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## The Royal Hospital of Saint Joseph of the Indians of Mexico City

James Richard Samec  
*Loyola University Chicago*

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THE ROYAL HOSPITAL OF SAINT JOSEPH OF THE INDIANS OF MEXICO CITY

James R. Sameč

A Dissertation Submitted to the Faculty of the Graduate School  
of Loyola University in Partial Fulfillment of  
the Requirements for the Degree of  
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## PREFACE

Over the centuries, nature slowly had developed the ecological equilibrium of the pre-Columbian world. This peaceful relationship of the living organism with its environment permitted both to co-exist without serious repercussion. However, the conquest of Mexico brought about a severe upheaval in nature through the introduction of numerous viruses completely alien to the New World. This ecological change caused the indigenous organism, the red man, to become incompatible with his environment and the victim of plagues and epidemics that were to rage over the land for the next three centuries. Hundreds of thousands perished in the first years of contact with the Europeans; yet, the plagues never seemed satiated by their toll. To deal with this situation, hospitals were founded everywhere in Spanish America. The first hospital built by the Spaniards was called San Nicolás de Bari. It was founded by Nicolás de Ovando, on November 29, 1503, on the island of Hispañola. The first Spanish hospital built in Mexico was that of the Immaculate Conception, founded by Cortés in 1524.

Many different types of hospitals were established by the Spaniards. Among the Indian hospitals, the most well-known to historians are the pueblo-hospitals founded by Vasco de Quiroga. The pueblo-hospitals were unique, for not only were they built

and operated successfully by the Indians, but their plan originated from the founder's concept of Thomas More's Utopia.<sup>1</sup> Although these hospitals have received much well-deserved attention, the history of another Indian hospital, almost as unique, has been almost ignored by historians. The Royal Hospital of Saint Joseph of the Indians of Mexico City was probably the second oldest hospital built by the Spaniards in Mexico, and the only hospital directly founded by the king during the entire period of Spanish rule in the New World. Its long and colorful history reflects many important aspects of colonial society and imperial administration.

Many historians have dealt briefly with the hospital, as a part of a larger study, but the contradictions among their narratives have been frequent. The few historians that have presented the history of the Royal Hospital in some detail have relied a great deal upon the inaccurate and incomplete history written by Mariano de Torres in the eighteenth century.<sup>2</sup> This student will

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<sup>1</sup>Silvio Zavala, Sir Thomas More in New Spain. A Utopian Adventure of the Renaissance (The Hispanic and Luso-Brazilian Council, "Diamante," Vol. III; Cambridge, England: W. Heffer and Sons Ltd., 1955). Also, Fintan Warren, O.F.M., Vasco de Quiroga and His Pueblo-hospitals of Santa Fe ("Monograph Series" of the Academy of American Franciscan History, Vol. VII; Richmond, Virginia: William Byrd Press, Inc., 1963), pp. 4-5, and 34-42.

<sup>2</sup>Mariano de Torres, Prologo historial to the Constituciones, y ordenanzas, para el regimen, y gobierno del Hospital Real, y general de los indios de esta Nueva España, mandadas guardar por S.M. en real cedula de 27 de octubre del año de 1776 (Mexico City: Nueva oficina Madrileña de D. Felipe de Zúñiga y Ontiveros, 1778). This reliance upon Torres has led to the striking similarities

attempt to relate the history of the hospital, and its role in the colonial society and government, while investigating, interpreting, and revising the contradictions and inaccuracies that have been an integral part of its chronicle since the seventeenth century. A quantity of new material will be introduced to account for the important sections of the hospital's history thus far untold.

I am deeply grateful to Dr. Paul Lietz of Loyola University for his invaluable assistance in making this work possible. His direction, encouragement, and criticism were essential. I would like to thank the staff of the Newberry Library of Chicago for their services, particularly Mr. George White, whose knowledge of the library was indispensable in locating important works. I am grateful to the staff of the Ibero-American Library of Stockholm for their kind assistance in obtaining necessary materials for this work in Europe.

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among the various histories of the hospital presented by Josefina Muriel [de la Torre], Hospitales de la Nueva España, Vol. I: Fundaciones del siglo XVI (Primera serie, No. 35; México, D. F.: Publicaciones del Instituto de historia, 1956), pp. 115-36; Dr. José María de la Fuente, "Notas históricas. El hospital real de indios de la ciudad de Méjico," Memorias de la sociedad científica "Antonio Alzate", XXXIV (1914-15), 75-96; Justino Fernandez, "El hospital real de los indios de la ciudad de Méjico," Anales del Instituto de investigaciones esteticas, II, No. 3 (1939), 25-47; Francisco A. Flores, Historia de la medicina en Méjico desde la epoca de los indios hasta la presente (México, D.F.: Oficina tipografía de la Secretaria de Fomento, 1886-88), II, pp. 143-64, and 233-70, and; Luís González Obregón, México viejo: Noticias históricas, tradiciones, leyendas y costumbres (2d ed.; México, D.F.: Tipografía de la Escuela correccional de artes y oficios, 1891), pp. 77-83.

## LIFE

James Richard Sameč was born in Chicago, Illinois, May 6, 1941.

He was graduated from St. Ignatius High School, Chicago, June, 1958. He entered Loyola University, Chicago, in September, 1958, and was graduated in February, 1963, with the degree of Bachelor of Arts.

He began his graduate studies at Loyola University, Chicago, February, 1963. From February to May, 1965, Mr. Sameč taught United States history and world cultures at St. Joseph's High School, Westchester, Illinois, after which he spent six months traveling throughout South America with his wife. He taught Spanish at the Forrestville Upper Grade Center, Chicago, from January, 1966 to June, 1968.

In July, 1968, he moved to Stockholm, Sweden. He is presently teaching Spanish and history at the Viggbyholmsskolan, Viggbyholm, Sweden.

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## INTRODUCTION

The hospitals founded by the Spaniards in the New World were not institutions established exclusively for the purpose of administering medical aid. They provided refuge, maintenance, and education to the needy, the aged, and to travelers, as well as aid to the infirm.<sup>1</sup> Although these hospitals were involved in fulfilling nearly the same duties, they may be differentiated according to the patients who attended them and by their administrations. General hospitals provided care for nearly everyone who needed it, except those with certain contagious diseases, mental illnesses, or Negro blood.<sup>2</sup> Lepers were treated in the Hospital de San Lázaro and the Hospital de la Tlaxpana. "... Negros, mulatos y mestizos pobres y libres que no tengan quien los cure" were treated in the Hospital de Nuestra Señora de los Desamparados y de la Epifania.<sup>3</sup> Indian hospitals were operated to treat only Indians; however, some Indian hospitals, such as the pueblo-hospitals of Quiroga, also treated Spaniards.<sup>4</sup>

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<sup>1</sup>Muriel de la Torre, pp. 12-13, and Warren, p. 7.

<sup>2</sup>Fernando Ocaranza, Historia de la medicina en Méjico (Paris: Draeger, 1934), p. 121.

<sup>3</sup>Ibid.

<sup>4</sup>Warren, p. 143.

Hospitals founded in the New World usually were operated by the Church or a particular religious group. The Council of Trent (1545-63) declared that hospitals of religious groups were subject to ecclesiastical jurisdiction, except those under the protection of the king.<sup>1</sup> The king, however, placed all hospitals, without exception, under the Royal Patronage (Patronato Real) in 1591.<sup>2</sup> This did not mean that all hospitals thereafter were administered by the king's representatives. Under the Royal Patronage, the hospitals were required to have a royal license for their foundation, to present an annual report to the king concerning their work, and to permit inspection by civil authorities. At the same time, the bishops were not deprived of their authority over the religious groups. The diocesans had the right to authorize the foundation of hospitals, to visit and check them, and to take accounts to the prior.<sup>3</sup>

Royal hospitals were so designated because of outstanding service to the people. Such hospitals received a certain dotation from the Spanish government as determined by the charter granting the title. There were, however, many hospitals that received such

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<sup>1</sup>Muriel de la Torre, Hospitales de la Nueva España, Vol. II: Fundaciones de los siglos XVII y XVIII (México, D.F.: Editorial Jus, 1960), pp. 259-60.

<sup>2</sup>Spain, Recopilación de leyes de los reynos de las Indias (Madrid: La viuda de D. Joaquín Ibarra, 1791), I, libro I, título IV, ley 44, p. 49.

<sup>3</sup>Muriel de la Torre, II, p. 260.

aid without the royal title.<sup>1</sup> Only in the case of the Royal Hospital of the Indians does the title seem appropriate, for it was endowed and founded by the king.

The pre-Columbian Indians possessed medical and surgical skills regarded favorably by the Spaniards. The Indians had operated hospitals connected with the temples, and in several significant ways, they were similar to the Royal Hospital of the Indians of Mexico City. A discussion of those hospitals and the medical achievements of the pre-Columbian Indians is provided in the Appendix of this work.

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<sup>1</sup>Ibid., p. 272.

PART I. THE FOUNDATION

## CHAPTER I

### THE ORIGIN OF THE HOSPITAL DE SANCT JOSEF DE LOS NATURALES

The exact date which would mark the beginning of the Hospital of Saint Joseph of the Indians<sup>1</sup> is uncertain. On January 16, Jhoan de Ayllon wrote that

el hospital Real de los yndios llamado Sant Joséh en esta ciudad de México fué fundado por los padres de Sant Francisco y por Fray Pedro de Gante, de la dicha orden abra quarenta años, poco más ó menos. ...<sup>2</sup>

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<sup>1</sup>The hospital probably received its name from the parish in which it was located: San José de naturales. José María Marroqui, La ciudad de México (México, D.F.: Tip. y lit. "La Europea," de J. Aguilar Vera y Ca., 1900), I, pp. 101-02.

<sup>2</sup>Jhoan de Ayllon, "Hospital Real de los yndios," A report to the archbishop D. Fr. Alonso de Montúfar, cited by Fr. Bartolomé Ledesma, "Descripción de arzobispado de México sacada de las memorias originales hechas por los doctrineros ó capellanes y compiladas por Fr. Bartolomé de Ledesma," Vol. III, 2d series of Papeles de Nueva España, ed. Francisco del Paso y Troncoso (Madrid: Estudio tipográfico "Sucesores de Rivadeneyra," 1905), p. 25. Both Muriel de la Torre and Ocaranza, citing Ayllon, stated that the hospital was founded by Pedro de Gante. Muriel de la Torre, I, p. 115, and Ocaranza, p. 120.

Ayllon's vague statement is not proof that Pedro de Gante actually founded the hospital, nor does it provide anything more than an uncertain idea of when the institution was founded.

Vetancurt claimed that the hospital was founded in the time of Viceroy Martín Enríquez de Almanza (1568-80).<sup>1</sup> To verify that the viceroy built the hospital, Vetancurt cited Dávila Padilla, who mentioned that during a plague in 1576, Dr. Juan de la Fuente, the head of the School of Medicine at the university, made a dissection of an Indian body in the Royal Hospital of Mexico.<sup>2</sup> According to Cabrera, Vetancurt had based his argument on a stone of dubious origin inscribed with the words, "Se hizo este Hospital en el tiempo del Excmo. Sr. D. Martín Enríquez, & c. año de 1577."<sup>3</sup> If Vetancurt did use the stone referred to by Cabrera,

<sup>1</sup> Fray Avgvstin de Vetancvrt, Teatro mexicano. Descripcion breve de los svcessos exemplares, historicos, politicos, militares, y religiofos del nuevo mundo occidental de las Indias (Mexico City: Doña María de Benavides Viuda de Iuan de Ribera, 1698), n. 222, p. 298. Vetancurt did not state where he acquired his data; however, for some reason, he was unaware of the decree of 1553, which founded the Royal Hospital of the Indians, the successor of the Saint Joseph hospital.

<sup>2</sup> Agustín Dávila Padilla, Historia de la fvnacion y difcurfo de la prouincia de Santiago de Mexico, de la orden de Predicadores, por las vidas de fus varones inflenes, y cafos notables de Nueva Epaña (Madrid: Casa de Pedro Madrival, 1596), pp. 123-24.

<sup>3</sup> Cayetano Cabrera y Quintero, Escudo de Armas de Méjico (Mexico City: Viuda de D. Joseph Bernardo de Hogal, 1746), n. 776, p. 397.

he made an obvious chronological error.<sup>1</sup>

In his Escudo de Armas de Méjico, Cabrera stated that the hospital was founded by Don Sebastian Ramirez de Fuenleal between 1531 and 1534.<sup>2</sup> He based his argument on a statement made by Torquemada that in 1531, Ramirez de Fuenleal, after arriving from Santo Domingo, "founded a Royal hospital and a very devoted sodality in it."<sup>3</sup> Cabrera was mistaken to have based his argument on Torquemada's observation since the Indian hospital was not designated royal until 1553.<sup>4</sup> Cabrera, with more reliable sources,

<sup>1</sup>Torres was not satisfied merely with the juxtaposition of conflicting data (he did not notice the incorrect title), and went on to ask

¿ni quien creerá que habiendo mandado la piedad del Señor Don Carlos V desde Octubre del año de 541 segun la Ley 1. Tit. 4 Lib. 1 que en todos los Pueblos Españoles, e Indios se fundaren Hospitales, omitieran los Exmôs. Señores Virrey poner en execucion esta Real Orden en los 36 años que corrieran desde su data hasta el de 577?

Torres, n. 10. Torres certainly presumed too much, for even the hospital ordinances were formulated more than two centuries after they were ordered.

<sup>2</sup>Cabrera, n. 778, p. 397.

<sup>3</sup>"... Fundo vn hospital Real y vna muy devota cofradia en el." Fray Iuan de Torquemada, I<sup>a</sup> parte de los veynte y vn libros rituales y monarchia yndiana con el origen y guerras de los yndios occidentales de fus poblaciones defcubrimiento conquista conuerfion otras cofas marauillofas de la mefma tierra diftribuydos en tres tomos (Seville: Matthias Clauijo, 1615), I, Book V, ch. x, pp. 664-65.

<sup>4</sup>Infra, pp. 12-13.

claimed that the hospital sodality's books mentioned Indians of Michoacan coming to found the Indian hospital, or to serve it, some of them, perhaps, being among those educated and trained by Vasco de Quiroga.<sup>1</sup> Torres objected to Cabrera's assertion. Torres said that Quiroga was appointed bishop in 1537 and that it was doubtful that he would have been able to send Indians to found or serve a hospital that was supposed to have been founded five or six years before by Ramirez de Fuenleal.<sup>2</sup> This criticism by Torres is weak for several reasons. Cabrera's statement is in agreement with the data indicating that the hospital at that time was quite primitive and its existence tenuous,<sup>3</sup> so tenuous that Quiroga, perhaps, sent Indians to refound it if necessary. Moreover, Quiroga was active in promoting the welfare of the Indians before 1537 when he became bishop. His Michoacan pueblo-hospital was founded in 1533.<sup>4</sup> Finally, Cabrera never stated when the Indians were sent to found or serve the hospital. It may have been anytime between 1533 and 1553.

Another opinion concerning the origin of the hospital is

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<sup>1</sup>Cabrera, n. 778, p. 397.

<sup>2</sup>Torres, n. 9.

<sup>3</sup>Infra, pp. 9-12.

