CHAPTER SEVEN

# SLAVE DOCTORS, SURGEONS AND POPULAR HEALERS

From the time the slaves were purchased in Cartagena to the time they were sold in Lima and other parts of Peru, the slave traders tried to maximise their profits by minimizing mortality and restoring sick slaves to health. They did this by providing sick slaves with special diets and through employing doctors and others to treat the sick. That said, in Cartagena the expenditure on medical care, which included the costs of doctors, medical equipment and medicines, accounted for only about 4 to 6 percent of total expenditure. This excluded food purchased specifically for sick slaves, which might add another one to two percent to the cost (Table 7.1). However, costs could rise with an outbreak of dysentery or smallpox and expenditure on medical care in Lima was consistently higher, since weaker, less healthy slaves appear to have been the last to be sold.

Between 40 to 60 percent of expenditure on medical care went on the services provided by doctors and other medical practitioners. These came from a variety of ethnic backgrounds and medical traditions, and hence employed different methods of curing. First, there were the licensed physicians, surgeons and others who had received some formal training and had passed the requisite examinations. However, they were vastly unnumbered by unlicensed practitioners ranging from those who had acquired their knowledge through practice, often by working along side licensed doctors, to popular healers and *curanderos*, many of whom were of African descent. Finally, due to the Christian obligation to care for the sick, priests and nuns also provided nursing care and most monasteries had infirmaries and pharmacies.[1] Medical care on board ship was more limited. Slave traders generally loaded the ship with boxes of medicines and contracted a barber-surgeon to accompany the slaves on the journey to

[1] Francisco Guerra, "The Role of Religion in Spanish American Medicine", in *Medicine and Culture*, ed. F.N.L. Poynter (London: Wellcome Institute, 1969), 179–81.

Table 7.1. Expenditure in Reals on Medical Care for Slaves in Cartagena 1626 to 1634

| | 1626 | 1628 | 1629 | 1630 | 1633 | 1634 | Total | Percent of medical expenditure |
|---|---|---|---|---|---|---|---|---|
| Doctors | 532 | 4,104 | 958 | 968 | 2,076 | 538 | 9,176 | 45.0 |
| Medicines | 458 | 3,998 | 1,142 | 120 | 992 | 72 | 6,782 | 33.3 |
| Medical equipment | 184 | 515 | 256 | 244 | 672 | 226 | 2,097 | 10.3 |
| Food for medicinal purposes | 177 | 1,128 | 272 | 20 | 456 | 285 | 2,338 | 11.5 |
| Total | 1,351 | 9,745 | 2,628 | 1,352 | 4,196 | 1,121 | 20,393 | 100.0 |
| Number of deaths | 10 | 6 | 4 | 0 | 18 | 6 | 44 | |
| Total expenditure | 20,090 | 31,667 | 30,703 | 22,476 | 63,442 | 18,784 | 187,162 | |

*Sources*: 1628, 1630,1633, 1634 AGNL SO CO Ca 20 doc 201
1626 and 1629 ANHS VM 77–II fols. 159–77, 252–265

Peru.[2] Probably most of them were unlicensed. During their transhipment from Cartagena to Lima the slaves came into contact with all these types of practitioners who came from a range of medical traditions in Spain, the Americas and Africa.

### *Licensed Physicians and Surgeons in Spain and Spanish America*

In the fifteenth and sixteenth centuries Spain controlled the practice of medicine more than any other European country.[3] This control was exercised through the establishment of chairs in universities for teaching medicine and by the regulation of medical practice through

[2] AGNL Real Audiencia Causas Civiles leg. 45 cuad. 171 Año 1618 Autos seguidos por Don Pedro Gómez de Mora, barbero, contra Don Francisco Guisado y otros, por cantidad de pesos por la curación de unos esclavos.

[3] Guenter B. Risse, "Medicine in New Spain," in *Medicine in the New World: New Spain, New France and New England*, ed. Ronald L. Numbers (Knoxville: University of Tennessee Press, 1987), 15; Paula S. de Vos, "The Art of Pharmacy in Seventeenth- and Eighteenth-Century Mexico" (Ph.D diss., University of California, Berkeley, 2001), 6.

the establishment of medical boards, known as *tribunales del protomedicato*, which among other things licensed doctors.[4] However, professional practice was confined to physicians, since surgery fell into the category of technology rather than science and was governed by its own guilds.[5] Physicians had to obtain a Bachelor of Arts degree from a recognized university, which took four years, followed by four years education at a Faculty of Medicine in order to obtain the degree of Bachelor of Medicine. Finally, they had to work under the supervision of recognised doctors for two years before they were allowed to practice. Surgeons on the other hand only had to show that they had practised under a recognised surgeon for four years, though some formal training was available in a number of universities, where chairs of surgery were established. As such a distinction was made between surgeons who had obtained a bachelors degree at university in addition to practising four years and those who had not. The former were known as *cirujanos latinos*, because they were familiar with and had been examined in Latin; those without a university education who were examined in Spanish were known as *cirujanos romancistas*. Apparently there was less division between physicians and surgeons in Spain than in most parts of Europe at the time. Apothecaries were in a similar position to surgeons, since from 1477 they only had to practise for four years before they could be examined and licensed. However, they had to be able to read Latin in order to understand the writings and prescriptions of physicians. These elements of formal training gave surgeons and apothecaries a higher status than barbers, bonesetters, phlebotomists and others who continued to undertake basic activities, though in the sixteenth century they too were subject to regulation.[6]

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[4] John Tate Lanning, *The Royal Protomedicato: The Regulation of the Medical Professions in the Spanish Empire*, ed. John Jay TePaske (Durham: Duke University Press, 1985), 60–62; John Jay TePaske, "Regulation of medical practitioners in the age of Francisco Hernández," in *Searching for the Secrets of Nature: The Life and Works of Dr. Francisco Hernández*, eds. Simon Varey, Rafael Chabrán and Dora B. Weiner (Stanford: Stanford University Press: Stanford, 2000), 55–64.

[5] José María López Piñero, "The Medical Profession in 16th Century Spain", in *The Town and State Physician in Europe from the Middle Ages to the Enlightenment*, Wolfenbütteler Forschungen, Band 17, ed. Andrew W. Russell (Wolfenbüttel: Herzog August Bibliothek, 1981), 88–91; Lanning, *Royal Protomedicato*, 230–32, 260–62, 282–84.

[6] David C. Goodman, "Philip II's Patronage of Science and Engineering," *British Journal for the History of Science* 16 (1983), 54–55; Jairo Solano Alonso, *Salud, cultura y sociedad en Cartagena de Indias siglos XVI y XVII* (Barranquilla: Universidad del Atlántico, 1998), 103–104.

University education in Spain was restricted to those who could demonstrate *limpieza de sangre*, so in theory Jews and Muslims should not have been able to become licensed doctors. However, there were always ways around the prohibition and because of the low status of the profession compared to the law many Jews and Muslims became doctors, even ascending to the position of court physician.[7] When the Jews were expelled in 1492 many doctors left Spain, but the medical profession remained so dominated by *conversos*, and to a lesser extent *moriscos*, that merely entering the profession exposed an individual to the charge of having Jewish or Muslim ancestry.[8] Jewish doctors were treated no better in Portugal so that between 1580 and 1640 when the Crowns of Spain and Portugal were united, many took the opportunity to migrate to Spanish America.[9]

It was not only Jewish and *converso* doctors who migrated to Spanish America, but also those who sought to escape the conservative environment of the Counter Reformation and practice more freely. Medical practice in sixteenth-century Spain was dominated by the views of Galen and Hippocrates where illness was seen as a function of an imbalance in the humours or fluids that could be redressed through diet, medicines, purging, vomiting and bleeding.[10] Since sickness was regarded as a divine punishment for sin there was no need to search for an alternative cause. However, new approaches to medicine were emerging that favoured experimentation and the use of practical techniques. In the early sixteenth century Paracelsus suggested that

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[7] Harry Friedenwald, *The Jews and Medicine* (Baltimore: The Johns Hopkins Press, 1944), 2: 620, 701–71; David C. Goodman, *Power and Penury: Government, Technology and Science in Philip II's Spain* (Cambridge: Cambridge University Press, 1988), 219–21; Luis García-Ballester, "The Inquisition and Minority Medical Practitioners in Counter Reformation Spain: Judaizing and Morisco Practitioners, 1560–1610," in *Medicine and the Reformation*, eds. Ole Peter Grell and Andrew Cunningham (London: Routledge, 1993), 156–66; Lockhart, *Spanish Peru*, 65–68; Uriel García Cáceres, *Juan del Valle y Caviedes: Cronista de la medicina* (Lima: Banco Central de Reserva del Perú and Universidad Peruana Cayetano Heredia, 1999), 53.

[8] Friedenwald, *Jews and Medicine*, 2: 702; López Piñero, "Medical Profession," 90–92; Peter O'Malley Pierson, "Philip II: Imperial Obligations and Scientific Vision," in *Searching for the Secrets of Nature: The Life and Works of Dr. Francisco Hernández*, eds. Simon Varey, Rafael Chabrán and Dora B. Weiner (Stanford: Stanford University Press: Stanford, 2000), 11–18.

[9] Friedenwald, *Jews and Medicine*, 2: 695–97.

[10] George M. Foster, *Hippocrates' Latin American Legacy: Humoral Medicine in the New World* (Langhorne, PA: Gordon and Breach, 1994), 2–4.

illnesses were caused by some external factor that could be detected and cured through observation and experiment. About the same time Andreas Vesalius undertook dissections that exposed flaws in Galen's anatomical writings thereby laying the basis for William Harvey's discovery of the circulation of the blood. This experimental approach appealed to surgeons, apothecaries and unlicensed practitioners who used similar methods and to those who saw medicine as a charitable activity concerned with the relief of suffering.[11]

This progressive movement was, however, discouraged by the Counter Reformation, which tried to reassert the authority of the Catholic Church.[12] Following the Reformation many countries in Europe began censoring the publication of heretical books and controlling the introduction of foreign literature. Some controls were introduced in Castile in 1502, but the main impetus came in 1558 when the Spanish Inquisition was ordered to compile an Index of prohibited books.[13] It included those by Paracelsus, which being based on chemical principles were linked to witchcraft, and by Vesalius because of the nudity and sexual organs depicted in his illustrations. Then in 1559 Philip II banned Spaniards from studying abroad thus cutting them off from the main European centres of medical education at Bologna, Padua, Paris and Montpellier.

