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The Hospitals of New Spain in the Sixteenth Century

Jean Maxine Cohen

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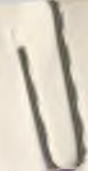
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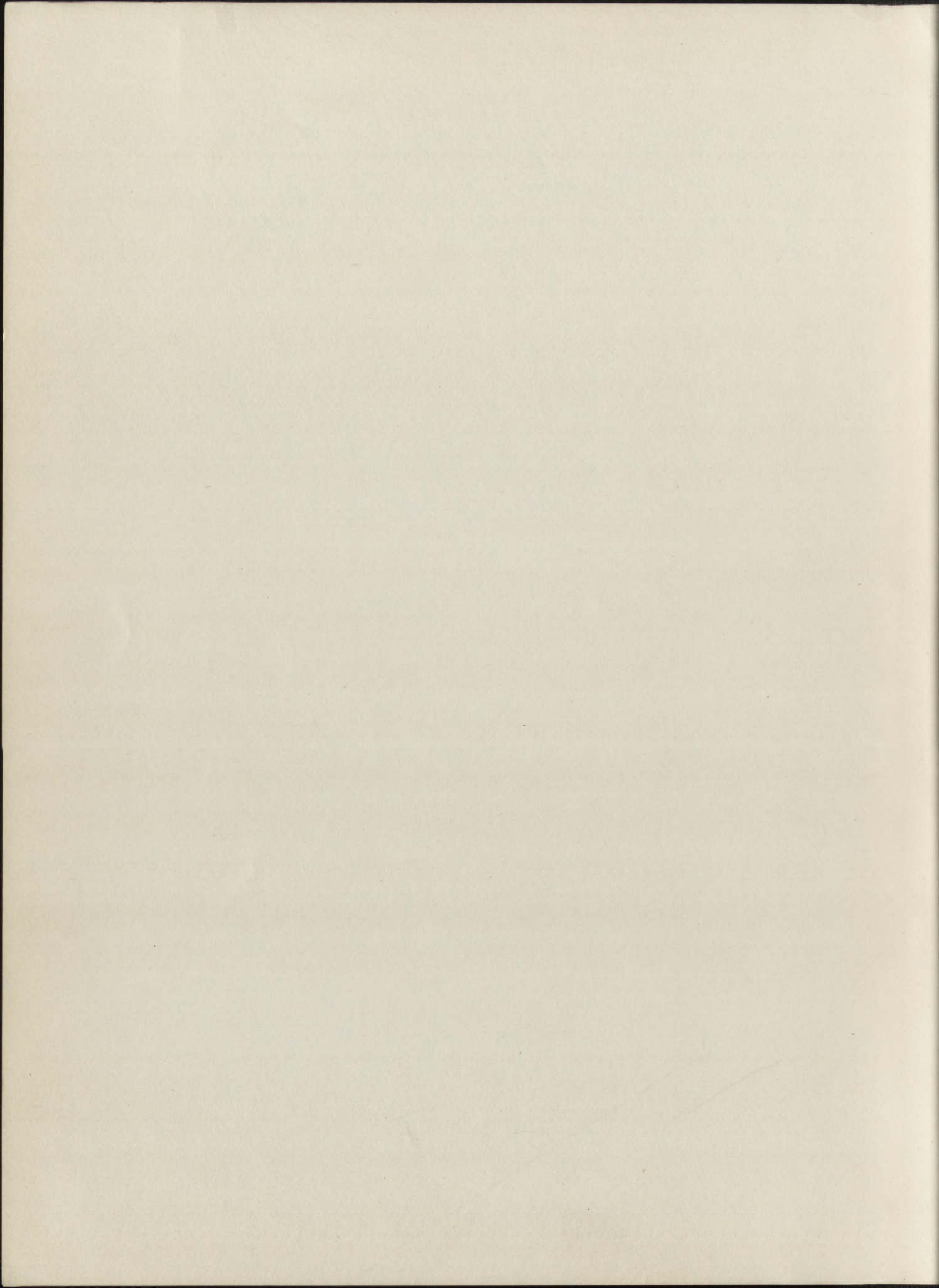
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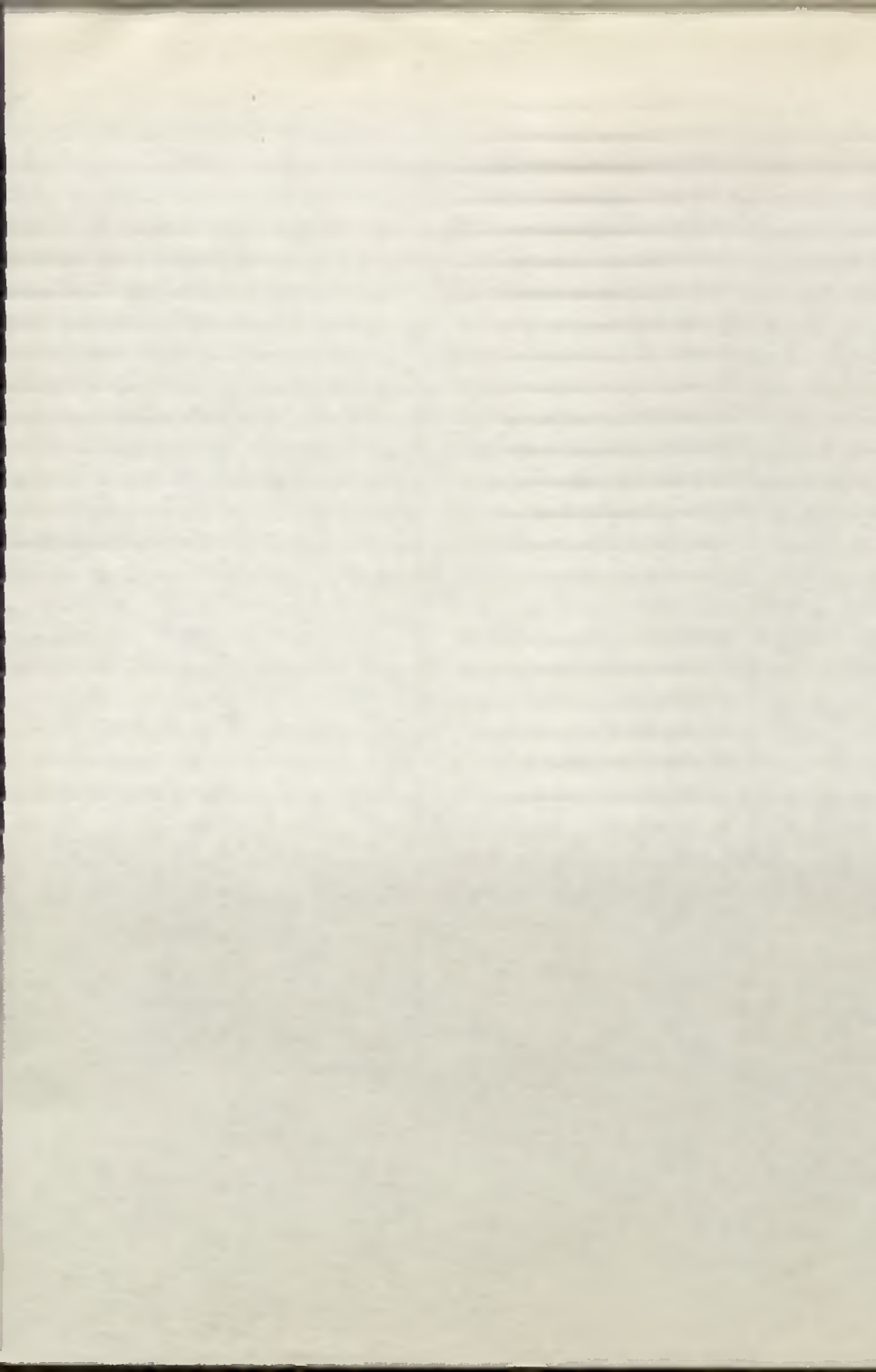
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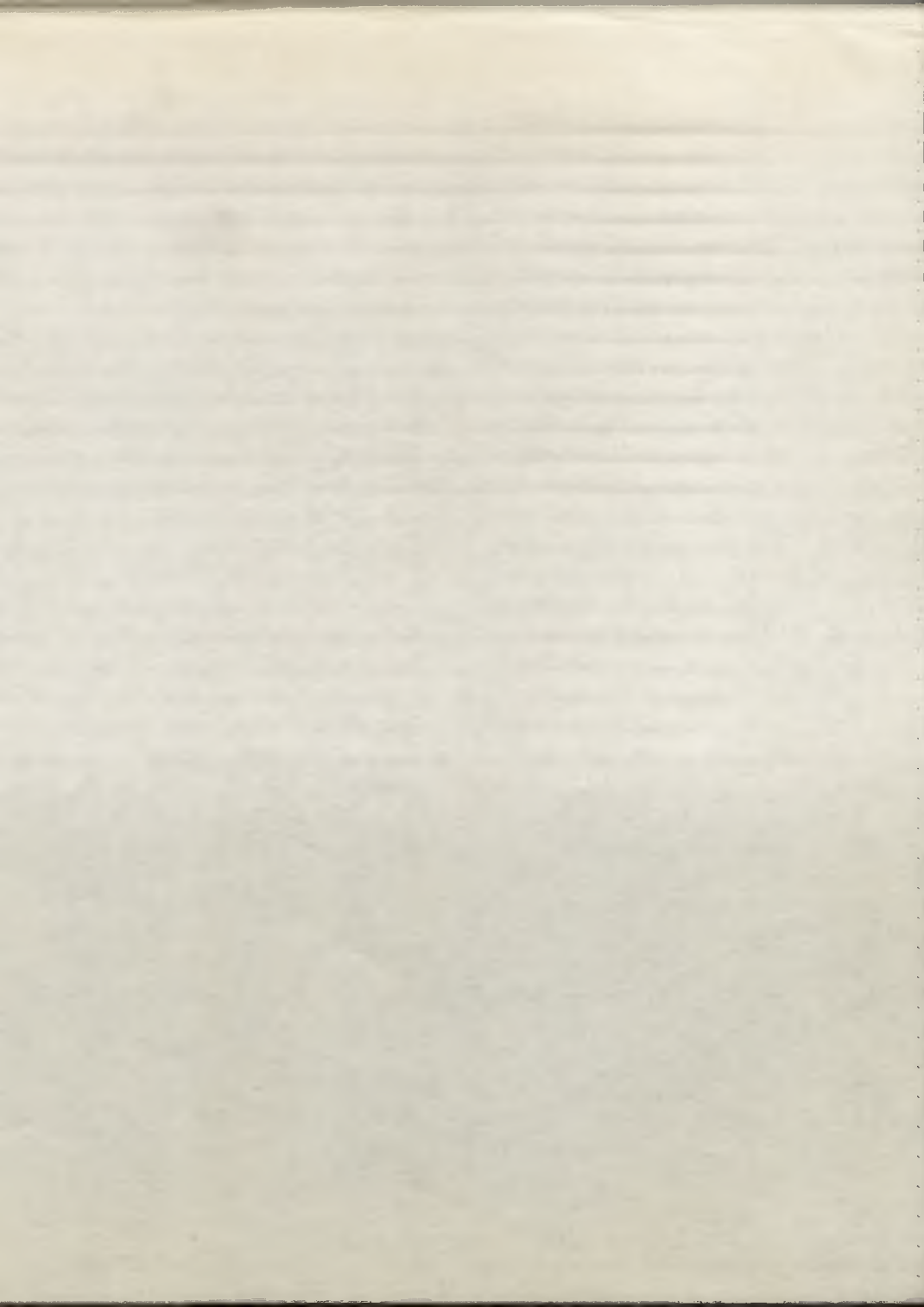
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THE HOSPITALS OF NEW SPAIN
IN THE
SIXTEENTH CENTURY



A Thesis
Presented to
the Faculty of the School of Inter-American Affairs
University of New Mexico

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

by
Jean Maxine Cohen

June 1948



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This thesis, directed and approved by the candidate's committee, has been accepted by the Graduate Committee of the University of New Mexico in partial fulfillment of the requirements for the degree of

MASTER OF ARTS

Harold V. Stollen

DEAN

May 31 - 1948

DATE

The Hospitals of New Spain
in the Sixteenth Century

by

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CHAPTER I

INTRODUCTION

It is the purpose of this study to present an account of hospitals and charitable institutions in New Spain during the sixteenth century. In order to gain a clear concept of this phase of the Spanish cultural program in the New World, it is first necessary to understand practices which originated in the realms of Castile as well as in other European nations, and were later transferred to the Americas. Such an initial investigation causes the modern reader to realize that the term "hospital" then involved much more than the medical treatment accorded today to those persons suffering from acute illnesses. Having found its reason for existence in the birth of Christianity, the hospital of past centuries embraced the entire field of charitable pursuits which today are often carried on by lay and civil authorities; treatment of the sick, care of the poor and needy, protection of orphans and old persons, asylums for the demented, places of refuge for transients. Certain religious and ethical concepts were attached to the hospital from its inception. Christian precepts demanded that the unfortunates of humanity receive adequate care and protection. The hospital, frequently a foundation of the secular or regular clergy, was designated as the institution to provide for the many varied needs of the helpless members of society.

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Since the Spanish conquest of America was as spiritual as it was militant, it is logical that the establishment of hospitals in the New World should begin as soon as possible after the arrival of the invaders. Throughout the entire period of colonial domination Spain was never to forget that she was first and foremost Crusader of the Holy Roman Catholic Faith. The creation of hospitals was a matter of the Faith protected and sponsored by the royal patronage. These institutions in the New World, moreover, not only served the previously mentioned purposes, but also served as valuable devices for the indoctrination of the aborigines. As the territorial units of the Empire continued to expand until they stretched from one continent to another, so did the number of hospitals increase to meet the growing needs of the colonies.

Spanish hospitals in the New World, like Spanish governmental institutions, were forced to adapt themselves to new situations presented by an unwieldy and often hostile population. Waves of epidemics, passive or active resistance of the neophytes, and insufficient funds often hampered the early efforts of these institutions. Yet the story of their achievements is one of the most remarkable in the history of Spanish expansion. Kings, prelates, missionaries, physicians, and all persons desiring entrance into the gates of Heaven took part in this most interesting saga.

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In regard to the materials used in this research, a general review has been made of available printed materials: collections of documents, ecclesiastical chronicles, codifications of the laws of Spain and the Indies, and various outstanding secondary works. In addition, unpublished documents from the Archivo General de Indias of Sevilla, copies of which were kindly supplied by Dr. France V. Scholes, have been used. These materials include the Ordinances of the Hospital de San Lázaro and those for the Hospital de los Convalecientes, as well as viceregal reports and royal decrees describing the financial support of the Hospital Real de los Indios. Without these sources it would have been impossible to give any adequate account of the institutions mentioned.

Information concerning the internal history of the hospitals of New Spain is still scant. Research in the governmental archives of New Spain would doubtless reveal considerable data for this phase of hospital development.

Chapters II-III contain background material on the history of hospital foundations in Europe, particularly in Spain, and on the beginnings of the hospital movement in Spanish America, with special reference to New Spain. Chapters IV-VII deal in some detail with major hospitals and houses of charity founded in New Spain in the sixteenth century. Chapter VIII contains a brief statement of conclusions.

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BACK CONTENT

CHAPTER II

HOSPITALS OF MEDIEVAL AND RENAISSANCE SPAIN

1. The Medieval Hospital

"The glory of medieval medicine was undoubtedly in the organization of hospitals and sick nursing, which had its origins in the teachings of Christ." So writes a well-known historian of the science of medicine.¹ It should be noted, however, that contrary to the modern concept of the hospital, which specializes in the treatment and cure of diseases, the service of medieval hospitals was not confined to medical treatment. The care of the unfortunate, a duty of Christians from earliest times, did not restrict itself to any particular type of need. Thus, in medieval times, the term hospital, derived from such Latin terms as hospes, hospitalis, hospitium, and the French word hospice, applied inclusively to places for the reception of travelers and pilgrims, for the permanent care of the aged, the poor, the abandoned, the maimed, halt, and blind, and for the cure of the sick.²

¹ Fielding H. Garrison, An Introduction to the History of Medicine (Philadelphia: W. B. Saunders Company, 4th ed., 1929), p. 176.

² John Morrison Hobson, Some Early and Later Houses of Pity (London: George Routledge and Sons, Ltd., 1926), pp. 1-2. A common medieval French term for hospital was also Maison Dieu, "God's Hostelry." See Elizabeth Speakman, "Medieval Hospitals," Dublin Review, CXXXIII (July-October, 1903), pp. 280-81.

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Hospitals were established in various parts of Europe as early as the sixth and seventh centuries. The greatest development came in the eleventh to thirteenth centuries, the age of the Crusades, the founding of new monastic Orders, and a true renaissance of the religious spirit. A desire to help the less fortunate of humanity spread throughout Europe in a simultaneous movement. Although the Hotel Dieu of Paris was perhaps the most famous institution of its kind in France, there was in each great city of that realm a Hotel Dieu, a place for God's hospitality. St. Bartholomew's Hospital of London, the oldest English hospital of any great size, was founded in 1137 by Rahere, a jester, who later joined a religious order. The Holy Cross Hospital at Winchester, founded in 1132, and St. Thomas's Hospital, founded by Peter, Bishop of Winchester, in 1215, are prominent examples of the British endeavor. The hospital established during the Crusades by the Knights of St. John on the island of Rhodes still stands today as one of the most important examples of medieval piety. The followers of St. Elizabeth of Hungary, the Hospitallers, founded two hospitals at Eisenbach, and a third on the Wartburg. When a hospital of the Holy Ghost, opened by Guy de Montpellier in 1145, received the approval of Pope Innocent III, almost every city in Europe followed suit by founding a similar institution. The Pope himself built in 1204 the hospital at Rome,

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Santo Spirito in Sassia.³

The gradual transfer of hospitals from the hands of ecclesiastical authorities to the municipalities was hastened by the scourge of leprosy which swept over Europe during the Middle Ages. The extraordinary number of leper houses indicated not only the prevalence of the disease but also the extreme care taken to protect society from this affliction. It is safe to assume that leper hospitals formed a large proportion of all hospitals founded.⁴

The primary purpose of the leper house was to offer a place of compulsory isolation for the segregation of lepers from the general populace. The contagious nature of the disease was never doubted in the Middle Ages.⁵ Yet seclusion had arisen at first not so much from the idea of contagion but from the conviction that leprosy was a punishment by God for some wickedness and from a desire to escape castigation by rejecting those who bore the stigma of evil. Later the Christian church modified this belief to such an

³ Hobson, op. cit., passim; Garrison, op. cit., pp. 177-179; Douglas Guthrie, A History of Medicine (Philadelphia: J. B. Lippincott Company, 1946), p. 128. For a bibliography of medieval hospital foundations, see Louis J. Pastow, Guide to the Study of Medieval History (London: Kegan Paul, 1931), p. 470.

⁴ Garrison, op. cit., p. 179. The author estimates that there were 220 leproseria in England and Scotland and 2000 in France.

⁵ Speakman, op. cit., pp. 293-95; Charles A. Mercier, Leper Houses and Medieval Hospitals (London: H. K. Lewis, 1915), pp. 6-9.

extent that lepers were considered specially favored by the Deity, who made them suffer in this world so that they might escape punishment in the next. The cultivation of asceticism and mortification bestowed upon the leper a certain sacredness in the eyes of the Church and the faithful: "Since God has visited you among His children by a sign of greater love, lest so great a gift be lost, we enjoin on you reformation of manners and regularity of life."⁶ Owing to the sacred nature of the disease, the care of lepers became a fashionable fad among great people. Maud, Queen of Henry I, not only founded a leper house but also washed and kissed their feet, for in so doing she was attending the Eternal King; Henry III also kissed the leper.⁷ At an early date, however, the belief in the contagiousness of the disease was definitely established so that although the idea that the leper was struck by the hand of God never entirely disappeared, he was thereafter commonly regarded with a peculiar mixture of reverence and loathing.⁸

Upon being declared leprous, the individual appeared in an ecclesiastical ceremony in which his civil death was

⁶ Speakman, op. cit., pp. 293-95. Selected from the beginning of legislation for the Léproserie of Lille by Walter, Bishop of Tournay.

⁷ Hobson, op. cit., pp. 6-9; Mercier, op. cit., pp. 6-9.

⁸ Mercier, op. cit., pp. 6-9; Speakman, op. cit., pp. 293-95.

declared. The leper, wrapped in a shroud and placed on a bier, was carried into the church in full funeral procession. Having arrived at the church, which had donned black for the momentous occasion, the leper was laid upon the ground and a requiem mass was said. He was then carried into the church and laid beside an open grave. Three times the priest scattered dust upon his head, saying, "Die to the world, be born again to God." Then amid the somber strains of the psalm for the dead, Libera me, the "dead man" was conducted to his place of seclusion, his prison monastery and almshouse. At the door the priest gave him his scrip for alms, his stoup for water, his wallet for scraps of food, his gloves, his cloak, and his clapper. Henceforth he was virtually cut off from the rest of humanity, forbidden to eat in public places, to use public facilities, to eat and talk freely with those who did not suffer from the same malady. This ceremony was not mere ritual. The leper's will took effect immediately; thereafter he was forbidden to hold or inherit property.⁹

It has often been assumed in the light of modern scientific knowledge that some persons were sent to leper houses who suffered from other diseases. Since, even today,

⁹ Mercier, op. cit., pp. 13-14, 16-19. The prohibition of holding property was not attached to the leper houses as corporate bodies; therefore many of these houses, like the monastic orders pledged to the vow of poverty, accumulated great wealth.

the early stages of this disease are not easy to diagnose, doubtless some non-lepers were sent. Yet extreme care was taken to determine the true leper, not only for the sake of society, but also for the sake of the patient who would be forced to undergo such mental anguish. Galen, the infallible authority of the Middle Ages, gave full and correct descriptions of four kinds of leprosy. In remote places, however, where the absence of physicians caused diagnosis to be entrusted to the clergy or confirmed lepers, who were considered experts in their own malady, some mistakes were made. In Lorraine a suspected leper was examined by emissaries of the bishop, usually assisted by one or two lepers. If the patient was declared healthy, he was presented with letters of absolution which were read at divine services by the parish priest. If the case was doubtful, twenty-two successive examinations were made; if still no decision could be made, the suspect was sent to a leper house where he was examined by physicians.¹⁰

The treatment of lepers cannot be judged by the present-day concept of social ethics. Yet leprosy did disappear from the European continent. The idea of segregation was carried over, furthermore, to all other diseases which were considered infectious: plague, fevers with obvious rashes, phthisis, granular conjunctivitis, the itch and

¹⁰ Ibid., pp. 10-11.

the early stages of the disease, the patient is usually
in good health, but as the disease progresses, the patient
becomes more and more debilitated, and the disease
eventually leads to death. The disease is usually
diagnosed by the physician, and the patient is usually
treated with a combination of drugs. The disease is
usually fatal, and the patient usually dies within
a few months of the onset of the disease. The disease
is usually caused by a virus, and the patient is usually
infectious during the early stages of the disease. The
disease is usually spread by contact with the patient,
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erysipelas. The system of quarantine spread throughout Europe after it had been employed so successfully by Venice and Milan between 1370-74 in an effort to avoid the Black Death.¹¹ In an age in which so little was known about the nature and cure of diseases, complete isolation offered one of the best methods of combatting the foes of mankind.

2. Hospital Organization in Medieval Spain

Although care of the sick and needy in Spain had early come under the direction of the Church, lay persons began to organize cofradías, benevolent guilds, in order to engage in charitable pursuits. In the thirteenth century the Cofradía de Nuestra Señora de la Balesquida in Oviedo distinguished itself by taking charge of a hospital, visiting the sick and imprisoned, attending burials, and celebrating meals in common with their less fortunate brothers.¹² In the fourteenth century the institution, Padre de Huérfanos, gathered up and cared for abandoned children. Although founded in Aragon, the asylum spread throughout many cities

¹¹ Charles Singer, A Short History of Medicine (New York: Oxford University Press, 1928), pp. 80-81. The original period of thirty days, the Trentina, was later considered not long enough; hence forty days, the Quarantina, was required, from which the word quarantine was derived.

¹² Rafael Altamira y Crevea, Historia de España y de la civilización española (4 vols., Barcelona: Herederos de Juan Gili, 1913), II, 104.

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of the Peninsula.¹³

Enrique IV in 1462 had attempted to regulate the cofradías by prohibiting the formation of such groups and dissolving the existing organizations unless they were engaged "in pious and spiritual causes." Charles V later, at petition of the Cortes, reaffirmed the law.¹⁴ The truly pious, however, found ample opportunity to serve the unfortunate. One of the most energetic groups was that of the Cofradía de Nuestra Señora de la Soledad y Santo Entierro de Cristo established in 1582.¹⁵

The hospital in Spain, like the church, monastery, and inn maintained for travelers, was clearly defined by Alfonso el Sabio as a lugar religioso, man-made, created for the service of God, charged with receiving the poor and performing works of piety.¹⁶ The hospedadores were to be the prelates of the poor, for thus had the Holy Church established it. The Apostles themselves had fed the hungry and shared "with each and every one."¹⁷

¹³ Ibid., II, pp. 126-27.

¹⁴ Ibid., III, pp. 430-32. The movement to dissolve cofradías was part of the reaction against the guilds, or gremios, which began to be restricted by both state and municipal government in an effort to control their growing political powers.

¹⁵ El Duque de T'Serclaes, "Documentos de las Fundaciones Religiosas y Benéficas de la Villa de Almonte," Boletín de la Real Academia de la Historia, LXIII (1913), pp. 162-64.

¹⁶ Gregorio López, Las Siete Partidas del rey Alfonso el sabio (Paris: Librería Castellana, 1847), Partida I, Título XI, Ley I, pp. 373-74.

¹⁷ López, op. cit., Partida I, Título V, Ley XL, pp. 188-89.

The hospital, therefore, embraced any foundation, official or private, devoted to aiding, sheltering, and giving succor to any person, sick or well, of any age or sex. As in other parts of Europe, the modern idea of an institution for the treatment of the sick was combined with that of the asylum for infants, the aged and the poor, and the free hospice for transients. This flexibility, however, did not obstruct specialization. Many of the Valencian hospitals from their initial foundation were characterized by their exclusive devotion to a type or class of persons, such as sick priests or fishermen, or to a definite kind of disease.¹⁸

Throughout Spain, moreover, special attention was directed toward sufferers from the dread disease of San Lázaro. The lepers of Santa María de Bazar de la Espina, in the Concejo de Salas, enjoyed from the year 1229 exemption from taxes and tributes through special privilege of Alfonso IX conceded in Tineo on July 30 of that year. This concession was reaffirmed by successive kings up to Charles V (Valladolid, February 28, 1520). This same asylum was granted in 1248 a piece of land in Pieño and thereafter its inmates gave thanks for their good fortune by celebrating

¹⁸ José Rodrigo Portegás, "Hospitales de Valencia en el siglo XV," Boletín de la Real Academia de la Historia, XC (1927), p. 561.

an anniversary in behalf of their donators.¹⁹

In Valencia treatment of the leper was more humane and less stringent than that adopted toward the "gafos" and "malatos" of Castile. The Hospital of San Lázaro of Valencia had existed since the first years following the Reconquest. Early accounts of this institution offer no proof that upon entrance into the lazareto the leper of Valencia had to undergo the disgraceful ceremony, so common throughout other areas, of having his "civil death" declared at the door of the church and of relinquishing all contact with other persons. One of the most significant features of the provisions adopted by the Jurados of Valencia in 1334 in order to improve the regime of the Hospital of San Lázaro was the easy means of communication with the outside world offered to the inmates.²⁰

The true flowering of nosocomial endeavor, however, occurred in the fourteenth century and reached its zenith in the fifteenth and sixteenth.²¹ In Valencia the Hospital de San Antonio Abad, founded by the Antonianos, embraced all the unfortunate victims of the mal de los ardientes, or fuego

¹⁹ El Duque de Alba, "Leprosería de la Espina en el Consejo de Salas," Boletín de la Real Academia de Historia, C (1932), pp. 9-13.

²⁰ Pertegás, op. cit., pp. 590-92.

²¹ Nosocomia, hospitals for the care of the sick alone.

maldito.²² In 1376, at the instance of the Jurados of the city, the hospital En Berenguer Soler was established for the express purpose of aiding poor strangers, most of whom came from Castile, "per occasio de la fam que allí era," descending upon Valencia in such numbers that the then existing hospitals were not prepared to meet the sudden influx of the needy. Before the end of the fourteenth century additional hospitals were founded: Sant María or En Clapers, En Conill or Menaguerra, and En Bon.²³

During the first decade of the fifteenth century Spain distinguished herself by the founding of the first hospital for the treatment of the insane. This institution, the Hospital de los Santos Inocentes in Valencia, was established in 1409 by Fray Gilabert Joffe^{re} of the Mercedarian Order. Subsequently other hospitals for demented cases were founded in Barcelona and Toledo in 1481 and 1483 respectively.²⁴ And the "first" in hospital history occurred before the end of the fifteenth century, when Isabel the Catholic established a military hospital on the plains of Granada to care for the

²² The disease was probably "St. Anthony's fire," which was a common epidemic during the Middle Ages. The malady was also called ignis sacer and feu sacer. Some authorities now believe that the mal de los ardientes (mal des ardents) might also have referred to bubonic plague. Guthrie, op.cit., p. 101.

