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The Apothecary in Seventeenth- and Eighteenth-Century New Spain: Historiography and Case Studies in Medical Regulation, Charity, and Science

PAULA DE VOS

Several recent works in Spanish American history span the decades leading up to and following independence in a conscious attempt to break down traditional historiographical boundaries between the colonial and national periods. In doing so, historians have been able to emphasize the continuities between the two periods and to demonstrate the ways in which evolving political and social structures of the nineteenth century were often built upon ideas and institutions conceived of under the Bourbons.[1] This study takes a similar approach to the turn of the eighteenth century in Mexican history. Most works mark the accession of the Bourbons to the Spanish throne in 1700 as a turning point in later colonial history and tend to characterize the

[1] These works are arguably the outgrowth of an extended debate in Latin American history about the relevance of independence for periodization and the inclusion of Latin America in "The Age of Democratic Revolutions" between 1750 and 1850. For an overview of the debates, see Victor Uribe Uran, *State and Society in Spanish America during the Age of Revolution* (Wilmington, Del.: SR Books, 2001), especially Uribe Uran, "Introduction-Beating a Dead Horse?" and Eric Van Young, "Conclusion-Was There an Age of Revolution in Spanish America?;" Eric Van Young, "Recent Anglophone Historiography on Mexico and Central America in the Age of Revolution, 1750-1850," *Hispanic American Historical Review* 65 (1985):725-43; and William Taylor, "Between Global Process and Local Knowledge: An Inquiry into Early Latin American Social History, 1500-1900," in *Reliving the Past: The Worlds of Social History*, ed. Olivier Zunz (Chapel Hill: University of North Carolina Press, 1985), 115-90. Recent works that bridge the two periods include Silvia Marina Arrom, *The Women of Mexico City, 1790-1857* (Stanford: Stanford University Press, 1985); Silvia Marina Arrom, *Containing the Poor: The Mexico City Poor House, 1774-1871* (Durham: Duke University Press, 2000); Pamela Voekel, *Alone before God: The Religious Origins of Modernity in Mexico* (Durham: Duke University Press, 2002); Adam Warren, "Piety and Danger: Popular Ritual, Epidemics, and Medical Reforms in Lima, Peru, 1750-1860" (Ph.D. diss., University of California, San Diego, 2004); Peter F. Guardino, *The Time of Liberty: Popular Political Culture in Oaxaca, 1750-1850* (Durham: Duke University Press, 2005); and Margaret Chowning, *Rebellious Nuns: The Troubled History of a Mexican Convent, 1752-1863* (New York: Oxford University Press, 2006).

seventeenth century as a Baroque, pre-modern foil for the modernization, order, and Enlightenment that came with the Bourbons.[2] While there are significant differences between the two periods, this approach leaves the transition between the seventeenth and eighteenth century, and thus the possibility of tracing long-term trends, largely unexplored.[3] The profession of the Mexican apothecary around the turn of the eighteenth century featured herein highlights the continuity of medical practices between these two periods.

An examination of the professional standards applied to Mexican apothecaries in the seventeenth and early eighteenth centuries demonstrates that medical regulations and practices that might be considered both "Baroque" and "Enlightened" existed side by side for decades. Moreover, the basis for ideas of standardization, regulation, and "scientific" governance usually associated with Bourbon rule are readily apparent in the area of pharmacy in the last years of the Hapsburgs. In this way, Baroque thought, at least in medical practice, may have in part led the way to Bourbon sensibility. This idea is explored in three examples of apothecary practice in New Spain, the first of which examines the regulation of the apothecary's profession and the legal standards in place in the seventeenth and eighteenth centuries for the licensing of medical professionals. A second set of studies looks at the apothecary's practice with regard to charity, or the

[2] See, for example, Voekel, *Alone before God*, Chapters 1 and 2, for the contrast between Baroque and Enlightened Catholicism, and Jorge Cañizares-Esguerra, "Spanish America: From Baroque to Modern Colonial Science," in *The Cambridge History of Science Volume 4: Eighteenth-Century Science*, ed. Roy Porter (Cambridge: Cambridge University Press, 2003), 718-40, for a view of the development of science with a particular focus on colonial Mexico.

[3] Some exceptions to this are Eric Van Young, *Hacienda and Market in Eighteenth-Century Mexico: The Rural Economy of Guadalajara, 1675-1820* (Berkeley: University of California Press, 1981); R. Douglas Cope, *The Limits of Racial Domination: Plebeian Society in Colonial Mexico City, 1660-1720* (Madison: University of Wisconsin Press, 1994); Patricia Seed, *To Love, Honor, and Obey in Colonial Mexico: Conflicts over Marriage Choice, 1574-1821* (Stanford: Stanford University Press, 1988); Linda A. Curcio-Nagy, "Giants and Gypsies: Corpus Christi in Colonial Mexico City," in *Rituals of Rule, Rituals of Resistance: Public Celebrations and Popular Culture in Mexico*, ed. William Beezley, Cheryl English Martin, and William E. French (Wilmington, Del.: SR Books, 1994), 1-26; Linda A. Curcio, *The Great Festivals of Colonial Mexico City: Performing Power and Identity* (Albuquerque: University of New Mexico Press, 2004); and Michael C. Scardaville, "(Hapsburg) Law and (Bourbon) Order: State Authority, Popular Unrest, and the Criminal Justice System in Bourbon Mexico City," *The Americas* 50:4 (1994):501-25. These works do bridge the seventeenth (and, in the case of Seed, the sixteenth) to eighteenth centuries, or the intermixing of Hapsburg and Bourbon styles.

donation of medicines and medical advice to religious institutions and to the sick poor. A final case study documents the establishment of a pharmacy in 1701 in the Royal Indian Hospital of Mexico City and thus highlights the importance of medicine in colonial hospitals at the turn of the eighteenth century.

Each of these cases demonstrates elements of medical practice that have traditionally been associated with both the Baroque and the Enlightened periods. The issues they highlight—medical professionalization, secularization, and the "medicalization" of the hospital—have resonance not only for the historiography of colonial Mexico, but for the history of medicine as well. Historians of European medicine have traditionally recognized a similar divide between medical practices of the seventeenth and eighteenth centuries, representing the former as ineffective and amateurish while identifying the latter with Enlightened science and the birth of "modern" medicine. They also tend to associate modern medicine with increasing secularization, linking the secular trends of the Enlightenment with increased state power and control at the expense of the Church in managing charitable institutions and hospitals in particular. This trend has been identified most strongly with the Protestant countries of Northern Europe, which are seen as more "advanced" in matters of medical practice and professionalization than their Catholic neighbors.

A longstanding revisionist literature has effectively challenged these assumptions, arguing that early modern medicine was much more effective, orderly, and professional than it has been given credit for, and that the influence of Catholicism in no way detracted from the quality of care received; in fact, the opposite was often true. The history of medicine in Mexico must be placed within this revisionist literature, as the standards and practices of Mexican apothecaries around the turn of the eighteenth century only make sense when considered in light of the work of those who have challenged the traditional picture.

Although the colonial Mexican apothecary might seem a rather unusual subject for historical study, he provides valuable insight into the history of medicine in Mexico.[4] The vast majority of work on western medicine focuses on physicians, the most elite of the medical professionals, and on surgeons, whose manual labor relegated them to secondary status until the end of the eighteenth century. More recently,

[4] The male pronoun is used here, since women were legally forbidden from practicing.

midwives and nurses have received growing recognition, but apothecaries remain largely ignored.[5] The makers and providers of medicines, they were of obvious importance to the medical profession, but their middling status—part artisan and part theoretician, able to read Latin but trained through apprenticeship—has rendered them less interesting to historians.[6] Yet it is precisely this status that makes them very useful in studying the social and cultural history of everyday medicine.

Apothecaries would have been more accessible than other medical professionals to the general population: their shops were often located on busy street corners in the urban centers of New Spain, and they provided medicines for a range of people, from the urban poor to wealthy *hacendados*. They also incorporated indigenous remedies in the cures they prepared, but, unlike the *curanderos*, have left a substantial and accessible documentary record of their practice.[7] Through this important documentation, then, it is possible to see how medicine was carried out on a daily basis and how it was perceived by the colonial population.

An initial examination of the professional standards applied to pharmacists in colonial Mexico appears to fit within a narrative that assumes a deep divide between the Baroque and Enlightened eras. Two different descriptions of the apothecaries' profession, one issued in 1615 and the other in 1775, provide benchmarks for the transition between a pre-modern profession and one of Enlightened order and rationality. The first example is found in *Plaza universal de todas ciencias y artes,* a guide to the professions in early modern Spain.[8]

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[5] Vern and Bonnie Bullough have written extensively on the nursing profession in the United States. See, for example, *The Care of the Sick: The Emergence of Modern Nursing* (New York: Prodist, 1978). There has also been considerable interest in the history of midwifery in Europe and the United States. See Laurel Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812* (New York: Knopf, 1990).

[6] This trend, however, is reversing. Pamela H. Smith, in *The Body of the Artisan: Art and Experience in the Scientific Revolution* (Chicago: University of Chicago Press, 2004), demonstrates the crucial importance of the "artisanal epistemology" for the Scientific Revolution.

[7] Paula De Vos, "The Art of Pharmacy in Seventeenth- and Eighteenth-Century Mexico" (Ph.D. diss., University of California, Berkeley, 2001), Chapter 2.

[8] Christóval Suárez de Figueroa, *Plaza universal de todas ciencias y artes, parte traducida de Toscano, y parte compuesta por el Doctor Christoval...A Don Duarte, Marques de Frechilla y Villarramiel, Marques de Malagon, Señor de las Villas de Paracuellos, y Hernancavallero, Comendador de Villanueva de la Serena* (Madrid: Luis Sánchez, 1615). Suárez de Figueroa translated this work from the original Italian

Published in Madrid in 1615 by the essayist Christóval Suárez de Figueroa, the *Plaza universal* provides a glimpse of how contemporaries in the world of the early Hispanic Baroque would have conceived of the proper professional conduct for colonial apothecaries.

In his work, Suárez de Figueroa described the apothecaries' profession as one of the most honorable, for they were "entrusted by God" for the care of humanity.[9] Such an honorable position carried with it a number of moral imperatives that would ensure a professional, responsible practice. The apothecary had to be a religious man, "God-fearing, compassionate, pious, affable, responsible, and generous to the poor, loyal, and ready for any emergency." He had to live a moral lifestyle: he could not be a "joker, nor a drinker, nor distracted or greedy." These vices, Suárez warned, led to "delays, mistake, clumsiness, and forgetfulness," which would put the health of his patients at great risk. Thus, the professional standards for apothecaries depended almost exclusively on their moral character and the kinds of activities that would attest to it, which in turn would reassure their patients. These activities revolved mainly around the values of Catholicism: piety, charity, compassion, and generosity to the poor.

