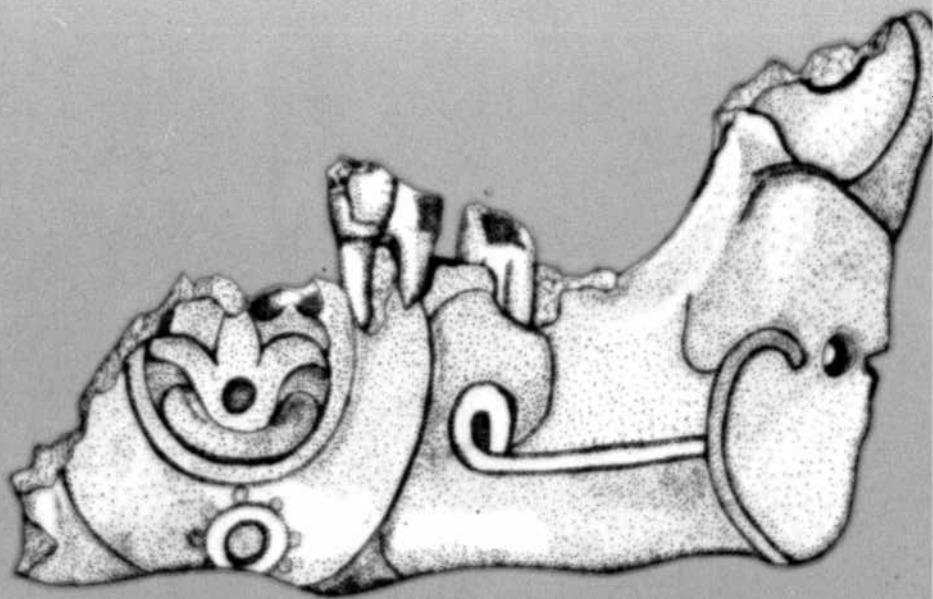


# NOTAS

MESOAMERICANAS

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MESOAMERICANAS

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Gabriela Urriñuela y Ladrón de Guevara

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**CURERS, ILLNESS, AND HEALING IN SAN ANDRÉS  
HUEYAPAN, A NAHUAT-SPEAKING COMMUNITY  
OF THE SIERRA NORTE DE PUEBLA, MEXICO**

**Brad R. Huber\***

**Resumen**

Los curanderos tienden a ser mujeres de mediana edad en San Andrés Hueyapan, una comunidad de habla Nahuatl en la Sierra Norte de Puebla. La información recolectada de entrevistas estructuradas indica que ellas tratan una variedad de enfermedades, muchas de las cuales se piensa que tienen causas sobrenaturales. Dado que solamente los curanderos pueden tratar esta clase de enfermedades, ellas son consultadas antes de, y más frecuentemente que, doctores formalmente entrenados.

La manera en que las curanderas son reclutadas a su rol médico y el modo en el cual diagnostican enfermedades son de interés teórico y etnográfico. También de interés es el hecho de que las creencias de las enfermedades y el tratamiento de las curanderas sean extremadamente variables. Se ofrecen varias razones para explicar esta variabilidad, y para la división sexual de la labor médica encontrada en esta comunidad.

**Introduction**

Relatively little is known about curers, illness and healing in the Nahuatl()-speaking communities of the Sierra Norte de Puebla. In addition, information on this topic is often found in publications whose primary focus is on communities of other regions (e.g., Nutini and Isaac 1974; Scheffler 1983) or whose principal purpose is to provide a detailed account of some other aspect of life in the Sierra Norte (e.g., Huber 1985; Montoya Briones 1964; Slade 1973; Taggart 1971; Torres-Trueba 1970). To complicate matters, researchers have tended to rely upon only one or two key informants to collect information on curers, illness and healing. Consequently, this topic is often discussed with little or "no mention of conceptual and operational differences between the various strata or levels within a single society" (Signorini 1982).