²³ Pertegás, op. cit., p. 561.

²⁴ Altamira y Crevea, op. cit., II, 516-18. The hospital in Toledo, founded by a cleric named Ortiz, was also known as Los Inocentes.

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wounded. This and other hospitals of similar character, later referred to as "de la Reina," were the crude beginnings of the modern emphasis upon medical care for the military.²⁵

Although these examples of specialization are worthy of note, most of the Spanish hospitals of later medieval times served more general purposes. Throughout the several realms of Spain, in large cities and also in some of the smaller towns, there were numerous asylums where indigent adults, orphans, the sick and infirm, and other unfortunates could find shelter. One of the best known hospitals of a more general character, established toward the end of the sixteenth century, was the Hospital de Santa Cruz in Toledo, which served as a refuge for abandoned children and a general hospital for non-contagious diseases.²⁶

Considering sanitary conditions of city life, waves of epidemics, and the constant needs of the poor, one might conclude that a veritable multitude would ever be seeking hospital aid and shelter. It must be remembered, however, that most of these institutions were limited to Christians; thus a large percentage of the population, Moors and Jews, were excluded. The poor people, who almost exclusively

²⁵ García del Real, "El descubrimiento de América: su influjo en la medicina," Revista de las Españas, Núms. 89-91 (January-March, 1935), p. 16.

²⁶ See El Conde de Cedillo, "Ex-hospital de Santa Cruz, dicho de Mendoza, en Toledo," Boletín de la Real Academia de la Historia, XLI (1902), pp. 472-75.

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formed the hospitalized population, would often find it impossible to deprive their family of a day's meager wage and from necessity labored until they literally "dropped dead." In 1418 the Consejo General of Valencia even closed the Hospital of the Queen for a while because "hay en él pocos enfermos."²⁷

An admirable survey of the hospitals of Valencia by José Rodrigo Pertegás provides valuable data concerning the internal administration of Spanish hospitals and the treatment accorded those who did receive aid. His account of the hospitals of Los Inocentes and San Lázaro, in which the insane and the lepers were treated, has special interest.

Religious orthodoxy was strictly adhered to in the Valencian establishments. The erection of a chapel within the hospital, assuring the hospitalized a regular religious service conducted by one or more priests exclusively devoted to that purpose, was never neglected. In order to avoid alienating the ancient ecclesiastical rights of the respective parish priests, the latter were charged with administering the sacraments and conducting funeral services, for which the administrator or patrons of the hospital paid annually specific amounts depending upon the services rendered.²⁸

²⁷ Pertegás, op. cit., pp. 601-02.

²⁸ Ibid., pp. 569-70. Through special pontifical privilege the priest of the Hospital de los Inocentes could administer the sacraments and celebrate burial funeral services but the parish priest of San Martín, in whose district the hospital was located, was paid a certain amount because of this encroachment upon his jurisdiction.

Valencian hospitals of the fifteenth century either enjoyed the patronage of the city, that of a religious or beneficent corporation, or that of an individual, and were governed by the city itself, the corporations, or the respective founder and his heirs. In the first two instances an administrator, a person of prestige and recognized integrity, was usually appointed to regulate the affairs of the hospital. The administrator, or mayordomo, as he was called, in the Hospital de los Inocentes, was charged with the appointment of employees, collection of revenues, expenditures, review of annual accounts, and internal order and progress of the establishment.²⁹

The principal subordinate officer was the conserje, or spitaler, a combination receptionist and janitor, who attended to the everyday needs of the hospitalized, diet, clothing, cleanliness of the building.³⁰ This officer also had a limited degree of ordinance power and could order certain minor expenditures, of which he presented a detailed account at the end of the year. As a general police officer, the conserje also maintained order in the hospital. Special attributes, dating from the foundation of the

²⁹ Ibid., pp. 570-71.

³⁰ Ibid., pp. 572-74. Marriage was a principal prerequisite of this office, for the wife of the conserje received and attended the female population of the hospital, procured nurses for their care, and gathered up abandoned children. Like the administrator, the conserje lived with his family at the hospital.

hospital, were enjoyed by the conserje of the Hospital de los Inocentes for his jurisdiction transcended the hospital. His was an intimate relationship with the police of the city and of the kingdom, inasmuch as Martin the Humane had conferred upon him the power to seize, conduct, and seclude the demented who might be outside the institution.³¹

The procurador, a letrado and notary, represented the hospital before the tribunals of justice and before the civil and ecclesiastical authorities. He gathered and entered into the caja of the hospital the amounts of legacies and donations made in testament or on other occasions by charitable persons and of the alms gathered by acaptas.³² As director of the acaptas, the procurador was aided in the actual collection of alms by a number of acadadores⁺, who, armed with papers of official appointment by the administrators and legalized copies of royal concessions and episcopal decrees, entered churches and ventured throughout cities, ever persuading, ever demanding alms--alms for the love of God and for the good of the poor.³³

Among the subordinate officers was the scriva, or scribe, who as secretary and notary recorded the acts and

³¹ Ibid., pp. 572-74.

³² Ibid., pp. 572-74. The acaptas were special solicitations for the welfare of hospitals, held at regular intervals by virtue of royal provisions and decrees not only in Valencia but also in all the cities, villas, and places of the realm.

³³ Ibid., pp. 571-72.

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resolutions of the hospital. There were also a host of lesser employees: nurses of both sexes, and servants and slaves for the many menial duties of the hospital.

The hospitals depended upon five principal sources of income: (1) rentas, or revenues, consisting mainly of censos and the income produced by rural and urban properties which they possessed through legacies of the founders, through wills of charitable persons, or through intervivos, donations of wealthy and pious persons; (2) alms gathered from the acoptes, or those placed on the petitory tables set up in certain places during specific religious functions; (3) subsidies granted, mainly by the city, when the precarious status of the hospital demanded prompt, efficacious aid; (4) the value of clothing and personal property of patients who died in the hospital, which became the legal heir of the property; (5) monies derived from the entrance fees of persons who comprised the Governing Board of the hospital and the cofradías founded as independent religious societies but which aided the institution.³⁴ This income was employed in the payment of the administrative and medical personnel, in the replenishment of clothing, furniture, and

³⁴ Ibid., pp. 574-76. The first type of revenues was almost the only source for hospitals of private foundation; the second, especially concerned Los Inocentes and San Lázaro; the third included only those hospitals enjoying the patronage of the city, although sometimes an exception was made in cases of dire necessity.

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equipment, in the payment of pensions on the censos and interest on loans.³⁵

The positions of doctor and surgeon of the Valencian hospitals were usually renewed every year; reelection, however, was permissible. Although these men were poorly remunerated for their daily services, the honor and professional importance attached to these positions offered suitable recompense. The specier, or apothecary, unlike doctor and surgeon, did not receive a fixed salary; his income depended upon the number and types of ~~re~~scriptions he had prepared during the year. An important member of the medical personnel, the barbitonsor, or barber, and his young apprentices, fadrins or aprenets, often assisted the surgeon. In addition, the ever-willing help of the cofrades aided the professional staff in the most mean or the most noble of tasks.³⁶

In order to understand the treatment of the hospitalized and its original intent in the fifteenth century, one must completely disregard present-day standards, for to compare the two is to descend to the ridiculous. In the Hospital de los Inocentes the insane were naturally considered irremissibly beyond hope of recovery. Since rational

³⁵ Ibid., pp. 574-76.

³⁶ Ibid., pp. 576-78.

and scientific treatment of the demented was unheard of until the latter part of the eighteenth century, Father Jofre in his memorable sermon at the inauguration of this hospital aspired toward nothing more than to supply the corporal needs of the insane, to protect them against the inclemencies of weather and against the injuries of men, to keep them as clean as possible, to restrain the violent ones through force, and to attend to all who suffered other illnesses and accidents. Yet in order to realize the true nobility of these aspirations, it is necessary to picture a man who assumed a defiant, triumphant stand in the history of his era, offering protection against nature and mankind to wild, fierce, filthy creatures whom no one understood. It is not surprising, moreover, that four hundred years before Pinel should initiate scientific therapy the same coercive means, or, better said, torture, found in penal institutions in order to deprive delinquents of their liberty should be employed in Los Inocentes.³⁷ Violent cases were subjected to chains, shackles, and collars, put into coats of calfskin fastened at the shoulder, which served the purpose of the modern straitjacket. Only the most experienced physicians, however, were permitted to attend the insane.³⁸

The gabies, or cells for the violent and unclean,

³⁷ Ibid., pp. 581-88.

³⁸ Ibid.

were small rooms independent and incommunicable with one another, rectangular in shape, with tiled floors descending slightly forward. Air and light came through an open grating and a grated doorway. Furnishings consisted of a strong iron chain and collar, not metal but of a padded material, attached to the wall next to the bed. The bed, also attached to the wall, was slightly elevated from the floor; on it were placed coverlets and blankets on occasions when the condition of the patient permitted, or a heavy matting of rice straw.³⁹

Considering the limited number of patients, even in the general hospitals, it is safe to assume that in Valencian institutions there was usually one bed in each room and one person in each bed. This practice, however, was almost unknown in famous hospitals throughout Europe. In Paris two or more in a bed was heartily advocated, since it was believed that the fever of one patient would react favorably on that of another. It was not until 1590, after the ancient hospitals of Valencia had been consolidated into one general hospital, the Provincial, that patients suffering from mal de sement were placed two in a bed. "And so strong and repugnant was the odor which permeated throughout these sick wards that even the doctors avoided entering them as much as possible and passed through with

³⁹ Ibid.

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much haste without stopping to examine each individual patient."⁴⁰

Clothing and diet of the patients were given careful consideration. The daily dress worn within the hospital would be equal to that of laboreres or menials of the era. Yet the insane were dressed in a much more striking manner when their appearance was required at official ceremonies or when they were presented to the public. Splashy, bright-colored, grotesque smocks, cloaks, and caps were donned. This practice was customary. It was not censurable, for its intent was not to cause shame and humiliation but rather to attract the attention of the people, to arouse their charitable feelings, to increase the amount of alms bestowed upon the hospital. The food was abundant and nutritious; three or four meals, plus a small quantity of wine, usually made up the everyday fare. On feast days, however, due to the gracious attentions of various benefactors, additional meals were served in which abounded all the culinary delicacies of polite society.⁴¹

The physical treatment accorded the lepers of the Hospital de San Lázaro was dictated to a great degree by the medical ideas then in vogue. If able, lepers, as the patients in other hospitals, probably worked in the

⁴⁰ Ibid., p. 605.

⁴¹ Ibid., pp. 581-88.

maintenance of the hospital and cultivation of lands and vineyards. Although definite proof of these activities is not offered, it is safe to assume that, in addition to being economically advantageous, this practice of physical action would be adopted, for the teachings of Avicenna, oracle of the fifteenth-century physician, advised that lepers should walk, jump, run, engage in struggles and violent movement in order to perspire abundantly. The quality and type of food for lepers were also determined by the dictates of Avicenna: vegetables and easily digestible meats were prescribed in order to facilitate the fluidity of the heavy humors and the evaporation of the fluids.⁴²

3. Poverty: A Special Problem of Sixteenth Century Spain.

The sixteenth century brought forth the wealth of the Indies; vast treasure--gold, silver, and the profits of a lucrative trade--flowed into Spain from the New World. Yet Spain was the land of beggars, vagabonds, and pícaros. The problem of poverty and mendicancy became increasingly acute; but despite legislation designed to restrict or control begging, much theorizing on the part of prominent figures of the period, and certain proposals and experiments of a more

⁴² Ibid., pp. 590-93. As in other hospitals, elaborate meals were served on special feast days, especially that of San Lázaro.

practical nature, no adequate solution was found.

In an age which still clung tenaciously to the medieval idea of almsgiving for the salvation of the soul, Luis Vives, a Valencian by birth, humanist, scholar, and traveler, saw beyond the horizon of his time. During his connection with the English court in 1526 Vives published a treatise on poor relief, entitled De Subventionem Pauperum, in which he propounded the revolutionary idea of the extension of responsibility for the wellbeing of the poor to civic and lay authorities. He emphasized the importance of employing all the resources of the nation toward aiding the destitute. He was not afraid to protest vigorously against those ecclesiastical officials in charge of hospitals who, disregarding their duty, appropriated revenues to their personal advantage. Suggesting principles of charity organization, Vives advocated outdoor and home relief, pleaded for the educational training of children of the poor, proposed plans for the relief of the mentally defective, the blind, and the deaf. This man of insight and vision tried to convince others that the lay and civil government should offer the paternal protection which before had been primarily associated with the Church.

As it is disgraceful . . . for the father in his comfortable home to permit anyone in it to suffer the disgrace of being unclothed or in rags, it is similarly unfitting that the magistrate of a city should tolerate a condition in which citizens

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While in England Vives had become a staunch friend of Sir Thomas More. It is easy enough to understand why these two scholars were drawn together, each holding to a common principle of a love for mankind, exemplified in the one by the Utopia, in the other by De Subventionem Pauperum.⁴⁴

Subsequent writers were more inclined to assume a more compromising attitude. Juan de Medina admitted that the problem of the poor should be the interest of the government, but he also condoned the intervention of "discreet charity." The Canon of Elna, Miguel de Ginginta, residing in Lisbon, offered a practical solution by establishing shelters for the poor in Castile.⁴⁵

Constant efforts were made to eliminate the idlers, delinquents, and undesirables who infiltrated into the ranks of the truly deserving and needy. The poor who desired to ask for alms were at one time required to obtain a decree from the parish priest and authorization from the justice

⁴³ Quoted in Foster Watson, Luis Vives el gran valenciano (1492-1540), Hispanic Notes and Monographs (London: Oxford University Press, 1922), p. 62.

⁴⁴ Ibid., p. 63.

⁴⁵ Antonio Ballesteros y Beretta, Historia de España y su influencia en la historia universal (8 vols., Barcelona: F. Salvat, 1918-36), IV, pt. 2, 218. One writer, Fray Domingo Soto, disapproved heartily of any deviation from the old system of almsgiving. In his In causa pauperum deliberatio he violently attacked the repression of this liberty of solicitation.

of the city. Forerunners of the modern employment agency were founded in Castile and Aragon: the institutions Padre de Mozos and Acomodadora de Mozas, respectively, sought occupations for both sexes. The Crown, apparently without permanent success, proclaimed in 1561, 1582, and 1583, that alms seeking was strictly forbidden and that all those in need should go to the Hospital General. The court in Madrid repeatedly instructed the poor to be examined by a physician and surgeon so that those physically incapable of work might be provided with clappers (tablilla) to be worn about the neck so that they might be distinguished from the vagabonds.⁴⁶

All these proposals and halfway measures had little practical effect in alleviating the problem. Poverty and mendicancy steadily increased, and the major responsibility for offering some assistance to the needy and unfortunate ~~was~~ assumed, as in the past, by the hospices and hospitals scattered throughout the Spanish provinces. Many new houses of pity were established to supplement and assist the work of the old. Some were founded by royal subvention; others were private endowments, such as the Hospital de Nuestra Señora de la Paz, founded in Sevilla by Pedro de Pecador, disciple of San Juan de Dios. Pecador also founded houses of charity in Málaga, Antequera, and Arcos de la

⁴⁶ Ibid., pp. 218-19.

Fontana. In Valladolid the Hospital de la Resurrección, immortalized by Cervantes, was founded by Fray Gregorio de Herrera. These men, and many others of similar ideals and achievements, exemplified Spanish piety in the age of New World conquests and expanding Spanish ambition.

4. The Medical Profession

In Spain some effort was made to formulate rules of medical jurisprudence as early as the Visigothic period. The Fuero Juzgo contains several provisions which define the relations of doctor and patient and give expression to the same basic principle of protectionism for both found in later legislation. The early laws, however, do not provide for direct intervention of the ruler in such matters.⁴⁷

In the latter Middle Ages the kings began to exert a greater measure of control over the practice of medicine. The Fuero Real, promulgated by Alfonso X, provides that before doctors and surgeons practiced their art they should be approved by a board of authorized físicos in the town in which they were to reside. Offenders were obliged to pay three hundred sueños to the king.⁴⁸ The implications

⁴⁷ Fuero Juzgo, Libro XI, Título I, Leyes I-VIII, in Los Códigos Españoles (12 vols., Madrid: 1872), I, 183.

⁴⁸ Fuero Real, Libro IV, Título XVI, Ley I, in Los Códigos Españoles, I, 417.

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of the Fuero Real indicates the possible existence in Castile of a medical tribunal, or protomedicato, dating from the early thirteenth century.⁴⁹ In 1272 Jaime I of Aragon required all doctors to take examinations and receive approval before practising medicine, a disposition which was reaffirmed in 1284 by Jaime de Mallorca.⁵⁰

The greatest contribution of Alfonso el Sabio to Spanish jurisprudence, the Siete Partidas, contained, in addition to parts of the Fuero Juzgo and the Fuero Real, selections from Roman law codes, writings of Roman priests, and canon law. The Siete Partidas represented more than mere law giving. Embodied in its all-embracing contents was the philosophy of life of a man who would tread the path of royal absolutism with justice, truth, and holiness. No single code can better reflect the way of life of the Middle Ages, in which the teachings of the Church so influenced the legislation of kings. It was, therefore, most natural that Alfonso X should require all practising physicians to

⁴⁹ Altamira y Crevea, op. cit., II, 306.

⁵⁰ Ballesteros y Beretta, op. cit., III, 592-93; Garrison, op. cit., pp. 172-73. The following facts are presented as an indication that the progress of medical jurisprudence in other countries demonstrates that Spain compared favorably; (1) In 1140 Roger of Sicily forbade anyone to practice medicine without examination; (2) Roger's grandson, Frederick II, required candidates to be examined publicly by professors of Salerno; (3) the first attempts to regulate medicine in Germany did not appear until 1347.

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urge their patients to confess before treatment was administered, for "man should think of his soul before his body because it is more noble and more precious. . . ." ⁵¹ Alfonso X, whose name is synonymous with wisdom, abhorred quackery. The Siete Partidas contain admonitions to those who would pretend to be wiser than they were. Doctors who prescribed an overdose of strong medicine, causing the patient's death, surgeons who killed an insignificant leper through the overzealous blundering of "denting the head or burning the bones and nerves," or any man or woman who attempted to treat a pregnant woman with special herbs which resulted in her death were to be punished by exile to an island for five years. Those who employed their knowledge to kill maliciously were condemned to death. Emphasis was placed not upon the accidental death of the patient, but upon the vile pretense of those who offered hope of recovery without qualification and knowledge. ⁵² Physicians and surgeons who could prove their innocence could not be prosecuted. ⁵³

⁵¹ Gregorio López, Las siete partidas del rey Alfonso el sabio (Paris: Libreria Castellana, 1847), Partida I, Título IV, Ley XXXVII, pp. 113-16. This regulation, so logical to the medieval mind, made medical treatment before confession a mortal sin punishable by the most powerful weapon of the Church, excommunication.

⁵² Las Siete Partidas, Partida VII, Título VIII, Leyes VI, VII, pp. 134-35. Similar to the law of Fuero Juzgo, the physician who harmed or killed beast or slave paid indemnity to the master. If a free man died through fault of the doctor, a fine was paid according to the judgment of the juzgador. See Partida VII, Título XV, Ley X, p. 268.

⁵³ Ibid., Partida V, Título VIII, Ley X, p. 383.

This concept of judgment of the physician by a tribunal which had its roots in the thirteenth century was given greater impetus in the fourteenth by John II. A royal cédula of this sovereign in 1387 conferred upon his "primer médico de cámara, Maese Estéfano," exclusive jurisdiction to intervene in crimes and excesses which doctors, surgeons, and licenciados might commit in the practice of their professions. His sentences could not be appealed before any other authority, not even the monarch himself. The protomédico was empowered to delegate authority to other persons whom he had examined. He was granted all fines which he might impose.⁵⁴

Under the Catholic Kings the protomedicato became a full-fledged legislative, administrative, and judicial body with exclusive powers to direct any phase of the medical profession. Licenses were granted to doctors, surgeons, apothecaries, bonesetters, especieros (grocers who sold herbs), and all other persons who engaged in these operations. Apothecary shops were subjected to regular visitations during which all merchandise was examined as to quality and freshness. If found to be corrupt or impure, goods were destroyed in the public plaza. Members of the tribunal, the examinadores, were considered alcaldes del rey and juces

⁵⁴ Juan Ramón Beltrán, Historia del protomedicato de Buenos Aires (Buenos Aires: El Ateneo, 1937), pp. 2-6; Ballesteros y Beretta, op. cit., III, 427-28.

The first of these is the fact that the
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mayores, and as such they judged both civil and criminal cases. One of the most important functions of the proto-medicato was to determine whether a man was leprous. Lepers, moreover, came under the exclusive jurisdiction of the tribunal and could not be accused before any other court, ecclesiastical or secular.⁵⁵

During the reign of Charles V the power of the proto-medicato was somewhat curtailed in an effort to correct abuses which had arisen from the greed of certain protomédicos and their examiners, who granted licenses to persons lacking proper preparation in order to benefit from the fees collected. In 1539 protomédicos were forbidden to send deputies outside the five-league jurisdiction of the Court.⁵⁶ Only protomédicos were to conduct examinations, which would not be given until certain prerequisites of eligibility were fulfilled by the candidate. University training and a period of apprenticeship were required of all aspiring physicians, surgeons, and apothecaries.⁵⁷ Before beginning to practice, doctors and surgeons were to

⁵⁵ Novísima Recopilación de las leyes de España, Libro VIII, Título X, Ley I, in Los Códigos Españoles, IX, 54-55; Beltrán, op. cit., pp. 2-6. Royal cédulas conferring these powers were issued in 1477, 1491, 1498.

⁵⁶ Beltrán, op. cit., pp. 2-6. In 1555 and in 1563, at the request of the Cortes, this territorial limit was reaffirmed. Novísima Recopilación, Libro VIII, Título X, Ley III, in Los Códigos Españoles, IX, p. 56.

⁵⁷ Novísima Recopilación, Libro VIII, Título X, Ley III, in Los Códigos Españoles, IX, 56.

appear with proper credentials before the Justicia and ayuntamiento of the town in which they were to reside.⁵⁸

Abuses continued, however, and Philip II, with his genius for detail, again reorganized the protomedicato in 1588. The tribunal was henceforth to be composed of one protomédico, three examiners, and one asesor, or legal advisor, appointed by the king. They were to examine only those doctors, surgeons, and apothecaries who possessed the qualifications of study and practical experience required by law. The examination of the candidates tested not only their knowledge of theory but also of the practical application of medicine. Aspiring doctors and surgeons, after interpreting certain passages in medical books, were conducted to a general hospital, where they were asked to describe the symptoms of certain patients and prescribe for them. The apothecary was tested for his ability to distinguish and mix certain drugs. The fine for curing without a license was fixed at 6,000 maravedís for each offense. Salaries and expenses of the tribunal were to be derived from examination fees and fines. Members of the body were forbidden to receive special fees of any kind. Instructions, laws, and pragmatics governing the actions of the tribunal were to come directly from the Royal Council.⁵⁹

⁵⁸ Novísima Recopilación, Libro VIII, Título XI, Ley IV, in Los Códigos Españoles, IX, 66.

⁵⁹ Novísima Recopilación, Libro VIII, Título X, Ley V, in Los Códigos Españoles, IX, 56-58. The five-league jurisdiction continued; visitas to apothecary shops within their territorial limit were made every two years.

appear with proper consent of the patient. The
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In 1593 the protomedicato was enlarged to include three protomédicos appointed by the king, each of whom appointed three examiners every two years. Ordinarily sentences could only be appealed to them; the Council, however, could hear cases not purely concerned with medicine. If the latter appeals were not decided by the Council within thirty days, the case was considered closed. In addition to the regular visitation of apothecary shops of the court, those in other towns were visited once a year by a protomédico.⁶⁰ Moreover, the protomédicos, assisted by three doctors and three apothecaries, were instructed to produce a general pharmacopoeia for the benefit of boticarios throughout the realm.⁶¹

Despite the progress in medical knowledge and governmental regulations, there was, naturally, considerable resort to the supernatural and superstition. Bleeding by a barber-surgeon was still an acceptable remedy for the ills of mankind. The use of popular remedies was not only due to a lack of sufficient trained physicians, but also to a general distrust of the medical profession. These same conditions were to be found in the New World in even greater degree.

⁶⁰ Novísima Recopilación, Libro VIII, Título X, Ley VI, in Los Códigos Españoles, IX, 58-60. It is interesting to note that women were definitely barred from entering the drug business.

⁶¹ Loc. cit.

Yet in Spain traditions and practices had been developed over a period of centuries. Charity and piety, deriving strength from the religious mysticism and Catholicism of Spain, had nurtured the founding of hospitals and shelters for unfortunates. Medical knowledge, which had sprung from Greece and Islam, had increased through the scientific endeavor of all nations. These qualities, this wisdom, were carried overseas to become part of the Spanish contribution to the society and culture of a New World.

For in all the world there is no other

vehicle over a road of asphalt and concrete

driving with the same ease and comfort

as on a beach. The reason is that the

shaft is for rotation and the wheels

spring like a coiled spring and the

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CHAPTER III

PIETY IN ACTION IN THE NEW WORLD

1. Early Hospital Foundations in the New World

Spain, Crusader of the Holy Roman Catholic Church, discovered and conquered a New World. The major period of conquest, characterized by blood and daring, lasted but half a century; the dynamic drama of the transfer of Spanish culture to the Indies was to continue for three hundred years and to bequeath to the colonies a rich heritage of religious zeal and pious endeavor. Inspired by precepts of Christian charity which had already found practical application in the Old World, and forced by very urgent need created by special conditions in the newly conquered lands, Spain endowed the New World with a system of hospital and charitable institutions which rival nations might envy but not equal.

With each new conquest, each extension of power into lands unknown, Spain added new links to a chain of benevolent works which stretched from the islands of the Caribbean to the mainland of Middle and North American and to the most distant boundaries of the southern continent. Some account of the hospitals established in other areas is necessary to provide proper emphasis and background for those established

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and to [illegible] [illegible]
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the [illegible] [illegible]
associated [illegible] [illegible]
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discovery [illegible] [illegible]
of the [illegible] [illegible]
to provide [illegible] [illegible]

in New Spain.

The first hospital in the New World was erected by Nicolás de Ovando in Española in 1503. Diego Columbus was later charged with providing whatever might be necessary for this foundation, known as San Nicolás.¹ In 1512 a second hospital, San Andrés, was established to serve paying patients. In later years it was a refuge for fallen women.²

With the Spanish advance toward the Isthmus of Panamá hospitals arose in the cities of Panamá and Nombre de Dios, which gave shelter to travelers who frequented these parts enroute to and from the New World.³ By royal decree these foundations received support from the royal treasury and from the gold washings of the provinces of Peru. Physicians who served in these hospitals were also paid from the royal coffers.⁴

There is some evidence that hospitals were founded in Guatemala in 1530 and 1535, and that a special foundation

¹ Antonio de Herrera, Historia general de los hechos de los castellanos en las islas y tierra firme del Mar Océano (5 vols., Madrid: 1730), Década 1, Libro 5, Capítulos 5, 12.

² Colección de documentos inéditos relativos al descubrimiento, conquista y organización de las antiguas posesiones de Ultramar (25 vols., Madrid: 1885-1928), XX, 155-56. This series will be cited hereafter as Documentos inéditos . . . de Ultramar.

³ Herrera, op. cit., Década 1, Libro 10, Capítulo 11.

⁴ Documentos inéditos . . . de Ultramar, XX, pp. 159-160.

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for Indians was created in 1550.⁵ In 1553 the Audiencia ~~de~~ ^{de} Guatemala was instructed to prepare ordinances for another hospital in the capital city, which was to be placed under the royal patronage and was accorded an annual revenue of six hundred pesos from Crown tributes. Moreover, both the audiencia and the bishop were charged with caring for the poor.⁶

In Peru, which was to outshine all other Spanish American kingdoms, the civil discords, the large number of Spaniards who flocked to the country, and the harsh exploitation of the Indians created urgent need for institutions of charity and medical care for the sick. In the early period following the conquest, the Crown pursued policies similar to those in Tierra Firme; hospitals were granted a share in the gold washings, and doctors who attended the hospitals were paid by the royal treasury.⁷

Moll cites the Hospital Molina, founded by the cabildo of Lima in 1538, as the first hospital in Peru; he seems, however, to doubt its primacy, since the Hospital de San Bartolomé at Cuzco is designated as "the first permanent

⁵ Aristides A. Moll, Aesculapius in Latin America (Philadelphia: W. B. Saunders Company, 1944), p. 139.

⁶ Documentos inéditos. . . de Ultramar, XX, pp. 158-159.

⁷ Ibid., Cf. Manuel José de Ayala, Disposiciones complementarias de las leyes de Indias (3 vols., Madrid: Ministerio de Trabajo y Previsión, 1830), II, 72-73.

hospital in the country."⁸ In 1541 the provincial authorities were instructed to found hospitals in all Indian towns. Later, in 1552, the viceroy was ordered to provide hospitals in all the towns of Peru.⁹

In 1549 Fray Jerónimo de Loayza founded the hospital of Santa Cruz for Indians "who were dying like beasts in the fields and streets." The hospital, which was to become the largest in the city of Lima, began humbly; rooms were furnished meagerly with mattings of reeds and straw. But the man who was to become archbishop and one of the most outstanding figures in colonial history increased its endowment with his own property and jewels and gave it thirty-two years of faithful service, in which he accompanied the daily rounds of the doctors, offering solace to the infirm.¹⁰

Toward the north, in the city of San Francisco del Quito, the hospital called Misericordia was established in 1565, and about the same time another was founded in Guayaquil.¹¹ In the Nuevo Reino de Granada the audiencia

⁸ Moll, op. cit., pp. 145-46.