Some debate exists about the impact that the Counter Reformation and Inquisition had on the development of medicine in Spain, and indeed science in general. Some historians see these measures as having a detrimental effect closing Spain off from medical advances elsewhere in Europe.[14] However, others have argued that their impact

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[11] José María López Piñero, *Ciencia y técnica en la sociedad española de los siglos XVI y XVII* (Barcelona: Labor Universitaria, 1979), 154–63; Roy Porter, *The Greatest Benefit to Mankind: The Medical History of Humanity from Antiquity to the Present* (London: HarperCollins, 1997), 201–16.

[12] López Piñero, José María, "Paracelsus and His Work in 16th and 17th Century Spain," *Clio Medica*, 8 (1973), 119–31 and "The Vesalian Movement in Sixteenth Century Spain", *Journal of the History of Biology*, 12 (1979), 81.

[13] Henry Kamen, *The Spanish Inquisition: A Historical Revision* (London: Weidenfeld and Nicholson, 1997), 103–34.

[14] López Piñero, *Ciencia y técnica*, 141–44; Jonathan I. Israel, "Counter Reformation, Economic Decline, and the Delayed Impact of the Medical Revolution in Catholic Europe," in *Health Care and Relief in Counter-Reformation Europe*, eds. Ole Peter Grell, Andrew Cunningham, with Jon Arrizabalaga (London: Routledge, 1999), 40–55.

was limited because few Spaniards sought training abroad and the law was often circumvented or ignored.[15] Whether or not these bans were effective, they did create a conservative intellectual climate which, even if they did not result in imprisonment or the confiscation of goods at the hands of the Inquisition, encouraged some of a more progressive persuasion to develop their careers elsewhere, often in Spanish America.

Although Spain regulated medicine more than in any other European country, it was slow to establish a medical infrastructure in the New World. Scholars have argued that this was not due to any lack of interest on behalf of the Crown, but rather its unwillingness to commit sufficient funds to support it in the face of more pressing demands on its treasury.[16] It was not until at least the second half of the sixteenth century therefore that formal royal *protomedicatos* were established in the New World. In the interim local *cabildos* filled the vacuum by appointing their own *protomédicos*. From 1537 the *cabildo* of Lima appointed *protomédicos* with the authority to licence doctors and inspect *boticas*, but only in 1568 did the Crown appoint a *protomédico general* and president of the *Tribunal* in the person of Francisco Sánchez Renedo.[17] Despite royal appointments, it eventually became the norm in Lima for the *protomédicos* to be appointed by the Viceroy, to whom they generally acted as chamber physicians.[18] For the period under study, Dr. Melchor de Amusco held the office of *protomédico* from 1614 until his death in 1636, after which Doctor Juan de Vega filled the office.[19]

In Nueva Granada the first appointment of a royal *protomédico* only came in 1598 when Álvaro de Auñón y Cañizares was given the

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[15] Goodman, "Philip II's Patronage," 50–53 and David C. Goodman, *Power and Penury: Government, Technology and Science in Philip II's Spain* (Cambridge: Cambridge University Press, 1988), 220–21; Kamen, *Spanish Inquisition*, 104–108.

[16] Lanning, *Royal Protomedicato*, 11; Goodman, *Power and Penury*, 261–64.

[17] Juan B. Lastres, *Historia de la medicina peruana* (Lima: Impr. Santa María, 1951), 2: 29–38, 57–58; Lanning, *Royal Protomedicato*, 29–30, 62. The municipality exerted control over the appointment of *protomédicos* for longer in Mexico City where a Tribunal was not established until 1646.

[18] Dr. Juan de la Vega was the Conde de Chinchón's physician and he accompanied him to Spain (AGI Lima 165 Marqués de Mancera 29 May 1640).

[19] AGI Lima 165 Doctor Juan de Vega to the Crown 3.7.1642. Dr. Melchor de Amusco was also *médico* to the Santo Oficio. Dr. Vega's credentials were that he had read the arts and philosophy before studying medicine in Seville for nine years.

authority to inspect the licenses of doctors, surgeons, barbers, apothecaries and other medical practitioners.[20] However his jurisdiction and that of his successor Dr. Mendo López del Campo, who was appointed in 1621,[21] did not extend to the city of Cartagena where medical appointments and the inspection of licenses continued to be made by the *cabildo*. The *cabildo* selected the physician and surgeon attached to the hospital of San Sebastián in Cartagena and paid their salaries; according to the hospital ordinances they were required to visit the sick twice, or at least once a day.[22] Apart from having their own private practices, doctors were obliged to attend to the poor, to organise preventative and palliative measures in the event of epidemics and to inspect apothecaries' shops.

Financial difficulties also delayed the early establishment of university medical faculties capable of awarding medical degrees in Spanish America. Although some medical courses were taught at the University of San Marcos in Lima from the 1570s, it was not until 1634 under growing pressure from the *cabildo* and with the support of the viceroy, the Conde de Chinchón, who were concerned about the shortage of doctors and the harm perpetrated by unlicensed practitioners, that two chairs of medicine and surgery were established there.[23] Meanwhile the Universidad Convento de Santo Domingo in Bogotá had been given the right to establish a chair of medicine in the early seventeenth century, but the first course in medicine was not taught there until 1760.[24] Since in the Americas opportunities to study at university were more limited and there were more effective restrictions on those who could not demonstrate *limpieza de sangre*, the distinction between *cirujanos latinos* and *romancistas* was hard to

[20] AGNB Miscelánea de Colonia Médicos 11 número 6 fols. 792v–793r real cédula 19 May 1598. There is some doubt about the date of the appointment of the first royal *protomédico* (Emilio Quevedo V., *Historia social de la ciencia en Colombia: Tomo VIII Medicina (1)* (Colciencias: Bogotá, 1993), 54–56.

[21] AGNB Colonia Médicos y Abogados 6 fols. 849–50 real cédula 7 Feb. 1621.

[22] Urueta, *Documentos*, 209–21.

[23] AGI Lima 45 N4 fols. 146–147 El Conde de Chinchón 21 Apr. 1634, Marqués de Mancera 29 May 1640; Lastres, *Historia de la medicina*, 2: 51, 87–92; Lanning, *Royal Protomedicato*, 327–28; Luis Martín, *The Intellectual Conquest of Peru: The Jesuit College of San Pablo, 1568–1767* (New York: Fordham University Press, 1968), 98. This was to be paid for out of the *estanco de solimán* (sublimate of mercury) whose sale was controlled by law.

[24] Virginia Gutiérrez de Pineda, *Medicina tradicional de Colombia: El triple llegado* (Bogotá: Universidad Nacional de Colombia, 1985), 150.

sustain. In the Americas this requirement excluded not only non-Christian Whites, but also Indians, Africans and those of mixed race. Since this barrier seriously restricted the number of titled surgeons, the *protomedicato* in Lima took a rather relaxed view towards the requirement in granting the title of *cirujano latino*. Many titles were issued to people with "not very pure blood," including the son of a slave. This flexible attitude towards *limpieza de sangre* in titling surgeons, does not appear to have applied to physicians, however; indeed it suggested that medical tribunals in the New World took an even harder line than in Spain.[25]

Due to the lack of medical education in the colony, there was a shortage of licensed medical practitioners in the New World. Many of the physicians and surgeons who came from Europe stayed only a few years. They were often more interested in improving their economic status than providing medical care and many developed commercial interests alongside their medical practice.[26] Cartagena was a popular destination for medical practitioners, being the first stopping point for ships sailing to Spanish America. In fact many worked their passage to the Americas as ships' doctors and surgeons, some travelling on slave ships from Africa, while the arrival of debilitated and sick crews, passengers and slaves and the presence of soldiers in the garrison and coastguard provided them with ample work.

It would appear that Cartagena's first licensed doctor, Luis de Soria, arrived with the founder of the city, Pedro de Heredia, but he soon left for Panama because he found it so healthy that he had no business.[27] Throughout the late sixteenth and early seventeenth centuries Cartagena had only a handful of licensed doctors.[28] A *padrón* of the city in 1579 shows that it had only two licensed doctors—a physician Licenciado Juan Méndez Nieto and a surgeon, Gaspar Ternero, in addition to which it had a *boticario*, Rodrigo Méndez.[29]

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[25] García Cáceres, *Juan del Valle y Caviedes*, 50–52, 92. For a discussion of the importance of *limpieza de sangre* in university and medical training see: Lanning, *Royal Protomedicato*, 175–89 and "Legitimacy and *Limpieza de Sangre* in the Practice of Medicine in the Spanish Empire," *Jahrbuch für Geschicte von Staat, Wirtschaft und Gesellschaft Lateinamerikas* 4 (1967): 46–54.

[26] García Cáceres, *Juan de Valle y Caviedes*, 53.

[27] CDI 41: 414 Licenciado Xoan de Vadillo 15 Oct. 1537; María del Carmen Gómez Pérez, *Pedro de Heredia y Cartagena de Indias* (Escuela de Estudios Hispano-americanos: Sevilla, 1984), 144.

[28] Gutiérrez de Pineda, *Medicina tradicional*, 1: 140.

[29] Borrego Plá, *Cartagena de Indias*, 405, 476–77.