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version by Tomaso Garzoni, *La piazza universale di tutte le professioni del mondo*, 2 vols., ed. Paolo Cherchi and Beatrice Collina (Turin: Giulio Einaudi, 1996). According to Suárez de Figueroa's biographer, it was "in general, a close translation of the Italian original, but he omitted many paragraphs which had only special interest for Italian readers, and he added what he thought might be of interest in the Spanish version." J.P. Wickersham Crawford, "The Life and Works of Christóbal Suárez de Figueroa" (Ph.D. diss., University of Pennsylvania, 1907), 54. Suárez de Figueroa's translation closely follows Garzoni's passage in Volume 2 on "speciari" (apothecaries)—for instance, Garzoni insists that apothecaries "must maintain a reputation of seriousness [*gravitá*]" and also refers to the fact that they are "entrusted by God" (p. 1059). He also discusses the care that apothecaries must take in preparing medicines (pp. 1063-64). However, the references to piety and charity appear to be Suárez's original additions to the translation. Nevertheless, it can be assumed that the role of apothecaries in early modern Italy and in Spain would have closely resembled one another. This does seem to be the case in secondary works on Italian pharmacy and medicine in this period, though there are relatively few. See, for example, Richard Palmer, "Pharmacy in the Republic of Venice in the Sixteenth Century," in *The Medical Renaissance of the Sixteenth Century*, ed. A. Wear, R.K. French, and I.M. Lonie (Cambridge: Cambridge University Press, 1985), 100-17; Paula Findlen, *Possessing Nature: Museums, Collecting, and Scientific Culture in Early Modern Italy* (Berkeley: University of California Press, 1994); and Katharine Park, *Doctors and Medicine in Early Renaissance Florence* (Princeton: Princeton University Press, 1985).

[9] Suárez de Figueroa, *Plaza universal de todas ciencias y artes*, "Boticarios." This is the source for all quotes in this paragraph; unless otherwise noted, all translations are by the author.

In contrast to this portrayal of the ideal Baroque apothecary, a set of ordinances from 1776 for the management of the pharmacy of the Royal Indian Hospital of Mexico City represent a new era of contractual, regulated relationships between the apothecary, his assistants, and his patients. The ordinances, ordered by Charles III in 1763, arrived in New Spain in 1776 and were to be implemented immediately. They stipulated, first of all, that

> the apothecary's primary responsibility...is to fill prescriptions without abusing his authority or making any mistakes in the substances or amount needed, especially with regard to purgative medicines and all those taken internally, seeing as even a small mistake can cause such great risk to the patient.[10]

The qualifications referenced in the ordinances for the ideal apothecary were honesty, trustworthiness, rigor, and "perfection" in preparing medicines.

There was also a growing emphasis on the professional status of the apothecary. He had to be licensed by the Protomedicato (a centralized medical board, discussed in further detail below), and, as such, he was the only employee in the pharmacy who could order medicines, which he had to "check continually for quality and quantity." He had to personally oversee that all "elaborations" of the medicines were correctly executed, looking out for any carelessness on the part of his assistants. When medicines were dispatched at the pharmacy counter, the apothecary had to do so with "formality and attention" and prohibit the presence of any of his assistants due to the "confusion" it could cause. Confusion was also prevented by making sure that the pharmacy was in good order:

> [The apothecary] will make sure that the whole office is orderly and clean and that the flasks, vials, boxes, and other apparatus are fixed with labels indicating their

[10] David Marley, ed., *Constituciones y ordenanzas para el régimen de la Botica del Hospital Real y General de los Indios de esta Nueva España,* facsimile edition (Mexico City: Colección Novae Hispaniae, 1983), números II-XXI. See David A. Howard, *The Royal Indian Hospital of Mexico City* (Tempe: Center for Latin American Studies, Arizona State University, 1980), Chapter 3, for a discussion of the general ordinances for the hospital.

> contents and use, so that he and his assistants can easily know how they ought to be handled.[11]

Accounts of pharmacy spending, prepared only by the apothecary, also had to be sent to the Real Junta on both a weekly and monthly basis. Lastly, each year he had to present a full accounting of the pharmacy's expenses to the *mayordomo* of the hospital.

These descriptions of the apothecary's responsibilities would appear to illustrate the division between Baroque and Enlightenment medical practice. The pious, charitable, God-fearing pharmacist fits well within a tradition of Baroque Catholicism and pre-modern medicine. In this tradition, ethical practice would be based on demonstrations of piety and good works, a combination of religious and secular values that indicate the pre-professional status of the apothecary. By contrast, the ordinances governing the pharmacy of the Royal Indian Hospital fit squarely within the increasingly regimented, contractual, and secular professional relations seen in other areas of Bourbon society. There is not a word about piety or charity; the apothecary would prove his professionalism through, in the words of the ordinances, efficiency, accuracy, and precision. Rationality, order, quantification, systematization, and regulation, a veritable "spirit of system" that lay at the very heart of Enlightened ideals, would govern his practice.[12]

The case of apothecary standards thus seems to reflect the historiography of colonial Mexico, which has tended to emphasize the contrast between the Baroque and the Bourbon periods. As for the Baroque, there is little, if any, consensus on the definition of the term, as scholars from a variety of disciplines have used it in a variety of ways.[13] Literary scholars of the Hispanic world, however, have often

[11] Marley, *Constituciones y ordenanzas*, número X.

[12] Several works on the Enlightenment have identified a "quantifying spirit," or a "spirit of system," governing enlightened thought, particularly in the area of science. See Michel Foucault's discussion of eighteenth-century "mimesis" in *The Order of Things: An Archaeology of the Human Sciences* (New York: Pantheon Books, 1971), particularly Chapters 3 and 5; Tore Frangsmyr, John Heilbron, and Robin E. Rider, eds., *The Quantifying Spirit of the Eighteenth Century* (Berkeley: University of California Press, 1990); and Richard W. Burkhardt, Jr., *The Spirit of System: Lamarck and Evolutionary Biology* (Cambridge: Harvard University Press, 1977).

[13] Louis Menashe, "Historians Define the Baroque: Notes on a Problem of Art and Social History," *Comparative Studies in Society and History* 7:3 (1963):333-4?. In discussing the characterizations of the Baroque by a series of art historians, Menashe argues that "the term has been pulled, squeezed, beaten and pulverized into whatever

depicted it as a time of pageantry and lavish processions, of exceptionalism, emotion, visceral religiosity, and sensuality. Irving Leonard, for example, characterized the Baroque for New Spain as a quiescent period, one of "neomedieval" adherence to Scholastic doctrine, rejection of scientific rationality, of religiosity and hence irrationality.[14]

The eighteenth century, with its emphasis on Enlightenment rationality and order, provides a distinct counterpoint. This period experienced a return to classical architectural styles emphasizing formality, order, symmetry, and balance; the birth of scientific reasoning applied to society; and the birth of the "science" of economics with its corollary of free trade and emphasis on individualism and reason. With regard to eighteenth-century New Spain, Bourbon reforms and Enlightened administrators fixed a very "public gaze," in the words of Pamela Voekel, on the populace of New Spain and sought to rationalize their actions. The Bourbon penchant for order and cleanliness has been well documented; reforms in late-eighteenth-century Mexico City included the removal of peddlers, booths, animals, and refuse from the streets, and the installation of street lights, clocktowers, public restrooms, and night watchmen.[15] Men and women were separated in the factories where they worked and in

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submission a critic desires. From a term limited to the plastic arts of the seventeenth century it has been transformed into a catch-all of superversatile proportions untrammeled by considerations of time, place, or subject" (p. 339). See also Wlad Godzich and Nicholas Spadaccini, "Foreword," in *Culture of the Baroque: Analysis of a Historical Structure*, by José Antonio Maravall, trans. Terry Cochran (Minneapolis: University of Minnesota Press, 1986), xvii-xviii; Irving Albert Leonard, *Baroque Times in Old Mexico: Seventeenth-Century Persons, Places, and Practices* (Ann Arbor: University of Michigan Press, 1959), 28-29; and Eric Cochrane, "The Transition from Renaissance to Baroque: The Case of Italian Historiography," *History and Theory* 19:1 (1980):21-22. Architectural scholar Robert Harbison uses the term to designate the swirling decoration, movement, and theatrical and emotional qualities evident in architecture of the period. Robert Harbison, *Reflections on Baroque* (Chicago: University of Chicago Press, 2000), "Foreword" and Chapters 1 and 2. The term Baroque has also been taken up by other historians to designate literary and historiographic styles, with one historian, for example, differentiating between the rule-bound history writing of Renaissance humanists and the more literary, metaphorical prose of their Baroque successors. Cochrane, "The Transition from Renaissance to Baroque," 31-36.

[14] Leonard, *Baroque Times in Old Mexico*, 21-36.

[15] Pamela Voekel, "Peeing on the Palace: Bodily Resistance to Bourbon Reforms in Mexico City," *Journal of Historical Sociology* 5:2 (1992):183-208.

the *pulquerías* they went to afterwards.[16] Public entertainments were curtailed as Bourbons sought to subdue the more boisterous elements of popular culture in New Spain.[17] With regard to religiosity, viceregal administrators and clerics influenced by Enlightenment ideals urged a more personal path to salvation and eschewed what they saw as the excesses of Baroque Catholicism.[18] Therefore, in the effort to create a morally responsible and productive worker, the Mexican government sought to impose limitations on religious celebrations, theatrical productions, bullfights, gambling, and alcohol consumption, and provide guidelines for the proper attire for tobacco workers and hospital nurses. The underlying contrast, then, is that of Baroque disorder straightened out, tamed, and contained by Bourbon order.[19]

A number of historians of European medicine make similar claims about the differentiation of the two eras. While they do not commonly use the term Baroque to refer to this period, they readily assume a clear division between medicine of the seventeenth century and that of the eighteenth. Although some studies (discussed below) have sought to challenge this assumption, even in recent literature a view of the development of modern medicine persists that only in the time of the Enlightenment did western medicine begin to develop a scientific basis.[20] According to this narrative, medieval and early

[16] Voekel, "Peeing on the Palace;" and Susan Deans-Smith, "The Working Poor and the Eighteenth-Century Colonial State: Gender, Public Order, and Work Discipline," in Beezley, Martin, and French, *Rituals of Rule, Rituals of Resistance*, 47-75.

[17] Juan Pedro Viqueira Albán, *Propriety and Permissiveness in Bourbon Mexico*, trans. Sonya Lipsett-Rivera and Sergio Rivera Ayala (Wilmington, DE: Scholarly Resources, 1999), xix-xx.

[18] Voekel, *Alone before God,* Chapter 2, "The Reformation in Mexico City," 43-76; and Curcio-Nagy, "Giants and Gypsies," 24-26.

[19] Linda Curcio discusses the changes brought by Bourbon reforms of Hapsburg practices in *The Great Festivals*, especially Chapter 5.