<sup>4</sup>Warren, pp. 82-84.

that offered by María de la Fuente, who believed that the hospital was first built by Cortés to deal with the early epidemics. He claimed that Quiroga only improved the Indian hospital, transporting beds and furniture to it, and later, sending nurses and servants from Michoacan.<sup>1</sup>

Ayllon, Cabrera, María de la Fuente, and others claimed that the hospital was founded by famous men. Associating the hospital with great historical figures appears as an aggrandizement of an institution which had an insignificant beginning--so insignificant that someone (perhaps Quiroga) sent men with directions to either found the Hospital of Saint Joseph, or, if it was in operation, to serve it sometime before 1553. The incidental nature of the origin of the hospital is demonstrated further by the fact that it was next to a Franciscan convent and operated by the friars until 1553. Nearly all hospitals founded by the Franciscans originally were large tents placed against the walls of the convents and churches during epidemics. The friars from the main building offered their services and administered the medicines. The first Hospital of Saint Joseph was no doubt one of those makeshift tent hospitals set up sometime in 1531 to deal with the measles epidemic, for Pedro de Gante wrote that by 1532, between 300 and 400

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<sup>1</sup>María de la Fuente, pp. 76-77.

patients were cared for daily by the Indian hospital.<sup>1</sup> It is not known who began to set up the tents that formed the first Indian "hospital," but it may have been the friars connected with the Franciscan charities established to aid and shelter the native children.<sup>2</sup> With the outbreak of the measles epidemic, the Indian children were treated in tent shelters that served as a temporary hospital; however, so many Indians were stricken in that devastating epidemic that the friars who attended to the needs of the hospital may have begun to accept adult Indians from the district.<sup>3</sup> This action by those anonymous Franciscans was meant to meet a temporary crisis, and the hospital was to terminate once the epidemic passed. However, as the epidemic continued, more and more of the friars became involved in the operation of the hospital. Numerous conversions, resulting from their charitable works,<sup>4</sup> may

<sup>1</sup>Pedro de Gante al Emperador, October 31, 1532; Spain, Ministerio de Fomento, Cartas de Indias (Madrid: Imprenta de Manuel de Hernández, 1877), p. 53.

<sup>2</sup>Real Cédula á la Audiencia de Nueva España ... a la enseñanza de los niños naturales del país, Toledo, August 10, 1529; Colección de documentos inéditos relativos al descubrimiento, conquista y organización de las antiguas posesiones españolas de Ultramar (Segunda serie; Madrid: Est. tipográfico "Sucesores de Rivadeneyra," 1895), IX, pp. 423-24.

<sup>3</sup>The Franciscan convent was located in the center of the Indian district. Supra, p. 5.

<sup>4</sup>Pedro de Gante, October 31, 1532; Cartas de Indias, p. 53.

have prompted the friars to consider establishing the hospital on a permanent basis. Moreover, if the hospital actually had been founded by Pedro de Gante, Cortés, Ramirez de Fuenleal, or some other illustrious figure, it is doubtful that the credit would have been misplaced, since even the smallest and least viable hospitals founded by these men have been recorded several times over by the various chroniclers. It is only in the case of the Hospital of Saint Joseph that there is any confusion concerning the identity of the founder.

There are no available documents which describe the operation of the hospital from 1533 to 1553. The hospital probably was administered according to the ordinances of Fray Alonso de Molina,<sup>1</sup> and if it was similar to other Franciscan projects, it derived its support from the friars' cattle ranches and farms, and the alms received from begging in the Indian market.<sup>2</sup> The members of the sodality (or sodalities) helped to augment the funds by begging, and possibly, by caring for the patients. All of these resources were extremely limited due to the number of the Franciscans' other projects. The hospital fell into disrepair and then disuse.

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<sup>1</sup>See Muriel de la Torre, I, pp. 81-86 for a brief outline of the ordinances formulated by Molina.

<sup>2</sup>El orden que los religiosos tienen en enseñar a los indios la doctrina, y otras cosas de policía cristiana; Joaquín García Icazbalceta (ed.), Nueva colección de documentos para la historia de México, Vol. II: Código Franciscano (México, D.F.: Editorial Salvador Chávez Hayhoe, 1941), pp. 66-67

## CHAPTER II

### THE FOUNDATION OF THE ROYAL HOSPITAL OF THE INDIANS

About 1551, the court (audiencia) of New Spain informed the king that because of the terrible condition of the Indian hospital, the people had no place for shelter nor cure within Mexico City.<sup>1</sup> On May 18, 1553, a royal decree was issued by the king ordering the building of a hospital where poor Indians could be treated for illnesses and have a place of shelter.<sup>2</sup> The same decree stipulated that two thousand pesos from the fines of the exchequer (penas de cámara) were to be provided for its construction, but if this amount was not available, it was to be charged

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<sup>1</sup>Torquemada, I, Book V, ch. 10, p. 664.

<sup>2</sup>Cedula que manda a la Audiencia de la nueva España de orden como fe haga y funde en la ciudad de México vn hospital para curar pobres enfermos, y para su edificio y fustento fe de cierta cantidad de la Realhazienda, Madrid, May 18, 1553; Diego de Encinas, Cedulaario indiano (Facsimile of the 1596 edition; Madrid: Ediciones Cultura Hispanica, 1945), I, p. 219.

to the Royal Treasury (Hacienda real). The Royal Treasury, in any case, would contribute 400 pesos annually for the relief of the poor in the hospital.<sup>1</sup> The hospital was to be placed under the royal patronage upon the reception and approval of its ordinances by the Royal Council of the Indies. With much perspicacity, Philip II ordered that if the amount was not sufficient, the colonial government was to inform the Crown so that the amount lacking could be provided. The hospital was to be built within a year.<sup>2</sup> The prerogative of choosing a site was given to Viceroy Luís

<sup>1</sup>Ibid. Thus, María de la Fuente was mistaken when he wrote that the Treasury gave the hospital 1,400 pesos annually (p. 78).

<sup>2</sup>Therefore, the foundation of the Royal Hospital is well documented. Many historians, however, have obscured the facts by poor methodology. A royal decree issued on October 7, 1541 simply and explicitly ordered the foundation of the hospitals for both Indians and Spaniards (Recopilación [1791], I, libro I, título IV, ley I, p. 23). María de la Fuente stated that the Royal Hospital was founded in 1542 to obey this decree of 1541 (pp. 75-77). Fernandez (p. 27) stated that the same decree ordered only Indian hospitals to be built. María de la Fuente, with no other proof than the issuance of the 1541 decree, went on to say that after the order was published in Mexico, the hospital became known as the Hospital real de indios de la ciudad de Méjico, instead of the Hospital de indios. Thus, he indicated that by the same order of 1541, the hospital was placed under the royal patronage, which, however, was not imposed until more than a decade later. (See Muriel de la Torre, I, pp. 115-16 concerning the confusion on the part of other historians between the decrees of 1541 and 1553.) Beaumont stated that the hospital was founded in 1554 in response to the decree of 1553, but the actual foundation occurred in Spain when the order was issued. See Fray Pablo de la Purísima Concepción Beaumont, Cronica de la provincia de los santos apóstoles S. Pedro y S. Pablo de Michoacán de la regular observancia de N.P.S. Francisco (México, D.F.: Imprenta de Ignacio Escalante, 1873-74), V, pp. 315-16. Muriel de la Torre (I, pp. 115-16) claimed that the date given by Beaumont was 1544. She stated that "his" error was due to a confusion of the date it was issued and the date it was received in Mexico. However, it is improbable that a document of 1553 would be received in 1544.

de Velasco (1550-64). According to Beaumont, the viceroy selected an area in the San Juan district,<sup>1</sup> but it is more likely that he merely reaffirmed the location of the old hospital since the institution always remained behind ("a éspaldas") the Franciscan convent.<sup>2</sup>

It is quite singular that the Royal Hospital of the Indians was the only hospital ever founded, constructed, and supported by the Spanish government in its colonial empire. Furthermore, it was placed under the royal patronage forty years before the other charitable institutions. This abrupt exception to policy is striking and significant, although inexplicable. It may be entirely coincidental that in 1552 and 1553, Las Casas published his most critical tracts against the Spanish treatment of the Indians, but further study may provide information relating these works to the king's decision to found the Royal Hospital of the Indians.

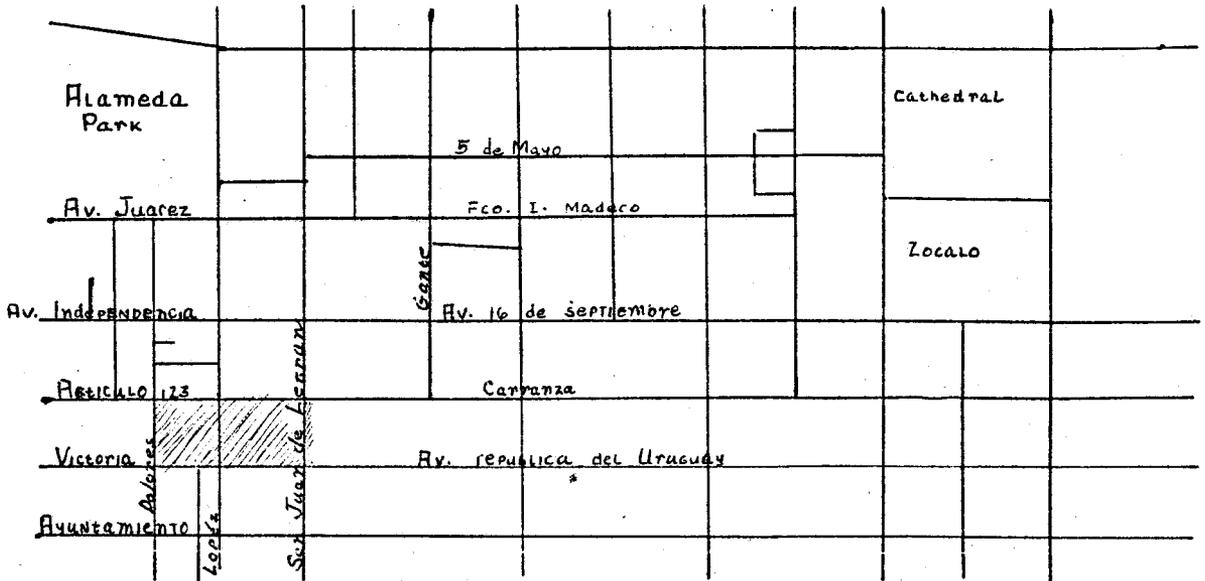
The construction of the Royal Hospital was delayed by expenses. Even though the hospital was to be of a moderate size, Viceroy Velasco informed the Crown that 2000 pesos would meet only half the cost of construction. On September 12, 1556, a decree

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<sup>1</sup>Beaumont, V, p. 315.

<sup>2</sup>Torres, n. 16.

Figure 1.--A map of the center of Mexico City



The shaded area indicates where Royal Hospital of the Indians was located.

(Valladolid) was issued, authorizing the colonial royal Treasury to provide 2000 pesos more to complete the work.<sup>1</sup> With the completion of this construction in 1557, the hospital became known as the Hospital real de Sanct Josef de los indios.

According to Torres, the site of the hospital remained unchanged for centuries,<sup>2</sup> being located in the area bordered by the streets of Articulo 123, San Juan de Letran, Victoria, López, and possibly, Dolores.<sup>3</sup> There is little known about the early architectural plan of the Royal Hospital. It was built with wood and adobe, although some of its columns were of stone.<sup>4</sup> The presence of stone columns indicates that the structure was probably two stories high. The principal entrance was on the street of Victoria with the three virtues and the royal coat of arms adorning its facade.<sup>5</sup>

According to the royal decree of May 18, 1553, the royal

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<sup>1</sup>Cedula que manda a los oficiales de la nueva España que den y paguen de la hazienda Real dos mil ducados para el edificio del hospital de Mexico, Valladolid, September 12, 1556; Encinas, I, p. 220. A copy of the order was issued on November 6, 1556, also from Valladolid (Torquemada, I, Book V, ch. 10, p. 665). María de la Fuente (p. 78) and others probably confused the date of the copy with that of the original.

<sup>2</sup>Torres, n. 16.

<sup>3</sup>The streets are given their modern names.

<sup>4</sup>Fernandez, p. 47.

<sup>5</sup>Ibid., p. 35.

patronage was conditional upon the approval of the hospital's ordinances by the Royal Council of the Indies. Since the ordinances were not drawn up until the eighteenth century, it would seem that the Franciscans administered and operated the hospital until that time. Taking the place of the king in New Spain, the viceroy appointed an administrator upon receiving the decree, thus placing the hospital under the royal patronage. However, the viceroy conveniently set aside the formation of a commission to draft the ordinances. Since the Spanish government never requested the ordinances, they were not drawn up.

With the imposition of the royal patronage over the hospital, at least one historian has stated that the hospital thereafter was operated exclusively by the Spanish government.<sup>1</sup> However, on the same page that Muriel de la Torre stated this, she unwittingly cited a document which indicates that the Royal Hospital was not operated entirely by the Crown. In 1568, the viceroy confiscated some building materials from the Franciscans and gave them to the Royal Hospital so that its facilities could be expanded. The Franciscans had collected the materials by begging, and were going to use them to repair their dilapidated church and convent. More than fifteen years later, the Franciscans filed a complaint

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<sup>1</sup>Muriel de la Torre, I, p. 117. The Royal Hospital was still subject to a nominal amount of ecclesiastical authority, for it was only until 1791 that the hospital was exempted from paying the parish right of burial. See Muriel de la Torre, I, p. 115.

against the hospital.<sup>1</sup> Undoubtedly, the proximity of the Franciscan convent contributed to the confiscation, but there must have been some other connection between the convent and the hospital to induce the viceroy to resort to such an action. Also, if the Franciscans were in no way connected with the hospital, it is incredible that they would have waited until 1585 to sue for the confiscated construction materials when it was in 1568 that their buildings were in ruins. Finally, the immediate eviction of the Franciscans would have caused economic and social repercussions injurious to the Spanish administration. Therefore, it appears that the Franciscans remained as aids and nurses in the hospital, leaving it only when more important duties were given to them. By the early 1580's, most of the Franciscans had left the hospital to work in other areas. Thus, their connection with the hospital was gradually severed. This would account for the fact that in the Franciscan documents of the sixteenth century, there was no mention of their sudden displacement from the hospital.

The imposition of the royal patronage over the Indian hospital was far less dramatic than the subjection of the other charitable institutions in the early 1590's. According to Cuevas, when those charities became subject to the royal patronage, they passed into the control of local magistrates (alcaldes mayores),

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<sup>1</sup>A.G.I.S., Audiencia, México 287, Translado de una información de Oficio a petición de los frailes del convento de San Francisco, 10 abril 1585, as cited by Muriel de la Torre, I, p. 117.

who "fell on New Spain like a flock of vultures."<sup>1</sup> In 1591, an order was issued prohibiting archbishops and bishops from visiting the hospitals and charities without a government escort; however, the viceroys and judges were encouraged to visit the charities and the Indian hospitals as often as possible.<sup>2</sup>

<sup>1</sup>"... Cayeron sobre la Nueva España como una bandada de buitres." P. Mariano Cuevas, Historia de la iglesia en México (Tlalpam, México, D.F.: El asilo Patricio Sanz, 1924), III, p. 414. Cuevas stated that the charities became subject to the royal patronage in 1590, but the decree was not issued until August 28, 1591 (San Lorenzo): Recopilación (1791), libro I, título VI, ley 44, p. 49.

<sup>2</sup>Recopilación (1791), libro II, título II, ley 7, pp. 16-17, and libro I, título IV, ley 3, p. 230. It appears that the viceroys had been requested to visit and check the hospitals before the imposition of the royal patronage, and that they had been conscientious about fulfilling these duties. See Relación, apuntamientos y avisos, que por mandado de S.M. dió D. Antonio Mendoza virey [sic] de Nueva-España [1535-50] á D. Luis Velasco, nombrado para sucederle en este cargo [1550-64], of D. Joaquín Torres de Mendoza (ed.), Colección de documentos inéditos relativos al descubrimiento, conquista y colonización de las posesiones españolas en América y Oceanía [sic], sacados, en su mayor parte, del Real Archivo de Indias (Madrid: Imprenta de Frias y compañía, 1866), VI, p. 497.