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This relative lack of information and the tendency to provide a homogeneous picture of curers, illness, and healing in Nahuatl()-speaking communities is surprising. The largest indigenous group in the state of Puebla is composed of Nahuatl()-speakers. Of the 266,181 monolingual and bilingual Nahuatl-speakers in this state in 1970, the majority reside in the Sierra Norte (Barbosa-Cano 1980: 26). In addition, the Sierra Norte is a culturally diverse region. Communities occupy different ecological zones and residents specialize in different cultigens, manufactured goods, etc. There is no reason to believe that illness beliefs and treatments are any less variable. Finally, it is surprising that little has been published on this topic given the importance residents of the Sierra Norte and the Mexican government, in general, attach to preventive medicine, health, and healing.

The purpose of the present study is to make a contribution to the existing body of literature on curers, illness, and healing in the Sierra Norte de Puebla. This topic is illustrated with materials collected from San Andres Hueyapan. After discussing the manner in which individuals are recruited to the curing role, it will be shown that illness beliefs and treatments of curers are extremely variable. At the end of this paper, several explanations are offered to account for this variability and for the fact that most of Hueyapan's curers are female.

### Research Site

San Andres Hueyapan is located in the Sierra Norte de Puebla between the cities of Tlatlaucatepec and Teziutlan on a paved road branching off of Highway 129. Field research<sup>1</sup> for this study was conducted from August 1983 to August 1984, and during the summers of 1985 and 1986. The *municipio* (municipality) of Hueyapan is divided into ten administrative sections. Eight sections, including the *cabecera* (headtown) are located in *tierra templada húmeda*; two sections are located in *tierra caliente*. Slightly more than two thousand of the six thousand residents of Hueyapan live in the headtown.

Most male residents are engaged in the cultivation of corn, beans, squash, plums, avocados, oranges, and coffee, and the maintenance of horses, mules, and pigs. Female residents spend the majority of their time at home where they cook, wash, raise children, tend small livestock, and manufacture fine woven wool garments that are sold to store owners in Hueyapan and to merchants in surrounding cities and towns. Except for a

handful of families, all of Hueyapan's residents speak Nahuatl as their first language. The majority of residents also speak Spanish, although they differ considerably in their proficiency.

Many of the illness beliefs and treatments described in the following sections are obviously a mixture of indigenous and Spanish elements. The "blending" of these elements began in the colonial period when members of Hueyapan's ethnically mixed population were in constant daily contact. A brief historical sketch of Hueyapan is presented below.

At the time of the Spanish conquest, Hueyapan was a small town politically dependent upon Tlatlaucatepec, the seat of a province governed by Texcoco (Barlow 1949; Cepeda Cárdenas 1976). Franciscan and Dominican priests were active in this region by the 1560s (Commons 1971; Schwaller 1981). Spaniards were operating several mines four kilometers east of Hueyapan by the late 1600s (Taggart 1983). At least three Spanish families were living in the headtown by 1720, the time at which Hueyapan's oldest church was built. Farmers and cattle ranchers trickled into this region during the 1700s and 1800s. Others came when coffee became an important cash crop in the 1880s. The Spanish-speaking population of Hueyapan's headtown grew slowly but steadily from 1720 until the Mexican Revolution.

For a number of reasons, all but a few of this community's Mesizo families left Hueyapan by the mid-1930s. Homes previously owned by Mesizo families were subsequently acquired by indigenous ones. In 1947, the first of Hueyapan's eleven primary schools was built. A gravel road connecting the headtown with Teleles (and other Mexican towns and cities) was opened in 1955 and later paved in 1973. By 1983, the headtown's residents had access to two local medical clinics, a public telephone located in one of Hueyapan's numerous small stores, an overland mail service, running water, electricity, and a taxi and bus service.

### Medical Resources and General Health

Hueyapan is served by two type "C" medical clinics. One clinic is located in the headtown and another is located in Tamamacoyan, a hamlet two kilometers northeast of the headtown in section six. There are three beds in each clinic and both are staffed by a doctor and nurse qualified to treat infections, suture cuts, attend births, and administer medications and vaccines. Medical personnel do not perform major operations. Individuals with

serious illnesses are usually referred to hospitals and clinics in Teziutlan and Tlatlaquepec.

