

Article

The Stallo half human and the world story

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Abstract

Stallo are big, dumb villains of Sámi myth and life. They play many roles within Sámi myth and I believe that they are vital in several ways to Sámi culture. In the most primal sense, stallos give body to Sámi myth. Their existence helps to flesh out a pantheon that has been under concerted assault, showing it to be at least as rich as the mythology maintained by the majority. Also, stallo stories are teaching tools, exhibiting desired activities and behavior on the part of the Sámi characters and the savage and brutal ways of the stallo. The parallels between Sámi stallo stories and the biblical account of David and Goliath show that these stallo stories may be versions of an archetypal human story. This last fact is important because it illustrates the connectedness of humans throughout the world. Like the Pathfinder myth, stallo stories strike something deep within the human psyche. They touch and speak to a world view within us that predates the current Judeo-Christian world view and is universal in appeal. These are archetypal stories.

Keywords: influence, braine, human, anatomy

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According to Johan Turi, “Stallos are those folk who are half human and half troll or devil” (Turi, 1931: 173). I found it quite interesting that Turi’s explanation of the origin of the stallos parallels a story depicted in the Bible in the Book of Genesis. The biblical account states that there were giants in the land and this had occurred “when the sons of God came in to the daughters of men and they bore chil-

dren to them” (The Holy Bible, Genesis 6:4). The “sons of God” referred to in this verse are the angels that fell with Lucifer (Pember, 1876: 133). These fallen angels are then the fathers of giants the “the mighty men who were of old, men of renown” (The Holy Bible, Genesis 6:4).

When David faces Goliath we see a story unfold that sounds similar to a Sámi stallo tale. A young boy, armed only

with the tools of a herdsman, outsmarts and kills the giant. By Goliath's description we see the indicators that he is in part the devil. His armor is described as scaled, like that of a snake (The Holy Bible, I Samuel 17). In Lapland Legends, Potto-Podnie beheads Stallo with his own sword (Cambrey, 1926: 183). This is reminiscent of David's act in cutting off Goliath's head with his own sword.

In the biblical version of the tale, like the Sámi stallo stories, a smaller, but quick and intelligent man kills and beheads the giant. Further parallels in the story include the fact that Potto-Podnie takes the severed head of the stallo to a *siedii* (Cambrey, 1926: 183) and David takes Goliath's head to Jerusalem, the holy city of his faith. Both David and Potto-Podnie invoke the supernatural in the course of their combat with their respective giants.

Whether Turi's version of the stallo's origins is the original Sámi version or a post contact Christianization of the stallo's origin is unknown. If it is the original explanation then it indicates the age of the stallo tale archetype and the age of Sámi culture. In a sense, this makes study of the Sámi all the more vital.

Stallo Parallels in European Myth

The Stallo falls into a category of or are derived from a larger group of giant/ogre/troll creatures that appear in European myth. These creatures as a whole share the attributes of being large and malevolent, often feeding on humans. In some

aspects they are treated as a part of the natural world. In other aspects they are very clearly from the spirit world or at least, capable of operating in it.

Sámi Stallos in Turi's Book of Lappland are sometimes *noaide* or troll-cunning. The stallo operating in this way is clearly capable of operating in the supernatural world or manipulating the natural world in a supernatural manner. Stallos use this skill to foretell the future (Turi, 1931: 177) and stall enemies (Cambrey, 1926: 179). In light of the shamanic Sámi worldview before Christianization, the perceived reality of this and the reality of the supernatural world and phenomenon were probably clear and absolute to Sámi people. So, the possibility of a stallo that was *noaide* would likely be considered a real threat.

Considering that the Sámi themselves were versed in the practice of shamanism, magic, and power words, it seems expected that a stallo would use *noaide* arts. Injury to, and disease in, the brain often provides crucial insights on the role of its different parts. A dramatic example is the injury suffered by American railway foreman, Phineas Gage in 1848. Before his accident, Gage was liked by friends and acquaintances who considered him to be honest, trustworthy, hard working and dependable. A freak accident caused a metal tamping rod to enter under his left zygomatic arch and exit through the top of his skull (Barker, 1995).

