

CHAPTER FIVE

Encountering Illness

One of the underlying themes in this study has been that the constant proximity of sickness and death that marked life in an age before modern medicine generated illness experiences that were very different from our own. Nowadays, most of us see our maladies as simply troublesome nuisances, exceptional intrusions into an otherwise lengthy life of good health. Only when we encounter exceptional diseases—those that are debilitating or life threatening, such as Alzheimer's disease or cancer—do they come to dominate our daily lives. Modern medicine has made such huge strides against infectious diseases, yesterday's great killers, that, at least for those of us living today in the developed world, death from typhus, smallpox, infantile diarrhea, or a bad bout of the flu is a fairly remote probability, far removed from the radar screens of our daily concerns. Not only has biomedicine increased life expectancy, making death in old age the "norm" in our conception of human life, it also has medicalized it to such an extent that the death of family members and friends usually takes place away from our view and immediate experience. Yet the ubiquity of illness and, perhaps more significantly, the shadow of death were simply part of the everyday landscape of the past. Few people's lives were untouched by the death of family members struck down in the prime of life or the loss of infants and children, circumstances most of us today would have a hard time conceiving of as common, everyday experiences. Not so for people of past centuries. The voices we have heard from in this study all testify to the ubiquity of sickness, disability, and death in New Spain. Moreover, they provide us a glimpse into a wider "sickness culture" of the period, not only the everyday beliefs about the body but also at how personal preoccupations with one's state of health interfaced with larger interpretations of social, moral and spiritual well-being, a topic that we explore later in this chapter.¹ For the moment, however, let us try to imagine the sickness culture of this lost world by considering how the high incidence of disease and deformity added to the texture of daily life.

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Sickness Culture

If we had to reduce the early modern culture of sickness to one fundamental essence, surely it would be that the prevalence of so much disease caused individuals to feel a high level of anxiety on a daily basis. Rarely does any correspondence of the time fail to mention health, either the writer's own or that of family and friends. For the Condesa de Miravalles, vigilance over the state of health, that of her family and her own, was a daily obsession. Along with business and politics, health is the topic that most dominated the letters she wrote to her son-in-law, Pedro Romero de Terreros.

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. . . around here illness comes and goes. *La chica* is getting better; the doctor thinks María Antonia is suffering from *destemplanza* brought on by her *flucion* . . . she was purged, is not doing well. Joseph gave me a scare, he has

been with fever for four days; and with all this I have not had time to purge myself; perhaps next week I'll do it . . .

. . . yesterday *la chica* gave us a scare she was so sick, [although] now she is better; María Francesca is still with *reumatismo*, [poor] little angel, she has been with fever, but is now better. We must have patience in everything and give thanks to God that he looks upon us with mercy. .

. . . happy to hear María Antonia is feeling relief from sore throat and fever . . . she needs to be mindful of the weather as she is very delicate and there is much smallpox about, be careful about diet. Around here *el muchacho* that was sick is doing better, but I am a bit under the weather . . .²

As these letters show, early modern sufferers, along with their watchful kin, appeared to display alarm not only about serious threats to health, but about minor discomforts as well. Given contemporary beliefs about the nature of disease, everyone recognized the genuine possibility that a minor symptom could be the first sign of a major decline. This is hardly surprising in an age when resistance to infectious disease was weak and a whole host of endemic maladies—infantile diarrhea, dysentery, scarlatina, measles—very often proved fatal, above all to infants and young children. And few communities in New Spain were far enough off the beaten path to completely avoid the ravages of epidemic disease, from which so many died like flies; small wonder then that people were hypersensitive to the possibility of death at any stage in life. The letters of Spanish emigrants in sixteenth-century Mexico testify to the extensive morbidity and mortality that befell many in the New World.

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. . . of our health we inform you that we are all well, even though in this land one can never be sure of good health, as so many people presently are ill and are dying like flies . . .

. . . and since I have come here, I have not had one day of health, because all that come to this land from Spain get a *chapetonada*, from which more than a third of them die.³

The usual circumstances that threatened health were magnified when people undertook a venture that was completely outside of ordinary experience such as long-distance travel by ship. We are all familiar with stories about the horrors emigrants and slaves suffered from when coming to British North America in the seventeenth and eighteenth centuries. In his work on the peopling of colonial North America, Bernard Bailyn describes, in pictographic terms, the experience of voyagers on the *Hector*, a ship that carried 189 passengers from Scotland to the north shores of Nova Scotia during the summer of 1773. If conditions on the *Hector* even came close to those of most ships crossing the Atlantic during this period, these journeys must truly have been ordeals of horror.

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The hold quickly became a pesthole. Measuring only 83 feet long, 24 feet wide, and 10 feet deep, it was lit by a few fish-oil lamps and by the light that filtered through the hatch. Such ventilation as it had also came through the hatch, and the only sanitary facilities available for the 189 passengers, almost all of whom

were seasick for the first week or two, were a few wooden buckets. The voyagers were literally shelved: assigned narrow wooden straw-covered pallets stacked in tiers two feet apart . . . a few days out, disease swept through the ship—first dysentery, which debilitated, almost eviscerated, its victims and made them vulnerable to deadlier diseases; then smallpox. The chills, fevers, nausea, and erupting pustules of that deadly affliction hit the children first (71—over a third of the passengers were below the age of nine); they lay stricken in the dark, stinking hold, their parents were helpless as they watched them suffer and fade.⁴