Among the licensed doctors who migrated from the Iberian Peninsula were some who probably sought to practice more freely. Of particular importance was Pedro López de León who arrived in Cartagena in 1590 as surgeon to the city's hospital, garrison and fleets.[30] He spent more than twenty-five years in Cartagena and published a famous treatise entitled *Prática[sic] y teórica de las apostemas en general y particular* (1628). He was a student of the progressive surgeon, Bartolomé Hidalgo de Agüero at the Hospital del Cardenal in Seville, who as a result of experimentation had come to oppose trepanation and periosteotomy and favour the drying and closing wounds to prevent contamination.[31] Hidalgo de Agüero was an adversary of the conservative surgeon Juan Fragoso, a copy of whose book, *Cirugía universal*, was the only medical treatise to be found in Manuel Bautista Pérez's library when it was confiscated by the Inquisition.[32] Another doctor who settled in Cartagena was the physician Juan Méndez Nieto, who had been a medical student at the University of Salamanca. He left for the Indies having had a number of disputes in Spain and possibly being persecuted as a Portuguese *converso*. He arrived in Cartagena in 1569 and continued to practice there until his death publishing a volume entitled *Discursos medicinales* (1607). While trained in the Galenic tradition, his book is noteworthy for its advocacy of the use of native plants.[33] As far as possible the spread of prohibited books, which included certain progressive medical treatises, was discouraged by the routine inspection of all ships arriving in Cartagena by the Inquisition.[34]

The dynamic character of medical practice in Cartagena may not have been typical of other cities. It appears to have been more conservative in Lima, where no medical treatise was published in the sixteenth century. In fact the first royal *protomédico*, Francisco Sánchez Renedo had accumulated a large amount of material relating to local medical practice, but this remained unpublished on his death in 1580.[35]

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[30] Solano Alonso, *Salud, cultura y sociedad*, 127–29.

[31] Solano Alonso, *Salud, cultura y sociedad*, 110–11.

[32] Pedro Guibovich Pérez, "La cultura libresca de un converso procesado por la inquisición de Lima," *Historia y cultura*, 20 (1990): 154.

[33] Solano Alonso, *Salud, cultura y sociedad*, 67, 238–42, 251.

[34] AHNM 4816 Ramo 3 no. 32 fols. 1–102 Testimonio de las visitas de navíos de negros 1634–1635.

[35] Luis Deza Bringas, *Testimonios del linaje médico peruano en los libros del cabildo de Lima siglo XVI* (Lima: Universidad de San Martín de Porras, 2004), 163, 166.

Among the licensed physicians that practised in Cartagena were a significant number of foreign doctors, many of whom were Portuguese. A list of 184 foreigners drawn up in Cartagena in 1630 includes eight medical practitioners, of whom three were barber-surgeons who were passing through. The list includes Fernando Váez de Silva, whose father was Portuguese though he was born in Seville and Mendo López del Campo, a native of Puertoalegre in Portugal, who as noted above had been appointed *protomédico* of Nueva Granada, but did not have a licence to live in the city. Among the surgeons were an Italian, Francisco Pianeta,[36] and a Portuguese, Blas de Paz Pinto, who specialised in acquiring weak or sick slaves and restoring them to health. Finally, there was an apothecary, Francisco Sánchez, from Villaviciosa in Portugal, who had established a *botica* without license. All were regarded as performing an important service for the city.[37]

However, there were many more practitioners than appeared in official accounts. This is implied in an order from the *cabildo* in 1574 for all doctors and surgeons to present their licenses and for barbers to be approved.[38] In the early seventeenth century Méndez Nieto claimed that there were twenty or more doctors in Cartagena, who did great damage to health, since there was no surgeon, apothecary or barber who did not practice medicine.[39] But even the doctors were not always well trained. On arrival in Santo Domingo, where conditions would have been similar to Cartagena, Méndez Nieto had found four doctors, which he said were:

> . . . all of the kind that usually go to the Indies, who are driven away because they are unable to subsist in Spain because no one will give them a mule to cure, so they all come here to the land of the blind where a person with one eye is king or at least a *regidor*.[40]

There were frequent complaints about the harm that unlicensed doctors did to patients and about the dangerous and expensive medi-

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[36] For more information on Francisco Pianeta from Milan who came without license with the Armada in 1605 see: AGI Escribanía de Cámara 598B pieza 30 Case against Francisco de Pianeta, estrangero, cirujano, 1620.

[37] AGI Santa Fe 56B N73 doc 2 fol. 21 Relación y abecedario de los estrangeros 13 May 1631.

[38] Urueta, *Documentos*, 200.

[39] Méndez Nieto, *Discursos medicinales*, 455.

[40] Méndez Nieto, *Discursos medicinales*, 137.

cines dispensed by apothecaries. Lawsuits against doctors for having killed or harmed patients were not uncommon, such as that against one unlicensed doctor in Santa Fe, Juan de Tordesillas, who was accused of having prescribed a purgative for a merchant Melchor Rico who subsequently died.[41] For Peru these criticisms were encapsulated in the satirical poetry of Juan del Valle y Caviedes. In some fifty poems he condemned professional doctors referring to them as "verdugo en latín" [executioner in Latin], "doctor de la sepultura" [doctor of the grave] and more generally "médicos matantes" [killer doctors]."[42] An associate of Manuel Bautista Pérez who was resident in Arequipa claimed that there "they kill healthy people because they know no more medicine than an ass."[43] Such public criticism of medical practice was not exceptional for the time, indeed it was commonplace in Europe, where it was similarly satirised by writers such as Rabelais, Molière and Shakespeare.[44] These universal complaints probably had more to do with the limitations of humoral medicine than the shortcomings of physicians or apothecaries; in fact popular healers who used herbal remedies probably inflicted less harm. Often the complaints came from licensed practitioners who wished to reinforce their privileged status.

Despite lawsuits over the injury or death of patients and public criticism of doctors, attempts by the authorities to regulate medical practice more closely often met with opposition. Hence, in 1626 when the Crown tried to impose the law in Nueva Granada that doctors had to have titles to practise, the citizens, *cabildo* and priests of Santa Fe de Bogotá united in protest.[45] They claimed this would

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[41] AGNB Miscelánea de Colonia Médicos 11 número 6 fols. 816–829 Mendo López del Campo contra Juan de Tordesillas 1626. Two prescriptions included a drink made of two ounces of *mana* [a sugar or honey liquid], four ounces of a *cocimiento* of senna and *flores cordiales* [fol. 820] and the other an electuary made of a quarter of an ounce each of girapliega, benedicta and diacatholicon [fol. 819].

[42] Daniel R. Reedy, *The Poetic Art of Juan Valle Caviedes* (Chapel Hill: University of North Carolina, 1964), 60–79; García Cáceres, *Juan del Valle y Caviedes*, 55–119 passim.

[43] AGNL SO CO 21 Jorge López de Paz to Manuel Bautista Pérez, Arequipa 11 Nov. 1635.

[44] García Cáceres, *Juan del Valle y Caviedes*, pp. 34–35; Tanya Pollard, *Drugs and Theater in Early Modern England* (Oxford University Press: Oxford, 2005), pp. 23–54.

[45] AGNB Miscelánea de Colonia Médicos 11 número 6 fols. 840–857 Various letters from the *cabildo*, vecinos, priests and convents of Santa Fe 1626. Those who did not have title to practice had been ordered to cease practising under a penalty

mean there was only one doctor in the city, when six or seven were needed, and that those practising were highly experienced and even better than those who came from Spain who often made many mistakes because the country was "a different region [with] a different climate, different medicines, different complexions, different foods and as such different subjects".[46] In any case the poor could not afford to pay for expensive licensed doctors or their medicines. In fact not all those who practised medicine were totally untrained; rather they had not been able to sit the requisite examinations due to the absence of medical training in local universities. One doctor who objected, Miguel de Çepeda, claimed he had been practising for thirty-six years and had read all the serious Latin authors and those who had received doctorates from Salamanca and Bologna.[47] Others who were practising claimed to have lost their titles, one during a pirate attack on the way from Cuba[48] and another from Agreda in a storm on an expedition to Santa Marta.[49] Given the shortage of licensed doctors the lack of formal qualifications did not constitute a barrier to appointment to even the most senior positions in the medical profession. It was claimed that many barbers rose to be surgeons without having the scientific knowledge to cure more than a simple wound.[50] As such, through fraudulent means Martín Sánchez de Velasco was able to become Cartagena's *cirujano* and inspector of apothecaries, without having any formal title to practice.[51]

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fine of 100 *ducados castellanos* and *boticarios* were ordered not to receive prescriptions from unlicensed doctors.

[46] AGNB Miscelánea de Colonia Médicos 11 número 6 fol. 853 Miguel de Çepeda Santa Cruz [1626].

[47] AGNB Miscelánea de Colonia Médicos 11 número 6 fols. 816–829 Mendo López del Campo contra Miguel de Çepeda [1626]. In fact there is no evidence that he had any medical training. He went to Nueva Granada in 1595 at the behest of his rich uncle who had no children was already established and wished him to inherit (Indiferente General 2102 N2 f. 5–7 Licence for Miguel de Çepeda 7 Nov. 1595).

[48] AGNB Colonia Médicos y Abogados 6 fols. 651–58 Don Francisco de Quesada 15 Oct. 1682.

[49] AGNB Colonia Médicos y Abogados 3 fols. 470–90 Francisco Gómez Rondón, no date.

[50] Méndez Nieto, *Discursos medicinales*, 501.

