

Quacks and Doctors: The Construction of Biomedical Authority in Mexico

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First, a pre-test.

What is a quack?

What is a doctor?

What values do you associate with the words?

Who created the image of a quack? Of a doctor?

What is the power imbedded in the relationship between these words? By the end of this talk, my success will be in part measured by how you answer these questions differently.

Biomedical authority is inherent in the positive and negative dimensions of your answers to these questions. The word “biomedical” labels a particular system of medicine, one that uses the pattern of knowledge that we teach our students at Juniata. Authorization refers to the process whereby one pattern of knowledge is embedded within legal and institutional structures. The major historical question touched upon in this talk is how bio-

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medical knowledge acquired authority and power throughout the world over the past several hundred years.

Authorization has happened twice in Latin America, once during the process of colonization, and a second time in the nineteenth and twentieth centuries, when biomedical authority was constructed. My comments today will focus upon the latter period. However, insofar as biomedical authority occupied many of the institutional and social spaces created during the colonization process, I must spend some time upon the authorization of Spanish medicine in the first generations after the conquest.

Doctors create quacks by the assertion of their authority. An account of the authorization process must thus include those healers who are not authorized, those whose “otherness” help to define what is being authorized. *Curanderos*, a name that Spaniards gave to lay healers, did not exist before the Spanish conquest; instead, it was created as part of the colonial process. *Curanderos* persisted into the second period, but were joined as “others” by quacks or charlatans. As will be seen, charlatans posed a greater obstacle to biomedical practitioners than did *curanderos*, largely because they both occupied urban spaces.

Mérida, Yucatán, offers an ideal location to observe the re-conceptualization of *curanderos* and the development of biomedical authority. Quite frequently imagined as a “land apart” from mainland Mexico, in Mérida and Yucatán, historical processes are perhaps more visible, and are certainly less encumbered by the political machinations of the nation’s capital. Significantly, medical institutions developed in Mérida quite parallel to those in Mexico City. In both areas, the professionalization of the medical community became visible in the 1870s, after which physicians dominated various public health agencies and worked diligently to gain exclusive legal authority to practice medicine in Mexico.

I

The authorization of some approaches to healing and the marginalization of others was part of Latin America’s colonization process. *Médicos* (Hispanic doctors authorized to practice medicine), clerics, and Spanish administrators created *curanderos* in the sixteenth century by defining who indigenous healers could treat, what medical practices were legal, and the “proper” role of religious ritual in healing.¹ Representatives of the conquest govern-

ment and the Catholic Church first prohibited indigenous physicians from treating Spaniards and then outlawed medical practices with non-Christian religious influences. In its early stages, *curanderismo* was not part of a coherent medical system, but rather a range of activities contrary to Spanish medical norms. Indeed, the sense of what was “proper” from the Spanish perspective delineated the initial boundaries of *curanderismo*.

Nahuan, Huastecan, Mayan, and other indigenous societies had healers with deep-rooted medical traditions before the Spanish conquest in the 1520s.² At least initially, Spaniards valued these indigenous healers, referring to them as *médicos*, the same label used for their own physicians. The shortage of Spanish *médicos* in New Spain no doubt led the conquistadores to use the Nuhua *tíctil* for medical relief, but so too did the efficacy of these healers in treating the fevers, wounds, and diseases suffered by the invaders. Spanish acknowledgement of the inherent value of indigenous healers was abandoned in the 1550s.³ Several factors coincided to redefine the status of these healers. Initially, Spaniards came to think that the “basic physiological nature” of indigenous peoples differed fundamentally from their own. How else could one explain the horrendous impact of small pox, influenza, and typhus on natives? These “Old World” diseases certainly sickened Spaniards, but not with the catastrophic loss of life suffered by the indigene. If natives were of different natures than Spaniards, they then required different healers and methods of medical treatment.⁴