So many of the Spanish emigrants' letters reveal a similar experience in their crossings to the New World, forewarning prospective newcomers about the "mucho trabajo y peligro" that they will encounter on the sea. Beatriz de Carvalar and her husband Melchor Valdelomar described their nightmare voyage and its aftermath for her father in letters they wrote in the early spring of 1574. "At sea," she writes, "I suffered the most cruel sicknesses that a body could undergo." Her fellow passengers expected her to die and she made her last confession several times to a few priests who happened to be on board. Her illness continued once she disembarked in Vera Cruz and was only cured after a long convalescence and expensive medical treatment that cost "more than a good hacienda costs in this land." Back in Castile, Beatriz's father, Lorenzo Martínez de Carvalar, wants to join his daughter and her family in New Spain, but, in a separate letter, his son-in-law warns him that he must be realistic about the toll the journey will take on him and his family if they come:

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[Be advised of] the trouble and danger there is on the voyage, as it is the most you can possibly imagine, and even ignoring the dangers of the sea, the sicknesses of the land and in the ships are so great that two thirds of the people died [in our ship] and this is quite ordinary; [and] that even today Melchor and Inés still get fevers, and I have been almost finished [by this], and I am very thin and cannot return to what I was, [but] *El Señor* has worked a miracle with my wife as all the doctors of México had given up hope for her.⁵

The Valdelomar family was lucky to have survived the voyage and, as they reported in their letters, regained their health sufficiently so that they were able to buy a hacienda in Mexico City and give birth to a baby girl, "the most beautiful to be born in this land."⁶

The afflictions suffered in the Spanish *flotas* proved more costly for others, inflicting hardship long after the ships had discharged their passengers. María Díaz came to Mexico with her husband sometime during the 1570s; her story, told here in a letter to her daughter in Seville, is a common one in a time when the unexpected death of a spouse or parent could cast surviving family members into circumstances of psychological and economic insecurity. María Díaz's case is made even more poignant in that she found herself alone in a strange land:

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My daughter, this is to inform you of the great hardships and dangers that we have seen on the sea, I and your father, and certainly if I had understood the great dangers we were to know at sea, I would not have come. . . . but with all these hardships God was served that we should arrive safely at the port, . . . And from there we wanted to go to Mexico, but, God being served, your father became ill with diarrhea and fever, and knowing that the journey would be hard

for him we waited until he was somewhat better . . . later after we arrived [in Mexico], after fifteen days he again fell sick with the same illness, and from this, God being served, he died. And I would have been, if God had been served, more content if they had buried me together with him, so as not to be a widow and abandoned so far from my natural place, and in a land where no one knows me; I would like nothing more than to return, if only there was someone who could help me. For the love of God, I beg you, daughter, that you plead with my son and your husband Pedro Díaz, that if you grant me one act of compassion, let it be this: that if it is possible, even though the road is as long and dangerous as it is, come for me . . . do not permit that I am left in this land alone and abandoned, but take me to the place where I will die among my own kind, because after salvation there is no other thing I desire more.⁷

I have quoted this letter at length because it so poignantly conveys a personal experience that must have been repeated countless times in that first century of colonialization. Perilous travel and settling in a strange land gave a new dimension to the vulnerability people already felt about their health and the consequences of death. Away from the financial and emotional support of the family—the only kind of social assistance that existed in early modern times outside of the Church—people who went to the New World put themselves at great risk, not only in terms of their health but in terms of ending up completely alone and miserable as well. 7

Emigrants' letters frequently relate the deaths of family members, many of them children, but young adults are often mentioned as well. Diego de Pastrana writes that within the space of five weeks he lost his two children, both of marriageable age. "And after this, there was not one thing in this life which gave us contentment, nor joy, and because of this my wife has never been happy again." Diego's wife later had two other pregnancies, both of which failed in miscarriage, "from which we are truly in a state of disconsolation, so that all that we have earned [here] gives us no joy in that God has not given us any heirs." The frequent loss of children meant that the uncertainty of inheritance was often a problem for those that had established themselves in New Spain. Antonio Farfán, who lost his son, writes his sister in Seville to bring her son to Mexico because "I do not have anyone to whom I can leave what I have." Another emigrant appeals to relatives in Pamplona that they send his nephew: "eight months ago I lost my wife to *tabardillo*, and so now I am an orphan, without wife, son or daughter."⁸ 8

The high death rates for all ages undoubtedly heightened people's awareness to the unexpected and sudden death. In October 1593, Pedro del Castillo writes to his son about an acquaintance he had in Mexico City: "Pedro de Atienza was in this city since last Christmas, ready to leave for Castile, with twenty five thousand pesos and five unmarried daughters and one son, and God was served that during the *vispera* of San Miguel, at three in the afternoon he was good, and by nine o'clock that night he was dead."⁹ This obsession with the sudden death is still evident in eighteenth-century personal correspondence as well. In her continuous 9

contemplation on the dangers to life and limb the Condesa de Miravalles comments in a letter to her son-in-law that "from one hour to the next" one could never be sure when death would come:

. . . God shows us this by those that have [recently] died sudden deaths; I knew a woman who a few days ago suddenly died . . . and yesterday around 12 o'clock, Don Jacinto Martines, who was visiting the house of the *leñeros*, no sooner could he say I am dying when death so suddenly grabbed him . . . and they say there was barely enough time to press his hand before the body was on its way to San Diego with great splendor and this afternoon they are burying him; and various others have died recently in childbirth, [such as] the wife of Roberto and another distant relative.¹⁰

Disease was matched by other dangers. Earthquakes, fires, falls from buildings and scaffolding, mishaps with tools, encounters with bandits, overturned carriages, and falls from horseback were all constant hazards, not least because without adequate emergency services, blood-loss and trauma could quickly kill. Like our highways today, the roads of New Spain were dangerous places. Emigrants' letters report many accidents with horses, that single passenger vehicle of yesterday. In 1572, Martín Fernández Cubero writes from Puebla to his nephew in Spain that he fell from his horse and broke his leg, the treatment for which cost him plenty. Bartolomé de Morales thought he would always "have to walk with crutches" after an incident on horseback left his knee dislocated: "I am thankful to God," he writes, "that they called an Indian who returned it to its rightful place, and now, blessed God, I am well."¹¹