[20] See, for example, R.K. French, *Medicine before Science: The Rational and Learned Doctor from the Middle Ages to the Enlightenment* (Cambridge: Cambridge University Press, 2003); Thomas Neville Bonner, *Becoming a Physician: Medical Education in Britain, France, Germany, and the United States, 1750-1945* (New York: Oxford University Press, 1995); W.F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century* (Cambridge: Cambridge University Press, 1994); Guy R. Williams, *The Age of Agony: The Art of Healing, c. 1700-1800* (1975; reprint, Chicago: Academy Chicago Publishers, 1986); and Lester S. King, *The Medical World of the Eighteenth Century* (Chicago: University of Chicago Press, 1958). For a general history of European medicine, see Roy Porter, *The Greatest Benefit for Mankind: A Medical History of Humanity* (New York: W.W. Norton, 1998); and for eighteenth-century England, W.F. Bynum and Roy Porter, eds., *William Hunter and the Eighteenth-Century Medical World* (Cambridge: Cambridge University Press, 1985). For histories

modern medicine was almost wholly ineffective, consisting of "bizarre" remedies that could not have inspired much public confidence. Medicine's assumed lack of effectiveness was further hindered by its association with the Catholic Church. The basis for the Catholic theology of promoting salvation through good works led to a strong connection between Catholic practice and the management of early modern hospitals.[21] As such, these hospitals are often portrayed as shelters for the poor, whose clerical staff carried out a generalized regimen of care rather than specialized medical cure, or even as "deathtraps" where the terminally ill went to die. For some historians, the charitable nature of hospital care has thus indicated a lack of "medicalization" and a lack of emphasis on seeking cures within these institutions.[22] It was also a sign of the lack of professionalization among medical practitioners.[23]

According to this line of thinking, the Enlightenment again was the source for bringing the principles of reason and rationality to medicine, establishing it once and for all on an unassailable scientific

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of "quackery" and illegal or unofficial medicine in Europe, see Roy Porter, *Health for Sale: Quackery in England, 1660-1850* (Manchester: Manchester University Press, 1989); and W.F. Bynum and Roy Porter, eds., *Medical Fringe and Medical Orthodoxy, 1750-1850* (London: Croom Helm, 1987). For Mexico, see Luz María Hernández Sáenz, *Learning to Heal: The Medical Profession in Colonial Mexico, 1767-1831* (New York: Peter Lang, 1997); and John Tate Lanning, *The Royal Protomedicato: The Regulation of the Medical Professions in the Spanish Empire*, ed. John Jay TePaske (Durham: Duke University Press, 1985). For theories of disease control and their development during the Enlightenment, see James C. Riley, *The Eighteenth-Century Campaign to Avoid Disease* (Basingstoke: MacMillan, 1987).

[21] Maureen Flynn, *Sacred Charity: Confraternities and Social Welfare in Spain, 1400-1700* (Ithaca: Cornell University Press, 1989), 44, discusses the effects of the "seven good works" on charity and medicine in early modern Spain.

[22] See Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A.M. Sheridan Smith (New York: Vintage Books, 1994), for a discussion of the "medicalization" of hospitals.

[23] Although it was published forty years ago, Vern L. Bullough's *The Development of Medicine as a Profession: The Contribution of the Medieval University to Modern Medicine* (New York: Hafner Publishing Company, 1966), remains the most comprehensive treatment of the emergence of the western medical profession. Bullough argues that by 1500 European medicine had been professionalized and, along with law and theology, was one of the first fully professional fields (pp. 4-5). Implicit in his argument, however, is the fact that medicine had to be divorced from religious control before it could constitute a true profession. The importance of secularization is also an implicit theme in sociologist Eliot Freidson's work. See Eliot Freidson, *Profession of Medicine: A Study of the Sociology of Applied Knowledge* (New York: Dodd, Mead, 1971), "Introduction" and pages 11-12, for examples.

basis.[24] Indeed, the age of the Enlightenment is seen as a pivotal time for medicine, when the Scientific Revolution's emphasis on experiment and observation, the search for mathematical representation of natural laws, and mechanistic explanations for natural phenomena began to impact medicine. Historians have argued that "there was no more turbulent yet creative time in the history of medical study" and labeled the eighteenth century "a cohesive unit.... In its course were laid the foundations for what historians have come to call modern or scientific medicine."[25] Medical education during this time also experienced a dramatic change: a new emphasis on teaching in the vernacular, on clinical observation, and on hands-on training, produced an emerging group of increasingly professionalized practitioners.[26]

Much of this training took place in hospitals, where bedside observation and care could most easily take place. Thus, the eighteenth century also witnessed the transformation of this institution from one of poor relief to one of specialized medical care.[27] Equipped with anatomy

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[24] Andrew Cunningham and R.K. French, eds., *The Medical Enlightenment of the Eighteenth Century* (Cambridge: Cambridge University Press, 1990), 1-2, state in their introduction that the Enlightenment "is a valuable concept to convey the radical intellectual shift which happened during the eighteenth century: from a world where Revelation was still the highest form of truth, to one where Reason had dethroned Revelation. A secular world, with secular values, replaced a religious world with religious values. People came to believe that Superstition had been replaced by Reason.... Such radical changes in attitudes were reflected in and affected the medicine of the period; in medicine too there was an 'Enlightenment.'"

[25] Quotes are taken respectively from Ilza Veith, "Foreword," in King, *The Medical World of the Eighteenth Century*, vii; and Bonner, *Becoming a Physician*, 12.

[26] Bonner argues that the Enlightenment experienced a "breakdown of the medieval synthesis" due to the new epistemology of the scientific revolution that led to a new opening for medical education. See Chapter 1, "An Uncertain Enterprise: Learning to Heal in the Enlightenment," in *Becoming a Physician*, 12-32. See also Matthew Ramsey, *Professional and Popular Medicine in France, 1770-1830: The Social World of Medical Practice* (Cambridge: Cambridge University Press, 1988), for a study of medical professionalization in France. See Toby Gelfand, *Professionalizing Modern Medicine: Paris Surgeons and Medical Science and Institutions in the Eighteenth Century* (Westport, CT: Greenwood Press, 1980), and Michael Burke, *The Royal College of San Carlos: Surgery and Spanish Medical Reform in the Late Eighteenth Century* (Durham: Duke University Press, 1977), for movements in France and in Spain that led to the incorporation of surgery into medical education in the eighteenth century and, as such, raised the status of surgeons in France. For England, see Irvine Loudon, *Medical Care and the General Practitioner, 1750-1850* (New York: Oxford University Press, 1986); and Andrew Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge: Cambridge University Press, 2000).

[27] For European hospitals, see Foucault, *Birth of the Clinic*; Erwin H. Ackerknecht, *Medicine at the Paris Hospital, 1794-1848* (Baltimore: Johns Hopkins Press, 1967);

and surgical theaters, and practicing the latest techniques in sanitation and cleanliness, hospitals were increasingly becoming scientific institutions of health care rather than poor relief. Such a transformation went hand in hand with a new conception of public health and social welfare, in which the state took over much of the organization and institutional control of relief for the poor.[28] The secularizing and anticlerical tendencies of the Enlightenment, therefore, led to the public regulation and systematization of social welfare, wresting control from the Church and establishing state-run poorhouses. These would remove the indigent from the streets, train and educate them, put them to work, warn them of the dangers of idleness, and thus end the cycle of poverty. According to the traditional narrative, this process was most pronounced in the Protestant countries of Northern Europe, which, stemming from Max Weber's equation of the Protestant ethic with the spirit of capitalism, espoused a more "rational, discriminating poor relief."[29]

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and Gunter B. Risse, *Hospital Life in Enlightenment Scotland: Care and Teaching at the Royal Infirmary of Edinburgh* (Cambridge: Cambridge University Press, 1986). Historians of the eighteenth-century hospital in Mexico seem to have accepted this interpretation, referring to the "medicalization" of the hospital, or speaking of the role of secularization and a growing emphasis on pedagogy and clinical training in late-eighteenth-century hospitals of New Spain. Alba Dolores Morales Cosme, *El Hospital General de San Andrés: la modernización de la medicina novohispana, 1770-1833* (Mexico City: Universidad Autónoma Metropolitana, Unidad Xochimilco, 2002), 13-14; and Lilia V. Oliver Sánchez, *El Hospital Real de San Miguel de Belén, 1581-1802* (Guadalajara: Universidad de Guadalajara, 1992).

[28] See George Rosen, *From Medical Police to Social Medicine: Essays on the History of Health Care* (New York: Science History Publications, 1974) and, more recently, a trio of edited volumes explore a history of medicine and social welfare based upon these assumptions in both Northern and Southern Europe: Ole Peter Grell and Andrew Cunningham, eds., *Health Care and Poor Relief in Protestant Europe, 1500-1700* (London: Routledge, 1997); Ole Peter Grell, Andrew Cunningham, and Robert Jütte, eds., *Health Care and Poor Relief in 18th and 19th Century Northern Europe* (Burlington: Ashgate, 2002); and Ole Peter Grell, Andrew Cunningham, and Bernd Roeck, eds., *Health Care and Poor Relief in 18th and 19th Century Southern Europe* (Burlington: Ashgate, 2005). More pointed (and critical) discussions of this historiography are found in Linda Martz, *Poverty and Welfare in Habsburg Spain: The Example of Toledo* (Cambridge: Cambridge University Press, 1983), 1-2; Pullan, "Catholics and the Poor in Early Modern Europe," *Transactions of the Royal Historical Society*, 5th series, vol. 26 (1976):15; Jonathan Barry and Colin Jones, eds., *Medicine and Charity before the Welfare State* (New York: Routledge, 1991), "Introduction," 1-13; and Colin Jones, *The Charitable Imperative: Hospitals and Nursing in Ancien Régime and Revolutionary France* (New York: Routledge, 1989), 1-6.

[29] Arrom points to the perpetuation of an interpretation in Mexican history that charity and social welfare have led to a cycle of poverty and dependence. Arrom,

Thus, it appears that the historiography of colonial Mexico and that of European medicine—the medicine embraced and advocated by colonial elites—coincide and complement one another. When combined, they would seem to present a relatively uncomplicated and straightforward picture for New Spain. As New Spain modernized under the direction of the rationalizing Bourbons, medicine became more scientific and hospitals more orderly, efficient, sanitary, and effective. Their medical personnel would become both more secular and professional, developing a cadre of trained professionals with fixed professional standards of training and expertise in practice. In conjunction with this secularization, the state would play a greater role in fostering a more rehabilitative system of social welfare. Indeed, much of this story is supported in both the primary and secondary literature. The case study presented herein of apothecary standards demonstrates a clear change in what was considered the hallmark of the ideal professional. There is also growing evidence among secondary works that hospitals of New Spain did undergo significant reform in the later eighteenth century, and the construction of the Poor House in Mexico City in 1774 illustrates a transformation in the conception of poor relief.[30] Historians have also documented the fact that Enlightened reformers, at least in Mexico City, emphasized public health reform with regard to sanitation and the control of epidemic disease.[31] Clearly, things had changed.

It might seem, then, that the case of the apothecary in colonial Mexico further reinforces the Baroque to Enlightened narrative for colonial medicine described above. Yet, as in most histories, there is a more complex story to be told. When examined further, the

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Containing the Poor, 9. She attributes this to the influence of Moisés González Navarro's *La pobreza en México* (Mexico City: El Colegio de México, 1985), in which he argues that the private, unregulated system of traditional poor relief in Mexico was highly inefficient, with devastating consequences for the poor.

[30] Morales Cosme, *El Hospital General de San Andrés*; Luz María Hernández Saénz, "Matters of Life and Death: The Hospital of San Pedro in Puebla, 1790-1802," *Bulletin of the History of Medicine* 76 (2002):669-97; Museo Poblano de Arte Virreinal, *Antiguo Hospital de San Pedro: Albergue de la memoria/The Old Hospital of San Pedro: Haven of Memory* (Puebla: Museo Poblano de Arte Virreinal, 1999), 36-46; Howard, *The Royal Indian Hospital of Mexico City*, Chapters 2-4; and Arrom, *Containing the Poor*, 59-65.