The establishment of Spanish regulatory institutions also undermined the status of indigenous healers. The establishment of the medical review board, the *protomedicato*, meant that healers would need official license in order to practice medicine.⁵ At first, the leaders of this board (*protomédicos*) authorized healers such as Martín de la Cruz as doctors, but stipulated that they could only heal other Indians and only by using “their kind of medicine.” However, by 1553, newly authorized healers lost their status as doctors and were redefined as *amantecas*, a manual classification considerably below that of doctor.⁶

The curricula of medical schools, a third institution critical to the creation of *curanderos*, were firmly rooted in Hippocratic and Galenic understandings. A complex set of requirements created several types of healers, ranging from the formally licensed *médicos*

to the academic surgeon (and his empirical counterpart), phlebotomists, apothecaries, and midwives. In theory, all would have to be examined and licensed by the *protomédico*, but in practice most healers were unauthorized. Fully authorized healers usually attended to only the highest levels of Spanish society.⁷ Indigenous healers drew upon markedly distinct patterns of knowledge, meaning that they would never comply with the academic standards of the Spaniards. At any rate, they were not permitted entry into Spanish schools.

The fourth institution responsible for the creation of *curanderos*, the Tribunal of the Holy Cross, began its formal duties in New Spain in 1571.⁸ Indigenous healers, who were referred to increasingly as *curanderos*, were brought before the Inquisition not because of their healing methodology per se, but rather because their healing practices included activities not sanctioned by the Church. Noemí Quezada identifies four patterns of punishable activities associated with healers. The therapeutic activities of some *curanderos* included the appeal to and support of supernatural beings. Some healers used hallucinogenic plants such as peyote to enter a trance in which they would establish contact with such beings. Others used “idols” or other images from the pre-conquest period in the process of curing. Finally, *curanderos*’ use of divination in determining the illness and its treatment violated the Holy Tribunal’s norms. Quezada found that *curanderos* who did not transgress Catholic religious norms were not found guilty by the Holy Tribunal. Rather, they were accepted as serving “a specific function by offering a solution to the health problems of most of New Spain through the use of an efficient traditional medicine.”⁹

Curanderos who gradually came into being as indigenous doctors were subjected to Spanish legal and religious prescriptions that favored whites over Indians and Christian over native beliefs. Over the course of three or four generations, *curanderos* became subject to the oversight of colonial institutions that sought to purge them of idolatrous and diabolical influences. Furthermore, titled *médicos* deemed the medical understanding of *curanderos* to be inferior to their own academic understandings, insofar as *curanderos* acquired their knowledge experientially rather than in academic settings. Spaniards characterized those who sought out the assistance of *curanderos* with distinct labels and social meanings.¹⁰ *Curanderos*

(and those who used them) were confined to the inherently inferior space reserved for non-Spanish members of colonial society. Once created over the course of the 16th century, *curanderismo* coalesced into an amalgam of healing activities that now is often called “traditional medicine,” a complex mix of indigenous knowledge and practices that over time became intertwined with elements of African and European medicine.¹¹

II

Since the late 19th century, biomedical physicians throughout the world have used licensure and professionalization as means to limit the activities of other healers. Sometimes this takes the form of a demand for formal training; other times physicians criticize the failure of healers to use scientific knowledge as the foundation to healing.¹² In most instances, professionalization is a process whereby biomedical physicians create we/they divisions that categorize other healers into “inferior” positions. Doctors use craft associations, control of public agencies, publicity vehicles such as newspapers, and other tools to assert their professional status, which can then be translated into demands for political authorization. Yucatecan doctors and pharmacists were no exception to this tendency.

A wide variety of healers practiced their skills in Yucatán in the early 20th century. The range of healers in urban and rural areas differed quite significantly. In the interior, most healers worked within the Hispanic medical system that had persisted for hundreds of years, practicing an amalgam of Spanish and Mayan medicine created in the colonial era. Some were more firmly rooted in Mayan patterns; most no doubt unknowingly mixed dimensions of both. By contrast, many urban healers, including biomedical doctors, homeopaths, and spiritists, utilized knowledge and approaches to healing that had only recently been developed. Other urban healers mirrored the practices of their rural counterparts, though without immediate ties to rural agricultural or social settings. The vast majority of the titled Yucatecan doctors, medical facilities, and educational institutions were in Mérida. From that city biomedical physicians penetrated the interior, often in search of infectious disease or to combat “unauthorized” healers.

