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Medical Humanitarianism and Smallpox Inoculation in Eighteenth-Century Guatemala

*Martha Few**

Abstract: »*Medizinischer Humanitarismus und Pockenimpfung in Guatemala des achtzehnten Jahrhunderts*«. This article analyzes the introduction of smallpox inoculation in 1780 to the Audiencia of Guatemala, an area that roughly encompassed what is today modern Central America and the Mexican state of Chiapas. This first inoculation campaign was led by a modernizing sector of Guatemala's colonial elite, who considered it their moral responsibility to apply the new medical innovations of the era to cure and prevent disease among Guatemala's inhabitants, including the majority indigenous Maya population. Guatemala's first smallpox inoculation campaign provides an important case study for analyzing how discourses of health and moral responsibility towards Indians and other colonized peoples changed during the Enlightenment once an effective preventive therapy against smallpox began to be employed.

Keywords: smallpox, inoculation, public health, colonial medicine, Central America, Guatemala, Maya Indians, humanitarianism.

Epidemic diseases introduced during Spanish Conquest and colonization have long been acknowledged as key features of shape European expansion into the Americas, part of the violence of the conquest period and its legacy that had devastating effects on colonial populations, especially for indigenous peoples.¹ For colonial Guatemala, George Lovell and Christopher Lutz estimate the Maya population south of the Petén lowlands at two million persons at contact. By the 1620s, after close to a century of colonialism there, the Maya population numbered only 128,000, showing a staggering decline of close to 94%. Thereafter Guatemala's Maya population began a slow increase that occurred in fits and starts, and varied regionally, so that by 1778 that group saw a modest in-

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¹ I would like to thank the participants in the "Genocide and Violence in Latin American History" Workshop held at Central Michigan University in August 2007 for their helpful comments on this essay, especially Eric Johnson and Pieter Spierenburg. W. George Lovell and Christopher H. Lutz, "Conquest and Population: Maya Demography in Historical Perspective," *Latin American Research Review* 29: 2 (1994), 133-40 and W. George Lovell and Christopher H. Lutz, "The Dark Obverse," 400. Lovell and Lutz's broader argument in both pieces is that despite this catastrophic decline, today the Maya population in Guatemala remains demographically resilient, and they number more than twice the population at European contact, or some 4 million Maya people.

crease to 248,000, representing over two-thirds of the Audiencia's total population of 355,000.²

Smallpox (*viruela*) was one of the most destructive of these epidemic diseases. For the most part not much headway was made against controlling or preventing the disease for the first 200-plus years of Spanish colonial rule. Beginning in the second half of the 18th century, however, this changed with the introduction to Spanish America of inoculation with human smallpox matter as a preventive therapy.³ During the 1780 epidemic, colonial officials in the Audiencia of Guatemala inoculating "thousands" in and around the capital. During the subsequent 1795-6 epidemic there, anti-smallpox campaigns became more formalized and better organized, and colonial officials not only targeted the capital but rapidly extended inoculation to populations across the Audiencia of Guatemala, reportedly inoculating "tens of thousands."⁴

The rich, but mostly overlooked, history of Guatemala's anti-smallpox campaigns of the late 18th century is used to explore the transformation of discourses about health in the colony as it became linked to new ideas moral responsibility towards Central America's multi-ethnic inhabitants.⁵ In 1780, the introduction of inoculation with human smallpox matter to the Audiencia of Guatemala coincided with the emergence and development of what I call "medical humanitarianism," espoused by a modernizing sector of Guatemala's colonial elite, including political officials, priests, doctors, and military men, who considered it their moral responsibility to apply the new medical innovations of the era to cure and prevent disease among Guatemala's inhabitants,

² The Mexica of central Mexico used the Nahuatl word *hueyzaualt* to describe smallpox. The Maya referred to incurable smallpox as *kak ekpeckak*, and curable smallpox as *ixthuchkak*. Michael M. Smith, "The 'Real Expedición Marítima de la Vacuna' in New Spain and Guatemala," *Transactions of the American Philosophical Society* 64: 1 (1974), 5-74: 5, fn. 1.

³ In the documents inoculation (inoculación) is used to refer to both variolization with human smallpox matter, and vaccination with cowpox.

⁴ Much of this demographic work has yet to be done to catalogue exact numbers of variolizations conducted during the 1795-6 epidemic, in part because the document base is uneven. W. George Lovell has done the most extensive demographic work to date for these epidemics. See especially his *Conquest and Survival in Colonial Guatemala: A Historical Geography of the Cuchumatán Highlands, 1500-1821*. 3rd. ed. (Montreal and Kingston: McGill-Queen's University Press, 2005).

