“[E]ndnu lever en stor medicinsk erfaringskundskap”[1]

Early Twentieth-Century Knowledge Production on Folk Medicine

By Greta Karoline Heien & Line Esborg

In February 1911, a questionnaire entitled *Norsk Folkemedicin* (*Norwegian Folk Medicine*) by Dr. med. Fredrik Georg Gade (1855–1933) and the medical historian Dr. med. Andreas Fredrik Grøn (1871–1947) went public. They set out to conduct a large-scale collection of vernacular medical knowledge about diseases and cures, as research material from across the nation. The request was sent out through their network of peers and printed in the conservative journal *Norsk Skoletidende,* a periodical for teachers and higher education. Gade and Grøn were especially interested in submissions from teachers. Thus, it was highly intentional that they put a notice of their project in *Norsk Skoletidende.* In their call for responses, Gade and Grøn write that they assume teachers might have an interest in participating in a meaningful cause. They also note that, through their profession as teachers, they are especially suited for the task, seeing as they encountered “the different strata of the people, and thus are able to gain whatever knowledge there is left to find on the topic”[2] (*Norsk Skoletidende* nr 10, 1911:152, our translation). This was seemingly in reference to the common practice of itinerant teachers who provided mandatory schooling around the countryside (Thuen 2017; Heggli 2021). In March the same year, they sent their request as an attachment and wrote a solicitation and a reminder of their project in the next issue of the periodical.

> Very meritorious work has been done to gather and preserve our folk traditions; but in the area in question [folk medicine], little has been done. And yet there is certainly a lot of value here, which it is important to obtain before it disappears (*Norsk Skoletidende* 1911, no. 10:152, our translation[3]).

Several years before, in August 1906, Fredrik Grøn travelled to the valley district of Setesdalen in southern Norway to collect vernacular medicinal knowledge. His fieldwork resulted in the article “Folkemedicin i Setesdalen” (Folk Medicine in Setesdalen), published in the journal *Maal og Minne* in 1909. In this article, Grøn lists what he was mostly concerned with, namely, local disease names, their believed aetiologies and treatment methods. He compares a selection of disease names with assistance from both his main informant – a local “wise” healer in Setesdalen – and secondary philological sources, mainly Ivar Aasen and Hans Ross (Grøn 1909:67). He also makes the following remark and distinction:

> There is often a strange confusion between the two concepts of folk medicine and quackery. This also takes place among doctors. However, these are two very different things, although there are points of contact and transitions between the two. Folk medicine is almost to be defined as the epitome of the medical conceptualizations of diseases, their characteristics, causations, means of treatment etc., which are inherited from generation to generation through many stages […] So far, very sparse material has been published from this area. And yet there is undoubtedly still a great deal of experience-based medical knowledge among the people in Setesdalen. Here, one does not suffer from an abundance of doctors (Grøn 1909:66–67).[4]

Note that Grøn in this excerpt defines folk medicine as *medical knowledge*; an “experience-based medical knowledge”. And it is this medical knowledge he sets out to document and explore with the abovementioned questionnaire two years later.

This article will shed light on this long-forgotten questionnaire. Our aim is to demonstrate how vernacular categories

of medical knowledge were collected, conveyed, and transformed, using the questionnaire on medical terminology and vernacular medical traditions as our example. The reason for choosing the *Norwegian Folk Medicine* questionnaire is threefold: First, this questionnaire has received little scholarly attention. It has remained a rather unknown source for scholars interested in medical history or folk medicine more generally, or in conjunction with questionnaires located in folklore archives specifically. Second, one of the distinctive features of the questionnaire is that it is a product of different knowledge categories. Thus, it serves as a highly relevant study object considering the overarching topic we are exploring in this article. Lastly, and on a related note, we argue that the questionnaire is an early example of an interdisciplinary knowledge project, which in turn influenced later collections. But how was it constructed? And what kind of knowledges is produced with this questionnaire?

The analytical approach in this article springs out of the ongoing conversations related to the "history of knowledge". This has made its entrance into several historical disciplines, including cultural history. Overall, general history is experiencing a "knowledge turn", a "turn" we might gradually come to equate with the "linguistic turn" and "cultural turn" that gained a foothold in the 1970s and 1980s (Jordheim & Shaw 2020:3–5). Östling and Heidenblad note that cultural history is already emerging as a dominant discipline from which many scholars in the history of knowledge hail. Peter Burke is an influential figure in this regard, developing the field of history of knowledge itself with publications that have already become standards in the field (Burke 2000; Burke 2012). This appeal is seemingly especially true in the Nordic region, evidenced for example in the now institutionalized network of history of knowledge scholars at the Lund Centre for the History of Knowledge (LUCK) at Lund University (Östling & Heidenblad 2017:1–2). We will draw on what historians of knowledge argue are some of the key strengths of a burgeoning discipline. Reflecting on the role of knowledge in society is one of the main *raisons d'être* of the history of knowledge (Östling & Heidenblad 2017:2). Many publications in this field over the past decade also emphasize the study of "knowledges" in the plural (Burke 2016; Östling et al. 2020; Sarasin 2020; Andersson 2020). In a sense, democratizing knowledge and placing different types of knowledges, as well as the people associated with them, on a more even keel (Östling & Heidenblad 2017:2). Gade and Grøn's *Norwegian Folk Medicine* questionnaire brings more insight into how medical knowledge in early twentieth-century Norway was produced and negotiated. One of the features of the new history of knowledge is studies which expand on traditions of historical inquiry, for example by approaching familiar and exploring newer "knowledge phenomena" (Östling et al. 2020:17).[5] Looking through this analytical lens, we see these themes reflected in Gade and Grøn's work with their questionnaire and other publications, which points to pursuits to save an entire category of knowledge that, as the quote above also illustrates, is framed as understudied and devaluated knowledge. Hopefully, this will illustrate the mutually beneficial relationship between cultural history and history of knowledge perspectives on the familiar topic "folk medicine".

Our methodology is a close reading of the questionnaire *Norwegian Folk Medicine*, "taking seriously what goes on in the text." The aim of a close reading of a text is "not primarily to detect the intentions of the authors or the influence of their historical contexts, but to study the text as a historical reality carrying meaning in itself" (Eriksen 2013:518). By analysing the choice of words and concepts the researchers use to characterize their analytical objects, how they linguistically approach their field of interest and their audience, this paper's main focus is the production of knowledge on medicine in the early twentieth century. This is thematically structured around three key concepts relating to knowledge production: collecting, conveying, and transforming. In other words, rather than concentrating on the informants' world view, the principal focus will be the scientific framework and text production of the researchers/collectors. The first concept, collecting, operates in a twofold manner. The questionnaire is itself part of a larger collection in the Norwegian Folklore Archive, and it is at the same time the product of a specific *genre* of knowledge collecting, a topic we will return to in the following section. The second concept, conveying, explores how the questionnaire – and by extension its makers/authors – construct their tools for knowledge gathering. In this sense, we are not focusing on the content per se, but rather on how the questionnaire is structured and, consequently, guides and informs the resulting content (i.e., the replies to the questionnaire). Thirdly, knowledge transformation lends itself to an analytical gaze that includes a closer look at the content of the material. Here we will take a closer look at a selection of questions asked. This concept helps us to reflect on the question of what happens to the knowledge in the questionnaire. Thus, transformation here relates to processes of production of (medical) knowledge and the subsequent negotiation between different knowledge categories; that is, the contrast between the academically informed questionnaire and the vernacular/folk knowledge it produces/collects (Jordanova 1995:363; Eriksen 2013:517).