[31] Donald B. Cooper, *Epidemic Disease in Mexico City, 1761-1813: An Administrative, Social, and Medical Study* (Austin: Published for the Institute of Latin American Studies by the University of Texas Press, 1965); Voekel, *Alone before God*; and Voekel, "Peeing on the Palace."

apothecary's apparent transformation is not as clear as it first appears. Certainly a change had taken place, but the causes and nature of the changes are not as straightforward as the above scenario would indicate.

There are two problems in particular with this picture: first, more recent definitions of the Baroque describe its paradoxical nature, in which the "rational" and the "irrational" were able to coexist peacefully. Scholars of Mexican Baroque, for example, argue that it must be understood as a totality of experience that could accommodate a number of paradoxes.[32] It was, on the one hand, a time of asceticism and orthodoxy, when the Catholic Church arguably reached its greatest power and influence in Mexican history. The Inquisition was well established and did have some success in monitoring the circulation of ideas that it might consider heretical. On the other hand, the later part of the century witnessed the rise of two distinct and highly original thinkers, Carlos Sigüenza y Góngora and Sor Juana Inés de la Cruz, both of whom were interested in scientific subjects, published prolifically, and enjoyed wide acclaim. In addition, the late seventeenth century in Spain has also been identified as a time of growing interest in science, or, more precisely, a time of "the beginnings of a critical spirit" in the areas of science, medicine, the arts, and literature.[33]

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[32] Elizabeth Wilder Weismann writes that "the Baroque spirit is vested in the totality. A Baroque interior cannot be totted up in sums of twisted columns...." Elizabeth Wilder Weismann, *Art and Time in Mexico: Architecture and Sculpture in Colonial Mexico*, photographs by Judith Hancock de Sandoval (New York: Icon Editions, 1995), 168-69. Harbison, *Reflections on Baroque*, viii and 167, describes "its exuberance and incorrectness" and its elaborate ornamentation and decoration of surfaces, what photographer Ichiro Ono has termed "gap-ophobia." Ichiro Ono, *Divine Excess: Mexican Ultra-Baroque* (San Francisco: Chronicle Books, 1996), 83. For the totality of Baroque imagery and religious experience, see Voekel, *Alone before God,* "Baroque Backdrop," 17-42. Serge Gruzinski, *Images at War: Mexico from Columbus to Blade Runner, 1492-2019*, trans. Heather MacLean (Durham: Duke University Press, 2001), Chapter 4, also discusses the extreme importance of images, theatricality, and "special effects" in Baroque Catholicism, with the Virgin of Guadalupe as the premier example.

[33] Henry Kamen, *Spain in the Later Seventeenth Century, 1665-1700* (London: Longman, 1980), 317; and Paula De Vos, "Research, Development, and Empire: State Support of Science in the Later Spanish Empire" *Colonial Latin American Review* 15:1 (2006):55-79, 60-62. Harbison, *Reflections on Baroque,* Chapters 3 and 5, also identifies an ordered, scientific spirit in the layout of Baroque European palaces, cities, and gardens. Harbison states that "The encyclopedia is a typical late Baroque art form which is in certain ways inimical to the principles of Baroque art. The French *Encyclopédie* of 1751-72, often credited with a decisive role in hastening the Revolution by the unfettered dissemination of knowledge, is a late, clarified product of

Indeed, a critical, scientific spirit need not be antithetical to Baroque sensibility, but rather an effect of the Scientific Revolution as well as the counterbalance to Baroque spirituality. Here again the seeds of Enlightened sensibility are evident within the Baroque.

The second challenge to Mexican historiography as it is commonly conceived is that the actions and ethos usually attributed to the Bourbon period are often those that came into effect only with the accession of Charles III. Indeed, most major works on the Bourbon period focus explicitly on the last quarter of the eighteenth century, when Charles III's reforms had their greatest impact.[34] There are remarkably few studies of the period from 1700 to 1775. Given the ordered and even "scientific" aspects of the Baroque, further study of this period may reveal the possible effects that the Baroque may have had on Enlightened thought or reform, or the fact that internal developments within New Spain itself may have influenced the type of reform program put into place.

Other complications arise with regard to the field of early modern medicine. The tendency in the history of medicine has been to glorify the heroics of medical researchers in the modern period often by contrasting their progress with the ineffectiveness of earlier periods. Social and cultural historians of medicine, however, have more recently rejected this "mythical history of the early medical profession" in favor of more localized, archival studies.[35] Indeed, their work has revealed a

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the urge which relies on a learned community to produce a single compilation of all knowledge, theoretic and practical, near and remote" (p. 147).

[34] This is true of many valuable works on Bourbon Mexico, including D.A. Brading, *Miners and Merchants in Bourbon Mexico, 1763-1810* (Cambridge: Cambridge University Press, 1971); D.A. Brading, *Church and State in Bourbon Mexico: The Diocese of Michoacán, 1749-1810* (Cambridge: Cambridge University Press, 1994); Christon L. Archer, *The Army in Bourbon Mexico, 1760-1810* (Albuquerque: University of New Mexico Press, 1977); Susan Deans-Smith, *Bureaucrats, Planters, and Workers: The Making of the Tobacco Monopoly in Bourbon Mexico* (Austin: University of Texas Press, 1992); William B. Taylor, *Magistrates of the Sacred: Priests and Parishioners in Eighteenth-Century Mexico* (Stanford: Stanford University Press, 1996); Viqueira Albán, *Propriety and Permissiveness in Bourbon Mexico*; Voekel, "Peeing on the Palace;" and Michael C. Scardaville, "Alcohol Abuse and Tavern Reform in Late Colonial Mexico City," *Hispanic American Historical Review* 60:4 (1980):643-71. For medicine, see Hernández Sáenz, *Learning to Heal*. See also, De Vos, "Research, Development, and Empire," and especially Paula De Vos, "Natural History and the Pursuit of Empire in Eighteenth-Century Spain," *Eighteenth-Century Studies* 40:2 (2007):209-39.

[35] Park, *Doctors and Medicine*, 11-12. Park states, "Like most recent historians of medicine, I have also had to reject the mythical history of the early medical profession

much richer history of medical successes, institutionalization, and professionalization than studies that rely on published sources.[36] Historians of medieval and early modern European hospitals, furthermore, have demonstrated that, contrary to accepted thought, they were in fact specialized institutions of medical care with clinical training, meticulous regard for the cleanliness and care of their wards and their patients, and relatively low mortality rates.[37]

The challenge continues with regard to the role of the Church in medical care, revealing that the spirit of healing could be directed toward body and soul and still be effective.[38] This is true for Latin American as well as European hospitals. Luz María Hernández Sáenz, for example, demonstrates clearly that the Hospital de San Pedro in Puebla instituted a number of "enlightened" reforms under the direction of Father Ignacio Domenech, a Dominican friar.[39] Several authors also attest to the fact that charitable institutions—including hospitals—in

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constructed for the most part by the doctors who were its first students and whose unconscious impulses seem to have been, on the one hand, to celebrate their own achievements by exaggerating the obscurantism of medieval doctors and the superstitions of their patients and, on the other, to safeguard their own status and prestige by denying the artisanal component in their own history" (p. 11). See also Bonner, *Becoming a Physician,* 3.

[36] For an overview of the issues, debates, and suggestions for future research topics and methods, see Roy Porter and A. Wear, eds., *Problems and Methods in the History of Medicine* (London: Croom Helm, 1987). For local or regional studies, see M.R. McVaugh, *Medicine before the Plague: Practitioners and Their Patients in the Crown of Aragon, 1285-1345* (Cambridge: Cambridge University Press, 1993) for Catalonia; for Toledo, see Martz, *Poverty and Welfare in Habsburg Spain,* 1; for Florence, see Park, *Doctors and Medicine* and "Healing the Poor: Hospitals and Medical Assistance in Renaissance Florence" in Barry and Jones, *Medicine and Charity before the Welfare State*, 26-45, and Katharine Park and John Henderson, "'The First Hospital among Christians': The Ospedale di Santa Maria Nuova in Early Sixteenth-Century Florence," *Medical History* 35 (1991):164-88; and for Montpellier, see Colin Jones, *The Charitable Imperative* and *Charity and Bienfaisance: The Treatment of the Poor in the Montpellier Region, 1740-1815* (Cambridge: Cambridge University Press, 1982).

[37] See the work of Park, *Doctors and Medicine*; and Jones, *Charitable Imperative*, in particular.

[38] The idea persists among prominent historians of European medicine (especially English medicine), however, that the Enlightenment characterized disjuncture between body and soul for effective healing. Cunningham and French, *The Medical Enlightenment*, state that "the religious dimension of traditional medical theory came to be downplayed. The soul became less a subject of central concern when dealing with the body, and the body came to be seen less as the 'instrument' of the soul and more in mechanistic terms..." (p. 2).

[39] Hernández Sáenz, "Matters of Life and Death;" and Museo Poblano de Arte Virreinal, *Antiguo Hospital de San Pedro*, 36-46.

the Hispanic (and European) world were supported by an amalgamation of funding institutions, both Church and State, and this practice continued in the eighteenth century.[40] These examples serve to challenge a view of Bourbon reforms that would attribute changes in the management of charity and medicine to a linear progression of secularization and the wresting of control from religious institutions by the state. Indeed, in her monograph *Alone before God: The Religious Origins of Modernity in Mexico* (2002), Pamela Voekel argues that religious authorities in New Spain played a significant role in Bourbon reforms.[41] Just as secularization had less to do with the development of medical care and poor relief than others have posited, historians have also found less divergence between Protestant and Catholic methods of medical care and poor relief than previously assumed.[42]

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[40] See Martz, *Poverty and Welfare in Hapsburg Spain,* Chapter 2, and Arrom, *Containing the Poor*, Chapter 2, for discussions of the diversity of funding sources as well as the dispute between Church and State authorities over jurisdiction of hospitals and institutions of poor relief. According to Martz, the Church and state had always had jurisdictional rivalries over this, stemming from the Patronato Real and the decrees of the Counter-Reformation. For more detailed discussion of funding sources for Lima hospitals, see David Cahill, "Financing Health Care in the Viceroyalty of Peru: The Hospitals of Lima in the Late Colonial Period," *The Americas* 52:2 (1995):123-54.