⁵ Smith, "The 'Real Expedición Marítima de la Vacuna,'" 10. In Spain, variolization was practiced as early as 1728, and in the 1770s came into widespread use as an anti-smallpox strategy. In colonial Mexico and Guatemala variolization was first used during the epidemics of 1779-1780, which were part larger series of smallpox epidemics that ravaged most of the North American continent between 1775 and 1782. Elizabeth Fenn has analyzed this as a continent-wide phenomenon in her path-breaking work, *Pox Americana: The Great Smallpox Epidemic of 1775-1782* (New York: Hillard and Ward, 2001). Variolization was introduced in Puerto Rico in 1792. See Rigau-Pérez, "Smallpox Epidemics in Puerto Rico," 433.

including the majority indigenous Maya population.⁶ The introduction of inoculation to colonial Central America provides an important case study for analyzing how views of health and moral responsibility towards Indians and other colonized peoples changed during the Enlightenment once an effective preventive therapy against smallpox began to be employed.⁷

Discourses of medical humanitarianism during this first wave of anti epidemic campaigns repeatedly called for the implementation of inoculation and other anti-epidemic measures “without the use of violence,” not only in medical manuals and pronouncements of the Protomedicato, but also in the Audiencia political and religious directives. However, as smallpox variolization campaigns expanded across colonial Central America during subsequent epidemics, increasingly targeted the majority indigenous population, and confronted local Mesoamerican medical cultures, exhortations for a medical humanitarianism “without the use of violence” came to be increasingly tempered with directives to use coercion as needed when the local populations resisted public health campaigns and their prescribed medical therapies. Coercive strategies came to include arrest, physical punishment, the temporary occupation of restive towns by local militia, forced medical procedures, and the destruction of Mesoamerican ritual spaces where specialists used medical divination and treated illnesses.

Religious Origins of Medical Humanitarianism

Anti-smallpox measures deployed in the pre-inoculation era in Guatemala (that is, before 1780) generally combined basic public health measures of quarantine, the use of local elites (priests, physicians, and political officials) to keep the afflicted as comfortable as possible by providing food and bedding, and religious strategies of public processions and public prayers. Local and Audiencia officials in part drew on traditional calls to a “Catholic spirit” to counteract mass death and human suffering caused by these diseases. This religious based conception of moral responsibility towards the poor, Indians, and other colonial populations deemed to need special care formed an important element

⁶ Guatemalan elites represented smallpox inoculation as an innovative and modern medical practice, even though the procedure had existed for centuries in various parts of the world, including China and the Middle East. It was not used frequently in Spain or Spanish America until the 18th century.

⁷ In my forthcoming book *All of Humanity: Colonial Medicine, Indigenous Healing and Public Health in Enlightenment Central America*, I argue that medical humanitarianism had origins in three historical processes: reactions to violence of conquest towards Indigenous peoples that included mass death from epidemics and compassion for the afflicted; tribute reduction requests from tributary Indian towns to Audiencia officials based on claims of special status as royal vassals; and what I will emphasize in this essay, religious conceptions of morality and acts of compassion towards the sick.

in community responses at this time, when many saw medicine as largely unsuccessful at halting epidemics.

The central features of religious-based community responses can be seen in a description of an epidemic that afflicted the Audiencia capital city of Santiago de Guatemala at the end of the 17th century. In 1694, Jacobo de Alcayaga, a *regidor* (alderman) in the capital, wrote a letter to President of the Audiencia of Guatemala describing its effect on the city's inhabitants.⁸ He began his letter by noting the extreme human suffering he encountered in the city:

There cannot be enough human diligence nor enough measures possible [to help] the innumerable persons who find themselves afflicted by the contagious smallpox epidemic ... so that every day many [persons], infants as well as adults, are publicly buried, not including those [dead] that have [simply] been left at parish church doors.⁹

This smallpox description and others from the pre-inoculation era relied on the language of human suffering and images of dead bodies left unceremoniously at parish church doors by overwhelmed survivors as a strategy to appeal to the Audiencia's sense of moral responsibility to counteract the human suffering, and to press for aid to those in need. Alcayaga also appealed to the President of the Audiencia's religious sensibilities, what he called his "Catholic spirit" (*Católico pecho*), to put in place "the most effective methods" to address the smallpox epidemic, in gendered language as the "father to this poor and afflicted republic."¹⁰ Alcayaga also noted that food shortages and starvation accompanied the epidemic, further increasing the stress on both the sick and the survivors.¹¹