During 1982, the doctor working in the headtown's clinic treated a number of patients with bronchitis (20), pneumonia (11), and other respiratory problems (85). The next most common complaints were gastro-intestinal problems (47). According to the municipal archives, 28 deaths in 1982 had as their primary or secondary cause a respiratory ailment, while 16 deaths were caused by gastro-intestinal problems. Malnutrition was a factor in 10 deaths.

From the viewpoint of Mexico's formally trained doctors, respiratory and gastro-intestinal problems are the major causes of disease and death in Hueyapan. Hueyapan's medical personnel suggest that these sorts of problems are caused by the cool and humid climate, smoky living quarters, contaminated water and food, an inadequate diet, and improper disposal of human wastes.

Of the 185 residents that were surveyed in 1983 and 1984, 86 percent reported they seek the services of an indigenous curer<sup>2</sup> (*tepahitani*) when they fall ill. Though many individuals (73 percent) also report consulting doctors and nurses at clinics and hospitals, local curers are often consulted prior to, and more frequently than, formally trained doctors. In general, formally trained doctors are only consulted when a *tepahitani* cannot cure an illness. The residents of Hueyapan offer several explanations for this pattern: 1) they have more faith in an indigenous curer than in formally trained doctors, 2) many illnesses are thought to be caused by witchcraft and supernatural beings, and only an indigenous curer recognizes and knows how to treat these illnesses, and 3) many of the medicines and treatments prescribed by formally trained doctors are too costly.

### The Recruitment of Curers

It is estimated that there are as many as thirty curers currently practicing in Hueyapan. Names and residences of 16 curers (13 women and 3 men) were collected by the investigator. Structured interviews composed of open-ended questions were administered in Nahuatl by the investigator and several field assistants to nine curers<sup>3</sup> residing in seven of Hueyapan's ten administrative sections. These curers range in age from thirty-five to eighty-nine years old with a mean age of 54.6 years.

The manner by which curers are recruited to their medical role is of ethnographic interest. Unlike their formally trained counterparts and some indigenous specialists in other Nahuatl(-) speaking communities of Tlaxcala and Puebla (Montoya Briones 1964; Nutini and Isaac 1974; Nutini and Forbes de Nutini 1987), curers report that an individual cannot learn or train to be a *tepahitani*. A person must receive a calling or sign of his or her *destino* (destiny) before becoming a curer.

Typically, the calling begins with an individual having a series of disturbing dreams as an adolescent. Shortly thereafter, curers-to-be report suffering from severe and nearly fatal illnesses. These illnesses eventually lead an individual to consult with a *tepahitani* who confirms that these dreams and illnesses signify the individual's divinely mandated medical calling. Even after this confirmation, however, many individuals are still reluctant to begin curing. Usually, this reluctance is only overcome with the revelation by an experienced curer that he or she must either begin curing or die.

Dreams and illnesses generally stop after a curer begins healing. Word of an individual's ability to cure then spreads to the general population, and his or her medical practice begins to grow. The manner by which Maria<sup>4</sup>, age 56, was "called" to the curing role illustrates these and other features common to the recruitment of curers.<sup>5</sup>

When Maria was eleven years old, she began to dream of walking in the mountains and seeing beautiful multi-colored flowers. These quite pleasant dreams, however, often turned into nightmares in which Maria would dream she slipped and fell into a stream. Initially, she thought these dreams meant that someone envied her and was going to harm her in the future. Her mother interpreted these dreams as omens of the imminent loss of her soul.

After the onset of these dreams, Maria became extremely sick with what several curers diagnosed as soul loss. These illnesses lasted more than three years during which she came close to death on several occasions. Finally, Maria visited Juan, a curer residing in Tacopa, a nearby hamlet in the municipality of Atempan. Juan was said to have been surprised that Maria had survived her bouts with illness. After curing Maria, Juan revealed to her that she was destined to live, and that the day would eventually arrive when she would begin curing illnesses and attending patients of her own.