PART II. THE ADMINISTRATION AND OPERATION

### CHAPTER III

#### THE ADMINISTRATION AND OPERATION OF THE ROYAL HOSPITAL IN THE SIXTEENTH AND SEVENTEENTH CENTURIES

After the hospital was built and placed under royal control, the Indians did not flock to it. Probably the major reason for this was that it had changed administrations and no longer appeared as an extension of the Franciscan convent, and possibly, the Aztec hospitals, but another arm of the Spanish bureaucracy, despite the presence of the friars. Rules and regulations were enforced that could never have been imagined in the open tents and makeshift shelters. Rather than attempting to relate to an entirely new environment, the Indians merely returned to their own competent doctors and surgeons.<sup>1</sup> However, by the last quarter of

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<sup>1</sup>Muriel de la Torre (I, p. 124) made the curious observation that

when the hospital was founded, few Indians attended it because of fear or because the Indian doctors and surgeons cured them as well or better than the Spaniards. I believe that to these reasons one could add ignorance.

She did not explain how ignorance caused the Indians to choose the doctors and surgeons with the most ability.

the sixteenth century, the Indians had become more accustomed to the institution.<sup>1</sup>

The viceroys had authority over the hospital, but possibly because of the multiplication of their duties after the middle of the sixteenth century, they demonstrated, in general, little concern for the hospital, and exercised their authority only to appoint the officials of that institution.<sup>2</sup>

The most important position in hospital was that of the superintendent director (mayordomo administrador) to which office a person was appointed by the viceroy. As superintendent, he administered the operation of the hospital, while as director, he

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<sup>1</sup>Warren, p. 112.

<sup>2</sup>Although there were a few exceptions, most viceroys were disinterested in public health and sanitation until a flood or the outbreak of an epidemic, and even then, their concern was only temporary. The problem of drainage clearly demonstrates this. After the flood in 1553, Viceroy Velasco (1550-64) encouraged the people to build a dike by working on the project himself with a spade; however, there was a ruinous flood in 1580. Viceroy Enríquez de Almansa (1568-80) initiated a drainage program, but there were devastating floods in 1604 and in 1607. Because of these floods, Viceroy Velasco (1607-11) ordered additional work on the drainage system. Although some progress was made, the sewers and canals became filled with debris that prevented proper drainage, and there were more floods. In 1689, a flood caused an epidemic among the Indians. Viceroy Galve (1688-98) ordered that all sewers and natural channels cleared of obstructions. This order was not followed by any program, and within a short time, the sewers, canals, and channels were again blocked. Marroqui, I, pp. 112-44, and 181, and; Bancroft, I, p. 293; II, pp. 659-60, and III, pp. 7-11, and 228.

was responsible for the collection of its funds. Since this position involved two separate duties, it paid two salaries. Until the Constitution of 1776, the superintendent director accounted for his budget only once a year. He appears to have been in complete control of the hospital's funds until that time, although his accounts were subject to occasional audits by the Royal Treasury (Hacienda Real).<sup>1</sup>

The office of presiding judge of the hospital (el señor juez de los hospitales, en turno) was a two year position held by one of the judges of the Royal Court (audiencia) of New Spain. Unfortunately, there are no records to indicate how one of the judges of the audiencia became part of the hospital's board. From the innovations made by the Constitution of 1776, it appears that before the eighteenth century, the presiding judge, upon the request of the director, initiated legal action against those local magistrates (alcaldes mayores) who were lax in the payment of the hospital's taxes. Since this position did not have economic or legal power before 1776, the judges of the Royal Court did not accept this duty willingly.<sup>2</sup>

As his full title indicates, at one time the presiding judge

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<sup>1</sup>In 1760, the embezzlement by the superintendent director was discovered, most likely, by such an audit. María de la Fuente, p. 87.

<sup>2</sup>Mexico City, Constituciones ... del Hospital Real ..., tratado I, ordenanza VIII, pp. 4-5.

of the hospitals was in charge of several hospitals. Considering the scope of his normal duties and the added responsibility of presiding over the administrations of several hospitals, it seems probable that when the collection of the corn tax was instituted for the Royal Hospital at the end of the sixteenth century, the judge of the hospitals became charged specifically with the operation of that Indian hospital. One judge could not have fulfilled his own legal duties, presided over the operation of several hospitals, and then dealt with the number of legal actions resorted to by the director for the collection of the tax.

The royal order of October 15, 1535 stated that

ninguna persona ... puede usar, ni exercer officio de medico cirujano, ni boticario ... fino fueffe examinado en Vniuersidad.

In 1538 another order prohibited those who graduated from a university from practicing medicine or surgery without first being approved and licensed by the Royal Council of the Indies.<sup>2</sup>

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<sup>1</sup>Cédula que manda que ninguno pueda usar officio de medico cirujano, ni boticario fino fuere examinado en vniuersidad aprobada, Madrid, October 15, 1535; Encinas, I, p. 226.

<sup>2</sup>Cedula que dispone y manda a la Audiencia de Tierra firme que no confienta ni de lugar que ninguna persona aunque sean graduados usen officio de medicina ni cirugia, sin ser aprobados por el Consejo, y tener para ello licencia de su Magestad, Valladolid, May 13, 1538; Ibid., I, pp. 226-27. These orders were not effective in preventing the widespread quakery.

These orders indicate that the doctors and surgeons of the Royal Hospital were recommended by some professional group before being appointed by the viceroy. All the candidates to the positions of doctor, surgeon, and chaplain were to be proficient in at least one Indian tongue, but it does not seem that this order was followed. As late as 1791, a case occurred in which the doctors in the hospital could not communicate with an Indian because he did not speak Spanish.<sup>1</sup>

At this time, the hospital cared for all sicknesses and injuries, and even lepers were admitted. After 1636, however, the demented were sent to the Hospital de San Hipólito, and the lepers to San Lázaro de Tlaxpana. The support for these special patients was derived from the mais and medio real taxes.

The hospital was not a hospital in the modern sense, for although every kind of disease and injury was treated, the hospital had been founded to serve also as an inn:

Y que para que tuuiefsen donde fe aluergar conuenia mucho hazerfe el dicho hofpital, y proueer de lo que fuefse menester para la fuftentacion de los pobres ...<sup>2</sup>

This medieval tradition continued until sometime after 1720 when

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<sup>1</sup>Donald B. Cooper, Epidemic Disease in Mexico City: 1761-1813 (Austin, Texas: University of Texas Press, 1965), p. 87.

<sup>2</sup>Cedula ... vn hofpital curar pobres enfermos ..., Madrid, May 18, 1553; Encinas, I, p. 219.

it was terminated.<sup>1</sup>

The hospital had its own dispensary (botica) at one time before 1700, but on account of pilfering and inadequate supervision, it was closed.<sup>2</sup> A private pharmacy was established in front of the Royal Hospital in order to fill its needs and those of the district. This arrangement was not satisfactory because there were instances of medicines, ordered and paid for by the hospital, being substituted by other less expensive compounds.<sup>3</sup>

In 1572 an attempt was made to enlarge the hospital at the expense of Quiroga's pueblo-hospital, Santa Fe de México. Jerónimo López, the procurator general of Mexico City, sent a petition to the audiencia requesting to take testimony to demonstrate that the original purpose of Quiroga's pueblo-hospital was to cure patients, and that such a purpose would be best fulfilled if the pueblo-hospital were annexed to the Royal Hospital. The

<sup>1</sup>Muriel de la Torre (I, p. 123) generalized that this practice was "lost with the centuries." However, the religious of the Hospital de San Hipólito opened an hospice (hospicio) for the Indians when the Royal Hospital burned down in 1722 (Torres, n. 34). There would have been no need for such an action if the hospital had not been used as an hospice before that time. However, in the Constitution of 1776, there was no mention of this function.

<sup>2</sup>Muriel de la Torre (I, p. 120) stated that the first dispensary was established as a result of the order of 1776; however, an ordinance of the dispensary stated that the operation was being re-established: Mexico City, Constituciones, y ordenanzas, para el regimen de la botica del Hospital Real, y general de los indios de esta Nueva España ... (Mexico City: Nueva oficina Madrileña de D. Felipe de Zúñiga y Ontiveros, 1778), ordenanza I, p. 1.

<sup>3</sup>Mexico City, Constituciones ... de la botica del Hospital Real ..., ordenanza I, p. 1.

petition was given much support in New Spain, however, the king ordered that the Royal Hospital and the pueblo-hospital remain separate institutions, probably in deference to Quiroga's will.<sup>1</sup>

In 1576, the first autopsy performed by Europeans in America was made in the Royal Hospital by Juan de la Fuente during a typhus epidemic.<sup>2</sup> Dávila Padilla wrote of the event:

El año de festenta y feys (que fue la gran peste) tuuo curiosidad digna de fus muchas letras el doctor Ioan de la Fuente cathedratico de Medicina en la Vniuerfidad real de Mexico, y no contentandofe con fu aduertencia, ni fatisfaziendofe de ñ ha mas de quarêta años que es doctor, y casi cinquêta que es famofo medico: llamó otros de fciêca y experiencia, en cuya preferencia hizo anatomia de vn Indio en el hospital Real de Mexico ...<sup>3</sup>

During this epidemic, Dr. Alonso López de Hinojosos also examined corpses and dissected them.<sup>4</sup>

In 1639, the visitador Palafox y Mendoza ordered that every four months a dissection was to be made in the Royal Hospital, during which all professors and students, without exception, were to attend. Despite the expressed importance of these dissections, it was not until October 6, 1643 that another one was made.

A disquieting suspicion arises at this point. Why were all

<sup>1</sup>Warren, pp. 112-14.

<sup>2</sup>In the middle of the sixteenth century, Juan Valverde and Andrés Laguna had demonstrated the usefulness fo human anatomical studies in Spain.

<sup>3</sup>Dávila Padilla, pp. 123-24.

<sup>4</sup>José Bravo Ugarte, La Nueva España, Vol. II: Historia de México (3d ed. rev.; México, D.F.: Editorial Jus, 1953), p. 227.

anatomies held only in the Royal Hospital? No doubt the first anatomy was performed because the Indians suffered most from the plague, but no such explanation is available to account for the order to perform three anatomies a year in the hospital for university students. The professors and the students of the university were in no way connected with the hospital until 1768. Also, the Royal Hospital did not have as many patients as some of the other hospitals, where, therefore, anatomies would have been more useful. Finally, there was hardly the space for such operations since the hospital was used to lodge Indians. The decision to use the Royal Hospital and the bodies of the Indians for anatomical studies may have been prompted by the popular and religious attitude against dissections.<sup>1</sup> Dissections had become more frequent in Western Europe in the fifteenth and sixteenth centuries; however, they were made only after certain elaborate rituals were followed, and in some cases, with the accompaniment of band music or a theatrical performance.<sup>2</sup> As late as the early eighteenth

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<sup>1</sup>Fielding H. Garrison, An Introduction to the History of Medicine with Medical Chronology, Suggestions for Study, and Bibliographic Data (3d ed. rev.; Philadelphia: W.B. Saunders Company, 1924), p. 230, and Jean Sarrailh, L'Espagne éclairée de la seconde moitié du XVIII<sup>e</sup> siècle (Paris: Imprimerie Nationale, 1954), p. 482. Sarrailh attributed the slow advance of anatomy and surgery in Spain specifically to the constant struggle between the Church and the advocates of anatomy. He reported that in the eighteenth century, a combined group of physicians and the religious who inspired them were able to prevent the delivery of bodies to anatomists.

<sup>2</sup>Garrison, p. 230.

century in Europe, human dissections were given reluctant approval, and it was almost impossible to find men who were willing to perform such operations.<sup>1</sup> Autopsies had been performed in Mexico during the last quarter of the sixteenth century, but the study of human anatomy usually did not advance beyond the use of dolls and wooden contraptions until the middle of the eighteenth century, and even then, violations of the anatomy regulations had religious as well as civil penalties attached to them.<sup>2</sup> Although anatomical studies were officially encouraged, the doctors and surgeons who were involved in them were defensive about such work. In a Mexican document from the middle of the seventeenth century, a human skeleton was referred to as having belonged to a "Moor who had died without Baptism," before it was described.<sup>3</sup> In 1648,

<sup>1</sup>Ibid., pp. 415-16.

<sup>2</sup>As late as December, 1770, excommunication was declared to be the penalty for anyone who performed a human dissection outside of the hospital. Flores, II, p. 146. In April, 1811, the intern José Martínez, took the body of the oidor D. Guillermo Aguirre from its new grave to make a skeleton from it. He was denounced and brought before an ecclesiastical court, the Royal Criminal Court, and the presiding judge of the hospital. María de la Fuente, p. 88.

<sup>3</sup>"Acordóse que se hiciesen las anatomías conforme a estatutos y se pusiesen las herramientas, mesa y esqueleto, el cual es una osamenta de cuerpo humano: fué un moro que murió sin bautismo . . ." The document further stated the the man appointed to dissect the bodies failed to comply with his duties, and consequently, was not paid. In [Cristóbal Bernardo de la] Plaza [y Jaén], Cronica de la [Real y Pontificia] Universidad [de México] (Cuevas mentioned only that the copy he referred to was in the possession of the National Library of Mexico), pp. 994 and 1000, as cited by P. Mariano Cuevas, S.J., Historia de la Iglesia en México (5th ed. rev.; México, D.F.: Editorial Patria, S.A., 1946-47), III, pp. 451-52

Dr. Juan Correa wrote about "the particulars that were observed when it [the body] was embalmed."<sup>1</sup> These are hardly the words of a man who believed that a more active role in the proceedings would have been judicious to mention. Finally, and most importantly, when the Indian bodies from the Royal Hospital were not available for dissection, then the bodies of criminals were to be used.<sup>2</sup> An uproar from the white community was avoided by the decision that dissections were to be made in the Royal Hospital and that the usual materials were to be Indian corpses.

The hospital had a sodality which was called the Sodality of Saint Nicholas Tolentino and the Souls of Purgatory (Cofradía de San Nicolás Tolentino y las animas del Purgatorio). It was composed entirely of Indians, and headed by one of the chaplains of the Royal Hospital until 1776.<sup>3</sup> In the documents studied by Muriel de la Torre, the earliest record of the sodality was made

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<sup>1</sup>Dr. Juan Correa, "Discurso de una enfermedad que padeció en esta ciudad una persona gravísima, con las particularidades que se vieron quando se la embalsamó," Tratado de la qualidad manifiesta que el Mercurio tiene ... (Mexico City: [Publisher unknown], 1648), as cited by Bravo Ugarte, II, p. 227.

<sup>2</sup>Plaza y Jaén, p. 1000, as cited by Cuevas (5th ed. rev.), III, p. 458. There were a few men, such as Sigüenza y Góngora, who offered their bodies to medical research, much to the consternation of their contemporaries. Bravo Ugarte, II, p. 227.

