

CHAPTER 28

Independent Medical Juntas in Colonial Cuba, 1820-1843

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Abstract: While the newly independent countries of Latin America struggled to establish civil and political structures in the early nineteenth-century, Cuba also re-defined some of the long-standing institutional organizations. Many recent studies of the early national period have shown that the collapse of the Spanish monarchy in America created openings for previously excluded groups to participate in political mobilizations and press claims for citizenship rights. My larger project will examine the importance of independence movements on medical structures in Mexico, Guatemala, and Cuba. Case studies of Mexico and Guatemala provide two different models of modernization that occurred with opportunities at the time of independence. However, even without independence, Cuban medical institutions underwent dramatic modernizations with autonomous local boards. In this paper, I will examine the politicalization of medicine as these local juntas carved out an independent space—and then lost it when they were dissolved.

How did political struggles ensuing from independence shape the health care systems in the emerging Spanish American nations? Popular needs influenced health care and public health policy in periods of nation building in the emerging nations of Mexico and Guatemala. Many recent studies of the early national period have shown that the collapse of the Spanish monarchy in America created openings for previously excluded groups to participate in political mobilizations and press claims for citizenship rights. However, even without independence, Cuban medical institutions underwent dramatic modernizations with autonomous local boards. In this paper, I will examine the politicalization of medicine as these local juntas carved out an independent space—and then lost it when they were dissolved.

For almost four hundred years, the Spanish crown controlled medical care in Spain and then its American colonies with the medical governing institution, the Royal Protomedicato. *Protomedicato* is the name of the Spanish government institution that controlled medical and health care. It

is also the name used to identify the regional medical administrations. Its functions changed over time and included medical education, licensing of professionals, and administration of medical institutions. With its central administration and regional protomedicatos, the Royal Protomedicato regulated all medical services: doctors, midwives, *curanderos* (healers), hospitals, apothecaries and apothecary shops, botanical expeditions, medical experimentation, and judicial functions that included testifying before other courts, establishing approved practices, and punishing illegal medical practitioners. In the eighteenth century, as part of the general Bourbon Reforms, the protomedicato had begun to modernize education and crack down on unlicensed practitioners and popular methods of healing. Spain abolished the protomedicato for the first time in 1799; it would be reinstated and abolished three times before its final elimination in 1822, when regional medical committees took over the many functions of the protomedicato. As other Spanish-American colonies achieved independence, Cuba and its regional medical boards remained under Spanish control.

Despite the founding and suspension of the protomedicato over the years, it is important to understand that historically, and in the perception of the doctors and professors of medicine, the protomedicato was the source of authority. The doctor in charge of the protomedicato was called the protomédico. For example, in Guatemala, where there was no official regional protomedicato until the late eighteenth-century, there was a doctor calling himself the protomédico by the early seventeenth-century. This tacit title was derived from the link between the title of protomedico and a specific teaching post. The person who held the title of professor of primo de medicina would assume the title of protomédico. This, of course, did not mean that there were no problems with this practice. The term protomedicato or the title of protomédico would appear occasionally through the mid-nineteenth century. When documents were organized for collection in the Archivo General de Indias, colonial and post-colonial documents with letterheads that included Ministerio de Sanidad, Junta de Sanidad, and similar letterheads that identify medical governing boards, were bundled under the label protomedicato.¹ I present the situation to underscore the problematic nature of the definition of the protomedicato.

1. AGI, Santo Domingo 1607.

Medicine is a general term that encompasses fractured groups, with a basic problem of authorization. By this, I am referring to the overlap of authority. Doctors, surgeons, barbers, blood-letters, pharmacists (both *farmaceuticos* and *boticarios*), and midwives each composed separate categories in terms of training, licensing and status in the medical system. All medical care of military personnel fell into a separate category, not usually under the control of the *protomedicato*, with separate administration and authorization requirements.