Shortly after being cured at age fourteen, Maria again went to Juan's house, this time at his invitation. He informed her that she was expected to cure a gravely ill eight-month-old infant. Initially, she was reluctant to try curing this child. She protested that she did not know how to heal him. However, Juan insisted that she make the attempt. She was told that if the child died, it would be due to her negligence. Finally, Maria was persuaded to cure the child in front of Juan's altar, the exact place in which she had been cured by Juan several months before.

After this episode, Maria reports still feeling frightened, ashamed, and reluctant to become a curer. Among other things, she worried that if she started to cure people, her neighbors would say that she could not earn an honest living. The reluctance Maria and other curers exhibit before assuming their new role is a common cultural pattern. Men of this community resist requests to assume religious and political offices. Couples are reluctant to assume the responsibilities associated with becoming godparents. It is felt that acceptance without resistance or protest indicates that an individual is greedy or overly ambitious.

Maria still had not begun to cure when she formally married in church at age 26. She reports that her husband, as well as her male relatives tried to persuade her not to begin curing even though her dreams and bouts with illness resumed. Her husband in particular was afraid of her committing adultery when she was called away from her house to attend a patient. He is also said to have beaten her on many occasions. Social and psychological conflicts such as these continued for an additional four years.

Maria was still reluctant to begin curing until she suffered one last bout with illness. This episode and the fact that Juan had told her that her suffering would stop only if she became a curer, finally motivated her to begin curing at age 30. Like many curers, she reports that patients began coming to her door when word of her ability and willingness to cure spread. She claims that her work as a curer now requires that she leave her home nearly every day. In fact, she is so busy that her domestic responsibilities must often be postponed or assigned to another family member.

#### Diagnosis and Treatment of Illness

As a general rule, curers do not specialize in any particular illness. The majority claim to be able to treat all illnesses except broken bones and dislocations, those related to childbirth, and illnesses requiring an operation. The latter afflictions are treated by Hueyapan's bone-setters, midwives, and formally trained doctors, respectively. The most common illnesses treated by curers include *nemahuil* (fright), *ahmoñonacahua* (soul loss), *ehecat* or *mal aire* (bad air), *netatil* or *quemadas* ("burns"), and illnesses due to witchcraft, e.g., *envidias* (envy).

Curers also serve as diviners. Divination is typically undertaken by dropping corn kernels into a bowl of water. Depending upon whether a kernel floats or sinks, a curer is able to determine the names of saints an ill person needs to petition in order to recover from a severe illness. Hueyapan's curers do not officiate at agricultural rites, pray for rain, find lost objects, etc. However, many are thought to be capable of performing witchcraft. Consequently, curers are both respected for their ability to heal and feared because of their potential to cause harm.

When a patient arrives at a curer's house, the first thing he or she does is petition the curer's assistance by presenting her with a bottle of *aguardiente* (an inexpensive rum), a pack of cigarettes, and perhaps a small amount of food. The gifts are placed on the curer's household altar which is usually crowded with images and statues of saints, flowers, candles, and a censor. If the curer agrees to offer his or her services, the patient is asked to state his medical problems.

The curer diagnoses a patient's illness by "pulsing" him. One curer states that there are five distinct points on the wrist which she uses to diagnose a patient's illness. Another reports that she takes a patient's pulse at the waist and nape of the neck as well. By pulsing their patients, curers claim to be able to acquire knowledge and wisdom (*tamachiliz*)<sup>6</sup> about the kind of illness a person has. In addition, pulsing is used to ascertain whether a *talchipahuatliz* or *limpia* (cleansing), bath, *pomada* (ointment), etc. should be employed, as well as the kind and amount of herbal and patent medicines which should be prescribed. Only curers are said to have this ability<sup>7</sup> to acquire information about a patient's illness. They claim that a person's blood talks much like a person does and that understanding what it says is very easy for them.