Interestingly, Alcayaga explicitly highlighted the failure of the city's medical physicians to stem the epidemic and heal the afflicted, and instead he promoted the "true medicine" of Christian piety:

We can make and celebrate a sumptuous and devoted *novenario* (nine day religious prayer) which is the true medicine (*la verdadera medicina*), and this is not the case for medical physicians, ... who attend to the neighborhoods where they have no method for curing [smallpox], and the lack of medicine and hunger persist.¹²

The alderman noted that an appeal to the Virgen Santísima del Socorro, and general procession carrying her image through the city, had been successful in halting epidemics in the past. The President of the Audiencia and the city gov-

⁸ Archivo General de Centro América (hereafter AGCA), A1-4026-30980 (1694), n. p. It appears this letter was written to the President of the Audiencia, and was also reviewed and later approved by Santiago de Guatemala's cabildo.

⁹ AGCA, A1-4026-30980 (1694), n. p.

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid.

ernment both found Alcayaga's arguments persuasive and agreed to carry out his recommendations.

Ritual strategies in the face of epidemic illness can also be found in Post Classic and colonial Maya cultures, where medical and religious practice tied together to address matters of illness and death, including divination for epidemic disease.¹³ An important part of colonial Mesoamerican medicinal cultures involved the divination of illness causation (verb=*adivinar*), to make ritually informed judgments of whether the sick will recover or die from an illness, whether or not an epidemic is immanent, and worked to ensure community protection from, and expulsion of, epidemic diseases. This ritual labor is similar in terms of goals to the kind of work Spanish priests and medical doctors did for the sick and dying.

With the arrival of European colonialism and its epidemic diseases, Mesoamerican medicinal cultures flexibly adjusted to take in new epidemic diseases introduced by Europeans such as smallpox into its ritual array. Yet colonial authorities often described these ritual and divinatory practices as "superstitious," "barbaric," and as "witchcraft." Examples from the 16th century *Relaciones Geográficas* for four Maya towns in colonial Guatemala all describe divinatory practices related to illness and epidemics used by Maya ritual specialists. The *Relación* for San Bartolomé, for example, describes a "chief," likely a ritual specialist, who prepared for a ritual to discern whether an epidemic was coming.¹⁴ He practiced a special diet eating chicken or toasted *cacao* once a day and performed self-bloodletting. After the special diet ended, this chosen person "made another sacrifice of incense and blood" and offered it to an image, called in the sources an "idol," "and at this time they consulted him concerning what they wanted to know."¹⁵ When an epidemic was coming "he [the idol] appeared to them with a cord around his throat."¹⁶ The pueblo of San Francisco reported that Maya ritual specialists there also practiced self-bloodletting practices and blood offerings for divination for exceptional events including epidemics and war. When an epidemic loomed there, the ritual specialist would find the image with a cord around its throat "stretched on the ground, and on his body signs of smallpox, or any other sickness that there was to be."¹⁷

¹³ Here I deliberately use the phrase "ritual specialist" to describe both Spanish priests and Maya healers as both in certain instances combined what we would call religious labor with medical labor in public and private displays of their specialized power, even though they themselves did not make distinctions between the two.

¹⁴ Broussard, "Description of Atitlán and Its Dependencies, 1585," 85.

¹⁵ *Ibid.*

¹⁶ *Ibid.*

¹⁷ *Ibid.*, 130. The *Relaciones* for San Andrés and Santiago Atitlán also describe similar divinatory rituals to predict the arrival of epidemics and other calamities.

Native peoples also strategically deployed Christian and Mesoamerican ritual cultures during disease events to mediate and combat epidemics, including the emergence of unofficial saints among local families and communities in times of community stress like epidemics. An example of this is the development of the cult of San Pascual Bailón in the mid-seventeenth century, who came to be considered a patron saint for Indians against illness by inhabitants of the towns of the valley of Guatemala.¹⁸ Colonial chroniclers Antonio Fuentes y Guzmán and Francisco Vázquez date the starting point of the cult of San Pascual Bailón to 1650, and the beginning of widespread regional worship of this religious being in the Indian towns in the valley of Guatemala to an epidemic known as *cumatz* in Kakchikel Maya and *cocoliztli* Nahuatl.¹⁹ The 1650 *cumatz* outbreak afflicted many of the Indian pueblos in the valley of Guatemala and brought with it high mortality rates, causing some towns to become deserted as residents fled, and others to completely disappear.²⁰