As with personal letters of the time, the painted scenes in colonial ex-votos vividly reveal the dangers of everyday life in New Spain. Outside of work accidents and natural disasters, the movement of goods and people, whether on city streets or country roads, was a frequent cause of injury or death; assault by bandits, treacherous river crossings, people caught under the wheels of carriages, and bucking horses were everyday occurrences that people who moved about feared. One seventeenth-century ex-voto dedicated to the Virgin of Zapopan reveals a well-dressed man being run over by his own carriage in the countryside. Another from the eighteenth century displays the perils people faced when crossing rivers during the summer, Mexico's wet season, as it shows a man being swept away by raging water.¹² Horses, like cars today, appear frequently in the ex-votos as a constant source of accidents. In June 1785, as José Padilla was leaving his ranch for the countryside, his horse was spooked, throwing the rider off balance so that he was dragged down the road under the horse until a stirrup finally broke, setting him free. Horses could be even more dangerous on city streets, full of people and obstacles. One ex-voto to the Virgen de la Soledad recalls in vivid detail an accident on horseback that took place late one night in the city of Oaxaca:

On the night of Monday . . . October of 1789 Mariano Josef de Torres . . . was returning from the fiesta of the town of Tlacolula; in the street they call *las ratas* there was an open ditch dug for a pipeline; not being able to see the ditch because the night was very dark, he fell in it and found himself in great conflict

because the horse fell on top of him, and fearful of the water [in the ditch], he invoked the blessed Maria la Soledad and her Christian husband Josef . . .¹³

The individuals in these accidents survived, as their ex-votos testify. But undoubtedly many others suffered the effects of serious injury in a time when emergency care was limited to the setting of bones; nothing could be done, however, for copious blood loss, ruptured organs, or severe head injury. 12

These brief fragments in which people recorded their encounters with sickness, injury, and death immediately reveal two things: that the maintenance of health and relief of anxiety about health were constant themes in the daily lives of premodern people; and that the high incidence of sickness did not produce a state of passiveness or fatalism toward disease. Indeed, colonial sources such as health manuals, newspapers, and personal letters reveal not only a population that was constantly monitoring its own state of health but also one that reacted vigorously against illness of any kind. The Condesa de Miravalles is a case in point. Her letters are full of health advice, remedies, recommendations about diet, bleeding and purging, managing pregnancies, and therapeutic bathing. Almost all of her letters to the Romero de Terreros family in Pachuca included medicines and instructions for their use; many of these medicines appear to be personal formulas concocted by the Condesa herself. Newspapers from the eighteenth century confirm that the continuous pursuit for efficacious remedies was of primary interest to the general public as notices and advertisements for cures abounded. *La Gaceta de México* liked to inform its readers of new remedies—available for sale by their creators, of course—for the maladies that afflicted everyone: ground scorpions to "cure *dolor de costado* in a few hours"; *pulque blanco* that "corrects" diarrhea with "great success"; Matías de Olivencia's powders for various venereal diseases; cuttings from the *Táscate* tree which "cures all classes of toothache"; and of course a "universal" cure-all which its creator claimed was an "antidote for any kind of illness."¹⁴ We also should keep in mind, in this summary of how the concern for health textured daily life, that preventative medicine is not solely a modern phenomenon. Besides actively seeking out cures and treatments on their own, people of past centuries, like people today, paid great attention to the causes of disease and took steps to avoid it. Once again, the Condesa de Miravalle serves as an especially clear window, at least into upper-class mentality about health, with her constant prophylactic purgings and bleedings and close attention to diet. 13

Miraculous Medicine

This steady search for relief from the suffering and uncertainties of sickness contains another aspect of the illness experience, one that we have not spent much time on in this study, except in terms of indigenous etiology, and that is the way in which religion shaped the encounter with disease. This topic, of course, is a critically important part of our story and, because of its many facets, really demands a more rigorous scrutiny than an exploratory study such as this one will allow. In New Spain, religion and medicine overlapped and intersected at many 14

points, with the Catholic Church acting as one of the most important cultural agents in the evolution of Spanish American medicine. As we have seen in an earlier chapter, within the larger colonial power structure, the work of evangelization and extirpation—which, among other things, involved the scrutiny of healing techniques containing suspicious practices—worked in tandem with the Protomedicato in their attempt to forge a monopoly of university trained medical professionals and a European model of medicine. Additionally, in its pursuit to exercise Christian charity, the Church also contributed to the establishment of European patterns of medical care by building and operating hospitals all over New Spain.¹⁵ But what if we shift our gaze downward to the individual? How was one's state of health linked to larger interpretations of moral and spiritual wellbeing? Here we approach this question with a focus on some of the ways in which religious meaning intersected with the illness experience.

Throughout much of this survey, we have been exploring lay notions about the workings of the human body—specifically how and why the body became sick, and how one was to go about keeping it well—through the prism of humoralism, that collection of concepts about health that served as a basis of Western medicine for over 1,500 years. I have argued that these concepts formed a medical framework for professional healers and lay people alike, albeit with different levels of understanding. From this viewpoint, maladies arose from physical causes, either originating outside of the individual, that is, from the natural world and thus largely beyond his or her control, or from within the body itself, for which the individual was held to be more responsible, as diet and lifestyle had direct consequences for health. Yet we must not suppose that for most people in New Spain (or, for that matter, anywhere in the early modern Western world) the origins of their bodily suffering could be wrapped up so neatly in objective laws of nature.