Many curers report that he or she cures like no other. Indeed, the manner in which curers conceptualize and treat illnesses was found to be extremely variable. Their beliefs about soul loss<sup>8</sup> and the treatments they recommend for this illness illustrate this variability.

Curers vary in their reports of the causes of soul loss, known locally as *pérdida* or *dejada de alma* in Spanish, and as *ahmonalcahua* or *nacahuatiz* in Nahuatl. Most curers believe soul loss occurs because *tamatinime* take them from people. *Tamatinime*<sup>9</sup> are said to be all-knowing supernatural guardians of the mountains and streams surrounding Hueyapan. Drinking from or crossing a stream without their permission, bathing in a stream when angry, or washing ones dirty sweaty clothes in a stream are said to anger *tamatinime* and lead to their stealing and holding a person's soul captive. Some curers also believe witches can steal a person's soul when an individual is asleep.

Curers differ in their accounts of what happens to a person with soul loss. Some believe that only a person's shadow (*ecahuil*) remains in his body after he loses one or more of his souls (reports of the number of souls people have vary from one to nine). Others suggest that only a person's heart is left. Two thought that people with soul loss lose their shadows, not their souls (*ironal*, singular).

An individual diagnosed as having soul loss is sometimes said to be *asustada* (frightened). In addition, a patient may have a rapid pulse, diarrhea, loss of appetite, a high fever, body aches, and tire easily. Soul loss is considered to be a very grave illness. Left untreated, a person with soul loss is thought to die within a short period of time.

The treatments curers prescribe for soul loss are variable as well. More than thirty kinds of medicines are used by curers to treat soul loss. Some curers rely on only a few of these medicines while others prescribe as many as fifteen. In addition, curers report treating soul loss on different days and at different times of the day. They also vary in their use of soul callings, baths, *pornadas*, prayers, and offerings.

The soul calling is perhaps the most frequently used method to cure soul loss. Though this method is not used by all curers and those that call lost souls employ different techniques, a common pattern is discernible.

Prior to the actual calling, the curer, her patient, and several family members pray before the curer's altar. Upon the altar, the curer has placed a censer, a candle, and flowers such as *cempulxochitl* (a flower with twenty petals), *lacopa* (pelican flower), etc. Typically, a curer will then pray seven times before a variety of holy images and statues in order to petition their spiritual assistance. Curers vary with respect to whom they petition for assistance, though most petition saints of the Catholic Church. The deities most commonly prayed to are: 1) the Virgin of Guadalupe, 2) the Virgin of the Remedies, 3) the Virgin of Carmen, 4) the Heart of Jesus, 5) the Sacred Heart of Mary, 6) San Andres (one of Hueyapan's two patron saints), and 7) Jesus Christ.

Late in the evening, a curer collects the flowers, candle, and censer from her altar and she, her patient, and family members go to where the soul was lost. The location of the lost soul is divined by pulsing the patient. At midnight, she calls the patient's soul by blowing seven times into a bottle half-filled with sea water. After each "calling", she speaks the patient's name. Following this, flowers and a candle are placed on the ground as offerings to the *tamatinime*, and the curer wafes incense around these objects and members of her party. Upon returning to the curer's home, the patient is given a variety of herbal and patent medicines so that his bodily strength increases. Curers report that there is no charge to cure soul loss and other illnesses. However, they do accept gifts from their patients in exchange for their services.

### Discussion and Implications

#### Variability of Illness Beliefs and Treatments

It has been indicated that the manner in which curers conceptualize and treat soul loss and other illnesses is highly variable. Intra-cultural variation is a theoretical topic of considerable interest to anthropologists and other social scientists. A number of social and psychological explanations have been proposed to account for intra-cultural variation in other domains (Pelto and Pelto 1975). A cause of variation in the illness beliefs and treatments employed by Hueyapan's curers is discussed in this section.