<sup>3</sup>Mexico City, Constituciones ... del Hospital Real ..., tratado IV, ordenanza IX, pp. 18-19. See Woodrow Borah, "Social Welfare and Social Obligation in New Spain: A Tentative Assessment," in Actas y Memorias of the Congreso internacional de americanistas (Seville: Ecesa, 1966), IV, p. 48 for a brief but concise presentation of the role of the sodalities in charitable institutions.

in 1669,<sup>1</sup> but Cabrera wrote that the sodality was founded about the same time the hospital was begun: "los libros de esta Cofradía fe comprueba fu antigüedad."<sup>2</sup> Although these books have been mentioned by other authors, they have disappeared, but further evidence of the early foundation of the sodality is provided in its compound title. The title is unusual, not only because it is compound, but also because the components of the compound are unrelated, indicating that the second part of the title was added later. Before the middle of the sixteenth century, a devotion to the souls in purgatory was begun in Mexico and became extremely popular among the people. The popularity of the devotion may have prompted the sodality to add the other element to its title. Later documents do not mention that the souls in purgatory received such adulation or concern.

The members of the sodality went out daily to beg alms for the operation of the hospital. The money they received also went to masses for the dead and to meet the expenses of the cofradía. There are no records indicating that the sodality members definitely assisted patients or were occupied in any other way with the operation of the hospital, but the sodality, at least before the eighteenth century, did not operate for self perpetuation as

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<sup>1</sup>Muriel de la Torre, I, p. 135.

<sup>2</sup>Cabrera, n. 778, p. 387.

stated by Muriel de la Torre.<sup>1</sup> That the sodality engaged in charitable works and was respected in the community because of their actions is indicated by the fact that the chapel of Saint Nicholas Tolentino, which received the name of the sodality and was founded on the hospital's grounds, was built from the funds received from a benefactor in 1672.<sup>2</sup>

The sodality appears to have been successful in augmenting the funds of the hospital and of itself, for another sodality was formed by the Caucasian gentlemen of the city. It was begun about the beginning of the seventeenth century and called the Brotherhood of the Blessed Christ (Hermandad del Santo Cristo). Within a short time, the two sodalities became alienated from one another, and then, openly hostile. This dissension apparently was caused by a feeling on the part of the Indians that their sodality had lost its uniqueness, and the complete control over the alms donations. Racial differences may have added to the hostility. The enmity between the two groups reached a climax after the fire of 1722 which destroyed the hospital. In that fire, the Brotherhood of the Blessed Christ lost most of its wealth. The members of the Indian sodality began collecting money expressly to relieve the financial loss of the other sodality; however, after they had collected a large amount, the Indians refused to

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<sup>1</sup>Muriel de la Torre, I, p. 135.

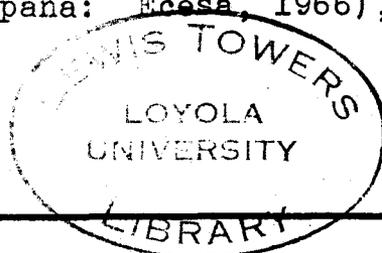
<sup>2</sup>Ibid.

transfer any portion of the money to the brotherhood.<sup>1</sup> Unfortunately, there are no records available which describe the result of the dispute, but the financial loss must have been too great for the Blessed Christ sodality to sustain and it disbanded. The antagonism of the Indians no doubt contributed. When the ordinances were written in 1776, there was no mention of the group in the prologue or in the Constitution.<sup>2</sup>

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<sup>1</sup>A.G.N.M., Ramo hospitalales, t. 56, exp. 6, "Autos que sigue ... la Cofradía de Cristo," 1726, as cited by Muriel de la Torre, I, p. 135.

<sup>2</sup>Mexico City, Constituciones ... del Hospital Real ..., tratado IV, ordenanza IX, pp. 18-19. Muriel de la Torre (I, p. 135) implied that both sodalities existed until the termination of the hospital. For a short but concise presentation of the role of the sodalities in charitable institutions and organizations, see Woodrow Borah, "Social Welfare and Social Obligation in New Spain: A Tentative Assessment," Actas y Memorias of the Congreso Internacional de Americanistas (Sevilla, España: Ecosa, 1966), IV, p. 48



## CHAPTER IV

### THE ECONOMIC FOUNDATION OF THE ROYAL HOSPITAL

The funding of the Royal Hospital was a problem that was not approached realistically by the Spanish authorities until the end of the sixteenth century. Before that time, numerous temporary measures were introduced to supplement the hospital's income.

The hospital was supported by the Crown's annual subsidy and by inheritances and alms. However, there were times when the hospital could not meet all of its expenses with only these funds. Viceroy Enríquez de Almansa wrote to Philip II at such a time:

Las limosnas y lo demás que allí hubiese, se gastasen con los pobres del Hospital de indios, que es el que mayor necesidad tiene y que por tener el nombre de Real, nadie se aplica a favorelle con un real.<sup>1</sup>

One method that was offered to supplement the inadequate

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<sup>1</sup>A.G.I., 60-40-1, "Carta de Virrey Enríquez a Felipe II," May 12, 1575, as cited by P. Mariano Cuevas, Historia de la Iglesia en México (El Paso, Texas: Editorial "Revista Católica," 1928), I, p. 409.

funds was to direct the payment of certain fines to the hospital. One holder of a repartimiento (a grant of a certain number of Indians for specific work) indiscriminately drafted Indians to work at various tasks, a situation which prevented the Indians of the San Pablo district from completing their church. Jerónimo Valderrama, who executed a visita (a secret inspection of a certain area) of New Spain between 1563 and 1565, was informed of this violation. He suggested to the king that anyone convicted of diverting San Pablo Indians to the repartimiento be fined thirty ducats, the sum of which was to be given to the Royal Hospital.<sup>1</sup> On May 4, 1604, the audiencia finally passed such a law.<sup>2</sup>

On November 2, 1584, the archbishop of Mexico expressed his thanks to the king who had granted the hospital one third of the fines of the exchequer (penas de cámara) and one half of the return from certain mortgages for another five years.<sup>3</sup>

<sup>1</sup>Jerónimo Valderrama, Cartas del licenciado Jerónimo Valderrama y otros documentos sobre su visita al gobierno de Nueva España, 1563-1565, Vol. VII of Documentos para la historia del México colonial, ed. France V. Scholes and Eleanor B. Adams (México, D.F.: José Porrúa e hijos, sucs., 1961), p. 359.

<sup>2</sup>D. Iuan Francifco y Montemayor (ed.), Svmarios de las cedvlas, ordenes, y provisiones reales, que fe han defpachado por fu Mageftad, para la Nueva-España, y otras partes ... con algvnos titvlos de las materias, qve nuevamente fe añaden: y de los autos acordados de fu Real Audiencia (Mexico City: Imprenta de la viuda de Bernardo Calderon, 1677), cap. xxxv, folio 27.

<sup>3</sup>A.G.I., Papeles de Simancas, Est. 60, caj. 4, leg. 1; Francisco Paso y Troncoso (ed.), Epistolario de Nueva España, 1505-1818 (México, D.F.: Antigua librería Robredo, de José Porrúa e hijos, 1940), XII, No. 720, pp. 102-03. The fines of the exchequer usually went to charitable institutions. See Colección de documentos inéditos relativos al descubrimiento ... , segunda serie, X, pp. 1-2.

To augment its income when funds were available, the Royal Hospital lent money in the form of mortgages, beginning sometime in the late sixteenth century. Criers announced the amount that the hospital was willing to lend, and those who wished to take out mortgages appeared at the hospital to describe their properties and to state the amount they needed. Although Muriel de la Torre wrote that the property was checked to determine its value,<sup>1</sup> this was not always the case, as María de la Fuente demonstrated.<sup>2</sup>

The holdings and mortgages of the hospital at times were extensive. The archbishop of Mexico stated in a letter on January 22, 1585 that the fifty-one caballerías de tierras given to the hospital by Viceroy Enríquez were free of the diezmos as stipulated by the king on May 27, 1583.<sup>3</sup> Those who rented the land or were given mortgages were to pay this tax.<sup>4</sup> The reason the hospital had a surplus income at this time was that the plague of 1575-77 and the flood of 1580 had decimated the indigenous population, thereby granting the hospital a morbid respite from its daily tasks. Even after lending money during the early 1580's,

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<sup>1</sup>Muriel de la Torre, I, p. 127.

<sup>2</sup>María de la Fuente, p. 89.

<sup>3</sup>A caballería is an agrarian measure equivalent to ninety-six acres. Diezmos were the Church tithes.

<sup>4</sup>A.G.I., Papeles de Simancas, Est. 60, caj. 4, leg. 1; Francisco Paso y Trancoso (ed.), XII, No. 723, pp. 120-36.

there were still surplus funds. Archbishop Moya y Contreras, during his viceregency, decided to utilize these funds by founding an Indian seminary<sup>1</sup> and having the Indian hospitals support it with three per cent of their allotted funds. This action was rescinded by a royal order of Philip II on February 12, 1589.<sup>2</sup>

With the restabilization of the Indian population by 1587, the hospital's finances became insufficient once again. Also, the pestilence of 1588, which occurred in the provinces near Mexico City, provided the hospital with patients instead of corpses. The earthquake of 1589 added to the number of those the hospital had to treat.

On March 20, 1587, the viceroy approved of an ordenanza de la yerva, which provided that anyone convicted of selling herbs (except an Indian), would lose his "wage" to the hospital.<sup>3</sup> The scant information of the ordinance does not provide any idea of the amount of the wage. A similar ordinance was passed on April 3, 1592, providing that any person selling meat without a license would lose his stock to the hospital besides being fined twenty pesos.<sup>4</sup> Neither of the ordinances state to which hospital the

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<sup>1</sup>Bancroft, II, p. 741.

<sup>2</sup>Recopilación (1791), libro I, título IV, ley 4, p. 23.

<sup>3</sup>Mexico City, Ordenanza de yerva, March 20, 1587; Francisco del Barrio Lorenzot (ed.), Ordenanzas de gremios de la Nueva España (México, D.F.: Talleres graficos, 1921), p. 261.

<sup>4</sup>Mexico City, Ordenanza de carne, April 30, 1592; Barrio Lorenzot (ed.), p. 250.

goods or fines were to be directed, but it is certain that in the case of the illicit herb vending, the fine was directed to the Royal Hospital. Considering the financial difficulties the hospital was experiencing at that time, it is likely that the confiscations and fines levied in the meat ordinance were also directed to the Indian hospital.

These attempts to adequately supplement the hospital's income seem to have been unsuccessful, for in 1587, Viceroy Villa Manrique ordered that for each one hundred fanegas (one fanega is 1.60 bushels) of corn collected in the Indian communities, one fanega was to be set aside for the maintenance of the Royal Hospital.<sup>1</sup> This one per cent tax applied not only to the valley of Mexico, but to the whole of New Spain, even to where the Indians had their own hospitals to support. Some historians have insisted that a social security system had been established by this order,<sup>2</sup> but this tax did not provide for such a service. The corn tax was ordered in the year 1587 only as a temporary emergency measure and was not used again until 1591, when Viceroy

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<sup>1</sup>Torres, n. 28. The date of this order indicates that this tax was not the first concession granted to the hospital as stated by Muriel de la Torre, I, p. 125.

<sup>2</sup>José Alvarez Amézquita, et al., Historia de la salubridad y de la asistencia en México (México, D.F.: Talleres graficos de la nación, 1960), III, p. 126.

Luis de Velasco reintroduced it. The collection was renewed each year during Velasco's term. In 1595, Viceroy Zúñiga y Acebedo ordered the collection, but only for that year. It was not until 1599 that the audiencia imposed the corn tax again,<sup>1</sup> and by the same action, probably caused the tax to be collected annually thereafter. At the same time, it is likely that the presiding judge of the hospitals was placed solely in charge of the Royal Hospital.

A tax on corn to support the hospital was not an innovation since this method was used by the Aztecs to maintain their hospitals,<sup>2</sup> nor was it the first time that such a plan was introduced by the Spaniards. Pedro de Gante, probably aware of the pre-Columbian custom, asked the king to order the collection of

dos ó tres mill hanegas de mayz cada vn año, las mill para la escuela y las otras para la enfermeria y enfermos.<sup>3</sup>

It is not absolutely certain that the Spaniards knew that they were emulating the Aztecs, but the similarities between the two separate collections are too close to be merely accidental.

<sup>1</sup>Torres, n. 28.

<sup>2</sup>Fray Bartolomé de Las Casas, Apologética historia ("Obras escogidas de Fray Bartolomé de Las Casas," in the "Biblioteca de autores españoles," Vol. IV; Madrid: Ediciones Atlas, 1958), cap. cxli, p. 28.

<sup>3</sup>Gante; Spain, Ministerio de Fomento, Cartas de Indias, p. 53.

Muriel de la Torre mentioned a document that suggested that some provision was made at this time to permit the Indians to pay the medio real in lieu of corn.<sup>1</sup> This is only partially true, for in some areas the Indians were at liberty to donate whatever amount they were accustomed to paying.<sup>2</sup> The medio real tax will be discussed later in detail.

In the same year that the corn tax was implemented, Gonzalo Gómez de Cervantes suggested that granaries be prevented from keeping the wages of truant Indians.<sup>3</sup> Instead, the wages were to be given to the Royal Hospital on account of the aid provided by that institution to those engaged in such dangerous employment. Whether or not this suggestion was implemented is not known.

The monopoly of the impresión de cartillas (a form of stamped

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<sup>1</sup>Muriel de la Torre, I, p. 127. The medio real del hospital should not be confused with the medio real de los ministros, also paid by the Indians. The latter tax was used to pay ministers and lawyers for legal assistance to the Indians. See "Instrucción y orden de gobierno de 11 de enero, 1611," Francisco y Montemayor (ed.), cap. xxxiv, folio 27, and Fabian de Fonseca and Carlos de Urrútia, Historia general de real hacienda (México, D.F.: Imprenta de Vicente García Torres, 1845), I, pp. 536-52.

<sup>2</sup>Mexico City, Decreto, "La recaudacion de la renta del maiz del Hospital Real de esta Ciudad, bajo de las penas que contiene," El Marg de Casafuerte [rubrica], Virrey Don Juan de Acuña al alcalde mayor de Tulanzingo [rubrica, but the name is illegible], May 25, 1726. In the Ayer Collection of the Newberry Library: Mexico, Viceroyalty, Laws, Statutes, etc., f652, m 4.

<sup>3</sup>Gonzalo Gómez de Cervantes, La vida económica y social de la Nueva España al finalizar el siglo XVI (México, D.F.: Antigua librería Robredo, de José Porrúa y hijos, 1944), pp. 108-09.

paper) was another source of income that the hospital held "from time immemorial."<sup>1</sup> The exact date of its introduction is unknown, but it was adopted probably in the early seventeenth century. This monopoly over stamped paper produced from 50 to 800 pesos annually for the hospital. Muriel de la Torre stated that after the Crown permitted the hospital to administer the monopoly by itself, the hospital was able to raise its income from this source to as high as 3000 pesos annually.<sup>2</sup> This causal relationship is questionable for the hospital did not always take advantage of its right.<sup>3</sup>

Of the numerous schemes devised to support the Royal Hospital, few were so unique or colorful as that of the theater (corral de comedias). Several hospitals in Spain were supported by theaters built by their sodalities. The two major theaters in Spain during the sixteenth and seventeenth centuries, La Pacheca and La Cruz, were begun, respectively, by the sodalities of la Fasion and la Soledad to maintain hospitals and other charitable institutions.<sup>4</sup>

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<sup>1</sup>Torres, n. 27.

<sup>2</sup>A.G.N.M., Ramo hospitales, t. 47, exp. 1, "Real cedula concediendo a Dn. José de Cardenas la mayordomia ...," 1741, as cited by Muriel de la Torre, I, p. 126.

<sup>3</sup>Torres, n. 27.

<sup>4</sup>Enrique de Clavarría y Ferrari, Reseña historica del teatro en México (3d ed.; México, D.F.: Editorial Porrúa, S.A., 1961), I, p. 14.

