming around; a tourist
นักโทษ	nak thōt	A convict
น้ำ	nam	Water
น้ำคาวปลา	nam khāo plā	Fish-water (the viscous fluit expelled after parturition)
น้ำคร่ำ	nam khram	The abdominal body water, refuse-water

น้ำสุก	nam suk	Boiled (ripe or cooked) water
น้ำทูนหัว	nam thūn hua	The amniotic fluid (water that supports the head of the child)
น้ำมนตร์ธรณีสาร	Nammon Thoranīsan	Earth holy water
นิพพาน	nipphān	Nirvana
นิสัย	nisai	Character
ออก	ōk	To come out, leave
ออกพรรษา	Ūk Phansā	End of Buddhist Lent
โอมมิ่งโอมพินโอมไพ สุวาหา	ōm ming ōm fūn ōm fai sawā hās	Incantation used by Muslims
อ่อน	ōn	Tender, delicate, soft, weak
ไปป่า	pai pā	Go away to the jungle or forest
ไปเที่ยว	pai thīeos	Wander, waywardness
แพทอง	phaethōng	Defeated by pregnancy
พรรษา	Phansā	The 3-month season, of retreat usually called Buddhist Lent
ผี	phī	Ghost, spirit
ผีกระสือ	phī krasū	One kind of ghost; filth-ghost
ผีหลวง	phī lūang	Great ghost
ผีตายทั้งกลม	phī tǎi thang klom	Spirit of one who had died violently

แผล	phlāē	A wound
ไพล	phlai	<u>Zingiber casumunar</u> , a traditional healing root
พระ	Phra	An honorific title for male deities and monks; a conferred title of nobility
พระอินทร์	Phra In	Indra
พระคฤศน์มาน	Phra Khulīmān	An ancient hermit's name
พระโมคคัลลาน	Phra Mōk Khanlā Nō	Phra Mogdallana, one of the Buddha's disciples
พรหมจินดา	Phrom Čhindā	Name of an old Thai textbook, cited in Phya Anuman Rajadhon's "Life and Ritual in old Siam," W.J. Gedney, Ed.
พุทรา	phutsā	Spiny Indian jujube or Chinese date
โปรดสัตว์	prōt sat	Show mercy towards creatures
เรียกขวัญ	riāk khwan	Calling the soul
โรคพุพอง	rōk phuphōng	Pustules that enlarge to sores
ร่อน	rōn	To winnow
รูป	rūp	Body
สไบเฉียง	sabaichiang	Shoulder scarf

สะดวก	sadūak	Convenient
แสนแสน	Sāensaēp	Name ofsa canal
เสียด	salaēng	Deleterious
สาย	Sāi	A woman's name
สายสิญจน์	sāi sin s	Holy cottonthread
ไสยศาสตร์	saiyasāt	Occultism
สะแก	sakāe	<u>Combretum quadrangulare</u> one kind of firewood
สั่น	san	Shaking
ศาลพระภูมิ	sān phra phūm	House ofsa guardian spirit
สันชัก	san chak	Convulsion
ซาบ	sāng	A disease of the eyes
เสาร์ห้า	sao hā	Saturday, the 5th day of the waxing moon
สวัสดิ์	Sawat	A personal name
สง	Song	A man's name
สุก	suk	Matureꜥ ripe
สุเหร่า	surao	Mosque
ต่ำ	tam	To lower
ตามธรรมชาติ	taṁ thammachāt	Natural
ทำอาชีพ	tham āchips	Profession
ทำขวัญ	tham khwan	A soul-strengthening rite, ordination

ท่ามาหากิน	Tham mā hā kin	Have enough to use and eat (to earn a living)
ธาตุ	thāt	Element
เทวดา	thēwadā	Protecting deities
ไหว้ครู	wai khūrū	Homage-to-the-teacher ritual
วันศุกร์	Wan Suk	Friday, popularly viewed as "Happy Day"
ว่านน้ำ	wānnam	<u>Acorus calamus</u> , medicinal root
วิญญาณ	winyañ	Soul
วิญญาณอสัมปโน	winyān a sam pa nō	A magic incantation
วิเศษ	wisēt	Powerful
ยา	yā	Medicine, tonic
ยาชุบ	yā chup	Rub-on medicines
ยากำ	yā dam	Black medicines, a bitter and hot tasting medicine
ยากอง	yā dōng	Pickled medicine
ยาหอม	Yā hōm	Fragrant medicine
แยม	Yāem	A bean thought to cause madness
ยักษ์	yak	Giant
ยันต์	yan	Jantra, a small protective banner

