

# Introduction

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**Speaking to inquisition officials about his successful practice in Caracas, Venezuela,** African health specialist Domingo Congo declared in 1658 that he had been treating patients from all walks of life for years and that the accusations that had brought him to the attention of the Holy Office stemmed from professional jealousy. Congo told the officials that “the doctors of Caracas are my enemies because I heal the sick people they leave as incurable.” From the sixteenth century onward, practitioners like Congo, laboring outside or in the margins of the world of licensed medicine, have continued to be key providers of health care for people of all social extractions in Latin America and the Caribbean.

In spite, or as a consequence, of these healers’ success, professional, governmental, and ecclesiastical authorities tried to suppress or ignore their practices. The majority of these health practitioners made use of a variety of therapeutic tools, including methods firmly situated outside of normative/legal therapeutics, as well as others that were in a more or less intense dialogue with licensed medicine. We know about them because of the documentary trail they left in legal, ecclesiastical, medical, and journalistic records as a result of their prosecutions or popularity—or through advertisements of their cures in the printed media. These historical actors thrived in a gray space between legality and criminality. This book is about the trajectories of these practitioners, mostly neglected

in historical scholarship, and the fundamental role they had while working in interstitial spaces between official and unofficial medicines in shaping Latin America's many worlds from colonial times to the present.

A 1999 article suggested that scholarship on the history of science and medicine in Latin America appeared ready to "take off."<sup>2</sup> The prediction was just partially right. Although social studies on Latin American science, in general, have been growing in relevance, they are still in quite a preliminary stage two decades later. The situation, however, is different for the studies of health, disease, and medicine, already a vibrant and well-consolidated subfield of historical inquiry.<sup>3</sup> Today, monographs, articles, bibliographies, state-of-the-art reviews, edited volumes, and textbooks, as well as panels in conferences and thematic workshops, are recurrent features, frequently in conversation across the Anglo-American, European, and Latin American academic worlds.<sup>4</sup>

Latin Americanists from many disciplinary backgrounds—historians, medical anthropologists, public health scholars, sociologists, and cultural critics—have been unveiling a domain where health, medicine, healing practices, and disease meanings are contestable, debatable, and subject to controversy. They have recreated, revised, or adjusted questions and problems discussed in other academic milieus. They have also occupied a terrain previously monopolized by traditional historians of medicine, physicians, and antiquarians. Now, diseases and health issues are time and again discussed as slippery, ambiguous, complex entities constructed and framed historically, taking into consideration the individual and the collective as well as the sociocultural and the biological.

For the past two decades, scholars working on the history of disease, health, and medicine in Latin America have focused on themes that highlighted epidemiological trends and metaphors associated with specific diseases; the influences of foreign players in the shaping of state health policies; the subtle or undisguised efforts to institute a presumably proper, civilized, and ordered hygienic code that society at large should engage in; and the state and civil society initiatives aimed at disciplining and/or assisting the population, particularly its popular sectors. They also have paid some attention to issues that this book explores, we believe, in great detail: discourses about the exchange of medical knowledge and therapies in the Atlantic world as well as its adjustments in the many Latin American peripheries; the racialization of certain diseases and more in general the relation between maladies and race; the social and political role of creole and mixed-race healers within their communities; the medical practice and the more or less overt state efforts during colonial and republican times aimed at

making diplomate medicine as the only legitimized healing practice; and the illness narratives offered by sick people and health care practitioners. This vibrant historiography can be broadly organized in three approaches that have plenty of overlaps: the new history of medicine, the history of public health, and the sociocultural history of disease and healing.<sup>5</sup>