The Spaniards decided to follow those successful precedents in New Spain and built an open-air theater to support the Royal Hospital.<sup>1</sup> Their decision to support the hospital in this manner was ironical, for the Cholultecan Indians, and probably the Aztecs, were accustomed to farces in which the lame limped and those with a cold laughed, "so that they made the people laugh a great deal."<sup>2</sup>

The exact date of the theater's construction is unknown<sup>3</sup>; however, Fray Vásquez de Espinosa, who had been in the colonies from 1614 to 1616, wrote that

el santo Conde de Monterey [1595-1603], siendo virrey de aquel reyno lo favoreció y fomentó, fundando un corral de toda la renta de el la aplicó para la cura, sustento y

<sup>1</sup>Theaters had been used by the evangelical brothers to convert Indians, but the few Indians at the hospital before 1575, and the late date of the corral's foundation (between 1595 and 1603), indicate that the authorities were in no way involved with such a plan. See Angel María Garibay K., Historia de la literatura nahuatl (México, D.F.: Editorial Porrúa, S.A., 1954), II, pp. 121-59 for a discussion of the conversion theaters.

<sup>2</sup>Joseph de Acosta, Historia natural y moral de las Indias (Madrid: Ramon Anglés, 1894), pp. 135-36. See Garibay, I, pp. 331-84 for a good presentation of pre-Columbian theater in Mexico.

<sup>3</sup>Muriel de la Torre (I, p. 133) claimed that the theater was built about 1641, basing her argument on a document written in 1665 (A.G.N.M., Ramo hospitales, t. 17, exp. 7, "Autos y Escrituras sobre las obras y reparos," 1665). Olavarría (p. 14) stated that it was built sometime after 1665, and Vargas Martínez, between 1671 and 1672 (Ubaldo Vargas Martínez, La ciudad de Méjico: 1325-1960 (México, D.F.: Impresora Juan Pablo, 1967), p. 77.

regalo de los pobres indios.<sup>1</sup>

Villalobos wrote in his poem about the city of Mexico that there were

Para gentes del gusto aficionadas  
Dos casas de oficiales del contento.<sup>2</sup>

Rojas Garcidueñas demonstrated that one of the theaters mentioned by Villalobos was near the Hospital de Nuestra Señora and was built about 1597.<sup>3</sup> That there was any connection between the second theater ("dos casas") and the Royal Hospital is unlikely because of the "extreme" nature of the theater presented there.<sup>4</sup> The reason Villalobos did not mention the theater of the Royal Hospital in his poem was that it had been in operation only a few years and its plays were not as appealing as those of the more established theaters. The corral of the hospital did not become

<sup>1</sup>Padre Fray Antonio Vázquez de Espinosa, Descripción de la Nueva España en el siglo XVII (México, D.F.: Editorial Patria, S.A., 1944), p. 125.

<sup>2</sup>Arias de Villalobos, "Obediencia que México, cabeza de la Nueva España, dio a la Magestad Católica ... con un discurso en verso, del estado de la misma ciudad," in Vol. XII of Documentos inéditos o muy raros para la historia de México (México, D.F.: Librería de la viuda de Cj. Bouret, 1907), p. 273.

<sup>3</sup>José J. Rojas Garcidueñas, El teatro de Nueva España en el siglo XVI (México, D.F.: Imprenta de Luis Alvarez, 1935), pp. 122-25.

<sup>4</sup>See the footnote by Genaro García Icazbalceta; Arias de Villalobos, "Obediencia ...," p. 273. This fact disproves Vargas' observation that the good society went first to the casas de comedias (Vargas, p. 77). González Obregón (pp. 334-37) confused the corral of the Royal Hospital with the casas de comedias.

popular for many years, playing a minor role in Mexican theater until the third quarter of the seventeenth century. There is almost no mention of the corral in contemporary documents until that time, and what is related indicates that the theater was not profitable. Even the administration of the hospital looked upon the theater as a liability. In 1652, when the director of the "compañia de farsantes" suddenly disappeared, all of his property and the possessions of his actors immediately were seized, "down to the costumes and feathers."<sup>1</sup> Later, he was discovered gravely ill in the Hospital Espíritu Santo.

Despite such incidents, Vetancurt, in 1698, referred to the "Colifeo famofo en el Hofpital Real de los Indios cõ otras dos cofas en diferentes barrios."<sup>2</sup> The later popularity of the theater (now called El Coliseo) was not a sign that the aesthetic quality of the presentations had improved. Gemelli Careri wrote the following in his account of New Spain:

Dopo definare andai nel Teatro, a veder rapprefentare una commedia, intitolata: la dicha, y desdicha del nombre. Riufci tanto nojofa, che mi farei bien contentato d'aver

<sup>1</sup>"El hospital intervino, se le embargaron sus pertenencias y hasta los trajes y plumas de los comediantes." Muriel de la Torre, I, p. 133.

<sup>2</sup>Vetancurt, II, n. 12, p. 3.

dati i due reali,<sup>1</sup> (che fi pagano per entrare, e federe)  
per non fentirla.

On another day, he made the following comment: "La Domenica 14.  
fentii nel Teatro una raritá, cioè una commedia mezzanamente  
rapprefentata."<sup>2</sup>

Muriel de la Torre stated that the Coliseo so monopolized the theater in the city that "not even marionette shows were allowed to be presented outside of their designated locale."<sup>3</sup> From the preceding statements made by Villalobos and Vetancurt concerning the other two theaters, it is clear that this monopoly did not include the entire city of Mexico, nor did it exist throughout the sixteenth and seventeenth centuries. Vargas wrote that the monopoly was begun in 1726,<sup>4</sup> but he does not give a source for his information.

What the first theater of the Royal Hospital looked like is difficult to determine. Although Olavarría gave a detailed description of what he called the first Coliseo, his description

<sup>1</sup>Giovanni Francesco Gemelli Careri, Nvova Spagna, Vol. VI: Giro del Mundo (Naples: Nella Stamperia di Guifeppe Rofelli, 1700), Book I, p. 103.

<sup>2</sup>Ibid., Book II, p. 181.

<sup>3</sup>"Ni siquiera las representaciones de muñecos podían hacerse fuera de su local." A.G.N.M., Ramo hospitales, t. 47, exp. 2, "Escritura de arrendamiento del Coliseo," [undated], as cited by Muriel de la Torre, I, p. 134.

<sup>4</sup>Vargas, p. 78.

is based in a document written about seventy years after the theater had been built.<sup>1</sup> If the number of times the theater had to be rebuilt after 1673 is indicative of the rapid deterioration of such structures, there were probably several major reconstructions to the original building before that time. In any case, by 1673, the entrance to the large wooden theater was through the hospital's cloisters.<sup>2</sup> By 1673, the theater had a solid roof constructed of wood. Its stage was 42 feet long, about 22 feet wide, and 4 feet high. It was separated from the audience by highly embellished wooden pilasters displaying the royal coat of arms. It had two floors of theater seats placed within a series of arches and enclosed by railings of carved wood. Latticework separated one group of people from the others, but wickets were provided "to see or be seen."<sup>3</sup> The gallery was considered quite comfortable. Ordinarily, guanajas were held on Mondays and Thursdays. These were free plays, always of a religious nature, provided for the amusement and instruction of the poor classes.<sup>4</sup>

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<sup>1</sup>Olavarría, I, pp. 14, and 20. Furthermore, the theater had been called a corral, that is, an open air theater. The document referred to by Olavarría mentioned an enclosed theater with a roof.

<sup>2</sup>Such inconsideration for the patients was unprecedented and has been unsurpassed. It cannot be excused on the basis that the hospital lacked funds or that it was only an experiment, for the theater was considered finer than any Spanish theater built at that time. The Coliseo was not moved until after 1722 because it was considered a fire hazard to the hospital.

<sup>3</sup>Olavarría, I, p.14.

<sup>4</sup>Ibid., p. 17.

Because Philip II believed that comedies were an occasion for sin, only morality plays were allowed to be presented in the theater and in the other casas. However, even morality plays were not without their occasions for sin. Sepulveda related that during a biblical play, the audience burst into an uncontrollable uproar of obscenity and sacrilegious insult when the angel announced Mary's conception.<sup>1</sup>

In 1615, the order against comedies was rescinded, but violations of the new code meant heavy fines for the first offense, exile for the second, and two years in the galleys for the third.<sup>2</sup> This benevolence lasted thirty years. In 1644 and 1646, the Royal Council of the Indies declared that only the lives of the saints could be portrayed in the theater. The corral enjoyed another brief respite during the reign of Philip IV, but upon his death in 1665, the queen regent ordered that all plays were to cease in the kingdom until the new king, Charles II, could attend them. He was only four years old.<sup>3</sup> This order was revoked within a short time on account of economic considerations in relation to the Royal Hospital.

The hospital probably operated the theater directly until

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<sup>1</sup>As cited by Olavarría, I, p. 18. Olavarría does not give the source for his citation other than mentioning Sepulveda.

<sup>2</sup>Olavarría, I, p. 17.

<sup>3</sup>Ibid., p. 18.

the beginning of the eighteenth century. The royal order of May 12, 1703,<sup>1</sup> reaffirming the authority of the superintendent director over the theater, indicates that he was in charge of the theater before the Hippolytes threatened his authority. Furthermore, the first record of bidders for the theater was not made until 1712.

Therefore, by the end of the sixteenth century, the colonial authorities understood that the Royal Hospital was not capable of sustaining itself on the income it received from the annual government subsidy and private donations. Numerous measures were attempted to supplement the hospital's income, the most successful of which were incorporated in a developing program. The corn tax, mortgages, the theater, and probably, the monopoly over stamped paper were instituted at this time to form the major part of the hospital's income. Thus, almost four centuries before financial techniques demonstrated the profitability of diversification, the Spanish government had decided to base the future support of the Royal Hospital on a group of dissimilar enterprises. Not only would such diversification enable the hospital to support itself, but also, it would intimately connect the segregated institution with important social and economic developments in New Spain.

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<sup>1</sup>Torres, nn. 41, "41" (a result of improper numeration), and 42.

## CHAPTER V

### THE ADMINISTRATION AND EXTENSION OF THE ROYAL HOSPITAL, 1701-76

#### The Hippolytes, 1701-41

In 1700, the Brothers of Saint Hippolyte (Hermanos de San Hipólito) asked Charles II to place them in charge of assisting the patients in the Royal Hospital.<sup>1</sup> On April 22, 1701, the king granted the hospitalers the care of the patients and the distribution of funds. The collection of the funds and the direction of the theater remained in the hands of the director (administrador, but no longer mayordomo). Unfortunately, there is nothing to indicate what prompted this request, nor is it clear why the king acceded so readily unless it was for economic reasons.<sup>2</sup> On November 4, 1701, the brothers received the king's order, and on

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<sup>1</sup>María de la Fuente, p. 81. For a brief history of the order see Cuevas (5th ed. rev.), III, pp. 358-61.

<sup>2</sup>Muriel de la Torre, I, p. 121.

December 5, 1701, presented it to the viceroy.<sup>1</sup> D. Lorenzo Alonso Saravia, the superintendent director of the Royal Hospital, refused to surrender it to the Hippolytes,<sup>2</sup> stating that such an action would violate the royal order of February 28, 1699 (Madrid) of Charles II, which confirmed the director's authority. He forwarded a claim to the viceroy on January 18, 1702, but the latter reiterated the orders of the king's dispatch. The Hippolytes occupied the hospital on February 4, 1702.<sup>3</sup> It appears that the director also sent a letter to the king, for on May 12, 1703, a royal order (Buen Retiro) was issued clarifying the previous orders. All cédulas defining the hospitaler duties of the director, as mayordomo, were annulled, but Alonso de Saravia was granted his position for life. The decree called for an administrative board (junta) composed of the presiding judge, the prior of the Hippolytes, and the chief clerk of the Royal Tribunal of Accounts. With the administrative role being carried out by the board, the director was solely responsible for amassing the hospital's funds, and the Hippolytes were charged with the distributive and hospitaler functions. As a further check, the Hippolytes

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<sup>1</sup>Antonio de Robles, Diario de sucesos notables, 1665-1703 ("Colección de escritores mexicanos," No. 32; México, D.F.: Editorial Porrúa, S.A., 1946), III, pp. 169 and 175.

<sup>2</sup>Ibid, p. 175. Also, Torres, nn. 41 and "41."

<sup>3</sup>Robles, p. 204.

were required to make weekly requests for their needs to their superior.<sup>1</sup>

This system was unsuccessful in preventing one group from dominating the operations of the hospital. Within a short time, all the chaplains and wage earning employees, with few exceptions, were dismissed by the Hippolytes. This radical change of personnel appears to have been made without any question by the board because the Hippolytes took the places of those who had been dismissed.<sup>2</sup> The general of the Hippolytes, Fray Juan de Cabrera, then cut the rations of the patients, lowered the wages of the remaining employees, and refused to pay the actors of the theater.<sup>3</sup> He also refused to spend any money repairing the houses rented by the hospital so that they fell into such deterioration that they could not be repaired. In spite of these economy measures, the hospital fell into debt after the Hippolytes directed it for one year.<sup>4</sup> Cabrera's poor performance in the first year did not prevent him from making frequent requests to the king to replace the director

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<sup>1</sup>Torres, n. 42.

<sup>2</sup>María de la Fuente (p. 81) stated that even the doctors and surgeons would have been removed if their posts could have been filled by Hippolytes.

<sup>3</sup>The refusal to pay the actors was within the scope of his authority since he held the distributive powers of the director.

<sup>4</sup>María de la Fuente, p. 82.

with an Hippolyte.

From all parts of Mexico complaints were being registered against the Hippolytes.<sup>1</sup> Finally, in 1711, the viceroy, Duque de Linares, ordered an investigation to be carried out by the presiding judge of the hospital, Francisco de Valenzuela Benegas. His report of March 23, 1711 declared that the hospital was in such a deplorable state that it would have to be closed if something was not done. He claimed that its funds were not sufficient for the care of the patients and the salaries of the employees.<sup>2</sup> Valenzuela drew up a set of ordinances titled "New Plan" ("Nueva Planta"), and although they were approved by the king in the order of October 5, 1715 (Buen Retiro),<sup>3</sup> the Hippolytes were able to prevent the ordinances from being enacted.

The investigation undertaken by the presiding judge and the threat of a complete reorganization of the hospital had little effect on the behavior of the brothers, for in 1730 there were rumors and accusations. It was reported that the Hippolytes abandoned the infirmaries and tyrannized the patients by throwing

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<sup>1</sup>Muriel de la Torre, I, p. 121.

<sup>2</sup>Torres, n. 57. That the presiding judge of the hospital was not aware of this situation without carrying out an investigation is indicative of the control exercised by the Hippolytes within the hospital and on the board.

<sup>3</sup>Ibid. Also, María de la Fuente, p. 83.

meals into their faces and giving them bones instead of meat.<sup>1</sup> New ordinances were drawn up in 1731, but they met the same fate as the "New Plan."

It is difficult to comprehend all that contributed to the widespread degeneration of the Hippolytes, and specifically, to their actions in the Royal Hospital. Equally incomprehensible is the fact that such blatant abuses existed for an extended period of time without any action by the Spanish government. The Hippolytes, however, were not the only religious body to show signs of spiritual deterioration at this time. With the beginning of the eighteenth century, there was a noticeable laxness of religious activity and devotion of members of many orders and numerous reports of license among the clergy.<sup>2</sup> Muriel de la Torre stated that this was particularly true of the secular clergy and of the hospitaler orders.<sup>3</sup> She attributed the actions of the Hippolytes to the relaxation of the rules introduced into the

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<sup>1</sup>A.G.N.M., Ramo hospitalares, t. 56, exp. 9, "Pesquisa secreta sobre excesos que se cometen en el Hospital Real por los Religiosos hospitalarios," 1730, as cited by Muriel de la Torre, I, p. 121.