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As Roy and Dorothy Porter note in their perceptive study of sufferers in preindustrial England: "Affliction cried out for profound answers—explanations of why this was a world of sickness at all, why innocent babes died, why pain proliferated so agonizingly, why upright, blameless, individuals were seemingly victimized by disease, no less than the feckless and the reckless."¹⁶ These were significant questions, causing much speculation and concern, particularly in a place like colonial Mexico, where a deep native religiosity was overlaid with a strong Catholic orthodoxy on continual display in elaborate rituals. At least in the Western world, where Christianity had been a strong cultural force for centuries, sickness and sin, health and holiness had become linked in ways difficult to untangle. As one historian noted, "it is arguable that it was the experience of suffering, sickness, and death which gave birth to religious devotion in the first place; and equally, that modern medical advances (the conquest of disease, the prolongation of life) have played no small part in widespread secularization."¹⁷

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One way to enter this complicated relationship between religion and medicine is to briefly consider how Christian theology, with its God-centered view of the world, reconciled itself with a medical tradition that explained disease in terms of natural phenomena, not divine will. The short and simple answer is: surprisingly well. Christian doctrine itself offered no

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exclusive theory of disease; its inclination to stress moral discipline and personal guilt easily meshed with Hippocratic notions of medicine, which viewed a person's state of health as strongly linked to his or her lifestyle, constitution, and character. Church authorities did not deny disease had natural causes, nor did physicians deny divine involvement in the laws of nature that ultimately affected human health. As one sixteenth-century physician wrote: "God put virtue in the herbs and things of the earth so that man could take care of himself and free himself from disease." General notions of disease causation were multifaceted; divine and natural causes coexisted with surprising fluidity, nurtured, no doubt, by the close link between lifestyle choices and personal morality.¹⁸

Pestilence, however, represented a special class of disease. Because epidemics struck so many people with the same set of symptoms at the same time, they were typically interpreted as divine punishment for collective human sins. Writing about the epidemic of 1576, the surgeon Alonso Lopez de Hinojosos concludes it was the hand of God that was ultimately responsible for this unusually severe pestilence. We can see this, he writes, because weather conditions were not extreme at this time, thus there was little "corruption of the elements" that usually lead to pestilence.¹⁹ The priest Cayetano de Cabrera y Quintero, writing about the devastating *matlazáhuatl* epidemic that swept New Spain during the years 1736–7, refers to pestilence as a "divine war." "Sickness that comes from heaven," he writes, "also requires remedies from heaven: God is the principal and sometimes the only author of pestilence."²⁰ Even though the scientific discourse of the day had permeated this eighteenth-century colonial world, prompting authorities to clean up urban centers of miasma-causing material, great catastrophes such as epidemics, floods, and earthquakes were still considered signs of God's displeasure with man. The apparent contradiction in these worldviews did not make them incompatible in the real world of everyday life; rather, they formed a complementary whole, each offering a mode of explanation and practical strategies for confronting calamitous events over which people had little control. City mandates that demanded the removal of trash, offal, and deeper gravesites combined with Catholic processions, prayers, and *novenarios* to ease the acute anxiety people must have felt in the face of such devastation.

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Yet Christian doctrine had evolved a complicated view of the human body, one that was to have a significant impact on the wider sickness culture evolving in New Spain. While disparaging the flesh as corrupted by sin, it also stressed the inherent sacredness contained in it as well. Like other major religions in the world, Christianity is based on a dualistic view of man, one that distinguishes between an eternal spirit or soul and the physical body, a temporal fleshy dwelling place for this soul. The human body became tainted with the brush of sin at the Fall, when man weakly surrendered to carnal lust, bringing disease, destruction, and death into the world. Yet Christian views of the body cannot be reduced to a simple disdain of the flesh; they are further complicated by the narrative of Jesus Christ, born in the flesh, and later crucified in agony on the cross. Embodiment and sacrifice are, in turn, encoded in the sacrament of the Eucharist, where the ritual ingestion of bread and wine signifies the transubstantiation of the body and blood of Christ, and thus offers the faithful hope, "not (as

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in many faiths) of some rather amorphous, wishy-washy life after death, but of a palpable bodily resurrection at the Last Judgment, to be followed by a heavenly resumption of physical being for the saved, and eternal hellfire torments for the damned."²¹ Christianity, then, developed a kind of double vision of corporal flesh. God punished the corrupt bodies of sinners with sickness, suffering, and sudden death, whereas the bodies and bones of saints and holy people were imbued with miracle-working properties, giving rise to a cult of healing saints throughout the European continent and later the Hispanic New World. This quest for miracle cures became an integral part of the cultural landscape in both colonial and modern Mexico.

In his classic study of medieval and early modern belief systems in England, Keith Thomas **20** makes the following observation about why people turn to religion in the first place:

Nearly every primitive religion is regarded by its adherents as a medium for obtaining supernatural power. This does not prevent it from functioning as a system of explanation, a source of moral injunctions, a symbol of social order, or a route to immortality; but it does mean that it also offers the prospect of a supernatural means of control over man's earthly environment. The history of early Christianity offers no exception to this rule. Conversions to the new religion, whether in the time of the primitive Church or under the auspices of the missionaries of more recent times, have frequently been assisted by the belief of converts that they are acquiring not just a means of other-worldly salvation, but a new and more powerful magic.

Although the Catholic Church itself did not claim to work miracles, it derived enormous prestige from those of its members who seemed to possess a special access to God.²² The Spanish creation of New Spain—that grandiose amalgam of colonialization and evangelization—certainly benefited from the proliferation of divine images with miraculous powers that quickly sprang up throughout the Mexican countryside, a process greatly aided by existing Mesoamerican patterns of religiosity. As we have seen in our examination of indigenous notions of the body, one's state of health was directly linked to the demands and whims of the various gods. Mesoamerican religion exhibited striking similarities with popular Spanish Catholicism, which centered on local images of saints with specialized supernatural powers. In early modern Spain, the religious devotion of common people was very localized: universal figures including Mary and Christ became particularized to specific places; thus, Our Lady of Riansares or the Christ of Urda, became valued for local believers above other Marys and Christs.²³ In his extensive study of Nahuatl life after the conquest, James Lockhart notes that indigenous Catholicism was mostly about saints. "No other aspect of Christian religious belief and ritual had a remotely comparable impact on the broad range of their activity (especially if we consider that Jesus Christ and often the cross were in effect treated as so many more saints)." By the seventeenth century, most indigenous households possessed one or more images of saints. Although Church doctrine repeatedly emphasized the distinction between representation and the entity being represented, the Nahuas (and much of the Spanish population as well) continued to view the spiritual being and the tangible form as fully