Collecting: The Questionnaire as Genre

The history of the questionnaire as a methodological genre for knowledge gathering is centuries old and a topic for research in and of itself. However, the aim of this section is to provide a brief review of this history to contextualize where, in this far-reaching history of printed questionnaires, *Norwegian Folk Medicine* fits in. We find one of the earliest examples of printed questionnaires as a systematic tool for knowledge gathering towards the mid-to-late sixteenth century. Commonly referred to as "queries", administrators of empire collected and systematized features about newly acquired lands, and other sovereign nations conducted internal investigations to build a "long and honourable history" (Burke 2000:126; Lilja 1996:22).

By the seventeenth century, printed questionnaires (or "inquiries") started in earnest to move closer to the realm of scholarly endeavours. For example, topographical researchers were influenced by Francis Bacon's natural philosophy and systematization of "queries", namely the careful formulation and structuring of topics, which in turn was used to collect and investigate

"useful knowledge" (Fox 2010:594–595). This tool and overall approach to structured investigation of the natural world furnished the idea that research was a collaborative effort. In a Nordic context, a systematized gathering and dissemination of knowledge was also a central feature in the mid-to-late eighteenth century. In Sweden, a well-known example of this blend is Carl von Linné (1707–1778), who also collected information about natural resources for the benefit of the Swedish government while he was doing his groundbreaking work on taxonomy (Burke 2000:128). In Norway, examples are the founding of *The Royal Norwegian Society of Science and Letters* (1761–) and the journal *Topographisk Journal* (1792–1808). The latter publication was guided by the ruling royal interests of the Denmark-Norway union. The overall aim was to gather and control information about the land's history, resources, current affairs, and natural history. In a sense, collating different categories of knowledge.

By the eighteenth century, questionnaires had taken on a more academic nature in earnest. One of the developments in this was the formation and founding of knowledge institutions devoted to research. At around this point in time, the increasing use of terms such as research and investigation reflected a growing attention to the need for knowledge gathering to be systematic and cooperative, the latter of which was already a key aspect of the dissemination of questionnaires (Burke 2000:45–46; Kjus 2013:41).

The nineteenth century is a watershed period when it comes to questionnaires and its further distancing from its origin as a government tool of power and control towards an academic methodological tool. An influential figure in this development was the folklorist Wilhelm Mannhardt, who famously applied questionnaires to investigate beliefs and customs related to agriculture in Germany. He has been credited as a considerable influence on Nordic folkloristics (Lid 1931; Tillhagen 1999; Kjus 2013). The development was further guided by the era's more romanticist approach to collecting people's traditions, culture and, as Agneta Lilja puts it, "everyday reality" (Lilja 1996:22). Questionnaires have since become a staple methodological tool for tradition archives, with a peak in the 1930s (Lilja 1996:115; Nilsson et al. 2003:92). Folk medicine was a familiar topic of tradition, though in the late nineteenth and early twentieth century, folk medicine came to be regarded as its own distinct field within the discipline of folklore research (Alver 2013:399), albeit placed within a given framework of scientific medicine from the start (Alver & Selberg 1987:59). It is in this context we arrive at the historical placement of the *Norwegian Folk Medicine* questionnaire.

The study of folk medicine and disease has its own long history. The term itself mirrors the long and deeply intertwined relationship between, e.g., folkloristics and medicine. However, since the 1970s, "applied folkloristics" and "medical history from below" have resulted in an avenue for research where folk medicine bridges the gap between (bio)medicine and culture, rather than entrenching it (Porter 1985:182; Hufford 1998:295; Briggs 2012:319). The topic was present throughout all the centuries discussed above. As Bente Alver points out, in the early years of twentieth-century Norway, folk med-

icine came to be regarded as a topic that could stand on its own feet, as opposed to limited accounts within general and sweeping topographical and natural historical descriptions. Collecting and documenting people's memories and knowledge was increasingly viewed as a valuable source of insight into (past folks') cultural imagination about disease and health (Porter 2003; Alver 2013:402). In addition to the historical interest in the study of this topic, the overwhelming foothold of modernity and the subsequent rescue mission trope must also be included in the historical context of *Norwegian Folk Medicine*, meaning the rescuing of old and threatened knowledge. According to Lilja, this implied a societal criticism of the effect modernization had on cultural heritage, while at the same time positioning collectors as "unselfish cultural heroes," apt for the task of securing knowledge deemed "valuable" and "legitimate" (Lilja 1996:253).

Among different categories of questionnaires, *Norwegian Folk Medicine* arguably falls in between two of these general types: questionnaires that seek to locate information and questionnaires that seek to collect information (Reishtein 1968:45). Though Fredrik Georg Gade and Fredrik Grøn sought to gather folk knowledge limited to the general sphere of folk medicine, they were nevertheless interested in specific topics. This is a feature of the questionnaire method that was both a substantial benefit and a limitation. On the one hand, the questionnaire method was quite effective, in terms of both cost and time. Topics and questions were already neatly structured, so when the answers were returned, the work of archiving was not that time-consuming (Kverndokk 2018). On the other hand, this method simultaneously operated as a "reality model", with a normative function that defined, by way of the structured topics, valuable and legitimate knowledge (Lilja 1996:115). Similarly, as Lässig reminds us: "'Raw' collections of data and information thus clearly reflect the history of the individuals who conceived and arranged for them, who evaluated them and imposed a measure of order on them – and who perhaps in the end shaped them as socially relevant knowledge" (Lässig 2016:40). Gade and Grøn had a predetermined idea of what kind of knowledge they wanted to collect, witnessed in the structure of questions organized according to overall themes and subcategories. This way of, in one sense, guiding the information to which the respondents were to supply is a common trait in the making of questionnaire materials in the twentieth century. Furthermore, the implication here is that in close reading the structuring and content of questionnaires, we are given an opportunity to ascertain the underlying intentions and purpose of a given questionnaire in and of itself, as well as connecting these assumptions to the historical context in which it was created (Resløkken 2018:11).

Conveying: Constructing Tools for Knowledge Gathering

Introductory texts potentially play a key contextual role in the questionnaire genre. Through a close reading, this section will look at what the questionnaire's introduction text and constituent elements convey. The introduction to *Norwegian Folk Medicine* establishes the aim and purpose of the material and provides a succinct guide for the respondents, as well as a choice of methods for filling in the

questionnaire. Furthermore, the introduction frames the questionnaire as an ambitious scientific venture. It was supported and thus authorized by way of signatures from high-standing representatives of the Norwegian academic, medical, and political sphere.