Contemporaries to the 1650 *cumatz* epidemic considered the disease an “Indian” illness and “impossible to cure.”²¹ For example, Fuentes y Guzmán asserted that “this illness [*cumatz*] is innate (*connatural*) to the Indians, incurable for all those afflicted by this contagion.”²² He continued:

The only medicine that works is to place them [afflicted Indians] on a *petate* on the floor close to the fire. And there [they are] at the mercy of Holy Providence, until they recover or die.²³

As an incurable “Indian” epidemic disease, it is significant that an Indian saw the apparition. During the 1650 *cumatz* epidemic, an indigenous man from the town of San Antonio Aguascalientes in the valley of Guatemala found himself close to death. He prepared himself to receive last rites. At that moment, the man saw an apparition (*visión*) of a beautiful person “covered in a glowing radiance,” dressed in “the most splendid clothing of unimaginable material.”²⁴ In the colonial period, death-bed illnesses were seen as inducing special states,

¹⁸ By cult here I mean the emergence of a culture of religious veneration of a particular saint. The information that I have been able to glean about the development of the cult of San Pascual Bailón comes from two sources: Fuentes y Guzmán, *Recordación Florida*, T. 3, 401-3 and Francisco Vázquez, *Crónica de la Provincia del Santísimo Nombre de Jesús de Guatemala*, (1937), T. 4, 308-14.

¹⁹ Fuentes y Guzmán, *Recordación Florida*, T. 3, 401; Vázquez, *Crónica de la Provincia del Santísimo Nombre de Jesús de Guatemala*, T. 4, 308. Here I use “cult” to refer to a system of religious veneration or devotion toward a particular saint.

²⁰ Fuentes y Guzmán, *Recordación Florida*, T. 3, 402.

²¹ Though other sources describing the illness in Guatemala and Mexico indicate that *cumatz* killed both Indians and non-Indians alike.

²² *Ibid.*, 401.

²³ *Ibid.*, 402.

²⁴ *Ibid.*, 402.

including allowing for the communication with supernatural beings or deceased ancestors. And, it was a not uncommon moment for an apparition event.²⁵

When the apparition made its appearance, the dying man recovered some of his strength, enough to sit up and he spoke to the apparition “in his way” (*a su modo*), most likely in Kaqchikel Maya, the Maya ethnic group that dominated the town in the mid-seventeenth century.²⁶ A conversation took place where the apparition asked the man why “the Indians” did not celebrate San Pascual Bailón with a holy day and *fiesta*. He answered that he had “never heard of this saint before,” and he felt sure that no other Indians had heard of him before either.²⁷ The apparition then claimed that he was in fact San Pascual Bailón, and “he could intercede to free [the Indians] from the contagions that afflicted them, and free them from death.” He then asked the man to “spread the word to the rest of his community that he would be a trustworthy intercessor when they became ill,” a common request in the apparition account genre.²⁸ Note here that the apparition requested the man spread word of his power as an intercessor specifically for Indians afflicted by illnesses and epidemic disease.

The sick man promised to spread word that San Pascual could “free them [the Indians] from death,” but that others of his “nation” (*nación*) would call him crazy.²⁹ San Pascual agreed that he needed to provide evidence of his authenticity and power as protector of Indians. The apparition then prognosticated that the man would die from *cumatz* in nine days as evidence. Certain Mesoamerican ritual specialists who practiced the medical arts used divination and prognostication to predict the death of individuals, and to anticipate the arrival of epidemic diseases. The apparition also declared that “from this day forth, the pestilence will end and no other Indian will die.”³⁰

The sick man then began to spread the word of the apparition of San Pascual Bailón and his role as protector of Indians from epidemics. He contacted his fellow *cofrades*, members of his *cofradía*, and asked them to call the parish priest. In the presence of his *cofradía* cohort and the parish priest, the sick man related what had occurred. The priest, apparently satisfied with the Indian man’s explanation, said mass in the saint’s honor, lending his support for Indian devotions to San Pascual.³¹ According to Fuentes y Guzmán, the *cumatz*

²⁵ For more on this see Martha Few, “‘Our Lord Entered His Body’: Miraculous Healing and Children’s Bodies in Colonial New Spain.” In Susan Schroeder and Stafford Poole, eds., *Religion in New Spain: Varieties of Colonial Religious Experience* (Albuquerque: University of New Mexico Press, 2007), 114-24.