[51] AGNB Colonia Médicos y Abogados 6 fols. 880–1033 Francisco Sánchez, Rafael de Mogueymes y Juan de Cueto con Martín Sánchez de Velasco 1634. This fascinating case reveals the importance of examinations in licensing medical practitioners and also the strict demarcation of practices between them. Sánchez de Velasco was later criticised for levying taxes to conduct *visitas* and of preparing his

There were other healers who worked on the fringes of the professional sector acquiring their skills in hospitals or from other practitioners.[52] One such person was Diego López, a Mulatto surgeon, who learned his skill while working in a hospital in Cartagena and later went to Santa Fe to be examined.[53] In fact some people found guilty of witchcraft by the Inquisition were sent to work in the hospital of San Sebastián.[54] In Lima too, inspections of hospitals indicate that African slaves were assisting in surgery, acting as nurses and administering medicines. Hospitals also received donations of slaves from private individuals.[55] In the hospital of Santa Ana slaves were applying unctions of mercury and one Francisca Bran was treating *bubas* using sarssaparilla.[56] The same hospital also trained an Indian, Pedro Capicha, to be a barber-surgeon on its sheep *estancia* near Jauja.[57] Meanwhile in the hospital of San Andrés the *boticario* was one Juan de Mandinga.[58] As early as 1572 the *cabildo* was concerned that Blacks and Indians were making medicines that did not comply with prescriptions, sometimes substituting opium for other healthy ingredients and selling mercury. It was judged that the art of being an apothecary required scientific knowledge, skill and precision, which according to racist attitudes of the time, it was considered impossible for Blacks and Indians to possess.[59] Even though there was general discrimination against African practitioners, there seems to have been some recognition of their medical skills, for in a serious outbreak of smallpox in Lima in 1589, the shortage of surgeons

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own medicines when only licensed *boticarios* were permitted to do so (AGNB Colonia Médicos y Abogados 6 fols. 880–1033 Case against Martín Sánchez de Velasco by *boticarios*, Francisco Sánchez, Raphael de Mogueymes and Juan de Cueto 1634).

[52] Gutiérrez de Pineda, *Medicina tradicional*, 1: 14–42, 149.

[53] María Cristina Navarrete, *Prácticas religiosas de los negros en la colonia: Cartagena siglo XVII* (Cali: Universidad del Valle, 1995), 111–18, 161–67.

[54] Navarrete, *Historia social del negro*, 102.

[55] Bowser, *African Slave*, 105.

[56] ABPL 9806 fols. 104–105 Visita al Hospital de Santa Ana sin fecha [1588]; AAL Causas de Negros Legajo 1 documento 2 Expediente de los autos que sigue el Doctor Vásquez Fajardo contra Gaspar Guerrero 1593.

[57] ABPL Santa Ana Vol. 1 doc 6 fols. 87–89 Títulos de la hacienda de Santa Ana 31 Aug. 1617.

[58] ABPL 9806 fols. 104–105 Visita al Hospital de Santa Ana sin fecha [1588]; AHRA Maldonado A-III-306 fol. 115 Libro de egresos e ingresos del hospital de San Andrés 1612.

[59] LC 7: 268, 270–71 Cabildo of Lima 28.4.1572.

prompted the *cabildo* to order that Mulatto and Black surgeons should be conscripted to serve the poor.[60]

## *Popular Healers*

Apart from those who aspired to be licensed doctors, there were many other popular healers in Cartagena and Lima to whom its citizens turned for medical advice. The use of popular healers had been a common feature of medical practice in Spain, where they included unexamined empirics and specialists, such as midwives, bonesetters and dentists, and others who treated hernias, cataracts, or extracted bladder stones, all of whom employed natural remedies.[61] In addition there were other healers often referred to as *curanderos*, who combined natural remedies with magical practices based on ancient folklore and customs[62] that often drew on pre-Christian or Arab concepts, such as belief in the evil eye.[63] These practitioners were often referred to as witches and sorcerers and their practices were regarded as heretical since they were thought to have acquired their powers through a pact with the Devil. While witches were considered to have innate powers and could harm people without performing any special acts, the latter were supposed to have learned how to conduct rituals or cast spells either from other sorcerers or from books.[64] Healing practices might involve charms, spells and herbs that were considered to have magical qualities, and astrology was often used to ascertain the appropriate time for the appli-

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[60] LC 11 Cabildo of Lima 31 May 1589, 28 Jun. 1589, 7 Jul. 1589.

[61] Luis S. Granjel, *La medicina española renacentista* (Ediciones Universidad de Salamanca: Salamanca, 1980), 133–50; Anastasio Rojo Vega, *Enfermos y sanadores en la Castilla del siglo XVI* (Valladolid: Universidad de Valladolid, 1993), 39–49; Enrique Perdiguero, "Protomedicato y curandersimo," *Dynamis* 16 (1996), 101–102.

[62] Perdiguero, "Protomedicato y curandersimo," 101 properly advises against defining the term *curandero/a* since the meaning would vary with the social, economic, religious, political and scientific context.

[63] George M. Foster, "Relationship Between Spanish and Spanish-American Folk Medicine," *Journal of American Folklore* 66 (1953): 201–17.

[64] Keith Thomas, *Religion and the Decline of Magic* (London: Penguin Books, 1971), 521–34; Geoffrey Scarre, *Witchcraft and Magic in Sixteenth- and Seventeenth-Century Europe* (London: Macmillan, 1987), 3, 17, 49; Fernando Cervantes, *The Devil in the New World: The Impact of Diabolism in New Spain* (New Haven: Yale University Press, 1994), 17–25; Navarrete, *Prácticas religiosos*, 37–38.

cation of a therapy. Sometimes these activities were combined with Christian prayers, hagiolatry and the use of Christian relics.[65]

Such magico-religious beliefs were also a feature of healing practices in both America and Africa. In both regions illness was seen as a punishment for transgressing religious taboos or the product of witchcraft perpetrated by an enemy, magicians or sorcerers that might result in spirit possession or soul loss. Shamans operating between the material and spiritual worlds used divination to make diagnoses often using hallucinogens to enter into a trance, which enabled them to make contact with the spirits from whom they received guidance on how to effect a cure. Curing might involve rituals and offerings, fasting, massaging, sucking or the use of medicinal plants.[66] Some of the methods of curing were similar in both Native American and African medicine, for example, placing the mouth over the infected part of the body and sucking, using birds in rituals, placing items in the mouth and removing them to signify the elimination of the cause of the illness or putting saliva on a bird's beak and asking the sick person to do the same in order to transfer the illness from the patient to the bird.[67] On the other hand, there were clear differences in the deities worshipped and in Africa more emphasis was placed on ancestor worship, the use of potions and the wearing of amulets for protection against evil spirits.[68]

Even though to varying degrees Spanish medicine came to dominate medical practice in Spanish America, there was a significant

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[65] Foster, "Spanish and Spanish-American Folk Medicine," 203, 213; Nancy G. Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: University of Chicago, 1990), 149–50.

[66] Gonzalo Aguirre Beltrán, *Medicina y magia: el proceso de aculturación en la estructura colonial* (Mexico, D.F.: Instituto Nacional Indigenista, 1963), 36–65; Michael Taussig, "Folk Healing and the Structure of Conquest in Southwest Colombia," *Journal of Latin American Lore* 6(2) (1980): 217–278; Gutiérrez de Pineda, *Medicina tradicional*, 2: 23; Luz María Hernández Sáenz, and George Foster, "Curers and their Cures in Colonial New Spain and Guatemala: The Spanish Component," in *Mesoamerican Healers*, eds. Brad R. Huber and Alan R. Sandstrom (Austin: University of Texas Press, 2001), 41; Robert A. Voeks, (African medicine and magic in the Americas. *Geographical Review* 83(1) (1993): 69–72; Robert A. Voeks, *Sacred Leaves of Candomblé: African Magic, Medicine, and Religion in Brazil* (Austin: University of Texas Press, 1997).

[67] Inés Sosadías, "El negro curandero en la Inquisición de Cartagena de Indias siglo XVII" (Master's thesis, Universidad de los Andes, 1981), Luz Adriana Maya Restrepo, "Botánica y medicina africana en la Nueva Granada, siglo XVII," *Historia crítica* 19 (2000), 39–42.

[68] Navarrete, *Prácticas religiosas*, 61, 97.

amount of fusion between European, American and African medical systems that was greatly facilitated by their similarities. All three were based on magico-religious beliefs where illness was thought to result from supernatural forces; all three were involved in ritual practices and all three made extensive use of medicinal plants.[69] Broad similarities in concepts of healing and familiarity with popular healers in Spain,[70] facilitated their widespread acceptance and use in the New World, such that in the absence or ineffectiveness of medical care provided by the secular authorities people from all walks of life resorted to the use of various types of *curanderos*,[71] many of whom were Africans or Mulattoes.

Despite this reliance on popular healers, there was a concern that some *curanderos* had acquired powers from the Devil, which they could use to harm people and which might pose a threat to the authority of Catholic Church. As such, many *curanderos* were brought before the Inquisition on charges of witchcraft and sorcery. In the sixteenth century jurisdiction over witchcraft passed to the Inquisition and after it was established in Cartagena in 1610 charges were brought against a number of *curanderos*.[72] Inés Sosadías's study of twenty-three Mulatto and African *curanderos* indicates that only two, both women, were charged with being *brujas*, though they were also

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[69] Solange Alberro, *Del gachupín al criollo o de cómo los españoles de México dejaron de serlo* (Mexico, D.F.: El Colegio de México, 1992), 103.

[70] Aguirre Beltrán, *Medicina y magia*, 261; Luis García-Ballester, "Academicism Versus Empiricism in Practical Medicine in Sixteenth-century Spain with Regard to Morisco Practitioners," in *The Medical Renaissance of the Sixteenth Century*, ed. Andrew Wear, Roger K. French, and Iain M. Lonie (Cambridge: Cambridge University Press, 1985), 251; Gutiérrez de Pineda, *Medicina tradicional*, 2: 23–25; Alberro, *Del gachupín al criollo*, 121–25; Benjamín Flores Hernández, "Medicina de los conquistadores, en la *Milicia Indiana* de Bernardo de Vargas Machuca," *Boletín mexicano de historia y filosofía de la medicina*, 6(1) (2003), 7–9.

[71] David Sowell, *The Tale of Healer Miguel Perdomo Neira: Medicine, Ideologies, and Power in the Nineteenth-Century Andes* (Wilmington, Delaware: Scholarly Resources Inc., 2001), 23–34, 26.