The accident left him with little if any intellectual impairment but after the acci-

dent, Gage became vulgar, irresponsible, capricious and prone to profanity. The company that had previously regarded him as the most efficient and capable of their employees dismissed him from his job. His change in character after the accident made this the index case for personality change due to frontal lobe damage. Subsequent studies (See, for example, Blumer and Benson, 1975) have shown a wide spectrum of abnormal behaviour (compulsive and explosive actions, lack of inhibition, unwarranted maniacal suspicion and alcohol and drug abuse) after injuries to and disease in the frontal or temporal lobes and their pathways to the deeper regions of the brain.

Similar abnormalities also follow chemical derangements in the brain. Yet as this essay argues, this tradition is itself characteristic of the 'multifaceted ambivalence' of settler-colonial nationalism (Thomas 34). Indeed, conflicts and misconceptions such as those surrounding the Jindyworobaks are typical of settler societies, in which the tensions produced by a system of relations involving settler, metropolitan and indigenous agencies mean that the imperatives towards settler indigenisation and neo-European replication compete for supremacy but are never ultimately resolved (Veracini chapter one). The concluding sections of this paper therefore introduce a settler colonial studies interpretive perspective in order to propose an original interpretation of the Jindyworobaks as neither universalist nor exclusively nationalist, and neither nationalist nor exclusively indigenist, but rather ambivalent settler nationalists expressing the typical settler-

colonial desire to overcome the contingencies characteristic of the settler-colonial condition.

There is an important thread in the historiography on Ingamells and the Jindyworobaks that identifies, but cannot specify, the imperatives underlying their approach as deriving from Australia's settler-colonial conditions.^[1] Yet this thread does not elaborate the implications of such an interpretation. Importantly, the reinterpretation proposed here is not delimited by either history or geography, yet takes both factors seriously. Indeed, while Les Murray has described himself proudly, if half in jest, as the 'Last of the Jindyworobaks' (Elliott, 'Editor's Note' 283), the cultural dynamics of settler colonialism this essay identifies and applies to Ingamells and the Jindyworobaks extend well beyond this admittedly limited historical example. Paul Keating's recent call for the 'blending of black and white Australia to create [a] new national identity' stands as only the most recent and public example of a persistent concern for settler indigenisation (Taylor), or what Philip Mead has described as 'a continuing desire in the white Australian imaginary ... for a species of cultural-racial syncretism' (560). Perhaps even more significantly still, the imperatives and exigencies identified here are no more limited by geography than they are by chronology: similar movements driven by similar concerns, albeit exhibiting distinctive characteristics on the basis of differing cultural and political contexts, can be identified in, for example, the literary-cultural strands of Andean indigenismo in Latin America

(Coronado; Rama), l'École d'Alger (Dunwoodie; Haddour), the Canaanites in Israel (Ohana; Piterberg chapter three), and the Maorilanders in New Zealand (Stafford and Williams). Ever-sensitive and insightful in 1944 on the grounds that she was undertaking *A study of Australian literary-historical movements*, at one point finding analogous 'moments' in the literary history of another southern continent in the New World: Latin-America. Only its Jindies try to go to a period of the Incas, the Incas whose records and race were blotted out by the Spanish conquest. (Palmer). The act of translating pain into images converts unique, isolated misery into tangiblesuffering, imaginable by other people. Pain that is often tucked away in some private, grey-tinged, shadowy space is abruptly allowed to flow into public consciousness, a well of red anguish. In this public sphere, the struggle that many sufferers face — that of distinguishing bodily from mental distress — is particularly acute. Famously, in the seventeenth century, René Descartes drew a distinction between the mind and the body this dichotomy dominated thinking throughout the nineteenth century. But, as people-in-pain have often discovered, embodiment is not a mechanistic process as Descartes would have it. The inextricable coupling of mind and body is eloquently observed in Virginia Woolf's *On Being Ill* (1930). 'All day, all night', she writes, the body intervenes; blunts or sharpens, colours or discolours, turns to wax in the warmth of June, hard-

ful, Nettie Palmer was awake to the comparative dimension at the time the Jindyworobaks were writing, requesting a statement of 'Jindy theory' from Ingamells

ens to tallow in the murk of February. The creatures within can only gaze through the pane — smudged or rosy; it cannot separate off from the body like the sheath of a knife or the pod of a pea.¹