<sup>2</sup>Cuevas (5th ed. rev.), IV, pp. 95-101, 154, and 165-67. Also, Muriel de la Torre, I, p. 227.

<sup>3</sup>Muriel de la Torre, I, p. 227.

order<sup>1</sup>; however, this was not the case. In 1594, the group of La Caridad (Charity), known also as Saint Hippolyte, received approval from the pope to form a religious congregation based on the simple vows of chastity and poverty. They were given the same privileges enjoyed by the Brothers of Saint John of God,<sup>2</sup> and the right to name their own superior. It was soon discovered that the weak organization of the order was a detriment to its progress for the members felt free to leave whenever they wished. Therefore, the general of La Caridad appealed to the pope. The vows of hospitality and obedience were to be taken by those entering the congregation in accord with the recommendations made by the pope. The older members were to continue living in conformity with their simple vows of chastity and poverty. Although many left the order, claiming that it was no longer religious because of the confusion of vows among its members, and despite the selection of many incapable superiors, the order showed remarkable progress in the next century. In 1700, Juan Cabrera was sent to Rome as a delegate from the order to seek help from the pope in reorganizing the congregation. (He was the order's general procurator.) Also, he was to request that a new method be created for selecting its

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<sup>1</sup>Ibid., p. 121. Later, she wrote that the rules were made more detailed and that they were better classified (pp. 190-91). After this contradiction, she stated that the decline was due primarily to the "lack of genuine religious spirit" (p. 227).

<sup>2</sup>Cuevas (5th ed. rev.), III, pp. 361-65.

general since the twenty oldest members who ordinarily selected him lacked ability for such a decision.<sup>1</sup> The pope received Cabrera benevolently because of the excellent work the Hippolytes had performed in the New World and the singularity of a delegate from such a distance land. The society was changed into a religious order based on the solemn vows of chastity, poverty, obedience, and hospitality, and was placed under the rule of St. Augustine. The pope, however, declined from changing the electoral system.<sup>2</sup> Therefore, the rapid decline of the order in the next decades cannot be attributed to any relaxation of the rules of the order, but a possible explanation may be found in the character of the delegate, and later general, Juan Cabrera. Shortly before Cabrera was to return to Mexico, he begged the pope to appoint him the general of the order, claiming that the brothers of the order were incapable of selecting the most suitable person.<sup>3</sup> The pope, of course, refused; however, Cabrera was so insistent that the pope agreed to endorse his candidacy, and he was elected.<sup>4</sup> Some of the elders of the society may have been incapable of choosing the most suitable candidate, but this situation did not require

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<sup>1</sup>Ibid., pp. 359-60.

<sup>2</sup>Ibid., p. 360.

<sup>3</sup>Ibid.

<sup>4</sup>Ibid. Also, María de la Fuente, p. 81.

the radical action proposed by Cabrera who was only a delegate (and general procurator of the order). Although Cabrera may have contributed to the subsequent decline of the order, his leadership was probably only one of several factors. It is very possible that a rift had begun to develop within the order, between those members who were Americans and those who were Europeans, and the resultant dissension disrupted the spiritual activities of the group.<sup>1</sup>

It was not until 1737 that the king, perceiving the steady deterioration of the hospital, ordered that the number of Hippolytes be reduced to six. The order of December 31, 1741 (Buen Retiro) dismissed all Hippolytes from the care of the patients and the operation of the Royal Hospital, and retired them to their convent.<sup>2</sup> The effects of their administration could not be corrected immediately, and Cabrera y Cayetano undoubtedly referred to the condition of the Royal Hospital when he wrote of the "trabajo de un Hercules ... en repurgar Cafas, y Hospitales mas sucios, que establos, aunque regios."<sup>3</sup>

<sup>1</sup>Ferrer del Rio specifically attributed the decline to the development of an incipient nationalism. D. Antonio Ferrer del Rio, Historia del reinado de Carlos III en España (Madrid: Imprenta de los señores Matute y Compagni, 1856), I, pp. 435-36. Also, see Cuevas (5th ed. rev.), IV, pp. 95-101.

<sup>2</sup>Torres, n. "41."

<sup>3</sup>Cabrera, n. lll, p. 49. For a brief presentation of the actions of the Hippolytes in other hospitals at this time, see Muriel de la Torre, I, pp. 204-05, and 217-18. Marroqui (II, pp. 548-637) is more detailed.

After the Hippolytes were ordered from the hospital, the administrator again became superintendent director, in charge of both the collection and distribution of funds, as well as the care of the patients,

visitarlos con frecuencia, consolandolos, é inquietando de ellos si están, ó nó bien asistidos, ó si ha havido falta digna de correccion.<sup>1</sup>

There is a great deal of confusion among historians concerning the relation of the brothers to the theater. Flores wrote that the Hippolytes began the theater next to the hospital.<sup>2</sup> This, of course, is untrue since it was established within the hospital between 1595 and 1603. González Obregón stated that the Hippolytes managed the theater of the hospital,<sup>3</sup> while Olavarría wrote that the brothers administered the theater until 1712 or 1718 when it was first rented.<sup>4</sup> As related previously, the king

<sup>1</sup>Torres, n. 42. Torres, of course, implied that this was not being done by the Hippolytes. Cabrera y Cayetano praised the work of the Hippolytes during the typhoid epidemic which broke out in Mexico City in August, 1736 and lasted ten months (n. 786, pp. 400-01, and n. 791, p. 403). Since it was in 1737 that the king made the first positive move against the license of the brothers, Cabrera's statement appears to have been based only on the observation that many Hippolytes were stricken. Also, see n. 180, p. 81, concerning the refusal of doctors to treat patients.

<sup>2</sup>Flores, II, p. 234.

<sup>3</sup>González Obregón, p. 82.

<sup>4</sup>Olavarría, I, p. 19.

did not comply with the Hippolytes' request to have authority over the theater.<sup>1</sup>

The Hippolytes were disgusted by the antics of the performers of the theater. Their reaction was not based solely on moral considerations nor on the autonomy of the director, for the actors were not hesitant about breaking their contracts whenever they wished, thereby affecting the hospital's income if their popularity was great.

In 1721, the income of the Royal Hospital amounted to about 7,500 pesos, a considerable sum at that time.<sup>2</sup> The collection caused many to believe that the hospital was about to enter a period in which it would operate without deficits, but this belief was shattered in the early morning of January 20, 1722. Upon waking, a chaplain discovered flames in the theater. He sounded the alarm and then attempted to put out the blaze. He was unsuccessful and the building burned with "mas voraz [que] `la ruyna, ó incendio de Jerufalem, y verdaderos Defagravios de Chrifto,"<sup>3</sup> a tragedy that had been shown the afternoon before.

<sup>1</sup>The king's decree of May 12, 1703 (Buen Retiro), reaffirmed the director's charge over the theater. However, since the board that was established by the same order included the general of the Hippolytes, the statements by González Obregón and Olavarría were correct insofar as the board was superior to the director.

<sup>2</sup>Torres, n. 33.

<sup>3</sup>Cabrera, n. 782, p. 399.

The flames reached the hospital and it began to burn too. A mad rush ensued to rescue the patients and to bring the holy vessels to safety, while others tried to prevent the complete destruction of the hospital. The theater was a total loss, and only a small section of the hospital was saved. Mariano de Torres wrote that the hospital was "so damaged that it hardly could be a symbol of its own ruin."<sup>1</sup> Carelessness on the part of the servants was blamed for the fire. The play announced for January 20, 1722 had been Here was Troy.<sup>2</sup>

The thirty patients of the hospital were transferred to the Hospital of Saint Hippolyte. They were well treated by the religious there, who not only opened an hospice (hospicio) and one other building for the accommodation of the Indians, but paid for all costs of caring for the Indians while the hospital was being rebuilt.<sup>3</sup> The construction of the new hospital lasted four years, being carried on by the 40,000 pesos collected in alms by the presiding judge, D. Juan Picado Pacheco, 10,000 pesos donated by Philip V, and an undetermined amount the Viceroy Marqués de Casafuerte was able to collect from various fines.<sup>4</sup> Of course,

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<sup>1</sup>"... Tan maltrada, que apenas podía ser senal de su propia ruina." Torres, n. 33.

<sup>2</sup>Aquí fue Troya. Olavarría, I, p. 20.

<sup>3</sup>Torres, n. 34.

<sup>4</sup>Ibid.

the Indians were still required to pay the medio real or corn tax, thereby contributing a substantial amount. The construction of the new hospital was completed on March 21, 1726.

The area delineated by the new hospital and the cemetery was in the shape of an uneven rectangle (see Fig. II). The facade extended for about 84 yards along the street of San Juan de Letrán, but the width of the cemetery at the rear narrowed to about 57 yards. The total length of the hospital and cemetery was about 220 yards, the hospital occupying 150 yards of that distance.<sup>1</sup> The hospital was built two stories high. The three virtues and the royal coat of arms again adorned the facade, but the entrance was moved to the street of San Juan de Letrán. The entrance was composed of a series of three arches in a short corridor. These arches were slightly elongated and set upon pilasters of the Doric style. The elongation appears to have been the motif for all arches in the hospital (see Fig. III). Between each arch in the entrance corridor there was a passageway.<sup>2</sup>

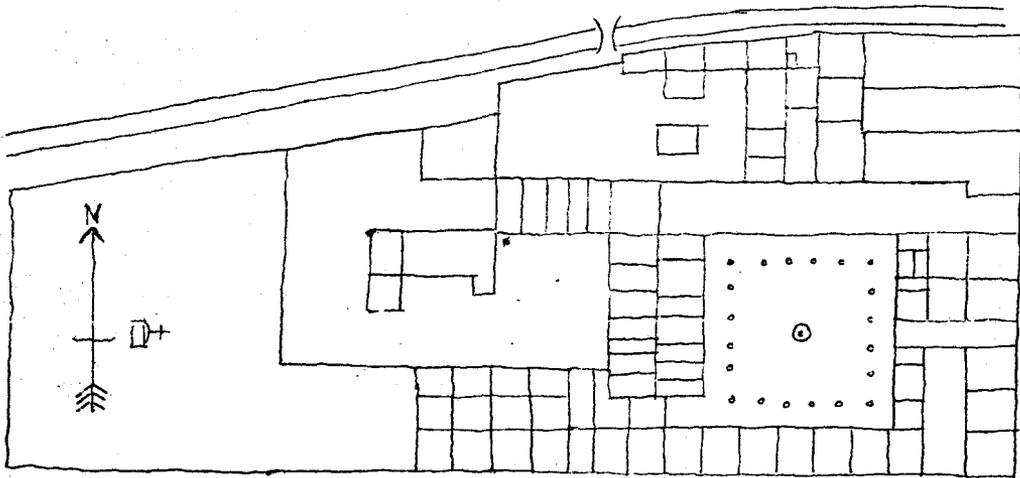
In 1736, the hospital had five infirmaries, while in 1776, the number had increased to eight. According to Torres, some

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<sup>1</sup>Ibid., n. 22.

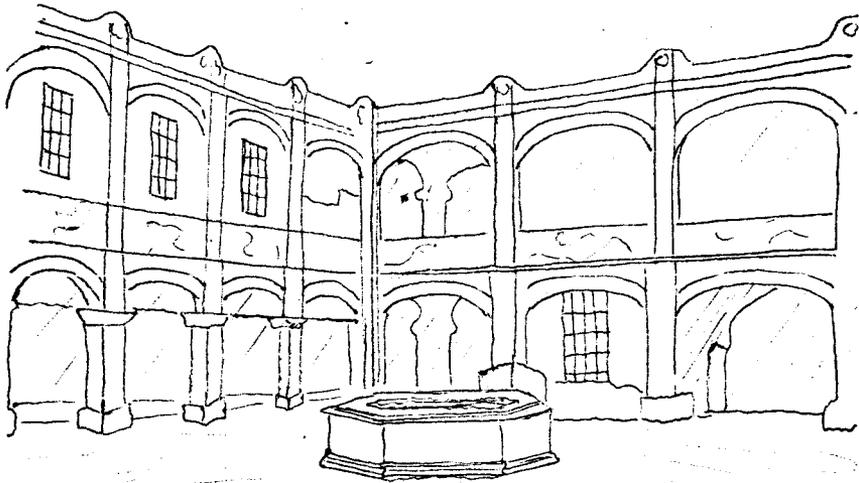
<sup>2</sup>González Obregón claimed that to the left, upon entering the hospital, there was a low door that led to a room which contained cadavers (p. 84), but the existence of such a room is not indicated in the detailed architectural plan, nor mentioned by any chronicler.

Figure II.--The plan of the lower floor of the Royal Hospital and of its cemetery in the eighteenth century.



The details indicating doors, entranceways, and windows have been omitted. The enclosed area with a chapel in the center is the cemetery. The church is not portrayed. From the Archives of the Indies (Seville), as reproduced by Justino Fernandez, lamina I.

Figure III.--The patio of the Royal Hospital



From a painting by Carlos Rivera, "Patio de Antiguo Hospital Real," 1878-79, in the Palacio de Belles Artes, as reproduced by Justino Fernandez, lamina III.

infirmaries extended more than 280 feet.<sup>1</sup>

The Coliseo was rebuilt

so that the Public would not be deprived of the amusement that before it enjoyed in the Coliseo, nor the hospital to lack the proceeds from its rent.<sup>2</sup>

After a large part of the theater had been constructed, it was decided that the building was to be moved because of the "grave harm the poor Patients suffer with the noise of the Functions."<sup>3</sup> The expressed altruism of the authorities no doubt was overshadowed by the practical consideration that such a structure would have been a fire hazard to the new hospital. Also, it is probable that the Hippolytes influenced the change of location because of their antipathy to the actors and because they were affronted by the autonomy exercised by the director over the theater. In an article in the Gacetas de México it was written that "the Coliseo is to be moved to a place away from the sacred ground,"<sup>4</sup> an unlikely consideration in view of the rapidity by which a building was

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<sup>1</sup>Torres, n. 22.

<sup>2</sup>"... Para que no se privará el Publico de la comun diversion que antes lograba en el Coliséo, ni el hospital careciese del producto de su renta, se determinó restablecerlo ..." Ibid., n. 35.

<sup>3</sup>"... Grave perjuicio que sufrían los pobres Enfermos con el ruido de los Concurrentes." Ibid. Also, María de la Fuente, p. 85.

<sup>4</sup>"... El Coliseo se mude á parte separada de lo sagrado." Gaceta de México y noticias de Nueva-España, January, 1722, No. 1; Vol. I of Gacetas de México ("Testimonios mexicanos," No. 4 [México, D.F.: Los Talleres graficos de la nación, 1949]), p. 6.

constructed on the "sacred ground" in 1762. Also, the wording of the article appears to have been initiated by someone connected with the Church.

The new theater was built between Motolinía and the Avenue 16 de Septiembre, with its entrance located on the latter. According to Olavarría, it was characterized by its good lighting and poor construction.<sup>1</sup> It had two crenelations and a cross over its facade. Vargas Martínez stated that for the next quarter of a century, it was the only facility for theatrical presentations and that when the viceroys attended, they would board a luxurious boat and float from the palace to the door of the Coliseo.<sup>2</sup>

Although the exact date of its foundation is unknown, before 1720, a church called the Divine Savior (Divino Salvador) was made part of the hospital.<sup>3</sup> In 1720, shortly after repairs were made on it, the church burned down. It appears that between 1720 and 1741, the hospital had no other facility other than the chapel in which to hold services. In 1741, a new church, also called the Divine Savior, was built on the hospital's grounds northeast of the main building. It was somewhat smaller than the one which

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<sup>1</sup>Olavarría, I, p. 20.