[72] Documents referring to the trials of *curanderos* are to be found in the Inquisition section of the Archivo Histórico Nacional Madrid. These sources have been studied in detail by a number of authors, notably Manuel Tejado Fernández, *Aspectos de la vida social en Cartagena de Indias durante el seiscientos* (Seville: Escuela de Estudios Hispanoamericanos, 1954), Sosadías, "El negro curandero" and Navarrete, *Prácticas religiosas*. Prior to 1610 cases brought before the Inqusition in Colombia had been handled by the Inquisition in Lima which was established in 1570 (Anna María Splendiani, *Cincuenta años de Inquisición en el tribunal de Cartagena de Indias: 1610–1660* (Bogotá: Instituto Colombiano de Cultura Hispánica, Bogotá, 1997) 1: 108.

referred to as *hechiceras*, suggesting that there was some unspecified distinction between them.[73] As such Juana Estupiñán was charged with being a "bruja, hechicera e hierbatera" on the grounds she had killed people and made them ill using different herbs, powders, birds, stones, small sticks, hair and other things.[74] Of the twenty-three accused, eight were charged with being *hechiceros* and ten as diviners (*sortílegos* and *adivinadores*). The diviners were accused of using magical powers to locate lost objects, identify those who had committed crimes, or read palms.[75] Others were merely identified as *curanderos* (healers) and *hierbateros* (herbalists). The distinction between these different practitioners is not clear but *brujos, hechiceros* and *sortílegos* appear to have used magic and fetishes as well as different types of medicines and their activities could be either beneficent or maleficent. While some had learned their skills in Africa, others claimed to have acquired their knowledge from Indians.[76]

Likewise there were a large number of healers in Lima in the early seventeenth century, whose practices were generally regarded as heretical since they not only used herbs, but also employed superstitious practices, charms and sacrifices.[77] Because of their healing skills, *curanderos* were allowed to practice as long as they did not use superstitious or idolatrous methods, when they might be brought before the Inquisition or ecclesiastical courts.[78] At that time Africans

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[73] Sosadías, "El negro curandero," Cuadro 2, between pages 174–75. The author suggests that *brujería* referred to collective acts and *hechicería* to individual ones, but it would appear that the Inquisition distinguished between *brujos* who renounced Christianity and *hechicero*s who did not (José Enríque Sánchez Bohórquez, "La hechicería, la brujería y el reniego de la fe, delitos communes entre blancos y negros esclavos", in Splendiani, *Cincuenta años de Inquisición*, 1: 224.

[74] AHNM Inquisición Cartagena de Indias Libro 1022 fol. 28 Causa de Juana de Estupiñán 1656–1657.

[75] AHNM Inquisición Cartagena de Indias Libro 1021 fols. 301r–303v Causa de Ambrosio Hernández 1651.

[76] AHNM Inquisición Cartagena de Indias Libro 1021 fol. 304v Causa de Mateo Arara 1651; Navarrete, *Prácticas religiosos*, 61, 64.

[77] Murúa, *Historia general*, 100–103; Bernabé Cobo, *Obras*, Biblioteca de autores españoles 92 (Madrid: Ediciones Atlas, 1956), 2: 227–29.

[78] Nicholas Griffiths, "Andean *Curanderos* and their Repressors: The Persecution of Native Healing in Late Seventeenth- and Early Eighteenth-Century Peru, in *Spiritual Encounters: Interactions Between Christianity and Native Religions in Colonial America*, eds. Nicholas Griffiths and Fernando Cervantes (Birmingham: University of Birmingham Press, 1999), 185–97. For cases against hechiceras see, AAL Hechicerías leg. 1 exp. 7 fol. 2 Causa seguida contra Pedro Sayo, acusado de curar enfermos con hierbas 1621; Mannarelli, *Hechicheras*, 38; Ana Sánchez, *Amancebados, hechicheros y rebeldes* (*Chancay, siglo XVII*) (Centro de Estudios Regionales Andinos: Cusco, 1991), xxxv.

comprised slightly less than half of the total population of Lima, which was recorded at a conservative 25,000 to 27,000, while the Indian population of the city had declined to less than 2,000.[79] Although numerically less significant, Indians would have possessed knowledge of local plants and the close association of persons of Indian, African and mixed race descent in the poor neighbourhoods of Lima facilitated the exchange of medical ideas and practices. People from all social and racial backgrounds consulted these popular healers, the majority of whom were women.[80] Hence, in one redhibition case involving an African slave, his owner a carpenter, Juan López, in seeking to cure him of dysentery had consulted an Indian, Antonia Marcela, from El Cercado, an Indian village in the district of San Lázaro, as well as one Beatriz Criolla, an African slave.[81]

### *The Church and Hospitals*

Apart from the healing practices of licensed practitioners and popular healers, the Church played a significant role in caring for the sick, particularly though not solely through the establishment of hospices and hospitals. Catholic orthodox beliefs and the moral philosophy of the time saw sickness as a punishment from God, so the emphasis in hospitals was on charitable care rather than curing, with primacy given to prayers and the healing power of God and the saints, rather than medical treatment. Indeed, Papal decrees in the early thirteenth century discouraged the clergy from practising medicine because it distracted them from their spiritual goals. However, due to the shortage of professional physicians and their commitment to the poor and sick many priests continued to provide some form of nursing or medical care. They were generally fairly orthodox in

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[79] Bowser, *African Slave*, 340–41. Bowser gives figures from the censuses of Lima in 1614 and 1636. He suggests (p. 75) that the number of Blacks may have been about 20,000 in 1640.

[80] Alejandra B. Osorio, *El Callejón de la Soledad*: Vectors of Cultural Hybridity in Seventeenth-Century Lima, in *Spiritual Encounters: Interactions Between Christianity and Native Religions in Colonial America*, eds. Nicholas Griffiths and Fernando Cervantes (Birmingham: University of Birmingham Press, 1999), 199–200, 217.

[81] AAL Causas de Negros 1609 leg. 1 exp. 31 Juan López, carpintero, contra el Padre Diego de Ybarreta 13 Oct. 1608.

their medical treatments having acquired any medical knowledge through the private study of medical treatises that were based on humoral principles and placed emphasis on dietary changes, purging and bloodletting. However they also made extensive use of herbal remedies often prepared in their own pharmacies.[82]

Cartagena, Portobello, Panama and Lima all had hospitals in the seventeenth century, but they were not used by the slave traders studied here. Nevertheless, other slave owners sent their slaves to hospitals and contemporary accounts of their facilities and operation provide some insight into medical practice at the time.

In the early seventeenth century Cartagena possessed three hospitals but, unlike foundations elsewhere, initially they were founded by the secular authorities rather than the Church.[83] The first, San Sebastián, was founded in 1534 with some Crown support, but it was largely dependent on donations from Cartagena's citizens. However, in 1612 was transferred to the Order of San Juan de Dios. It was enlarged and improved several times. In 1605 it had two large rooms, a pharmacy, kitchen, dispensary or surgery, as well as a refectory and offices for the brothers of the Order, but it lacked a ward for women and a chapel.[84] In the 1620s the surgeon, Pedro López de León recorded that it ordinarily had 80 beds, but when the fleet and armada were in port it had 150 to 200 and was always full.[85] In the 1640s it catered mainly for poor Spaniards, slaves and those passing through the port,[86] but also served the neighbouring regions

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[82] Siraisi, *Medieval and Early Renaissance Medicine*, 7–9, 26, 43–44, 50; Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge: Cambridge University Press, 1999), 123–29; Guenter B. Risse, *Mending Bodies, Saving Souls: A History of Hospitals* (New York: Oxford University Press, 1999), 73–109.

[83] Simón, *Noticias historiales*, part 3 noticia 7 cap. 63: 364; Francisco Guerra, *El hospital en hispanoamérica y filipinas 1492–1898* (Madrid: Ministerio de Sanidad y Consumo, 1994), 373, 375–76, 378–79; Borrego Plá, *Cartagena de Indias*, 17.

[84] AGI Santa Fe 38 R 2 N 72 Don Hernando de Çuaço, gobernador 1 Nov. 1605.

[85] Pedro López de León, *Prática [sic] y teórica de las apostemas en general y particular: questiones y prácticas de cirugía, de heridas, llagas, y otras cosas nuevas, y particulares* (Seville: Oficina de Luys Estupiñan, 1628), 298; Solano Alonso, *Salud, cultura y sociedad*, 210. In the 1640s the numbers being cared for often exceeded 300 (AGI Santa Fe 40 R 3 N 86 Governor Melchor de Aguilera, 28 Jan. 1641).

[86] AGI Santa Fe 244 Fathers of the hospital of San Sebastián, Cartagena, 2 Apr. 1623; Simón, *Noticias historiales*, part 3 noticia 7 cap. 63: 364; AHNM Inquisición, Cartagena de Indias lib. 1021 fol. 337 Causa contra Domingo López 22 Jul. 1654, fol.404v Causa de Luis de Páez [1654]; AGNB Hospitales 1 fols. 440–51 Visita actuada . . . por el padre Fray Miguel de Isla 18 Dec. 1786; Guerra, *El hospital*, 373.

of Tolú and María, which did not have hospitals.[87] The presence of well-respected doctors and surgeons, including Pedro López de León himself, meant that in the early seventeenth century it was renowned throughout Nueva Granada and the Caribbean.[88] This put such pressure on the hospital that the fathers in charge were forced to seek a levy on all ships entering the port for its maintenance and use.[89]

The Order of San Juan de Dios also administered the convalescent hospital of Espíritu Santo, which was established on the island of Getsemaní in 1562.[90] In 1620 it was 72 feet by 147 feet and had an infirmary and church, and also owned a number of houses and plots in the area.[91] The hospital of San Lázaro for lepers was established outside the city by the *cabildo* in 1610 and from 1615 was visited by Pedro Claver. It received donations from the Crown and was expanded to house seventy people, though often it held one hundred. In reality the hospital only consisted of some badly constructed huts of cane and palm and possessed no beds, only cane *barbacoas* with some poor mats.[92]

Hospitals in Panama were scarcely more substantial. In 1597 the site of the terminus of the Atlantic fleet was switched from Nombre de Dios to Portobello partly on health grounds, but the new site was no more salubrious. The hospital of San Sebastián was founded at the same time as the port of Portobello and in 1629 it passed to the administration of the Order of San Juan de Dios.[93] It catered

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[87] AGI Santa Fe 228 11a Bishop of Cartagena, don fray Dionisio de Santo 1577. He also says that Mompox had no hospital, but one had been established there in 1555 (Guerra, *El hospital*, 374).