⁹ Documentos ineditos. . . de Ultramar, XX, 161-63.

¹⁰ Juan B. Lastres, "Terremotos, hospitales y epidemias de la Lima colonial," Revista del Museo Nacional, IX (1940), 243-51.

¹¹ Diego de Encinas, Provisiones cédulas, capítulos de ordenanzas, instrucciones y cartas. . . tocantes al buen gobierno de las Indias y administracion de justicia en ellas (4 vols., Madrid: 1596), I, 220-21.

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issued ordinances in 1553 for a hospital to be founded in Santa Fe de Bogotá. By 1556 this institution had two wards, one for Indians, the other for Spaniards. The hospital was endowed by revenues from encomiendas which had reverted to the Crown.¹² Four years later Archbishop Barrios founded the Hospital de San Pedro. Activity throughout other areas of the kingdom is indicated by further royal legislation, which makes references to hospital foundations in Cartagena, Cali, and Santa Marta.¹³

To the south hospitals and charitable institutions likewise arose to meet the needs of colonists and Indians in Chile and the windswept plains of Charcas and the Argentine. To Pedro de Valdivia is given credit for the founding and construction of the Hospital del Socorro in Concepción in 1554. By 1559 La Serena was the proud possessor of a hospital, and other institutions are known to have been in operation in La Paz (1586), Asunción (1556), Cordoba (1557). At Santiago del Estero a house for the sick was built in 1583 before a single physician resided in this sparsely populated town.¹⁴

¹² Documentos inéditos. . . de Ultramar, XX, 160-61.

¹³ Ibid.

¹⁴ Moll, op. cit., pp. 146, 150.

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2. Hospital Administration and the Royal Patronage

The foregoing account of early hospital foundations in various parts of the New World reveals that the Crown took an active interest in these charitable institutions, assigning revenues from the royal treasury for their aid and support. Although this royal interest reflected the long-standing policy of Spanish monarchs to assist such foundations, it was also based to a considerable extent upon the privileges and obligations of the Castilian kings as patrons of the Church in the New World.

By the papal bull entitled Universalis ecclesiae, issued by Pope Julius II in 1508, the kings of Castile enjoyed universal patronage over the Church in Spanish America. By virtue of this instrument the Crown had the right of appointment to all ecclesiastical offices in the colonies, although such authority might be delegated to lesser governmental officials. Moreover, no church, hospital, or other pious foundation could be built without consent of royal authority. The bull Eximiae devotionis, conceded by Pope Alexander VI in 1501, granted to the Crown the ecclesiastical tithes of the New World, subject to the condition that it would endow churches and religious foundations and promote the missionary program.¹⁵

¹⁵ C. H. Haring, The Spanish Empire in America (New York: Oxford University Press, 1947), pp. 180-8. For texts of the papal bulls, see F. J. Hernáez, Colección de bulas, breves y otros documentos relativos a la iglesia de América y Filipinas (2 vols., Bruselas: Imprenta de Alfredo Vromant, 1879), I, 20-21, 24-26.

2. Statement of the Defendant

The Court has heard the evidence in this case and in various other cases. It has heard the evidence of the defendant and the evidence of the witnesses. It has heard the evidence of the police officers and the evidence of the medical officers. It has heard the evidence of the experts and the evidence of the lay witnesses. It has heard the evidence of the defendant and the evidence of the witnesses. It has heard the evidence of the police officers and the evidence of the medical officers. It has heard the evidence of the experts and the evidence of the lay witnesses.

By the evidence of the witnesses, it is proved that the defendant was present at the scene of the crime. It is proved that the defendant was seen by the witnesses. It is proved that the defendant was seen by the police officers. It is proved that the defendant was seen by the medical officers. It is proved that the defendant was seen by the experts. It is proved that the defendant was seen by the lay witnesses.

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As a result of these patronage powers, or real patronazgo, the Church was placed in the peculiar position of being a separate entity but also a part of the royal government. Together, Crown and clergy would spread the Christian faith and engage in those activities symbolic of Spanish piety. The Crown, or its representative, would assist this program and retain final authority; the Church occupied the position of a worthy, energetic junior partner.

Although royal license was necessary for the founding of all religious establishments in Spanish America, this did not imply any restriction upon the establishment of as many cathedrals and churches, monasteries, hospitals, and other "pious and religious places" as might be necessary for the propagation of the Faith and the proper development of the Church. The right to make ecclesiastical appointments obviously gave the Crown and its representatives great power, but the patronage also implied the serious obligation of protection and active sponsorship of the Church and its foundations. Although the Crown had legal right, under the Bull of 1501, to retain all the ecclesiastical tithes for its own use, in actual practice it kept only the dos novenos (two-ninths of one-half of the tithes), and even this revenue was usually expended for religious and pious purposes.

Inasmuch as hospitals were regarded as religious institutions, these foundations were subject to royal control and supervision under the patronage. This implied the

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right to approve the establishment of all hospitals, to confirm hospital ordinances, and to appoint hospital administrators. In actual practice these powers were often delegated to local officials, and frequently the Crown permitted corporate groups or individuals to sponsor hospitals and direct their management. In all cases, however, general supervision of hospital foundations was exercised by royal officers, or by prelates of the Church.¹⁶

The viceroys of New Spain and Peru were instructed repeatedly by royal céduas to visit the hospitals of Mexico and Peru. The oidores of the audiencias were to take turns whenever the viceroy was unable to fulfill this obligation. During these visitas the treatment accorded the patients, the condition of the hospital building, and the financial status of the institution were to receive careful scrutiny. There was, however, a deeper significance attached to these visitations than mere regulatory routine. The viceroy and his ministers were to set an example to those who administered the hospitals so that the patients might always be assured the best care. The sick were to receive comfort and consolation from the knowledge that the viceroy, who reflected the intentions of the sovereign,

¹⁶ For general policy concerning the royal patronage as applied to hospitals, see Recopilación de leyes de los reinos de las Indias (Madrid: 1841), Libro I, Título IV; Juan de Solórzano y Pereyra, Política Indiana (5 vols, Madrid: Compañía Ibero-Americana de Publicaciones, 1930), Libro IV, Capítulo III.

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was interested in their well being.¹⁷ Archbishops and bishops, or their delegates, were expected to visit the churches and Indian hospitals of their dioceses in order to check the financial accounts of the administrators. In Peru the archbishop and his vicar were also authorized to visit royal hospitals of Spanish towns and Indian hospitals maintained by lay funds.¹⁸ In Mexico, however, prelates were prohibited from visiting hospitals in their dioceses which were not endowed or founded by the Crown.¹⁹

Financial support of the colonial hospitals by the Crown, implicit in the real patronazgo, took various forms. Reference has been made to certain procedures in the preceding section of this chapter. Temporary or permanent grants-in-aid from the royal treasury to be paid from such items of revenue as judicial fines, unclaimed property of persons who died intestate, revenues of vacant encomiendas, and other sources of royal revenue were frequently made. By royal decrees regulating apportionment of shares of the tithes, a certain amount was usually designated for use for

¹⁷ Recopilación, Libro I, Título IV, Ley III. Presidents and governors were to do the same in the cities in which they resided.

¹⁸ Ibid., Libro I, Título II, Ley XXII; D. Petro, Frasso, De Regio Patronatu Indiarum (2 vols., Madrid: 1775), II, 272.

¹⁹ Francisco del Paso y Troncoso, Epistolario de Nueva España, 1505-1818 (16 vols., Mexico: Antigua Librería Robredo, 1939-1942), XII, 85.

hospital purposes.²⁰ In addition to these revenues derived from governmental and diocesan sources, many hospitals also enjoyed income from private endowments and gifts.

The essentially religious and charitable character of the colonial hospital is clearly indicated by the hospital provisions of the decrees of the Third Council of the Mexican Church convoked in 1585.²¹ Here we see that patients and hospital officials were united in a reciprocal relationship to secure for the patient not only the best of medical care but also the benefits of religion and the moral life. Inasmuch as hospitals were asylums for the poor, persons able to pay for their own medical care were ordinarily excluded. If unusual circumstances called for the admission of a patient who did not require charity, he repaid the hospital for its services or donated alms for its benefit. Upon entering the hospital, the patient prepared for subsequent bodily attention by first cleansing his soul through confession. Inmates were not permitted to gamble or use profanity, and under no circumstances were the administrators to receive vagabonds, drunkards, highwaymen, and other nefarious characters; if necessary, delinquents might be

²⁰ In succeeding chapters dealing with specific hospital foundations in Mexico, frequent reference is made to royal grants in behalf of these institutions.

²¹ Mariano Galván Rivera, editor, Concilio III celebrado en México en año de 1585 (Mexico: Eugenio Mallefert y Compañía, 1859), pp. 295-99.

imprisoned and incorrigibles expelled from the hospital.

On holidays and every Sunday the administrators were to see that mass was said in the hospitals. Every night after prayers and also at daybreak an official of the hospital was to read "in loud voice" the Christian doctrine to the patients, who were expected to join in the responses. Each hospital was to erect an oratory for the adoration of the Cross so that ambulatory patients might worship at the shrine.

Nurses were expected to follow a regimen of cleanliness; furniture was to be kept in spotless condition; clothes that had been worn by persons with contagious diseases were not to be assigned to other patients. It was the obligation of the rector of the infirmary to be present at the serving of meals to see that each patient received the food the physicians had prescribed. Persons who visited convalescent patients were cautioned not to bring them fruit and other delicacies without approval by the physicians.

Under no circumstances were the superiors of a hospital to require patients to contribute to the cost of light or heat, or to the upkeep of the institution. Upon his departure from the house such property as he may have had was returned to him. The relationship between the hospital and the patient was then severed. The patient left owing nothing except gratitude.

3. The Medical Profession in Sixteenth Century Mexico

The first Spanish doctors in the New World who followed in the path of discoverers and conquerors did not always represent the best of Spanish medicine. Misfits from the Old World, failures who were anxious to try a new field, dissatisfied mediocrities, as well as an occasional man of genuine ability and true scientific outlook,--these were the men who ministered to the Captains of Castile. In the course of time, however, a greater number of doctors trained in the best traditions of European medicine migrated to the New World and established the profession on a more respectable basis.

García Icazbalceta and Flores have summarized most of the available information concerning physicians of New Spain in the sixteenth century, and little can be added to what they have written. A few outstanding individuals, however, deserve brief mention here.²²

Dr. Pedro Arias de Benavides, author of Secretos de Cirurgia, published in Spain in 1567, spent several years in Central America and Mexico. In the latter country he

²² Joaquín García Icazbalceta, "Los médicos de México en el siglo XVI," Obras (10 vols, México, 1896) 7, 65-124; Francisco A. Flores, Historia de la medicina en México desde la época de los indios hasta la presente (2 vols., México: Oficina Tip. de la Secretaría de Fomento, 1886), I, passim.

is said to have had charge of a hospital which specialized in venereal disease. This was evidently the Hospital del Amor de Dios, founded by Bishop Zumárraga (see Chapter IV). His Secretos, published after his return to Spain, discusses venereal disease, methods employed by Indians to cure ulcers and wounds, and other practices in the Indies "very useful and profitable for Spain, and many secrets of surgery never before written."²³

The exact date of the arrival of Dr. Juan de la Fuente in New Spain is not known. When the great plague of 1575-77 swept through the country, it was Dr. de la Fuente who, in an effort to study the disease scientifically, called upon other physicians to assist him at the Hospital Real de los Indios in performing autopsies. Although his laudable efforts failed to discover the cause of the epidemic disease, he was rewarded by appointment to the first chair of medicine in the Royal University of Mexico in 1582.²⁴

Another physician who served in the Hospital Real de los Indios and also performed autopsies in the hope of discovering the cause of the great epidemics of the 1570's was Brother Alonso López de Hinojosa, medical practitioner and surgeon, who subsequently entered the Jesuit Order.

²³ García Icazbalceta, op. cit., pp. 91-92.

²⁴ García Icazbalceta, op. cit., pp. 103-04; Flores, op. cit., I, 89; Cristóbal Bernardo de la Plaza y Jaén, Crónica de la Real y Pontificia Universidad de México (2 vols, Mexico: Universidad Nacional de México Autónoma, 1931), I, 111-12.

He was the author of Suma y Recopilación de Cirugía, published in Spain in 1578, a general treatise of medicine and medical practice.²⁵

During the second half of the sixteenth century several works on medicine and surgery were also published in Mexico by physicians of that country. Two deserve mention: (1) the Opera Medicinalia of Dr. Francisco Bravo, published by Pedro Ocharte in 1570, which treats of fevers, critical days in disease, and remedies; (2) the Tractado breve de medicina (1592) by Dr. Pedro Farfán, a native Mexican and one of the first graduates in medicine of the Royal University, which covers a wide range of medical subject matter, such as surgery, anatomy, abscesses, wounds, "French disease," gastric disturbances, bloody diarrhea, "pain in the side," and fevers.²⁶

Mexico of the sixteenth century also boasted a famous medical family of the name of López. There were two, possibly three, physicians in this family, all named Pedro López. The first, a physician of Cortes, held the title of protomedico in the later 1520's. Another member of the family achieved fame as founder of the leper house of San Lázaro in 1522. His services are described in Chapter VI.²⁷

²⁵ García Icazbalceta, op. cit., pp. 105-06.

²⁶ Ibid., pp. 92-93, 107-108.

²⁷ Ibid., 78-89; passim; Flores, op. cit., I, passim.

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The Spanish physicians of this period employed not only the medical practice and knowledge of Europe, but also adopted much of the aboriginal lore concerning medicinal plants and herbs and the curative powers of strange new substances. This resulted in the intermingling of the medical knowledge of two cultures. Such cultural fusion did not always attain the best advantage, but sometimes produced, as Lanning has pointed out, "a medical lore as wild as the geographic."²⁸ On the other hand, the sixteenth century also witnessed serious, scientific study of New World flora and fauna for medicinal purposes. The work of Dr. Francisco Hernández, first royal protomédico of New Spain, in this connection is too well known to require review in this paper.

Despite the emigration from Spain of many worthy physicians, only through the training of men in the New World could the ever-increasing need for doctors be satisfied. García Icazbalceta notes that as early as 1525 the cabildo of Mexico City assigned a salary of fifty pesos to a certain Francisco Soto, barber surgeon, to teach his profession.²⁹ In later years the rudiments of medical training were taught in the famous Franciscan college for the sons

²⁸ John Tate Lanning, Academic Culture in the Spanish Colonies (New York: Oxford University Press, 1940), p. 99.

²⁹ García Icazbalceta, op. cit., pp. 77-80.

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of Indian caciques, San Francisco de Tlatelolco.³⁰ Instruction on the university level was finally provided by the creation of a chair of medicine in the Royal University.³¹ Unfortunately the University instruction in medicine in Mexico and other parts of Spanish America was limited chiefly to the age-old doctrines of Hippocrates and Galen and seldom took full account of new developments in the field.³²

The need for the regulation of the medical profession in the New World was first recognized by municipal cabildos, who enacted some of the earliest rules dealing with medical practice in the colonies. In 1527 the cabildo of Mexico City, in accepting the credentials of the first Dr. Pedro López, protomédico, authorized him to impose fines on persons who practiced medicine without proper license. In subsequent years the cabildo enacted other ordinances to safeguard the health of citizens. Special effort was made to curb the activities of quacks who attempted to cure venereal disease. Cabildo regulations were also issued supervising apothecary shops, and an unsuccessful effort was made to control doctors' fees.³³

³⁰ Flores, op. cit., pp. 71-72; Haring, op. cit., p. 226.

³¹ Plaza y Jean, op. cit., I, 111-12.

³² Cf. Lanning, op. cit., p. 100 ff.

³³ García Icazbalceta, op. cit., pp. 77-82. (Note: the cabildo books of Mexico City are not available in the University Library.)

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These local regulations were supplemented by royal decrees dealing with the sale of drugs and the control of medical practice. Prior to the creation of a special protomedicato, or medical tribunal, for the Indies in 1570, the medical profession was regulated by the laws and pragmatics of Castile.³⁴ The creation of special tribunals, one for Mexico and a second for Peru, marked an important advance in colonial medical history.

In 1570 Dr. Francisco Hernández was appointed royal protomédico for New Spain; Dr. Sánchez de Renedo received similar nomination for Peru. They were instructed to select as their place of residence a city of their choice in which there was an audiencia. Although their jurisdiction was limited to this city and a district of five leagues surrounding it, within this area they had authority to license all doctors who did not already hold permission to practice. Fees for licenses and examinations were to be fixed by the audiencia. The protomédicos enjoyed legal jurisdiction over all physicians in their respective areas in matters relating to medical practice; in the trial of lawsuits they were assisted by an oidor appointed by the president of the audiencia.³⁵

It is significant that the Crown expected more of

³⁴ Encinas, op. cit., I, f. 226; Recopilación, Libro V, Título VI, Ley V.

³⁵ Recopilación, Libro V, Título I, Ley I.

these men than regulation of the medical profession. They were instructed to engage in research, seeking information from doctors, surgeons, herbalists, both Spanish and Indian, concerning herbs, trees, and seeds having medicinal properties, and to make full and clear reports to the Crown. In New Spain Francisco Hernández devoted most of his time and effort to research of this nature and produced a great scientific treatise. Unfortunately this work is now known only in partial form.³⁶

The Church, as well as the state, interested itself in medical practice, for it was necessary that the physician should never forget that soul and body were joined in inseparable union on earth. It was essential that doctor and priest should join forces to accomplish a single purpose. The first provincial council of the Mexican Church therefore issued certain rules dealing with medical practice. Upon his first visit to a patient the physician should urge him to confess his sins so that any corporal illness arising from "spiritual indispositions" might be alleviated. If the doctor should discover that his patient had not confessed, he should not return for a second visit nor should he prescribe any remedy. Doctors who failed to follow this procedure might suffer excommunication.³⁷

³⁶ García Icazbalceta, op. cit., pp. 95-103., contains some account of Hernández' writings.

³⁷ Concilios provinciales primero y segundo celebrados ... en los años de 1555 y 1565 (México, 1769), pp. 55-56.

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These instructions were reiterated with greater emphasis by the Third Council in 1585. Doctors and surgeons were also warned that conscience must guide them so that in caring for the health of the body they might not injure the health of the soul. They were advised, moreover, that the application of medicines must not interfere with the patient's hearing mass on feast days; if the illness would possibly permit it, the application should be postponed to another day. Priests, in turn, were commended to hasten to the bed of the sick man at any hour of the day or night that they might be summoned.³⁸

4. Disease and Epidemics

In an age when the scientist and the man of God were inspired by the same motives the kinship among doctors, priests, and friars was far closer than is usual in the twentieth century atmosphere of scientific materialism. The physician Pedro López exemplified all the virtues of orthodox piety, and the Franciscans, Jesuits, Dominicans, and Augustinians who hastened to the bedsides of plague-ridden victims offered them not only spiritual consolation but physical remedies as well. Throughout the colonial period the doctors and the religious worked together to combat the waves of epidemics which all too frequently swept

³⁸ Concilio III, pp. 190-94, 402-03.

down upon natives and Spaniards alike, inflicting agony, despair, and death.

Although the coming of the Spaniards introduced many new diseases, such as smallpox, measles, pulmonary tuberculosis, rickets, cholera, and probably yellow fever and the malignant form of malaria, it must nevertheless be remembered that the aborigines had not previously enjoyed an idyllic existence of complete freedom from the attacks of energetic, unseen microbes:

Rousseau's noble savages suffered from most of the specific ills which have long laid men low. Among these even syphilis may be included, for it can no longer be confidently maintained that this disease was not there already. The Quechua language contained synonyms for the disease and the pathological marks on the skulls taken from the ancient Inca tombs and habitations have every sign of syphilitic ravages. . . .³⁹

Unsanitary conditions throughout the colonies, the extreme susceptibility of the native population to new diseases, and the prevalence of superstition among all classes of society contributed to the spread of disease and more disease:

It comes as no surprise that some part of Peru was visited on an average of every four years between 1525 and 1825 by epidemics of smallpox, measles, syphilis, typhoid fever, itch, dysentery, diphtheria, bubonic plague, yellow fever, rabies, whooping cough, which took from 200,000 lives down at each blow.⁴⁰

³⁹ Lanning, op. cit., pp. 97-98.

⁴⁰ Ibid., pp. 119-120.

In New Spain the worst affliction was probably smallpox, which, according to the chroniclers, was brought to that area in 1520 by a negro slave who came with Narváez. A Franciscan has left us a graphic description of the result:

At the time when Hernando Cortés was captain and governor, Captain Pánfilo de Narváez disembarked upon this land, and on one of his ships there came a negro infected with smallpox, which disease had never been seen in this land, and at this time New Spain was very densely populated. And as the smallpox began to plague the natives there was such a great pestilence throughout all the land that in most of the provinces more than half of the people died and in others a little less, for since the Indians did not know the remedy for smallpox, and as they were accustomed, sick or well, to bathing often, they continued to do so and died off like flies. Many died also from hunger, because as they all became ill at one blow they could not cure one another, nor did they have anyone to give them bread or any other thing, and in many places an entire household died, and because they could not bury them as quickly as they died, in order to avoid the odor of dead bodies they threw them on top of the houses so that their house was their sepulcher. The Indians called this disease 'gran lepra' because the pocks which covered them were so many that they appeared to be leprous. . . .⁴¹

Eleven years later, in 1531-32, a Spaniard was to bring measles, or "pequeña lepra" to New Spain:

. . . and if it were not for the extreme care that was taken so that they would not bathe and employ other remedies, there would have been another great plague and pestilence like the past one, and even with all this precaution, . . . many died. They also called this the year of the 'pequeña lepra.'⁴²

⁴¹ "Epístola prohemial de un fraile minor al ilustrísimo señor don Antonio Pimental," in Colección de documentos inéditos para la historia de España (113 vols., Madrid: 1804-86), LIII, 313-14. Cf. Lanning, op. cit., pp. 119-20.

⁴² "Epístola prohemial," loc. cit. Cf. Fernando Ocaranza, Capítulos de la historia franciscana (Mexico: 1934), pp. 63-64.

It is logical that much of the historical data concerning early epidemics in the New World should be found in the histories of the religious Orders, who met the emergencies by organizing themselves into hospital crews to fight for the lives of the dependent neophytes. At the close of the epidemic of measles in 1532, the Franciscans, led by Fray Juan Baptista, guardian of the convent of San Antonio of Tezcoco, could proudly record that they had brought efficacious remedy to their charges, who had hastened to the convent for aid.⁴³

Some years later, in 1545, New Spain awaited with apprehension the onslaught of another epidemic, a strange illness for which the Europeans had no name and which was heralded by such portents as volcanic eruptions, rivers running black, and comets in the heavens.⁴⁴ This almost exclusively Indian malady bore some resemblance to yellow fever, but it raged with equal fervor in highlands and lowlands.⁴⁵ As the plague continued into its fourth year, members of all the religious Orders began to follow the precedent set by the Franciscan Fray Juan de San Miguel, who had

⁴³ Ocaranza, op. cit., p. 65.

⁴⁴ Juan de Grijalva, Crónica de la Orden de N. P. S. Agustín en las provincias de la Nueva España (Mexico: 1924), pp. 213-14.

⁴⁵ Hubert Howe Bancroft, History of Mexico (6 vols., San Francisco: A. L. Bancroft and Company, 1883), III, 755.

founded hospitals throughout Jalisco and Michoacán in an effort to meet the need for more effective measures to combat it than house to house visitation of the sick, the method employed by most friars. San Miguel envisioned permanent establishments and felt that hospitals should be built wherever there was a convent or monastery so that there might always be brothers present to attend to them. These hospitals served "citizens and foreigners" as well as sick Indians, and the friars were "both hospitallers and doctors."⁴⁶ San Miguel's work in Michoacán was carried on and expanded by Vasco de Quiroga.⁴⁷ During this period Fray Angel de Oscicia also began the hospital of Zapotitlán, and the Franciscans at Axixic founded one.⁴⁸

The friars were not alone in the fight against disease. Prominent laymen gave charitable assistance, and in Jalisco the Indian cacique and governor of the provinces of Amula and Zapotitlán worked for the good of his people. Viceroy Antonio de Mendoza demonstrated his sincere desire to help the native populace, and his efforts to ameliorate the evils

⁴⁶ Antonio Tello, Libro Segundo de la Crónica miscelánea en que se trata de la conquista espiritual y temporal de la santa provincia de Xalisco (Guadalajara: Imprenta de "La Republica Literaria," 1891), pp. 524-26.

⁴⁷ Pablo de Beaumont, Crónica de la provincia de los santos Apóstoles S. Pedro y S. Pablo de Michoacán (5 vols., Mexico: Imprenta de Ignacio Escalante, 1874), V, 49-50. This work contains an interesting discussion whether San Miguel or Quiroga was the first to found hospitals in Michoacán. A more detailed presentation of the subject will be found in Chapter VII.

⁴⁸ Ibid., V, 55-56; Tello, op. cit., p. 524.

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forwarded to the Department of the Interior for their consideration. The Department of the Interior has advised that the proposed action is in accordance with the policy of the Department and that the same may be taken. The Department of the Interior has also advised that the proposed action is in accordance with the policy of the Department and that the same may be taken. The Department of the Interior has also advised that the proposed action is in accordance with the policy of the Department and that the same may be taken.

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of the epidemic were to win for him the title, "Father of the Poor."⁴⁹

Although the epidemic of 1545 assumed very serious proportions it did not equal the ruinous plague which occurred in 1575-77 during the viceregency of Don Martín Enríquez. Never before had so many deaths occurred in New Spain; never had the physical and mental capacities of men been so strained in the attempt to conquer this strange foe, whose strongest weapon was the inexperience of its opponents. Although by this time the number of doctors in the country had greatly increased, there was no strength in numbers, for the minds of men could discover neither the cause nor the remedy of the disease. They did not know its origin, nor could they determine why the Spaniards remained remarkably immune to the infection.

Viceroy Enríquez and Archbishop Pedro Moya de Contreras both held extended conferences with doctors in the hope of working out some plan whereby sufficient hospitals could be erected to take care of the victims, but they soon realized that the widespread nature of the plague made adequate measures impossible of achievement. The physicians, groping blindly, may even have felt some doubt of the efficacy of hospitals where seemingly appropriate medicaments were

used to no avail. As noted above, such illustrious men as Dr. Juan de la Fuente and Brother Alonso López de Hinojosa of the Hospital Real de los Indios, after dissecting many cadavers, were still unable to find any clue to the nature of the disease. Momentary exultation vanished in weary despair when a new cure which snatched one patient from the jaws of death only abbreviated the life of another.⁵⁰

As before, the friars left their cloisters to work in the plague-ridden Indian barrios. The terrible year 1576 offered the recently arrived Jesuits every opportunity to prove their militant spirit in the crusade against this enemy of mankind.⁵¹ The Society of Jesus joined the other Orders in carrying food and medicines to the sick, administering the sacraments to the dying, and performing mass burials.⁵² In the most densely populated Indian ward of Mexico City, the barrio of Santiago Tlatelolco, the Jesuit Hernando de la Concha chose large houses where he and his companions provided beds, doctors, medicines, and nursing

⁵⁰ Andrés Cavo, Los tres siglos de México durante el gobierno español hasta la entrada del ejército trigarante (Mexico: Imprenta de J. R. Navarro, 1852), Libro V, 5-9, pp. 62-64; Flores, op. cit., II, 219-20. This epidemic is cited as typhus, or tabardillo.

⁵¹ Gerard Decorme, La obra de los jesuitas mexicanos durante la época colonial, 1572-1767 (2 vols.; Mexico: Antigua Librería Robredo, 1941), I, 338-30.

⁵² Francisco Javier Alegre, Historia de la Compañía de Jesús en Nueva España (2 vols., Mexico: Imprenta de J. M. Lara, 1841), I, 36, 107-09.

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The first part of the report is devoted to a general description of the area. The area is situated in the north-east of the island and is bounded by the sea on the north and east. It is a fertile plain, well watered by the river which flows through it. The soil is of a rich, dark color and is very productive. The climate is warm and humid, with a high rainfall. The vegetation is dense and consists of a variety of trees and shrubs. The people who live in the area are of the same race as those who live in the rest of the island. They are a hardy and brave people, who are well adapted to the climate and the soil. They are very fond of their land and are very attached to their homes. They are very hospitable to strangers and are very generous to the poor. They are very fond of music and dance and are very skillful in these arts. They are very brave and are very fond of fighting. They are very loyal to their king and are very devoted to their religion. They are very kind and are very helpful to their neighbors. They are very honest and are very fair in their dealings with others. They are very brave and are very fond of fighting. They are very loyal to their king and are very devoted to their religion. They are very kind and are very helpful to their neighbors. They are very honest and are very fair in their dealings with others.