integrated. "What the Nahuas had in their houses *were* the saints, in a particular manifestation, and they constantly spoke of them correspondingly."²⁴ By the end of the first century of Spanish rule, the accumulated anecdotal evidence of miracles had given rise to a network of shrines throughout much of the colony. Different saints appealed to different groups and regions, and many of these intercessors were known for their specialties. The Virgen de los Remedios, for example, protected against drought, that of Guadalupe against floods, the Virgen de los Dolores assisted maidens and widows in danger of losing their honor, San Ignacio de Loyola helped women in labor, San Lázaro was called on by those suffering from diseases of the skin, and San José offered help in earthquakes.²⁵

The miracles associated with these saints clearly conformed to the normal operation of both the Spanish and indigenous worlds; *novohispanos* in the grip of affliction felt that divine help was an option to them, particularly when "earthly" help had failed to produce results. Given the efficacy of contemporary medicine to prevent and cure the devastating diseases of the time, it is no surprise that healing saints stood firmly alongside domestic remedies and local medical practitioners in the marketplace for relief. **21**

Just how much significance did people give to divine intervention in human health? From our thoroughly secularized point of view, a glance back to the people of earlier centuries reveals, on the surface at least, an almost fatalistic sensibility about the power of God over human well-being. Clearly, both the Spanish and Mesoamerican populations of New Spain possessed cultures that encouraged them to fear the consequences of their personal (and collective) behavior. But, as I have argued throughout this book, colonial Mexicans were anything but fatalistic about being sick; religion had no monopoly in explaining illness, although it certainly entered into the layers of causes. Nor indeed is this a question that can be answered with broad generalizations: individuals were different, as were the circumstances of their ailments. Emigrants' letters from the sixteenth century never mention health without mentioning God's will—death, illness, and good health all come to pass because God is thus served—although the modern reader senses a formulaic quality already forming here. Only one letter writer offers an interpretation of why he spent fifty-two days sick in bed: "it was a punishment for some sins and a correction of those to come." he writes to his wife back home in Seville.²⁶ By contrast, God's will is rarely mentioned two hundred years later in the letters of the Condesa de Miravalle. This is not to say that she does not believe that divine intervention is at work around her; she clearly does, as is evident in the visits she and her daughter pay to various shrines in Mexico City in order to pray for the health of family members. But her view of medicine and religion is that of a more equitable partnership: "although all of us are subject to the will of God," she writes to her son-in-law, "we still need to put forth our part in everything."²⁷ **22**

Some of the most vivid examples of the linkage between spirituality and sickness are manifested in the *ex-votos* of the period. The Latin word *ex-voto* means "of a vow" and it designates an object offered to God, the Virgin, or the saints as a response to a favor received. **23**

These votive offerings are different from other types of offerings left at shrines and chapels, such as candles, gifts of food, or monetary offerings, in that they always indicate a close relationship to the person and/or event from which the vow originated. Taking diverse forms, they are often personal objects that speak to the miracle at hand such as clothing, eyeglasses, photographs, and letters, or items bought expressly for the shrine like miniature tin limbs or hearts. The ex-votos—or, as they are sometimes called in Mexico, *retablos*—referred to in this study are even more unique: painted scenes, usually accompanied by text, both of which refer to the portentous event that motivated it. The texts are often expressed in commemorative language such as "with this *retablo* I offer thanks" and usually give various details about the beneficiary and situation.²⁸ These votive offerings are created specifically to be put on display in the shrines of a particular virgin, saint, or Christ figure to publicize their supernatural powers, a process that promotes the reputation of the divine image and, in turn, that of the shrine and its keepers as well. In essence, then, the ex-voto is a promise materialized into an object, the likes of which represents a reciprocal and successfully executed transaction between an individual and a divine image. In Mexico, votive painting became most firmly established among the popular mestizo classes during the nineteenth century, although it first emerged as a creole practice during the early colonial era.²⁹

Certainly, the most impressive characteristic of ex-votos is the desperation of the supplicant. A word often used in the descriptive text is *desahuiciado*, to be completely without hope. The ones that depict situations of illness and disability are graphic snapshots of people who have exhausted all "earthly" efforts; the medicines, the bleedings, and the purgings have not helped; thus, the only prospect left is a miracle. Doña Maria Flores, an upper class woman of the late eighteenth century, finds herself with a "grave apoplexy of blood, without any hope of remedy" Her invocation to the Virgin of Guadalupe—by this time the foremost divine image in all of Mexico—is granted and she is left "good and healthy." The gravity of the sufferers' condition is conveyed not only by the painted scenes, but often by the language used to describe the effects of the illness itself, a language that can be quite melodramatic. Words like, "cruel and mortal," "agony," "anguish," and "torment," are used to great effect in conveying the visceral quality of suffering. Another eighteenth-century ex-voto, this time that of a priest at a convent in the town of Pazcuaro, is suffering from "*un mal de orina* so cruel and mortal," caused by a kidney stone that he fears will kill him. As anyone who has passed a stone through the urinary tract will attest, the intensity of pain is excruciating. As he lies there, "in *agonía*, with little hope of life and being in this state of anguish," the image of Nuestra Señora de la Salud is brought into the bedroom by other priests of the convent. And "at that very instant he passed the stone, the affliction was over and life was granted."³⁰ As in so many of the ex-votos, there can be no doubt that the sufferer's recovery was of a miraculous nature. Patients do not gradually get better as they would if being treated by a physician; rather, recovery is sudden and unequivocal.