One of the difficulties in tracing the various *juntas*, or boards, is that they frequently overlapped in both name and function. The *Juntas de Sanidad*, or Sanitary Boards, were created in Spain and America to support the activities of the *protomedicato* in periods of crisis. The term *Junta de Sanidad* was also used to name the port authority in charge of collecting fees and inspecting ships. A *Junta de Sanidad* might be regional, it might be municipal, it might be parochial, it might be the administrative body for a specific hospital, or it might be established officially without entering in practice.

start here Importantly, a *junta* may be so underfunded that it could not carry out its designated obligations.

Another problem in identifying the *juntas* is that there were Superior *Juntas*. The easiest to identify were the two *Juntas Superiores* created in Cuba in 1833: Medicine and Surgery, and Pharmacy. However, the nineteenth century *Junta de Sanidad* created a greater overlap of civil and military medical authorities, involving authorization of medical practitioners, control of ports, ship inspections, and quarantines. In the first half of the eighteenth century, documents carried letterheads from the *Junta de Sanidad*, provincial, regional, and institutional *juntas*, and later *negociado de sanidad*. It is easy to understand how the documents of the many boards did not survive to become part of the large body of documents available in archives. However, when two bundles of these documents reached the National Archive in Madrid, they were labeled *protomedicato*.

The problem of authority over medical licensing is almost as old as Cuba. Without a *protomedicato*, the municipal governments, *cabildos*, authorized doctors, dentists, phlebotomists, and pharmacists.² The *cabildo* of La Habana authorized the first medical practitioner in 1552. He was not a doctor, but a barber and surgeon; he did not hold a medical degree,

but was determined by the municipal board to have enough experience to enjoy exclusive rights to practice medicine. The first doctor, licenciado Gamarra, arrived in 1569. He was doctor, surgeon, and pharmacist. The municipal government authorized Gamarra's practice exclusively, offering punishment to any other practitioner. Gamarra enjoyed the monopoly until he left for greater wealth in the New World.³ Sixteenth-century Cuban medical care was administered by persons without a university medical degree and two poorly supplied pharmacies. Despite the conditions of medical monopoly, the municipal government could not attract any licensed doctors due to poor pay and worse living conditions. The population of Cuba was small and, in general, served more as a stop-over to other places than as a final destination. In 1611 the first municipal doctor started working in Havana. It wasn't until the early eighteenth-century that the protomedicato occupied itself with La Habana. The first protomédico of Habana arrived in 1711 and in 1738 the university was established.⁴ This overview is pertinent to understanding the problematic situation created by the nineteenth-century juntas. The multiple juntas each traced their roots to the protomedicato, despite the vastly different goals that separated them.

My interest in Cuba stems from my interest in the modernization that occurred in Spanish America after Spain lost its mainland colonies. I selected Mexico and Guatemala as my comparative cases as a unique view of state formation and the influences of groups and individuals in shaping the services that were provided in the nineteenth century and that established foundations for today's health care systems. I am comparing three scenarios: Mexico which had a long-standing protomedicato dating from 1534; Guatemala, with a protomedicato founded only a few decades before independence; and Cuba, which remained under the control of the Spanish medical system even after medical juntas (committees) replaced the protomedicato in 1822. These variations of effective control by the same institution in the colonial period influenced methods of adaptation

2. Cesar A. Mena, *Historia de la medicina en Cuba, II, Ejercicios y enseñanza de las ciencias médicas en la época colonial* (Miami: Ediciones Universal, 1993), 338-341.

3. Roig, 19-22. Roig gives the year 1522, under the government of Pérez Angulo. Other sources have the 1552. Pérez Angulo was appointed governor in 1550.

4. Roig, 22-24.

as health care providers, patients and the state renegotiated their relationship to each other and rebuilt the medical infrastructure with new economic limitations and opportunities. Those negotiations centered on efforts to legislate medical care, administer hospitals and other institutions, and confront specific epidemics faced by the regional populations. The resulting legislation demonstrates the competing goals, resistance, and deviance in the system.