The first page contains the title "Norwegian Folk Medicine" in the upper left side of the page, leaving the introductory text at its centre. It begins as follows:

The undersigned have received contributions from The Nansen Foundation in order to collect materials to research Norwegian traditional medicine, and for that reason to request your support by replying to these particular questions. During the zealous work in several cultural nations to collect the living traditions still among the people, it has been proven that the traditional art of medicine holds much useful information and is of great cultural-historical interest. Likewise, surveys in our country have proven this in the case of Norwegian traditional medicine. Concurrently one has to be reminded that folklore quickly gets lost in our time and in our younger generations, and we must save it from oblivion. Thus, we are asking you to reply thoroughly to our questions and send a completed form to the address provided. Should you not find an opportunity to do this yourself, you are most kindly requested to hand over the form to someone in your circle whom you may deem fit and willing to do so. We ask you to provide the sender's name and address, and if possible, for the reply to be submitted by the end of April 1911.[6]

The most important feature of the introductory text is the immediate reference to the significant new institution The Nansen Foundation (established in 1897), working for the advancement of science in the young sovereign nation state of Norway. The grant[7] was provided to the two applicants as a contribution to "collect materials to research Norwegian traditional medicine."[8] The name and the institution thus firmly authorized their scientific endeavour.

Gade and Grøn make two significant rhetorical choices in the introduction. They argue with reference to the inherent historical value of the material and secondly, they stress the urgency of the task. Modernity created a sense of urgency in relation to collecting "tradition" (Eriksen 1993; Lilja 1996), making "the rescue" a familiar trope in justifying the scientific importance of folklore collection in the nineteenth and twentieth century:

During the zealous work in several cultural nations to collect *the living traditions still among the people*, it has been proven that *the traditional art of medicine* holds much useful information and is of great cultural-historical interest. Concurrently one has to be reminded that *folklore quickly gets lost in our time* among our younger generations, and we must *save it from oblivion*. (Emphasis added).


NORSK FOLKEMEDICIN. Kristiania, februar 1911.

Undertegnede har faat bidrag av Nansenfondet for at iverksætte en indsamling av materiale til undersøkelse av den norske folkemedicin og tillater sig i den anledning at anmode om Deres støtte hertil ved besvarelse av omstaaende spørsmaal. Under det ivrige arbeide i flere kulturlande med at indsamle de endnu blandt folket levende traditioner har det vist sig, at den folkelige overtro rummer meget stof av stor kulturhistorisk interesse, og spredte undersøkelser i vort land har ogsaa tilfulde bevist dette for den norske folkemedicins vedkommende. Da det samtidig maa erindres, at folkeminderne i vore dage usandsetlig hurtig gaar tapt blandt den yngre slegt, gjælder det ikke at redde dem fra glemselen. Vi ber Dem derfor om saa fuldstændig som mulig at besvare vore spørsmaal og indsende dette skema i utfyldt stand efter den paaskrevne adresse. Skulde De ikke selv finde anledning til at utføre dette, anmodes De velvilligst om at overgi skemaet til en eller anden i Deres kreds, som De maatte anse skikket og villig dertil. Avsenderens navn og adresse bedes altid paaført og været indsendt, om mulig, inden utgangen av april 1911.

Dr. med. F. G. Gade. Dr. med. Fr. Grøn.

Overstaaende opfordring støttes med vor varmeste anbefaling.

J. K. Qvigstad, M. Holmboe, Mollke Moe,
professor.

1. Introduction text with signatures at the top of the questionnaire's first page.

In 1911, we are still in the middle of a national romantic movement that wanted to document and thus save a rural culture in response to increasing modernization and urbanization (Gunnell 2010). The notion of a "rescue mission" has by this time become a familiar trope in folklore collecting (Lilja 1996:237). By paying close attention to the introduction to *Norwegian Folk Medicine*, we see this trope play out here as well. "[…] we must save it from oblivion. Thus, we are asking you to thoroughly reply to our questions." The trope not only justifies their own scientific mission, but also that of the possible respondents which they address. The questionnaire is signed by Gade and Grøn themselves, with their full academic titles. The abbreviation *Dr.med.* signifies the higher doctoral degree in medicine, which they both were awarded from the university.[9] The questionnaires are pre-addressed in Gade's name. Fredrik Georg Gade was one of the first microbiologists and cancer researchers in the country and must have been a merited partner. Fredrik Grøn, on the other hand, already had a thorough and extensive body of work to refer to, especially on folk medicine (Bolstad Skjelbred 1983:IV). Grøn belonged to the first generation of researchers working on the history of medicine on a scientific basis, with textual source studies as the most important method. The works, concentrated mainly on Norwegian folk medicine and disease, were partly published in Norwegian and Nordic journals and partly in the daily press. This fact is not mentioned in the questionnaire. Instead, a cabinet member, a medical director, and a professor at the historical-philosophical faculty at the University of Kristiania authorize the questionnaire by signing the dispatch with their warm recommendations. Just Knud Qvigstad (1853–1957) was a philologist, ethnographer, headmaster, and folklore collector with responsibility for the Sami research field when The Institute for Comparative Research in Human Culture was founded in 1922. However, at the time when the dispatch of the questionnaire was underway, Qvigstad was working as Minister of Church and Education in Wollert Konow's cabinet between 1910 and 1912. Therefore, he was a particularly significant authority. Mikael Holmboe (1852–1918), a medical director and doctor, produced a large body of scientific work and was an important member of a variety of public committees, such as Det Medicinske Selskab (The Medical Society) in Kristiania. Professor Moltke Ingebret Moe (1859–1913) completed the triumvirate as the representative of the University of Kristiania, as the first professor in the new academic field of folklore studies.

The explicit acknowledgement of authoritative institutions and the individuals associated with these must be seen in conjunction with what immediately follows the opening sentence with the reference to The Nansen Foundation and the purpose of *Norwegian Folk Medicine*, namely, the abovementioned "rescue mission" trope, which arguably is the main rhetorical device in the questionnaire's introduction text. Gade and Grøn illustrate this by speaking directly to this cause, and they used this as a major argument to incentivize informants.

> … folklore quickly gets lost in our time and in our younger generations (Gade & Grøn 1911).

> Of course, nowadays these traditions from an older time are rapidly disappearing in the younger generation, here as elsewhere (Grøn 1909:66).

This permeated nineteenth-century folklore collection in general, and clearly informed the folk-medicine branch of these ventures at the start of the new century. The theme is a constituent element in the construction of the questionnaire's introduction. First, Gade and Grøn refer to similar collection projects in other "cultural nations" (*kulturlande*). With this, they situate their method internationally by comparison and establish *Norwegian Folk Medicine* as one out of several of its kind that will collect the "living traditions" that still exist among people, which in turn hold a great deal of cultural-historical value. Scattered surveys within Norway's regions, they add, have also shown this to be the case for Norwegian traditional medicine, with Grøn's own study from Setesdalen in 1906 being a prime example. Second, Gade and Grøn construct a stark juxtaposition to the traditions that are still alive across this and other nations. They go on to say that with each passing generation, more and more folklore is lost. In his article from Setesdalen, Grøn defined the passing of knowledge over time from generation to generation as one of the foundational aspects of folk medicine. Here, that same feature was one of the main reasons why it needed to be "rescued from oblivion" (Gade & Grøn 1911).

The sentence calling for a rescue from oblivion functions as a segue into the instruction section of the introductory text. In the short guide Gade and Grøn offered in the introduction to the questionnaire, they explicitly ask that, in cases where informants for some reason cannot provide satisfactory answers, or any answers at all, that they pass the questions on to someone in their community they deem to be fit for the task. Based on explicit references to this request by several informants, we can safely assume that in some cases the informants collected information from their local community in order to provide answers to all or some of the questions. There are not so many replies where informants provide more detailed accounts of how they have answered the questions, though we have a few examples where the informants explicitly state that they answered the questions based on their own experience and memory.