The establishment of a Pharmaceutical-Medical Society in early 1872 represented an initial effort to unite members of Mérida’s for-

mally-trained medical community. The Society founded the newspaper *La Emulación* as its mouthpiece in support of four professional goals: to stimulate the study of medical and pharmaceutical sciences, to foster scientific investigations, to combat egotism among medical professionals, and to “fight against *charlantanismo* . . . whose pernicious influences are the origin of so many negative consequences that afflict humanity.”¹³

Several types of healers drew the attention of the Society. “Indian” midwives so aggravated members of the organization that they sought to create a program of obstetrics at the local hospital to train midwives.¹⁴ They also accused certain nurses at the General Hospital of administering medicine outside of the institution with “partial” knowledge, a practice the Society labeled as a form of charlatanism.¹⁵ Pharmacists who did not seek the advice of doctors before prescribing drugs also earned the label of charlatan.¹⁶ Political authorities were needed in the resolution of all of these cases, but, in the opinion of the paper’s editors, many political bosses “not only tolerated the illegal practice of medicine, but generally serve as accomplices to the charlatans, and even hide them” from public attention.¹⁷

A critical distinction is visible in this language. *Curanderos* tended to be associated with traditional and indigenous medicine. Charlatans, by contrast, were more likely familiar with scientific knowledge, but lacked the degree or formal authorization that would permit them to legally practice medicine. Although this stark division was often blurred, it serves as a useful juxtaposition of *curanderos* and charlatans from the perspective of biomedical physicians. From this point forward, charlatan would be a commonly used othering phrase.

Herbalists posed a particularly difficult problem to biomedical physicians. Most operated in rural areas, where “rustic people” favored their services, in part because herbalists were members of the local community. Indeed, rural dwellers were accused of preferring to “die in their houses” than to seek out the services of “academics or professors of medicine.”¹⁸ Unfortunately, not only “rustics” sought out *yerbaleros* (herbalists); so too did some members of the elite in the capital city. Only concerted action by members of the medical community could begin to remedy the situation.¹⁹

A successor organization, the Yucatecan Medical Society, com-

pleted the labors of the *Sociedad Médico-Farmacéutica*. Members of the Society wrote that “in civilized nations there is a beautiful flowering of beneficial institutions [that exist] to offer the precious resources of science and of charity” to the “disadvantaged classes.”²⁰ Public health and professional standing were thus intimately linked. In assuming responsibility for public health, biomedical doctors insisted that only qualified, licensed healers should be permitted to practice medicine.²¹

The Mexican government enacted its first Sanitary Code in 1891, a move that was promptly seconded in Yucatán. In that year, state officials authorized the creation of a permanent *Junta Superior de Sanidad* (Board of Health) that would serve as Yucatán’s primary public health agency for the next fifty years.²² The body was divided into various divisions which served as sanitary police, regulated public hygiene and prostitution, oversaw public establishments such as pharmacies, slaughter houses, or restaurants, and conducted sanitary inspections. In addition, the Junta maintained epidemiological, mortuary, and vaccination statistics for the state, as well as conducted vaccination campaigns.²³ The region’s first Sanitary Code fulfilled a second major objective of biomedical doctors, requiring all doctors to be registered with *Junta Superior de Sanidad*. The Junta would thereafter verify the physician’s title and determine their competence by means of an examination. A second code, passed in 1911, reiterated these statutes.²⁴

The 1917 creation of the *Dirección General de Salubridad e Higiene* strengthened institutional opposition against *curanderismo* and charlatans, and signaled a major expansion of public health activities. Spokesmen for this new *Junta Superior de Sanidad* drew upon the rhetoric of scientific progress to support its activities. The Junta would continue to inspect food, housing, and other public facilities in Mérida, but in a far more systematic fashion. And, for the first time, it created a system of “sanitary delegates” who would live and operate in interior towns, where *curanderos* dominated healing activities. The sanitary delegates would be missionaries of science, seeking to convert into “tangible reality” the “natural right of progress.”²⁵