²⁶ Fuentes y Guzmán, *Recordación Florida*, T. 3, 402.

²⁷ *Ibid.*, 402.

²⁸ Fuentes y Guzmán, *Recordación Florida*, T. 3, 402. Note similar apparition account in Vázquez, *Crónica de la Provincia del Santísimo Nombre de Jesús de Guatemala*, T. 4, 308-9.

²⁹ *Ibid.*, 402-3.

³⁰ *Ibid.*, 403.

³¹ Vázquez, *Crónica de la Provincia del Santísimo Nombre de Jesús de Guatemala*, T. 4, 308.

epidemic ended that day, and the Indian man died nine days later as predicted “confirming and certifying the truth and that the apparition had been neither a dream nor delirium.”³² Francisco Vásquez, who also wrote of the apparition and cult of San Pascual Bailón, cited as well the end of the epidemic and the death of the Indian man as predicted by the apparition as persuasive evidence that the San Pascual Bailón apparition had not simply been a result of the sick man’s “whim” or “frailty.”³³ In the aftermath of the cumatz epidemic this unofficial saint became the object of widespread worship in Indian communities in the valley Guatemala, a protector (*abogado*) of Indians against all epidemic diseases.³⁴

“Curing” Smallpox Before Variolization

In 1769, the publication and distribution in Guatemala of the medical handbook “Method Used for Curing Measles and Smallpox” represents a transition period as medical therapies became more effective, and joined with religious strategies for confronting smallpox.³⁵ A central theme of this 1769 handbook is the perception that Indians were especially susceptible to both smallpox and measles:

During this measles epidemic many Indians died because of lack of a cure, and because of their diet, that must be adjusted to protect them from [measles] and from smallpox, two illnesses that are destroying [Indian] communities. This guide is written [to address] the misery of these poor ones, and their backwardness (*rusticidad*).³⁶

“Curing” the Indians was an important imperial and colonial goal, especially for those illnesses recognized as particularly destructive to native peoples.³⁷

The handbook reveals religious, colonial, and economic motivations and justifications to protect the Indians based on Christian cultures of compassion for the sick and on the needs of the empire:

In this matter ... Christian charity obliges us to care for these poor unhappy ones when they don’t understand [the illness], and for justice’s sake (*justicia*) the Ministers are entrusted [with] the protection of these minors, and of the prelates and parish priests who watch over them for their benefit as if they

³² Fuentes y Guzmán, *Recordación Florida*, T. 3, 403.

³³ Vásquez, *Crónica de la Provincia del Santísimo Nombre de Jesús de Guatemala*, T. 4, 308.

³⁴ According to Fuentes y Guzmán, Spanish political and religious officials became uneasy with the enthusiasm and fervor with which the Maya pueblos venerated San Pascual in public rituals and in their household altars, and attempted to stamp out this worship.

³⁵ Wellcome Library, London, England (hereafter Wellcome), *Método que se ha de observar en la curación de sarampión y viruelas* (Santiago de Guatemala: J. de Arévalo, 1769).

³⁶ *Método que se ha de observar en la curación de sarampión y viruelas*, 7.

³⁷ This also shows historical antecedents to the Balmis expedition by working to develop cures/treatments for illnesses especially devastating to Indians in Spanish America.

were sheep in the flock, the Fiscal judges [that this] must be done in the current situation as these sicknesses have struck again, and because of the ruin to these poor ones, and the injury that the loss of so many tributary vassals would cause to the Crown.³⁸

Wrapped into this call to care for Indians was a paternalistic and colonial view of Indians represented as unable to cure for themselves during epidemics – that they are minors and they need to be cared for like “flocks of sheep.”

It is clear from the handbook that the eighteenth-century meaning of “cure” is different from our contemporary conceptions. For the sixteenth century, Robert McCaa noted in his work on smallpox that the verb “curar” at the time meant “simply to care for and nurse the sick,” and cure in this eighteenth-century handbook encompasses this meaning.³⁹ By the mid-eighteenth century, however, the idea of “cure” had begun to transform. The conception of cure began to encompass not just care, but medical strategies that were seen to improve chances of recovery. Therapies touted by the manual’s authors as improving the afflicted’s ability to survive the illnesses included stringent dietary guidelines, blood-letting, and enemas. The methods proposed here are firmly rooted in Galenic medicine and humoral theory, with its hot and cold dichotomies, all thought to restore the body’s healthful balance.⁴⁰ The guide’s authors made dietary recommendations tailored to Indian food easily accessible to them:

The food [eaten] should be warm broth, or bread or *atoles* (Mesoamerican corn based drinks), or of toasted rice or of cooked and ground corn, or tortillas toasted and then ground up. One can add a small bit of maidenhair fern (*culantrillo*) and mint (*hierbabuena*).⁴¹

The guide also reveals elements of what would come later with the implementation of inoculation: officially sanctioned intervention into indigenous daily life to stamp out diet, living style, and cultural practices seen as “backwards” and promoting Indians’ susceptibility to smallpox and measles. The guidelines identify and counter what was perceived as Indian responses to the epidemics, thought to interfere with the body’s humoral balance, especially bathing in rivers and the use of the *temascal*, an indigenous ritual and therapeutic steam bath. The authors also opposed the consumption of certain food and drink consumed by Indians as dangerous and promoting illness. For example, “hot” foods should be avoided at all costs. This included chile peppers, pepper from

³⁸ *Método que se ha de observar en la curación de sarampión y viruelas*, p. 7.

³⁹ McCaa, “Spanish and Nahuatl views on Smallpox,” 421.

⁴⁰ Ávalos and Desplanques, the authors of the handbook, emphasized the special importance of diet to their “cure,” arguing for the importance of following their dietary guidelines to increase the chance for recovery once an afflicted Indian passed through the most serious stages of the diseases.

⁴¹ *Método que se ha de observar en la curación de sarampión y viruelas*, p. 10.

Chiapas, *súchil* (lit. flower; from the Nahuatl *xochitl*⁴²), chocolate, every kind of *aguardiente* (alcohol), *chicha* (fermented corn drink), *aguadulce*, and “whatever other food that is spicy or hot by nature.”⁴³

Finally, the handbook warned that Indians would not understand the cures, and so the treatments should be given by the *Profesores* (licensed medical doctors) in a simple and straight forward manner.⁴⁴ The authors also underscored the necessity of forming alliances with indigenous elites to ensure that their community members followed the prescribed diet and therapies:

Indian Justices must ensure that all the Indians in their respective towns and jurisdictions punctually apply and carry out [these guidelines], and follow the recipe for the cure of measles and smallpox, and the diet that accompanies [it].⁴⁵

This “alliance” with Indian elites had a coercive component however. Indian *alcaldes* or *gobernadores* who did not follow these instructions would be punished with 50 lashes and suspension from their political office.⁴⁶

Medical Humanitarianism and Inoculation During the 1780 Epidemic

In 1780, the introduction of inoculation to colonial subjects in Central America and its widespread use over the next two decades brought with it changes in discourses that linked health and moral responsibility in new ways to colonial peoples, and were put into practice in both urban and rural areas. Now for the first time, colonial officials could implement an effective preventive measure with the use of inoculation with human smallpox matter. The successful introduction of inoculation created a shining example that contributed to a new

⁴² *Súchiles*: “Habiendo debajo la suficiente brasa que las caliente y provoca a sudor copiosa; a cuya evacuación, y la ordinaria de las paridas, ayuda la poción que toman, compuesta de chile, cordoncillo, y otros brebajes que llaman súchiles.” Fuentes y Guzmán, *Recordación Flórida*, p. 213, cited in Francisco J. Santamaría, *Diccionario de Mejicanismos* (México D. F.: Editorial Porrúa, 1992), p. 987.

⁴³ Método que se ha de observar en la curación de sarampión y viruelas, p. 10.

⁴⁴ *Ibid.* p. 7.

⁴⁵ *Ibid.*, p. 7v-8.

⁴⁶ *Ibid.*, p. 8. A major element of this handbook includes attacking indigenous healing responses to disease, though indigenous healing strategies. My forthcoming book *All of Humanity* addresses indigenous medical cultures and responses to epidemic diseases, part of well-developed and vibrant healing cultures in colonial Guatemala. Here in this guide, indigenous healing strategies are not well documented. The authors simply mention that they existed and decried the need to stop them. In addition, I also explore in detail gender aspects of colonial healing strategies revealed in this and other anti-epidemic handbooks that contained special treatments for pregnant women, young girls, infants and children. The handbooks saw various groups social, ethnic, gender, and age groups as having different needs during a smallpox outbreak.

world view for Guatemala's inhabitants that the medical sciences, organized by the colonial state into public health campaigns, could have a beneficial effect. And, colonial elites, in manuscript and printed sources, placed Guatemala's inoculation campaigns within the context of Enlightenment medical advancement, especially on what it considered its innovative application to native peoples, a way Guatemala hoped to demonstrate its modernity to an international cadre of Enlightened nations that it considered itself a part of.