That inner creature who gazes out is a sociable 'self'. Anxiety and terror can encourage the development of communities of sympathy. The person-in-pain seeks succour [Fig. 2]. When overwhelmed with pain as a child, for instance, Harriet Martineau's mother and father would 'tenderly' call for her to come to them, and she would rest her head on her mother's 'warm bosom [...] and [wish] that I need never move again'.² But visions of physical pain can also arouse cruelty. People-in-pain might be accused of fabricating their own rack upon which to writhe [Fig. 2 and Fig. 4]. Physicians and other care-givers might be impervious to the sufferers' cries [Fig. 3, Fig. 4, and Fig. 5]. 'Imperturbability' is an 'essential bodily virtue' for physicians, Sir William Osler famously declared in 1904, but might it be an ambiguous blessing for patients?³ Anaesthetics and effective analgesics silence the person-in-pain [Fig. 6 and Fig. 7]. Pain, once again, retreats to private, silent depths.

The most influential model of pain is the mechanistic one espoused by philosopher René Descartes. In 'Meditations on

First Philosophy' (1641), Descartes insisted that 'I have a body which is adversely affected when I feel pain'. He went on to say that

Nature teaches me by these sensations of pain [...] that I am not only lodged in my body as a pilot in a vessel, but that I am very closely united to it, and so to speak so intermingled with it that I seem to compose with it one whole.⁴

Despite Descartes' attempts to show how body and mind 'intermingled', he became known for the Cartesian distinction between body and mind, arising largely from his famous image of the mechanism of pain, which was published in *Traité de l'homme*, fourteen years after his death.⁵ In this image [Fig. 1], fast-moving particles of fire rush up a nerve fibre from the foot towards the brain, activating animal spirits which then travel back down the nerves, causing the foot to move away from the flame. According to this model, the body was a mechanism that worked 'just as, pulling on one end of a cord, one simultaneously rings a bell which hangs at the opposite end'.⁶

It was a profoundly influential theory, especially after it became the model of the body propagated by the founder of clinical teaching, Herman Boerhaave. Despite the fact that it has subsequently been dismantled, Descartes' way of conceiving of pain remained remarkably intact throughout the nineteenth and twentieth centuries. Descartes' filaments and animal spirit were converted into nociceptive impulses and endorphins, but his mechanistic metaphor and the Cartesian distinction between bodi-

ly pain and psychological suffering remained in place until Ronald Melzack and Richard Wall invented the Gate Control Theory of Pain in 1965.⁷ Their model showed how perceptions of pain were modulated by complex feedback systems. Context, including psychological cues, became central to the understanding of pain.

It is often said that the experience of pain isolates sufferers. But pain can also create bonds of sociability. This statue of a man suffering the agonies of gout in his big toe was produced in the late eighteenth century by the distinguished German porcelain company, Meissen [Fig. 2]. Gout typically caused agonizing pain in the big toes and other joints. According to the cleric and writer Rev. Sydney Smith, it was 'like walking on my eyeballs'.⁸ In this figurine the sufferer is surrounded by symbols of the cause of his affliction, that is, alcohol, rich foods, and other evidence of profligate living. Sufferers are responsible for their affliction. His son is shown sitting in a miniature chair with his foot slightly raised, indicating the hereditary nature of the disease. The gout sufferer is receiving succour from his wife. Representations of both the disease and the person providing sympathy are highly gendered. The image of the gout sufferer is almost without exception that of a middle-aged or elderly man, while the person responding with sympathy to the person-in-pain is typically a sexually attractive, young woman.

Thomas Rowlandson sketched 'Amputation' in 1793, over fifty years before the invention of effective anaesthetics such as ether or chloroform [Fig. 3]. It shows a

man tied to a chair, having his right leg amputated. He is screaming in agony. The main surgeon is wearing a carpenter's apron and is conducting the amputation with a common saw. An assistant holds a wooden crutch. The amputation is taking place in a dissecting room (a corpse can be seen in the lower right-hand corner) and on the walls are articulated skeletons, alluding to panics about resurrectionists (that is, men who 'resurrected' corpses from graveyards in order to sell them to dissecting schools for use in training medical students). The bewigged and bespectacled doctors are impervious to the man's agony. On the wall is a list of surgeons, including Sir Valiant Venery, Dr Peter Putrid, Launcelot Slashmuscle, Cristopher Cutgutt, and Benjamin Bowels.