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This amalgam of religion and medicine is not limited to the asking for favors from celestial images but also can be found physically in the natural elements at many of the shrines. One four-part ex-voto displays four miraculous cures attributed to the archangel San Miguel, a popular saint with both the creole and Indian communities in New Spain. In each one of these cures, the sufferers are healed either by drinking the water from the shrine, presumably either well water or a stream running through the holy site, or by having soil rubbed onto their skin. "They carried Sebastian Hernandez to the sanctuary, desperate [*desahuiciado*] and very swollen with dropsy, and rubbing him with dirt he was cured after three days." Another sufferer is "*desahuiciado* with *lamparones y empeines*," severe skin afflictions, but he, too, is cured after the holy soil is rubbed on him, as is another man who is suffering from "one hundred and ten sores." And lastly, a whole town of Indians is cured of "*un gran peste*" by drinking the water of the shrine and having "the holy soil" applied to their bodies. 25

The promise to perform the vow—that is, to produce the ex-voto, make a pilgrimage to the image's shrine, and display the evidence of the miracle—appears to have been a serious matter. Failure to do so could provoke castigating action from the offended saint, resulting in a relapse of the illness, or worse, a more serious affliction than the original one. The ex-voto of little Hipólito poignantly reveals this aspect of the negotiation process between mortals and miracle-workers. The supplicants in this case are the worried parents of the five-month old Hipólito (who, in the painting, looks more like a miniature adult than a baby). The child is quite sick, although the text does not give us much information about the nature of his illness, only that he has "two *postemas* under his arms," and that he was placed in some sort of binding for two days which made it impossible for him to move. His parents, "Don Manuel Varrios and Doña Catarina Ximenes Colon, Spaniards [and] residents of this city," promise to commission a *lienzo*, or painting, of the suffering child for the Virgen de la Soledad, the patron saint of the city of Oaxaca, and hang it in her shrine if he is cured of his malady. Although much of the text is illegible, it is possible to piece together what happened next. The child does get better, in fact, at one point, he is "perfectly well"; but the parents, by "having delayed in preparing the painting," unwittingly brought more bad health to their son. The child now starts to show bizarre symptoms: "not being able to move his feet, or his hands, everything completely twisted, and after this, many other *accidentes* befell him, all of them *mortales*, until the realization came that everything was on account of not carrying out the promise [made to the Virgin]."³¹ The failure of Hipólito's parents to carry out their vow in a timely fashion was met, in their minds at least, with clear retribution: the recurrence of their son's illness. As for poor Hipólito, we can not know from this ex-voto if he ultimately survived these childhood illnesses or not. With infant mortality rates still somewhere near 30 percent, there is a high probability that he ended up like so many of his contemporaries, dead in the first year of life. 26

Apparently, the failure to carry out a vow could produce weighty consequences for a life time. Another very interesting ex-voto to come out of eighteenth-century Mexico relates an elaborate tale of a broken vow that affects a family's health through several decades. The 27

original promise is given to San Miguel by Don Antonio de Veray and Doña Catalina Orits during the birth of their daughter, who was born prematurely and, according to the parents, would have died had it not been for the miracle-working powers of the archangel. Unfortunately, Don Antonio and his wife were quite lax about keeping their end of the bargain and did not follow through with placing a painting in San Miguel's sanctuary. Then, as the daughter reached the age of *doncella*, or late adolescence, she began to experience strange and severe afflictions: "blood came out of her mouth and eyes, with *mortales agonias*, she suffered for five years and each day her symptoms were worse, and from this she developed interior sores [*llagas interiores*] in her back, so that she could neither be in bed, sitting, or standing because it penetrated to her bones, nerves, and entrails, [so much that] she was just waiting to die." The young lady's parents now became aware of their awful mistake. "Now the demand from San Miguel had arrived and [Don Antonio] promised him to have the *milagro* painted . . . if this time he would cure her." Once again, the saint was generous with his miraculous powers and in nineteen days she was cured without any remedy other than having the image [*estampa*] of San Miguel placed on her back." Remarkably, again the parents postponed completing their vow for another year and a half, in which time the daughter's symptoms returned. Ultimately, however, San Miguel was charitable to this family once the vow was carried out; not only did the *doncella* recover, but the saint eventually cured two brothers of Don Antonio, both of which were "gravely and incurably ill," and another daughter, "on the verge of death from bloody dysentery," as well. Favorite saints and virgins were thus genuine players in the marketplace for cures, but this was by no means a one-way transaction. The supplicant's failure to keep his or her end of the bargain, that is, to publicize the miracle, thereby boosting the reputation of the saint, carried potential consequences.

The illness experiences that come to us through these ex-votes underscore what has been a constant theme in this study: that the combination of widespread illness, particularly infectious diseases, and the inadequacies of contemporary medicine meant that all social groups in colonial Mexico directed a great deal of attention to health in everyday life. We have seen how this search for relief from sickness generated a very broad spectrum of practitioners promoting an equally diverse array of healing strategies, most of them combining both rational and supernatural practices in varying degrees. The ex-votos examined here clearly mark the final point in the "hierarchy of resort," for those that were *desahuiciado*, without any hope of human remedy.

28

By Way of Conclusion

The central purpose of this investigation has been to explore the beliefs ordinary people in Mexico's past had about health and illness. Beginning with a seemingly simple question—How did people explain why they fell sick?—this study has attempted to map out the basic notions—both Spanish and indigenous—about human health that circulated during Mexico's colonial years. Because these frameworks are deeply embedded in how people view the relationship

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between their own physicality and the material conditions in which they live, they bring to light those aspects of everyday life that are most commonly shared: the impact of personal lifestyle, climate, and supernatural intervention on the wellbeing of individuals. How these diverse belief systems clashed and evolved in New Spain promises to be a fertile ground for future investigations.