ญาณ

yān

Supernatural power,
auspicious, augury

อยู่ไฟ

yū fai

Rest period by the fire

APPENDIX

MUSLIM CUSTOMS IN BANG CHAN

The small Muslim minority in Bang Chan though maintaining its identity, lived scattered through every hamlet, with the heaviest concentration around the mosque at the southern edge of the village. The occasional inter-marriage of Buddhist and Muslim was eventually amicably adjusted to the community and the religion. Some Buddhists manifested a veiled hostility in calling the Muslims "stingy." One said, "Muslims have expensive medicine to induce abortion, after which they might kill the baby. A Buddhist would use this medicine to help deliver, but would not dare take life." The Muslim reputation as a source for powerful magic, especially for love and sorcery, bespeaks some edginess in the relations between the 2 ethnic groups, but Buddhists sometimes sought out the benefit of this magic.

In spite of these separatist tendencies, the Muslims were fully Thai citizens, and participated as equals with the Buddhists in the economic, political and much of the social life. The 2 groups were in many respects interdependent. The Muslims did not object to taking life, so acted as butchers for the Buddhists. Muslims were frequent patients of Buddhist mō, whether priests or lay. The only Muslim who did a little curing was the To Iman, head of the mosque, but few if any Buddhists came to him for cures. Because every mō gave an annual ceremony of homage to his teacher attended by everyone who had benefited from those powers during the year, Muslims and Buddhists met amiably at several large feasts. These festivals were public displays, very competitive in feeling, of the success of the different mō. One became the largest of the village-wide festivities. Buddhist women attended the Muslim female midwife, teacher-rites, and vice versa. Buddhists and Muslims, especially the prominent families, attended each other's home ceremonies, such as weddings, tonsures, and that part of the ordination held in the home (the tham khwan). Separate kitchens were established at large Buddhist ceremonies so that Muslims could safely adhere to their one dietary regulation, the avoidance of pork. No such arrangements had to be made at Muslim ceremonies for Buddhists had no food taboos, and loved Muslim cooking.

Midwifery was an area of frank, harmonious interchange, with midwives of either religion often attending women of the other. Buddhist male midwives were allowed by the Muslim husbands to attend their wives, though female attendance was preferred. Satisfaction was expressed by Buddhist women over

the slight differences in ministrations. "The Muslim midwife massages more than the Buddhist." The women easily entered into reciprocal courtesies. The Muslim woman knew the steps in the Buddhist winnowing ceremony and performed them as desired. One Buddhist mother dispensed, however, with the winnowing "because the midwife was Muslim." A Buddhist woman made up the khwan khào in the fashion specified by the Muslim midwife and participated in the latter's teacher-rite.

Certain fundamental ideas of the Muslims led to reinterpretations of familiar Buddhist terms and activities. "Khwan" referred to the soul, but with no implication of reincarnation. "Bun," meaning "merit" to the Buddhist, meant charitable giving in the sense of tithes, for Islam prescribed that a portion of one's income be given to the poor. On the other hand, the Muslims had taken over many Buddhist practices: for one, the acceptance of Buddhist holy water as a cure for spirit attack.

Completely Muslim was the stress on physical and moral purification as an objective of every rite, and conversely, the prevalence of the idea of defilement. "Circumcision is to cleanse the body before growing up," it was said. Muslim mortuary rites were elaborate procedures for purification. When a Muslim baby died, the Buddhist midwife said, "The body was cleaned before burial," implying thorough measures beyond his ordinary experience. Procreation was viewed as dangerous and contaminating. The behavior that hid sexual phenomena at the same time by constant prescriptions kept sexuality much more in mind. Muslims separated males from females, for example, at feasts. No Muslim male ever became a midwife.