The questionnaire consists of four pages in folio with the return address printed on the back, so it could easily be folded and submitted to the collectors. The responses are primarily depictions of local beliefs concerning the medical and magical properties of disease. The last page of the questionnaires asks for the informants' name, profession, the place they reported from, as well as the date (and year) in which the questionnaire was submitted. The replies – 152 in total – were seemingly numbered in chronological order as they came in from the first in February 1911 to the last in December 1912. Based on this biographical and geographical information, we know both the geographical dispersal of the informants and their professions. Out of the 152 respondents, most of the informants were doctors (including pharmacists and the odd midwife) and teachers, who numbered 58 and 56, respectively. The remaining category of 38 replies came from a mix of people, including parish priest and farmers. Geographically, responses originate from all over the country and are distributed evenly across counties. What sets this questionnaire apart is that Gade and Grøn are primarily addressing their peers.

However, a common feature is that the submitted questionnaires are the result of communication. The submitters do not respond as individuals but are all rather a collective of intermediaries who respond on behalf of a local community.

The Norwegian Folklore Archive and the University of Kristiania[10] are referenced on the front page as authoritative academic institutions. In addition, there are informative assurances (on the last page of the questionnaire), that the information provided would only be used for scientific purposes. Furthermore, it is also assured that the information will be ethically handled and archived as part of the folklore archive at the university. Interestingly, the new Norwegian Folklore Archive had not yet been established at this point, although the idea of one was put forward at a Nordic meeting in Kristiania in 1907 (Esborg & Johanssen 2014). Professor Moltke Moe would have played the part as guarantor on the first page of the questionnaire. As research material, the answers to the questionnaire were thus from the very beginning destined for a life in the folklore archives, transforming the content on vernacular knowledge/folk medicine into a folklore object, a cultural category.

Transforming: Negotiating Knowledge Categories

The previous section demonstrates what "new medical history" stresses about socially created medical knowledge, namely, that a wide range of actors take part in its production (Eriksen 2016:7–8; Mellemgaard 2001:40f). In Norway, as elsewhere, as pointed out by Bente Alver, folk medicine was naturally not a new topic of interest per se, though in previous centuries we find it blended in with other "agendas and overarching contexts", e.g., cultural-historical, topographical, medical, and clergy reports (Alver 2013:399–400). *Norwegian Folk Medicine* is thus, by the very nature of its inception, firmly situated in an overarching context of the pioneering age of academic folk medicinal research in Norway.

Transforming relates to the processes of production of (medical) knowledge and the subsequent negotiation between different knowledge categories. That is, the contrast between the academically informed questionnaire, the vernacular knowledge it collects, and the folklore object it produces. As the folklorists Bonnie B. O'Connor and David J. Hufford (2001) have pointed out, folk medicine is an example of a (medical) knowledge category that was created, sometime towards the late nineteenth century, arguably by actors who represent a diametrically opposite knowledge category:

> Both the term "folk medicine" and the conceptual category to which it refers are academic constructs that identify a particular subset of healing and health care practice. The most common interpretation of folk medicine in both popular and professional thought is that it represents a body of belief and practice isolated in various forms from the social and cultural "mainstream" and intriguingly unaffected by "modern" knowledge, with which it is frequently compared on the apparent presumption that "folk" and "modern" are mutually exclusive classifications (O'Connor & Hufford 2001:13).

Similar to concepts such as traditional sectarianism, popular belief and superstition (see Amundsen 1999; Selberg 2011), various medical terms are – to paraphrase Torunn Selberg on religiosity – "used to delimit and categorize different – and di-

vergent forms of medicine, which in certain contexts can be perceived as derogatory" (Selberg 2011:14). Unlike superstition embedded in a theological discourse about "true" religion during the 1700s and 1800s, the medical science acts here as a counterargument and as a measuring scale to evaluate the practical medicine of traditional cultures. Terms such as traditional medicine and alternative medicine are concepts that exist within a *hierarchical space* of medicine and of medical practitioners, and that present themselves in dichotomies such as secular/scientific, rational/irrational, scholarly/popular, official/unofficial (O'Connor & Hufford 2001:13–14).

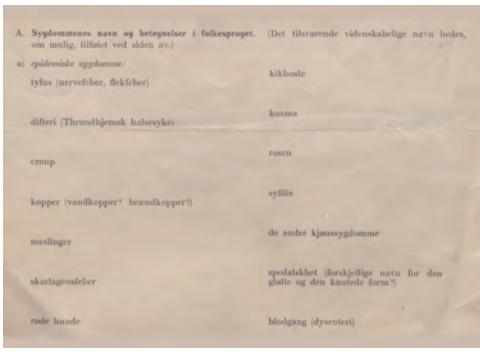
Time *transforms* knowledge from one domain to another: from "living traditions" in the context of folk knowledge about medicine and health and transforms *into* an object of folklore. From something that is a fundamental component of a knowledge culture and into another domain, placing the former into the past as something belonging to the past.

With *Norwegian Folk Medicine*, Gade and Grøn sought to preserve knowledge before it was wholly reduced or transformed, into inaccessible memories which would fade further away with each passing generation. This was a process that had been underway for some time, as they made sure to remind their readers/informants of. We see here clear rhetorical juxtapositions of the dangers folk medicinal knowledge were up against, in the form of loss, living, oblivion, indeed time itself.

Gade and Grøn requested detailed responses where the naming practices – vernacular and scientific – are a common pivot point. The questions are organized in four thematically defined categories. First it asks about the vernacular form of disease names, followed by questions on medication, advice, and treatment methods; cures based on superstition and their implementation, and lastly, the names and details of the respective practitioners. The first two main categories (A-B) take up the first three of the four pages of the questionnaire and are therefore considered more important. Each category is carefully divided into subcategories:

A. Disease name and vernacular designation (If possible, add the corresponding scientific name on the side.)
Aa) epidemic diseases
Ab) internal diseases (the listed names are just examples; add separate names for other than these)
Ac) skin, hair and nail diseases, e.g. scabies
Ad) other morbid conditions (e.g. nightmares, night terrors (pavor nocturnus)? – gangrene?– tumours? – haemorrhoids ("tags")? – humpbacked? – boils and finger inflammation?

B. Medicines, medical advice and treatment methods with addition of which diseases they were used for.
Ba) Cures from the animal kingdom (animals and animal parts, animal-based substances, such as beaver glands, animal fat, (different kinds of fat?), animal intestines and secretion (spit, bile, urine, excrement, etc.), fish liver oil, spider web etc.?
Bb) Cures from the plant kingdom (medicinal plants, their names and special usage? (e.g. thistle, lichen, corpse rash, bloodroot […] What are the corresponding botanical names?
Bc) Cures from the mineral kingdom (soil, e.g. for insect bites, different kinds of stones, such as cattle stone, spell stones, other metallic substances, such as heirloom silver)?
Bd) Surgical treatment methods and hygienic measures, e.g. for maternity bed, childbirth, child care, deaths (e.g. child's navel, breastfeeding and its duration etc. – Death signs? – Bleeding and cupping? – Wound treatment? – Joint dislocation (luxations)? – Bone fractures?)