. This was particularly the case given 'the horrible fears that anticipation [of amputation] unavoidably excites in the patient's mind' and the 'excruciating pain' of the actual operation.⁹ As another critic put it in the 1850s, some physicians had acquired a 'taste for screams and groans' and were unable to 'proceed agreeably in their operations without such a musical accompaniment'.¹⁰ When effective anaesthetics were eventually introduced, many physicians argued against their use on the grounds that the tortuous pains of surgical operations were necessary to prevent haemorrhage. As the vice-president of the American Medical Association pronounced in 1849, pain was 'curative [...]. The actions of life are maintained by it.' Without 'the

stimulation induced by pain', surgery would 'more frequently be followed by dissolution'.¹¹

Eighteenth- and early nineteenth-century medicine was patient-orientated, with sufferers of pain and illness as likely to have recourse to 'quacks' as to regular physicians. Indeed, the distinction between the two kinds of practitioners was not as great as it was to become later in the nineteenth century, with the introduction of state regulation and the professionalization of medicine.

James Gillray's 1801 satire on 'Metallic Tractors' or Samuel Perkins's needles was an attempt to discredit 'quacks' [Fig. 4]. Metallic Tractors were two needles — one made of brass and the other of iron — with which practitioners would stroke painful afflictions as varied as rheumatism, gout, inflammation in the eyes, erysipelas, epileptic fits, locked jaw, burns, and all kinds of 'pains in the head, teeth, ears, breast, side, back, and limbs'.¹² The pain of gout, Benjamin Douglas Perkins (the son of Samuel Perkins and the person who patented the Tractors in the United Kingdom) explained, was caused by a 'want of perspiration' in the toe which made it become 'positively electrified' while the 'other perspiring parts of the body [were] negatively electrified'. The pain would disappear if the 'equilibrium of electricity' could be restored 'by means of the distribution of the negative electricity in the body to the positive'. A healthy physician who was 'negatively electrified' should hold the Me-

tallic Tractor against the painful toe, effectively communicating his negative electricity to the inflamed toe.¹³ Tractors were sold in the UK for five guineas, or the annual salary of a female servant.

Gillroy's sketch pits an arrogant, charlatan physician against a 'True Briton' who has been over-indulging in alcohol. On the wall hangs a painting of Dionysus, riding on a West Indian rum barrel, and, on the table, punch made of brandy, tea, sugar, and lemons is brewing. The patient is experiencing extreme pain: his hands are clenched, his teeth are grinding, and his wig is falling from his scalp. His dog howls in sympathy.

'Metallic Tractors' were exposed as a fraud by Dr John Haygarth in *Of the Imagination, as a Cause and as a Cure of Disorders of the Body* (1800).¹⁴ Defenders of the Perkinian Institute, however, claimed to be able to prove the efficacy of the needle. One defender of metallic tractors claimed to have cured a labouring man from Etton (Yorkshire) of 'violent Rheumatism in his right arm'. Afterwards, when the patient was asked his opinion of the operation, he replied that he thought it was 'very silly'. This response convinced the defender of the tractors that the cure had not been due to 'the imagination, but the Metallic Tractors'.¹⁵

Emile-Edouard Mouchy's oil painting of 1832 shows a 'physiological demonstration' of a dog inside a garret [Fig. 5]. The dog is tied to the table, which has been specially fitted with metal rings. The dog is clearly howling in pain but the overall arrangement of the painting is of scientific

objectivity and manly rationality. Indeed, the painting was intended to valorize physiological experiments as central to scientific progress. There has been some speculation that the surgeon is François Magendie, the foremost French experimental physiologist who, in the 1830s, would start his lecture series by opening the abdomen of a dog.