[88] Solano Alonso, *Salud, cultura y sociedad*, 128, 210, 266. López de León, *Prática [sic] y teórica de las apostemas*, 298 notes that people came to the hospital from Panama, Portobello, Santa Marta, Río de la Hacha, Caracas, Margarita and the Windward Islands.

[89] AGI Santa Fe 244 Fathers of the hospital of San Sebastián 2 Apr. 1623.

[90] Although Vázquez de Espinosa (*Compendio*, 220) claims it was a hospital for incurables, other sources indicate that it was a convalescent hospital (AGI Santa Fe 39 R2 N 7 doc 2 fol. 6r Relación del sitio y asiento de Getsemaní 24 Jul. 1620, Santa Fe 244 No author, no date [ca. 1623?], Guerra, *El hospital*, 375–76).

[91] AGI Santa Fe 39 R2 N 7 doc 2 fol. 6r Relación del sitio y asiento de Getsemaní 24 Jul. 1620.

[92] AGI Santa Fe 40 R1 N 12 doc 1 Governor Francisco de Murga, 18 Aug. 1635, Santa Fe 40 R3 N 86 Governor Melchor de Aguilera, 28 Jan. 1641; Guerra, *El hospital*, 378–379.

[93] Gage, *Travels*, 331; Guerra, *El hospital*, 364–66. See also CDI 9:109 Descripción corográfica 1607.

not only for passing travellers but also soldiers stationed in the local garrison. Hence despite the fact that Portobello had a small resident population, the hospital had some forty or fifty beds and at the time of the fair might serve over one hundred people.[94] Also because Portobello was the point at which merchandise from Spain was unloaded, the hospital pharmacy was comparatively well stocked.[95] Nevertheless, there is no evidence that any use was made of it by the slave traders. The accounts suggest that they generally bought in the services of a local barber, while sick slaves were left behind in the care of a local resident until they were fit to undertake the journey across the isthmus in the company of an overseer who had remained behind with them. In Panama City there existed another hospital of San Sebastián, which possessed a physician, apothecary, nurse and chaplain, while the city as a whole possessed four surgeons and two apothecaries.[96] These were considered inadequate given the unhealthy climate and the large numbers of travellers that had to be catered for.[97]

With the exception of Lima, there was a distinct lack of medical services on the coast of Peru. Although there was a hospital in Trujillo, much of the time it was not staffed. In 1630 the *procurador* of Trujillo requested the appointment of *licenciado* Francisco Flores, as physician, surgeon and pharmacist to the city's hospital, saying that there was no other between Paita and Lima and that many people had died because there had been no surgeon or pharmacist for two years.[98] Little use appears to have been made of the hospital in Trujillo. When slaves fell ill on the north coast of Peru, the barber-surgeon accompanying a shipment often stayed with them until they recovered to continue their journey.[99]

As capital of the Viceroyalty of Peru, more hospitals were established in Lima and it probably experienced fewer health problems

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[94] AGI Panamá 48 N24a Hernando Núñez 10 Jan. 1623.

[95] Guerra, *El hospital*, 366.

[96] CDI 9: 107 Descripción corográfica 1607; Serrano y Sanz, *Relaciones históricas*, p. 169 Descripción de Panamá 1607; Guerra, *El hospital*, 363–364.

[97] AGI Panamá 62 N48 Audiencia 2 Aug. 1605.

[98] AAL Hospitales leg. 2 exp. 14 Solicitud presentada por cap Pedro de Herrera Salazar, procurador general de Trujillo 1630. In fact there was another doctor, Doctor Alonso de Quirós, but it was said he did not treat the poor as well.

[99] AGNL Real Audiencia Causas Civiles leg. 45 cuad. 171 Año 1618 Autos seguidos por Don Pedro Gómez de Mora, Barbero, contra Don Francisco Guisado y otros, por cantidad de pesos por la curación de unos esclavos.

than Cartagena or Panama because of its dry climate. In the early seventeenth century it possessed eight main hospitals, those of San Andrés, San Pedro, Santa Ana, El Espíritu Santo, San Lázaro, San Diego, La Caridad and Nuestra Señora de Atocha, which each catered for different sectors of the population.[100] There was, however, no hospital for African and Mulatto slaves until the construction of the hospital of San Bartolomé in 1661, though a primitive one operated there from 1646.[101] In the early seventeenth century African slaves were most commonly treated in the hospital of San Andrés or Santa Ana, their owners paying a small fee to cover their expenses. In the late sixteenth century it cost twenty pesos a month to have a slave cared for in the hospital of Santa Ana.[102] Occasionally sick slaves, particularly those at risk of death, were donated to the hospital probably to avoid the cost of medical treatment.[103] The hospital of San Andrés treated about two thousand patients a year, most of them Spaniards and some free Blacks and Mulattoes, in addition to which it ordinarily housed about sixteen to twenty mentally ill patients.[104] Because of overcrowding and the lack of beds for poor Spaniards, in 1640 the Crown ordered that slaves who had commonly been sent to the hospital by their owners were no longer to be treated there, but no alternative provision was made for them.[105]

San Andrés was founded in 1538 and Viceroy Francisco de Toledo drew up ordinances for its management in 1577. However, by 1602

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[100] AGI Lima 301 Relación de los hospitales que ay en esta ciudad de los Reies . . . 20 Apr. 1619; BNP Manuscritos B1236 Hospitales y casa de recogimiento 1633; Cobo, *Obras* 2: 441–.

[101] Van Deusen, "The 'Alienated' Body," 18–21.

[102] ABPL 9085 fols. 10–11 Libro de cuentas del hospital de Santa Ana 1595–1597.

[103] For example, ABPL 8444 fol. 4r Libro donde se asientan los enfermos que se entran a curar . . . desde 13 Apr. 1619. For those treated in the hospital of San Andrés between 1619 and 1657 see ABPL legs 8444–8447, 8453, 8455. Nancy E. Van Deusen, "The 'Alienated' Body: Slaves and Castas in the Hospital de San Bartolomé in Lima, 1680–1700," *The Americas* 56 (10(1999): 27–28.

[104] AGI Lima 301 Relación de los hospitales que ay en esta ciudad de los Reies . . . 20 Apr. 1619; BNP Manuscritos B1563 Libro en que se escriben y asientan los enfermos . . . Hospital Real de San Andrés . . . desde 1 May 1609. For earlier accounts of the hospital of San Andrés in 1592 see AGI Lima 131 Información y averiguaciones fechas de . . . la necesidad que tiene el hospital de los espanoles 1563–1592 and AGI Lima 209 N22 docs 1 and 4 Francisco de Molina 30 May 1592. The former is discussed in detail by Amalia Castelli, "La primera imagen del hospital real de San Andrés a través de la visita de 1563, *Historia y Cultura* 13–14 (1981): 207–216.

[105] AGI Lima 584 lib. 20 fols. 292v.–293v. real cédula 26 Mar. 1640.

it was in ruins. At that time the *mayordomo* complained that there was insufficient money to buy items for the *botica* or suitable foods for the sick, such as chickens, or to pay the salaries of its employees. It cost an estimated 26,000 pesos a year to run when its annual income was only 12,000 pesos.[106] Conditions seemed to have improved thereafter. It was rebuilt in 1607 and in the early seventeenth century it had six large and two medium-sized wards, one to administer unctions of mercury[107] and the other for free Blacks and Mulattoes who were attended separately from Spaniards.[108] Altogether there was enough room to care for up to two hundred people, though it normally housed only about one hundred and fifty, many of them soldiers from the armadas. The hospital had a kitchen, pantry, bakery, clothes store and pharmacy, as well as a large well-laid out garden with many medicinal herbs, flowers and fruit trees. Overseen by a *hermandad* of twenty-four wealthy *limeños*, it was run by an elected *mayordomo* and four deputies and employed a physician, surgeon, barber-surgeon, pharmacist and nurse. It also possessed twenty-five slaves who provided services for the hospital.

The hospital of Santa Ana for Indians was described by Bernabé Cobo as the richest in the kingdom. Founded in 1549 it possessed two wards for men and women, and another for contagious diseases.[109] Slaves were not supposed to be treated in the hospital of Santa Ana, but it seems that the Viceroy permitted this if their owners were poor.[110] The hospital could house 300 patients, although there were generally between 70 and 200, and in the early seventeenth century it was treating over 1,800 Indian men and women a year, among whom the most common complaint was *lamparones* (scrofula).[111]

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[106] AGI Lima 214 N19 doc 1 Don Fernando de Córdova y Figueroa, mayordomo of San Andrés 6 Oct. 1602.

[107] These were use to treat *bubas*.

[108] Cobo, *Obras* 2: 441–44; Reginaldo de Lizárraga, *Descripción breve de toda la tierra del Perú, Tucumán, Río de la Plata y Chile*. Biblioteca de autores españoles 216 (Madrid: Ediciones Atlas, 1968), cap. 43: 36; AGI Lima 214 N19 doc 1 Don Fernando de Córdova y Figueroa, mayordomo of San Andrés 6 Oct. 1602.

[109] Cobo *Obras* 2: 445–447. For a *visita* of the hospital in 1563 see: Amalia Castelli, "La primera imagen del hospital real de San Andrés a través de la visita de 1563, *Historia y Cultura* 13–14 (1981): 211–14.

[110] ABPL 9806 fols. 313–16, fol. 345 Visita al Hospital de Santa Ana [1588].

[111] AGI Lima 301 Relación de los hospitales que ay en esta ciudad de los Reies . . . 20 Apr. 1619.