A. **Sygdommenes navn og betegnelser i folkesproget.** (Det tilsvarende videnskabelige navn bedes, om muligt, tilføiet ved siden av.)

a) *epidemiske sygdomme:*

tyfus (nervefeber, flekfeber)

difteri (Throndhjemsk halssyke)

croup

kopper (vandkopper? brændkopper?)

meslinger

skarlagensfeber

rode hunde

kikhoste

kusma

rosen

syfilis

de andre kjønssygdomme

spedalskhet (forskjellige navn for den glatte og den knudede form?)

blodgang (dysenteri)

2. The first section of the questionnaire asks about corresponding vernacular disease names for the listed epidemic diseases.

First note that the questionnaire asks for scientific terms as well as the vernacular names, in the very first category (name of disease) with the request "If possible, add the corresponding scientific name on the side." The same kind of request is repeated in subcategory Bb (name of cure) with the direct question "What are the corresponding botanical names?" In the latter it seems to be the name of species, presumably in Latin, that is requested. Under each section they provide the respondent with examples, in both Norwegian and Latin, adding that the listed names for each category are just examples and that the respondent could add separate names for other than these. By giving examples they define the meaning of each question, and perhaps point to possible answers.

Medicine and cure are divided into cures and ingredients from the animal, plant, and mineral kingdom.

The last page of the questionnaire is devoted to what they call superstitious cures and people playing a role as healers (C-D). For instance, the use of amulets, sacred sources, or charms, and information about people viewed as "natural doctors, quacks, wise women and healers" in their community.

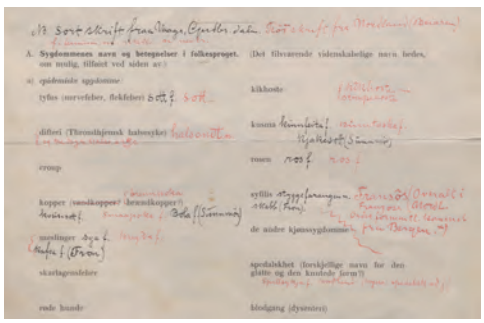
Both directly on the questionnaire pages and in attached letters, some of the informants add extra bits of information relating to either the questions or the process of collecting the answers. The following was written on the bottom of the first page of a questionnaire submission. It is a reply from Nordland in northern Norway, and the informant, a teacher, wrote a short comment below the list of epidemic disease names, thus outside the formal structure. The teacher wrote: "According to the information given to me by people in my district, there are not many specific names for different diseases. Almost every disease was called 'sott', and if one died, the disease of which he died was called 'whole sott'" (NFS Gade and Grøn 99).[11]

This is a two-sentence answer to an entire section of the questionnaire. However, there are still two interesting points to note here. First, the informant demonstrates the intention Gade and Grøn had in relation to *who* would be answering the questionnaires. Though they were after the knowledge of the "people", they were not necessarily interested in recording first-hand knowledge. If this were the case, they would probably not have included questions that asked for scientific names in addition to local vernacular terminology. Furthermore, Gade and Grøn made it a point to say that, if their peers could not answer their questions themselves, they should pass it on to other *suitable* informants (*hjemmelsmenn*), who could reply on behalf of the village or district. This was the norm in comparable collection projects elsewhere in Europe (Resløkken 2018:10–11; Jurić 2020). In

contrast, however, as we have seen, Gade and Grøn did not include a comprehensive collection guide for their informants. This might be one part of the reason why there is a broad range of answers in the questionnaires. Both the instructions and the questions posed are quite open for interpretation. Furthermore, the example above is representative of another common feature in the replies, which in turn points to the negotiation between knowledges produced in the questionnaire. Many of the informants reply without paying attention to the structured categories listed by Gade and Grøn. Their tripartite categorization of diseases is a prime example, and the replies in these sections often illustrate a significant challenge in translating between two categories of (medical) knowledge. Consequently, many of the answers that represent a vernacular knowledge system do not adhere to the knowledge system that the fixed categories of questions represent. The section on disease names reveals this negotiation between different systems of knowledge, especially considering the inherent elusiveness of (historical) disease concepts (Campbell et al. 1979; Andersen 2021).

The other aspect of note in the teacher's remark is the content, namely, the all-encompassing disease name. Etymologically, *sott* has historically been used to denote deadly and contagious diseases, and thus it surely fits in the section asking for epidemic disease names. This reply illustrates a contrast between two different (medical) categories of knowledge, and in this specific example, knowledge relating to disease concepts. This example also points to a challenge that is still relevant today, for one of the pitfalls in writing the history of disease concepts is precisely when there is a lack of attention to different categories of knowledge: "The history of medical practice is often written without reference to the disease-categories by which past practitioners apprehended the illnesses of their patients" (Wilson 2000:271). Today we have names for every possible ailment, and we have largely agreed to distinguish between "disease" and "illness" in order to account for the difference between biological and socio-cultural factors of perceived states of sickness (Kleinman 1988:3; Hays 2007:33; Alver 1995:5). The difference between the two concepts in the teacher's reply, however, is merely a distinction in the severity of a disease. The name is specified only depending on whether the patient lived or died.

This further illustrates what Grøn wrote about in his article from Setesdalen in 1909, on the topic of understanding vernacular disease names, namely, that they are rarely specific, etymologically speaking. As Grøn's own survey shows, one single disease name can have numerous meanings attached to it. Depending on the



3. Replies to the section on epidemic disease names. The informant has also included details about whether the vernacular disease names are feminine, masculine, or neutral.

source, its meaning could either have originated based on how or where the illness manifested on a person (symptom), what kind of person carried the disease (cause) or what animal part was used as a treatment method (Grøn 1909:75). Figure 3 demonstrates some of these patterns.[12]

It is not coincidental that the main part of the questionnaire relates to three categories of disease names – a distinction Grøn also made in his above-mentioned article. The aim of the questionnaire was to produce a large body of literature on aspects of folk medicine including vernacular disease names. In this vein, Grøn's article arguably provides some insight into how Gade and Grøn went about constructing a whole section of the questionnaire in an effort to gather as much information as possible about the often ambiguous linguistic remnants of folk medicinal knowledge.

In the introduction to the 1921 questionnaire *Innsamling av norsk folkemedisin* (*Collection of Norwegian Folk Medicine)*, Ingvald Reichborn-Kjennerud, Nils Lid, and Hjalmar Falk pay particular attention to collecting folk medicinal disease names. It is, to our knowledge, the first comprehensive questionnaire on folk medicine since Gade and Grøn sent out *Norwegian Folk Medicine* in 1911. In 1921, the collectors underscore the collaborative scholarly commitment they engage with through their collection efforts. In the first pages of the introductory text, the three collectors address the necessity of their project in a context of earlier – and to a degree similar – work concerned with collecting (vernacular) language. They argue that lexicographers needed help, especially when it came to technical terms and vocabulary: "It is no wonder that the linguists have not been able to do this alone… The collection of folk medicine that we are seeking to bring about here is only one part of this work. The rest should come afterwards, subject by subject" (Reichborn-Kjennerud et al. 1921:2).[13] One of the few hints of what happened with the *Norwegian Folk Medicine* replies is also found in this 1921 introduction text. Towards the end, it is stated that the first questionnaire of this kind, i.e., on folk medicine, was sent out in 1911 and garnered around 150 replies. It is also stated that their questionnaire has been utilized and will continue to be so. Unfortunately, this is the extent to which the result of Gade and Grøn's work is elaborated on. However, one possibility is that the questions, and more so the replies, were a point of departure for the questionnaire that succeeded it a decade later. Perhaps influenced by some of the more detailed replies Gade and Grøn received, such as the example above (fig. 3), the 1921 questionnaire instructions include a request that informants should state the grammatical gender of each disease name. This attention to detail, according to Reichborn-Kjennerud, Lid and Falk, has a real practical value in everyday society, and gathering medical terminology is essential:

> [N]ot only for the practising doctor, to whom it often is important to be acquainted with what specific meaning a vernacular disease name has within his district. But most of all for the historical and real information that is so often found hidden in the name: behind every name, so to speak, lies a piece of cultural and medical history (Reichborn-Kjennerud et al. 1921:2–3).