Several potential research topics emerged from this survey—that is, the role medical practitioners, both legally sanctioned and not, played in the complex dynamics between ideology and the actual practice of colonial rule; the ways in which ideas about gender shaped the practice of medicine; the *mestizaje* of popular medical beliefs, both indigenous and European, the remnants of which are still visible in Mexican folk medicine today—but none of them was pursued in any depth. Instead, I have centered my focus on the frameworks that laypeople used to make sense of health. To do this, I have tried to get as close as possible to the everyday world of colonial Mexico, where we would expect common notions about health to be most visible, by exploring the diseases and ailments people claimed to suffer from, the medical market place in which they sought relief, the conceptions people had about the inner workings of the body, and divine influence on human health. **30**

Because of its cultural diversity colonial Mexico makes an especially rich setting to explore premodern concepts of health and disease. As one of only two areas of high civilization in the Americas before 1492, Mesoamerica was home to various peoples with a long tradition of empiric and shamanistic medicine. Prehispanic doctors combined sophisticated hands-on skills, especially in the fields of wound treatment, obstetrics, and herbal remedies with elaborate rituals linking them to a supernatural world that exerted a great deal of influence over human health. Indigenous etiology was firmly rooted in basic assumptions about how the world was structured. Human beings lived at the center of a universe in which cosmic forces affected all aspects of human life. In contrast to a Christian cosmology that viewed nature as a passive creation, the Mesoamerican universe was a very animate place; all features of the physical world—the mountains, the wind, bodies of water, the sun, and the sky—were active forces associated with various deities. Many deities were represented as male-female pairs, or as embodiments of contrasting characteristics such as fertility and death, or creation and destruction, reflecting the dualism that underlay much of native culture. Destructive, chaotic forces were as necessary to life as were the creative, positive forces, each depending on the other for its functioning. **31**

The challenge for humans then was to constantly strive for a proper equilibrium, the right balance between order and chaos. As we have seen, illness was strongly associated with a tip to the disorder side of things. Any immoderation or excess—over indulgence in food, drink, or sex—or any exposure to "filth" in both a physical or moral sense could make one ill. Mirroring the physical world around them, Mesoamerican bodies contained several animate forces—the *teyolia*, *ihiyotl*, and *tonalli*—that were responsible for vital bodily functions in tangible ways. **32**

such as body temperature, growth, and breathing. Yet they also appear to have been the means through which supernatural powers, usually triggered by immoderate human behavior, manifested themselves inside the body.

In the sixteenth century, conquering Spaniards began to superimpose a European worldview on this indigenous world—insisting on Spanish forms of settlement and local government, spreading the tenets of Christianity, imposing European notions of race and class, and forever changing native patterns of production and consumption. A European etiology, based on the ancient texts of Hippocrates and Galen, was an essential part of this imported worldview. Classically trained professionals and laypeople alike offered similar explanations for why people fell sick: the body's four humors had been thrown out of balance, causing one or more of these fluids to be in disequilibrium with the others. An imbalance's origins could be found in an endless combination of factors; depending on one's stage of life and individual temperament, exposure to all sorts of environmental phenomena—north winds, cold rain, heavy mists, miasma-laden air—could bring on ill health. The influence of lifestyle was equally significant, as eating the wrong foods, too much or too little exercise, and sexual intercourse at the wrong time could upset the delicate balance that was health. These ideas coexisted, sometimes quite comfortably, with widely held beliefs that sickness also could be the result of divine will or a more earthly bound form of supernaturalism, that of witchcraft and magic. **33**

How did these Spanish and Mesoamerican notions about the body evolve in a colonial milieu where the degree of contact between the two cultures was a driving force in change? In more isolated indigenous communities, the few extant sources to shed any light on colonial indigenous medicine suggest that preconquest beliefs and practices survived virtually intact well into the seventeenth century.³² With time, as the Spanish Mexican world pushed ever farther into the countryside, such overtly preconquest practices must have either receded accordingly or become overlaid with European, and especially Christian, elements. Certainly these two worldviews, and their corresponding beliefs about managing sickness and health, became more entangled as the mestizo population grew in the late seventeenth and eighteenth centuries, although this blending was by no means symmetrical. The fusion of indigenous and European medical approaches was also undoubtedly aided by the apparent similarities both systems shared. Both defined health as a state of equilibrium, a balance that needed constant maintenance, and both charted vital changes in that equilibrium through a mapping of hot and cold qualities. Both systems had similar ideas about "ridding" the body of its disturbance, forcing the illness "out" through a variety of methods that purged, either via the stomach, intestines, or urinary track. And, finally, both systems were highly holistic, emphasizing the influence of physical as well as mental conditions on overall health. In this sense, then, the humoral medicine brought by the Spanish in the sixteenth century provided a logical and simple framework on which indigenous—and, later, mestizo—popular curing practices could be hung. **34**

Notes

Note 1: For more on "sickness culture," see Roy Porter, *Disease, Medicine and Society in England, 1550–1860* (Cambridge: Cambridge University Press, 1993), pp. 17–18.

Note 2: AMRT, *Miravalles*, 21 de julio, 1757, 13 de julio 1759, 12 de noviembre, 1761.

Note 3: "Juan de León, Leonor de Espinosa y Juan Hipólito de Espinosa al padre de ella Alvaro de Espinosa, en Alcalá de Henares," Puebla: 31 de marzo, 1566; "Alonso de Alocer a su hermano Juan de Colonia, en Madrid," México: 10 de diciembre, 1577, in Enrique Otte, *Cartas privadas de emigrantes a Indias, 1540–1616* (México: Fondo de Cultura Económica, 1996), pp. 149–50, 98–9.