Amplified legal authority aided the new body’s efforts to regulate the practice of medicine in Yucatán. All titled surgeons, dentists, pharmacists, and doctors were required to register with

Dirección de Salubridad to have their legal status confirmed. They would then have to pass an examination to verify their knowledge.²⁶ Within months of its founding, the Junta demonstrated its legal muscle when it fined Enrique Wanovichtz 500 pesos gold for repeated violations of the sanitary code's stipulation that one be titled and authorized in order to practice medicine.²⁷

Homeopathic doctors proved far more problematic for physicians on the Junta than unlicensed healers such as Wanovichtz. Followers of Samuel Hahnemann believed that they too practiced scientific medicine; they certainly had professional titles and formal academic training, some from a National School of Homeopathy in Mexico City, others from schools in the United States, Cuba, or Europe. Homeopathic doctors had practiced in Mérida since the 1850s. Some, such as Rafael Villamil, were leading physicians at the Hospital O'Horán and professors at the School of Medicine.²⁸

Dr. Romualdo Manjarrez López thus faced a vexing task when Director Gil Rojas Aguilar asked him to recommend a policy for the Junta in dealing with homeopathic physicians. The administrative council of the homeopathic school in Mexico had asked Gil Rojas to request that Yucatán's state law be brought into agreement with the new federal constitution, which would thereby authorize graduates of the school to legally practice in Mérida.²⁹ Manjarrez López recognized the sensitive nature of the issue, arguing that social harmony demanded that recognition be seriously considered. But, he insisted that the state government should not blindly authorize all titles from outside the state. Manjarrez López assured Gil Rojas that he believed the National School of Homeopathy to be honorable, but perhaps that its ideals and principles might be misguided, a coded critique of the homeopathic method. Still, it seemed "natural" that graduates of the school should be titled in the Yucatán. The rationale for denying the request, in the end, was justified not on the grounds of belief systems but rather on the basis of state versus federal authority. Manjarrez López reasoned that authorization needed to originate at the state, not federal, level. He recommended that homeopathic physicians be required to present their credentials to the Junta and, like graduates from other medical schools, undergo an examination to demonstrate their medical understanding.³⁰ Unspoken, of course, was the fact

that homeopathic understandings would not pass as appropriate scientific knowledge in the eyes of the examining committee. Manjarrez López's jurisdictional logic thus avoided the heart of the differences between the two medical beliefs, placing – for the time being – the state legal system as the arbiter of “legitimate” medical practices.

At the same time that biomedical physicians were attacking homeopathic physicians, they also identified spiritists as part of the scourge of charlatans. Officials of the *Junta Superior de Sanidad* informed the Governor in 1922 that operators of the Spiritist Center “*Luz y Unión*” were practicing *curanderismo*. Several patients reported that they had been prescribed and sold various drugs, all upon the advice of a medium. Director Ignacio Góngora argued that he was hardly a *curandero*, since he had been in business for over thirty years. Góngora told local officials that upon entering a trance, he sought out the protective advice of Francisco García, a spirit “on the other side” who informed him of the person's illness and what medications were required.³¹ Little seemingly came of this campaign, for ten years later physicians complained that the spiritist facilities were “centers of barbarism” that operated with the full knowledge of public authorities.³²

Midwives were painted with the same brush as *curanderos*, homeopaths, and spiritists. Dr. Carlos Caseres complained that while strides had been made to title physicians in the 1920s, no efforts were being made to regulate midwifery. While most midwives were “modest and moral” according to Caseres, some practiced “the occult arts.” Moreover, they readily gave injections and wrote prescriptions, seemingly the prerogative of titled professionals. Worse, perhaps, for Caseres, was his assessment of a recent congress of nurses and midwives in Mexico City. This gathering, he claimed, was a mix of “logic and fantasy, of the reasonable and absurd.” The Revolution's spawning of self-regulating syndicates, Caseres asserted, should be abandoned in favor of professional associations.³³

