

4-1-2017

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Journal of Colonialism and Colonial History, Vol. 18, No. 1 (2017). [DOI](#). This article is © Johns Hopkins University Press and permission has been granted for this version to appear in [e-Publications@Marquette](#). Johns Hopkins University Press does not grant permission for this article to be further copied/distributed or hosted elsewhere without the express permission from Johns Hopkins University Press.

Review of For All Humanity: Mesoamerican and Colonial Medicine in Enlightenment Guatemala by Martha Few

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Martha Few's fascinating book establishes the colonial precedents of Enlightenment-era humanitarianism and medical science, and describes public health campaigns initiated and executed far from imperial centers of power. She details the contributions of remarkable individuals like Chiapas-born Creole physician José Flores, Maya diviner-healer Miguel Chonay, Franciscan friar and ethnobotanist Mariano José Herrarte, and other Central American men and women of European, Mesoamerican and African descent who drew on and contributed to medical knowledge that circulated the globe. Successful inoculation campaigns against smallpox in Central America in the 1780s and 1790s influenced future medical humanitarian efforts across the Spanish empire. At the same time, Few emphasizes the expanded state power that such campaigns implied and the distrust they aroused even after significant success in the reduction of disease.

The book is organized thematically and by types of medical intervention. Chapter 1 provides a general history of epidemic disease in Central America since the sixteenth century. Chapters 2 and 3 consider

Guatemalan campaigns against typhus and promoting cesarean operations, respectively, in the late eighteenth and early nineteenth centuries. Relying on an impressive variety of sources, Few presents some of the most evocative accounts of the devastating experience of epidemic disease in Central America that I have seen, calling to mind Gabriela Ramos's sensitive portrayal of end-of-life practices amongst urban Andeans in the sixteenth century and Miguel León Portilla's poetic rendering of Nahuatl lamentations from central Mexico.¹ Although she does not engage the history of emotions directly, Few helps us consider the early modern devastation of the Native population in new, not merely statistical or biological ways.

By the late eighteenth century, Mesoamerican and European practitioners had been working sometimes in tandem, sometimes in opposition, for centuries to treat and comfort the sick. According to Few, the resulting patterns of collaboration, syncretism, resistance, and enforcement prefigured regional smallpox inoculation campaigns in 1780 and 1794, covered in Chapters 4 and 5. Traditionally Christian views of the poor, the enslaved and "Indians" as deserving of aid were integrated into a modernizing Enlightenment vision of science and the state. Nowhere is this integration more apparent than in the late eighteenth-century Catholic concern for the soul of a living fetus "imprisoned" within the womb of a dead mother. Guatemalan authorities trained practitioners in new surgical techniques and mandated post-mortem cesareans in the 1790s regardless of the desires of the family of the woman or the father of the child, instituting a "policy of surveillance" (113) in which women self-reported their pregnancies to priests and fetuses acquired the status of colonial subjects. Similarly, churchmen and women of all ethnicities helped implement state inoculation policies by reassuring parishioners, acting as interpreters, mobilizing local resources and learning inoculation methods themselves. Community funds gathered by the Catholic church helped to pay for massive distributions of food and blankets and to set up clinics to care for the sick. Longstanding colonial institutions and policies thereby helped the state assume unprecedented responsibility for the wellbeing of its subjects' bodies as well as their souls, according to the latest advances in medical science.

Throughout, Few emphasizes the "tensions between compassion and coercion" (163) that underlay these humanitarian efforts. On the one hand, Protomedicato Florés and other Guatemalan officials were surprisingly solicitous of the colonial subjects they were trying to help and surprisingly open to Mesoamerican healing practices. They used powders made from local insects to raise blisters for inoculation in order to frighten children less, considered Mesoamerican preferences when establishing invalids' diets, and preferred obsidian blades for bloodletting. Public displays of mutual respect between medical and local officials helped ensure cooperation. The Jenner cowpox vaccine, independently acquired in Central America during an energetic campaign to harvest the virus regionally in advance of samples being sent from Europe, was tested first on the children of urban Creole elites who had contributed the funds to obtain it.

On the other hand, the heavy hand of the state provoked resistance when Spanish officials prohibited Mesoamerican practices like the curative use of sweatlodges, pressured community leaders to administer the vaccine en masse, and used militia members to gather and shave the heads of local children prior to inoculation. As they had in the sixteenth and seventeenth centuries, Mesoamericans tended to see Catholic hospitals as houses of death and fled into the mountains to escape officialdom's reach (72, 79, 194, 230n111). As had been the case since the original conquistador alliances, the Spanish tended to divide the Mesoamerican population between the "rational" ones who acquiesced

to European rule and the slow-witted ones who did not (166, 193). Even a demonstrable reduction in death rates could not overcome this mutual mistrust built up over centuries.

Today, we are accustomed to the ethics of medical consent and blessedly unaccustomed to regular ravages of epidemic disease. It is instructive to consider medical humanitarianism at a time when science promised protection against diseases that regularly caused enormous suffering. Remember, wrote Guatemalan Narciso Esparragosa to fellow physician Mariano Larrave in 1814, that "epidemic smallpox"—with its 60 percent mortality rate for children—"is the devouring enemy of the human species" (190). In this context, how does José Flores's suggestion in 1803 that live cowpox vaccine be transported across the Atlantic using orphans as human vessels (176, 260n71) compare to US researcher John Cutler's directive to infect Guatemalan subjects with syphilis without their consent in the 1940s?²

Martha Few's book contributes to a growing literature on non-European intellectual traditions in early modern science, demonstrates the vitality of Enlightenment thinking in the Spanish Empire, and shows that this was not an exclusively top-down or metropolitan affair. In this particular case, Mesoamerican medicine was brought into conversation with its European counterpart. And at a time when pre-Jenner inoculation was often unaffordable and sometimes illegal in the British colonies of North America, Central Americans were vigorously pursuing medical advances and expansive public health policies "for all humanity."³

Notes

¹Gabriela Ramos, *Death and Conversion in the Andes: Lima and Cuzco, 1532–1670* (South Bend: University of Notre Dame Press, 2010); Miguel León Portilla, *The Broken Spears: The Aztec account of the conquest of Mexico* (Boston: Beacon Press, 1962).

²See "Records of Dr. John C. Cutler," US National Archives and Records Administration, <https://www.archives.gov/research/health/cdc-cutler-records> (accessed 23 Jan. 2017), and the US Presidential Commission for the Study of Bioethical Issues report from September 2011, "Ethically Impossible: STD research in Guatemala from 1946 to 1948," http://bioethics.gov/sites/default/files/Ethically-Impossible_PCSBI.pdf (accessed 23 Jan. 2017). Historian Susan Reverby first uncovered the information about Cutler in Guatemala; see "'Ethically Impossible?' The U.S. sexually transmitted disease studies in Guatemala," *University of Virginia Medical Center Hour*, 21 Sep. 2012, https://www.youtube.com/watch?v=X_kCaLSQn-A.

³Elizabeth A. Fenn, *Pox Americana: The Great Smallpox Epidemic of 1775–82* (New York: Hill & Wang, 2001), ch. 1.