Although Manuel Bautista Pérez did not use this hospital on a regular basis, two of his Angolan slaves who were cared for by a nun but who died of dysentery were subsequently buried in the hospital of Santa Ana.[112]

In 1588 the hospital of Santa Ana had a physician, Doctor Franco, a surgeon, Hernando de Aguilar, and a pharmacist, Rodrigo de Vargas, together with two nurses, one of whom specialised in curing dysentery. The slaves not only worked in routine activities such as preparing food, washing and cleaning, but male slaves were often employed on its *chácara* or looked after the sheep and chickens, while female slaves worked on the wards, assisted with surgery and helped apply unctions of mercury.[113]

Women and children were treated in two hospitals that also provided for their general welfare. The hospital de la Caridad cared for fifty to sixty poor women and housed female orphans for whom they provided dowries.[114] Although it catered for women of all ethnic backgrounds, Spanish women lived in a separate section of the hospital. It also tended to the poor in their houses. According to Bernabé Cobo it had two physicians, two surgeons and a barber-surgeon.[115] Meanwhile the hospital and *colegio* of Nuestra Señora de Atocha was founded for the large number of illegitimate children in the city. While forty to fifty children were brought up in the orphanage annually, another eighty were placed with salaried wet-nurses.[116]

Other hospitals catered for different occupational groups or treated particular ailments. The hospital of Espíritu Santo was founded in 1573 for sailors, navigators, ship owners and other seamen and their sons, who were attended in their homes by a doctor, surgeon and

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[112] AGNL SO CO Ca 20 doc 201 Expenses generated by slaves shipped in 1632.

[113] ABPL 9806 fols. 104–105 Visita al Hospital de Santa Ana sin fecha [1588]. Of the 29 slaves, of whom 26 were of working age, three worked in the *chácara*, one tended the sheep and another the chickens, two worked in the mill, three supplied water and firewood, while another worked as a blacksmith. There were also three cooks, a baker, five nurses including one who administered unctions of mercury and medicines, one who worked in the surgery, two laundrywomen, one who washed the bowls of the sick and two general servants.

[114] AGI Lima 301 Relación de los hospitales que ay en esta ciudad de los Reies . . . 20 Apr. 1619; AGI Lima 154 Autos sobre el Hospital de la Caridad de Lima 1622.

[115] Cobo, *Obras* 2: 449.

[116] Cobo, *Obras* 2: 453.

barber-surgeon.[117] It usually looked after fifteen to twenty people, though it could provide for seventy, and its services were paid for by a tax on ships using the port of Callao. Also catering for seamen was the hospital of Nuestra Señora de Covadonga which was founded in 1615 and possessed 70 beds.[118] Poor priests were cared for in the hospital of San Andrés until 1599 when the hospital of San Pedro was established and cared for four to eight priests.[119] Finally the hospital de San Diego, which was run by the brotherhood of San Juan de Dios, was founded in 1594 as a convalescent hospital for about thirty to forty old and poor people who were referred there from the hospital of San Andrés.[120] The poorest hospital was that of San Lázaro which only catered for those with leprosy, which in 1619 numbered six or seven.[121]

### *Medical Services Used for Slaves*

The slave traders employed a variety of medical practitioners to treat their sick slaves. The practice for private families was to call in doctors to diagnose illnesses and prescribe medicines that would then be supplied by a *boticario*. Juan Lastres estimates that in sixteenth-century Lima a medical examination by a doctor might cost six *ducados* or by a surgeon or *boticario* four *ducados*.[122] However, elite families seem to have made annual contracts with doctors and surgeons for their services. An annual contract usually cost about thirty to forty pesos for the family, with payments occasionally paid in kind, for example in bags of wheat.[123] On top of this they would pay for any

[117] AGI Lima 301 Relación de los hospitales que ay en esta ciudad de los Reies . . . 20 Apr. 1619; BNP 1236 Hospitales y casas de recogimiento 1633; Cobo, *Obras* 2: 450.

[118] Guerra, *Hospital en hispanoamérica*, 453; AAL Hospitales leg. 2 exp. 1 Doctor Nicolás Martínez Clavero cura y vicario deste puerto de Callao 14 May 1621.

[119] AGI Lima 301 Relación de los hospitales que ay en esta ciudad de los Reies . . . 20.4.1619; Cobo, *Obras* 2: 451–52.

[120] AGI Lima 301 Relación de los hospitales que ay en esta ciudad de los Reies . . . 20 Apr. 1619; Cobo, *Obras* 2: 450.

[121] AGI Lima 301 Relación de los hospitales que ay en esta ciudad de los Reies . . . 20 Apr. 1619.

[122] Lastres, *Historia de la medicina* 2: 81.

[123] AGNL SO CO Ca 44 doc 394 fols. 772–775 Conciertos de curar de Tomé Cuaresma 1623, 1625 and 1630.

specific treatments and medicines. A single bloodletting or application of an enema or purgative cost about four reals.[124] Similar contracts seem to have been made with *boticarios*.[125] There is evidence that in Lima Manuel Bautista Pérez made contracts with at least two *boticarios*, namely Pedro de Bilbao and Alonso de Carrión, to treat his household and the slaves on his *chácara*. Similar contracts were probably also made by his agents in Cartagena, though medical services would have been needed only for that part of the year when the slaves were being assembled for shipment. Contracts were also made with barbers and surgeons to accompany slaves on the journey to Lima. Barbers were paid between sixty to eighty pesos and surgeons one hundred pesos.[126] In 1629 Sebastián Duarte contracted a barber-surgeon, Pedro de Torre, to accompany his slaves from Cartagena to Lima, paying him fifty pesos, but providing him with food and free passage.[127] Some only sought a free trip to Lima and were content to provide their services for no pay.[128] Apart from these contracts, many other services were bought in as the need arose.

While the slaves were in Cartagena awaiting transhipment they came into contact with a wide variety of people who were concerned with their health. Among the first people to visit them when they arrived in Cartagena was the *protomédico* or in his absence the surgeon of the local garrison or another doctor appointed by the Governor, who did nothing more than ensure that the slaves were

[124] These figures are found in the journals and the invoices for medicines submitted to Manuel Bautista Pérez by *boticarios* (see AGNL SO CO Ca 57 doc 431 Alonso de Carrión 1636, 1638, 1639).

[125] The contracts are evident from claims by boticarios for medicines dispensed to individual families. See for example, in 1629 Pedro de Bilbao was owed 400 pesos for medicines dispensed to the household of Don Juan Arévalo de Espinosa (AGNL SO CO Ca 27 doc 277 Pedro de Bilbao contra Don Juan Arévalo de Espinosa 1629). For the bills incurred by Manuel Bautista Pérez with Pedro de Bilbao and Alonso de Carión see: AGNL SO CO Ca 57 doc 431 1629, 1635–1640.

[126] See the journals for 1626, 1628 and 1634. This may be compared to 240 pesos a year paid to the barber-surgeon of the hospital of Santa Ana in 1649 (AHRA Colección Maldonado, A III-307, Lima Data y descargo de los pesos . . . Hospital de Señora Santa 1649–1650).

[127] ANHS VM 77-II fols. 403–404 Concierto entre Sebastián Duarte y Pedro de Torre 17 Nov. 1629.

[128] AGNL Real Audiencia Causas Civiles leg. 45 cuad. 171 Autos seguidos por Don Pedro Gómez de Mora, Barbero, contra Don Francisco Guisado y otros, por cantidad de pesos por la curación de unos esclavos 1618.

not carrying any disease.[129] Possibly the first people to attend to their medical needs were Jesuit priests who once they heard that a slave ship had arrived immediately visited the slaves taking them food and fresh water. The well-known accounts of the care provided for newly-arrived slaves by Jesuit Alonso de Sandoval and his successor Pedro Claver describe how they took them sweet foods, such as tamarinds preserved with honey and sugar, or *bizcocho* dipped in wine, and tried to procure foods with which they were familiar in their homeland, as well as tobacco.[130] These priests were not doctors but the care they provided may have given succour to the weak, sick and disoriented slaves.

When slaves were landed in Cartagena in the late seventeenth century they had to go through a rigorous medical examination called the *palmeo* which was undertaken to establish the amount of customs duty that was payable.[131] Slaves were classified according to approximate age and size, which was measured using a stick divided into *palmos*, with each *palmo* equivalent to a quarter of a *vara*. A *pieza de Indias*, the unit in which slaves were counted for tax purposes, was an adult of over seven *palmos*, while shorter men, women and children were less. For each batch of slaves the total number of *palmos* was calculated and then discounts were given for illnesses or defects. Finally the total number of *palmos* was divided by seven to give the total number of *piezas de Indias*. The inspections undertaken by doctors provide valuable insight on the health of slaves when they first arrived in Cartagena, but few have survived. Moreover, the *palmeo* was not introduced until the *asiento* was made with the Genoese Domingo Grillo and Ambrosio Lomelín in 1663.[132]

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[129] Chandler, "Health and Slavery", 65–68.

[130] Sandoval, *Tratado sobre la esclavitud*, 152; Fernández, *Apostólica y penitente vida*, 122, 137, 175, 214; Valtierra, *Pedro Claver*, 124, 140.

[131] See Chandler, "Health and Slavery", 83–86 for a detailed account of the process. According to Chandler slaves were assigned to one of four categories: a *pieza de Indias* was more than 7 *palmos*; *mulecones* (adolescents) who were 6 *palmos* or more; *muleques* (older children) who were over 5 *palmos*; and *mulequitos* (children) who were over 4 *palmos*.

[132] Marisa Vega Franco, *El tráfico de esclavos con América (Asientos de Grillo y Lomelín, 1663–1674)* (Seville: Escuela de Estudios Hispanoamericanos, 1984), 136–144. This includes a detailed example of the information available from a *palmeo* of 644 slaves landed in Cartagena in 1672 taken from AGI Contaduría 263 and 1485 Testimonio del avalúo a la armazón de negros del navío Nuestra Señora del Buen Suceso y San Carlos, Cartagena 7 Jul. 1672. See also Chandler, "Health and Slavery", 86–93.