In a 1931 speech before the 3rd annual convention of Mexican medical societies, Narciso Souza Novelo and Pedro Magaña Erosa outlined eight steps that were needed to end the threat to their profession. The first step was to convince the public of the benefits of medical science, accompanied by an explanation of “the dangers

that accompanied the empirical assistance of the sick.” Science, rather than tradition, needed to be understood by the public. It was not enough, however, to simply explain the benefits of medical science. Medical facilities should be established in rural towns and villages where they were now absent. Vaccinations, propaganda leaflets, and local conferences would help in the interior. In this task, local, state, and federal authorities – and medical associations – needed to cooperate, a coordination that had been lacking to date. With these two steps, a concerted campaign against non-registered charlatans could begin, demonstrating the “pseudo-scientific” nature of their practices. Pharmacists also needed to be regulated much more closely, as did the drugs that they sold, especially to charlatans. Strong central authority and rigid enforcement of the law were the required final dimensions of the campaign.³⁴

Medical knowledge could be used to separate the doctor from the charlatan, though it would be a challenging task. German Pompeyo S. suggested that charlatans worked on the boundaries of titled doctors, reaping the benefits of their labor. Pompeyo argued that charlatans appealed to the soul, while doctors relied upon science. Unfortunately, medical science did not always appeal to the public. The implication in Pompeyo’s analysis was the need to win the minds – and the hearts – of the public in order to strengthen the professional medical community.³⁵

Competition caused by the burgeoning number of physicians and the Depression increased complaints about *curanderos* and unauthorized practitioners. “*Curanderismo* is a true plague” Dr. Alejandro Cervera A. concluded in a 1933 study. Cervera identified six categories of charlatans, only two of which – herbalists and bone setters – would likely have been referred to as *curanderos* in the nineteenth century. Cervera argued that people associated with pharmacies or nurses practicing as doctors constituted an important category of charlatans. Both, he concluded, had inadequate medical knowledge and often prescribed appropriate drugs without formal training. Venders and hawkers of patent medicine, spiritists, and naturalists each occupied separate categories.³⁶ Another physician added three more categories: titled doctors who practiced outside their specialties; doctors who had lost their titles; and students who had not yet finished their education.³⁷ Specialized, university trained biomedical physicians were thus the only heal-

ers that avoided the taint of *curanderismo* or the label charlatan.

The creation of a federal bureaucratic medical structure, replete with legal authorization and responsibilities, added another layer in the struggle against *curanderos* and helped to define the boundaries of charlatanism. The syndicates spawned by the Revolution often took a leading role in forging linkages between local, state, and federal concerns.³⁸ Thus, by the 1940s the Judicial Service of the Federal Department of Public Health, its Sanitary Delegation in the area, the Governor of the State of Yucatán, the local *Junta Superior de Sanidad*, and municipal officials were cooperating in the defense of the fully authorized biomedical approach to healing.³⁹

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In May 1918, Yucatán's newly formed Board of Health and Hygiene proudly announced that it had dispatched sanitary delegates into the interior of the state as part of its mission to improve the health of the region's citizens. Delegates reportedly labored valiantly "in spite of the forces of *curanderismo* that seek to impede the truths of science that have placed us on the natural path of progress."⁴⁰ Nearly 100 years later, at the dawn of the twenty-first century, many "biomedical representatives" continue to "dismiss village curers as quacks or superstitious charlatans." They allege "that the people who seek such cures are fools who are easily duped by charlatans in the guise of *curanderos*."⁴¹ These comments demonstrate the belief that biomedical scientific knowledge is superior to the "traditional" knowledge that underpins *curanderismo*. Such comments reflect the privileged status of biomedicine in the Mexican legal and regulatory system. Although *curanderismo* is often effective and enjoys widespread popularity, it is deemed by authorizing officials to be a "backward" approach to healing. Those who seek the assistance of *curanderos* are relegated to an inferior social status, despite recent efforts to extend official support to the healing practices of *curanderos* and other traditional healers.⁴²