Conclusions

The questionnaire that we have presented in this article has for well over a century

largely remained, quite literally, in a dark corner (or rather an archive drawer in the Norwegian Folklore Archives).

Using history of knowledge as our analytical point of departure, we have discussed how vernacular categories of medical knowledge were collected, conveyed, and transformed. Where arguably a more traditional cultural-historical outlook on a questionnaire would focus on the informant aspect, our aim here has been to highlight the genre's interdisciplinary character. By doing so, we have also shed light on the collectors' text production and the scientific framework of the questionnaire. To operationalize this analytical approach, our method has been a close reading of different components of the questionnaire. Here, a history of knowledge approach has functioned as an analytical tool which centres and foregrounds the idea of how categories of knowledges (plural) coexist at the same time. In our study, we have looked at the production of knowledges on folk medicine.

Folk medicine exists in a hierarchical (medical) space in which it is defined or seen in relation to what is considered "correct" or "true" knowledge. Gade and Grøn, both medical practitioners themselves, operated within this hierarchy, witnessed for example in their conceptual apparatus rooted in medical terminology. At the same time, however, Gade and Grøn are exceedingly preoccupied with the folkloristic and linguistic components of folk medicine, which in turn implies that the questionnaire itself is a product of different knowledge traditions, making the questionnaire an interdisciplinary project and knowledge as something socially created. The result is highly polyphonic: "The folklore archival records have to be regarded as items of traditional knowledge co-produced in an intersection between the archive, the collectors and the tradition bearers. In this sense, the texts are highly polyphonic" (Kverndokk 2018:108). We have aimed to show how a wide range of different actors and agents take part in the co-production of *Norwegian Folk Medicine*. Historiographies of the academic field of folk medicine in Norway often take their point of departure in the influential work of the doctor and prolific medical historian Ingjald Reichborn-Kjennerud (Alver & Selberg 1992; Alver 2013). A significant reason is that he situated himself in relation to different research traditions, namely folkloristics, medicine, and philology (Alver & Selberg 1992:14). This is an apt description of Grøn's scholarship, and he is credited as an influential figure, likely a main influence in Reichborn-Kjennerud's turn to research on folk medicine later in his career.[14] Moreover, the two went on to collaborate on several projects, including some of which are still considered classics in the field of medical history. For instance, he chose to publish his article on fieldwork and folk medicine in Setesdalen in *Maal of Minne*, a journal for topics on folklore and philology.[15] In the article's introductory paragraphs, Grøn refers to earlier research from the area, including topographical, archaeological, and folkloristic studies (Grøn 1909:65). Grøn was not only interested in the topics and research perspectives folklorists and philologists concerned themselves with. Through his work he displayed a deep insight into these aspects as well.

Grøn continues to be a relevant figure in cultural and medical history, both for

his influence on later scholars and through *Norwegian Folk Medicine.* The questionnaire laid the groundwork, and to some degree template, for later folk medicinal collections in Norway. One of the most well-known examples of the latter is Reichborn-Kjennerud, Nils Lid and Hjalmar Falk's questionnaire *Collection of Norwegian Folk Medicine* (1921), where Gade and Grøn's original questionnaire is referenced as an influence (Reichborn-Kjennerud et al. 1921:2). The 1921 questionnaire was, like Gade and Grøn's, also especially focused on folk-medicine terminology, with sections structured according to Gade and Grøn's original format. Note that the 1921 introduction contains the same language about the state of peril in which folk-medicinal knowledge finds itself, underscoring the ever-present threat posed by modernity in its various forms:

It is a matter of obtaining [folk medicine] before it is *swept away by the new currents of time*. A large part of the folk medicinal tradition now only exists only as legends and in old people's memories of days gone by. … Not everyone understands that these are cultural values that are worth *saving from doom*" (Reichborn-Kjennerud et al. 1921:1, emphasis added).

Grøn's early preoccupation with crossing disciplinary borders reverberates up to our present time. One of the few studies that have used *Norwegian Folk Medicine* as a primary source is not based in the humanities, but rather the natural sciences (Alm 2006). In this ethnobotanical study, Alm made use of the questionnaire's section on medicinal plant remedies. This is a small, albeit significant indication of the interdisciplinary potential of the knowledge material Gade and Grøn produced. Furthermore, this in turn mirrors the questionnaire's own long history and potential future: the questionnaire operating as a gathering tool across different types of knowledges, as an object of study across disciplines. This is perhaps especially salient and worthy of further exploration, especially considering today's academic focus on convergence and cross-disciplinary research.

Line Esborg
Associate Professor
Department of Culture Studies and Oriental Languages, University of Oslo
P.O. Box 1010 Blindern
N-0315 Oslo
email: line.esborg@ikos.uio.no

Greta Karoline Heien
Doctoral Research Fellow
Department of Culture Studies and Oriental Languages, University of Oslo
P.O. Box 1010 Blindern
N-0315 Oslo
email: g.k.heien@ikos.uio.no

Notes

1 The quotation in the title comes from Grøn 1906:67.

2 "Naar hendvendelse om bistand ved denne indsamling rettes til lærerne, da er det visstnok baade fordi at man hos disse gjør regning paa almindelig interesse overfor en saadan sak, og tillike fordi de i sin virksomhet kommer i forbindelse med de forskjellige lag av folket og saaledes kan faa kjendskap til hvad der endnu er at finde paa dette omraade."

3 Henceforth, all English translations are our own.

4 "Der gjør sig ofte gjældende en besynderlig forveksling av de to begreper 'folkemedicin' og 'kvaksalveri'. Dette finder ogsaa sted blandt læger. Imidlertid er dette to vidt forskjellige ting, om der end er berøringspunkter og over-

gange mellem begge. Folkemedicin er nærmest at definere som indbegrepet av de medicinske forestillinger om sygdomme, baade deres kjendetegn, aarsaksforhold og midler derimot m. m., som gaar i arv fra slegt til slegt gjennem mange led […] Men i det hele tatt er det hittil offentliggjorte materiale paa dette omraade meget sparsomt. Og dog er det utvilsomt, at der endnu lever en stor medicinsk erfaringskundskap hos folket i Setesdalen. Her lider man nemlig ikke under overflod av læger" (Grøn 1909:66–67). This point was repeated in several of his publications, among other *Farsotter og lægekunst gjennem tiderne* 1910:19.