The events surrounding childbirth illustrated the differing viewpoints between Muslim and Buddhist. In the seventh month of her pregnancy, a Muslim woman called on her chosen midwife, and gave her a gift of betel pepper leaves and areca nut to assure her services (fāk thong: to deposit gold). On returning home, she went as fast as possible "to insure fast delivery." Since Muslims frowned on liquor, their medicines were made up of hot-tasting spices in hot water. Yet one Muslim midwife prescribed large doses of liquor before and during parturition. For labor and delivery, a Muslim was stricter about utilizing the privacy of the small enclosed room, if there were one, while in the Buddhist household "it could be anywhere" in the house. Muslim men, except for husband, brother, or father, were excluded from the scene. The Muslim khwan khào contained "7

items"--a young (or ripe) coconut with its water; thread or "a skein of yarn"(used not to tie in the khwan but "for the teacher"); 7 pieces or areca nut; 7 betel pepper leaves; one "heavy" (15 gram) yellow wax candle; one "bag" of incense; rice; and 30 baht in money.⁷⁸ The khwan khāo was not offered with the idea of its reaching phra In (Indra) ultimately, but rather the local princely spirits of the land, chao thī, chao thān, and Māe Thoranī (Mother Earth). It was waved 3 times by the midwife over the abdomen of the woman in labor with the prayer: "Spirits of the land, Mother Earth, may the delivery be easy!" The khwan khāo was then placed at the mother's head. The woodpile was knocked over so as to point to Mecca, which was west, a direction avoided by the Buddhists. "When nearly ready to deliver, a Muslim midwife turns the mother's face in the direction where the family's hens hatch their chicks. If they have no chicken, then in any direction."⁷⁹ If delivery were slow, a Buddhist omō was called to "shift the mother to new places" until the baby came out.

Muslim women lay post-partum by a fire for the usual physiological reasons. In making up the fireplace, instead of a cluster of incense, flowers, and a candle, this purely Hindu-Brahman-Buddhist trio, they sprinkled salt "to keep away evil spirits" on the dirt at the corners. Salt, oil, or alcohol was spewed over the fire and the woman's body, or only magic was recited, "to control the poison of the fire." "Of these, salt is best," said a Muslim midwife, but "whichever a midwife used first has to be continued for the rest of her life as her way of doing things, because the habit has been started that way." The Muslim magic for controlling the fire was "ōm ming ōm fūn ōm fai sawā hāi." "So be it, stove, rocks (or mountains), fire, be cool, may a blessing rest to you," though "ōm" is the Pali-Buddhist "mystical word." The placenta was not put in a pot beside the fire, but was washed by the midwife several times until perfectly clean, then was mixed with salt and buried in the dirt directly under the fire. When the fire was finally destroyed, the placenta was dug up, washed again, and immediately buried (not in a pot), with the

78. There was some evidence that the thread and incense were included only when a Muslim midwife was delivering a Buddhist woman.

79. To the Muslims this was an act of imitative magic. The Buddhists saw the action of a setting hen as a quick source of information for the parturient's orientation. The hen always avoided the direction of the phī luang (Textor:378).

phlai and bamboo cutter under the house "so the child would not roam away from home." The circumcision (akiko) performed up to the eleventh year, allied a child to a human group. "Circumcision is to accept the new-born baby into the status of human beings." In a corresponding ceremony for girls, the To Iman "cut a little piece of the labia." However, some Muslims had the full winnowing ceremony performed. If it were not, the child was raised aloft in the midwife's hands with the words, "Mother Sī, Mother Sāk, may this child be cool and happy!" The new-born baby was then laid in a cloth cradle. Fruits were hung over the tray or cradle. If a lactating Muslim mother accepted another's child to nurse, the 2 babies had to be of the same sex "lest later in life they marry, in which case theirs would be an incestuous, brother-sister marriage." The Buddhists entertained no such idea, so nursed babies of either sex as needed. A Muslim view of colostrum as "like pus from a sore" carried a more negative overtone than the Buddhist's statement: "At first the mother's milk is too dilute to be useful."

At the annual homage of a Muslim midwife to her teacher each of her patients of the year sent a kilogram of sugar, one coconut, one or 2 liters of glutinous rice, and a hen (if a baby girl had been born) or a rooster (if a boy). The chicken was killed by the midwife and made into curries for mosque officials (men) invited to the ceremony. The incense and candles were burned "while she thinks of her teacher."