At the moment of independence in Mexico, a new protomédico had just been appointed, but he died within two years. Eight years later, political change forced the restructuring of governing bodies, including the distribution of medical care and the end of the protomedicato in 1831. Between the two major groups, the members of the protomedicato and later the boards that re-structured the medical education, there was a sufficient break that allowed a new set of participants to take charge and embrace the changes. In addition, in the discussions around creating a constitutional government, medical administration was included both at state and federal level.

For Guatemala, there is limited research for the medical world of the colonial period and the later nineteenth-century. Although several doctors went by the title protomédico during the colonial period, the protomedicato was officially established only in 1793. Before there was a protomedicato in Guatemala, its functions were unsystematically shared by the Mexican protomedicato, the Guatemalan judicial offices, and the university professor who acted as protomédico because he held the position of professor of *primo de medicina*. At the time of independence, the long-standing protomédico had recently died and had not been replaced by the Spanish crown. The new government did not appoint a new protomédico immediately, nor did the government support the ambitious smallpox vaccination campaign or fund the modernization of the medical school initiated in the late colonial period. Ten years later, medical students were still petitioning the government for the reestablishment of medical institutions, from schools to hospitals. Guatemalan public health policies incorporated two shifts in one process: independence from Spain and the total separation of a system that had interacted with the Mexican medical world. In the context of medical administration, there was an opening for modernization. The new protomedico, Cirilo Flores, presented a break with the past in unique ways, including a break with the traditional

requirement of legitimate birth. As a foundling, he was able to bypass the scrutiny of family history that had characterized the appointment of the colonial protomedicos.

The demise of the protomedicato illustrates the difficulty in considering it a uniform entity. The protomedicato was eliminated for many reasons. Among them, one of the most important was its overlapping jurisdictions. In some regions, the protomedicato authorized medical practitioners; in others, this function was in the hands of the Captain General. In Spain, the protomedicato was abolished for the first time in 1799; it would be reinstated and abolished three times before its final elimination in 1822, when regional medical committees took over the many functions of the protomedicato. Each effort to eliminate the protomedicato brought protest from those in charge. With so few authorized doctors and surgeons, every re-organization would have to draw from the same pool of participants.

The original goal of my research was to examine Cuba as the case for continuity. Examining two countries that achieved independence and one region that remained under Spanish control would provide an opportunity to focus on the impact of independence. However, although Cuba did not achieve independence from Spain, the early nineteenth-century was period of change. This included the demise of the protomedicato and continuous efforts to modernize medical care, as well as the continued problem of alleviating epidemic disease. In the early nineteenth-century, Cuba would have a medical junta, *Junta de Sanidad*, controlled by Spain. In the 1820s, the many juntas that I mentioned previously shared the problem of limited funds and irregular intervention. In 1824, Lorenzo Hernandez, Protomedico of Cuba, complained that he could not fulfill the obligations that were repeatedly ordered.⁵ The problem faced by Dr. Hernandez, regarding visiting prisoners to determine the condition of their health, is that he lacks help. However, it is also curious that he is addressed by the title 'protomedico,' when the protomedicato had supposedly been dissolved.

Despite the juntas being governed by local constitutions, the Captain General of Cuba authorized appointments and intervened as he saw fit,

5. ARNAC, legajo 705, exp. 44549.

although often based on the recommendations of the doctors themselves.⁶ In 1832, the regulation of the sanitation committee listed its obligations. These included control the causes that directly or indirectly affect the spread of contagious diseases, protect public health by proposing sanitation measures, offer the committee's opinion regarding hospitals, prisons, markets, or factories. In 1833, these local juntas were replaced by two

6. ARNAC Inst. Pub. leg 705, n. 44544.

Transcription:

No habiendo en el partido de Bahia-Honda Fiscal que represente á este RI Tribunal del Protomedicato y hallandose avecindado alli el Profesor de Zirujia Dr Ambrosio Moreno, persona en quien concurren todas las circunstancias necesarias para tal encrago, lo proponemos a VE para que siendo de su agrado se sirva mandar se le despache el correspondiente tittulo.