As previously mentioned, Hueyapan's curers are unique in that only they are thought to be able to diagnose illness by pulsing their patients. Since patients do not have this ability and cannot empirically verify



diagnoses made by curers, curers have considerable leeway with respect to how they label, explain, and treat illnesses. Given this state of affairs, it is not surprising that illness beliefs and treatments of curers are heterogeneous.

This hypothesis regarding the relationship between method of diagnosis and treatment variability is supported by evidence collected from the other two kinds of indigenous medical specialists practicing in Hueyapan: midwives and bonesetters. Bonesetters and midwives make diagnoses based exclusively upon evidence gathered through their five senses. The possibility of patients disagreeing with their diagnoses and recommended treatments exists. Consequently, non-normative diagnoses and treatments recommended by bonesetters and midwives would tend to be "rejected" and eliminated over time. Eventually, this would result in a commonly-agreed upon set of illness beliefs and treatments. Indeed, data collected from interviewing midwives and bonesetters indicate that their beliefs and treatments of illnesses are considerably less variable than those of curers (Huber 1986).

It is interesting to note that curers are relatively unwilling to criticize the beliefs and treatments employed by themselves and other curers. Only two curers, for example, questioned the belief that a person with soul loss really loses his soul. They suggested that a person can only lose his shadow. Only one curer disagreed with the belief that all people have multiple souls. She believes that all people have multiple souls. Finally, only one individual thought that some members of her profession treated persons better than others, and that curers in the past were better than those presently practicing.

The majority of curers thought that they never made mistakes and that curers who are presently practicing are just as good as curers were in the past. No curer was willing to admit that he or she ever made a mistake.

This is in sharp contrast with the criticism bonesetters and midwives direct at other members of their profession. For example, midwives are extremely critical of beliefs explaining problems which arise during and after childbirth. Several take issue with the wide-spread folk belief that burying a placenta inside the house will insure that the child will remain close to his parent's home all his life. Others challenge the belief that a child born with the umbilical cord wrapped around his neck is caused by a pregnant mother sewing.

Both bonesetters and midwives are critical of the treatments employed by themselves and other members of their respective professions. Almost

all bonesetters thought that some members of their profession were better than others, and that bonesetters were better in the past. Finally, several midwives and bonesetters were willing to admit that they had made mistakes.

#### Sexual Division of Labor

As was indicated earlier, the overwhelming majority of curers (13 from a sample of 16) are female. Three reasons for this sociological fact are discussed below.

First, it should be pointed out that curing is a profession which demands a considerable amount of an individual's time. Curers must also be flexible in that they are expected to attend patients any hour of the day regardless of prior commitments. In addition, curers can expect to be busy some weeks and relatively inactive during others.

Since most of Hueyapan's men are engaged in agricultural duties and these duties follow a fairly fixed schedule, they would be expected to be reluctant to assume the role of a full-time medical specialist. Another drawback which might discourage men from becoming curers stems from the fact that men often need to migrate to other parts of Mexico in order to supplement their income. Their schedules are simply not conducive to a full-time curing role.

On the other hand, female residents of Hueyapan remain at home much of the time. Though they work as hard or harder than men, tasks such as cooking, washing, weaving, etc. can be more easily rescheduled or assigned to another member of the household. Even if an equal number of men and women are called to the curing role, women would be more able to meet the demands of this profession.

This explanation seems plausible given the fact that the majority of bonesetters (10 from a sample of 12) in Hueyapan are men<sup>10</sup>. Bonesetting makes very few demands on a practitioner's time. Most report attending only one or two patients a month. Thus, bonesetting is a role that men could easily assume. In fact, bonesetting may be a more attractive role for men to undertake because it often requires a considerable amount of strength.

A second reason why curers tend to be women concerns the role men and women are expected to play in Hueyapan. In Hueyapan, women are

expected to be supportive, willing to put the needs of others before their own, experts at preparing foods, and more religious than men. The curing role can be seen as an extension and amplification of the ideal role females play in Hueyapan. On the other hand, assuming the role of a curer might lead to considerable role discontinuity in a man's life.