The second part of the report is devoted to a description of the people who live in the area. They are a hardy and brave people, who are well adapted to the climate and the soil. They are very fond of their land and are very attached to their homes. They are very hospitable to strangers and are very generous to the poor. They are very fond of music and dance and are very skillful in these arts. They are very brave and are very fond of fighting. They are very loyal to their king and are very devoted to their religion. They are very kind and are very helpful to their neighbors. They are very honest and are very fair in their dealings with others. They are very brave and are very fond of fighting. They are very loyal to their king and are very devoted to their religion. They are very kind and are very helpful to their neighbors. They are very honest and are very fair in their dealings with others.

for victims of the plague. In addition he rode through the city soliciting alms to carry on the work.⁵³ The viceroy made large contributions from his private resources.⁵⁴

These zealous ministers did not succumb to the plague; theirs was the vicarious suffering of seeing others perish; theirs was the death caused by the complete exhaustion of bone and flesh which could no longer follow the dictates of the spirit. Although many pious Spaniards lent valuable aid to the friars who were stationed in Spanish towns, in the Indian pueblos only the somber robes of the religious entered the hovels of the agonized.⁵⁵

It was hoped that the plague would cease with the coming of autumn, but the winter passed without relief, and in April of the following year (1577) floods were responsible for further deaths:

These things, never before seen in New Spain, continued with such tenacity that even though November had arrived they did not cease. But from this evil [the flood] great good was derived, for the waters purified the air, and almost suddenly through all the kingdom of Mexico the pestilence ceased. Viceroy Enriquez, who in all that time had given governors and corregidores orders designed to alleviate victims

⁵³ Ibid., I, 110. Father Alegre comments upon the fact that there was less plague damage in Michoacan because of the many hospitals there.

⁵⁴ In spite of the impossibility of erecting sufficient hospitals, the viceroy did build several at his own expense. Archbishop Moya de Contreras also made temporal as well as spiritual contributions. See Ibid., I, pp. 338-39.

⁵⁵ Cavo, op. cit., Libro V, 5-9, pp. 63-64.

and who had always been kept informed exactly of what was happening, ordered that the record of the deaths in that kingdom, which were more than two millions, should be kept in the archives of the city. Nor is it any wonder that with such great mortality the Spaniards who had gone to Europe and returned to that kingdom at the end of this year were astounded to see those cities which they had left so densely populated, those fields once so filled with flowers, deserted, and⁵⁶ it seems that many could believe their own eyes.

Although the epidemics described above showed the great need for hospital facilities and medical care for the Indians, and resulted in the founding of a certain number of permanent hospitals in Indian towns, the major foundations of the sixteenth century were located in the larger cities, especially in the viceregal capital. One of these, the Hospital Real de los Indios, was established for the express purpose of serving the native population. Most of the other major hospitals of the sixteenth century provided treatment for Spaniards and mestizos. Some specialized in the cure of particular diseases such as leprosy and venereal disease. The succeeding chapters describe in some detail the history of these institutions.

⁵⁶ Ibid., Cf. Matías de la Mota y Padilla, Historia de la conquista del reino de la Nueva Galicia (Guadalajara: Talleres gráficos de Gallardo y Alvarez del Castillo, 1920), p. 311. For descriptions of epidemics of 1588, 1591, and 1593, see Ocaranza, op. cit., pp. 63-64; Decorme, op. cit., II, p. 53; Isidor Felis de Espinosa, Chronica apostolica y seraphica de todo los colegios de propaganda fide de esta Nueva España de misioneros franciscanos observantes (Mexico: 1746), Libro IV, Cap. II, p. 259.

CHAPTER IV

THE FIRST MAJOR HOSPITALS OF THE VICEREGAL CITY

It was entirely fitting that the names of Fernando Cortés and Bishop Zumárraga should have been associated with the first hospitals of major importance established in the newly acquired lands of Mexico. Cortés, as representative of the Crown and the most distinguished citizen of New Spain, had the obligation to promote the general welfare of the colony. It was also natural, in view of his genuine devotion to the Church, that he should devote part of his newly-won wealth to charitable purposes. For Fray Juan de Zumárraga, first bishop of Mexico City and spiritual shepherd of a new community, relief of the sick and unfortunate was a very special duty, particularly in a land which lacked adequate health services, and in which many colonists, separated from their homes and native soil, could not enjoy the care of family and friends. For both the conqueror and the bishop there was also the obligation, in the name of his Majesty, to alleviate, in so far as possible, the suffering caused by the wars and confusion of the conquest period.

Although the hospitals founded or endowed by these men were probably the most famous charitable institutions of sixteenth-century Mexico, information concerning their history is still scant. This presentation briefly summarizes

the essential facts recorded in available sources.

1. The Marquis's Hospital

One of the earliest hospitals in Mexico was that of La Limpia Concepción de Nuestra Señora, founded during or soon after the conquest.¹ Cabildo records make reference to the hospital in 1524 by designating house lots in their relation to "the house of Alonso de Grado, which is at present a hospital."² Although Fernando Cortés has been considered the founder of this institution, the hospital was actually established by the Cofradía de Nuestra Señora, of which Cortés was elected mayordomo in charge of the hospital during its first few years.³ Yet because of the Bull of Clement VII of 1529, which granted Cortés perpetual patronage of the hospital, and because of the generosity which the conqueror displayed toward this foundation, both during

¹ P. Mariano Cuevas, Historia de la iglesia en México (4 vols. Tlapam, D.F., Mexico: Imprenta del Asilo "Patricio Sanz," 1921), I, 404. Father Cuevas believes that the hospital was founded during the conquest, basing his opinion on Bernal Díaz del Castillo's statement that Cortés was always in the city seeing to it that Spaniards founded hospitals and churches. See Bernal Díaz del Castillo, Historia Verdadera de la conquista de la Nueva España (4 vols. Paris: Librería Rosa, 1837), IV, 88.

² Elizabeth Ward Loughran, "The Marquis's Hospital," Mid-America, XIV (1931-32), pp. 40-41.

³ The Cofradía de Nuestra Señora was probably a branch of the confraternity of the same name founded in Europe in 1208. Ibid., p. 40.

his residence in Mexico and in his will, the hospital ~~was~~ to be called "The Marquis's Hospital."⁴ In later colonial times it was known as the Hospital de Jesús Nazareno.⁵

The main thoroughfare of Ixtapalapa, about five or six blocks southwest of the present cathedral, was chosen as a suitable site for the hospital.⁶ As stated in his will, Cortés had commissioned Pedro Vázquez to draw proper plans for the building. Revenues from shops and houses which the conqueror possessed on the plaza and streets of Tacuba and San Francisco in the city of Mexico were assigned to cover construction expenses.⁷ Before 1535 a two-story building about three hundred feet long, divided into two infirmaries, had been built. About thirty years later a second wing of the same proportions was added at a right angle to the first. The wards, forming a cross, joined at the central point of the building, the chapel, so that patients might hear mass with due separation.⁸ The chambers of chaplains, doctors,

⁴ Ibid., pp. 40-41.

⁵ In 1663 the hospital received a much venerated statue of Jesús Nazareno. So great was popular devotion to this new shrine that the Hospital was soon referred to by the same name. Ibid., pp. 44-45.

⁶ Ibid., p. 42. Cf. Lucas Alamán, Disertaciones sobre la historia de México (3 vols. México: Imprenta de V. Agüeros, 1900), II, 127-31

⁷ Mariano Cuevas, Testamento de Hernán Cortés (México: Imprenta del Asilo "Patricio Sanz," 1925), Article 8, p. 14.

⁸ The second wing finally proved unsatisfactory and was given over to other uses.

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and nurses. although independent from one another, were easily accessible to the infirmary and church.⁹

It is impossible to make any definitive statement concerning the average number of patients which the hospital cared for during its early years. The first wing might easily have housed one hundred patients. According to Cervantes de Salazar, those who received treatment were "all Spaniards suffering from fevers. . . and they are cured with such charity and attention that the rich in their own homes are not better attended with greater affection than the poor are there."¹⁰ This statement, however, was made in 1554, the year in which a royal hospital, exclusively for Indians, was established in the capital. Prior to that time both Spaniards and Indians were undoubtedly received at La Limpia Concepción. Not only would Spanish ideals dictate such a policy, but almost certain proof is offered by Bernal Díaz del Castillo, who wrote that Bartolome de Olmedo, chaplain to Cortés, gathered into one hospital "all the sick Indians and cared for them with great charity."¹¹

The chaplain of the hospital was chosen first by

⁹ Loughran, op. cit., p. 42. Cf. Alamán, op. cit., II, 132.

¹⁰ Cervantes de Salazar, México en 1554. Tres diálogos latinos traducidos por Joaquín García Icazbalceta (México: Ediciones de la Universidad Nacional Autónoma, 1939), p. 112.

¹¹ Díaz del Castillo, op. cit., IV, 88.

Cortes and then by his heirs in accordance with the bull of patronage granted by Clement VII.¹² Father Olmedo, the first chaplain, gained such respect from everyone, and especially the love of the Indians, that upon his death all Mexico mourned: "And they buried him with great pomp in Santiago and the Indians did not eat a mouthful from the time of his death until they buried him."¹³

During his lifetime Cortés supplied a large part of the money for the construction of the hospital and one thousand ducados annually toward its maintenance. In addition, early mayordomos, conquistadores whom Cortés had favored with generous allotments of land, gave freely of their time, energy, and wealth.¹⁴ After the death of Cortés the hospital received an annual income of two thousand ducados which he had designated in his will.¹⁵ In one last gesture of charity, Don Fernando, by virtue of the concessions

¹² Loughran, op. cit., p. 44.

¹³ Díaz del Castillo, op. cit., IV, 208. The death of Fray Bartolomé occurred while Cortés was away on the Honduras expedition of 1524-25.

¹⁴ Loughran, op. cit., p. 45; Cuevas, Historia de la iglesia en México, I, 404, 407. Antonio de Villaroel, Solvedilla, and Juan de Caceres were among the early mayordomos.

¹⁵ Loughran, op. cit., p. 45; Cuevas, Testamento, pp. 43-44. Bishop Zumárraga gave one hundred pesos annually to this foundation. See Joaquín García Icazbalceta, Don Fray Juan de Zumárraga, primer obispo y arzobispo de México (México: Antigua Librería de Andrade y Morales, 1881), pp. 226-27.

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granted him through the Bull of Clement VII, had also ~~willed~~ that Our Lady of the Immaculate Conception should receive as a principal gift the tithes and first fruits from the towns of his marquisate after the expenses of chaplain and church had been subtracted.¹⁶ Unfortunately the hospital was never to receive this substantial income.

The Bull of Clement VII of 1529, by which Cortes had been granted perpetual patronage of the hospital and the tithes of the marquisate, was most extraordinary in view of the concessions granted to Spanish royalty by previous popes. The Crown naturally refused to recognize the bull. It was prejudicial to royal privilege as stated in the Bull of 1508 by Julius II, and it had not received the necessary passé of the Council of the Indies before being promulgated in America.¹⁷ In 1530 Cortés had made a test case of the matter and had lost. Later, in 1532, the tithe collector brought suit against Cortés before the audiencia because the Marquis refused to pay fifteen hundred pesos in tithes on his property in the archdiocese, a sum equal to one-third of the total tithes in that see. The audiencia promptly forced Cortés to pay the money, and the king

¹⁶ Loughran, op. cit., pp. 45-46. Such a grant included not only the tithes on all agricultural and animal products from properties in the valley of Mexico, Oaxaca, Toluca, Cuernavaca, Cuautle, Charo, Tuxtla, and Tehuantepec, but also tributed due Cortés from Indians held in encomienda.

¹⁷ Ibid., pp. 45-46; Cuevas, Testamento, pp. 43-44.

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just as promptly sent for the usurpatory Bull of Clement VII, to which he very firmly refused his pase.¹⁸ In truth Cortés by his will had donated to La Limpia Concepción that which he no longer had the right to give. He must surely have done it, therefore, merely as a gesture of confidence in his own privileges as received from the pope.

After the death of Cortés the financial management of the hospital was in charge of the mayordomo. In a description of the archbishopric of Mexico presented to the visitador Juan de Ovando by Archbishop Montúfar in 1570 a brief account of the financial status of the hospital was included. The mayordomo, Pedro de Valverde, affirmed that in addition to the endowment of the Marquis, the hospital and cofradía had other revenues of about three thousand pesos.¹⁹ The independence of the administrator, together with the royal command which demanded the compulsory absence of Cortés' descendants from New Spain, led, however, to many abuses. At one time the mismanagement was so great that one of the houses which brought revenues to the institution was mortgaged in order to cover payment of debts.

¹⁸ Colección de documentos inéditos relativos al descubrimiento, conquista y organización de las antiguas posesiones españolas de América y Oceanía sacados de los Archivos del Reino y muy especialmente del de Indias (42 vols., Madrid: Imprenta de Manuel G. Hernández, 1884), XIII, 237 ff. Loughran, op. cit., pp. 45-46; Cuevas, Testamento, pp. 43-44.

¹⁹ Luis García Pimentel, Descripción del Arzobispado de México hecha en 1570 (Mexico: José Joaquín Terrazas e Hijos, Imps., 1897), p. 287.

owed to an apothecary, Domingo de Urrujola. Conditions were finally ameliorated by placing the hospital under the direct supervision of the juez conservador of the estate.²⁰ Yet despite financial difficulties, La Limpia Concepción undoubtedly contributed to the wellbeing of the viceregal city and remained a fitting monument to the Marquis of Oaxaca. The history of the internal administration of the hospital and final judgment concerning the extent of its services must await the results of detailed investigations in the archives of the house, now kept in the Archivo General de la Nación, Mexico City.

2. El Hospital del Amor de Dios

Although the Hospital of Our Lady was always officially under the watchful protection of the Archbishop Metropolitan, the institution was never as close to the bosom of the mother church as the Hospital del Amor de Dios founded by Don Fray Juan de Zumárraga.²¹ The compassion of the prelate hungered to alleviate the deplorable conditions suffered by victims of the dread disease, mal venéreo. The despised leper might receive the saving grace of Saint Lazarus, but the man who bore the ravages of bubae

²⁰ Alamán, op. cit., II, 140-41.

²¹ Cuevas, Historia de la iglesia en México, I, 404, 407.

received neither mercy from the saints nor charity from men. Syphilis in the New World did not attack merely the poor, the underdog; syphilis was rampant and affected all classes of society. In a book printed in Mexico in the sixteenth century, we read:

Among the illnesses which through our new faults and sins have recently been detected and experienced in human bodies, one of them, hellish, malignant, and pernicious, is that of mal indiano, and according to others, mal francés, which truly so afflicts, compels, and tortures men, without making any exception, that already it is a customary saying in the Indies that there is not an honourable man who does not bear a certain sign or trace of this indisposition. . . .²²

The rich and "honourable" man might seek the advice of his own physician in the privacy and comfort of his home. The poverty-stricken might roam endlessly through the streets; there was no recourse to the protecting shelter of hospitals, for to these pariahs entrance was denied. Crippled and exhausted, covered with tell-tale sores, these unfortunates might only seek with eagerness the blissful release of death.²³

The merciful succor of the Bishop, however, was not to be restrained from any of the ills of mankind. Early in

²² Juan de Cárdenas, Primera parte de los problemas y secretos maravillosos de las Indias (Mexico: Imprenta del Museo Nacional de Arqueología, Historia y Etnología, 1913), p. 170. This work was first printed in Mexico in 1591.

²³ García Icazbalceta, Don Fray Juan de Zumárraga, pp. 227-28. The author expresses the opinion that syphilitics were unwelcome to hospitals because of the ideas of filth and contagion which were attached to the disease.

received neither water nor food for 12 hours.
Suffering in the day and night, the
the children; suffering in the day and night
of society. In a word, suffering in the day
and night.

Among the things which the children
suffered in the day and night, the children
human bodies, the children, the children
permanently, the children, the children
to others, the children, the children
pain, and suffering, the children, the children
that suffered, the children, the children
that there is a suffering in the day and night
a certain sign of suffering in the day and night.

The rich and "non-suffering" children
own physician in the day and night, the children
poverty-stricken children, the children, the children
there was no suffering in the day and night, the children
for the same part of the day and night, the children
handed, covered with pain, the children, the children
might only feel a suffering in the day and night, the children
in the day and night.

The medical history of the children, the children
to be restricted from the day and night, the children

22 Juan de Dios, the children, the children
y seculares, the children, the children
Instituto Nacional de la Infancia, the children, the children
p. 170. This work was done in the day and night, the children

23 Carlos, the children, the children
pp. 227-28. The work was done in the day and night, the children
files were numbered in the day and night, the children
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1535 he founded the Hospital del Amor de Dios, the most important project of his life. In 1540 he reported his progress to the king:

Little by little I have built a large house where at present those suffering from bubas and contagious diseases are received and treated, for not in any place do they wish to gather them, not even in the Hospital of the Marquis, and as this sickness abounds here so much, they die as hopeless creatures without the sacraments. . . .²⁴

Since the decree of erection established^{ing} the organization of the diocese provided that a part of the tithes should be assigned to hospitals, it was the intention of Bishop Zumárraga that his hospital, the first belonging to the bishopric, should derive these benefits. On February 4, 1541, at a meeting of the ecclesiastical cabildo, it was therefore agreed that three hundred pesos from this share of the tithes should be appropriated for the new hospital.²⁵

In a petition to the Crown in April, 1540, Bishop Zumárraga had requested that the Hospital del Amor de Dios be granted the royal patronage and that the king should concede the same amount as the decree of erection provided for the benefit of hospitals. In addition, license was

²⁴ Cuevas, Historia de la iglesia en México, I, 407-08; quoted from a letter of Zumárraga to the Emperor.

²⁵ García Icazbalceta, Don Fray Juan de Zumárraga, Apéndice, Documento Núm. 62, "Extractos del Primer Libro de actos del Cabildo Eclesiástico de México," pp. 261-62.

1935 he founded the Hospital del Amor de Dios, the most
important project of his life. In 1950 he reported his
views to the King:

Little by little I have built a large house where
at present those suffering from madness and convulsions
find themselves received and treated, for not
in any place do they wish to gather themselves, not even
in the Hospital of the Madness, and as this work
needs abundant care and work, they are as patients
overseen without the assistance.

Since the degree of erection established by the organization
of the diocese provided that a part of the tithes should
be assigned to hospitals, it was the intention of His
Majesty that his Hospital, the first belonging to the
diocese, should derive these benefits. On February
1941, at a meeting of the ecclesiastical council, it was
therefore agreed that three hundred pesos from this fund
of the tithes should be assigned for the new Hospital.

In a petition to the Crown in April, 1940, His
Majesty had revealed that the Hospital del Amor de Dios
be granted the royal patronage and that the King should
concede the same amount as the degree of erection awarded
for the benefit of hospitals. In addition, license was

24. Guayas, Historia de la Iglesia en Ecuador, I,
407-68; quoted from a letter of Guayas to the Emperor.
25. Guayaquil, Historia de la Iglesia en Ecuador, I,
407-68; quoted from a letter of Guayas to the Emperor.

sought for the cession to the hospital of two houses and the tributes from the town of Ocuituco in the present state of Morelos, which the Bishop held in encomienda.²⁶ Favorable royal response on November 29, 1540, granted the principal requests of the prelate; the hospital was to bear the royal arms; the fruits and revenues of the town, Ocuituco, were to be devoted toward the support of the institution. Both Fray Juan and Viceroy Antonio de Mendoza were instructed to formulate a constitution for the institution, which was henceforth to be administered by the bishops of the diocese of Mexico.²⁷

The foundation charter of the hospital provided for the construction of a chapel with a bell and the organization of a cofradía to care for patients. The establishment, favored with the same privileges and immunities as others of its kind, was entrusted to the care of the ecclesiastical cabildo. In order that the hospital might not lack revenues, the Bishop donated four additional houses with their shops situated on the street of Moncada.²⁸ By virtue of this

²⁶ Ibid., Apéndice, Documento Núm. 27, "Carta al Emperador de Fray Juan, Obispo de México, México, 17 de abril de 1540," pp. 136-38.

²⁷ Documentos inéditos. . . de Indias, XLI, pp. 185-87; Recopilación de Leyes de los reinos de las Indias (2 vols., 1756), Libro I, Título IV, Ley X.

²⁸ Documentos para la historia de México, Segunda Série (Mexico, 1855), III, 357-68. The Bishop made definite assertion that these properties had been acquired either with monies granted by His Majesty or with the produce of the prelate's share of the tithes.

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instrument the cabildo, on July 30, 1541, took judicial possession of the hospital.²⁹

Although Bishop Zumárraga did not formally cede the encomienda of Ocuituco to the hospital until April 6, 1544, the hospital must have enjoyed the revenues from this town, which continued to be registered in the name of the Bishop, who either through neglect or through some other cause failed to extend the official instrument. The New Laws of 1542, however, expressly prohibited bishops and hospitals from holding encomienda grants. When Bishop Zumárraga did donate the town to the hospital, he was in reality offering that which he no longer possessed. Although the hospital might have been permitted to receive this source of income through special dispensation, there is no indication that the Crown was so disposed.³⁰

With characteristic absent-mindedness, the Bishop, on July 18, 1545, ceded certain episcopal houses to the Hospital del Amor de Dios. Not only did he fail to take into account that these houses belonged to the Church, but he also disregarded that fact that he had offered them previously to a school and a monastery. These institutions

²⁹ Ibid., pp. 347-51. There was also included "the prison of the Inquisition," a building which was not mentioned in the foundation charter. See also García Icazbalceta, Don Fray Juan de Zumárraga, pp. 228-29.

³⁰ García Icazbalceta, Don Fray Juan de Zumárraga, pp. 229-30.

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30 Examination and survey of the hospital and the fact that the survey was no longer correct.
pg. 229-30.

had not accepted the donation on the ground that the rights of the Church would be violated. The Emperor, moreover, seemed to be as unaware of these circumstances as the bishop. By virtue of a royal cédula of November 8, 1546, which confirmed the cession of the houses, Martín de Aranguren, mayordomo of the hospital, took judicial possession of the buildings.³¹

Bishop Zumárraga died on June 3, 1548. In his will he reiterated that the episcopal houses were to be the sole property of the hospital. He did not die a man of wealth. Yet the charity of men distinguishes itself through the donation of many insignificant gifts which only acquire significance when the spirit of the donor is recognized. Fray Juan de Zumárraga, bishop of one of the wealthiest sees in the New World, bequeathed to the hospital his most cherished undertaking, three chairs, "so that the sick may sit down." This was the legacy, the last bequest of a man whose unlimited bounty could not be measured by monetary values.³²

Even after the death of its founder the Hospital del Amor de Dios continued to enjoy the reputation of being one of the finest hospitals in New Spain. In 1568 the king was once again favorably disposed to grant an additional

³¹ Ibid., p. 230.

³² Ibid., pp. 176-81.

sum "for service of the poor" of the institution. Members of the Casa de Contratación in Sevilla were ordered to instruct treasury officials in Mexico to deliver to the hospital one thousand pesos to be derived from bienes de difuntos.³³ The Memorial of Archbishop Montúfar in 1570 indicated that the financial and administrative affairs of the hospital were well managed. The total income, including the noveno y medio of the tithes, revenues from houses and censos, and funds appropriated for wine, candles, and ornaments for the chaplaincies, was 2,644 pesos and two tomines of gold. From this amount the mayordomo received one hundred and ten pesos as salary; the doctor, thirty pesos; the apothecary, two hundred and fifty pesos. The remainder of the income was devoted toward the sustenance of the poor.³⁴ In an eloquent eulogy to the achievements of Bishop Zumárraga, Archbishop Don Pedro Moya de Contreras informed the Council of the Indies in 1583 that the Hospital del Amor de Dios was the "best served" hospital in the Indies:

³³ Real cédula a los oficiales de la Casa de Contratación de Sevilla, mandándoles cumplir una cédula haciendo merced de mil pesos de bienes de difuntos al Hospital del Amor de Dios de la ciudad de México, Madrid, 19 de dic. de 1568. (Archivo General de Indias, México, legajo 1089, libro C5.) This cédula is the reaffirmation of a previous decree, dated January 23, 1566, which officials of the Casa ignored, claiming that there were not sufficient funds in the bienes de difuntos to cover such a grant.

³⁴ García Pimentel, op. cit., pp. 288-89.

. . . the sick are provided with doctor, medicines, surgeon, food, bed, and service, with much cleanliness and punctuality; the Archbishop administers it and in his name a solicitous, experienced, and diligent mayordomo, who collects and receives the revenues and alms and given an annual account to the Prelate or his visitador. There are a doctor, surgeon, apothecary, and barber, all of whom receive salaries, and in spiritual matters they [the sick] are administered to by the priests of the Cathedral, and in the infirmary the Canon Gaspar de Mendiola, chaplain in perpetuity, says mass.³⁵

During his lifetime Bishop Zumárraga was also responsible for the founding of other charitable institutions. In his native province of Durango, through means of his own resources, together with alms collected from his compatriots, he established a hospice, chapel, and small beaterie so that friars as well as the poor might find upon their journeys acceptable lodging and shelter.³⁶ For the benefit of the friars of his own Order Bishop Zumárraga erected an infirmary in its principal convent, that of San Francisco in Mexico City.³⁷ Although the prelate also founded a small hospital and hermitage consecrated to San Cosme and

³⁵ Quoted in Cuevas, Historia de la iglesia en México, I, 408.

³⁶ García Icazbalceta, Don Fray Juan de Zumárraga, pp. 235-36. The Bishop endowed the hospice with certain revenues for its maintenance; mention is made in the undated "Memoria Testamentaria del Sr. Zumárraga" of the donation of part of his books to the same foundation. See Ibid., Apéndice, Documento Núm. 42, pp. 172-75.

³⁷ Ibid., p. 226. See also Apéndice, Documento Núm. 42, pp. 172-75. Donation of the vestments and habits of the Bishop to the infirmary for the poor.

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San Damián, this endeavor did not endure because of lack of funds.³⁸ In addition to his charitable foundations the Bishop, fully cognizant of the need to educate the conquered, founded a school for the daughters of caciques.³⁹

³⁸ Flores, Historia de la medicina en México, II, 236. The building was finally used in the seventeenth century as a hospice for friars who were on their way to the Philippines. See F. Balthassar de Medina, Chronica de la santa provincia de San Diego de México, de religiosos descalzos de N. S. P. P. Francisco en la Nueva España (Mexico, 1682), f. 13, núm. 44.

³⁹ García Icazbalceta, Don Fray Juan de Zumárraga, p. 230. This school, contiguous to the Amor de Dios, was not established without altercation with the ecclesiastical cabildo, which desired the same building to be employed as a warehouse and school for Spanish orphans. A decision of the audiencia finally granted the building to the hospital in the name of Francisco Rodríguez Santos, mayordomo. See Ibid., Apéndice, Documento Núm. 47, p. 208.

CHAPTER V

HOSPITALS FOR CONVALESCENTS AND THE INSANE

The need for convalescent hospitals to provide care for the travellers who arrived in Mexico sick and weary after the long ocean voyage from Spain, or who, after their arrival, contracted illness in the fever-ridden coasts of the Veracruz area, was recognized at an early date. Data summarized in succeeding paragraphs reveal, however, that the first hospitals for convalescents, established along the roads from Veracruz to Mexico City, did not receive adequate support. It was only in 1587, as the result of a reorganization effected by Viceroy Marqués de Villamanrique, that some of these institutions were guaranteed permanence and efficient management. One of the institutions included in the chain of hospitals set up by the viceroy also provided treatment for the insane. Although this union of charity for the traveller with charity for the insane was the result, in part, of historical circumstance, it illustrates the contemporary concept of hospitals as places of refuge for all unfortunates regardless of their special needs.

1. Hospitals on the Road from Veracruz to Mexico City

At San Juan de Ulúa plans for the foundation of a hospital were initiated by Bishop Zumárraga and Fray Juan

de Paredes, his companion upon his first trip to Mexico in 1528. The necessity for such an institution must surely have occurred to both men upon their arrival, for so unhealthy was this principal port of New Spain that San Juan de Ulúa was commonly referred to as "the sepulcher of the living."¹ It has generally been assumed that the bishop founded the hospital soon after his arrival and left Fray Juan de Paredes in charge.² Yet shortly afterwards Father Paredes departed in order to appear at Rome as delegate to a council of the Order of St. Francis. He did not return to the New World until 1535.³

A papal bull of Clement VII, issued on February 20, 1533, granting Paredes the independent administration of hospitals to be erected at San Juan de Ulúa and Veracruz [La Antigua], however, is evidence that the original intent of the bishop and Paredes had not been disregarded.⁴ A royal decree dispatched during the following year to the Audiencia and Bishop of Mexico reinforced the papal provisions. It is therefore safe to assume that the hospital

¹ García Icazbalceta, Don Fray Juan de Zumárraga, pp. 232-33.

² Ibid., pp. 323-33. Cf. Cuervas, Historia de la iglesia en México, I, 411-12.

³ P. Angel Ortega, "Fr. Juan de Paredes y la fundación de los hospitales de San Juan de Ulúa-Veracruz," Archivo Ibero-Americano, XVIII, Núm., 1026 (Abril-Junio del 1931), pp. 267-77.

⁴ Ibid.

⁵ Documentos inéditos .. de Ultramar, XX, 157.