Dios que guarde VE m.s a.s Habana y Setiembre 1or de 1824.

D Lorenzo h

Hernandez

Dr Juan Perez Delgado

Exmo sor Pres. gob y Cap Gen

next letter:

Hab y feb 24 de 1824

Exmo Sor

No pudiendo el Visitador General de Boticas de esta Isla Dr Dn Rafael Saavedra de

Espinosa practicar por si las que en esta pendiente de la que corresponde a la buelta de abajo, por haberse impedido de varios achaques, y otras circunstancias, que ha justificado en este tribunal del Ptotomedicato, hemos deliberado con anuencion del mismo Visitador general proponer a VE para dicho encargo al Pharmaceutico D [etavino] Hernandez sugeto en quien concurren todas la qualidades necesarias a su desempeño para que siendo de su agrado se sirva despacharle el titulo. Dios guarde a vE m.s a.s feb 24 de 1824

esmo sor

D Lorenzo Hernandez

Sor Pres.te Gob.dor y Cap Gen

By the 1860s, military control of medical doctors would increase.

Fondo: Reales decretos y Ordenes/ Legajo 215 / numero 75

6 mayo 1860

Ministerio de Guerra y de Ultramar

Ministerio de Guerra--

Relacion de los oficiales de Sanidad Militar que deben ocupar los treinta y cuatro plazas de primeros medicos en la Isla de Cuba segun lo dispuesto por resolucion de esta fecha

Cuban juntas—one for medicine and surgery and another for pharmacy. Dissolving the juntas and establishing the two primary juntas began as early as 1826, with a *Real Cédula* that established the need for more direct control of medicine in order to have great opportunities to protect public health.⁷ Another order was issued in 1830. Even after the two medical juntas were established, their authority was not clear and the practice of the governor naming persons to the positions on the boards and to local committees continued.⁸ Throughout the end of the decade, efforts continued to formalize the juntas: statutes were discussed, salaries were determined and protested, appointments were made at all levels. In 1842, the Juntas of Medicine and Surgery and the Juntas of Pharmacy were dissolved and their properties inventoried and turned over the university. Sadly, the inventory is more a list of furnishings than anything else.

In general, medical doctors were in short supply and did not enjoy great prestige unless they participated in broader civic circles. The doctors of eighteenth and nineteenth century Cuba did not limit their activities to the practice of medicine. Dr. Tomás Romay y Chacón (1764-1839) is an example of the range of activities of a medical doctor. He was Cuban born and educated. He was a member of the *Amigos del País*, the *Sociedad Económica*, and Royal Academy of Medicine in Madrid, he wrote for the Habana newspaper, he developed plans for the medical clinic, helped establish the scientific academy, and taught at the university in Habana. He worked in the military hospital, the teaching hospital, the naval hospital, the convalescents' hospital, the house for the demented, the general hospital and others. Romay was the founding secretary of the Junta de Vacuna, which is credited with two hundred thousand vaccinations in La Habana and three hundred eleven thousand in all of the island between 1804 and 1835.⁹

7. ARNAC, Reales Ordenes y Cédulas, leg 74, n. 6.

8. ARNAC

Transcription: Mzo 28 de 1841

Ultramar

N. 8

El Gobernador Da curso a la propuesta que aquella Junta de Farmacia hace para Vocales propietarios y un suplente.