5 See for example "My grandmother's recipe book and the history of knowledge" (Peter K. Andersson) and "'Is there no one moderating Wikipedia???'" (Maria Karlsson) in *Forms of Knowledge: Developing the History of Knowledge* (Östling et al. 2020).

6 "Undertegnede har faat bidrag av Nansenfondet for at iverksætte en indsamling av materiale til undersøkelse av den norske folkemedicin og tillater sig i den anledning at anmode om Deres støtte hertil ved besvarelse av omstaaende spørsmaal. Under det ivrige arbeide i flere kulturlande med at indsamle de endnu blant folket levende traditioner har det vist sig, at den folkelige lægekunst rummer meget stof av stor kulturhistorisk interesse, og spredte undersøkelser i vort land har ogsaa tilfulde bevist dette for den norske folkemedicins vedkommende. Da det samtidig maa erindres, at folkeminderne i vore dage mangesteds hurtig gaar tapt blant den yngre slegt, gjælder det itide at redde dem fra glemselen. Vi ber Dem derfor om saa fuldstændig som mulig at besvare vore spørsmaal og indsende dette skema i utfyldt stand efter den paaskrevne adresse. Skulle De ikke selv finde anledning til at utføre dette, anmodes De velvilligst om at overgi skemaet til en eller anden i Deres kreds, som De maate anse skikket og villig dertil. Avsenderens navn og adresse bedes altid paaført og svaret indsendt, om mulig, inden utgangen av april 1911."

7 The grant was provided the two applicants as a contribution to collect research materials for the publishing of a large body of work on Norwegian folk medicine. However, they were never to publish together. Fredrik Grøn would go on to publish several popular and academic articles and books on the subject. See e.g. *Farsotter og lægekunst gjennem tiderne* (1910), *Dagliglivets sygdomme* (1912), *Medisinens historie i Norge* (1936, with I. Reichborn-Kjennerud & I. Kobro).

8 As announced in the newspaper *Morgenbladet* 30 April 1910:1, Dr. med. Gade and Grøn were granted 400 Norwegian Kroner.

9 Gade was awarded his degree in 1900, with *Om patologisk-anatomiske forandringer i vævene af neutrof. Om patologisk-anatomiske forandringer i vævene af neurotrofisk oprindelse.* Grøn received his doctorate in 1908, with *Altnordische Heilkunde.*

10 Kristiania/Christiania was the former name of the capital of Norway from 1624–1925. Oslo 1925–c.d.

11 "Efter de oplysninger jeg har faat av folk i mit distrikt, har man ikke her hat mange særskilte navn paa de forskjellige sykdomme. Næsten alle sykdomme blev kalt 'sott,' og hvis en døde, kaldtes den sykdom, hvorav han døde 'helsott'".

12 This submission was sent in from Vaage [Vågå] in Gudbrandsdalen in eastern Norway, by the teacher and parish priest Leonhard Næss (1855–1940). Næss was born in Beiarn in northern Norway, and he includes answers for both his current parish and his childhood region. He makes sure to distinguish his answers by using different colours for the two geographical locations, also adding a clear explanation of this above the questionnaire section. Furthermore, likely because Næss was an avid linguist, he adds a feature and a level of detail to his replies which are not so common to this section of the questionnaire. For every vernacular name, Næss indicate whether informants used the name in the masculine, feminine, or the neural. Næss's interest beyond his profession is a representative feature of

many of the informants. For more on Næss, see Opplandsarkivet (https://www.opam.no/arkiver-samlinger/leonhard-naess).

13 "Det er ikke å undres over at sprogmennene ikke alene har kunnet makte dette. Her må der et samarbeide til mellem flere. Den innsamling av folkemedisin som vi her søker å få i stand, er bare et enkelt ledd i dette arbeide. Resten bør komme efterpå, fag for fag…"

14 For example *Medicinens historie i Norge* (History of Medicine in Norway), first published in 1936.

15 In 1896 the invitation to the Nordic Academic Meeting in Kristiania was printed in the newspaper *Morgenbladet*. The aim of the meeting was to discuss the possibility of increased interaction. One of the 24 men who signed the invitation was stud.med. Fredrik Grøn. Another name on the list is the philologist Hjalmar Falk (1859–1928), who shared Grøn's interest in folk medicine (*Morgenbladet* 27 March 1896:1).

References

Archives

Gade, Fredrik & Fredrik Grøn 1911. Norsk Folkemedicin. Spørreliste NFS Gade og Grøn. Norsk Folkeminnesamling, UiO (Norwegian Folklore Archives).

Morgenbladet 27 March 1896:1. Nasjonalbiblioteket.

Morgenbladet 30 April 1910:1 *Nansensfondets beretning for 1909–1910*. Nasjonalbiblioteket.

Norsk Skoletidende 1911 no. 10: 152. National Library of Norway. https://www.nb.no/items/2febb301c7dd36fd1c80a6d50b498f5e?page=161 30 January 2022.

Literature

Alm, Torbjørn 2006: Ethnobotany of *Linnaea borealis* (Linnaeaceae) in Norway. *Botanical Journal of the Linnean Society* 151:437–452.

Amundsen, Arne B. 1999: Med overtroen gjennom historien. Noen linjer i folkloristisk faghistorie 1730–1930. In *Hinsides. Folkloristiske perspektiver på det overnaturlige*, ed. Siv Bente Grongstad, pp. 13–49. Oslo: Spartacus.

Andersen, Michael 2021: Medical Ethnology. Health and Disease, Hygiene and Cleanliness, Childbirth and Sexuality, Medicine and Care in Ethnologica Scandinavica. *Ethnologica Scandinavica* 51:34–41.

Andersson, Peter K. 2020: My Grandmother's Recipe Book and the History of Knowledge. In *Forms of Knowledge. Developing the History of Knowledge*, ed. Johan Östling, David Larsson Heidenblad & Anna Nilsson Hammar, pp. 59–71. Lund: Nordic Academic Press.

Alver, Bente G. 1995: The Bearing of Folk Belief on Cure and Healing. *Journal of Folklore Research* 32(1):21–33.

Alver Bente G. 2013: Folkemedicinens pionertid i Norge. In *Etnologi og folkloristikk. En fagkritisk biografi om norsk kulturhistorie*, ed. Bjarne Rogan & Anne Eriksen, pp. 399–424. Oslo: Novus forlag.

Alver, Bente G. & Torunn Selberg 1987: Trends in Research on Folk Medicine. *Ethnologia Scandinavica* 16:55–70.

Alver, Bente G. & Torunn Selberg 1992: '*Det er mer mellom himmel og jord.' Folks forståelse av virkeligheten ut fra sykdom og behandling*. Bergen: Etno-folkloristisk institutt, Universitetet i Bergen.

Bolstad Skjelbred, Ann Helene 1983: *Bibliografi over alternativ medisin og behandling i Norge til og med 1980*. UBO Skrifter 13. Universitetsbiblioteket.

Briggs, Charles L. 2012: Toward a New Folkloristics of Health. *Journal of Folklore Research* 49(3):319–345.

Burke, Peter 2000: *A Social History of Knowledge. From Gutenberg to Diderot*. Cambridge, UK: Polity.

Burke, Peter 2012: *A Social History of Knowledge. From the Encyclopédie to Wikipedia*. Cambridge, UK: Polity.