<sup>2</sup>Vargas, p. 78.

<sup>3</sup>González Obregón was mistaken when he stated that the church was founded in 1741 (p. 79). See Muriel de la Torre, I, pp. 135-36.

burned down in 1722.<sup>1</sup>

The baroque facade was composed of Doric style pilasters which supported a simple arch. The spandrels above the arch were done with lively frieze work. The pediment was broken at its peak to accommodate a large window frame which was covered during the second half of the nineteenth century when the church was no longer part of the hospital. A sign, "Iglesia del Divino Salvador," took its place. On both sides of the doorway, two highly decorated pilasters rose to Corinthian peaks. They supported what had been a large pediment before it too had been broken to permit the construction of the window. The two low bell towers each had two windows with simple Roman arches, and were crowned by pediments with small ornaments above them. Above the sign designating the title of the church, there was a small shield with the following inscription: "FERNANDO VI D.<sup>1</sup> G.<sup>a</sup> HISPAN.. || HIND.. REX.. II || 1754 || REEDIFICOSE || 1876." (See Fig. IV.) The inside of the church was composed of Doric style pilasters supporting simple arches. These arches were repeated on the vaults above the entablature. Upon entering the hospital, a door to the left led to the hospital, and one to the right opened into the cemetery.

The number of patients treated by the hospital increased after 1763. Additions and extensions were made to the building, and

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<sup>1</sup>Muriel de la Torre, I, pp. 135-36.

Figure IV.--The portal of the Church of the Divine Savior



A photo by Carlos Contreras (a Mexican city planner from 1927-38), as reproduced by Justino Fernandez, lamina XI.

in 1762, a large wooden gallery was constructed in the cemetery. According to Torres, it could accommodate three hundred beds with ease, and was supposed to have a death rate lower than any of the other infirmaries in the Royal Hospital.<sup>1</sup>

### The Royal School of Surgery

Mexico City had become a frightening place in which to live because of the inadequate public sanitation provided by the Spanish authorities.<sup>2</sup> Frequent floods spread disease. Canals were cesspools of filth and dead animals that slowly disgorged their contents into Lake Texcoco.<sup>3</sup> During the frequent plagues and epidemics, numerous burials were made within the churches, and when the cemetery graves were made shallow because there were too many bodies to dispose of, the butchers sent out their pigs.<sup>4</sup> The authorities and the people understood that there was a connection between the lack of adequate sanitation and the epidemics, but they were reluctant to take any preventative measures that would

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<sup>1</sup>Torres, n. 26.

<sup>2</sup>Frightening indeed, for in 1612 the noise created by hundreds of pigs being driven through the streets was so great that the white residents were thrown into a panic. They thought the slaves had revolted. Bancroft, III, pp. 23-24.

<sup>3</sup>Enrico Martínez [Heinrich Martin], Reportorio de los tiempos e historia natural de Nueva España ("Testimonios mexicanos," No. 1; México, D.F.: Los Talleres graficos de la nación, 1948), p. 179.

<sup>4</sup>Cooper, p. 30. It was rare to find cemeteries located beyond the limits of the city during the colonial period. Bancroft, II, p. 762.

have involved expense before an epidemic or flood.<sup>1</sup> When an epidemic did break out, the people were very charitable to the Indians who were usually the victims.<sup>2</sup> They demonstrated a momentary zeal to correct abuses, but indifference replaced zeal once the threat had passed.

This deplorable situation was intensified by the fact that the quality of the medical education was hampered by dependence upon medical books whose authors based their observations on those made by Galen and Hippocrates.<sup>3</sup> Contemporaries were skeptical, and even Cabrera, in 1746, expressed his reluctance about being treated by the available doctors:

Yo, por mas que grite Democrito, que todos los hombres, y mucho mas los eftudiantes, deben faber de Medicina: No

<sup>1</sup>This concept of public sanitation was not unusual throughout Europe before the nineteenth century, although the results were more devastating in Mexico because the Indians were so susceptible to the foreign diseases. For information concerning sanitary conditions in Europe during the eighteenth century, see Garrison, pp. 308-11, 392, 416-17, and 419-22; Sarrailh, pp. 11-12; Pauline Gregg, A Social and Economic History of England: 1760-1950 (2nd ed.; London: George G. Harrap and Co., Ltd., 1952), p. 63, and; Basil Williams, The Whig Supremacy: 1714-1760 ("The Oxford History of England"; 2nd ed. rev.; Oxford: Oxford University Press, 1962), p. 392.

<sup>2</sup>Bancroft, II, p. 658.

<sup>3</sup>The basic concepts of medicine were undergoing radical changes throughout eighteenth century Europe, but American medicine was under the strict control of those adhered to the ancient physicians. In Spain, the traditionalists were not confronted with any strong opposition until about the middle of the century. See Garrison, pp. 314-96, Sarrailh, pp. 411-504, and J.J. Izquierdo, El hipocratismo en México (México, D.F.: Imprenta universitaria, 1955), p. 7.

prefumiendome, no digo capaz para eferimir la pluma, pero ni aun hombre, para facar la Espada en este duelo, me doy por Etranjero respecto de los Medicos, Auxiliares Campeones. Pero con todo Yo cuidaré que no me maten, no diciendo lo que á estos como Soldados de un Quartel, les es permitido decir.<sup>1</sup>

It is not difficult to comprehend what the medical practice was, if a man as objective as Cabrera expressed such sentiments. Improvements in medicine and surgery were needed. When the first attempt to improve medical education was initiated in New Spain in the eighteenth century, the Royal Hospital was to play a major role.

On December 1, 1761, José de Cárdenas was removed from his post as superintendent director of the Royal Hospital because he had embezzled 10,546 pesos from the hospital's funds.<sup>2</sup> Antonio de Arroyo, who had been the auditor of the Treasury, was appointed head of the hospital. His appointment ushered the hospital into a new era. One of his first actions dealt with the practice of surgery, which included besides surgical operation, bleeding,

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<sup>1</sup>Cabrera, n. 218, p. 96. Cabrera was not reluctant to praise the work of doctors, particularly during emergencies (nn. 77-218, pp. 34-96.

<sup>2</sup>María de la Fuente, p. 87.

dentistry, and even embalming.<sup>1</sup> On September 19, 1763, Arroyo presented the viceroy with a long memorandum requesting that anatomy classes, similar to those in the Royal General Hospital of Madrid, be set up in the Hospital of the Indians.<sup>2</sup> Also, Arroyo suggested that all those who studied medicine or surgery be required to assist in the same hospital for one year, after which they would be allowed to take their examinations.<sup>3</sup> Following the usual procedure, Arroyo's memorandum was sent by the viceroy to the presiding judge of the Royal Hospital. Upon the approval of

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<sup>1</sup>Gaceta de México, March, 1734, No. 76; Vol. II of Gacetas de México, p. 166. Throughout Europe before the nineteenth century, it was not unusual for the surgeons to be engaged in such a variety of occupations. In England, for example, it was not until 1745 that the Company of Barber-Surgeons was dissolved and the surgeons given their own company. See Williams, p. 389. In Mexico, medicine and surgery were considered to be two separate professions, but the separation between them was not absolute. Surgeons were divided into two groups: "Romance surgeons" who studied only surgery, and "Latin surgeons" who studied medicine in addition to surgery. The romance surgeons were never allowed to practice medicine. Before 1720, the Latin surgeons had been permitted to administer medicines when surgery required it; however, after that year, they were permitted to administer medicines only in the Indian pueblos. This experimentation with lives (Indian lives) was broadened in 1805, when Latin surgeons were permitted to extend their "practice" to the army. The fact that doctors, in general, never seemed to have aspired to learn surgery indicates the low regard held for that profession. It was not until 1787 that one individual was given the right to exercise both professions, but it was not until 1790 that the same right was granted in France. See Flores, II, pp. 201 and 210.

<sup>2</sup>From 1643, three anatomies a year were to be performed by the university in the hospital. Although Dumont had rekindled interest in the importance of anatomical dissection in the early 1750's, official support of a program did not materialize until Arroyo's campaign to improve the Royal Hospital.

<sup>3</sup>María de la Fuente, pp. 92-93.

the judge, it was then sent to the Board of Royal Physicians (Protomedicato).<sup>1</sup> At first, the Board was against the school for its members felt that the romance surgeons would endanger the competence of the doctors and Latin surgeons.<sup>2</sup> Nevertheless, the memorandum was approved by the Board after it was stipulated that the year of practice was to be concurrent with the anatomy studies.<sup>3</sup> The order relating to the anatomy classes did not affect the concession to the university to perform three annual dissections, nor did it limit the right of doctors and surgeons to decide the number of anatomies they thought were necessary.<sup>4</sup> The *audiencia* did not act for some time after receiving the amended form of Arroyo's memorandum. However, when the *audiencia* finally sent it to the viceroy on November 3, 1767, he immediately sent copies to the king and the Royal Council of the Indies. After the king and the Council of the Indies had reviewed the memorandum,

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<sup>1</sup>A brief history of the Board in New Spain is presented by Flores, II, pp. 167-91. For the operation of the Protomedicato in relation to public health, see Cooper, pp. 30-141 (passim). A great deal of documentary material is provided by Francisco Fernandez del Castillo and Alicia Hernández Torres, El Tribunal del Protomedicato en la Nueva España según el Archivo histórico de la Facultad de medicina (México, D.F.: Universidad nacional autónoma de México, 1965). Juan Ramon Beltran, Historia del Protomedicato en Buenos Aires (Buenos Aires: El Ateneo, 1937), has some material on the Protomedicato in New Spain.

<sup>2</sup>Ocaranza, p. 131.

<sup>3</sup>María de la Fuente, p. 93.

<sup>4</sup>Ibid., p. 94.

a royal order based on Arroyo's suggestions was issued on March 16, 1768. The speed with which the memorandum proceeded after it came to the viceroy was unusual, for there was no threat to the public health at that time. The devastating epidemic of 1761-62 may have been of some influence.

By the royal order of March 16, 1768, the Royal School of Surgery (Real Colegio de Cirugía) was founded according to the statutes of the schools of Barcelona and Cadiz.<sup>1</sup> The school was independent of all control by the Royal Hospital; however, the hospital was to provide almost all of its operating funds.<sup>2</sup> D. Andrés Montané y Virgili<sup>3</sup> was to preside over the operation of the academy, and D. Manuel Moreno, who was rector of the school in Cadiz, was named assistant professor and head surgeon by the royal order of May 20, 1768 (Aranjuez). Moreno also became the head surgeon of the Royal Hospital.

The autonomy of the school's director was curious, for not only was he independent of the superintendent director who provided him with operating funds, but also, he was responsible directly to the Board of Royal Physicians and not to the presiding judge of the audiencia who was head of the hospital's board. Such

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<sup>1</sup>The only difference was that there were no academic grades for the work of the students in the school. Flores, II, pp. 160-61.

<sup>2</sup>In 1819, the students were required to pay fees because of the lack of income from the hospital.

<sup>3</sup>Torres, n. 43. Flores misspelled his name as Montanér. (II, pp. 160-62.

power was probably due to Montané's influence in the royal court. This theory is given credence by the fact that when Montané quit his post and returned to Spain, a royal order was issued on April 13, 1780 taking away some of the power of the director over the operation of the school.<sup>1</sup> However, the head of the Royal School of Surgery never was placed under the direction of the hospital administration.

The royal order of May 20, 1768 was in direct opposition to the decision made by the surgeons and doctors to perform only two anatomies a month in the new school. This decision had received the approval of both the viceroy and the colonial Board of Royal Physicians, but the king ordered daily dissections in the new school. All interns of surgery were obligated to be present at these daily dissections and prepared to assist the surgeons and doctors, but medical interns were exempted from attendance at these practical anatomy sessions.<sup>2</sup>

By the same order of May 20, 1768, four chairs were established. Practical Anatomy and Surgery were to be presented "in the freshest season of the year," by the director of the school

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<sup>1</sup>Flores, II, pp. 145-46.

<sup>2</sup>Ibid., p. 146. Thus, the study of medicine was not integrated with that of surgery. María de la Fuente (p. 95) wrote that this integration had been achieved, assuming that all of Arroyo's suggestions had been followed.

and the second professor.<sup>1</sup> The head doctor of the Royal Hospital was to give a course in physiology

from March until the end of May, to explain the use of the parts of the human body, so that with knowledge of the structure, composition, and situation of them, it may be easier to understand their exposition.<sup>2</sup>

Clinical surgery was to be given by the professors in their own hospitals, which meant that the second professor of surgery also was responsible for this part of the pupil's education. Instruction lasted for six months a year, from October to March (or sometimes, to May). The classes met for one hour a day,<sup>3</sup> and medical interns were the only ones exempted. In October, the course began with osteology, and perhaps, atthropology (the study of the joints), with the aid of two artificial skeletons. In December, myology was given with a wooden mannequin, or with human dissections in one of the two amphitheaters. The first and second professors alternated in giving these courses.<sup>4</sup> Physiology was studied at the start of the year and was presented by the head doctor of

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<sup>1</sup>Torres, n. 44.

<sup>2</sup>"... Desde Marzo hasta fin de Mayo, á explicar el uso de las partes del cuerpo humano, para que con noticia de las estructura, composicion, y situacion de ellas, pueda mas facilmente comprenderse su explicacion." Ibid.

<sup>3</sup>Flores, II, p. 149.

<sup>4</sup>Ibid.

the hospital, but in the final years of the institution, a group of its directors "taught their notions."<sup>1</sup> The studies of anatomy, dissection, and physiology continued until the end of the second year. In the third and fourth years surgery was studied.<sup>2</sup>

Serrano, one of the directors of the School of Surgery, stated that there were studies of ulcers, tumors, theurapeutics, bullet and sword wounds, childhood sicknesses, women's illnesses, venereal diseases, pains in the bones, sores of the eyes, etc. Also, Flores claimed that in the last years of the institution, some notion of legal medicine was being taught. He mentioned one manuscript of the school referring to an "arte de hacer las relaciones médico-químico-legales del Licenciado Magin Cami, Cirujano de los reales Ejércitos."<sup>3</sup> It is doubtful that any of these so-called studies were any more than cursory presentations. In 1823, the Board of Royal Physicians sent a memorandum to the Congress stating that the instruction in the School of Surgery was an "accumulation of unconnected notions."<sup>4</sup> Moreover, the pedagogical situation must have been stifling. There were only three men teaching these courses, the first and second professors of the school, and

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<sup>1</sup>Ibid., p. 148.

<sup>2</sup>Ibid., p. 159.

<sup>3</sup>Ibid., p. 146.

<sup>4</sup>Ibid., p. 159.

the head doctor of the Royal Hospital.

The school could not begin immediately because there were no facilities at the Royal Hospital for such classes. Montané and Moreno, on the day they received their positions, presented a plan for a private and public dissecting room. This plan was approved by the king, and the superintendent director of the Royal Hospital arranged for land to be set aside for the anatomy rooms.<sup>1</sup> They were built within the hospital grounds, and on February 3, 1770, daily anatomy instruction was begun in the Royal Hospital.<sup>2</sup>

When Montané returned to Spain in 1779, Manuel Moreno took his place. Flores called him "one of the best professors of that establishment,"<sup>3</sup> but offered no concrete proof other than stating that in 1783 Moreno was responsible for the complete reorganization of the school. As Flores admitted, there are no records to describe exactly what this reorganization involved, and contemporary records give it little attention. Furthermore, Flores'

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<sup>1</sup>Torres, n. 45.