9. Roig, 55-59.

During the tenure of Romay, another doctor arrived in Cuba. Now well-known through literary plays and fictionalized accounts, Dr. Faber arrived in Cuba in 1819 with a French medical degree. Following the common practice of the period, the medical examiners reviewed Faber's degrees, conducted the required and exhaustive oral examination of medical knowledge and authorized Faber to practice medicine in Cuba. The protomedicato of Havana authorized Faber to practice medicine in all of Cuba and Faber was named *Fiscal* of the protomedicato of Baracoa (a *fiscal* was a member of a regional protomedicato). In 1833 a criminal process began against Faber, not for illegal medical practices, but because Enrique Faber was really Henriquetta Faber. The minute details of how she claimed to obtain medical degrees are available in the Cuba archives and through fictionalized accounts that fill in missing parts of the story¹⁰. The story of Faber is particularly interesting, because of the scandalous and romantic tale of deceit, but also because it exhibits some of the bureaucratic conflicts of the medical administration. Faber was prosecuted in 1833 not for medical practices, but because she had married Juana de León in 1819. Of course, her authorization to practice medicine was revoked and she was sentenced to four years of service in a hospital in Habana, then exiled to Louisiana. In her defense, she argued for the rights of women to provide for themselves by means other than prostitution. However, the services she provided to humanity to relieve medical ailments could not overcome the sin of marrying a woman.

In defense of those who authorized the practice of Faber, it is worth noting that the period of independence on mainland Spanish America was a period of emigration from the colonies in rebellion to Cuba and other strong Spanish holdings and doctors from other countries who entered Cuba. In 1821, the French doctor Carlos Eduardo Belot opened his private clinic in Cuba. By 1829, the French dentist Teodor Siolin was living in La Habana. In the emigration process, any doctor who arrived would have to undergo an examination of credentials. This should have been done by the protomedicato, but with the unstable character of the protomedicato and the intervention of the Captain General, this examination process was far from standardized. In 1824, the order was issued that

10. ANC, Fondo Asuntos Políticos, legajo 20 expediente 2, y Fondo Misceláneas de Expedientes, legajo 3483 expediente B 1.

those who did not have authorization to practice medicine should not be allowed to enter towns and villas in Cuba:

We, the doctors Lorenzo Hernandez, honorary consulting doctor and Regent protomedico of the Royal Protomedicato of this always loyal city of Habana of the always loyal city island of Cuba, and Dr Juan Perez Delgado, who is the second [protomedico], members of the Royal Patriotic Society of this said city, examining judges, visitors (examiners) and Alcaldes mayors of all of the doctors, surgeons, oculists, distillers, midwives, lepers all that comprehends the medical faculties by SM and of his Royal Armies:

In as much as the laws of these kingdoms it is our faculty to name fiscals who watch, supervise and in no way permit that in the cities, villas, and places of all of the jurisdiction, subjects are introduced who without legitimate title and examen practice the faculties of medicine, surgery, or pharmacy. [etc]

The stated goal of this reminder is to protect public health from unauthorized healers. More importantly, it illuminates the problem of overlapping jurisdictions that I discuss above. By 1879, the university professors would complain of the “plaga de curanderos”—evidence that earlier attempts to enforce exclusive practice by authorized doctors had failed.¹¹ Despite the long-term negative effects, it is worth noting that the protomedicato continued, at least in the perception of medical practitioners. It also continued to foment overlapping jurisdiction. Ultimately, the protomedicos are stating that they reserve the authority to license medical practitioners. As an intermediate phase, they recognize that local municipal bodies also authorize the doctors of each region.

Another well-documented situation that illustrates the complicated system of authorizing medical doctors is the case of the famous Chinese doctor who arrived in Cuba in the mid-1800s. As part of the solution to overcome labor shortages, Chinese workers were imported. As part of the conditions of importing the workers, a Chinese doctor was brought to Cuba to minister to them.¹² After the workers were established, the doctor was declared to be nothing more than a curandero (healer). The Lieuten-

11. ARNAC, Fondo Sanidad, legajo 4, n. 4

ant Governor received testimony from the doctor's patients, a group that had expanded past the original Chinese workers. Despite the glowing reports by members of all sectors of the community regarding the doctor's cures, he was not authorized to practice medicine. Interestingly, the governor refers to the authority of the Junta of Doctors and Surgeons, demanding that the Chinese doctor either meet the requirements of a recognized medical diploma or stop practicing medicine.