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was actually founded. Yet this institution, perhaps a victim of the same unhealthful conditions it was endeavoring to defeat, did not attain permanency. Not only did Bishop Zumárraga fail to speak of it, but he also brought up the same project without success years later.⁶ A letter of the audiencia to Philip II in 1555 further reaffirms the instability of this first attempt:

We have seen and each day we see the great need which those who travel to and from Spain suffer, which is a matter of great compassion when one sees the hardships which they endure and the almost insignificant aid that they have on that entire journey, where they die without being favored in the spiritual and in the temporal.⁷

A petition to the Crown in 1563 makes reference to the hospital, which was refounded by private citizens of San Juan de Ulúa and mariners who were forced to stop at that port.⁸ This institution, however, apparently did not prosper, for in 1572 Viceroy Martín Enríquez reported to the sovereign that because of the extreme necessity for a hospital in that place, he had ordered one to be built and asked for aid to sustain it.⁹

At Veracruz la Antigua the same difficulties seem

⁶ García Icazbalceta, op. cit., pp. 323-33.

⁷ Cuevas, Historia de la iglesia en México, I, 411-12.

⁸ "Carta al rey de Juan Bautista de Abendaño .. del puerto de San Juan de Ulúa, a 23 de octubre de 1563," Paso y Troncoso, Epistolario, IX, 250.

⁹ García Icazbalceta, op. cit., pp. 232-33.

to have occurred. Although the alcalde mayor of that municipality speaks of a hospital in 1580, supported by the alms of private citizens, a royal cédula of 1584 to the Audiencia of Mexico, presented in behalf of the cabildo of Veracruz, provided that a hospital should be erected and placed under the care of the Franciscans so that "some shelter may be offered to the passengers, poor and sick persons who come from Spain."¹⁰

The eager traveler who hungered to taste of the wonders of a New World would not content himself with the mere glimpse of its outer fringe. He would endure the slow, tortuous journey inland; he would suffer the physical discomforts of an age of travel which was characterized by discomfort. Yet in order to attain his final destination he had need not only of undying desire but also of a certain respite from peril. Fourteen leagues to the northward from Veracruz, at Jalapa, the Franciscans founded the monastery, the Nativity of Our Lady, which also served as a hospital and refuge for the wayfarer.¹¹ Stationed midway between the coast and the capital was the hospital of Perote, founded in 1535 by Fray Julián Garcés, first bishop of Tlaxcala. Without a source of revenue, the hospital soon ceased to operate. Bishop

¹⁰ Cuevas, Historia de la iglesia en México, I, 411-412; García Icazbalceta, op. cit., pp. 323-33.

¹¹ Códice Franciscano siglo XVI (México, 1941), p. 27; Paso y Troncoso, op. cit., XIV, 82.

Garcés, realizing that Perote was a vital waystation on the road to Mexico, rebuilt the hospital with slave labor and endowed it with a certain amount of cattle. In order that the institution might be better maintained, he then requested Viceroy Luis de Velasco to place it under the royal patronage.¹² Despite its royal title, the hospital was dependent upon the fluctuating income derived from private benevolence.¹³

Farther inland were the hospitals of the city of Puebla de los Angeles.¹⁴ The hospital of San Pedro was founded by the first archdeacon of the Cathedral of Puebla, D. Francisco de León, in a house which he donated for that purpose. Like the Hospital del Amor de Dios this institution

¹² The hospital was henceforth entitled Hospital Real de Perote under the advocacy of Nuestra Señora de los Remedios. Real cédula al Virrey y Audiencia de la Nueva España mandándoles enviar relación del Hospital de Perote, El Escorial, 4 de julio de 1570, A.G.I., México, leg. 1090, Libro C6.

¹³ In 1568 the Crown somewhat improved the financial status of the hospital by a merced of 937,500 maravedís de bienes de difuntos. When the hospital petitioned two years later for additional aid, the invariable royal demand for additional information concerning the hospital and its assets was dispatched to the viceroy and Audiencia of New Spain. Real cédula a los oficiales de la Casa de Contratación de Sevilla, mandándoles pagar al Hospital Real de Perote 937,500 maravedís de bienes de difuntos, Madrid, 15 de julio de 1568, A.G.I., México, leg. 1089, Libro C5; Real cédula al Virrey y Audiencia de la Nueva España mandándoles enviar relación del Hospital de Perote, El Escorial, 4 de julio de 1570, A.G.I., México, leg. 1089, Libro C6.

¹⁴ Although the hospitals of this city were not included in the Villamanrique ordinances of 1587 they are discussed here because the primary reason for their foundation, charity for the traveler, was the same.

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derived revenues from the noveno y medio of the tithes guaranteed to the hospital of the cathedral chapter of the church.¹⁵ Another hospital, that of Nuestra Señora de la Concepción, was founded by the charity of private citizens who also organized a cofradía to serve it: ". . . they support it with their alms and part of the revenues which Rodrigo de Madrid and other pious men possess. It is in a very poor small house because the income which it has is meager."¹⁶

The last hospital to offer refuge to the traveler before his arrival at Mexico was that of Huastepéc. According to one authority, this was the first hospital to be established by the Spaniards in New Spain. The original establishment founded in the Garden of Huastepéc was entirely provisional and was abandoned as soon as the conquistadores began to rebuild the capital.¹⁷ The later hospital familiar to Spanish transients was an institution founded by the Order of San Hipólito.¹⁸

¹⁵ García Icazbalceta, Relación de los obispados de Tlaxcala, Michoacán, Oaxaca y otros lugares en el siglo XVI (México, 1904), pp. 1-2; Paso y Troncoso, op. cit., XIV, 71. The institution had a most modest beginning. " . . . Esta el dicho hospital comenzada en poco suelo a flacos edificios."

¹⁶ García Icazbalceta, Relación de los obispados. . . , 1-2; also cited in Paso y Troncoso, op. cit., XIV, 71.

¹⁷ Flores, op. cit., II, 225-26.

¹⁸ [Ciudad Real, Fray Antonio de], Relación breve y verdadera de algunas cosas de las muchas que sucedieron

2. Hospital de los Convalécientes in Mexico City

The major institution in the chain of hospitals subsequently created by Viceroy Manrique was the Hospital de los Convalécientes founded in Mexico City by Bernardino Álvarez in 1566.

In this year in the month of April in the houses which are near the gate of San Bernadino and face the Colegio de Portacoele, and which Miguel Dueñas and his wife, Isabel Ojeda, had given to the servant of God, Bernardino Álvarez, a hospital was opened for convalescents, old persons, invalids, and the insane. ¹⁹

This hospital clearly exemplifies three Spanish ideas of charity: a place for refuge for the aged who could no longer meet the demands of society; a temporary shelter for convalescents and invalids weakened by disease and warfare; and a safe asylum for the rejected, the misunderstood of society, namely "los inocentes," or the insane. One year later (1567) Álvarez founded the Hermandad de San Hipólito, to be devoted to the care of these unfortunates. Since the original site of the hospital was considered inappropriate, Álvarez obtained license to erect a building on an elevated spot just outside the city walls next to the church of San Hipólito. Having built the hospital and a house for the brotherhood with the financial support of the consulado,

(18 cont'd) al padre fray Alondo Ponce en las provincias de la Nueva España siendo comisario general de aquellas partes, escrita por dos religiosos (Madrid, 1864-1886), I, 187.

¹⁹ Cavo, Los tres siglos de México, p. 37.

Alvarez charged the Hipólitos with the direction of the hospital. In 1569 the brothers and patients moved to the new building.²⁰

In view of the merits of this confraternity and its founder, Pope Clement VIII, in 1594, conceded that the Hipolitos should form a true congregation, or Order, of hospitalary friars under vows of "hospitality and obedience." During the lifetime of the founder and afterward the brotherhood continued to maintain the hospital for sick and needy Spaniards, who were transported to it on mules purchased by Alvarez for the purpose.²¹ But the most distinguishing feature of the Hospital de los Convalecientes was the care provided for the insane, who were brought to it from all New Spain.

3. Hospital Ordinances of Viceroy Villamanrique

(1587)

In 1587 Viceroy Villamanrique promulgated a remarkable ordinance which brought together under a united system of control the hospitals of San Juan de Ulúa, Jolapa, Perote, and Huastepéc, and Los Convalecientes in Mexico City. This

²⁰ Flores, op. cit., II, 236-39. The brothers of San Hipólito were also called "Brothers of Charity."

²¹ Peza, La beneficencia en México, pp. 58-59. In the course of time the Hipólitos were also placed in charge of another hospital called Espíritu Santo and the Hospital Real de los Indios. Alvarez also founded the Hospital de San Roque in Puebla.

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measure was designed, in part, to provide improved administration and more adequate support for these houses, and, in part, to establish more effective control under the royal patronage. The viceroy, in effect, refounded the hospitals of San Juan de Ulúa, Jalapa, Perote, and Huastepéc, and placed them under the guardianship of Álvarez' foundation, Los Convalecientes, served by the Order of San Hipólito.²² The rector of Los Convalecientes, thereafter appointed by the viceroy, was charged with the supervision of the other subordinate hospitals. Although the ordinances contained regulations for the peculiar needs of each institution, the rulings which governed the mother house were also employed by the other houses insofar as they were applicable.²³

The rector of these several hospitals resided at the House and Hospital of San Hipólito, where, in addition to his salary, he received food and lodging. Although his were the typical functions of any hospital administrator, his ability was to be naturally of the finest caliber because of his heavy responsibility for the welfare of five important hospitals of the realm. Twice a year on dates

²² Capítulo de una carta del Viceroy Marqués de Villamanrique a su Majestad, México, 28 de abril de 1587, A.G.I., México, leg. 21; M. Cuevas, Documentos inéditos del siglo XVI para la historia de México (México, 1914), pp. 411-412.

²³ Traslado de la erección, institución y ordenanzas que dió el Virey Marqués de Villamanrique para los hospitales de los convalecientes de México, Huastepéc, Perote y Jalapa y San Juan de Ulúa, México, 4 de abril de 1587, A.G.I., México, leg. 21.

fixed by the viceroy the rector visited the other hospitals, during which time each institution received a thorough examination. Their financial administration was scrutinized; careful attention was paid to the manner in which the brothers observed the rules of hospitality and the decorum exercised by these ministers to the poor. In the distribution of properties, alms, and other revenues belonging to these institutions, the rector personally delivered to the brother or brothers who presided over the other hospitals a proportionate share of the wealth.²⁴ The rector was also endowed with limited powers of appointment and might, with the confirmation of the viceroy, assign chaplains to the hospitals.²⁵

In order that the rector might not be completely overwhelmed by innumerable tasks, two consiliarios were elected annually. These men, consultants and assistants, were voted upon in a secret meeting at the Hospital de San Hipolito, in which the rector and all brothers of one year's standing participated.²⁶ The rector and consiliarios then

²⁴ Ibid.

²⁵ Persons of "moral life and reputation" who wished to become chaplains without stipend or pay, serving only for piety's sake, might be received if they were endowed with the proper qualifications. Ibid., Cap. II.

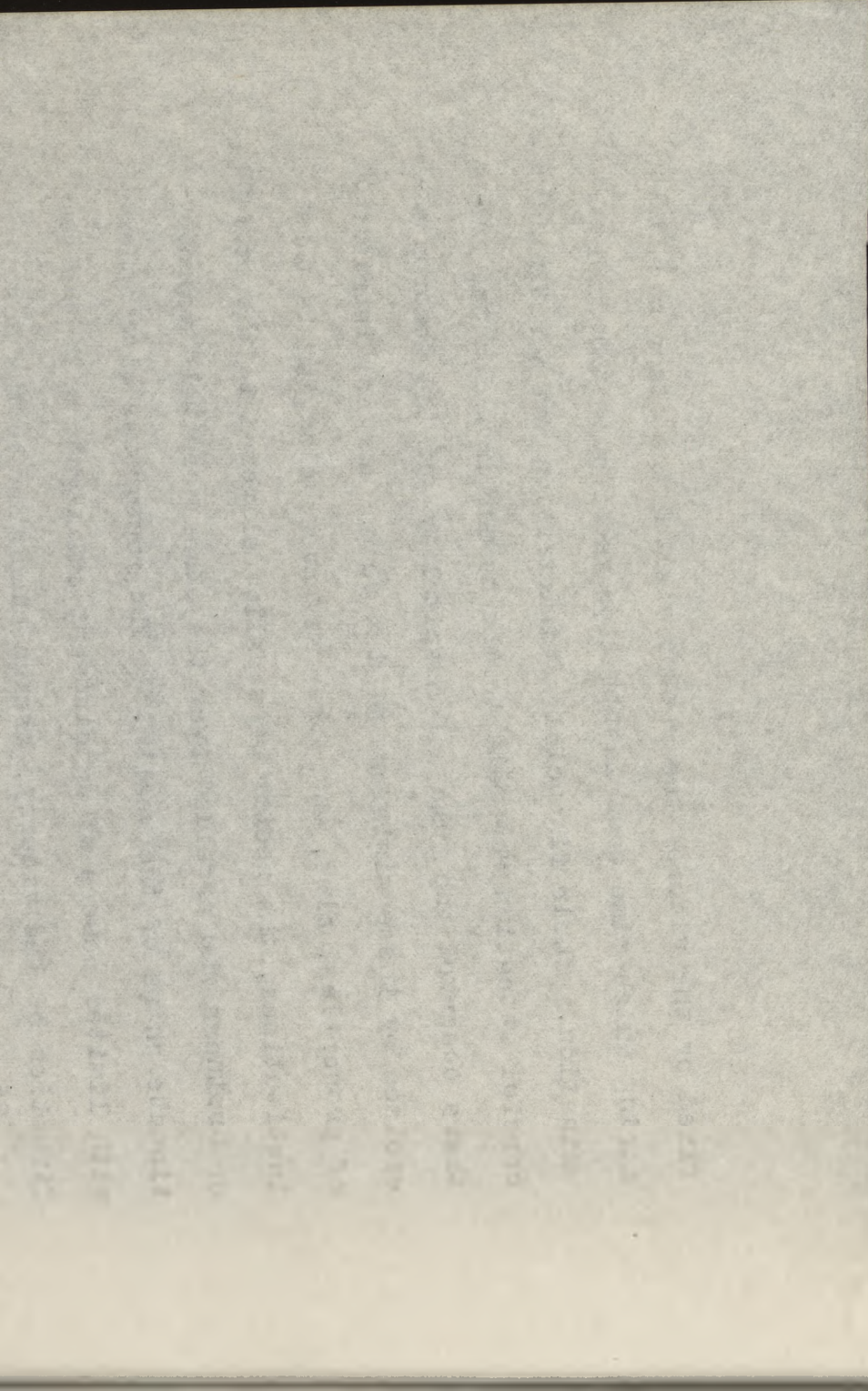
²⁶ If any brother was unable to attend this meeting, he sent his secret ballot in writing so that it might be deposited within the urn which was provided for the votes of those present. The viceroy also confirmed this selection.

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elected the brothers superior of the subordinate hospitals, who served for a term of two years.²⁷

Evidently at one time the Hernández had become lax in the acceptance of persons who did not possess the desired qualifications of hermano. Although the eligibility requirements proposed by the viceroy were not stringent, they were to be definitely observed:

. . . and may they not be scandalous men, neither those lacking in judgment nor those who have been sentenced by justice, and may they be of good condition and from whose Christianity and piety one might expect good example and benefit to the poor of the said houses. . . .²⁸

Upon entrance into the Order the brother took an oath to serve the rector and the House for at least two years.

During these years of service the Hipólito relinquished his identity and his freedom. The dignity of the Benedictine asceticism of the Middle Ages was transferred to the New World of the sixteenth century. Spain held fast to her heritage of charity and piety. Every thought, every act of the brother was directed toward the service of the hospitalized. He received no part of the revenues or alms dedicated to the Order. In order that his work might be more acceptable to his Creator he received confession and

²⁷ Priests were given preference in the election of the hermanos mayores, whose rank was second to that of the rector. At this election a scribe was also chosen

²⁸ Ibid., Cap. III.

communion every month and on the principal holidays. He heard mass daily; he ever tried to set a good example by word and deed. While in service he neither resided in his own house nor brought with him articles of clothing, horses, or servants which might divert him from service to the sick. The Order provided him with all the necessities of life; he had no need for luxury.²⁹

Every six months the rector, in agreement with the consiliarios, assigned the brothers to various posts, as nurses to the sick or the demented, as stewards, or as solicitors and collectors of alms outside and within the cities. Each man fulfilled the position for which he had the most aptitude, not that which he might choose to do from personal preference. Since one of the most important duties was the collection of alms in order to sustain the needs of the hospital, only members with the highest qualifications were selected for this delicate mission. Throughout mining areas the solicitation of alms was performed by the oldest members of the Hermandad who had served for more than one year. In order to avoid confusion, a certain district or place where alms were sought was assigned to each particular hospital. All alms collectors returned within six months bearing any money they had collected as well as

²⁹ Ibid., Cap IV. The modest habit of the Hipólitos was of brown cloth with matching cloak, hat and stockings.

any contributions in kind. Within the city of Mexico, according to custom, the alms collector was accompanied by an inocente.³⁰ When all accounts of the several hospitals had been reviewed, the rector and consiliarios determined the proportionate division of the alms for the care of patients and the poor, for the sustenance of the hermanos, and for the salaries of doctors and other employees.³¹

Although the charity of these institutions disdained excessive scrutiny into the personal lives of those who sought to become patients, a certain discretion was necessary in order that those who were deserving might receive all possible attention. Each hospital, furthermore, maintained a certain degree of specialization. San Hipólito did not admit the dangerously ill from disease, but rather the insane and convalescents. If the latter should suffer a relapse, they were transferred immediately to another hospital for treatment. Poor and needy persons might be maintained there for a limited length of time until they began to earn a livelihood.³² The insane remained at San Hipólito until they regained their senses. If the demented had sufficient

³⁰ In the case of the Hospital de los Convalecientes a weekly account of collections was presented to the rector and consiliarios before the scribe; each amount was listed according to whether it was donated for the care of the insane or for the convalescents.

³¹ Ibid., Cap. IX.

³² Ibid., Cap. VII. If these persons proved to be merely lazy vagabonds, they were expelled from the hospital.

resources, they paid for treatment; otherwise the hospital bore the expenses.³³ Other male patients who could afford private treatment but who preferred the "mejor comodidad" of Los Convalecientes might also be admitted. Although women were not admitted there, they might receive treatment in the other institutions, which were solely for transients and were equipped with separate infirmaries for their care.³⁴

The treatment accorded the sick in the Hospital de San Hipólito (Los Convalecientes) approached modernism in its system and regularity. Two brothers assisted the physician as head nurses, one in charge of convalescents, the other in charge of the insane. The doctor visited convalescents every two weeks in order to determine the progress of each patient. If he was improved, a definite date might be assigned for the patient's dismissal or he might be allowed to leave on that very day. If, however, the convalescent had not seemed to have profited from previous treatment, other remedies were prescribed, to be strictly adhered to by the head nurse and rector. In order to insure a more rapid recovery patients were prohibited from leaving the premises of the hospital; neither should they engage in

³³ The hospitals always tried to obtain doctors and surgeons who would treat patients for charity's sake, but if none could be found with proper qualifications who would donate their services freely, a definite salary was paid. Ibid., Cap VII.

³⁴ Ibid., Cap VII.

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any physical labor for benefit of the maintenance of the building nor go out into the city for the solicitation of alms.

The regulations stipulated that the head nurse who was elected to guard the welfare of the insane should be the most pious, the most tolerant of all brothers. He should exhibit a peculiar aptitude for this type of work:

. . . because he deals with the most needy and vexatious of persons and thus he must be charged to cure and to administer to them and procure their good treatment and comfort with great zeal and love for Our Lord, trying to alleviate and console them so that if it should be possible and Our Lord should so desire, by virtue of good treatment and shelter some might get well as it has often been witnessed.³⁵

The practice of humane treatment toward the insane had been born in Spain and transferred to the New World. Yet gradually, often so slowly that no change was perceptible, this practice had evolved into a more scientific approach to the problem. A strange, a most unique, revelation had occurred since the dawn of the fifteenth century. Men who babbled with the tongues of idiots might still return to normalcy through proper treatment.

Special attention was given to the living conditions of these unfortunates. They were housed in healthful, sheltered quarters. Bedding, although modest, protected them sufficiently. They were well clothed against the bodily discomforts of heat and cold. Diet was a principal

³⁵ Ibid., Cap. VIII.

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concern, for improper and insufficient nutrition was regarded as cause for persons "to lose their senses." Excessive punishments and lashings were prohibited unless such castigation was deemed necessary for the control of violent cases. Nothing which might further harass or plague these unfortunates was to be forced upon them. Menial and laborious tasks were forbidden: "...neither take them, unclothed and barefoot, out into the sun, water or mud in order to make clay and [perform] other trying labors which may afflict them, for these poor creatures are more needy than others. . . ."³⁶

The ordinances of Villamanrique are a unique document in the history of therapeutic treatment of the insane. The Spaniards did not go beyond their time, but they advanced certain ideas which are accepted today. The Spaniards did not understand insanity nor the intricate complications of the human mind, yet they recognized the possible good effects of a humane approach to the problem. Centuries later students of applied psychology might offer logical explanations why nothing should be done to provoke the fury and ire of the demented, why no one should mock or ridicule these unfortunates. It was sufficient for the Spaniards to know that "...all of this is notoriously harmful to the health and recuperation of their understanding

³⁶ Ibid., Cap. VIII.

and judgment." Villamanrique was not a doctor familiar with medical aphorisms; he was an intelligent, enlightened statesman. In an age of superstition he spoke not of men plagued by devils, bewitched by the hand of Satan, but rather of men who possessed the souls of men and must not be treated as beasts. If the insane suffered illness they should be cured in a separate infirmary and visited by the physician as often as the type of illness required. If at the point of death, the demented patient regained his wits and requested extreme unction, it should be administered to him: ". . . for they are rational men and our brothers. . . . And in their passing and death and burials everything should be done as it would be done for baptized Christians, for such they are. . . ."³⁷ No longer were the mentally ill offered mere protection; no longer were they irrevocably lost to the world of rational human beings. The treatment, to be sure, was one of trial and error. Yet this search for efficacious remedies indicated not only the further awakening of scientific endeavor but also a renewed faith in God and mankind. The Hermanos de San Hipólito gazed upon the raving antics of maniacs; the spirit, sickened by this sight, was reborn with the realization that these were also their brothers.

In the other hospitals the hermanos mayores fulfilled

³⁷ Ibid., Cap. VIII.

the same general functions as the rector of the Hospital de los Convalecientes. Their duties varied, however, in accordance with the type of hospital over which they had direct supervision. At San Juan de Ulúa, as soon as the fleet appeared in the harbor, the Brother Superior, accompanied by other members of the hospital, set out to make inquiry concerning the passengers who were sick and needy. These were carried immediately to the hospital, which devoted its efforts toward the initial curing of patients who, when physically able, were transferred to Jalapa, Perote, Huastepéc, and finally, Mexico. As soon as the patients were gathered into the hospital, the captain of the fortress of the town and the hospital physician were summoned to see the new arrivals. It was then determined which patients should remain and which ones should be immediately assigned to other hospitals. A list was prepared of the names and status of all those who should be removed; captain, doctor, and scribe placed their signatures upon this document, which vouched that the brothers were transporting only the sick. If there were no sick patients, other poor persons, preferably women, received this gratuitous transportation service.

At Jalapa only those whose names appeared on the list made out at San Juan de Ulúa were received.³⁸ Once again

³⁸ Ibid., Cap. XI.

patients were examined. Those who were well enough journeyed onward; others remained for treatment.

The hospital of Huastepéc received other persons besides the sick and needy travelers from Castile. Located in one of the most healthful regions of New Spain, Huastepéc was frequented by many persons suffering from a multitude of illnesses. As a general hospital it opened its doors to the rich and the poor, men and women, priests and religiosos, Spaniards and mestizos.³⁹ Separate quarters for patients, dependent upon their status and the type of illness suffered, were maintained; special nurses attended the women and those who were afflicted with bubas. Greater importance seems to have been attached to the performances of the proper ritual for those at the point of death. Perhaps this was the natural result of being an institution which probably received many prominent patients. Religiosos who resided in Huastepéc were instructed to hasten to the death bed if the rector and regular priest appointed by him were absent. The last will and testament of the deceased was carefully recorded. Heirs were notified. If, however, the patient died intestate, the viceroy was informed so that definite provisions might be made.

This group of hospitals was bound by firm bonds of interdependence and cooperation. Revenues and alms were

³⁹ Ibid., Cap. XII. Those who could afford to sustain themselves, however, were required to give alms to the foundation.

were held in common; the rector and consiliarios proportioned to each hospital according to its needs.⁴⁰ Any surplus income was invested in real estate common to all ceteris paribus, supporting always the one with the greatest need.⁴¹ The problems of one institution became the problems of the others in the group, for their aim, their intent was primarily the same. Perhaps a closer union existed between the hospitals of Huastepéc and Los Convalecientes in Mexico City because they served not only transients but also other types of patients. In 1589 the Crown particularly favored these two houses of charity by permitting them to solicit alms not only in the Archbishopric of Mexico but also in the bishoprics suffragan to it and in all the audiencia districts of the realm.⁴²

⁴⁰ It is to be noted, however, that the solicitation of alms for the hospital of Huastepéc was conducted separately by a special postulant.

⁴¹ Special royal license was required in order to buy property, impose censos and construct buildings where the cost should exceed one hundred pesos. The right to enter contracts or to alienate property valued at more than two hundred pesos was also reserved to the Crown or his representative. Although the transfer of real property was prohibited without license, any property or furniture worth less than one hundred pesos might be sold if the rector presented the viceroy with proper reason for its disposal. Ibid., Caps. VI, XII.

⁴² Real cédula al virrey de la Nueva España para que favorezca los hospitales de San Hipólito de la ciudad de México y el de la Cruz de Guastepéc, San Lorenzo, 14 de junio de 1589, A.G.I., México, leg. 1092, Libro CII. In the same legajo, Libro 13, there is another cédula of the same nature directed to the bishops of Tlaxcala, Mechoacán, Antequera, Nueva Galicia, and Yucatan, San Lorenzo, 28 de septiembre de 1589.

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The unique position of this group of hospitals was the outgrowth of great need. For the insane there was no possible recourse other than that of San Hipólito. Fortunately for the man who traveled the arduous journey from Veracruz to Mexico, it was deemed fitting that since he had but one life to lose he should have at least five opportunities to save it.

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APPENDIX

CHAPTER VI

HOUSES OF CHARITY FOUNDED BY DR. PEDRO LÓPEZ

Sixteenth century Mexico could boast many men of learning, piety, and charity, but none exemplified these virtues better than Dr. Pedro López, son of Cortés' physician of the same name.¹ Born in 1527 in Dueñas de Castilla, López chose to follow his father's profession, and we are told that he was the first to receive the degree of Doctor of Medicine in the Royal University of Mexico.² A chronicler of the University, in which López served various times as consiliario, describes him as a man who "besides being learned in his profession observed one of the Virtues, which is that of Charity."³ As a practising physician, he devoted much of his time to the care of the poor, whom he served without charge; indeed, one of his contemporaries states that many times, finding his patients naked, "he covered them with his own clothing and cloak."⁴ He was the friend and protector of Bernardino Álvarez, founder of the confraternity of San Hipólito, and for many years he served

¹ For brief biographical sketches of López, see García Icazbalceta, "Los médicos de México en el Siglo XVI," pp. 86-89; Flores, op. cit., I, 268-69.

² Cristóbal Bernardo de la Plaza y Jaén, Crónica de la Real y Pontificia Universidad de México (Mexico: Universidad Nacional de México Autónoma, 1931), I, 89.

³ Ibid.

⁴ Flores, op. cit., I, 269.

as physician for the Dominican Order, to which he was especially devoted, often spending holy days with the friars in their monastery.⁵ His chief claim to fame is based, however, upon his social service as founder and administrator of the leper house of San Lázaro and the Hospital de los Desamparados.

1. The Hospital of San Lazaro

The first leprosarium of New Spain was founded by Cortés in the San Cosme district of Mexico City at a place now called La Tlaxpana. This first endeavor was short lived. The house was adjacent to the aqueduct which brought water to the City from Chapultepeque, and the patients consequently had first use of the water, "for washing their clothes and other needs," before it reached the center of the City. On the ground that such use of the water-supply endangered the health of the residents of the city, Nuño de Guzmán closed the house during his term of office as President of the First Audiencia (1528-29). Although this reason may be considered plausible, the subsequent confiscation of the property for his own use has not been justified. Despite the fact that Guzmán hastened to inform his sovereign of his actions and of his plan to build another leper asylum, there is no evidence that his questionable intentions

⁵ García Icazbalceta, "Los medicos de México en el siglo XVI," p. 86.

achieved reality. A royal cédula of 1530, requesting information concerning the incident and demanding that the persons who were responsible should build at their own cost another asylum in an appropriate place, was probably "obeyed but not executed."⁶

Not until four decades later was the Crown reminded that New Spain was in dire need of a leper house. A cédula of 1571 states that the municipal cabildo of Mexico had petitioned the royal person to assist financially in the foundation of such an institution and to grant the same preeminences and liberties to it as were assigned to the leproseria of Castile.⁷ This house, however, was not built. Perhaps the municipal council abandoned the project upon hearing that Dr. Pedro López had intentions of founding a similar institution at his own cost.⁸

The Hospital of San Lázaro, founded by Dr. López in 1572, was located outside the city "in an unoccupied place, where there was no habitation on all sides."⁹ López

⁶ García Icazbalceta, Don Fray Juan de Zumárraga, pp. 44-45; Peza, La Beneficencia en México, p. 139; Flores, op. cit., II, 225; Puga, Cedulario, I, 166-67.