This is not to say that women do not experience psychological and social conflict before becoming curers. It will be recalled that Maria's husband and male relatives tried to dissuade her from assuming her new medical role. In general, any change in role has the potential of creating conflict in an individual's life.

An additional reason why Hueyapan's curers tend to be female concerns the possibility that women more frequently experience the kinds of illnesses which are interpreted as signs of their calling to the curing role. It has been reported that women in some indigenous Mesoamerican communities suffer more frequently from soul loss than men. This is said to result from the greater likelihood of women experiencing role stress (O'Neil 1975; O'Neil and Selby 1968; Uzzel 1974). In Hueyapan, many female curers report being ill with soul loss prior to their beginning to cure. Given this, the following scenario is suggested: More women than men experience role stress in Hueyapan. This leads to a greater number of women becoming ill with soul loss. If women are more frequently ill with this severe illness than men, there is a greater chance of these experiences being interpreted as signs of their special calling. Consequently, more women than men become curers.

It seems likely that more women experience role stress in Hueyapan than men. A woman's role in Hueyapan is much more narrowly defined than a man's. In general, a woman's responsibilities center around the home. In addition, a woman is expected to be faithful to her husband, tolerant of her husband's infidelities, and respect the demands of her mother-in-law, with whom she often coresides. Equally important, women have fewer outlets for escaping stress than men. They are not encouraged to travel or walk alone, work outside of Hueyapan, or get drunk.

It is interesting to note in this regard that the onset of illnesses that lead to an individual being recruited to the curing role often coincides with adolescence. Though this is a potentially stressful time for all of the residents of Hueyapan, it can be especially stressful for females. It is during this time that most young girls can expect to leave their natal home, marry,

and reside with their husband's family in another part of Hueyapan. Becoming ill with soul loss may be one way in which young girls react to the stress they feel at this time. The sick role would provide them with a temporary means of dealing with this stress. Becoming a curer would provide adolescent females with a cultural mechanism by which they become reinstated into this community with a new socially approved role (cf. O'Neil and Selby 1968).

## Notes

- <sup>1</sup> This research was supported by a Fulbright grant, two Tinker Summer Research grants, and an Andrew W. Mellon Predoctoral Fellowship.
- <sup>2</sup> *Curandero* and *Tepahitiqui* are also occasionally used by Hueyapan's residents to refer to an indigenous doctor. *T(l)amaqui* is not used in this community to refer to a curer even though it is used in other parts of the Sierra Norte (Montoya Briones 1964: 154-155).
- <sup>3</sup> Three female curers are also midwives; one male curer is also a bonesetter. No individual was simultaneously a curer, midwife, and bonesetter, even though this appears to be a possibility.
- <sup>4</sup> All names are pseudonyms.
- <sup>5</sup> Hueyapan's midwives and bonesetters report a similar sequence of events leading to their recruitment as medical specialists. In addition, this manner of recruiting medical specialists is common in other Nahuatl-speaking communities (Núni and Isaac 1974; Signorini 1982) and is reported for some Mayan communities as well (Paul 1975; Paul 1976; Paul and Paul 1975).
- <sup>6</sup> Four related Nahuatl words which are of interest in this context are: *tahmatzqui* (doctor), *tahmatiliz* (trick, joke, or deception), *machtia* (to learn, study, or teach someone) and *machtiliz* (prayer).
- <sup>7</sup> Indigenous curers in the Nahuatl community of Santiago Yancuñitlapan (Sierra Norte de Puebla) are said to dream in order to acquire this information (Signorini 1982).
- <sup>8</sup> In Hueyapan, curers and residents clearly distinguish between *remahkil* (susie or fright) and *ahmo tonalchahu* (soul loss). This distinction is not always made in the anthropological literature on Mesoamerican illness and healing.
- <sup>9</sup> *T(l)amatini* (singular) can also be used to refer to a wise person or philosopher (Kartunen 1983: 281; Montoya Briones 1964: 154).
- <sup>10</sup> All of Hueyapan's midwives are female.

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