Audiencia and city officials wrote in July 1780 that they felt that the epidemic "is likely to be very distressful and fatal," more so than usual. This was because the old capital city of Santiago de Guatemala had been severely damaged during a recent earthquake, and colonial officials were in the midst of moving the capital to its present site in Nueva Guatemala (today's Guatemala City).⁴⁷ No hospital had not yet been set up in the new capital. The city government noted that "the doctors and pharmacists are dispersed and distant," having not yet moved to Nueva Guatemala.⁴⁸ Housing, especially for the city's poorer social groups, was not yet well established, and they lacked "comfortable and covered houses" which officials feared would worsen the effects of the epidemic.⁴⁹ City officials ended their letter with a plea to the audiencia for funds to deal with these issues:

We are asking to receive the funds necessary to aid in the survival of families, and many [of them] live in poverty here even in a state of perfect health [e.g. non-epidemic times], and that the people have perished from losses suffered in the ruin of Santiago de Guatemala [the old capital city], [and because] of the costs of moving [to the new capital], the shortage and high price of food, and even the high cost of clothing.⁵⁰

Officials used the language of social suffering of the city's population as the basis for securing that funding.

On August 23 of 1780, the city government updated news of its anti-smallpox efforts, and since the previous letter inoculation, among other strategies, had been successfully utilized there.⁵¹ By that point, city officials, in conjunction with medical physicians such as Protomédico José Flores, the major player in establishing this first inoculation campaign, had divided the city into sections (*cuarteles*). Three to four elite men, usually representing a combination of a medical, political, religious social groups, directed anti-smallpox efforts in each sector to help counter the epidemic's spread and distributed food, clothing and bedding to the sick and their families. Medical physicians, often in conjunction with local priests and Indian elites, were put in charge of

⁴⁷ AGCA A1.4.7-4026-31001 (1780), n.p.

⁴⁸ Ibid.

⁴⁹ Ibid.

⁵⁰ Ibid.

⁵¹ Ibid.

programs in rural Maya towns surrounding the capital as well. Toribio Caravajal, a surgeon (*cirujano*) who worked in the nearby town primarily Kakchikel town of Petapa during the 1780 smallpox epidemic, reported using variolization successfully there.⁵²

Colonial officials working to address the epidemic continued to use the language of compassion and moral responsibility to their fellow inhabitants of the new capital. Strategies included distributing alms, clothing, and food to the sick, many of whom, the inoculation leaders noted, were homeless and at the same time were trying to cope with rainy season. They also began to carefully compile statistics to describe the epidemic's widespread effects, in the categories of sick, recovering, dead, and successfully inoculated. At the end of August the city government reported 8,667 sick with smallpox. Of those sick, they considered roughly 3,000 in "extreme need of daily food." They judged another 3,000 have some access to food but still in need significant financial support. The remaining 2,600 had the ability and the resources to treat their sick family members and feed and clothe their families adequately. This type of explicit numerical data worked to further legitimate their arguments about the severity of the epidemic and the need for increased funding, and underscored the effects on the urban poor.

One of the city's *cuarteles* was controlled by José Goicoechea, Martín Serra, and Ignacio de Coronado, who updated officials with the progress against smallpox in their area. The men distributed more than 70 blankets and sheets, and provided a daily distribute of *atol*, milk, and candles to those in need. They counted 300 persons in their sector sick with smallpox. Of those, 20 had been inoculated, and so suffered from a less virulent form of the illness, while the remaining 280 were infected with full-blown smallpox, described as "natural smallpox" (not the result inoculation). In the absence of a city hospital in the transition of the capital, officials created makeshift hospitals in each of the city's sectors. In this sector, 12 beds were set up in the San Francisco parish church, still under construction.⁵³ According to José Flores, 200 persons in Nueva Guatemala were inoculated by August 22. He continued to develop and extend inoculations to more people and towns through the rest of August, September and into October. With the 1780 epidemic and inoculation efforts, sta-

⁵² AGCA A1.4-49-241247, (1806), f. 3. This is a "merits and services" report written by Carvajal at the end of his career, where he is petitioning the government based on his service to the community to receive a retirement pension. While Carvajal does not include the exact date of his inoculations in Petapa, given the other dated information around which this information is embedded, I judge this to be the 1780 epidemic. In any case the inoculations took place before 1786, the date of the next accomplishment that he described.