Histories of heroic biomedical treatments and biographies of famous doctors are no longer the dominant analytical perspective. Beyond their specific contributions, these somewhat traditional narratives were aimed at reconstructing the “inevitable progress” generated by university certified medicine, to unify the past of an increasingly specialized medical profession, and to emphasize a certain ethos and moral philosophy that is presented as distinctive, unaltered, and emblematic of medical practice throughout time. The renovation of these histories, by contrast, tends to see the history of medicine as a more irregular and faltering process. In dialogue with the history of science and historical demography, it discusses the epidemiological, social, cultural, and political contexts in which certain initiatives, doctors, institutions, and treatments “triumphed,” making a place for themselves in history as well as for those who failed and have been forgotten.<sup>6</sup>

The history of public health emphasizes political dimensions: looking at power, the state, the medical profession, the politics of health, and the impact of public health interventions on mortality and morbidity trends. To a large extent, this is a history focused on the relations between health institutions and economic, social, and political structures. Practitioners of the history of public health, at least some, research the past in order to reduce the inevitable uncertainties that mark every decision-making process, thereby facilitating (in general rather than in specific ways) potential interventions in the contemporary public health arena.<sup>7</sup>

The sociocultural history of disease and healing emphasizes the complexity of both illnesses and health as concepts, and not only as problems in themselves but also as tools for discussing other topics. This scholarship’s focus has been applied to a wide array of subject matters, including the sociopolitical dimensions of particular diseases; the increasing medicalization of modern societies; the cultural uses and representations of diseases and illnesses; the class, race, gender and age dimensions of diseases; the place certain diseases had in the making of nationhood ideals as well as in the many Latin American modernities; the responses of ordinary people vis-à-vis taking care of their own health; and finally, the ways different historical times, social groups, or even individuals have defined for themselves the etiology, transmission, appropriate therapy, and meaning of

a given disease, definitions that reflect not only changing medical technologies and knowledge but also broader influences, including religious beliefs, gender obligations, nationality, ethnicity, class, politics, and state responsibilities.<sup>8</sup>

These three lines of inquiry undoubtedly reflect an effort to move away from the limitations of yesteryear histories of medicine. All of them take medicine to be an uncertain and contested terrain, where the biomedical is shaped as much by human subjectivity as by objective facts. They also discuss disease and illness as problems that have not only a biological dimension but also social, cultural, political, and economic connotations. The rapid expansion and increased sophistication of this historiography keeps unveiling new issues that motivate novel interpretative perspectives. This volume is intentionally designed to address at least two of these emerging issues.

First, it aims to provide a reading of medicalization as a historical process, giving relevance to the many uncertainties and limitations not present when such a process was becoming consolidated. This recognition allows for the understanding of official medicine and later biomedicine as historically located processes whose seeming social and cultural dominance was never preordained, or inevitable, nor was it ever complete. Second, *The Gray Zones of Medicine* emphasizes the unrelenting resilience of health care providers offering services on the fringes of official medicine, often as hybrid practitioners using very diverse medical traditions, such as healers, herbalists, bonesetters, midwives, and many others—from colonial times to the present. It highlights their existence not only in the centuries when medicalization was just emerging and marginal, as in the case of seventeenth-century Cuban healer Domingo de la Ascención (chapter one), but also in modern societies when biomedicine and medicalization became hegemonic, for instance, in the Argentina of Jesús Pueyo during the 1940s (chapter eleven).

The examples of María García in eighteenth-century Guatemala, Dorotea Salguero in nineteenth-century Peru, and Hermilia Diego in twenty-first-century Mexico (discussed in chapters two, four, and twelve, respectively) reveal the persistent presence of health practitioners laboring outside or in the margins of the world of licensed medicine, providing health care for people of all social extractions in Latin America and the Caribbean. In spite of having being separated by three centuries and working in very different social and cultural settings, readers will also recognize similarities between the strategies used by practitioners in early modern times—like de la Ascención and those like Mauricio Gastón, a Haitian health practitioner very active in the Dominican Republic

in the 1930s—when biomedicine was already well established (chapter ten). The case of the Indio Rondín, both a healer and a licensed physician in early twentieth century Colombia (chapter eight), underscores the importance of recognizing the existence of licensed doctors and popular health practitioners who do not conform to the crystallized dichotomy of the legal and illegal medical practices. Plenty of health care practitioners—more than what the existent scholarship has suggested so far—have been walking loosely over the realms of many medicines, combining resources and approaches, and, even more importantly, relating to and being perceived by the sick as primary and powerful sources to deal with their illnesses.<sup>9</sup>

