

Cultural studies

Sri Lankan *sanni* masks: an ancient classification of disease

Mark S Bailey, H Janaka de Silva

Sri Lanka has a rich culture of theatre called *kolam* and exorcism called *tovil*, which make use of actors, exorcists, masks, music, and dance. The *Sanni Yakuma* is the best known exorcism ritual, in which numerous *sanni* (disease) demons are portrayed by exorcists wearing elaborate masks. Occasionally the full complement of 18 possible disease demons is represented in the *Daha Ata Sanniya* (18 diseases) ritual, but usually a smaller number are used according to which demons are thought to be causing a person's affliction. The exorcism ends with the appearance of an exorcist wearing the mask of the chief demon called *Maha Kola* (the terrific or all encompassing one), which usually incorporates miniature representations of the other 18 demons. Detailed accounts of these rituals and associated beliefs have been documented by anthropologists,¹⁻⁶ and their roles as a form of behavioural therapy have also been considered.⁷ However, little has been written about the *sanni* classification of disease and its representation in the various *sanni* masks.

Information on *sanni* demons, their associated diseases, and masks was obtained from a literature review and visits to the National Museum of Sri Lanka and the Ambalangoda Mask Museum in south west Sri Lanka. Photographs and observations were made of the masks at these museums and specialist mask sellers in Colombo and Ambalangoda.

Considerable variation exists in the identities of the *sanni* demons, their associated diseases, and masks. All sources agree that there should be 18 demons in total, but our search revealed more than 30 possible names. Nevertheless, the 18 most commonly described forms in authoritative texts are fairly consistent. The table lists these demons and their associated conditions. Figures 1 and 2 show some masks that merited further consideration (others are on bmj.com).

Stomach diseases associated with vomiting are distinguished from those associated with parasitic worms. The mask that represents vomiting diseases usually has a green complexion and a protruding tongue (fig A on bmj.com), whereas that representing parasitic worms usually has a pale complexion that could reflect hookworm anaemia (fig 1, left). The complexity of psychiatric illnesses is reflected in the variety of masks that represent insanity, which may be temporary or permanent and related to spirits or not (fig B on bmj.com). The demons for deafness, dumbness, and blindness are

Sanni classification of disease

Demon (<i>Sanniya</i>)	Literal translation	Associated conditions
Amukku	Vomiting bouts	Vomiting and stomach diseases
Abutha	Non-spirit related	Not spirit related insanity
Butha	Spirit related	Spirit related insanity
Bihiri	Deaf	Deafness
Deva	Divine	Epidemic diseases
Gedi	Lumps	Boils and skin diseases
Gini Jala	Great fire or flame	Malaria and high fevers
Golu	Dumb	Dumbness
Gulma	Worms (especially hookworm)	Parasitic worms and stomach diseases
Jala	Water or diarrhoea	Cholera and chills
Kana	Blind	Blindness
Kora	Lame	Lameness and paralysis
Maru	Death	Delirium and death
Naga	Snake (especially cobra)	Bad dreams about snakes
Pissu	Insanity	Temporary insanity
Pith	Bilious	Bilious diseases
Slesma	Phlegm	Phlegm and epilepsy
Vatha	Wind humour or rheumatic	Flatulence and rheumatism

perhaps the most consistent finding in all the various listings. The mask for deafness usually includes a cobra (traditionally considered to be a deaf animal) that may extend from the nose to cover one side of the face (fig 1, middle). The mask for dumbness often has a wide open mouth with no teeth or tongue (fig 1, right) and that for blindness usually has its eyes missing (fig C on bmj.com). The name of the demon for epidemics means "divine," presumably because disease on such a large scale was thought to have a divine origin. This mask is distinguished by having a head dress, but



Fig 1 *Gulma Sanniya* (left), demon of parasitic worms and stomach diseases; *Bihiri Sanniya* (middle), demon of deafness; *Golu Sanniya* (right), demon of dumbness

P+ More *sanni* masks are available on bmj.com

Army Medical Directorate, Camberley, Surrey GU15 4NP

Mark S Bailey
specialist registrar in infectious diseases and tropical medicine

Department of Medicine, University of Kelaniya, Ragama, Sri Lanka

H Janaka de Silva
professor

Correspondence to: M S Bailey
mark@ramc.org

BMJ 2006;333:1327-8



Fig 2 *Gedi Sanniya* (left), demon of boils and skin diseases; *Jala Sanniya* (middle), demon of cholera and chills; *Kora Sanniya* (right), demon of lameness and paralysis

otherwise its appearance varies considerably (fig D on bmj.com). The demon for boils and skin diseases has skin lesions that look like carbuncles on the face (fig 2, left). It is not surprising that the masks for malaria and high fevers (fig E on bmj.com) and for cholera and chills (fig 2, middle) are similar and have fiery red complexions. The mask for high fevers can usually be distinguished by flames across the forehead, which may be reminiscent of the temperature chart from a febrile patient. The mask for lameness and paralysis always has a unilateral facial deformity that could represent a neurological lesion such as stroke (fig 2, right). The mask for bilious diseases usually has a yellow or orange complexion suggestive of jaundice.