[41] Voekel, *Alone before God.*

[42] See especially Jones, *Charitable Imperative*; and Barry and Jones, *Medicine and Charity before the Welfare State*, 1-2. Although challenges have been issued to these assumptions for four decades (at least since the publication of Brian S. Pullan, *Rich and Poor in Renaissance Venice: The Social Institutions of a Catholic State, to 1620* [Cambridge, Mass.: Harvard University Press, 1971], and despite the 1994 statement by Barry and Jones that "the idea of a clear linear trend predicating the 'decline' of charity and the ascendancy of professionalized, state-backed medicine is revealed as simplistic in the extreme," some historians have persisted in perpetuating it. In the recent volume Grell, et. al., *Health Care and Poor Relief in 18th and 19th Century Southern Europe* (2005), the editors state: "The effect of the Enlightenment was considerably less in the south of Europe than in the north...." Their trilogy of edited volumes has largely confirmed their "conviction" that "from the early sixteenth century the ways in which health care provisions and poor relief have been conceived and have been changed, owed a great deal to the great confessional change brought about by the Protestant Reformation and by its mirror-image movement (as it were) the Catholic Counter Reformation. In other words we took it as axiomatic that the kind of health care and poor relief offered by the rich for the poor depended on the *ideology* of the givers, and that Protestant givers would have created for themselves a different view of provision for the poor than Catholic givers had traditionally held" (pp. 3-4). Thus, the traditional idea still seems to have its supporters, despite the number of careful and detailed works that speak to the contrary. For example, Brian Pullan's works have demonstrated the multitude of laws and minute requirements for classifying beggars in Catholic Venice. See Pullan, *Rich and Poor in Renaissance Venice* and "Catholics and the Poor in Early Modern Europe." In studying sixteenth-century Castile (and particularly Toledo), Linda

The three case studies of apothecary practices presented below fit squarely within this tradition of revisionism. The first case study examines the licensing requirements for apothecaries in the seventeenth and eighteenth centuries and shows that a continued requirement of *limpieza de sangre* (purity of blood) goes against the professionalization attributed to the Enlightenment by most historians of medicine—nor does it fit with most interpretations of Bourbon "modernization." In order to be accepted as practicing professionals, colonial apothecaries had to possess a license granted by the Protomedicato, a series of medical boards or tribunals comprised of physicians and other licensed practitioners who regulated medical practice throughout the Spanish Empire.[43] The practice of licensing had been in place since at least the fifteenth century (and possibly earlier) and is a sign of "professionalization," according to historians and sociologists who have studied the origins of the medical profession.[44]

Yet the licensing requirements and patterns of control over the profession do not fit the models that these scholars have constructed. The Protomedicato's centralized management by medical experts, first of all, occurred much earlier in the Hispanic world than for England or the United States (the usual foci of these studies). Second, the Protomedicato required that the apothecary meet two criteria in order to receive a license: a certificate indicating that he had passed the licensing examination and a certificate that he was of "pure blood," that is, that he had only "old Christian" blood, as opposed to Jewish, Moorish, African, or native American blood, in his veins. These requirements remained in place throughout the colonial period, with certification for *limpieza* abolished only after independence. The juxtaposition of examination requirements with that of blood purity demonstrates the fact that pre-modern conceptions of professional

Martz, *Poverty and Welfare*, also discusses a multitude of medieval and sixteenth-century laws that sought to do the same thing, so that charity was actually quite regulated by the Hapsburgs. And finally, Silvia Arrom and William Callahan also show this to be the case in eighteenth-century Mexico, where confinement of the poor followed similar procedures and ideas as in Protestant areas. Arrom, *Containing the Poor*; and William J. Callahan, "The Problem of Confinement: An Aspect of Poor Relief in Eighteenth-Century Spain," *Hispanic American Historical Review* 51:1 (1971):1-24.

[43] Lanning, *The Royal Protomedicato.* For Protomedicato regulations with regard to apothecaries, see De Vos, "The Art of Pharmacy," Chapter 1.

[44] Bullough, *The Development of Medicine as a Profession*; and Freidson, *Profession of Medicine.*

qualifications differ from the modern. At the same time, however, elements of the modern are evident.[45]

The key institution of medical control in the Hispanic world was the Protomedicato. The product of a centuries-long evolution, it was, according to the compiler of its laws, one of "the oldest of all the other [councils] of the Royal Court."[46] The roots of the Castilian Protomedicato are evident in the laws from the reign of John II (1406-1454), but the full-fledged institution came about in the reign of Ferdinand and Isabella in a 1477 law stipulating that the board would be comprised of *protomédicos*, or fully licensed and prominent physicians and examiners who could administer examinations of would-be practitioners.[47] By the late sixteenth century, under legislation of Philip II, the council had developed into a well-defined institution based in Madrid that adminstered examinations, decided on individual petitions, and discussed legal cases.[48]

The first formal office of the Protomedicato in the New World was set up in Santo Domingo in 1517, with the *protomédicos* in Madrid appointing their overseas counterparts. In New Spain, however, the early Protomedicato was under the control of the *cabildo* of Mexico City. It consisted of only one *protomédico* who was appointed by the *cabildo*.[49] In this way, the early regulation of medicine in New Spain provided a tool for the municipal authorities in the capital to assert their independence from the Crown and the viceroy. These authorities did

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[45] The terms "pre-modern" and "modern" used for this and the following examples refer to the terminology of the sociologists and historians studying the professionalization of medicine. This is not to imply that racism, religion, or philanthropy cease to influence medicine but rather that, within the parameters set forth by scholars of professionalism, their presence or absence within official practice has been used to determine whether or not medicine has met their criteria for modernity.

[46] Miguel Eugenio Muñoz, *Recopilación de las Leyes, Pragmáticas Reales, Decretos, y Acuerdos del Real Proto-Medicato*, facsimile of 1751 Valencia edition (Valencia: Imprenta de la Viuda de Antonio Bordazar, 1751), 32.

[47] Muñoz, *Recopilación de las Leyes*, Capítulo II, Sección I, pp. 32-33. The law stated: "We order that the *Protomédicos* and Examiners, who derive their power from the Crown, have jurisdiction in all our kingdoms and territories, that they are from now on to examine physicians, surgeons, embalmers, apothecaries, spice sellers, and herbalists and anyone using such offices and to anyone connected to [the profession], men as well as women...and to give them proof of examination and licensing so that they can practice their office without hindrance of any kind." For a concise history of the establishment of the Protomedicato and its laws, see Lanning, *Royal Protomedicato*, 14-20.

[48] Muñoz, *Recopilación de las leyes*, Capítulo IV, Sección VI, pp. 61-62.

[49] Lanning, *Royal Protomedicato*, 20-29.

not have to defer to the judgment of representatives of Spanish interests but could decide for themselves who would best serve the medical needs of the capital.

As settlement of New Spain continued, and Philip II sought to solidify his hold over the American dominions, the balance of power over the medical establishment shifted in favor of the Crown. The shift occurred in two decisive moves. The first came when Philip II named Francisco Hernández as the *protomédico* for New Spain in 1571, which marked the beginning of Crown-directed Protomedicato activity there.[50] The second move occurred in 1646, when a more formal organization modeled on the Castilian one was established. The Mexican Protomedicato, like its Castilian counterpart, would consist of three fully licensed physicians to be *protomédicos* along with three licensed examiners. Thus, professionalization, which had been in place for centuries in Spain, was further codified in New Spain with the full establishment of the Protomedicato in the mid-seventeenth century.

Within this system, the apothecaries were identified early on as a professional group that required supervision and regulation by the Protomedicato. The laws setting basic requirements for apothecaries were established in Spain in the late fifteenth and early sixteenth centuries and remained in place until the end of the colonial period. According to these laws, an apothecary in the viceroyalties of the Empire had to be a man at least twenty-five years old.[51] He had to be

[50] In addition to his regulatory responsibilities, Hernández was also charged with collecting information about New World flora, about which he wrote prolifically. Although it took years before his works were finally published (and the majority of them were later lost in a fire), the multiple volumes he produced in fulfilling this responsibility brought him great acclaim in later years. Simon Varey, Rafael Chabrán, and Dora B. Weiner, eds., *Searching for the Secrets of Nature: The Life and Works of Dr. Francisco Hernández* (Stanford: Stanford University Press, 2000); and Germán Somolinos D'Ardois, *El doctor Francisco Hernández y la primera expedición científica en América* (Mexico City: Secretaría de Educación Pública, 1971).

[51] *Novísima Recopilación de Leyes de España: dividida en XII libros: en que se reforma la recopilación publicada por el Señor don Felipe II en el año 1567, reimpresa ultimamente en el de 1775, y incorporan las pragmaticas, cedulas, decretos, ordenes, y resoluciones reales, y otras providencias no recopiladas, y expedidas hasta el de 1804* (Madrid: [n.p.], 1805-1829), libro XIII, título XIII, ley 1, artículo 5. For an example of the age requirement, see Vuestra Excelencia dispensa a Don Manual Ignacio de Azcoydia la edad que le falta para que pueda examinarse de Maestro Pharmaceutico, Valle de Orizaba, 18 June 1795, Archivo General de la Nación, Mexico (hereinafter cited as AGN), General de Parte, vol. 73, exp. 130. The young pharmacist was petitioning to receive examination and licensing nine months prior to his twenty-fifth birthday.

literate, able to read and write in Latin, and have intimate knowledge of the medicinal properties of several hundred plants, many animals, and a number of minerals.[52] In addition to this theoretical knowledge, he would have to know the works of contemporary pharmacists, the European canon of herbals and medical texts, and, later, publications in chemistry and botany. His practical education came from on-the-job training through a four-year apprenticeship with a professional apothecary, serving customers, ordering medicines, preparing and filling prescriptions, and learning how to manage the account books.

After fulfilling his apprenticeship, the apothecary had to obtain a license to practice by passing an exam administered by the Protomedicato in Mexico City. The exam itself consisted of two parts, a theoretical examination and a practical examination, in which examinees had to demonstrate knowledge of the canons of the field and prove their ability to prepare and identify various medicines.[53] Before receiving his license, however, the apothecary also had to present one other piece of documentation that modern scholars might label "pre-modern": the aforementioned certificate of *limpieza de sangre*. According to Protomedicato law, the certificate was an "indispensable requirement" for becoming an apothecary, "without which, he cannot gain a license."[54] The legislation sought to exclude recent Christian converts from positions of responsibility and authority by requiring, as in the medical professions, that the holders of these positions have "pure blood."[55]

The example of Mexican apothecaries, therefore, demonstrates that in order to practice legally, they had to meet a set criteria. The requirements that they serve as apprentices, meet basic literacy requirements, and undergo examination according to a set procedure

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[52] *Novísima Recopilación de Leyes*, libro XIII, título XIII, ley 1, artículo 5.

[53] Muñoz, *Recopilación de las Leyes*, Capítulo XII, Sección III, 157.

[54] Muñoz, *Recopilación de las Leyes*, Capítulo VI, Sección II, 73-74; and Lanning, *Royal Protomedicato*, Chapter 7. In order to gain this certificate, the supplicant had to present evidence of his *limpieza* to the Tribunal of the Inquisition. There the inquisitors would hear the testimonies of a number of witnesses who spoke on behalf of the supplicant, assuring the court that the supplicant's parents and grandparents were indeed old Christians.

[55] The exact wording of the certificate was "...limpios de toda mala raza de Moros Judios, ni Penitenciados, ni de los nuebamente convertidos a Nuestra Santa Fe Católica." Testimonies of Mathias de Chabes as to the *limpieza* of Antonio González Briones, Antequera, Oaxaca, 20 February 1711, Archivo General de Indias, Seville (hereinafter cited as AGI), Indiferente General, leg. 147, num. 43, fol. 3r. This is only one example of a number of similar testimonies within the document.

and precise set of rules, fits well with scholarly definitions of professionalization. As might be expected, enforcement of these codified standards of professional competence did increase toward the end of the eighteenth century, with pharmacy inspections taking place at more regular intervals than ever before.[56]

At the same time, however, the issue of the longstanding requirement of *limpieza de sangre* does not fit within the rubric of modern professionalization or with the secularization that would accompany it. Even though the Protomedicato underwent expansion and centralization in New Spain in the seventeenth century, and thus could arguably extend its reach more effectively over the entire colony, this expansion did not go hand in hand with a diminishing requirement for blood purity. Whereas one might expect to see its effectiveness diminish over the course of the eighteenth century, in fact the contrary occurred in other professions. While Douglas Cope has argued that the proliferation of the caste system grew increasingly out of control, Susan Deans-Smith and Ilona Katzew have recently shown that Creole elites, anxious to safeguard their privileges, actually sought more effective enforcement of professional *limpieza* standards.[57] Thus, there was a juxtaposition of two very different requirements, with the *limpieza* requirement actually gaining strength at just the time that it might be expected to weaken. The simultaneous development of these two seemingly opposite trends indicates the lack of a clear, straightforward picture of professionalization as it has been presented by other scholars; both trends are evident in the seventeenth century and do not undergo the expected course of change in the eighteenth.