In other words, with *The Gray Zones of Medicine*, we want to signal the limits of analytical categories that box in health practitioners and their systems of knowledge about the human body within well-identified or so-called traditional medical systems (Amerindian, African, European, Asian, or a mixture of them) that can be contrasted with so-called Western medicine (in itself another problematic label) or biomedicine. Moreover, the term “medicine” itself can be problematic if understood as a referent to Western medical practices. In this volume, for lack of a better word (one that does not require the creation of yet another composite of neologisms), we are using the term medicine as encompassing of healing and sanitary practices that go far beyond those of allopathic medicine and biomedicine.

For the past five centuries none of these medical traditions and cultures have been static. The historical actors and societies examined in this volume were involved in vibrant and constant processes of knowledge and technological exchange as well as reimagination of their medical cultures. The dynamics and intensity of these exchanges diverged significantly across the vast geography and historical scenarios of Latin America. This is because the realm of what constitutes healing cultures encompasses all aspects of life, in addition to a multitude of historical actors. As a consequence, it is not enough to study processes of exchange by focusing only on encounters between health practitioners. Instead, it is imperative to study the interactions between health care givers and the sick, as well as the sociocultural dynamics in the communities in which medical practices ensue. All of these have influenced how the people living in Latin America have been thinking of and experiencing disease and health. This is clear in the cases of Chinese healers in late nineteenth century Lima (chapter nine), the homeopath Francisco Madero, later president of Mexico in the early 1910s (chapter six), and the bacteriologist Jesús Pueyo and his antituberculosis

vaccine in mid-twentieth-century Argentina (chapter eleven), all very illustrative of how dense and situated those encounters have been.

Making things more complicated, the available historical evidence reveals how both the sick and health care providers easily switched to or practiced different medical traditions. This was true for elite European physicians practicing in colonial times in Latin America, for non-elite creole healers of mixed ethnic backgrounds in early Latin America, and for Western-trained nineteenth- and twentieth-century Latin American physicians. Uncertainties about the best sets of treatments and the lack of effective therapies have fueled these types of code-switching historically. And the arrival of biomedicine, with its paradigms, practices, experts, and institutions, did not put an end to these patterns.

The persistence of a variety of medical traditions in Latin America during the twentieth and twenty-first centuries, as exemplified in the essays in this volume, indicates that biomedically defined effectiveness is not enough to dismiss the relevance and endurance of the gray zones of medicine. This volume departs from recognition of the enormous benefits that biomedicine and modern public health interventions have brought to the region. But because health matters encompass such a large number of fundamental issues related to human existence and the imagination of lifeworlds, it is not surprising that people continue to look for therapeutics that go beyond those defined by modern Euro-American scientific tenets.

A veritable cornucopia of terms already exists to categorize and somehow congeal in recognizable ways, the result of encounters, conflicts, and exchanges among diverse medical cultures. Plenty of concepts “compete for survival” in a sort of “jungle” that keeps on adding new nuances and emphasis: hybridity, acculturation, syncretism, fusion, cross-fertilization, appropriation, crystallization, *mestizaje* (as mixing), and many others.<sup>10</sup> The benefits and shortcomings of each one of these concepts is no doubt a matter of debate. For the purposes of this volume, we want to emphasize that regardless of the terminology, the trajectories of the health care practitioners discussed in the following chapters resist easy categorization. None of these terms—for different reasons but broadly because they still depend on the identification of artificial departing points for thinking about the resultant admixture—does justice to the types of dynamics present in the gray zones of medicine. They all remain analytical constructs with which most of the historical actors examined in this volume might or might not identify themselves.