Hence the *sanni* demons do seem to represent disease syndromes, and their masks show clinical features that are familiar to clinicians today. This classification of disease has considerable merit, especially considering its origin among non-medical practitioners many

centuries ago. Sri Lanka has an ancient history of medical achievements, including the first recorded hospitals and a system of Ayurvedic medicine that dates from the 4th century BC. Our observations should further enhance this reputation.

In an era of “faceless” diseases, clinicians may wish to “know their enemy” by being aware of masks relevant to their own specialty. We hope this will lead to cultural enrichment and give the *sanni* demons the recognition they deserve.

We thank TRG Dela-Bandara, Department of Sinhala and MH Gunatilleke, former professor, Department of Fine Arts, Faculty of Humanities, University of Kelaniya for their valuable comments on the manuscript.

Contributors: MSB and HJdeS conceived the study and interpreted the data. MSB undertook the literature review, collected the data, and drafted the manuscript. HJdeS critically revised the manuscript with input from TRG Dela-Bandara and MH Gunatilleke. HJdeS is the guarantor.

Competing interests: None declared.

- 1 Pertold O. *Ceremonial dances of the Sinhalese*. Dehiwala: Tisara Press, 1930.
- 2 Wirz P. *Exorcism and the art of healing in Ceylon*. Leiden: EJ Brill, 1954.
- 3 Obeyesekere G. The ritual drama of the Sanni demons: collective representations of disease in Ceylon. *Comp Stud Soc Hist* 1969;11:174-216.
- 4 Kapferer B. *A celebration of demons: exorcism and the aesthetics of healing in Sri Lanka*. 2nd ed. Oxford: Berg and Smithsonian Institution Press, 1991.
- 5 Wijesuriya B. *Traditional Sinhalese masks*. Boralesgamuwa, Sri Lanka: RG Graphics, 2001.
- 6 Kapferer B, Papigny G. *Tovil: exorcism and healing rites*. Negombo: Viator, 2005.
- 7 Bartlett A. Behavioural perspectives on a Sri Lankan healing ritual. *Int J Soc Psychiatry* 1989;35:245-51.

(Accepted 21 November 2006)

doi 10.1136/bmj.39055.445417.BE

From a 16th century monastery to a 21st century orthopaedic hospital

P Tomba, A Viganò, C Menarini, P Picci

Library, Institute
Orthopedic Rizzoli,
Bologna, Italy

P Tomba
librarian

A Viganò
librarian

Scientific Direction,
Institute
Orthopedic Rizzoli,
Bologna, Italy

C Menarini
secretary to scientific
director

P Picci
scientific director

Correspondence to:
P Tomba
patrizia.tomba@ior.it

BMJ 2006;333:1328-30

Taddeo Pepoli,¹ abbot of the Olivetan (a suborder of Benedictine monks), wearing his white habit, walks quickly up the hill to the monastery of San Michele in Bosco, in Bologna. He has been yearning to revisit the place where he was the prior at the end of the 17th century, and now he has decided to make his wish come true.

Inside the building, he goes straight upstairs to where he and his brother monks used to study. He opens the heavy door confidently, looking forward to admiring the library that he had rebuilt and frescoed. But, crossing the threshold, the monk is bewildered; the room looks strange; it is no longer the place he had remembered all these years. He looks up and sees the brightly coloured frescoes by Domenico Maria Canuti, a pupil of Guido Reni, and the Swiss painter Enrico Haffner, that he had commissioned²; looking down, he sees the fine, shiny floor—but everything else is different.

The monk walks timidly on and catches sight of a magnificent globe that was not there before: it is the work of Padre Rosini da Lendinara,³ who finished making it, in that room, in 1762. (Australia is but an outline on the globe.)

Looking around, he notices that the solid walnut bookshelves, made for him by Martorelli, have gone, replaced by stark shelving. Filled with curiosity, the abbot takes down a few books; they look so different from the hymn books he was used to. He is puzzled by the pictures in the books. His fingers feel the shiny paper of the photographs of people in strange poses. “Where are those fine, hand painted pictures that decorate the precious books I remember on the shelves of my library?” he asks himself. What he sees printed on the pages of the books he is holding are people who look almost as though they are alive. He is taken aback; he does not know of the discovery by Daguerre in 1839 that has modified radically the pictures that illustrate the text. Turning the pages, he sees strange and completely incomprehensible images: he is unaware of the discovery of x rays by Roentgen, which in 1895 revolutionised the diagnostic power of doctors.

Unfamiliar objects

Nor is the next room unchanged: instead of the mathematical instruments, telescopes, magnets, and other