A less-studied aspect of medical authorization that flourished unnoticed in Cuba involved advertisements in the Havana newspapers. It was not uncommon to find advertisements for slaves for sale or hire. It was also not uncommon to note the abilities or qualities of the slave. Both male and female slaves were offered for sale with the specific advertise-

12.ARNAC, Inst. Pub. leg. 57, n. 37

Transcription:

Ab 12 /848: El teniente Gobernador de Puerto Principe manifiesta que se presentó en aquella ciudad un Chino con[insulas] de curandero danos principio por recetar a varias personas, que ya por desauiciadas por los medicos o por sus enfermedades cronicas o la novedad acudan a él, cuya cura le prohibió a peticion del Subdelgado por carecer de los correspondientes titulos, habiendo dado lugar la providencia a muchas reclamaciones de algunos vecinos cuyas solicitudes acompaña en las que piden se permita al Chino asistir los en sus enfermedades, sobre cuyo particular se servirá VE resolver, en concepto de que continua la prohibicion en observancia del Reglamento de Medicina.

Nota: Por el articulo 15 del Reglamento de medicina y cirujia tiene el chino la pena de 100\$ de multa por la primera vez, 200 por la 2a, 300 por la 3ra y en su defecto un mes, dos y tres de prision sin perjuicio de formarse causa si huviere mal resultado por sus tratamientos.

[ojo: en su vita se dignará resolver lo que fuere de su superior agrado]

Several testimonials follow.

The other document that is here is probably related to the same medico chino. Dated Habana 2o de Julio de 1847, signed by Pedro Cañedo, it states:

‘con objeto de que se prohibiese ejercer la medicina en esta isla al sujeto contratado para curar a los colonos Asiáticos en su travesia, mientras presente sus titulos si los tubiere, y se incorpore en la Universidad como la verifican los demas profesores extranjeros; y entrada la Inspeccion de dicho informe y los oficios sobre el mismo particular dirigieron el Subdelegado de Medicina y Cirujia de esta ciudad y el del [Flor?] con y el Cerro acordó de conformidad con lo puesto por la mencionada Seccion [?] que se suplique á VE se sirve disponer que el comisarion de Barrio en que vive el referido Asiático prebenga á este que se abstenga de curar hasta tanto que presente sus titulos si los tubiere y se incorpore en la Universidad advirtiendole que en el Caso contrario quedará sugeto á las penas dispuestas por los Reglamentos vigentes á los que sin titulo egercen algun ramo de la Ciencia de Curar [etc, and closing lines, signed by Pedro C. Cañedo

ment that they were good at healing or at taking care of persons who were ill. When you add this to the limited number of graduated doctors and the difficulties that immigrants faced in transferring credentials, the general health-needs of the population, and the irregularity of medical administrations, the growth of the *plaga de curanderos* is not surprising.

My original intention in comparing the medical systems of Guatemala, Mexico, and Cuba was to demonstrate how the continuity as a Spanish colony through the nineteenth century created greater stability for the medical systems in Cuba. However, the opposite was true. Independence in Mexico and Guatemala provided greater flexibility. In Mexico, the long tradition of medical bureaucracy led to incorporating medical legislation in the constitutions. In Guatemala, a dramatic break with the past created first a vacuum of power and then an opening for new systems. Cuba, however, labored under the worst of both worlds. On one hand, long traditions of overlapping jurisdictions and irregular practices, on the other, a series of modifications that occurred so rapidly and so frequently that patterns were allowed to settle before they were disrupted again, lead to greater instability, less efficient control, less modernization, and as I cited above, a plague of curanderos. It would be the end of the century before Cuba could establish the strong systems that modernized its medical world of Cuba. This, of course, is out of the scope of my paper on the medical juntas of 1820-1840.

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