Note 4: Bernard Bailyn, *Voyagers to the West: A Passage in the Peopling of America on the Eve of the Revolution* (New York: Vintage Books, 1986), p. 394.

Note 5: "Beatriz de Carvallar a su padre Lorenzo Martínez de Carvallar, en Fuentes de León," México: 10 de marzo, 1574, and "Melchor Valdelomar a su suegro Lorenzo Martínez de Carvallar, en Fuentes de León, Veracruz: 22 de marzo, 1574, in Otte, pp. 84–6.

Note 6: *Ibid.*, p. 85.

Note 7: "María Díaz a su hija Inés Díaz, en Sevilla," México: 31 de marzo, 1577, *ibid.*, pp. 97–8.

Note 8: "Diego de Pastrana a su tío Juan Díaz, en Fuentelaencia," Puebla: 30 de abril, 1571; "Antonio Farfán a su hermana Catalina Farfán, en Sevilla," México: 4 de abril, 1576; "Alonso Martínez de la Cunza y Arbizu a su hermano Juan Martínez de la Cunza y Arbizu, en Pamplona," México: 15 de agosto, 1589, Otte, pp. 153, 95, 117.

Note 9: "Pedro del Castillo a su hijo Pedro de Castillo en Torija," México: 1 de octubre, 1593, in Otte, p. 126.

Note 10: AMRT, *Miravalles*, 28 de julio, 1757.

Note 11: "Martín Fernández Cubero a su sobrino Pedro Hernández Cubero, en Fuentelaencia," Puebla: 21 de marzo, 1572, in Otte, pp. 154–55; "Bartolomé de Morales a su padre Antón Pérez, en Sevilla," México: 30 de octubre, 1573, in Otte, pp. 72–3.

Note 12: River crossing: ex-voto de Manuel Sanchez, July 1777, Museo de la Soledad, Oaxaca, Mexico.

Note 13: Ex-voto de Mariano Josef de Torres, Museo de la Soledad, Oaxaca, Mexico.

Note 14: *Gaceta de México*, "Sultepec," marzo de 1729, Vol. III, n. 16, p. 127; "México," mayo de 1737, Vol. I, n. 114, p. 910; "Encargos," martes 12 de julio de 1792, Vol. IV, n. 37, p. 352; "San Luis Potosí, 9 de febrero," martes 23 de marzo de 1790, Vol. IV, n. 6, p. 43; "México," diciembre de 1732, Vol. I, n. 61, pp. 484–5.

Note 15: For more on the Church's involvement in medicine, see Francisco Guerra, "The Role of Religion in Spanish American Medicine," in *Medicine and Culture*, ed. F. N. L. Poynter (London: Wellcome Institute of the History of Medicine, 1969).

Note 16: Roy Porter and Dorothy Porter, *In Sickness and in Health: The British Experience, 1650–1850* (London: Fourth Estate, 1988), p. 166.

Note 17: Roy Porter, "Religion and Medicine," in CEHM, Vol. II, p. 1449.

Note 18: *Ibid.*, p. 1452; Juan de Cárdenas, *Problemas y secretos maravillosos de las Indias*, intro. and notes by Angeles Durán (Madrid: Alianza Editorial, 1988), p. 268.

Note 19: Alonso López de Hinojosos. *Suma y recopilación de cirugía con un arte para sangrar muy útil y provechosa* (México: Academia Nacional de Medicina, 1977), p. 210.

Note 20: Cayetano de Cabrera y Quintero, *Escudo de Armas de México* (México: Instituto Mexicano del Seguro Social, 1981), p. 25.

Note 21: Roy Porter, "Religion and Medicine," in CEHM, Vol. II, pp. 1450–1.

Note 22: Keith Thomas, *Religion and the Decline of Magic* (New York: Charles Scribner's Sons, 1971), p. 25–6.

Note 23: William A. Christian Jr., *Local Religion in Sixteenth-Century Spain* (Princeton, NJ: Princeton University Press, 1981), p. 178.

Note 24: James Lockhart, *The Nahuas after the Conquest: A Social and Cultural History of the Indians of Central Mexico, Sixteenth through Eighteenth Centuries* (Stanford: Stanford University Press, 1992), pp. 235–8.

Note 25: Pilar Gonzalbo Aizpuru, "Lo prodigioso cotidiano en los exvotos novohispanos," in *Dones y promesas: 500 años de arte ofrenda (exvotos mexicanos)* (México D.F: Fundación Cultural Televisa, A.C. and Centro Cultural/Arte Contemporáneo A.C., 1996), p. 51.

Note 26: "Hernán Ruiz a su mujer Mariana de Montedoca, en Sevilla," México: 21 de octubre, 1584, in Otte, p. 108.

Note 27: AMRT, *Miravalles*, 24 de marzo, 1757, 9 de agosto, 1762, 31 de agosto 1759.

Note 28: Maria del Carmen Medina San Román, "Votive Art: Miracles of Two Thousand Years," in *Folk Art of Spain and the Americas: El Alma del Pueblo*, ed. Marion Oettinger Jr. (San Antonio, TX: San Antonio Museum of Art, 1997), p. 109.

Note 29: Jorge Durand and Douglas S. Massey, *Miracles on the Border: Retablos of Mexican Migrants to the United States* (Tucson: University of Arizona Press, 1995), pp. 12–13; Gloria Fraser Giffords, *Mexican Folk Retablos*, rev. ed. (Albuquerque: University of New Mexico Press, 1994), 143–4.

Note 30: Ibid. (cat. 98), p. 51.

Note 31: Ex-voto de Hipólito, 1743, Museo de la Soledad, Oaxaca, Mexico.

Note 32: Hernando Ruiz de Alarcón, *Treatise on the Heathen Superstitions that Today Live among the Indians Native to this New Spain, 1629*, trans. and ed. J. Richard Andrews and Ross Hassig (Norman: University of Oklahoma Press, 1984).