According to the essayist Suárez de Figueroa, the seventeenth-century apothecary had to be pious, charitable, and generous, while the ordinances of the Royal Indian Hospital emphasized his need for precision, efficiency, reliability, and accuracy.[58] The second case study, an examination of the charitable activities of apothecaries through the mid-seventeenth to early eighteenth centuries, reveals a more complex picture of the nature of medical charity than some historians have assumed. As evident in the significant charitable works of apothecaries

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[56] De Vos, "Art of Pharmacy," Chapter 8.

[57] Ilona Katzew, *Casta Painting: Images of Race in Eighteenth-Century Mexico* (New Haven: Yale University Press, 2004); and Susan Deans-Smith, "Representing the Colonial Body in Eighteenth-Century Mexico," paper delivered at the USC-Huntington Early Modern Studies Institute, 22 October 2005.

[58] Suárez de Figueroa, *Plaza universal de todas ciencias y artes*, "Boticarios;" and Marley, *Constituciones y ordenanzas*.

Miguel Gerónimo, Pedro de Cuellar, and Antonio González Briones, they donated time and medicine in a contractual, ordered manner that was designed to elicit some sort of reward. In addition, the recipients of their charity often praised their professionalism and their precision rather than their generosity or their piety. Thus, religious and secular values intertwined in expressions of appreciation for the apothecaries' charitable acts. In conjunction with what other revisionist historians of medicine and medical charity have found, the two sets of values were found to be in no way incompatible.

In a Catholic society, medicine was not simply a contractual duty but a religious one as well, part of the seven good works identified by Saint Matthew.[59] In what Colin Jones has aptly labeled the "charitable imperative," medical practitioners of colonial Mexico functioned in a society where they were specifically expected to be charitable; it was part of their professional responsibility.[60] Physicians had to take oaths in which they had to promise to care for the poor, even if the poor were unable to pay for medical services; medicines were not subject to the *alcabala* (sales tax); and religious organizations were able to purchase medicines at a one-third discount. As part of this world, apothecaries also demonstrated their commitment to charity and to Catholicism by donating medicines to the poor and to religious institutions, most notably to convents.

It would appear that medicine and religion went hand in hand and, as such, might be categorized as pre-professional or pre-modern. Yet there were motivations other than spiritual ones that went into the donations. As Sandra Cavallo has shown for early modern Turin, donors' motivations often had more to do with local politics than with economic cycles or perceptions of growing poverty or need.[61] Thus, within these charitable acts are also elements of contractualization and mutual benefit, as well as an emphasis on the donor's competence, precision, and efficiency.

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[59] For a discussion of these good works, see Flynn, *Sacred Charity,* Chapters 1 and 2. The connection between providing spiritual and corporal care for the needy is especially clear in the statutes for the Brotherhood of Mercy discussed in A.J.R. Russell-Wood, *Fidalgos and Philanthropists: The Santa Casa da Misericórdia of Bahia, 1550-1755* (Berkeley: University of California Press, 1968), 19-20.

[60] Jones, *The Charitable Imperative,* 1.

[61] Sandra Cavallo, "The Motivations of Benefactors: An Overview of Approaches to the Study of Charity," in Barry and Jones, *Medicine and Charity before the Welfare State,* 46-62; and Sandra Cavallo, *Charity and Power in Early Modern Italy: Benefactors and Their Motives in Turin, 1541-1789* (Cambridge: Cambridge University Press, 1995).

It appears that apothecaries established close ties with religious and charitable institutions in the colonial period. They provided medicines for hospitals (discussed in more detail below), for prisons, for houses of "secluded" women, and for convents.[62] In order to secure the medicines they needed, convents generally established agreements with local apothecaries. Two examples of such agreements are presented below, in which certain patterns can be detected.[63] First of all, the convents relied on the apothecary to act charitably by providing them with medicines even when they could not pay, which he invariably did. Second, although these agreements were rarely stipulated as formal contracts, they were contractual in nature, for despite the fact that the apothecary technically "donated" the medicines, he did receive compensation for his efforts: credit toward a dowry for one of his daughters or for the young woman of his choice. And finally, the nuns' appreciation of his efforts shows that the convents valued the apothecary's professionalism. Although some did praise his piety, charity, kindness, and generosity, more often they highlighted his precision, reliability, and accuracy with regard to preparing and supplying their medicines.

The apothecaries' donation of medicines to convents, often amounting to thousands of pesos' worth, can be interpreted both as an act of charity and as an act of self-interest. Receiving credit toward the payment of a dowry was a rare and valuable opportunity for an artisan of middling status in colonial Mexico, for membership in a convent signified high status.[64] Thus the apothecary had good reason to continue to serve a convent, even when he received little to no direct monetary remuneration.

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[62] While friaries generally had their own in-house pharmacy to provide them (and oftentimes the public) with medicine, convents of female religious did not. See De Vos, "Art of Pharmacy," for more information about prisons and houses for secluded women. See also Katharine Park, *Doctors and Medicine,* Chapter 3, for information about the agreements that doctors in Renaissance Florence established with local hospitals and confraternities.

[63] There are more examples presented in De Vos, "The Art of Pharmacy," Chapter 4. See Escripta de cuento otorgada por el Convento Abbadessa y Religiosas de Nuestra Señora de la Limpia Concepcion de esta Ciudad con Luis de Guebara Maestro de boticario en ren. de las medicinas que a de dar al dicho convento, Mexico City, 20 April 1662, AGN, Bienes Nacionales, vol. 77, exp. 4.

[64] For works on life and culture in colonial convents, see Octavio Paz, *Sor Juana, or, The Traps of Faith*, trans. Margaret Sayers Peden (Cambridge, Mass.: The Belknap Press, 1988); Brading, *Church and State in Bourbon Mexico*, Chapter 5; Kathryn Burns, *Colonial Habits: Convents and the Spiritual Economy of Cuzco, Peru* (Durham: Duke University Press, 1999); and Chowning, *Rebellious Nuns*.

The case of the apothecary Don Miguel Gerónimo illustrates the contractual nature and the professionalism expected in the donation of medicines. In 1645, Doña Catalina de Covarrubias declared that her late husband, Don Miguel, had supplied the convent of Our Lady of the Immaculate Conception with medicines for the past seven years. Year after year, the abbess of the convent had declared that "there is nothing with which to pay the apothecary," and had written him a promissory note for the amount owed.[65] By 1645, she owed the apothecary (now deceased) a total of 2,920 pesos (the full amount minus the one-third discount) for which Doña Catalina wanted remuneration. The abbess assured Doña Catalina that the debt would be paid, but not in cash. She emphasized the professionalism which the apothecary had always shown the convent and claimed:

> At present, it is impossible and I am without means to pay. But because the debt is very justified and in this convent we always received very good care (*muy buena obra*) [from Don Miguel], and because it is my desire to satisfy it...the convent will give the remaining eighty pesos necessary in order to make the debt worth three thousand pesos, the ordinary dowry that we receive when a young woman enters. Therefore, Doña Catalina may chose whomever she wishes to enter this profession, and the young woman of her choosing will eventually receive a habit of benediction and a black veil.[66]

The granting of a black veil came with significant meaning, for women with black veils had higher status and were served by those who wore white veils.[67] The fact that the young woman chosen by Doña Catalina would be given a black veil meant that she would suffer no official

[65] Miguel Gerónimo Voticario, y sus herederos, sobre cobrar las medicinas que dieron al convento de la Concepcion, Mexico City, 2 October 1649, AGN, Bienes Nacionales, vol. 420, exp. 8, fol. 7v.

[66] Miguel Gerónimo Voticario, Mexico City, 2 October 1649, AGN, Bienes Nacionales, vol. 420, exp. 8, fol. 19r.

[67] In colonial Cuzco in the sixteenth century, mestiza women were given white veils, while Spaniards were given black ones. Kathryn Burns argues that this type of racial division was a way for Spanish nuns to demonstrate their "superiority" over the mestizas. Burns, *Colonial Habits*, 32, 112. Such practices were also common in Mexico.

stigma due to the fact that she had not brought a full dowry with her. Doña Catalina agreed to the abbess's offer and named Ana María de Herrera, the fifteen-year-old daughter of Gregorio de Herrera and Eugenia Juárez (presumably relations or close family friends) to enter the convent on 6 March 1646.[68] The abbess declared herself pleased with the choice and agreed to accept Ana María as long as she came in with 100 pesos for her food during her novitiate.[69]

In another example of the relations between apothecaries and institutions of female religious, in 1672 the apothecary Don Pedro de Cuellar paid 2,000 pesos in addition to the 1,000 owed him by the Convent of San Bernardo so that his daughter, Teresa de Espinosa, could enter as a nun. The convent, being grateful for the many years of service that the apothecary had provided and emphasizing his reliability, accepted his proposition. The prioress of the convent claimed that,

> for the last seven and a half years, he has given us medicine so reliably and with such care that this entire religious community is very indebted to him. We wish to give him entire satisfaction [in this matter], not only for the quality of his work but for the benefit and help he has brought to this sacred convent, offering us his charity at all times.[70]

In addition to the apothecary's admirable work, the prioress continued, his daughter Doña Teresa was eminently acceptable to the convent, "known as much for her virtue as for her desire to become a nun in this sacred convent."[71]

Another example of the dual nature of medical charity is evident in a 1735 petition for *méritos y servicios* (recognition of merit) by a remarkable apothecary and philanthropist of Antequera, Oaxaca,

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[68] Miguel Gerónimo Voticario, Mexico City, 2 October 1649, AGN, Bienes Nacionales, vol. 420, exp. 8, fol. 20r.

[69] Miguel Gerónimo Voticario, Mexico City, 2 October 1649, AGN, Bienes Nacionales, vol. 420, exp. 8, fol. 20r.

[70] Autos que se an fecho sobre el abido de bendision que pretende en el Convento de San Bernardo Dona Teresa de Espinosa, hija de Pedro de Cuellar Maestro de boticario, y asi mismo los autos que se hicieron para que la susodicha aga su sagrada profesion en dicho convento, Mexico City, 1671-1672, AGN, Bienes Nacionales, vol. 658, exp. 7, fol. 2r.

[71] Autos que se an fecho sobre el abido de bendision, Mexico City, 1671-1672, AGN, Bienes Nacionales, vol. 658, exp. 7, fol. 2r.

Don Antonio González Briones. This petition lists the various persons and institutions for whom and for which Don Antonio prepared medicines free of charge over a fifteen-year period. According to the petition, he gave over 10,000 pesos' worth of medicine to an impressive list of hospitals, convents, and friaries, as well as donations to the individual poor.