After the initial inspection, the next contact that the newly-landed slaves had with medical practitioners was when they were sold. At this stage licensed doctors were employed to calculate the *daños* or discounts on the sale price for any sickness or physical defects they possessed.[133] The seller and the buyer each had their own licensed doctors who examined the slaves and agreed a discount that the purchaser should receive. This process had to take place within three days of the sale and it was designed to prevent costly lawsuits. Manuel Bautista Pérez's agents generally employed the surgeon Blas de Paz Pinto, but also used the *protomédico* at the time, Doctor Mendo López. Other slave traders also employed these physicians.[134] As has been shown in Chapter 4, the documents referring to the calculation of *daños* constitute important evidence for the health of slaves at the time of arrival, while the extent of the discount applied provides insight into the slave traders' perceptions of the desirable qualities of slaves and how they affected their marketability. Despite the paucity of these documents, they have certain advantages over the later *palmeo* records in that they give details on the defects noted, the precise amount of discount applied and the ethnic origin for individual slaves.

During their stay in the barracoons of Cartagena, doctors were also called on to treat to sick slaves, though it seems that this was mainly when they were critically ill. Although Doctor Mendo López attended on occasions, Doctor Fernando Váez de Silva, who was of Portuguese descent although he had been born in Seville,[135] was more commonly employed. Not surprisingly Blas de Paz Pinto figured among the surgeons he used, but one Licenciado Mora also treated his slaves, as well as the Mulatto surgeon mentioned above, Diego López.[136] Diego López not only practised as a surgeon, but also became involved with a group that practised witchcraft and used magic to cure bewitchment, treat poisonings and remove spells. As such was brought before the Inquisition on charges of witchcraft,

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For an example of the *palmeo* procedure in Portobello see: AGI Contaduría 1507 doc 31 fols. 204–237 Visita of the San Juan Bautista by Lic. Alonso Sánchez de Velasco, cirujano médico 4 Jun. 1667.

[133] For a list of the *daños* drawn up see: ANHS VM 77–I fols. 83–121 *passim.*

[134] AGNB Negros y Esclavos Bolívar 3 fols. 633–763 Juan Rodríguez Meza . . . petición sobre treinta negros que compró a Diego Morales 1633.

[135] AGI Santa Fe 56B N73 doc 2 fol. 12v Relación y abecedario de los estrangeros 13 May 1631.

[136] The Mulatto surgeon, Diego López, is mentioned in the journal for 1629.

heresy and rejecting Christianity.[137] He was a close friend of Blas de Paz Pinto and of the city's appointed surgeon and inspector of apothecaries, Martín Sánchez de Velasco. It is worth noting that the aforementioned doctors and surgeons were among the most eminent in the city; they also happened to be predominantly Portuguese. While the employment of the expensive doctors by the slave traders might suggest a concern to minimise mortality, more likely it reflected their preference for using compatriots. There is no evidence that the slave traders used the hospitals in Cartagena, though doctors and surgeons who practised there may have attended the slaves as private patients.

Apart from these physicians and surgeons, the journals indicate that many different barber-surgeons and others were also paid to apply blistering jars and let blood. In addition other people were used to help cure specific ailments. Probably most of these had no formal medical training. In 1633 a young man who specialised in treating Angolan slaves was hired and paid in the form of a dress, and the following year an African woman was employed to treat diarrhoea.[138] Use was often made of the services of one Nava, described as a tailor, who appears to have specialised in treating people with *pasmo* (tetanus). Occasionally slaves were also sent to private homes for nursing care, such as that of one Ana Enríquez, while other women were also employed as midwives.[139]

On the journey to Portobello and subsequently down the Pacific coast, the treatment of slaves on board ship would have been undertaken by a barber-surgeon, who was generally contracted to care for the slaves and crew for the whole journey from Cartagena to Lima. However, if slaves became too sick then they were often left behind with the barber or an overseer until they had recovered.[140] This appears to have occurred in Portobello where no use was made of the local hospital of San Sebastián. Interestingly in 1620 a slave was left in Portobello with a *Morena* called Lumbreras.[141] Similarly in Panamá sick slaves were not treated in hospital but were housed

[137] Navarrete, *Prácticas religiosas*, 111–18, 161–67 discusses his case at length based on AHNM 1620 no. 7 Causa de fe de Diego López 1633.

[138] AGNL SO CO Ca 20 doc 201 Journals for 1633 and 1634.

[139] ANHS VM 77-II fols. 159–77 Journal for 1626 and AGNL SO CO Ca 20 doc 201 Journal for 634.

[140] ANHS VM 77-II fols. 159–77 Journal for 1626.

[141] AGNL SO CO Ca 18 doc 197 p. 101 Accounts for 1620–1621.

separately, perhaps under the care of a local resident. Meanwhile doctors, surgeons, midwives and women who cured worms were called in as the need arose.

Since it was the capital of the Viceroyalty, it might be expected that medical care in Lima would have been more readily available. However, as noted above, there was always a shortage of licensed physicians and surgeons and persistent criticism of the quality of medical care. As in Cartagena the first doctors to come into contact with the slaves were those encharged with their inspection prior to entry into the city. Manuel Bautista Pérez's slaves were kept at his *chácara* at Bocanegra where Doctor Juan de Vega, who only ensured that they were not carrying any infection, visited them.[142] Subsequently any sick slaves continued to be housed at Bocanegra. The fact that newly-arrived and sick slaves were often kept on private estates such as this made it more difficult for Jesuits, such as Francisco de Castillo, to attend to them as was the case for Alonso de Sandoval and Pedro Claver in Cartagena.[143]

Although only fragments of accounts of the expenditure on slaves in Lima remain, they reveal a similar pattern of employing different types of practitioners. Of the licensed physicians, Manuel Bautista Pérez continued to rely on his compatriots, notably Tomé Cuaresma, who was also brought before the Inquisition on charges of Judaizing.[144] Tomé Cuaresma not only treated his slaves, but was also used as witness for him in redhibition cases. In one of these cases the prosecutors claimed that all the witnesses were "servants, compatriots, [and] close relatives" of Manuel Bautista Pérez.[145] Other persons paid for attending the sick slaves included a Mulatto, Manuel Pérez, a 'negra curandera',[146] and a María Montero, about whom no further information is available.[147]

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[142] ANHS VM 77-I fol. 195v Doctor Juan de Vega 16 Dec. 1634.

[143] Rubén Vargas Ugarte, *Vida del Venerable Padre Francisco del Castillo* (Lima: Imprenta Enrique R. Lulli, 1946), 50.

[144] AGNL SO CO Ca 20 doc 201 Expenses generated by slaves shipped in 1633.

[145] AGNL Real Audiencia Causas Civiles leg. 70 cuad. 263 Autos seguidos por Doña Francisca de Guzmán y Quintana contra Manuel Bautista Pérez sobre la redhibitoria de un esclavo 1626.

[146] AGNL SO CO Ca 20 doc 201 Gasto que se va haciendo con los negros que trajo Simón Váez en el navío Maestre Pedro de Burgos 1634.

[147] AHS VM 77-I fol. 43 El señor Rodríguez Duarte debe 1633.

Manuel Bautista Pérez like many other slave owners preferred private to hospitalised care because of the expense involved and the danger that slaves might contract diseases if placed in a hospital.[148] Poorer slave owners could not afford either type of professional care and resorted to common healers.[149] It was also common practice for very sick slaves to be donated to the hospital to save on expenditure, leaving the hospitals to benefit if the slave recovered. A large number of Pérez's slaves were cared for by a nun of the third order of San Francisco, Isabel Medel Cansino. She treated them in her own house "as if they were her own" giving them sweet things and other foods to aid their recovery. It would seem that she was often caring for ten to twenty slaves at a time most of whom seem to have recovered. A female slave assisted her in this task and a male slave was employed to acquire herbs and obtain medicines from the *botica*. Her house had two rooms, one for men and one for women, and their main afflictions were "sores, dysentery and sarna", which were referred to as "severe and protracted." For the treatment of these slaves the nun purchased

> meat, bread, wood, wine, eggs, piedra lipes, oil, cardenillo, fish, tallow, virgin oil, alum, lavender, espingo [ishpink], pingo pingo,[150] vilcatongo,[151] mastic, chochos,[152] honey, aniseed, fat, sulphur, candles and salt.[153]

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[148] Van Deusen, "The 'Alienated' Body," 15. Some did, however, pay for extended periods in hospital, mainly the hospital of Santa Ana (for example, AAL Causas de Negros leg. 1 doc 2 Expediente de los autos que sigue el doctor Vásquez Fajardo contra Gaspar Guerrero 1593).

[149] AAL Causas de Negros leg. 7 exp. 43 Alonso Román del Castillo contra el licenciado Jorge de Andrade, presbítero 1639. There are a large number of redhibition cases in AAL Causas de Negros which indicate the types of medical care paid for by slave owners prior to taking out a case against the seller.

[150] Pingo pingo (*Ephedra andina*) is a native Andean herb that was used as a diuretic and depurative.

[151] This was probably a native herb. It was put in chicha and used as a purgative by an Indian, María Ynes, in Chancay, who in 1662 was accused in an ecclesiastical *visita* of being an *hechicera* (Ana Sánchez, *Amancebados, hechicheros y rebeldes (Chancay, siglo XVII)* (Cusco: Centro de estudios regionales andinos, Bartolomé de las Casas, 1991), 27.

[152] Lupin *Lupinus mutabilis* Sweet.

[153] AGNL SO CO Ca 40 doc 383 fols. 461–480 Doña Isabel Medel Cansino 1636; AGNL SO CO Ca 2 doc 8 fols. 621–22 Fragment of an invoice drawn up by Isabel Medel Cansino, no date.

The cost to Manuel Bautista Pérez averaged 20 pesos a slave.

Even though the slave traders paid considerable attention to the health of their slaves, as will be shown in the next chapter, the treatments employed by medical practitioners probably did little to reduce mortality. This was partly due to the nature of medical treatments employed, but also because smallpox was one of the main causes of mortality, and at that time there was little understanding of its epidemiology, and even less about its cure.