Burke, Peter 2016: *What is the History of Knowledge?* Cambridge, UK: Polity.

Burke, Peter 2020: "Response" *Journal for the History of Knowledge* 1(1):1–7.

Campbell, E. J. M., J. G. Scadding & R. S. Roberts 1979: The Concept of Disease. *The British Medical Journal* 2(6193):757–762.

Daston, Lorraine 2017: The History of Science and the History of Knowledge. *KNOW: A Journal on the Formation of Knowledge* 1:131–154.

Eriksen, Anne 1993: Den nasjonale kulturarven – en del av det moderne. *Kulturella perspektiv* 1:16–26.

Eriksen, Anne 2013: Cure or Protection? The Meaning of Smallpox Inoculation, ca 1750–1775. *Medical History* 57(4):516–536.

Eriksen, Anne 2016: Editorial. The Cultural History of Medicine. *ARV: Nordic Yearbook of Folklore* 72:7–9.

Esborg, Line & Dirk Johannsen 2014: "En vild endevending av al virkelighet". *Norsk Folkeminnesamling i hundre år*. Oslo: Novus Forlag.

Fox, Adam 2010: Printed Questionnaires, Research Networks, and the Discovery of the British Isles, 1650–1800. *The Historical Journal* 53(3):593–621.

Grøn, Fredrik 1909: Folkemedicin i Setesdalen. *Maal og Minne*. Kristiania: Bymaals-Lagets Forlag.

Gunnell, Terry 2010: Daisies Rise to Become Oaks. The Politics of Early Folktale Collection in Northern Europe. *Folklore* 121(1):12–37.

Hays, Jo N. 2007: Historians and Epidemics. Simple Questions, Complex Answers. In *Plague and the End of Antiquity. The Pandemic of 541–750*, ed. Lester K. Little, pp. 33–56. New York: Cambridge University Press.

Heggli, Gry 2021: *Omgangsskolelæreren i allmueskolen. Leseopplæring mellom tekster og talemål*. Oslo: Scandinavian Academic Press.

Hufford, David 1998: Folklore Studies Applied to Health. *Journal of Folklore Research* 35(3):295–313.

Jordanova, Ludmila 1995: The Social Construction of Medical Knowledge. *Social History of Medicine* 07/03:361–381.

Jordheim, Helge & David Gary Shaw 2020: Opening Doors. A Turn to Knowledge. *History and Theory, Theme Issue* 58:3–18.

Jurić, Dorian 2020: "Josip Tomec, Collector". Class and Folklore Collection in Nineteenth-Century Croatia. *Journal of American Folklore* 133(527):27–52.

Karlsson, Maria 2020: Is There No One Moderating Wikipedia??? In *Forms of Knowledge. Developing the History of Knowledge*, ed. Johan Östling, David Larsson Heidenblad & Anna Nilsson Hammar, pp. 59–71. Lund: Nordic Academic Press.

Kjus, Audun 2013: Hvorfor spørre? Norsk etnologisk gransking og spørrelistas fremtid. *Tidsskrift for kulturforskning* 12(1):41–56.

Kleinman, Arthur 1988: *The Illness Narratives. Suffering, Healing, and the Human Condition*. New York: Basic Books.

Kverndokk, Kyrre 2018: Disciplining the Polyphony of the Herbarium. The Order of Folklore in the Norwegian Folklore Archives. In *Oral Tradition and Book Culture*, ed. Pertti Anttonen, Cecilia af Forselles & Kirsti Salmi-Niklander, pp. 92–110. Helsinki: Finnish Literature Society.

Lässig, Simone 2016: The History of Knowledge and the Expansion of the Historical Research Agenda. *Bulletin of the German Historical Institute* 59:29–58.

Lid, Nils 1931: *Wilhelm Mannhardt og hans Samling av norske Folkeminne*. Oslo: Norsk Folkeminnelag. NFL 24.

Lilja, Agneta 1996: *Föreställningen om den ideala uppteckningen. En studie av idé och praktik vid traditionssamlande arkiv – ett exempel från Uppsala 1914–1945.* Skrifter utgivna genom dialekt- och folkminnesarkivet i Uppsala, Serie B:22.

Mellemgaard, Signe 2001: *Kroppens natur. Sundhedsoplysning og naturidealer i 250 år.* København: Museum Tusculanum Forlag.

Nilsson, Bo G., Dan Waldetoft & Christina Westergren (eds.) 2003: *Frågelist och berättarglädje. Om frågelistor som forskningsmetod och folklig genre.* Stockholm: Nordiska museets förlag.

O'Connor, Bonnie B. & David J. Hufford 2001: Understanding Folk Medicine. In *Healing Logics. Culture and Medicine in Modern Health Belief Systems*, ed. Erika Brady, pp. 13–35. Logan: Utah State University Press.

Östling, Johan, David Larsson Heidenblad & Anna Nilsson Hammar (eds.) 2020: *Forms*

of Knowledge. Developing the History of Knowledge. Lund: Lund University Press.

Östling, Johan & David Larsson Heidenblad 2017: From Cultural History to the History of Knowledge. *History of Knowledge*. https://historyofknowledge.net/2017/06/08/from-cultural-history-to-the-history-of-knowledge/ 12 January 2022.

Porter, Roy 1985: The Patient's View. Doing Medical History from Below. *Theory and Society* 14(2):175–198.

Porter, Roy (ed.) 2003: *Patients and Practitioners. Lay Perceptions of Medicine in Pre-Industrial Society*. Cambridge: Cambridge University Press.

Reichborn-Kjennerud, Ingjald, Nils Lid & Hjalmar Falk 1921: Innsamling av norsk folkemedisin. Rettledning og ordlister. In *Bidrag til Norsk Folkemedisin 1*. Særtrykk av *Maal og minne* 1921:73–89. Kristiania: Bymaalslagets Forlag. I Kommission hos H. Aschehoug & Co.

Reishtein, Eleanor Fein 1968: Bibliography on Questionnaires as a Folklife Fieldwork Technique. Part One. *Keystone Folklore Quarterly* 13(1):45–69.

Resløkken, Åmund Norum 2018: 'Ein Lut Av Det Nære Levande Livet'. Tradisjon, Tradisjonselementer og Tradisjonsforskere. En studie av spørrelisteserien *Ord Og Sed* 1934–1947. Oslo: Faculty of Humanities, University of Oslo.

Rørbye, Birgitte 2002: *Mellem sundhed og sygdom. Om fortid, fremskridt og virkelige læger. En narrativ kulturanalyse.* København: Museum Tusculanum Forlag.

Sarasin, Philip 2020: More Than Just Another Specialty. On the Prospects for the History of Knowledge. *Journal for the History of Knowledge* 1(1):1–5.

Selberg, Torunn 2011: *Folkelig religiøsitet. Et kulturvitenskapelig perspektiv*. Oslo: Scandinavian Academic Press.

Thuen, Harald 2017: *Den norske skolen. Utdanningssystemets historie*. Oslo: Abstrakt Forlag.

Tillhagen, Carl-Herman 1999: *Våra folkminnen: en "dagbok" över ett folks liv*. Stockholm: Carlsson Bokförlag.

Wilson, Adrian 2000: On the History of Disease Concepts. The Case of Pleurisy. *History of Science* 38(3):271–319.