As one might expect, the institutions that benefited from the donations appreciated his piety and commitment to charity. Witnesses from various institutions professed their indebtedness to this worthy man: they prayed for his "long life and prosperity," they found him to be "loyal, zealous, modest, and virtuous," and were grateful for his "kindness, purity, care, love, and charity."[72] Yet, as with the convents, this example also shows the contractual nature of charitable giving: Don Antonio submitted evidence of his generosity in order that he be considered for special promotion, probably for a seat on the city council. He also donated 4,717 pesos to the local Royal Hospital de San Cosme and San Damián "for the good and utility of the sick poor, for which His Majesty may someday reward my sons with *méritos*."[73]

What is also notable here is the emphasis on his precision and professionalism. The sum of medicines given to the hospital, first of all, was verified by the dean and *cabildo* of the Santa Iglesia Cathedral of Antequera, who declared that Don Antonio had "complied in a Christian manner with great reliability, precision, and loyalty in the freshness, quality, and quantity [of the medicines] given."[74] The emphasis on reliability and precision can also be seen in local doctors' responses to Don Antonio's ministrations to the poor. Three doctors in Antequera testified to his philanthropy, emphasizing the quality of medicines he provided and the efficiency of his work. The first one stated that

> Don Antonio gave me the liberty of sending him patients who were too poor to pay for anything (including my

[72] Petition of *méritos* for Don Antonio González Briones, Antequera, Oaxaca, 25 January 1737, AGI, Indiferente General, leg. 147, num. 43, fols. 17v, 19r, 20r, 22r, 23r. From the numbers he gives, the worth of the medicines donated by Don Antonio totals 10,357 pesos, and this does not include the medicines given to the community of Discalced Franciscans nor those given to the poor who came to his pharmacy.

[73] Petition of *méritos* for Don Antonio González Briones, Antequera, Oaxaca, 25 January 1737, AGI, Indiferente General, leg. 147, num. 43, fol. 14r.

[74] Petition of *méritos* for Don Antonio González Briones, Antequera, Oaxaca, 25 January 1737, AGI, Indiferente General, leg. 147, num. 43, fols. 16v-17r.

> services). When I sent them, I would write "God" on their prescriptions, and since the second year that he has been in business, since the year '13, he filled them for free. I have asked around in people's houses as to the quantity as well as the quality of the medicines and have found that he filled the prescriptions with the same promptness as for those who were paying [customers].[75]

The second doctor agreed with this testimony. He would send "my poor sick" to Don Antonio's pharmacy, writing the word "Poor" on the prescription to signal that they should be treated for free. According to the doctor, "it was the apothecary's ultimate wish to do them this favor."[76] The last witness concurred, his praise emphasizing the juxtaposition of piety and precision, and of charity and craftsmanship, which made him such a good apothecary:

> Since I arrived in Oaxaca twelve years ago, [Don Antonio] has always requested that I send all my patients to his pharmacy, even those who, due to their great poverty, have no means by which to pay him. And having sent him these people, I found that he has always filled their prescriptions with great efficiency and the correct quantity of well-made medicines, even the ones that are expensive.... And I have heard that he serves not only the poor but any person who arrives at his house, being a very agreeable man and charging moderate prices for his medicines. And finally, I must say that he is a man of great zeal and charity and a skillful craftsman as well.[77]

These testimonies, then, attest to the fact that both piety and precision were crucial elements of the apothecary's work and that charity was often given within a system of reciprocity.

The third and final case study which aims to illustrate the commingling of the secular and the religious, and of the "modern" and

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[75] Petition of *méritos* for Don Antonio González Briones, Antequera, Oaxaca, 25 January 1737, AGI, Indiferente General, leg. 147, num. 43, fol. 20v.

[76] Petition of *méritos* for Don Antonio González Briones, Antequera, Oaxaca, 25 January 1737, AGI, Indiferente General, leg. 147, num. 43, fol. 21r.

[77] Petition of *méritos* for Don Antonio González Briones, Antequera, Oaxaca, 25 January 1737, AGI, Indiferente General, leg. 147, num. 43, fol. 21v.

"pre-modern" in the development of professionalized medicine in colonial Mexico, lies in an important hospital reform that took place in Mexico City in 1701. A crucial element of the reform of the hospital was the installation of an in-house pharmacy. Whereas medicines had previously been brought in by local apothecaries, now the hospital would have its own licensed apothecary who could provide medicines quickly and efficiently.[78]

What seems to be a straightforward case of "medicalization" and professionalization of this hospital, however, becomes more complicated when considering the particular context of the reform. The hospital in question, first of all, was a charity hospital dedicated to the care of the poor indigenous sick: the Royal Indian Hospital of Mexico City. Secondly, the reform was initiated by the religious brothers of the Order of San Hipólito Mártir, a hospitaler brotherhood which normally ran hospitals for the mentally ill but which agreed to take over the Royal Indian Hospital from royal authorities in this case because it was in such a pitiful state. Third, it was a religious friar, Fray Juan de Cabrera, who as *mayordomo* of the hospital initiated and supported the installation of the hospital pharmacy. And finally, in the negotiations and discussions concerning the value of the pharmacy, a mix of hospital chaplains, *audiencia* lawyers, and medical experts would decide its fate. From such a scenario, it becomes clear that medicalization did not require secularization or Enlightenment ideology in order to take place.

The Royal Indian Hospital was one of many established in sixteenth-century New Spain by royal decree in response to the devastating effects of epidemic disease on New Spain's indigenous population.[79] Although most hospitals were run by religious

[78] It is unclear exactly when hospitals began to incorporate in-house pharmacies in Europe. Historians in France identify 1495 as the first year when documents of the Hotel-Dieu in Paris clearly indicate the presence of a pharmacist and a pharmacy, yet they recognize that this date is inexact. Caroline Dogat-Moriceau, "Avant 1495" and Jean Imbert, "De 1495 a la Révolution," in *Cinq Siècles de Pharmacie Hospitalière: 1495-1995*, ed. Francois Chast and Pierre Julien (Paris: Editions Hervas, 1995), 16-18 and 19-25. The work by Katharine Park and John Henderson, "'The First Hospital among Christians,'" on the Ospedale de Santa Maria Nuova in the sixteenth century indicates that that hospital also had an in-house pharmacy, as did the Hospital Real de Santiago de Compostela. J. Santiago Sanmartín Míguez, *La Botica del Hospital Real de Santiago de Compostela, 1499-1880* ([La Coruña]: Fundación Pedro Barrié Maza, 2002).

[79] For a bibliography of hospitals in New Spain, see Carmen Venegas Ramírez, *Régimen hospitalario para indios en la Nueva España* (Mexico City: Instituto Nacional

communities or lay confraternities in New Spain, as Silvia Arrom and David Cahill also found, they were funded by a variety of sources both public and private.[80] Many hospitals were founded by wealthy patrons, and some were established by Crown initiative. Almost every hospital was placed under the care of a patron saint and dedicated its care to a specific disease. The hospitals of San Hipólito Mártir, as mentioned above, housed the mentally ill; hospitals of San Lázaro took in lepers.[81]

The Royal and General Hospital for the Indians of New Spain (or the Royal Indian Hospital) was established by royal decree in 1553 in Mexico City in order to treat the thousands of Nahua who had fallen ill with European diseases. Its establishment came in part as the result of an earlier law that in 1541 had ordered that "hospitals be founded in all Indian villages" and was modeled in the same spirit as the utopian visions of Vasco de Quiroga.[82] The 1553 law stated that "in this City of Mexico, a Hospital must be built where poor Indians can come from all over to be cured, ...to have a place to stay, and to be provided with whatever they need."[83] Two thousand pesos from the Royal Treasury were allotted in order to build the hospital, and another 400 pesos per year would provide for the "sustenance and aid of the poor" within its walls.

The Royal Indian Hospital has been a subject of some interest among scholars. Two monographs (one of which includes transcribed documents) and a detailed guide to the Mexican archival materials of the hospital attest to painstaking research and have revealed important findings.[84] Yet these works concentrate largely on the last half of the

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de Antropología e Historia, Departamento de Investigaciones Históricas, 1973); Josefina Muriel, *Hospitales de Nueva España*, 2 Vols. (Mexico City: Ed. Jus, 1956); Marcela Suárez, *Hospitales y sociedad en la Ciudad de México en el siglo XVI* (Mexico City: Universidad Autónoma Metropolitana, División de Ciencias Sociales y Humanidades, 1988); Morales Cosme, *El Hospital General de San Andrés*; and Oliver Sánchez, *El Hospital Real de San Miguel de Belén.*

[80] Arrom, *Containing the Poor*; and Cahill, "Financing Health Care in the Viceroyalty of Peru."

[81] Cheryl English Martin, "The San Hipólito Hospitals of Colonial Mexico: 1566-1702" (Ph.D. diss., Tulane University, 1976).

[82] Marley, *Ordenanzas y Constituciones*, "Prólogo Historial," números 3, 8. This order comes from ley 1, título 4, libro 1 of the *Recopilación de las Leyes*. For a history of Quiroga's work, see Bernardino Verástique, *Michoacán and Eden: Vasco de Quiroga and the Evangelization of Western Mexico* (Austin: University of Texas Press, 2000).

[83] Marley, *Ordenanzas y Constituciones*, "Prólogo Historial," número 14.

[84] Howard, *The Royal Indian Hospital of Mexico City*; Antonio Zedillo C., *Historia de un hospital: el Hospital Real de Naturales* (Mexico City: Instituto Mexicano de

eighteenth century when, presumably, the available documentation for the hospital becomes more plentiful. The late eighteenth century also witnessed a number of important reforms for the hospital. The Crown retook control of the hospital from the Order of San Hipólito, and Charles III ordered a new set of ordinances to govern it (from which the description of the eighteenth-century apothecary presented earlier is taken). As part of these reforms, an anatomy theater was also established in the hospital. While the significance of these later developments is undeniable, still the earlier period should not be neglected and may provide clues as to how those developments came about, for documents located in the Archive of the Indies in Seville indicate that the Royal Indian Hospital also underwent important reforms at the turn of the eighteenth century, and became one of the first (if not the first) hospitals in New Spain to have its own pharmacy.

How did this come to pass? According to the archival material, the hospital was under royal control until the turn of the century. By that time, however, it had fallen into a terrible state of disrepair. Conditions were such that Indians hid their illnesses and fled from the hospital rather than entrust themselves to its care, for it was rumored that "if it happened that some poor person went there, he or she would surely die miserably, without any relief whatsoever."[85] The royal funds dedicated to the hospital had been "ill-used," and the patients were "treated with little kindness."[86] In the year 1701, however, all of this supposedly changed. At that time, another royal order stipulated that from then on the hospital's few patients would become the responsibility of the brothers of San Hipólito Mártir, whose house was very near the hospital and who also ran another hospital for the mentally ill (the first and only one in New Spain). Fray Juan de

Seguro Social, 1984); and, for a guide to the documents, Antonio Zedillo C., *Hospital Real de Naturales: guía documental* (Mexico City: Biblioteca Nacional de Antropología e Historia, 1981).

[85] Testimonies to the *audiencia*, Mexico City, 1703, AGI, México, leg. 777, 71-2, fols. 1v, 2r-v. According to the testimony, there were no medicines, little food, and the infirmaries where the patients lay were "no more than dark, gloomy, stinking, uninhabitable corridors." At that time, there were only seventeen patients in the whole hospital, whose state of care was "so indecent that it would have shamed any [good] Catholic to see these images of Christ Our Lord so poor and miserable." Not all the patients had beds; some were lying on mats on the floor, without enough blankets to keep them warm or pillows to make them comfortable. And the hospital only had two altars, which were kept, predictably, in the same state of indecency.