⁷ Real cédula al virrey y audiencia de la Nueva España mandándoles enviar relación sobre que la ciudad de México pide licencia para hacer en ella una casa de hospital de San Lázaro, Madrid, 9 de enero de 1571, A.G.I., México, leg. 1090, Libro C6.

⁸ Cuevas, Historia de la iglesia en México I, 410-11. The above decree disputes the claim of the author that López founded the hospital of San Lázaro in 1564.

⁹ Plaza y Jaén, op. cit., I, 89.

apparently built the house at his own expense, and for almost a quarter-century, until his death in 1596, he served as its steward and chief physician. The worth of this man and of his charitable project were recognized by Viceroy^c Enríquez, who recommended to the king in 1580 that ordinances for the hospital, formulated prior to that date, be approved, and that the institution be placed under the royal patronage and be granted the same privileges as the leper house of Sevilla. He further recommended "that Doctor Pedro López, physician, who has been and is the instrument of this work, and ministers to the sick without receiving any reward . . . have the title of mayoral, such as others have in houses of San Lázaro, for he is a good Christian and aids all pious works with much zeal."¹⁰ Two years later (1582) royal confirmation of the ordinances was issued.¹¹

The ordinances of the Hospital of San Lázaro of 1582 provide clear understanding of the manner in which the Spaniards approached the age-old problem of leprosy. They also reveal the ideals of the physician who was doubtless largely responsible for drafting them.

The Proem of the ordinances sets forth at some length

¹⁰ Capítulo de una carta del Virrey don Martín Enríquez a su Majestad sobre la fundación del Hospital de San Lázaro, Mexico, 23 de mayo de 1580, A. G. I., México, leg. 20.

¹¹ Real cédula para que se guarden y cumplan las ordenanzas para la Casa y Hospital de San Lázaro que van incorporadas, Lisboa, 11 de junio de 1582, A. G. I., México, leg. 1091, libro C10.

reasons, based on Biblical precedents, for the segregation of lepers. In every well-ordered republic appropriate measures must be taken to preserve corporal as well as spiritual health. For the preservation of spiritual health St. Paul counseled his followers to shun intercourse with men "tainted with the pestilence of heresy."¹² So also, to guard the corporal health of the people, God commanded Moses to put lepers out of the camp, "lest they infect the entire community."¹³

No amount of precaution taken to segregate the leper could be too extreme; neither unusual circumstances nor personal quality and condition of the leper offered justification to deviate from this policy. The Proem cites the case of the four lepers who were refused admittance to the city when the Israelites in Samaria were threatened by the approach of the Syrian army. Reference is made also to the case of Miriam, leprous sister of Moses, who was forced to leave the camp despite her sanctity and the importunities of her kinsman, "so beloved by God." "Nor was the authority and majesty of King Azariah enough so that they did

¹² II Timothy 2; 16-17, "But shun profane and vain babblings, for they will increase unto more ungodliness. And their word will eat as doth a canker. . . ."

¹³ Numbers 5: 2, "Command the children of Israel that they put out of the camp every leper. . . that they defile not their camps, in the midst whereof I dwell."

not separate and segregate him in a house apart, since he was a leper, until he died there."¹⁴ Other diseases might be more contagious than leprosy, but the latter disease not only endangers persons who come in contact with it, "but also extends its contagion even to those who are unborn." "Thus the leper often engenders a leprous son, . . . as in the case of Gehazi, [the servant of Elisha], who was the first who paid for the sin of simony with the plague, which descended upon all his generation."¹⁵ Lest it be said that these ancient precepts were no longer valid, since the old law had ceased, the Proem points out that well-governed republics could borrow from them "whatever might seem appropriate for the good government of their communities and

¹⁴ II Kings 7: 3, "And there were four leprous men at the entering in of the gate; and they said one to another, Why sit we here until we die?"; Numbers; 12:10, 13, 14, "And the cloud departed from off the tabernacle; and behold, Miriam became leprous, white as snow. And Aaron looked upon Miriam, and behold, she was leprous. . . . And Moses cried unto the Lord, saying, Heal her now, O God, I beseech thee. And the Lord said unto Moses, If her father had but spit in her face, should she not be ashamed for seven days? Let her be shut out from the camp seven days, and after that let her be received in again."; II Kings 15: 5, "and the Lord smote the king, so that he was leper unto the day of his death, and dwelt in a several house. And Jotham the king's son was over the house, judging the people of the land."

¹⁵ II Kings 5: 27, "The leprosy of Naaman shall cleave unto thee, and unto thy seed forever. And he went out of his presence a leper white as snow."

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give them new force and vigor."¹⁶

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The Spaniards, firmly believing themselves chosen by the Almighty as a people of acquisition and a royal priesthood for the propagation of the Faith, nevertheless felt certain pangs of conscience concerning the apparent weakness of native races to withstand the onslaught of epidemics which heralded their arrival. It was thoughtfully reasoned that if apostolic servants of the mendicant Orders, imitators of Christ, separated leprous members from the environs of the monastery, then it was even more fitting in a weak society, where there were "many children and frail persons." It was natural therefore that this syllogistic logic should particularly appertain to New Spain:

. . . and if in these other places it [segregation] is fitting, then how much more is it in this New Spain where the majority of the natives are so weak and do not take the precaution that is usually taken in our Spain the old, where everyone flees ¹⁷ and guards himself from contact with lepers. . . .

The Spanish conquest, militant and spiritual in nature, received its rewards in the territories, the treasures, the glory gained. In return for the possession of a vast empire, the Crown endeavored to fulfill a moral obligation, the protection and care of the new vassals, the

¹⁶ ^o Premio de la real cédula para que se guarden y cumplan las ordenanzas para la Casa y Hospital de San Lázaro que van incorporadas, Lisboa, 11 de junio de 1582, A. G. I., México, leg. 1091, Libro C10.

¹⁷ Ibid.

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aborigines. Leprosy in itself was a problem; leprosy in the New World made it an ever more pressing problem.

The administration of the Hospital of San Lázaro was placed under the direct supervision of a mayoral appointed by the Audiencia of New Spain. Granted a considerable amount of discretionary power, this officer was also privileged to hold his position for life as long as he exercised his duty satisfactorily. Since the House suffered poor circumstances in its early years, the steward derived no salary or personal income from his position. Although it was believed that there would never be any lack of Christian and charitable persons in Mexico who would possess sufficient financial independence in order to accept this position comfortably, provision was also made to pay the mayoral at a later date if the financial revenues of the House should increase.¹⁸

Lesser officers were to include at least one mayordomo, one or more chaplains, a treasurer, and a scribe. The mayordomo was to keep account of receipts and expenses and be ready to present a statement to the mayoral at any time. The chaplain, a man of moral life and reputation, was to say mass daily in the church or chapel of the hospital for the benefit of all patients, who were prohibited from leaving the hospital to hear the sacred services elsewhere

¹⁸ Ordenanzas, Cap. II. A. G. I., México, leg. 1091, Libro C10.

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without special license from the mayoral. The chaplain, who was to reside permanently in a private apartment within the House, might, with special license from the prelate, hear confessions and administer the sacraments.¹⁹ The offices of treasurer and scribe were filled by inmates. The treasurer was to have charge of all clothing, bedding, and possessions of the poor; ornaments, silver, and other Church property were in charge of the mayordomo. The scribe was to keep the books of the House and write whatever was necessary. All subordinate officers were appointed by the mayoral.²⁰

Into this asylum were to be gathered all the lepers of New Spain: ". . . rich or poor, men or women, Spaniards, mestizos, or Indians, negroes or mulattoes, or of whatever state or condition they may be. . . ." ²¹ As in Europe, special care must be taken to admit only lepers, and not persons suffering from illnesses resembling leprosy. An examination of the prospective patient by two physicians was considered adequate in this effort to protect the republic from infection and to insure the others against the stigma attached to the disease. If lepers did not enter the institution voluntarily, they could be forcibly brought

¹⁹ Ibid., Cap. III. The salary for both mayordomo and chaplain was determined by the mayoral. They were also given the privilege of serving without salary if they so desired.

²⁰ Ibid., Cap. III.

²¹ Ibid., Cap. I.

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within its shelter by the mayoral.

Upon entering the hospital the leper made a statement of all the property he possessed, chattel as well as real estate, in Mexico or elsewhere. The portion of the property donated to the House was then entrusted to the care of the mayordomo after proper testimony had been recorded by the scribe. Real estate was not sold or alienated without the license of the audiencia, who would decide whether such a transaction would be beneficial to the House. Chattel property was used for the maintenance of the hospital and the care of patients. Neither officers nor patients derived personal gain from these properties, for all was enjoyed in common; nor were the alms donated to the House to be of special benefit to any particular party, as in Seville and other cities where they were divided among officers and inmates, but rather all was to be spent upon the House as a whole.²²

The alms seekers, bacinadores, who traveled throughout the city and other areas of New Spain, were appointed by the audiencia. Some lepers, less afflicted than others, engaged in this traditional activity. This practice, which definitely violated the policy of seclusion, probably stemmed from the same idea which caused an inocente to accompany the solicitor for the Hospital de los Convalecientes: a pious

²² Ibid., Cap VI.

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person's charitable instincts would be more aroused if he saw the object of his charity. Outsiders, however, were also appointed to assist in this work. Inmates naturally received no income from this solicitation; others were urged to labor for piety's sake alone, but if they refused, the mayoral could determine their pay.²³

Within the hospital the leper was supposed to lead a monastic life exemplifying all the Christian virtues. Never was he to forget his most holy intercessor, the beggar saint, Lazarus: ". . . of whom Christ Our Redeemer treats through St. Luke in the chapter of his Gospel, for he was not pitied by the avaricious rich man and the dogs licked his sores and after death he was carried to the bosom of Abraham. . . ." ²⁴ Since this life was often not accepted voluntarily, the leper was subjected to the paternal care of the mayoral, who reproached, corrected, and castigated his charges according to his own discretion. As a member of a peculiar group, bound by bonds of physical torture and

²³ In consideration of the physical condition of patients, it may be assumed that non-leprous solicitors outnumbered the inmates.

²⁴ Ordenanzas, Cap. I; St. Luke, 15: 1923, "There was a certain rich man, which was clothed in purple and fine linen and fared sumptuously every day. And there was a certain beggar named Lazarus, which was laid at his gate, full of sores. And desiring to be fed with the crumbs which fell from the rich man's table, moreover the dogs came and licked his sores. And it came to pass that the beggar died, and was carried by the angels into Abraham's bosom. The rich man also died and was buried, and in hell he lifts up his eyes, being in torments, and seeth Abraham afar off, and Lazarus in his bosom."

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of harmonious living superimposed by those who would improve his lot, the inmate led a life which more closely approached that of the religious than of any other type of hospitalized patient. Every morning those who could walk to the chapel prayed for the advancement of the Holy Catholic Faith, for the life and victory of the Spanish sovereign, for the benefactors of the hospital, dead and alive. At every meal a reader read to the group from a "good and pious" book. Each meal was blessed before it was eaten and thanks to God given after it had been consumed. Then patients retired to the church singing the psalm Miserere mei. In the evening at the hour of the Ave Maria they joined once again to sing with the chaplain the Salve Regina and to pray for the souls in purgatory. Every Sunday another prayer was offered for the souls in purgatory. All brothers were to confess and receive communion four times a year: on Easter Sunday, on Pentecost Sunday, on the Day of the Assumption, of the Mother of God, and on Christmas.²⁵

The benefit derived by a single individual was subordinate to that of the group. If one leper should receive a private donation, he was required to notify the mayoral, who should decide whether he as an individual or the House would profit more from this acquisition. Alms

²⁵ Ibid., Cap. XIV. If any patient wished to receive communion at other times he might do so.

of more than half a peso given to any particular patient were not to be kept without presenting a part to the mayoral.

The leper led a religious life because his affliction was so intimately connected with the teachings of the Bible. The administration fully realized, however, that these individuals submitted to a life in common not through preference, but through the demands of unhappy circumstance. Inmates therefore were not expected to possess the complete perfection of friars. The caste system of Spanish New World society was maintained. Spaniards and mestizos were provided with bedrooms plus additional rooms if their families were present. Male Indians, negroes, and mulattoes were housed in dormitory quarters. Although single men lived in celibacy, married men were encouraged to live with their families. Single female patients remained completely apart from the men and did not communicate with them unless all were assembled in church: ". . . and at any other time let it be with license from the mayordomo, and outside of this each one shall go to his quarters so that such chats and conversations shall not give rise to some offense to Our Lord."²⁶ As a special concession to the patient who had once occupied a prominent position in the world outside, the mayoral was premitted to favor the leper who brought

²⁶ Ibid., Cap. X.

wealth to the House somewhat more than the others in regard to clothing, food, and quarters. Although touched by the Divine Spirit, these men of Lazarus did not come into their asylum completely devoid of personal pride and egotism.

Since the leper was so peculiarly favored by the Deity, he, above all diseased patients, was entitled to the best medical treatment:

. . . And let the mayoral see to it that the doctor visits the sick with care and diligence, and if he does not, let him exhort him to do so, reminding him of how the Lord our God is served in this work, for He says, 'What you did for one of these my children, you did for me.'²⁷

If, after the exhortation of the mayoral, the physician still should not show the proper zeal in his work, even though he cured without salary, he was to be dismissed: ". . . for it is to be presupposed that more account is to be taken of the good service and cure of the sick than of the honor or private gain or friendship of the doctor. . . ."²⁸

The actual death of a leper was as dramatic as the ancient ritual of his "civil death." When a victim was at the point of death, four lepers were appointed by the mayoral to hold watch during the night, two until midnight, and the

²⁷ Ibid., Cap. VIII. The doctor, like the officers, was urged to labor without pay in God's work and to qualify himself for the privileges and exemptions enjoyed by those who served leper houses; otherwise he was paid a salary in accordance with the number of patients and the revenues of the House.

²⁸ Ibid., Cap. VIII.

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other two until morning. As they recited their rosaries, psalms, and prayers for their brother, they urged him to die as a good Christian. The sacraments were administered when necessary. During the day other brothers, coming in two at a time, continued to perform the same ritual so that the dying man was never alone. This watch endured as long as the doctor and those of the House believed him to be near death.²⁹ If the patient did die, he was shrouded by brothers appointed by the mayoral and then carried into the chapel. Before burial of the deceased his companions in life, gathering around his coffin, recited penitential psalms or, kneeling before the altar, where two candles burned, told three quinquagesimas on their rosaries. If the patient died late at night, his companions, leaving him guarded by the two holy candles, retired until the hour of his burial. Then lepers bearing the still burning candles accompanied him to the final resting place. If time permitted on the day of the burial, if not, on the following day, a mass sung by ministers was held. The House also had six additional masses for the dead said.³⁰

Yet all was not death in the House of San Lázaro.

²⁹ If there were not enough inmates for this watch, other pious persons from the outside were brought in by the mayoral or mayordomo in order to perform this ceremony.

³⁰ If the deceased had brought wealth to the House, fifty masses were said, and more of the mayoral thought they were necessary.

Those who succeeded in the struggle for life attempted to carry on a somewhat normal existence within their prison of isolation. If physically able, they were permitted to work, engaging in crafts for which they were prepared or in manual labor for the maintenance of the hospital.³¹ Patients might also indulge in a certain amount of gaming to help pass the time away.³² Four days during the year served to relieve this humdrum existence; On the third Thursday of Lent the solemn feast day of San Lázaro was held, and in accordance with the common practice of all churches and leper houses in all Christendom a fiesta was also celebrated on the Friday of Lázaro the Knight, brother of Martha and Mary on the day of his resurrection. On these two days the chaplain of the House gathered additional priests so that there might be a special mass and sermon. On the following Sunday, dominica in pasione, which was commonly called Sunday of Lázaro, a special afternoon service was held. These fiestas were public, and honored guests were invited to attend. Although the practical reason for their presence was for the solicitation of alms, it afforded the inmates a brief glimpse of others than their own kind. For a moment they were joined with the rest of humanity. The feast of that particular leper house, the fiesta of Nuestra Señora

³¹ Ibid., Cap. XI.

³² Ibid., Cap. V.

There are no other persons named in the report for the year 1900.
The only person named in the report for the year 1900 is
John A. Smith, who was born on the 1st of January 1850.
He was married to Mary A. Smith on the 1st of January 1875.
They have three children, namely: John A. Smith, Jr., born on the 1st of January 1875;
Mary A. Smith, born on the 1st of January 1878;
and John A. Smith, III, born on the 1st of January 1881.
The above are the only persons named in the report for the year 1900.
The report for the year 1900 is a very short one, and does not contain
any other information of interest.

EXTRACT FROM THE REPORT OF THE COMMISSIONER OF THE LAND OFFICE FOR THE YEAR 1900

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any other information of interest.
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de la O, was also observed with a solemn mass and sermon. These four days, an insignificant number in the year's total, lent dignity and grace to the leper who found cause to wonder about the reason and meaning of his being.³³

The Ordinances of San Lázaro were not intended to be harsh; they only appear to be so in the light of present-day standards. The practice of segregation of the diseased is in itself a modern concept, but this practice, intermingled with the idea of divine punishment, reflected not a scientific approach to the problem but those time-honored beliefs sanctioned by the Church of the Middle Ages. Dr. López, the pious founder, had created an asylum for lepers which was in perfect accord with the ideas of his time.

At his death Dr. López made his children, Dr. D. José, priest of the Sagrario, Dr. D. Agustín, D. Nicolás, Doña Catalina, Doña María, and Doña Juana, heirs and patrons of the hospital. The López family, however, did not long retain the patronage of the House. The hospital was finally placed under the authority of the Order of San Juan de Dios, who gave it the name of their patron saint.³⁴

2. El Hospital de los Desamparados.

Although the fame of Dr. Pedro Lopez, as reflected

³³ Ibid., Cap. XIV. On the eighth of All Saints there was a mass and vigil for all deceased brethren.

³⁴ García Icazbalceta, "Los médicos de México en el siglo XVI," pp. 86-89. Cf. Peza, op. cit., p. 139.

in colonial sources and in the writings of modern historians, rests mainly on his founding and administration of the Hospital of San Lázaro, this should not obscure his activities in another phase of social service which resulted in the founding of the Hospital de los Desamparados in 1582. Just as the House of San Lázaro served as an asylum for one group of outcasts and unfortunates, Los Desamparados took care of others. The latter was dedicated to the cure of negroes, mulattoes, and mestizos, and also served as a house of correction for girls and a refuge for abandoned children.

Despite the fact that this new venture embraced the care of elements of the population which were often neglected by other institutions, this charitable endeavor aroused much opposition, even that of the viceroy himself. Nevertheless Lopes secured a building formerly used as a public granary and proceeded to establish his asylum for the needy.³⁵ Former storerooms were converted into separate dormitories for the care of patients and children. Although the management of this hospital was under the care of the Cofradía de Nuestra Señora de los Desamparados, the generosity of Dr. López paid for all the expenses of its maintenance.³⁶ In

³⁵ Cuevas, Historia de la iglesia en México, I, 411. Cf. Flores, op. cit., II, 240. See Documentos inéditos. . . de Ultramar, XX, 157. Mestizos of Mexico had petitioned for a hospital of their own in 1568, but there is no evidence that this request was granted.

³⁶ Flores, op. cit., II, 240.

the late 1590's another physician, a certain Dr. Castro, also gave his services to the hospital without salary.³⁷

After this income was cut off by López' death, the cofradía sent Fernando Alfonso, brother of the Hospital, to Spain in 1599 to make representations in behalf of the institution. Alfonso presented the hospital's case on two separate occasions. His first report demonstrated that the undaunted efforts of López had proved their worth. Although many children might still be born to die in the streets and be eaten by dogs, many would be taken under the protective shelter of Los Desamparados. Mestizo grandchildren of poor conquistadores, who inherited not the wealth, but the poverty, of the New World, might at least conquer the struggle for survival. Alfonso urged that the Hospital de los Desamparados be placed under royal protection and be granted permanent income from the royal treasury.³⁸ At this time the Crown was favorably disposed to grant the institution a single

³⁷ Real cédula al virrey y audiencia de la Nueva España para que informen sobre que el Hospital de los Desamparados de aquella ciudad pide se le haga merced en las cosas que refiere, Valencia, 12 de abril de 1599, A. G. I., México, leg. 1093, Libro Cl5.

³⁸ Real cédula al arzobispo de México y al cabildo de la iglesia de ella para que informen sobre lo que Fernando Alfonso, hermano del Hospital de los Desamparados y Niños Expósitos de aquella ciudad pide, Valencia, 12 de abril de 1599, A. G. I., México, leg. 1093, Libro Cl5.

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merced of 1500 ducats.³⁹ On the second occasion Alfonso requested additional concessions: establishment of a permanent chaplaincy; sufficient salaries for the chaplain, doctor, apothecary, surgeon, and barber; royal license to receive special allotments of foodstuffs and beef; a more adequate water system; and exemption from the payment of fifty pesos in taxes to the city of Mexico. In order to carry out this program of improvements it was suggested that his Majesty might pay for it out of the penas de cámara or at the expense of the propios of the city. Despite this helpful suggestion, the Crown requested additional information concerning the hospital and its needs from the viceroy and audiencia.⁴⁰

These problems of the hospital were finally solved. Soon after the death of Dr. López his heirs had apparently expressed their desire to turn the administration of Los Desamparados over to the Order of San Juan de Dios. Viceroy Marqués de Montesclaros, recognizing the great benefit which

³⁹ Real cédula a los oficiales reales de la Nueva España haciendo merced de 1500 ducados por una vez al Hospital de los Desamparados de México, San Jerónimo de Gandía, 9 de febrero de 1599, A. G. I., México, leg. 1093, Libro C15.

⁴⁰ Real cédula al virrey y audiencia de la Nueva España para que informen sobre que el Hospital de los Desamparados de aquella ciudad pide se le haga merced en las cosas que refiere, Valencia, 12 de abril de 1599, A. G. I., leg. 1093, Libro C15; Real cédula al virrey y audiencia para que avisen en qué y cómo se podría hacer merced y limosna al Hospital de los Desamparados de aquella ciudad, El Pardo, 14 de noviembre de 1600, A. G. I., México, leg. 1093, Libro C15.

the San Juaninos had brought to the city of Mexico, issued a temporary decree in their favor pending royal confirmation of this transfer of authority. By royal cédula of February 3, 1606, the crown confirmed and recognized the rights of the Brothers of San Juan de Dios as the sole administrators of the institution. The king, who retained the patronage of this foundation, was therefore relieved of the immediate problem of its financial support.⁴¹

The career of Dr. Pedro López provides additional evidence to dispute the assertion, too often made even today, that the Spanish conquerors of Mexico and their descendants were solely engaged in pursuit of gain and personal aggrandizement. With justice López has been called "Padre de los Pobres," a worthy associate of the other friend of the poor and unfortunate, Bernardino Álvarez. "Evangelical friends of man, they made manifest the favor of God in the New World."⁴²

⁴¹ Real cédula aprobando la posesión dada por el virrey de la Nueva España del Hospital de los Desamparados de México a los hermanos de la congregación de Juan de Dios y dándoles la administración de él, quedando el patronazgo de su Majestad, Valladolid, 3 de febrero de 1606, A. G. I., México, leg. 1093, Libro C16. It is to be noted that the above order was gradually taking hold of many hospitals throughout New Spain.

⁴² Flores, op. cit., II, 269.

CHAPTER VII

HOSPITALS FOR INDIANS

It is logical that in the New World one of the most important phases of Spanish charitable endeavor was the foundation of general hospitals for the native populace. In an attempt to measure the success attained in this medical program it is well to contemplate the overwhelming task with which the Spaniards were confronted. Despite periodic waves of epidemics which exterminated great numbers of Indians, the remaining population presented a complicated problem for those who would govern and try to transplant European civilization to the New World. The Spaniards, limited in number, could at best spread but a thin veneer of Spanish culture upon the vast surfaces of the Empire. In the realm of government the bulk of the Indian population continued, as it had for centuries, to pay servile obedience to a supreme authority. In the realm of religion Indians graciously added new idols, sacred images of the Church, to their already ample collection of old ones. In the more narrow realm of medicine, extreme reluctance to exchange practical home remedies for the apparently impractical treatments of Spanish physicians was manifested. Unfortunately the humble Indian had never read the authoritative statements of Galen nor the exquisite subtleties of

Avicenna. The imposition of a system of hospitals throughout the pueblos de indios was therefore a gradual process in which permanency of these institutions was largely dependent upon the ability and patience of Spanish religiosos to understand the native psychology.

1. The Hospital Real de los Indios

As early as 1530 a royal command had directed that a hospital be built within the viceregal city adjacent to the Convent of San Francisco so that "the sick Indians might not be left abandoned."¹ This command was obeyed by Fray Pedro de Gante and other members of the Franciscan Order, who established the hospital of San José. With true missionary zeal, Fray Pedro wished not only to serve his neophytes but also to instruct and to indoctrinate them in the meaning of Christian charity so that they might be attracted to the Faith. In a letter to the Crown on October 31, 1532, requesting royal favor, Gante explained that the hospital was as worthy means of inculcation as the colegio which he had also founded in the monastery:

. . . Next to our monastery there has been built an infirmary for the sick natives where, in addition to those who are instructed in the house, others come to be cured, which is a great comfort to the poor and the needy and helps toward their

¹ Geronimo de Mendieta, Historia eclesiástica indiana (México: Antigua Librería, 1870), p. 483.



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conversion because they become acquainted with the charity which is manifest among Christians. . . .²

Even then the hospital was reported to have had within its shelter as many as three to four hundred patients at one time.³

This initial effort of Gante persisted until 1550, when the building was taken over by the colegio. Although the original hospital was supposed to be replaced by a new one, the friar reported in a letter to the Emperor, dated February 15, 1552, that nothing had been done.⁴ A vice-regal communication of the following year described distressing conditions within the capital, where natives were falling along the highways for want of a place of refuge. The insistence of the Flemish friar and the sincere interest of Viceroy Luis de Velasco undoubtedly had the desired effect upon the sovereign, who, by a cédula of May 18, 1553, ordered a royal hospital for Indians to be founded immediately. Two thousand pesos de oro, derived from penas de camara of New Spain, were granted for its construction; if there were not sufficient judicial fines, the amount was to

² Cartas de Indias (Madrid: Ministerio de Fomento, 1877), p. 52.

³ Ibid., p. 53. Fray Pedro de Gante had requested two or three thousand fanegas of corn for the benefit of the school and hospital. No evidence concerning the granting of this request is available.

⁴ Cartas de Indias, p. 100. Cf. Ezequiel A. Chávez, El Primer de los grandes educadores de la América, Fray Pedro de Gante (México: Editorial Jus, 1943), pp. 77-78.

be expended by the royal treasury. Four hundred pesos de oro from the treasury were granted annually for the maintenance of the hospital.⁵ Two years later the viceroy reported that the funds previously appropriated for construction had been spent, and the building was only half finished. The royal treasurer was promptly ordered to dispatch two thousand ducados for its completion.⁶

For the next sixteen years the Hospital Real de *los* Indios seems to have received no additional aid from his Majesty. A report of Juan de Ayllón, mayordomo of the hospital, to Archbishop Montúfar stated in 1570 that the only revenues which the institution possessed in addition to its original endowment of four hundred pesos annually were about three hundred pesos which were derived from the rental of some small shops.⁷ Perhaps in response to this report the king was moved to grant additional support, for on March 27, 1571, the Casa de Contratación was ordered to deliver one thousand pesos to the mayordomo of the hospital to be employed

⁵ Encinas, Provisiones, I, 219-20; Puga, Cedulario, II, 220-21; Cavo, Los tres siglos de México, Libro IV, Capítulo XIII, p. 31; Herrera, Historia general, Decada VIII, Libro IX, Capítulo VI.

⁶ Encinas, op. cit., I, 220; Puga, op. cit., 382-83; Juan de Torquemada, Monarquía Indiana (3 vols., Mexico: Editorial Salvador Chávez Hayhoe, 1944), Libro XVII, Capítulo XX.

⁷ García Pimental, Descripción del Atzobispado de México, pp. 287-88.

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in the repair of the building.⁸

Viceroy Enríquez (1569-80) devoted special efforts to the hospitalization problem. In an attempt to ameliorate the financial status of the Hospital Real he petitioned the Emperor, apparently without success, for the right to apply the alms of the Hermitage of Nuestra Señora de Guadalupe toward its benefit.⁹ Resorting to other expedients to increase its revenues, Enríquez also assigned to the institution fines received from violations of silk, sedan chair, and maguey honey ordinances.¹⁰ During his viceregency Enríquez also took it upon himself to augment the income of the hospital by the donation of certain lands. Since the hospital could not benefit from the direct cultivation of these lands, the property had been rented. Revenue was considerably reduced, however, by the payment of the tithes by the lessees. The hospital therefore petitioned that these tithes be released to that institution alone. This proposal was stoutly denounced by the archbishop, who informed the Crown that such a merced to the hospital would injure the real hacienda in regard to the two novenos assigned to prelates, beneficed churches, and other ecclesiastical purposes.