The nineteenth-century introduction of biomedical beliefs and healing practices into Mexico led to a re-conceptualization of *curanderos*. Even as the oppositional positions held by doctors and *curanderos* persisted, the sources of authority used to create and marginalize *curanderos* changed dramatically. After the 1850s, physicians associated with the emerging biomedical paradigm

employed claims of scientific knowledge and professional conduct to replace the racial, religious, and social features that colonial *médicos* had used. They created professional communities that desired the exclusive privilege of practicing medicine, as well as the legal authority and power associated with state and federal institutions. In the descriptions of *curanderos*, physicians revealed their new-found sense of self, one that is visible throughout contemporary Mexico. These images of *curanderos* and charlatans help to illustrate the critical transition between the colonial and modern eras of the history of Mexican medicine.

Post test:

What is a quack?

What is a doctor?

Who created the image of a quack? Of a doctor?

What is the power imbedded in the relationship between these words?



NOTES

¹ For an overview of the Spanish medical system in New Spain, see Luz María Hernández and George M. Foster, “Curers and Their Cures in Colonial New Spain and Guatemala: The Spanish Component,” in *Mesoamerican Healers*, ed. by Brad R. Huber and Alan R. Sandstrom (Austin: Texas University Press), 19-46.

² See, for example, Bernard R. Ortiz de Montellano, *Aztec Medicine, Health, and Nutrition* (New Brunswick: Rutgers University Press, 1990).

³ Carlos Viesca Treviño, “Curanderismo in Mexico and Guatemala: Its Historical Evolution from the Sixteenth to the Nineteenth Century,” in *Mesoamerican Healers*, 47-49.

⁴ Viesca Treviño, “Curanderismo in Mexico and Guatemala,” 49-50.

⁵ John Jay TePaske, “Regulation of Medical Practitioners in the Age of Francisco Hernández,” in *Searching for the Secrets of Nature: The Life and Works of Dr. Francisco Hernández*, ed. by Simon Varey, Rafael Chabrán, and Dora B. Weiner (Stanford: Stanford University Press, 2000), 55-56.

⁶ Viesca Treviño, “Curanderismo in Mexico and Guatemala,” 50. Italics in the original.

⁷ Luz María Hernández Sáenz, *Learning to Heal: The Medical Profession in Colonial Mexico, 1767-1831* (New York: Peter Lang, 1997), 3-5.

⁸ Noemí Quezada, “The Inquisition’s Repression of Curanderos,” in *Cultural Encounters: The Impact of the Inquisition in Spain and the New World*, ed. by Mary Elizabeth Perry and Anne J. Cruz (Berkeley: University of California Press, 1991), 39-41.

⁹ Quezada, “The Inquisition’s Repression of Curanderos,” 52-53.