⁵³ AGCA A1.4.7-4026-30999 (23 agosto 1780), n.p. I continue to work on figuring out just what *la Galera de San Francisco* refers to. *Galera* can refer to a hospital ward, though no hospital had yet been established in 1780. It may be either a temporary hospital, or a temporary ward set up the parish church or the monastery of the same name.

tistics became a key measurement part in discourses on health and moral responsibility during epidemics.

It seems clear that inoculation, in conjunction with other well-known anti-smallpox measures such as quarantine, worked effectively Indian and non-Indian in Guatemala's population alike. And the language used by colonial authorities in correspondence that asked for medical assistance, funding, and religious processions etc., shows a sincere desire to aid their fellow community members:

This plan [to aid those afflicted with smallpox], presented in light of this most lamentable spectacle, forms a distressing painting of this epidemic, [and] the poverty and misery that deeply penetrates the compassion and pain of this royal committee (*Real Junta*).⁵⁴

But it came at a cost.

In rural areas, for example, colonial officials came up with a plan to fund anti-smallpox measures first through the use of Indian community chest funds (*cajas de comunidad*). Once those funds ran out, then inoculation officials requested funding from Audiencia officials and other institutions to help pay the remaining costs. In effect this policy taxed Indian communities with a "smallpox tax." Starting with the 1780 epidemic it became the stated colonial policy that the *cajas de comunidad* would be used to pay the costs of helping those ill from smallpox.⁵⁵ Audiencia officials decreed that funds from Indian community chests could only be used to help other Indians: "the community funds are the property of the Indians and the sweat that they used to create it, and it can only be used for their benefit."⁵⁶ There was some question though about whether funds from one town or city could be used to help others, and whether funds from the *casa de comunidad* of a primarily Indian town could be used "to help *mulatos* and other castes of poor people."⁵⁷ If non-Indians needed assistance, the *alcalde mayor* would have to figure out how to fund it. It seems that this meant that in some cases only Indians received assistance from local officials. In September of 1780 Francisco Geraldino, in charge of the anti-smallpox campaigns in the villages of Huehuetenango and Totonicapán noted that when he distributed food, medicines and material goods to the sick in the town of San Andrés, he distributed to all "except those who are not Indians."⁵⁸

⁵⁴ AGCA A1.4.7-4026-31004 (5 septiembre 1780), n.p.

⁵⁵ AGCA A1-2802-24619 (agosto y septiembre 1780), f2.

⁵⁶ *Ibid.*, f2v.

⁵⁷ *Ibid.*, f2.

⁵⁸ *Ibid.*, f.7v.

Conclusion

This initial stage in the history of Guatemala's public health campaigns shows how views on the moral responsibility of the colonial state and its elites towards the health of its subjects began to transform once smallpox inoculation began to be employed. Supporters of what became Guatemala's first public health programs adapted new Enlightenment ideas that celebrated the promise of medical innovation to help humanity and to save them from the ravages of disease. Those elites who supported medical humanitarianism, a cohort of modernizing political, religious, military, and medical officials, then used it to attack specific health problems faced in Guatemala, and characterized its implementation as a way to integrate its multi-ethnic subjects into the late colonial state, including the majority indigenous population.

With the introduction of smallpox inoculation to Guatemala in 1780, colonial medicine came to be considered by Audiencia and local elites as increasingly successful in combating disease. Medical doctors, in conjunction with political and religious elites, began to play a significant role in reinforcing colonialism by enacting public health campaigns that had the goal of providing protection to families and children from certain epidemic diseases. It is important to keep in mind, however, the contradictions here, that even though colonial political and medical elites portrayed inoculation as "modern" and as evidence that Guatemala successfully implemented the innovations of Enlightenment science, this procedure had in fact existed for many years, and was only new in Guatemala and elsewhere in Spanish America in the sense that it was recently adopted there. Moreover, as public health campaigns in colonial Central America expanded from smallpox to include typhus and measles for example, no such innovations or cures had yet occurred in combating those illnesses. In fact, these medical officials and their entourages who participated in those campaigns against typhus continued to advocate medical procedures such as blood-letting as a cure for typhus for example, that further weakened the patient. And so public health campaigns targeting those epidemic outbreaks ultimately were not as successful.

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