⁸ Real cédula a los oficiales de la Casa de Contratación de Sevilla, mandándoles enviar mil pesos de bienes de difuntos para el edificio del Hospital de los Indios. . . Madrid, 27 de marzo de 1571, A. G. I., México, leg. 1090, Libro C6.

⁹ Cuevas, Historia de la iglesia en México, I, 409.

¹⁰ Raymond Lawrence Lee, "Hapsburg Rule in New Spain in the Late Middle Sixteenth Century," (Unpublished doctoral dissertation, University of Michigan, Ann Arbor, 1946), p. 323.

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The prelate also charged that since these tithes were paid by the lessees, the hospital could hardly expect to receive them and that such a favor from his Majesty would only give rise to similar requests ". .. so that every day they would pester your Majesty."¹¹ No records concerning the outcome of this matter are available.

In 1579 the Hospital Real de los Indios was granted an income for the next five years to be derived from two sources: (1) a third part of the fines applied by the Audiencia of Mexico and by the corregidores of mining areas of that district; and (2) one-half of 3,545 pesos, one tomín, and five granos which Manuel de Sandoval paid annually on a debt owed by the royal factor Gonzalo de Salazar.¹² At the end of this period the Archbishop of Mexico petitioned that the revenue be renewed for another five years, or for as long as his Majesty should so desire. He reminded the Crown of his moral obligation as ruler of this new land: " ... because the cause is very universal, and for the sake of the entire land the one who is governing ought to attend

¹¹ "Carta al rey del Arzobispo de México, gobernador de la Nueva España, México, 22 de enero de 1585," Paso y Troncoso, Epistolario, XIV, p. 124.

¹² Real cédula haciendo merced al Hospital Real de los Indios de la ciudad de Mexico de lo que montare en cinco años la mitad de 3545 pesos, 1 tomin y 5 granos que Manuel de Sandoval paga en aquella tierra cada año de censo por cierta deuda, y la tercia parte de todas las condenaciones que se hicieren para la cámara en el distrito de la dicha Audiencia, Aranjuez, 22 de mayo de 1579, A.G.I., México, leg. 21; also another copy of this decree in A.G.I., leg. 1064, Libro F2.

The people of the United States are entitled to know the truth about the activities of the Federal Bureau of Investigation. It is the duty of every citizen to demand that the government be held accountable for its actions. The people have the right to know what is going on in their government and to demand that it be run in a fair and honest manner. The Federal Bureau of Investigation is a powerful agency and it is important that it be held accountable for its actions. The people have the right to know what is going on in their government and to demand that it be run in a fair and honest manner.

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to it with care; what has been accomplished is well done, and yet there is need to continue this work."¹³

In 1587 Viceroy Villamanrique urged the Crown to attend to this matter, which had apparently been ignored. Echoing the sentiments of the archbishop, the viceroy designated the Hospital Real de los Indios as "the most pious work that there is in this Kingdom and one which his Majesty is obligated to recognize." Not only did this institution receive Indians of the viceregal city, but those from neighboring pueblos hastened to it. The hospital had proved itself an effective instrument of the Faith. During the time of Viceroy Martín Enríquez Indians had preferred to die in their houses and on the streets rather than be taken to the hospital, where they believed certain death awaited them. Enríquez, as the letter of Villamanrique affirmed, had been forced to appoint Indian constables to go through the streets and houses in order to bring sick Indians to the hospital. When the natives understood that they would enjoy only kindness within this shelter, their attitude of fright and disdain has gradually changed so that the hospital began to receive great numbers of patients. As a statesman endowed with keen insight, Viceroy Villamanrique reminded the Crown,

¹³ "Carta al rey del arzobispo de México sobre asuntos de la gobernacion de la Nueva España, México, 7 de noviembre de 1584," Paso y Troncoso, Epistolario, XII, pp. 102-03; letter of similar nature from Audiencia to King, April 29, 1583, A. G. I., 70.

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moreover, that this institution of piety must continue to exist for a very obvious, very practical reason:

. . . In short, all the many revenues which your Majesty has in this Kingdom and all the profits which the vassals have are made up of the work and sweat of the Indians. I beg your Majesty to agree to grant them favor and alms by extending this merced of the judicial fines for ten years longer, or for as long as your Majesty should so desire, for the day that the Indians are exterminated in this land everything ceases.¹⁴

This request was partially granted on June 22, 1588, when the previous provisions were extended for another five years.¹⁵

Toward the turn of the century another cultural development proved beneficial to the welfare of the hospital. Mexico City was assuming dignity and stature; Mexico City, having established its roots, could now indulge in leisure. When Viceroy Monterrey arrived in the capital to assume office, in 1596, there were theatrical companies presenting comedias just like those in Castile. The viceroy proceeded to regulate the types of costumes used in these productions and to designate the places where performances might be held. That he did not abolish this form of entertainment was, as he reported in March, 1604, to his successor, Marqués de Montesclaros, due to two significant circumstances: first, such comedias were customary in Spain; and

¹⁴ Carta del Virrey Marqués de Villamanrique a su Majestad, México, 24 de octubre de 1587, A.G.I., Mexico, leg. 21.

¹⁵ Real cédula prorrogando una merced que se le hizo al Hospital Real de los Indios de la ciudad de México, San Lorenzo, 22 de junio de 1588, A.G.I., México, leg. 1092, Libro C12.

second, he recognized the possibility of aiding "pious works" with the proceeds from these presentations.¹⁶ Although the Hospital del Amor de Dios had requested permission to sponsor a theatre of its own, this exclusive right was presented to the Hospital Real de los Indios; no other hospital in the city was permitted this singular privilege. The viceroy estimated that the hospital would receive 2500 pesos annually from this concession. This amount, together with the same amount from his Majesty, was considered adequate for its support. In addition, the revenues from foods and beverages sold at other theatre houses were to benefit the Hospital Real.¹⁷

The plans proposed by Viceroy Monterrey in order to augment the income of the hospital were left to his successor, Montesclaros, to consummate. On May 10, 1604, the latter informed the Crown that the hospital suffered dire necessity and could not function as it should. He suggested

¹⁶ Without special license, performances outside the public theatre were prohibited. Cópia de los advertimientos generales tocantes al gobierno de la Nueva España que se le dejaron al Virrey Marqués de Montesclaros, Acapulco, 28 de marzo de 1604, A.G.I., México, leg. 26.

¹⁷ Ibid.; Carta del Conde de Montesclaros a su Magestad, Acapulco, postrero de abril de 1604, A.G.I., México, leg. 26. The viceroy informed the Crown of the proposed perpetual donation of the theatrical privilege to the Hospital Real de los Indios, for he declared that the solicitation of alms had never brought sufficient revenue, although his Majesty had eased the situation somewhat by his donation of six or seven thousand pesos derived from the restitution of surplus tributes.

that, in addition to royal approval of the theatrical privilege, the hospital be permitted to build some small houses and shops adjacent to it for rental purposes.¹⁸ In response to the viceroy's representations, the Crown approved the theatrical concession.

Upon his arrival Montesclaros had also learned that his predecessor had founded a Hospedería de los Indios. An administrator with a good salary had been appointed. The annual expenses of this institution were estimated by Montesclaros at about four thousand pesos. In order to reduce expenses and achieve better management, the viceroy limited the Hospedería to a room in the Hospital Real de los Indios. Giving the hospital one thousand pesos a year, Montesclaros put its administrators in charge of the Hospedería without any increase in salary. Good results had been obtained, not only the better cure of the Indians at less cost but also the material benefits derived by the hospital.¹⁹

Unfortunately the available documentary sources contain no detailed information concerning the internal administration of the Hospital Real in the sixteenth century. That it served a useful and increasingly important purpose is clearly indicated, however, by the letters of the

¹⁸ Carta de Montesclaros a su Majestad, 10 de mayo de 1604, A. G. I., México, leg. 26.

¹⁹ Ibid.

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archbishops and successive viceroys and by various measures adopted to guarantee it more adequate revenues. Throughout the colonial period the Hospital Real de los Indios continued to serve the native population of the capital city and was the principal charitable institution of its kind in the viceroyalty.

2. Hospitals in Indian Towns

Colonial law decreed that there should be a hospital in every Indian pueblo. Some information concerning these local institutions is recorded in official documents and reports of the sixteenth century. As might be expected however, the most extensive and also the most enthusiastic accounts are found in the chronicles of the missionary Orders.

A provision of the Audiencia in 1535 is evidence that natives of Tlatelolco and vagabonds who wandered there were ordered to build a hospital to shelter "the Indians who might be sick."²⁰ An anonymous Relación of the Bishopric of Tlaxcala, prepared in answer to a visita made by Viceroy Enríquez lists eight hospitals within the entire jurisdiction of one hundred and eighty pueblos. Of the eight, four were located in Spanish towns, two at Puebla de los Angeles,

²⁰ Documentos . . . de Ultramar, XX, p. 157.

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one at Jalapa, and one at Veracruz.²¹ Descriptions of the Indian hospitals cited either are entirely lacking or negligible. Although this Relación mentions only one hospital at Tepeaca, other accounts claim that there were four additional hospitals, one in each of the pueblos attached to that cabecera: "In each one of the five pueblos of this jurisdiction there is a hospital where the Poor Indians are cured. They have no endowment except alms, which are many. . . ."²² Reports of alcaldes mayores and corregidores for the years 1579-81 make certain occasional reference to hospitals in other towns, but it would appear that many villages were without facilities for the care of the sick.²³

Turning to the ecclesiastical sources we find that Motolinía, who came to the New World in 1524, presents a happy picture of many loving Indians serving many Indian hospitals. According to this chronicler, the sick and poor aborigines were provided for abundantly, for, although the Indians were not wealthy, they were so numerous that their small contributions soon amounted to a great deal. In praise of their unique talent as medical practitioners, Motolinía states that the Indians seemed to have been born

²¹ García Pimentel, Relación de los obispados de Tlaxcala, Michoacán, Oaxaca y otros lugares en el siglo XVI (Mexico, 1904), II, 1-30.

²² Herrera, Historia General, Década II, Lib, X, Cap, XXII, p. 288.

²³ See Paso y Troncoso, Papeles de Nueva España, ser. 2, III.

for that type of work, and in the hospitals their own doctors, experienced natives who knew how to apply numerous herbs and medicines, cared for the sick. In the city of Tlaxcala Indian labor had built the hospital of La Encarnación, which was founded by the Franciscans. A cofradía was organized to serve and bury the poor and to celebrate the fiestas. On the day the new institution was inaugurated Indians carried one hundred and forty patients to it in solemn procession. After only seven months the hospital possessed land and cattle worth about one thousand pesos, and, as Motolinía commented, these revenues would surely increase, ". . . because since the Indians are recently converted to the faith they donate a great deal of alms."²⁴

A later chronicler of the sixteenth and early seventeenth centuries, Alonso de la Mota y Escobar, claims that there were hospitals in all the Indian pueblos of Nueva Galicia. Poorly constructed and operated at the expense of the villagers, these hospitals were becoming wealthy from the alms which were continually donated for their sustenance. Unfortunately, according to the eyewitness account of Mota y Escobar, the sick were not cured in these shelters: revenues were spent on "healthy and robust people."²⁵

²⁴ Motolinía, op. cit., pp. 148-49. Cf. Robert Ricard, La conquista espiritual de México (México: Editorial Jus, 1947), pp. 298-99.

²⁵ Alonso de la Mota y Escobar, Descripción geográfica de los reinos de Nueva Galicia, Nueva Vizcaya y Nuevo León (México: Editorial Pedro Robredo, 1940), p. 36.

For the purpose of this report, the following information was obtained from the records of the Department of the Interior, Bureau of Land Management, and the Bureau of Reclamation, and from the records of the various landowners and lessees of the public lands in the State of California. The information was obtained from the records of the Department of the Interior, Bureau of Land Management, and the Bureau of Reclamation, and from the records of the various landowners and lessees of the public lands in the State of California.

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The following information was obtained from the records of the Department of the Interior, Bureau of Land Management, and the Bureau of Reclamation, and from the records of the various landowners and lessees of the public lands in the State of California. The information was obtained from the records of the Department of the Interior, Bureau of Land Management, and the Bureau of Reclamation, and from the records of the various landowners and lessees of the public lands in the State of California.

The influence of the friars in the foundation of small hospitals in Indian towns cannot be underestimated. The best established of these institutions, the work of Franciscans and Augustinians, flourished in the vicinity of Michoacán. Fray Juan de Medina Rincón echoes the sentiments of Motolinía in his description of this area, in which almost every pueblo of twenty or thirty houses proudly possessed its own hospital. He describes their organization as follows:

Some have sheep and some lands where they sow corn and cotton, and some have some censo, although this is rare. The means of maintaining them is that all the men and women in their turn go to serve, as many Indians as is in accordance with the need of the hospital, and they give their alms and all work for the hospital, and they have their mayordomos and representatives who shelter and guard and manage it.²⁶

These hospitals of Franciscan and Augustinian friars served a practical function as a place of treatment for the sick at all times and particularly as a popular stronghold against disease during periods of ravaging epidemics. Hospitalization, however, was but a single phase of the missionary program. The very flexibility of the hospital as an institution made it an effective means of conversion, the primary reason for the presence of religious in the New World. Conversion, as the Spanish friars soon realized, entailed more than baptizing of thousands of persons. Conversion was a

²⁶ Quoted in Cuevas, History de la iglesia en México, I, 413-14.

gradual, not a sudden, process; conversion embodied a way of life. The hospital became out of necessity and adaptability a school of indoctrination in the Christian concepts of piety and charity. Although the friars directed these institutions, Indian personal service and financial support maintained them. There could be no more instructive lesson in charity than the performance of charity. The monastic regime so characteristic of these hospitals was inspired by the sincere desire to teach the neophytes the meaning of spiritual perfection. At its best the well-conducted small hospital of the Indian pueblo might become one of the chief mainstays of the Spanish missionary and cultural program. In commenting on these institutions, a well-known writer has stated:

. . . the hospitals which the friars founded, at one and the same time shelters for the sick, houses of retreat, and centers of edification for the healthy, appear as one of the most original creations of the religious Orders and as one of the most ingenious means of causing Christian ideas to penetrate into current and everyday life.²⁷

The towns of Charo, Huengo, Guitzeo, and Tiripitió, scattered throughout Michoacan, were noted for the hospitals which had been founded in each of these pueblos by Fray Francisco de Villafuerte. The hospital at Tiripitió particularly was famous for its spacious quarters, well-equipped infirmary, and flowering patio and gardens. Indians of

²⁷ Ricard, op. cit., p. 305.

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REPORT
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the entire community took turns in serving this pious work. Life within the hospital resembled that of the most austere monastery. Women dressed with extreme modesty without the embellishments of jewels and ornaments. Denied even the privilege of lawful marriage, they lived a somber life of prayer and service.²⁸ In the pueblo of Tariquato a less extravagant hospital, founded by Fray Juan de Fravia in 1543, served the community, which in turn sustained it.²⁹

Fray Juan de San Miguel, one of the early founders of hospitals in Michoacán, receives credit as the forerunner of Vasco de Quiroga.³⁰ The work of Father San Miguel centered around the town of Uruápan, which he had founded. After building a church, the industrious Franciscan devoted himself to the construction of the hospital of San Miguel.³¹

²⁸ Ibid., pp. 300-01; Matías de Escobar, Americana Thebaide vitas patrum de los religiosos heremitas de N.P. San Agustín de la provincia de S. Nicolás Toletino de Mechoacán (Mexico: Imprenta Victoria, S.A., 1924), p. 158 ff.

²⁹ Paso y Troncoso, Papeles de Nueva España, ser. 2, VII, p. 84.

³⁰ Pablo de Beaumont, Crónica de la provincia de los santos apóstoles S. Pedro y S. Pablo de Michoacán (Mexico: Imprenta de Ignacio Escalante, 1874), V, pp. 49-50. Although later historians are apt to give all credit to Bishop Quiroga, Beaumont concludes that Quiroga continued that which San Miguel had begun; he cites Torquemada and the later chroniclers, Fray Alonso Guerrero y Zuñiga, Antonio Tello, and Isidro Felix de Espinosa, who voice his same opinion.

³¹ Isidro Felix de Espinosa, Crónica de la provincia franciscana de los Apóstoles San Pedro y San Pablo de Michoacán (Mexico: Editorial Santiago, 1945), Lib II, Cap VII, pp. 148-51.

Then other towns and hospitals were established. His arduous efforts brought forth the hospitals of Pátzcuaro de la Concepción, Santa Marta, Chocandiran, and Perivan.³² These institutions not only served the community but also offered transient shelter and respite from their travels. All the hospitals founded by San Miguel were under the advocacy of Nuestra Señora de la Concepción and were attended by the cofradía of the same name.³³ In order to sustain these institutions each member of the community cultivated a sementera of wheat, corn, and other grains. After harvesting these products, the village sold them in order to buy the medicines, clothing, and other necessities of the hospital. Some hospitals also raised sheep and cattle as a source of revenue.³⁴

3. The Pueblo-Hospitals of Bishop Vasco de Quiroga

Although great credit must be given to the Juan de San Miguel institutions, the greatest and most famous achievements in Michoacán were attained by Bishop Vasco de Quiroga. A scholar and jurist, Quiroga was sent to New Spain in 1530

³² Ibid., Lib. II, Cap. VIII, pp. 152-53; Papeles de la Nueva España, ser. 2, VII, suppl. pt. 1, p. 74, suppl. pt. 2, p. 96.

³³ Matías de la Mota y Padilla, Historia de la conquista del reino de la Nueva Galicia (Guadalajara, 1920), Cap. XLVI, p. 309. Later, in 1589, the Hospital of San Miguel was served by the Cofradía de Nuestra Señora de la caridad.

³⁴ Espinosa, op. cit., Lib II, Cap VII, pp. 148-51.

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as an oidor of the Second Audiencia.³⁵ It is claimed that his ideal, which had matured with his years, was influenced by his avid study of the Saturnales of Lucan and, to a greater extent, the Utopia of Thomas More.³⁶ In the Utopia he found the model for a communal society of simple perfection, To Quiroga's mind, the yearning for a world which was better than that which existed and the aspiration to restore the lost virtue of the Church were the basic reasons justifying Spanish civilization in the New World. His humanistic faith in this project was further strengthened by his observation of the simplicity of the Indians, whom he truly believed to be men close to nature and therefore close to God.³⁷

In 1531 Oidor Quiroga expounded his ideas on the foundation of Indian pueblos-hospitales to the ~~Council of the~~ Council of the Indies. In order to supervise the life of the Indians he proposed to gather them into settlements where, under the direction of three or four friars, they

³⁵ Nicolás León, compiler, Documentos inéditos referentes al ilustrísimo Señor Don Vasco de Quiroga (México: Antigua Librería Robredo, 1940), Introducción, pp. vii-viii; Silvio A. Zavala, La Utopía de Thomas Moro en la Nueva España y otros estudios (México: Antigua Librería Robredo, 1937), pp. 5-7.

³⁶ León, op. cit., pp. vii-viii; Zavala, op. cit., pp. 5-7. Born in 1470 in the Villa de Madrigal, Spain, Quiroga had later studied jurisprudence and had become a member of the Audiencia of Valladolid; his works and letters reveal an erudition of the learned of the epoch.

³⁷ Zavala, op. cit., pp. 5-6.

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might till the soil to maintain self-sufficiency and be governed by "holy and good Catholic ordinances."³⁸ Perhaps no other aim of the Spanish mission to the New World aspires to such heights of moral purity as this desire to incorporate "the most noble political ideals of the Renaissance" into this plan for a new social life.³⁹ The proposals were not original: they were the product of the thinking of one man, Quiroga, intermingled with the thinking of another, More; they were the reflection of a heritage of charitable enterprise born and nurtured in the Old World. The very title, pueblo-hospital, which Quiroga gave to his thorough-going community project, held within its connotation the entire span of Christian charity. It embraced the very modern concept of social service for the public welfare.

Prior to 1533 Quiroga founded the pueblo-hospital of Santa Fe, two leagues from the capital. This foundation served not only the residents of the town but also the entire surrounding area. In a sense therefore all the citizens of Santa Fe might be called hospitalarios, although they were engaged in different pursuits.⁴⁰ As an oidor

³⁸ "Carta al Consejo de Indias, Temistlan, México, 14 de agosto de 1531," Documentos inéditos. . . de Indias, XIII, 420 ff.

³⁹ Zavala, Ideario de Vasco de Quiroga (México: Colegio de México, 1941), pp. 57-61.

⁴⁰ Juan José Moreno, Don Vasco de Quiroga (Mexico: Editorial Polis, 1940), p. 265.

Quiroga had observed conditions among the people and had realized that there could be no indoctrination of Christian morality in Mexican market places where unclothed, starving natives struggled to wrest from one another bits of scraps which even the pigs were loath to eat. The proposed plan to found a new pueblo, however, did not receive the approval of the citizens of Mexico. Heated political debates sought to prove the advantage of augmenting the population of the viceregal city so that it might be well fortified and capable of resisting rebellion. The transfer of natives to the neighborhood of Santa Fe would only serve to divide necessary forces. Although irate objectors hastened to inform the king of the Quiroga project, the audiencia presented arguments whose political and Christian implications received the favor of his Most Catholic Majesty.⁴¹ The pueblo-hospital was completed with the private funds of Quiroga; later the Crown made certain grants of land for its maintenance.⁴²

Another pueblo-hospital, called Santa Fe de la Laguna, was founded in Michoacán before Quiroga became bishop of

⁴¹ Ibid., pp. 29-32.

⁴² Ibid., pp. 29-32; Beaumont, op. cit., V, pp. 289-91. A viceregal decree of July 23, 1539, in accordance with a royal cédula of November 13, 1535, granted to Santa Fe and to the pueblo-hospital of the same name founded later in Michoacán tierras baldías, or uncultivated lands, surrounding the hospitals for their benefit.

that diocese in 1538.⁴³ But soon after the arrival of Viceroy Antonio de Mendoza, Quiroga was again involved in altercations concerning the founding of his institutions. The residencias of the president of the audiencia, Ramírez de Fuenleal, and the oidores Salmerón, Ceynos, and Quiroga, were taken by the new oidor Francisco de Loaysa.⁴⁴ Don Vasco de Quiroga had the dubious distinction of being the only one against whom charges were brought. He was accused of having forced Indians of the city of Mexico to tear down their houses and to carry bricks, lime, stone, and wood to Santa Fe in order to furnish the necessary materials for the construction of his building. The testimony presented by thirty-nine witnesses, most of whom offered proof of the great benefit from these hospitals, won him complete exoneration in March, 1536.⁴⁵

While Quiroga was undergoing the residencia, Don Pedro, cacique of the pueblo of Ocuayoacac, made the accusation that Quiroga had taken possession of the Isle of Tul-tepec which rightfully belonged to the said village. Both parties in this litigation presented their cases before the Crown. The chieftain claimed that the island had

⁴³ León, op. cit., pp. vii-viii. Cf. Zavala, Iderio, pp. 57-61.

⁴⁴ Arthur Scott Aiton, Antonio de Mendoza, First Viceroy of New Spain (Durham: Duke University Press, 1927), p. 58.

⁴⁵ León, op. cit., pp. 43-45ff., p. 84; Aiton, op. cit., p. 58.

belonged to the people of Ocayoacac since time immemorial and had been taken from them against their will by Quiroga, whom they did not dare to oppose because of his powerful position. Quiroga, however, stated that he held legal title to the land, which had bought for the pueblo-hospital of Santa Fe and its citizens, to whom he had transferred the property. In his plea to justify his actions he gave emphatic voice to his coveted ideals, his dream of a Utopia in the New World:

. . . so that they may have, possess, and benefit from it [the island] . . . so that there the sick may be cured, the dead may be buried, and travelers may be sheltered and the ignorant may be taught, and, in short, that they may exercise themselves in all works of Christian benevolence and charity, spiritual as well as corporal. . . . It was also bought in order to build there an oratory where there will be well-instructed Indians who may indoctrinate and teach the Christian doctrine to those of the said village of Ocayoacac and to others of the vicinity. . . .

On November 6, 1536, Licenciado Loaysa issued a decision in favor of Quiroga.⁴⁶

The date of the famous ordinances for the hospital-pueblos is unknown, but they were drawn up before the Quiroga will of 1565. Zavala has pointed out that these ordinances take the thought of More and transplant the best of that thought "from the atmosphere of unproved theory into immediate application."⁴⁷

⁴⁶ Moreno, op. cit., pp. 457-60.

⁴⁷ Zavala, Ideario, p. 60.

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Each hospital was governed by a rector, who was a secular priest appointed every three years by the Bishop of Michoacán. He was to be a man of unusual moral character and familiar with the language of the natives. His stipend for this position was one hundred fifty pesos de oro de minas. If necessary, he might be assisted by several chaplains who would receive one hundred pesos annually. These offices were preferably to be filled by sons of the school at Santa Fe. The communal organization of the hospital-pueblos, based on family units, elected other subordinate officers. The family population was divided into quarters; each quarter nominated four outstanding men from whom they chose one or two to act as the padre de familia for a term of three, or sometimes six, years. The padres de familia, in turn, elected the principal, who was second in authority to the rector and also served a three or six year term. The principal and padres de familia then elected three or four regidores, who served for one year only so that all the capable married men might have the opportunity to fill this office. All of the above officers elected other officials when necessary. Every third day they sat in session to consider problems of the community.⁴⁸

The Quiroga project advanced the dignity of labor whereby each individual worked for the common welfare. The

⁴⁸ Moreno, op. cit., pp. 249-60, passim.

entire population of the pueblo-hospital took turns in agricultural and urban labor. Each inhabitant was from childhood instructed in agriculture and another useful trade. For the supervision of families engaged in agriculture a veedor, or overseer, was selected. When one group of families had fulfilled their two-year agricultural term, they elected one family from every four to remain to assist the new group.⁴⁹

All lands were held in usufruct by the residents. Natives were instructed to attend to their work willingly, for it would not be oppressive. A working day was limited to six hours. Distribution of the fruits of labor was, naturally, according to the needs of the individual; surplus crops and commodities were donated to orphans, widows, and to all sick and needy persons. The residents of the Santa Fe foundations would learn through everyday activities that the true love of God began with the love of mankind.

In addition to the instruction received in agricultural and technical knowledge, children received formal schooling. Girls were also taught those duties performed by women alone. Twice weekly, students were conducted to a special field near the school house where in the form of play and relaxation they learned the art of agriculture. The pueblo-hospital near Mexico also maintained a cradle where many

⁴⁹ Ibid., pp. 255-56; Zavala, La Utopia. . . en Nueva España, pp. 7-10.

Indians from other areas brought their children to be reared.⁵⁰

For the sick there was an infirmary twice as large as the quarters which ordinarily housed the well families of the community.⁵¹ This building was situated somewhat apart from the others. Persons with contagious diseases were lodged in a separate room. As was customary, a small open-air chapel in the center of the patio was provided for the spiritual needs of the patients. The mayordomo and despuensero each had offices and quarters in the building. A doctor, surgeon, and apothecary were employed to minister to the sick, who received the best that the community had to offer.⁵²

Bishop Quiroga was rewarded during his lifetime by seeing the success of his project. His last will and testament, dated January 24, 1565, provided for the continued wellbeing of the institutions which he had founded. The pueblo-hospital of Santa Fe of Michoacán was granted the

⁵⁰ Juan de Grijalva, Crónica de la Orden de N. P. S. Agustín en las provincias de la Nueva España (Mexico, 1924), 57-58. Although Grijalva states that before the hospital many children were found drowned in ditches or dead in the streets, he does not believe, as other chroniclers do, that the Indians preferred to kill their babies rather than have them enslaved by conquerors, but rather that Indian mothers did not want to bother with bringing up their offspring and found death very convenient, "such was the barbarity and fierceness of this people."

⁵¹ Moreno, *op. cit.*, pp. 262-63. Family units might include from eight to twelve married couples related through male descendants.

⁵² Ibid.

privilege of using the mill and grazing lands bequeathed to the Colegio de San Nicolás. All lands, cattle, mills, and looms which the hospitals of Santa Fe had acquired, either through the donation of Quiroga or through the favor of the Crown, remained in their possession to be used in usufruct. Out of the revenues derived from these properties, three hundred pesos annually were to be appropriated for the salary of the Rector lector of the Colegio of San Nicolás. All of these institutions were charged to assist one another and be sympathetic to the common welfare. In return for these bequests the hospitals were to continue to teach Christian doctrine to poor Indians, mestizo orphans, and miserable persons of all ages in the community or the surrounding area.⁵³ The rector of the hospitals was henceforth to be appointed by the Rector lector of the Colegio de San Nicolás, subject to the approval of the dean and cathedral chapter of Michoacán. In the absence of the Rector lector of the Colegio, supervision was entrusted to the Audiencia of Mexico.⁵⁴

The Indians of the Santa Fe and Santa Marta hospitals received privileges and exemptions which further promoted the idea of Utopia in New Spain. During his trip to Spain, 1547-54, Bishop Quiroga had obtained concessions

⁵³ Ibid., pp. 273-83. Another requirement, reminiscent of the Zumárraga bequest of three chairs, instructed Santa Fe of Michoacán, if it might be done conveniently, to provide annually three blankets for the sick at the cathedral hospital of Santa Marta.