Do dogs like the ones in this painting truly feel pain? For vivisectors, the answer was simple: animals were close enough to humans to make such experiments worthwhile but not so close to make vivisection cruel. According to Descartes, animals were mere 'automa' or moving machines, driven by instinct alone. He believed that animals' screams of pain were simply mechanical responses, which functioned as a form of human moral edification.¹⁶ More commonly, scientists and philosophers of the early nineteenth century pointed to the existence of a hierarchy of sentience. After all, they insisted, isn't it the case that not all humans are equally sensitive? The ability to feel, both in terms of physical sensation as well as inner sensibilities, was ranked hierarchically. The regulation of vivisection — because it involved cruelty towards animals, but also on the grounds that allowing cruelty to animals would open the door to cruelty towards people — occurred earlier in the UK than in the rest of Europe. Indeed, British physiologists such as Sir Charles Bell were much more likely to emphasize dissection as opposed to the French tradition of vivisection.

This is the first daguerreotype of a real operation [Fig. 6]. It was created on 3 April 1847 in the amphitheatre of the Massachu-

setts General Hospital, where ether had been first used publically as an anaesthetic, six months earlier. It was taken by the famous daguerreotype studio of Albert Southworth and Josiah Hawes, in part as a way of memorializing the pain-shattering achievements of the hospital. The patient — whose head is turned towards anaesthetist Dr Charles Heywood, who holds an ether-soaked sponge — is Athalana Golderman, a young seamstress, who had unintentionally stabbed herself in the leg with her scissors. At the foot of the operating table, on the right-hand side, is John Collins Warren, the surgeon who had performed the first public operation employing William Morton's ether. Opposite him is his son, Jonathan Mason Warren, who had introduced the use of the sponge to administer ether. To the left and rear of the photograph there is a human skeleton and on the right the base and lower limbs of the Apollo Belvedere, a statue of the Greek god associated with healing. The operation is being watched by students and visiting physicians who sit in a semicircle of benches that rise up steeply along the sides of the amphitheatre.

The introduction of anaesthetics was widely regarded to have promoted a certain kind of detachment, and certainly the staged feel of this daguerreotype effectively catches this new, surgical comportment. The impact of anaesthetics on operatives was alluded to by James Miller in *Surgical Experience of Chloroform* (1848) when he noted that, in the days before anaesthetics,

medical students and surgeons 'grew pale and sickened, and even fell, in witnessing operations' — not because of the 'mere sight of blood, or of wound' but 'from the manifestation of pain and agony emitted by the patient'. In contrast, he continued, after the invention of anaesthetics these medical practitioners were spared the need to emotionally engage (or, indeed, attempt to disengage) with patients since 'a snort is the worst sound' they made.¹⁷ In the words of a physician writing in 1863, surgery became 'slow dissection', a term generally used about corpses, not living patients.¹⁸ David Cheever bluntly expressed it in 'What has Anæsthetics Done for Surgery?' (1897): as a result of anaesthetics, he observed, the surgeon 'need not hurry; he need not sympathize; he need not worry; he can calmly dissect, as on a dead body'.¹⁹

This watercolour by Richard Tennant Cooper was commissioned in 1912 by Henry S. Wellcome, the founder of the influential charity, the Wellcome Trust [Fig. 7]. It suggests some of the more disturbing aspects of chloroform. While the body is rendered insensible, it is toyed with by demons and bat-like spirits. Anaesthetics transport the patient into a state without physical pain, but they also unleash worlds of unconscious, hostile drives. They render the person passive. The painting also portrays anxieties about the comatose body, placed at the mercy of outside agents, including surgeons. This was one reason for the hostility to anaesthetics when they were first introduced. Critics observed the im-

mense power that anaesthetics gave surgeons over patients: patients could be treated as 'things', with no rights over their own body. In the words of physician James Arnold in *The Question Considered; Is It Justifiable to Administer Chloroform in Surgical Operations* (1854), the 'apoplectic stupor produced by chloroform' placed the patient at 'risk of delirious expression of thought' — that is, they might utter impi-

ous oaths rather than invoke verses proclaiming their closeness to the suffering Christ. Arnold regarded this as a problem, 'as respects woman particularly'. If women were made aware of this risk in using chloroform, it would 'deter them from its unnecessary use' (Arnold, pp. 16, 24). Chloroform disrupted coherent, godly pain-narratives. The insensible body was vulnerable to all manner of abuses.

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