An additional complication emerges from the fact that the terms scholars

have used to describe, depict, or qualify the historical actors and their activities examined in this volume—*curador popular*, *curandero*, *sanador*, *charlatán*, *médico*, *científico*—have varied enormously over the past five centuries and across the region's vast geography, one that is full of idiosyncratic ways of speaking. Translations into English of the part- or full-time occupations or professions to which these terms refer are quite unsatisfactory and do not completely capture their localized meanings. This is why, and in an intentionally imprecise and loose way, the essays included in *The Gray Zones of Medicine* talk about their protagonists as healers, health specialists, or health practitioners, depending on specific historical circumstances.

We do not think about the health care practices depicted here as examples of a medley of seemingly stable medical systems, such as Galenic/Hippocratic, European, Congolese, or Nahuatl. These perspectives, as a number of scholars in multiple fields have argued, are the legacy of colonial, legal, professional, and even historiographical analytical frameworks. Intentionally or not, they ultimately emphasized social and cultural segregations and dichotomies. It is our contention that they are not apposite for examining the fluid and rich realm of healing practices in Latin America and, for that matter, of many other regions of the world.<sup>11</sup> Something similar can be said about the classical periodization of Latin American histories in colonial, republican, and modern stages, or in pre- and post-bacteriological times in the history of medicine. Although to a certain degree inevitable to organize a narrative of the past, these labels, categories, and periodizations are similarly insufficient to fully capture the experiences of both health care givers and the sick who populate the essays included in this book.

The chapters that follow unveil healing trajectories that are located yet unbounded constellations of material, performative, and rhetorical practices. In these unstable territories, health care givers—along with their communities—adapted and confronted the ever-changing challenges of individual and collective healing, as in the case of the resilient Afro-Brazilian complex of ritual and healing practices called *Calundu* (chapter three). These healers—as well as the other practitioners portrayed in this book—displayed health care practices situated in and out of formally defined corpora of knowledge, in realms that by necessity were porous, in flux, and with elastic borders. That is why we intentionally opted for the somewhat vague expression of “gray zones.”

More largely, this book aims to reveal the possibilities and limitations of writing history of medicine, health, and diseases through biographical accounts. It challenges dominant historiographies of medicine and science that have by

and large reserved biographies as a way to examine the lives of those who can fit well within tightly defined intellectual and professional histories of official medicine. Here we examine cases like that of nineteenth-century Bahian Babalawo Domingos Sodres, an enslaved African who turned financial entrepreneur through the capital accumulated with his healing practices (chapter five), or that of Saint Vicente and other herbalists working in early twentieth-century Sao Paulo (chapter seven). Like the other chapters, these essays offer rich stories illustrative of the persistent presence of health care givers in Latin American historical scenarios. These women and men, while located on the margins or outside of official medicine, have competed, complemented, adjusted, or dialogued with licensed physicians, surgeons, public health officials, and medical institutions in a variety of temporal, cultural, and social spaces. In other words, these health practitioners are not discussed in isolation and are certainly not exoticized. Instead they are contextualized, engaging them fully with the complexities of their times and places.

In sum, in this volume we want to make evident how histories of healing not defined within the narratives of hegemonic biomedical knowledge, careers of successful doctors, public health initiatives, and research and medical institutions can provide a unique window to uncover larger social, cultural, political, and economic historical changes and continuities in Latin America. The biographies of the health care practitioners discussed in *The Gray Zones of Medicine* unveil fragments of the history of health and disease in the region, from Mexico to Buenos Aires and from Rio de Janeiro to Bogotá, that are only legible outside of the binary frameworks of legality/illegality, learned/popular, modern/traditional, or of orthodoxy/heterodoxy. The history of these healers highlights the power of biographical narratives to illuminate intricacies and resilient features of the history of health and disease throughout five centuries. They are linked by the gray interstitial spaces in which they ensued as well as by the entangled ways in which these health practitioners related to and shaped the particular historical settings in which they lived.