[86] Testimonies to the *audiencia*, Mexico City, 1703, AGI, México, leg. 777, 71-2, fols. 1v, 2r-v.

Cabrera, who had agreed to take over responsibility of the hospital, seemed to delight in describing the great improvements that his brotherhood had since made. They prepared tasty food of superior quality for the patients, cleaned out the infirmaries, brought in new beds, blankets, and pillows, and tended the sick with compassion and kindness.[87]

Of these many improvements, perhaps the most important had to do with the provision of medicine to the patients, for as soon as he was put in charge, Fray Juan ordered that a pharmacy be established within the hospital itself. This was a novel practice because traditionally a hospital, like a convent, would have a contract with a certain apothecary who provided the hospital with all the medicines it needed, though unlike a convent, there were no payments in kind. It appears that apothecaries expected monetary remuneration from contracts with hospitals, which surprisingly lacked the element of charity that one might expect (but perhaps not so surprising given the fact that there was no dowry or other reward to be granted). Rather, the contracts were specific and stipulated precise expectations of cost and responsibility. For example, in 1619 the Royal Indian Hospital's *mayordomo* established a contract with the apothecary Pedro González, whose pharmacy was close to the hospital and could thus "comfortably provide the hospital with all the necessary medicines, as the rest of the apothecaries have until now."[88] Don Pedro had a servant deliver the medicines to the hospital each morning, "taking care to send exactly those that are needed."[89]

Despite the strictures in place in the contract, in the traditional system the problems associated with getting the proper medicines to the hospital on time were well known, along with a number of other "bothers related to obtaining medicines outside [the hospital]."[90] For one thing, cost was an issue: apothecaries were accused of raising the prices for medicines sold to hospitals as opposed to the public at large. Apothecaries sometimes required advance payments or payment in full

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[87] Testimonies to the *audiencia*, Mexico City, 1703, AGI, México, leg. 777, 71-2, fols. 1v, 2r-v.

[88] Agreement between the *mayordomo* of the Royal Indian Hospital and Pedro González, Mexico City, 7 February 1619, AGN, Indios, vol. 9, exp. 123, fol. 61.

[89] Agreement between the *mayordomo* of the Royal Indian Hospital and Pedro González, Mexico City, 7 February 1619, AGN, Indios, vol. 9, exp. 123, fol. 61.

[90] Letter from the Convent-Hospital of San Hipólito Mártir de México to the Fiscal of the Real Hacienda about the history of the Convent-Hospital of San Juan de Montesclaros, Veracruz, 5 August 1799, AGN, Hospitales, vol. 19, exp. 17, fol. 343r.

at the time of delivery and, notably, were unwilling to extend credit to the hospital. In addition, in choosing their medical supplier, most hospital administrators not surprisingly looked for the apothecary who would charge them the least amount: "they put all their care into choosing the apothecary who gives them the biggest discount."[91] Although this practice no doubt helped the administrators balance their account books, it may not have always worked in the best interest of the patient. Complaints of late deliveries and poorly made, low-quality medicines attest to the fact that the apothecaries were not always reliable.

In the case of the Royal Indian Hospital, Fray Juan de Cabrera sought to avoid these abuses and asked that a provision be made by a royal accord to receive the funding necessary to establish a pharmacy there. The *audiencia* approved its establishment but with some conditions. The judge in charge of hospital matters (the *juez de Hospitales*) was assigned to evaluate the merits of the pharmacy over a six-month period and to determine whether or not it was worth the cost of building and running it. After six months, various hospital personnel testified about the utility and benefit of the pharmacy. After listening to these statements, the judge dutifully provided his testimony, weighing the pros and cons of the pharmacy.

The hospital personnel attested to the success of the pharmacy and of the Order of San Hipólito Mártir in effecting overall improvements in the hospital. The first witness, Fray Juan himself, testified that the hospital was in much better shape than it had been under its former secular administration. Much of the improvement was owed to the pharmacy established there:

> Through the caring assistance and vigilance of the religious, the poor sick now receive...medicines promptly. This has been made possible by the formation of a pharmacy within the Hospital, which not only insures security and satisfaction in how the medicines are prepared, but also their prompt application.[92]

[91] Testimonies about conditions at the Royal Indian Hospital, Mexico City, 1701-1703, AGI, México, leg. 778, 3a, fols. 92r-v-93v.

[92] Testimonies about conditions at the Royal Indian Hospital, Mexico City, 1 December 1703, AGI, México, leg. 777, 7k, fol. 1v.

The hospital's chaplain also testified that the patients now received their medicines on time from the religious, who attended them "personally, with great charity, love, and kindness."[93] Another chaplain substantiated these claims, declaring that the pharmacy was "very good for the sick poor, who now have medicines on hand which are made with great care and which contain what they say they do."[94] Medical professionals concurred with the friars. A doctor, a surgeon, and an apothecary all agreed that the pharmacy was of "great utility" to the hospital community.[95] Now that the hospital was run by the order, the apothecary claimed, "the Indians see the comfort and care they receive here, so that the number of sick in the hospital has increased greatly and now many more medicines are ordered."[96]

The *audiencia* judge's evaluation followed. His main point dealt with the speed and reliability with which the hospital patients could receive their medicines. He agreed with the hospital personnel, stating:

> The...advantage to having a pharmacy within the hospital is having the medicines already in the house for cases that are urgent, so that the patient does not have to be uncomfortable, waiting for hours while someone goes to get them.[97]

Simply having a pharmacy within the hospital, however, was not enough. The hospital also had to hire an "expert in the art of pharmacy."[98] Only a trained expert who would "apply himself to his ministrations with great effort" could provide the proper relief for the

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[93] Testimonies about conditions at the Royal Indian Hospital, Mexico City, 1 December 1703, AGI, México, leg. 777, 7k, fol. 3r.

[94] Testimonies about conditions at the Royal Indian Hospital, Mexico City, 1 December 1703, AGI, México, leg. 777, 7k, fol. 5r.

[95] Testimonies about conditions at the Royal Indian Hospital, Mexico City, 1 December 1703, AGI, México, leg. 777, 7k, fols. 7v-9r.

[96] Testimonies about conditions at the Royal Indian Hospital, Mexico City, 1 December 1703, AGI, México, leg. 777, 7k, fol. 11v.

[97] Testimonies about conditions at the Royal Indian Hospital, Mexico City, 1 December 1703, AGI, México, leg. 777, 7k, fol. 11v.

[98] Testimonies about conditions at the Royal Indian Hospital, Mexico City, 1 December 1703, AGI, México, leg. 777, 7k, fol .1v.

patients.[99] The judge urged that the administrators of the Royal Indian Hospital hire an apothecary

> of science and conscience, and there are some very good ones in this city...of very good conscience.... [Such a man would] make all the medicines with rigorous care and perfection, would send all that are ordered in the doctors' prescriptions, and would charge prices that were consistently regulated according to the prescription.[100]

This would insure that "the medicines are good and of the proper quantity demanded."[101] Despite the significant expense involved in establishing an in-house pharmacy, the judge concluded that if a good apothecary could be found, it was a small price to pay in view of the benefits it could bring. His final judgment was that

> comparing the higher cost of [the pharmacy] with the incomparable benefit it would bring to the public health and to the exercise of charity, the greatest of all theological virtues it is well worth this [financial] drawback.[102]

In the end, the pharmacy was allowed to remain a part of the Royal Indian Hospital.

The incorporation of the pharmacy into the hospital was an important step in the medicalization of colonial Mexican hospitals. The main significance of this case, however, lies not in the fact that the hospital now had its own pharmacy, but in the reasoning of the *audiencia* judge. According to his judgement, being a professional meant that the apothecary would be a man of "science," a knowledgeable and able practitioner. Yet he also needed to be one of "conscience," one who would demonstrate rigorous care and perfection due not only to his education and training, but also to his morality or, to

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[99] Testimonies about conditions at the Royal Indian Hospital, Mexico City, 1 December 1703, AGI, México, leg. 777, 7k, fol. 5r.

[100] Testimonies about conditions at the Royal Indian Hospital, Mexico City, 1701-1703, AGI, México, leg. 778, 3a, fols. 95v, 94v.

[101] Testimonies about conditions at the Royal Indian Hospital, Mexico City, 1701-1703, AGI, México, leg. 778, 3a, fol. 95r.

[102] Testimonies about conditions at the Royal Indian Hospital, Mexico City, 1701-1703, AGI, México, leg. 778, 3a, fol. 96v.

draw from Suárez de Figueroa, to the fact that he was pious and God-fearing.[103] This duality continued in the judge's final speech quoted herein: the pharmacy would bring benefit to public health and to charity; in the increased effectiveness of care that it would provide, it would serve to satisfy the "greatest of all theological virtues." In this way, the juxtaposition of science and conscience, and of public health and charity, demonstrate that the medicalization of hospitals and the professionalization of medicine could be achieved without sacrificing "theological virtues."

In 1615, Suárez de Figueroa wrote that the apothecary needed to be pious, charitable, God-fearing, and loyal—neither a "joker nor a drinker."[104] The 1776 statutes of the Royal Indian Hospital of Mexico City, by contrast, stipulated that the apothecary manage his pharmacy efficiently, that he fill prescriptions and prepare medicines with care, precision and integrity, and that, as the chief qualified professional in the pharmacy, he oversee the work of others and fulfill the roles of greatest responsibility.[105] This seems to be a clear-cut case supporting the gradual professionalization of medicine.

The three case studies presented in this study, however, tell a somewhat more complicated story. With regard to regulation, what appear to be modern, professional standards for licensing and examination coexisted with a long-standing requirement of blood purity, a requirement that only strengthened as the century of Enlightenment progressed. The examples of medical charity demonstrate that although medical practitioners in a Catholic society did adhere to a "charitable imperative," they did so within the expectation of reward and were appreciated for their professionalism as well as their generosity. And in the case of the Royal Indian Hospital, the reforms were initiated by religious friars who then consulted with the *audiencia* and with medical experts in order to promote its "medicalization."

Thus, as these cases indicate, the path to enlightened professionalization and modernization in medicine was not as straightforward as one might think, and the culture of Baroque Catholicism may have added some very important ingredients to its development. The elements of professionalism, precision, and science that existed in the apothecary's medical practice show that it contained

[103] Suárez de Figueroa, *Plaza universal de todas ciencias y artes*, "Boticarios."

[104] Suárez de Figueroa, *Plaza universal de todas ciencias y artes*, "Boticarios."

[105] Marley, *Constituciones y ordenanzas*, números II-XXI.

elements of the direction of future changes and the ways that these changes might be made acceptable to Mexican society. The connections demonstrated herein between the Hapsburg and Bourbon periods have larger implications for the study of Mexican history, suggesting, along with scholars like Silvia Arrom and Jorge Cañizares-Esguerra, that the Mexican Enlightenment was in part an organic movement, one that incorporated European ideas but in a particularly Mexican way, and one that contributed its own original ideas and practices as well.[106]

[106] Arrom, *Containing the Poor,* 7; and Jorge Cañizares-Esguerra, *How to Write the History of the New World: Histories, Epistemologies, and Identities in the Eighteenth-Century Atlantic World* (Stanford: Stanford University Press, 2001), Chapter 5.