- ¹⁰ Viesca Treviño, "Curanderismo in Mexico and Guatemala," 47-65.
- ¹¹ X. Lozoya, "La medicina tradicional en México: balance de una década y perspectivas," in *El futuro de la medicina tradicional en la atención a la salud de los países latinoamericanos* (Mexico, DF: CIESS, 1987), 65-74, as cited in Gustavo Nigenda, "La práctica de la medicina tradicional en América Latina y el Caribe," *Salud Pública de México*, 42.
- ¹² Illustrative of the literature on professionalization and the "othering" of non-scientific healers are: Diana Obregón, "Building National Medicine: Leprosy and Power in Colombia, 1870-1910," *Social History of Medicine*, 15:1 (2002), 89-108; Ricard González Leandri, "La profesión médica en Buenos Aires, 1852-1870," in *Política, médica y enfermedades. Lecturas de historia de la salud en la Argentina*, ed. by Mirta Zaida Lobato (Buenos Aires: Editorial Biblos, 1996), 21-53; and S. E. D. Shortt, "Physicians, Science, and Status: Issues in the Professionalization of Anglo-American Medicine in the Nineteenth Century," *Medical History*, 27 (1983), 51-68.
- ¹³ *La Emulación*, January 1873.
- ¹⁴ *La Emulación*, September 1874, January 1878.
- ¹⁵ *La Emulación*, May 1874.
- ¹⁶ *La Emulación*, May 1874.
- ¹⁷ *La Emulación*, January 1875, 67-68.
- ¹⁸ *La Emulación*, November 1874, 273-74.
- ¹⁹ *La Emulación*, May 1874, 274.
- ²⁰ *La Revista Médica de Yucatán*, November 1905.
- ²¹ *La Revista Médica de Yucatán*, November 1905, 186.
- ²² *Boletín de Higiene*, May 5, 1895.
- ²³ *Boletín de Higiene*, May 5, 1895.
- ²⁴ *Código sanitario del Estado de Yucatán* (Mérida: Imprenta de la "Escuela Correccional de Artes y Oficios," 1911).
- ²⁵ *La Higiene*, May 1918, 2.
- ²⁶ Gil Rojas to Governor, August 16, 1918, AGEY, FPE, Sec. Beneficencia, Ser. Salubridad, Sanidad, Caja 642. *La Higiene*, May 1918.
- ²⁷ Gil Rojas to Enrique Wanovichtz, November 10, 1917, AGEY, FPE, Sec. Junta Superior de Sanidad, Ser. Copiador de Oficios, Vol. 66, exp. 114.
- ²⁸ Rafael Colomé T., *La Escuela de Medicina Homeopática de Yucatán; Fundación, Actuación, y clausura* (Mérida: Talleres "Impresora Popular," 1938), 5-6; *Revista de Medicina Homeopática*, August 1921.
- ²⁹ The request was made on February 27 and published in *La Higiene*, May 1919, 22.
- ³⁰ *La Higiene*, May 1919, 21-23.
- ³¹ Gil Rojas to Enrique Wanovichtz, November 10, 1917, AGEY, FPE, Sec. Junta Superior de Sanidad, Ser. Copiador de Oficios, Vol. 66, exp. 114.
- ³² *La Revista Médica de Yucatán*, March 1933, 218-19.
- ³³ *La Revista Médica de Yucatán*, April 1933, 230-32.
- ³⁴ *La Revista Médica de Yucatán*, June 1931, 126-31.
- ³⁵ *La Revista Médica de Yucatán*, June 1931, 138.
- ³⁶ *La Revista Médica de Yucatán*, June 1933, 284-86.
- ³⁷ *La Revista Médica de Yucatán*, August 1933, 362-63.
- ³⁸ J. M. Esquivel and Luis Vega Loeza to the Jefe del Departamento del Salubridad Pública, December 30, 1934, AHSSA, Fondo Sanidad Pública, Sección Ejercicio de la Medicina, Caja 12, Exp. 5.
- ³⁹ AHSSA, Fondo Sanidad Pública, Sección Ejercicio de la Medicina, Caja 12, Exp. 5, correspondence from January 11, February 23, and March 14, 1935.
- ⁴⁰ *La Higiene*, May 1918, 2.
- ⁴¹ Alan R. Sandstrom, "Mesoamerican Healers and Medical Anthropology: Summary and Concluding Remarks," in *Mesoamerican Healers*, 309, 310.
- ⁴² Gustavo Nigenda et al., "La práctica de la medicina tradicional en América

Latina y el Caribe: el dilema entre regulación y tolerancia,” *Salud Pública de Méxco*, 43:1 (Enero/Febrero 2001), 41-51; Miguel A. Güémez Pineda, “De comadronas a promotoras de salud y planificación familiar: Proceso de incorporación de las parteras empíricas Yucatecas al sistema institucional de salud,” in Estebán Krotz, coordinator, *Cambio cultural y resocialización en Yucatán* (Mérida: Ediciones de la Universidad Autónoma de Yucatán, 1997), 117-45.