⁵⁴ Ibid., pp. 273-83. Cf. Beaumont, op. cit., V, pp. 294-296.

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which exempt^{ed} the Indians of Santa Marta from personal service and those of Santa Fe of Mexico and of Michoacán from payment of tribute.⁵⁵ In accordance with a royal mandamiento de amparo issued on January 16, 1536, a viceregal decree of May 10, 1542, ordered that none of the residents of Michoacán might be employed as tamemes, or burden bearers, on the road to the silver mines between that part of Michoacán, Notalcingo, Colima, and Jalisco, nor could they be carried off or harmed in any manner.⁵⁶

Undoubtedly the personal wealth of Bishop Quiroga and royal favor and interest did much to establish the early prosperity of these institutions. There is certainly sufficient evidence that other hospitals failed to achieve immediate success because of a constant struggle for financial support. It must be remembered, however, that the very broad nature of the Quiroga projects contributed to their self-sufficiency once that had firmly taken root. Bishop Quiroga had inaugurated a way of life whose aim and ideal of a better society did not perish with the death of the founder. During the lifetime of the prelate a generation had been born; a generation had been indoctrinated in the spirit of Christian charity and had learned that the worth of a good deed lies in the spirit which inspires it.

⁵⁵ Moreno, op.cit., pp. 83-84.

⁵⁶ León, op. cit., pp. 5-7. Offenders were subject to a fine of two hundred pesos de oro.

Later accounts of the Bishoprics of Mexico and Michoacán present evidence of the continued progress and financial stability of the pueblo-hospitals. In the Montúfar Memorial of 1570 the financial assets of Santa Fe of Mexico were valued at about three thousand pesos, dependent upon the future wheat crop. At that time the total population was estimated at five hundred residents, of whom one hundred-thirty were married.⁵⁷

The fame of Bishop Quiroga and the particular influence which he exerted in Michoacán have resulted in conflicting accounts concerning the other hospitals which he is said to have founded throughout the area. A Memorial of 1575 merely presents a general statement that in all the pueblos of the bishopric there were hospitals, the majority of which had been built and founded by Quiroga. The towns of Uruápan, Taximoraa, Tarequato, Acámbaro, and Tiripitío were cited as possessing unusually impressive institutions.⁵⁸ A Relación of 1579 attributes the hospitals at Tarimeo and Necotlán to his foundation.⁵⁹

Whatever may have been the direct or indirect effect of Quiroga upon the institutions of Michoacán, his two great

⁵⁷ García Pimentel, Descripción del Arzobispado, p. 266.

⁵⁸ García Pimentel, Relación de los obispos de Tlaxcala, Michoacán, Oaxaca, p. 55.

⁵⁹ Paso y Troncoso, Papeles de Nueva España, ser. 1, VII, 104-112.

social experiments had a most direct effect upon the Spanish missions throughout the New World. The characteristic arrangements of the pueblo-hospitals of Santa Fe were later adopted by the religious Orders who penetrated other wildernesses of the Spanish Empire in order to carry to far frontiers the Utopia of New Spain.⁶⁰

⁶⁰ Haring, op. cit., p. 193.

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CHAPTER VIII

CONCLUSION

The hospitals of the New World did not offer a panacea for all the ills of mankind. They did serve the vital function of offering protection and security to all those who found themselves helpless in the struggle for survival without some place of refuge. The very heritage of flexibility of service of the hospitals made them peculiarly well equipped to meet the problems which confronted them in lands across the seas. In fact, these institutions seemed to derive new vigor from the difficult situations which were encountered in an atmosphere quite different from that of Spain. The asceticism of the Middle Ages and the energetic fervor of the Reanissance joined forces in the endeavors of the mother country to perpetuate ideals and practices which had endured throughout the centuries. Although the social, political, and economic products of the culture of Spain might change in the course of adapting it to the American scene, the spirit of Christian charity remained the same. The founding of hospitals, therefore, was imperative and was taken for granted by the Spaniards in their forcible incorporation of one way of life with another way of life. It certainly was not considered remarkable that the two great figures in New Spain during the

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first half of the sixteenth century, Cortés and Bishop Zumárraga, should each be responsible for the foundation of a worthy charitable institution.

Although there were obvious flaws and rents in the mantle of Spanish benevolence in the New World, the well-being of mankind was improved. Bishop Quiroga did not attain the true perfection of Utopia, but he did establish a social order whose paternalistic regime offered far more benefits to many natives than any other to which they might have been subjected. Other smaller institutions continued their persistent efforts to give a measure of charity to persons who often rejected their services. In the treatment of specialized cases, such as lepers and the insane, although little may have been contributed in the light of present-day scientific knowledge, it is well to remember that the pious individuals who engaged in this "work of God" pointed the way toward more humane consideration for these unfortunates. The foundation of hospitals in the New World was a challenge to the zeal and energy of men. The Spaniards accepted the challenge in the name of the king, and in the name of everything they held holy, and left the imprint of Christian charity upon the vast expanses of the Empire.

BIBLIOGRAPHY

I. Primary Sources

A. Unpublished Documents from the Archivo General de Indias, Sevilla

Capítulo de una carta del Virrey don Martín Enríquez a Su Majestad sobre la fundación del Hospital de San Lázaro, México, 23 de marzo de 1580. México, leg. 20.

Carta del virrey Villamanrique a Su Majestad. México, 28 de abril de 1587. México, leg. 21.

Carta del virrey Villamanrique a Su Majestad. México, 28 de octubre de 1587. México, leg. 21.

Traslado de la erección, institución y ordenanzas que dió el Virrey Marqués de Villamanrique para los hospitales de los convalecientes de México, Huaxtepec, Perote y Jalapa y puerto de San Juan de Ulúa. México, 4 de abril de 1587, México, leg. 21.

Capítulo de una carta del Virrey Marqués de Villamanrique a Su Majestad. México, 28 de abril de 1587. México, leg. 21.

Carta del Virrey Marqués de Villamanrique a Su Majestad. México, 24 de octubre de 1587. México, leg. 21.

Real cédula haciendo merced al Hospital Real de los Indios de la ciudad de Mexico de lo que montare en cinco años la mitad de 3545 pesos, 1 tomin y 5 granos que Manuel de Sandoval paga en aquella tierra cada año de censo por cierta deuda, y la tercia parte de todas las condenaciones que se hicieren para la camara en el distrito de la dicha Audencia. Aranjuez, 22 de mayo de 1579. México, leg. 21.

Carta del Conde de Monterrey a Su Majestad. Acapulco, postrero de abril de 1604. México, leg. 26.

Copia de los advertimientos generales tocantes al gobierno de la Nueva España q. se le dejaron al Virrey Marqués de Montesclaros.--Acapulco, 28 de marzo de 1604. México, leg. 26.

Una carta del Virrey Marqués de Montesclaros a Su Majestad. 10 de mayo de 1604. México, leg. 26.

Real cédula al virrey y Audiencia de la Nueva España para que envíen relación de los hospitales de españoles y de indios que hay en aquella tierra. San Lorenzo, 29 de junio de 1588. México, leg. 1064.

Real cédula al virrey de la Nueva España en recomendación de los hospitales de los indios de México y de el de la Veracruz. Madrid, 31 de marzo de 1583. México, leg. 1064.

Real cédula al virrey de la Nueva España para que envíe relación con su parecer sobre que el Hospital de los Indios de la ciudad de México pide se le haga merced de relevarle de la paga de los diezmos de ciertas tierras que el dño el virrey don Martín Enriquez. Lisboa, 27 de mayo de 1582. México, leg. 1064.

Real cédula a los oficiales de la Casa de la Contratación de Sevilla, mandándoles pagar al Hospital Real de Perote 937,500 maravedís de bienes de difuntos. Madrid, 15 de julio de 1568. México, leg. 1098.

Real cédula a los oficiales de la Casa de la Contratación de Sevilla, mandándoles cumplir una cédula haciendo merced de mil pesos de bienes de difuntos al Hospital del Amor de Dios de la ciudad de México. Madrid, 19 de diciembre de 1568. México, leg. 1089.

Real cédula a los oficiales de la Casa de la Contratación de Sevilla, mandándoles enviar mil pesos de bienes de difuntos para el edificio del Hospital de los Indios. Madrid, 27 de marzo de 1571. México, leg. 1090.

Real cédula al virrey y Audiencia de la Nueva España mandándoles enviar relación sobre que la ciudad de México pide licencia para hacer en ella una casa de hospital de San Lázaro. Madrid, 8 de enero de 1571. México, leg. 1090.

Real cédula al virrey y Audiencia de la Nueva España, mandándoles enviar relación del Hospital de Perote. El Escorial, 4 de julio de 1570. México, leg. 1090.

Real cédula para que se guarden y cumplan las ordenanzas para la Casa y Hospital de San Lázaro que van incorporadas. Lisboa, 11 de junio de 1582. México, leg. 1091.

Real cédula al virrey de la Nueva España para que favorezca los hospitales de San Hipólito de la ciudad de México y el de la Cruz de Guastepoque. San Lorenzo, 14 de junio de 1589. México, leg. 1092.

Real cédula al arzobispo de México y al cabildo de la iglesia de ella para que informen sobre lo que Fernando Alfonso, hermano del Hospital de los Desamparados y Niños Expósitos de aquella ciudad pide. -- Valencia, 12 de abril de 1599. México, leg. 1093.

Real cédula a los oficiales reales de la Nueva España haciendo merced de 1500 ducados por una vez al Hospital de los Desamparados de México. -- San Jerónimo de Gandia, 9 de febrero de 1599. México, leg. 1093.

Real cédula al virrey y Audiencia de México para que avisen en qué y cómo se podría hacer merced y limosna al Hospital de Desamparados de aquella ciudad. -- El Pardo, 14 de noviembre de 1600. México, leg. 1093.

Real cédula aprobando la posesión dada por el virrey de Nueva España del Hospital de los Desamparados de México a los hermanos de la Congregación de Juan de Dios y dándoles la administración de él, quedando el patronazgo de Su Majestad. Valladolid, 3 de febrero de 1606. México, leg. 1093.

Real cédula al virrey y Audiencia de la Nueva España para que informen sobre que el Hospital de los Desamparados de aquella ciudad pide se le haga merced en las cosas que refiere. -- Valencia, 12 de abril de 1599. México, leg. 1093.

B. Published Documents

Ayala, Manuel José de. Disposiciones complementarias de las leyes de Indias. Madrid: Ministerio de Trabajo y Previsión, 1930. 3 vols.

Cartas de Indias. Madrid: Ministerio de Fomento, 1877.

Colección de documentos inéditos para la historia de España. Madrid: 1864-86. 113 vols.

This and the following two collections are basic in the study of almost any phase in the field of Hispanic America.

Colección de documentos inéditos relativos al descubrimiento, conquista y organización de las antiguas posesiones españolas de América y Oceanía sacados de los Archivos del Reino y muy especialmente del de Indios. Madrid: Imprenta de Manuel G. Hernández, 1884. 42 vols.

Colección de documentos inéditos relativos al descubrimiento, conquista y organización de las antiguas posesiones de Ultramar. Madrid: 1885-1928. 25 vols.

Concilios provinciales primero y segundo celebrados en los años de 1555 y 1565. Mexico, 1769.

Cuevas, Mariano, Documentos inéditos del siglo XVI para la historia de México. Mexico: 1914.

Documentos inéditos referentes al ilustrísimo señor Don Vasco de Quiroga. (Biblioteca histórica mexicana de Obras Inéditas, XVII.) México: Antigua Librería Robredo, 1940.

Documentos para la historia de México. Segundo serie. México: 1855.

Eucinas, Diego de, Provisiones, cédulas, capítulos de ordenanzas, instrucciones y cartas . . . tocante al buen gobierno de las Indias y administración de la justicia en ellas. Madrid: 1596. 4 vols.

One of the first unofficial compilations. Although it never became official, it is very useful, containing information which later compilations do not have.

García Icazbalceta, Joaquin, Nueva colección de documentos para la historia de México. México: Editorial Salvador Chavez Hayhoe, 1941. 5 vols.

_____, Relación de los obispados de Tlaxcala, Michoacán, Oaxaca y otros lugares en el siglo XVI. (Documentos históricos de México, II.) Mexico: 1904.

The importance of the works of this outstanding Mexican bibliographer cannot be overemphasized.

García Pimentel, Luis, Descripción del arzobispado de México Lecha en 1570. Mexico: Jose Joaquín Terrazas e Hijos Imps., 1897.

Galván Rivera, Mariano, Concilio III celebrado en México el año de 1585. Mexico, 1859.

Hernández, F. J., Colección de bulas, breves y otros documentos relativos a la iglesia de América y Filipinas. Madrid: 1879. 2 vols.

López, Gregorio, Las siete partidas del rey Alfonso el Sabio. Paris: Librería Castilla, 1847. 5 vols.

Unión de los Estados Unidos Mexicanos
Secretaría de Gobernación
Dirección General de Registro Civil

Concedido el matrimonio civil de los señores
[Nombres] y [Nombres] el día [Fecha] de [Mes] de [Año] en la ciudad de [Ciudad].

Quedan librados los señores [Nombres] y [Nombres] de las obligaciones matrimoniales.
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Firmado en [Lugar] a los [Días] de [Mes] de [Año].

En consecuencia, se declara nulo el matrimonio civil de los señores [Nombres] y [Nombres] celebrado el día [Fecha] de [Mes] de [Año] en la ciudad de [Ciudad].
Firmado en [Lugar] a los [Días] de [Mes] de [Año].

En consecuencia, se declara nulo el matrimonio civil de los señores [Nombres] y [Nombres] celebrado el día [Fecha] de [Mes] de [Año] en la ciudad de [Ciudad].
Firmado en [Lugar] a los [Días] de [Mes] de [Año].

En consecuencia, se declara nulo el matrimonio civil de los señores [Nombres] y [Nombres] celebrado el día [Fecha] de [Mes] de [Año] en la ciudad de [Ciudad].
Firmado en [Lugar] a los [Días] de [Mes] de [Año].

Paso y Troncoso, Francisco del, editor, Epistolario de Nueva España 1505 - 1818. Mexico: Antigua Librería Robredo, de Jose Porrua e Hijos, 1939-42. 16 vols.

_____, Papeles de Nueva España. Segunda series. Madrid: 1905-08. 7 vols.

The bulk of this material is devoted to the sixteenth century. It contains geographical relations of New Spain, tribute lists and other statistical data.

_____, Papeles de Nueva España. Tercera serie. Mexico: Museo Nacional de Arqueología Histórica y Etnografía, 1936. 3 vols.

Pérez y López, Antonio Xavier, Teatro de la legislación universal de España e Indias por orden cronológico de sus cuerpos y decisiones no recopilados; y alfabético de títulos y principales materias. Mexico: 1791-98. 28 vols.

Puga, Vasco de, Cedulario de Puga. Mexico: 1878-79. 2 vols.

Recopilación de Leyes de los Reinos de las Indias. Madrid: 1841. 4 vols.

San Martín, Antonio de, editor, Los códigos españoles. Madrid: 1872. 12 vols.

C. Miscellaneous Published Works

Alegre, P. Francisco Javier, Historia de la Compañía de Jesús en Nueva España. Obras de Bustamente. Mexico: Imprenta de J. M. Lara, 1841. 2 vols.

Beaumont, Pablo de, Crónica de la provincia de los santos Apostoles S. Pedro y S. Pablo de Michoacán. Mexico: Imprenta de Ignacio Escalante, 1874. 5 vols.

Cárdenas, Juan de, Primera parte de los problemas y secretos maravillosos de las Indias. Mexico: Imprenta del Museo Nacional de Arqueología, Historia y Etnología, 1913.

This work was first printed in Mexico in 1591 in the house of Pedro Ocharte. The author was a physician.

Cavo, P. Andrés, Los tres siglos de México durante el gobierno español hasta la entrada del ejército trigarante. Mexico: Imprenta de J. R. Navarro, 1852.

Yves & Laurence
1930-1931
The book of the year is...

1932-1933
The book of the year is...

1934-1935
The book of the year is...

1936-1937
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1948-1949
The book of the year is...

1950-1951
The book of the year is...

1952-1953
The book of the year is...

1954-1955
The book of the year is...

Cervantes de Salazar, México en 1554, Tres diálogos latinos traducidos por Joaquín García Icazbalceta. México: Ediciones de la Universidad Nacional Autónoma, 1939.

[Ciudad Real, Antonio del], Relación breve y verdadera de algunas cosas de las muchas que sucedieron al fray Alonso Ponce en las provincias de la Nueva España siendo comisario general de aquellas partes, escrita por dos religiosos. Madrid: Imprenta de la Viuda de Calero, 1878. 2 vols.

Díaz del Castillo, Bernal, Historia verdadera de la conquista de la Nueva España. Paris: Librería Rosa, 1837. 4 vols.

Escobar, Matías de, Americana Thebaida vitas patrum de los religiosos hermitaños de N. P. San Augustin de la provincia de S. Nicolás Tolentino de Michoacán. México: Imprenta Victoria, S. A., 1924. This work was written in 1729.

Espinosa, Isidro Felix de, Crónica de la provincia Franciscana de los Apostoles San Pedro y San Pablo de Michoacán. México: Editorial Santiago, 1945.

_____, Crónica apostólica y seraphica de todos los colegios de propaganda vide de esta Nueva España de misioneros franciscanos observantes. México, 1746.

Frasso, D. Petro, De Regio Patronatu Indiarum. Matriti, 1775. 2 vols.

Grijalva, Juan de, Crónica de la Orden de N. P. S. Augustín en las provincias de la Nueva España. Mexico, 1924.

Herrera, Antonio de, Historia general de los hechos de los castellanos en las islas y tierra firme del mar océano. Madrid, 1730. 5 vols.

López de Cogolludo, R. P. Fr. Diego, Historia de Yucatán escrita en el siglo XVII. Merida: Imprenta de Manuel Aldana Rivas, 1868. 2 vols. A history of the Franciscan Order and also a civil history of the Mayas.

Medina, F. Balthassar de, Crónica de la santa provincia de San Diego de México, de Religiosos descalzos de N S P S Francisco en la Nueva España. Mexico, 1682.

Mendieta, Gerónimo de, Historia eclesiastica indiana. México: Antigua Librería, 1870.

Mota y Padilla, Matías de la, Historia de la conquista del reino de la Nueva Galicia. Guadalajara: Talleres graficos de Gallardo y Alvarez del Castillo, 1920.

Motolinía, Toribio de Benevente O., Historia de los Indios de la Nueva España. Mexico D. F.: Editorial Salvador Chavez Hayhoe, 1941.

Mota y Escobar, Alonso de la, Descripción geográfica de los reinos de Nueva Galicia, Nueva Vizcaya, y Nuevo León. México: Editorial Pedro Robredo, 1940.

Perez de Rivas, Andrés, Crónica y historia religiosa de la provincia de la Compañía de Jesús de México en Nueva España. México: Imprenta del Sagrado Corazón de Jesús, 1896. 2 vols.

Plaza y Jaén, Cristóbal Bernardo de la, Crónica de la real y pontificia universidad de México. México: Universidad Nacional de México Autónoma, 1931. 2 vols.

Ribadenayra y Barrientos, Antonio Joaquín de, Manual Compendio de el regio patronato indiano. Madrid, 1755.

Solórzano y Pereyra, Juan de, Política Indiana. Madrid: Compañía Ibero-Americana de Publicaciones, 1930.

This work was originally published in 1647. It is basic for the study of government of the new world.

Tello, Fray Antonio, Libro segundo de la crónica miscelanea en que se trata de la conquista espiritual y temporal de la santa provincia de Xalisco. Guadalajara: Imprenta de "La Republica Literaria," De Ciro L. de Guevara y Ca., 1891.

Torquemada, Juan de, Monarquía Indiana. México: Editorial Salvador Chavez Hayhoe, 1944. 3 vols.

This work was originally published in Madrid in 1615, 1723; general history.

Vetancurt, Augustín de, Teatro Mexicano. México: Imprenta de I. Escalante y Cía., 1871. 4 vols.

Notwithstanding the fact that the
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II. Secondary Works

A. Books

- Alton, Arthur Scott, Antonio de Mendoza First Viceroy of New Spain. Durham, North Carolina: Duke University Press, 1927.
- Alaman, Lucas, Disertaciones sobre la historia de Méjico. Mexico: Imp. de V. Agueros, 1900. 3 vols.
- Altamira y Crevea, Rafael, Historia de España y de la civilización española. Barcelona: Herederos de Juan Gili, editores, 1913. 4 vols. A classic history which includes an excellent bibliography.
- Ault, Warren O., Europe in the Middle Ages. Boston: D. C. Heath and Company, 1946.
- Ávalos Guzmán, Gustavo, Don Antonio de Mendoza Comendador de Socuellamos y caballero de la orden de Santiago, primer virrey de la Nueva España. Morelia: Publicaciones de la Universidad Michoacana, 1941.
- Ballesteros y Baretta, Antonio, Historia de España y su influencia en la historia universal. Barcelona: P. Salvat, 1918-1936. 8 vols. This work ranks with that of Altamira y Crevea. Bibliographical data is contained at the end of each chapter.
- Bancroft, Hubert Howe, History of Mexico. San Francisco: A. L. Bancroft and Company, 1883. 6 vols.
- Beltrán, Juan Ramón, Historia del protomedicato de Buenos Aires. Buenos Aires: El Ateneo, 1937.
- Campbell, Donald, Arabian Medicine and its Influence on the Middle Ages. London: Kegan, Paul, Trench, Trubner and Company, Ltd., 1926. 2 vols.
- Chávez, Ezequiel A., El primero de los grandes educadores de la América, Fray Pedro de Gante. México: Editorial Jus-, 1943.
- Cuevas, P. Mariano, Historia de la iglesia en México. Tlapam, D. F., México: Imprenta del Asilo "Patricio Sanz," 1921. 4 vols. Although this work is a basic history for the Church in Mexico, some citations are rather indefinite.

SECONDARY NOTES

1945

Atton, Arthur. History of the State of Texas. 1945. 1 vol. 120 pp. 12x8. 1945.

Alman, James. History of the State of Texas. 1945. 1 vol. 120 pp. 12x8. 1945.

Alman, James. History of the State of Texas. 1945. 1 vol. 120 pp. 12x8. 1945.

Alman, James. History of the State of Texas. 1945. 1 vol. 120 pp. 12x8. 1945.

Alman, James. History of the State of Texas. 1945. 1 vol. 120 pp. 12x8. 1945.

Alman, James. History of the State of Texas. 1945. 1 vol. 120 pp. 12x8. 1945.

Alman, James. History of the State of Texas. 1945. 1 vol. 120 pp. 12x8. 1945.

Alman, James. History of the State of Texas. 1945. 1 vol. 120 pp. 12x8. 1945.

Alman, James. History of the State of Texas. 1945. 1 vol. 120 pp. 12x8. 1945.

Alman, James. History of the State of Texas. 1945. 1 vol. 120 pp. 12x8. 1945.

Alman, James. History of the State of Texas. 1945. 1 vol. 120 pp. 12x8. 1945.

Alman, James. History of the State of Texas. 1945. 1 vol. 120 pp. 12x8. 1945.

- _____, Testamento de Hernán Cortés. México: Imprenta del Asilo "Patricio Sanz," 1925.
- Dampier, Sir William Cecil, A History of Science and its Relations with Philosophy and Religion. New York: The Macmillan Company, 1942.
- Decorme, Gerard, La obra de los jesuitas mexicanos durante la época colonial, 1572-1767. México: Antigua Librería Robredo de José Porrúa e Hijos, 1941. 2 vols.
- Flores, Francisco A., Historia de la medicina en México desde la época de los indios hasta la presente. México: Oficina Tip. de la Secretaría de Fomento, 1886. 2 vols. A wealth of information is presented concerning various phases of medicine in Mexico.
- García Icazbalceta, Joaquín, Obras. México: 1896. 10 vols.
- _____, Don Fray Juan de Zumárraga, primer obispo y arzobispo de México. México: Antigua Librería de Andrade y Morales, 1881. This is a classic study of the first Bishop of Mexico.
- Garrison, Fielding H., An Introduction to the History of Medicine. Philadelphia: W. B. Saunders Company, 1929.
- Guthrie, Douglas, A History of Medicine. Philadelphia: J. B. Lippincott Company, 1946.
- Haring, C. H., The Spanish Empire in America. New York: Oxford University Press, 1947. An excellent bibliography is included in this work which ranks as one of the best for a study of colonial Hispanic institutions.
- Hobson, John Morrison, Some Early and Later Houses of Pity. London: George Routledge and Sons, Ltd., 1926. Subject matter is limited to the British Isles.
- Lanning, John Tate, Academic Culture in the Spanish Colonies. New York: Oxford University Press, 1940.
- Lee, Raymond Lawrence, "Hapsburg Rule in New Spain in the Late Middle Sixteenth Century." Unpublished Doctor's dissertation, The University of Michigan, Ann Arbor, 1946.
- Menéndez y Pelayo, Marcelino, La ciencia española. Madrid: Imprenta de A. Perez Dubrull, 1887. 3 vols.

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Mercier, Charles A., Leper Houses and Medieval Hospitals. London: H. K. Lewis, 1915.

Moll, Aristides A., Aesculapius in Latin America. Philadelphia: W. B. Saunders Company, 1944. A wealth of statistical, over-all information is contained herein.

Moreno, Juan José, Don Vasco de Quiroga. México: Editorial Polis, 1940.

Ocaranza, Fernando, Capítulos de la historia franciscana. México: 1934.

_____, Gregorio López el hombre celestial. México: Ediciones Xochitl, 1944.

Peza, Juan de D., La beneficencia en México. México: Imprenta de Francisco Díaz de León, 1881.

Ricard, Robert, La conquista espiritual de México. Colección de Estudios Históricos. México: Editorial Jus., 1947.

Robinson, Victor, The Story of Medicine. New York: Albert and Charles Boni, 1931.

Singer, Charles, A Short History of Medicine. New York: Oxford University Press, 1928.

Watson, Foster, Luis Vives el gran valenciano (1492-1540). Hispanic Notes and Monographs. England: Oxford University Press, 1922.

Zavala, Silvio, Ideario de Vasco de Quiroga. México: Colegio de México, 1941.

_____, La "Utopía" de Tomas Moro en la Nueva España y otros estudios. México: 1937.

B. Periodical Articles

Alba de El Duque, "Leprosería de la Espina en el Concejo de Salas," Boletín de la Real Academia de la Historia, C (1932), 9-12.

Blanton, Wyndham B., "Medical References in Bernal Diaz's Account of the Discovery and Conquest of Mexico (1517-1521)," Annals of Medical History, Third Series, IV, No. 5 (September, 1942), 399-405.

Morales, Charles A. Report on the
Mexico: 1931.

Moll, Alexander A. Association of
Mexico: 1931.

Moreno, Juan Jose. Don Jose de
Mexico: 1931.

Occidente, Fernando. Cartas de
Mexico: 1931.

Historia de la
Mexico: 1931.

Perez, Juan E. D. La
Mexico: 1931.

Riano, Roberto. La
Mexico: 1931.

Robinson, Victor. The
Mexico: 1931.

Singer, Charles. A
Mexico: 1931.

W. J. La
Mexico: 1931.

La
Mexico: 1931.

La
Mexico: 1931.

La
Mexico: 1931.

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Mexico: 1931.

La
Mexico: 1931.

La
Mexico: 1931.

- Bonilla y San Martín, Adolfo, "Historia crítico -- literario de la farmacia y bibliografía farmacéutica," Boletín de la Real Academia de Historia, LXIII (1913), 240-46.
- Cedillo, El Conde de, "El hospital de Santa Cruz, dicho de Mendoza, en Toledo," Boletín de la Real Academia de Historia, XLI (1902), 472-75.
- Ficarra, Bernard J., "Eleven Famous Autopsies in History," Annals of Medical History, Third Series, IV, No. 6 (November, 1942), 504-20.
- Khairallah, Amin A., "Arabic Contributions to Anatomy and Surgery," Annals of Medical History, Third Series, IV, No. 5 (September, 1942), 409-15.
- Lastres, Juan B., "Terremotos hospitales y epidemias de la Lima colonial," Revista del Museo Nacional, IX (1940), 243-51.
- Loughran, Elizabeth Ward, "The Marquis's Hospital," Mid America, The Illinois Catholic Historical Society, XIV, New Series, III (1931-32), 39-47.
- Mélida, José Ramón, "El hospital e iglesia de Santiago en Ubeda," Boletín de la Real Academia de Historia, LIX, (1916), 33-39.
- Ortega, P. Angel, "Fr. Juan de Paredes y la fundación de los hospitales de San Juan de Ulloa-Veracruz," Archivo Ibero Americano, Num, 1026, XVIII (1931), 266-77.
- Pertegás, José Rodrigo, "Hospitales de Valencia en el siglo XV," Boletín de la Real Academia de la Historia, XC (1927), 561-609. An excellent article concerning the hospitals of Valencia of this period.
- Real, García del, "El descubrimiento de America. Su influjo en la medicina," Revista de las Españas, Nov. 89-91 (January-March, 1935), 16-26.
- Speakman, Elizabeth, "Medieval Hospitals," Dublin Review, CXXXIII (July-October 1903), 283-96.
- T'Serclaes, El Duque de, "Documentos de los fundaciones religiosos y benéficas de la Villa de Almonte," Boletín de la Real Academia de Historia, LXIII (1913), 162-64.

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