<sup>2</sup>Ibid., n. 46. Flores (II, p. 145) claimed that the school did not exist officially until April 10, 1770, when Viceroy Marqués de Croix declared that the tribunal of the Board of Royal Physicians would not admit anyone to the surgeon's examination who did not present a certificate from the director of the School of Surgery and the head doctor of the hospital stating that the student had completed four courses (four years) and had ability. However, this decree merely granted the school power to certify candidates. It did not provide for its foundation.

<sup>3</sup>Flores, II, p. 152.

statements that only bloodletters and barbers studied surgery to 1794 indicates that Antonio's reorganization did not affect the quality of education.<sup>1</sup>

The third director of the Royal School of Surgery was Antonio Serrano y Rubio, who came to Mexico in 1794 and retired in 1829. He was a strong-willed administrator who intended to elevate the quality of education by accepting only wealthy students who were to have certificates of "limpieza de sangre,"<sup>2</sup> and medical books.<sup>3</sup> In 1807, some applicants to the school were denied entrance because they failed to produce certification of "limpieza de sangre." Montaña, a progressive at the university, condemned Serrano for the action, declaring that the only requisite for such study should be dedication.<sup>4</sup> Serrano's inflexible scrupulosity regarding race and protocol is demonstrated further by his criticism of a bloodletter whom he reproached for not having a certificate of nobility.<sup>5</sup> Later, after 1819, the students had to be able to pay fees for their studies. The applicants were to be between 15 and

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<sup>1</sup>Ibid.

<sup>2</sup>Certificates of "limpieza de sangre" identified the bearer as a purebred Caucasian.

<sup>3</sup>Ocaranza, p. 111. This certification was in direct contradiction to the Constitution of 1776. Mexico City, Constituciones ... del Hospital Real ..., tratado I, ordenanza VIII, pp. 4-5.

<sup>4</sup>Flores, II, p. 156.

<sup>5</sup>Ibid.

21, and not older.<sup>1</sup>

In 1794, Serrano vigorously enforced the king's ban against students of surgery assisting in barber shops,<sup>2</sup> but this enforcement did little to improve the medical practice, for if anything, it lowered the quality of practice in the barber shops. How ineffective this measure actually was can be seen by Humboldt's observation that there were 204 doctors, 51 physicians, and 227 surgeons and barbers in Mexico City.<sup>3</sup> Also, the repetition of the ban was frequent, indicating that it was not obeyed.<sup>4</sup>

On July 1, 1806, the viceroy approved of Andrés Montaña's suggestion to found a new clinic in the Hospital of Saint Andrew to assist the students in gaining practical knowledge. The proposed clinic was never opened because Serrano was in opposition to the proposal. He probably felt that another institution would detract from his position. Serrano distributed the surgical students who could not be trained in the Royal School of Surgery among the city's hospitals where they were to be "trained" by

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<sup>1</sup>Ibid., p. 152.

<sup>2</sup>Ibid., p. 153.

<sup>3</sup>Alexander de Humboldt [sic], Political Essay on the Kingdom of New Spain, trans. John Black (2nd ed.; London: T. Davison, 1814), IV, p. 297.

<sup>4</sup>Barbers were prohibited from bleeding and removing teeth by a viceregal decree of March 29, 1799. José Alvarez Amézquita, et al, III, p. 377. In 1814, surgeons were censured for having begun their studies in barber shops. Flores, II, p. 156.

aiding surgeons and doctors during operations.<sup>1</sup>

Between 1770 and 1803, 122 students of the school became surgeons, while from 1803 to 1813, there were 79 who were approved. The number of registrants for these years is not known, although there are records for two years: 1806, 60-70, and 1813, 86.<sup>2</sup>

The Royal School of Surgery survived the hospital almost ten years. Between 1831 and 1833 its operation was terminated, being followed by the Medical Faculty of the District.

The Royal School of Surgery had been established to raise the level of the surgical and medical practice. Improvements that could have been introduced into the medical education by the Royal School of Surgery were limited by the strength of those in New Spain who were followers of Galen and Hippocrates. No real opposition was offered to the traditionalists who were in control of the school. Despite the excellent opportunities provided for innovations and discovery by the school, it never made a notable contribution. The school merely provided surgeons who were made to accept traditional standards, and were considered acceptable by those same standards. The level of surgical practice in New Spain was not raised by the school. It was only solidified.

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<sup>1</sup>Flores, II, p. 149. Flores bitterly deprecated Serrano for this policy.

<sup>2</sup>Ibid., pp. 158-59.

## The Sodalities<sup>1</sup>

Between 1726 and 1776, the Sodality of Saint Nicholas of Tolentino and the Souls of Purgatory became known as the Holy Community of the Most Blessed Mary (Santa Escuela de María Santísima).<sup>2</sup> The Brotherhood of the Blessed Christ was disbanded, and the new sodality, Our Lady of Sorrows (Cofradía de nuestra Señora se los Dolores), does not appear to have had any difficulty with the Indian group, probably because it was confined to the church of the Divine Savior.

In the 1750's, the Indian sodality of the Most Blessed Mary was threatened with extinction because it had failed to comply with the May 15, 1600 order of Philip III concerning the licensing of such groups.<sup>3</sup> The king made an exception in the case of the Indians' sodality by issuing an order on July 31, 1757 permitting the congregation to continue with its activities provided that it would send its statutes to the Council of the Indies.<sup>4</sup> Although the sodality of the Most Blessed Mary was exempted, that of Our Lady of Sorrows was ordered banned from the church of the hospital

<sup>1</sup>See pp. 30 to 33 of this work for the early history of the sodalities and their functions.

<sup>2</sup>Torres, n. 19. González Obregón mistakenly called the sodality Santa Eulalia de María Santísima (p. 79).

<sup>3</sup>Recopilación (1791), libro I, título IV, ley 25, p. 34.

<sup>4</sup>Torres, n. 19.

and all other places because it had been founded without the necessary license.<sup>1</sup> The leniency shown to the sodality of the Most Blessed Mary and the severe tone of the ban indicate that the termination of the church sodality was not solely on account of a license.

Referring to the sodalities in general, Lamas said that men like Vicente Riva Palacio, who were definitely liberal in the nineteenth century meaning of the word, spoke of the sodalities as

realizar el pensamiento de la fraternidad del mutuo auxilio de la organización del trabajo en común, del equitativo repartimiento de los frutos de los congregados y de sus hijos. ...<sup>2</sup>

This rapport did not exist in the Royal Hospital. The bitter rivalry between the two sodalities has been demonstrated previously.<sup>3</sup> By the time of the Viceroy Bucareli (1771-79), the "fraternity of mutual aid" had spent itself completely. Even the chapel was in ruins. It was only with the help of the king and the Indians of the San Juan and Santiago districts that a poor

<sup>1</sup>Mexico City, Constituciones ... del Hospital Real ..., tratado IV, ordenanza IX, pp. 18-19.

<sup>2</sup>Adolfo Lamas, Seguridad social en la Nueva España (México, D.F.: Universidad nacional autónoma de México, 1964), pp. 141-42.

<sup>3</sup>Supra, pp. 32-33.

reconstruction was made in 1781.<sup>1</sup> Furthermore, nearly every operation and auxiliary function of the hospital was dealt with by contemporary reports, newspapers, and royal orders, but after 1776, there was no mention of the sodality in these sources.

The rapid decline of the sodality after 1776 appears to be related in some way to the reorganization of the hospital, but this cannot be documented with the available sources.

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<sup>1</sup>A.G.N.M., Ramo hospitales, t. 14, exp. 5, "Informe dado al Virrey Martin Mayorga," 1781, Muriel de la Torre, I, p. 135.

## CHAPTER VI

### THE REORGANIZATION OF THE ROYAL HOSPITAL AND THE RE-ESTABLISHMENT OF THE DISPENSARY

The Constituciones, y ordenanzas, para el regimen, y gobierno del Hospital Real, y general de los indios de esta Nueva España are composed of thirteen treatises comprising sixty four pages. They deal with every phase of the hospital's operation and even include the wages of the employees. The thoroughness of the document has caused the historians of the hospital to base their works on it without investigating whether or not the ordinances were actually put into effect by the colonial authorities. Some historians even have confused the directives of 1776 with those of earlier periods. As a result of their uncritical evaluation of the Constitution, historians have presented the chronicle of the Royal Hospital in the eighteenth century over and over without variation. Moreover, all of the historians of the hospital have approached the Constitution as a document which only demonstrated the method of operation in the Royal Hospital, and have

not viewed it as reflecting the problems of both the Royal Hospital and the medical profession. The following study will attempt to interpret these ordinances in their historical perspective and critically evaluate their effect.

When the Royal Hospital had been founded in 1553, one of the stipulations of the royal order was that the ordinances were to be drawn up to govern the institution. No attempt was made to formulate the ordinances in the sixteenth and seventeenth centuries, and had it not been for the Hippolytes, there would not have been a precedent to the Constitution of 1776. Strangely, the deposition of the Hippolytes, who had prevented the enactment of the ordinances in 1715 and 1731<sup>1</sup>, did not motivate the colonial government to initiate action for the drawing up of a constitution.

In 1759, Viceroy Marqués de las Amarillas (1755-60) ordered Felix Venancio de Villavicencio, and later, Joseph Rodríguez del Toro, both judges of the Royal Court to make a visita of the Royal Hospital with the purpose of drawing up a plan for its government. Ordinances were drawn up in 1760 and sent to the king in that year; however, the king found them to be so unsatisfactory that he even questioned the ability of the colonial government to set up a board to form the ordinances.<sup>1</sup> He stated that a copy of the ordinances of the General Hospital of Madrid would be sent to

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<sup>1</sup>Torres, n. 60. The entire decree (July 13, 1763) is reproduced by Torres in that note.

Mexico to demonstrate the means of forming a board of capable individuals.<sup>1</sup> This board was to study the suggestions of the doctors and surgeons, and also, the ordinances that were sent to the king in 1760. After new ordinances were formed, they were to be sent to the treasurer of the Royal Treasury for his approval and then to the Royal Court to be voted upon. The final draft was to be sent to the king for his approval. To begin these proceedings, Viceroy Marqués de Cruillas (1760-66) ordered that all papers, decrees, and dispatches dealing with the Royal Hospital be sent to its archives.

Viceroy Marqués de Croix (1766-71) considered the first draft of the ordinances offered to him by the board as too long and detailed. A revised edition was sent to the viceroy on August 8, 1770. He sent it to the chief treasury official, Antonio de Areche, who completed his study of the ordinances within a month and sent the draft to Spain for approval.

Although the colonials had paid scrupulous attention to the order concerning the forming of the ordinances, their draft did not satisfy the Council of the Indies. The council found it necessary to edit much of the material and to make many additions<sup>1</sup>; however, one addition was not due entirely to the incompetence of the colonial authorities. An order of May 23, 1771 (Aranjuez), ordered the dispensary of the Royal Hospital to be re-established

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<sup>1</sup>Ibid., n. 67.

according to the ends set forth by Arroyo.<sup>1</sup> The dispensary had been closed for some time due to its expensive operation and the need for close supervision. The Council of the Indies added the entire section concerning its operation.<sup>2</sup>

Five years were to pass before the ordinances of the hospital and dispensary were sent before the king. It is doubtful that the colonial document was completely at fault for there were other more pressing problems confronting Spain at that time. Charles III finally approved the ordinances by the decree of October 27, 1776 (San Lorenzo), introducing the document with the following words:

Prohibiting absolutely, as prohibited, that neither the Viceroy of those Provinces, the Board, the Director, nor another Minister, nor any subject, may be admitted for treatment in the Hospital of the Indians who is not precisely an Indian man or Indian woman, in consideration of it being only, and specifically established for them.<sup>3</sup>

It is curious that the king introduced the Constitution with the reiteration of this prohibition and stated it with such severity: Not only was the Royal Hospital an Indian hospital, an institution which catered to people without "purity of blood," but also, its

<sup>1</sup>Ibid.

<sup>2</sup>See pp. 104 to 107 of this work for the nature of this section.

<sup>3</sup>Prohibir absolutamente, como prohibido, que ni el Virrey de aquellas Provincias, la Junta, el Administrador, ni otro Ministro, ni sugeto alguno, pueda admitir á curacion en el Hospital de Indios á persona alguna, que no sea precisamente Indio ó India, en atencion á estar única, y determinadamente establecido para ellos." Torres., n. 70.

mortality rate was higher than that of any other hospital in the city.<sup>1</sup>

The first two treatises of the Constitution dealt with the power of the board of the hospital. According to the ordinances, the board was to meet at least each month,<sup>2</sup> and was to be called by the presiding judge of the hospitals. The board was composed of the presiding judge, the chief minister of the Tribunal of Accounts, the superintendent director, and the head chaplain. The purveyor and all the chaplains were to be present at the councils.<sup>3</sup> Only three members of the board, the presiding judge, the director, and the head chaplain were allowed access to the treasury of the hospital. It is notable that no treasury official was given the right of access to the chest, even though the minister of the Tribunal of Accounts was on the board. The chest, which was kept in the council room, had three locks for which each man had a key. All three men had to be present with an accountant when the chest was opened, an innovation first suggested by the treasury official, Juan Antonio Velarde, on October 14, 1768.<sup>4</sup>

<sup>1</sup>In 1776, the year the ordinances were approved, the mortality rate was 7.7 per cent. See Table I.

<sup>2</sup>Mexico City, Constituciones ... del Hospital Real ..., tratado I, ordenanza VIII, p. 4. Also, Torres, n. 39.

<sup>3</sup>Mexico City, Constituciones ... del Hospital Real ..., tratado II, ordenanza II, p. 6

<sup>4</sup>In America, this triple check system had been common for many years, for example, in subtreasuries and collection centers. See C. H. Haring, The Spanish Empire in America (New York: Harcourt, Brace and World, Inc., 1963), pp. 279-80.

Table I.--Mortality rates of the Royal Hospital of the Indians

| Year <sup>a</sup> | Total number of patients | Cured | Died              | Mortality rate (percentage) |
|-------------------|--------------------------|-------|-------------------|-----------------------------|
| 1532              | 300-400                  | -     | -                 | -                           |
| August, 1736      |                          |       |                   |                             |
| -June, 1737       | 7283                     | 4799  | 2484 <sup>b</sup> | 34.0 <sup>c</sup>           |
| 1761              | 9000                     | 7000  | 2000 <sup>b</sup> | 22.2                        |
| 1776              | 3287                     | 2801  | 426 <sup>b</sup>  | 13.0                        |
| 1789              | 2430                     | 1838  | 434 <sup>b</sup>  | 17.9                        |
| 1795-99           | 11490                    | 9096  | 1810 <sup>b</sup> | 15.8                        |
| 1807              | 2390                     | -     | -                 | -                           |
| 1808              | 2805                     | -     | -                 | -                           |
| 1809              | 3505                     | -     | -                 | -                           |
| 1810              | 3772                     | -     | -                 | -                           |
| 1817              | 442                      | 307   | 102 <sup>b</sup>  | 23.0                        |

<sup>a</sup>The sources for the years given are as follows: 1532: Gante, Cartas de Indias, p. 53; 1736-37: Cabrera, n. 790, p. 402; 1761: Cooper, p. 50; 1776: Torres, n. 24; 1789; Gazetas de México compendio de noticias de Nueva España, 23 February 1790, IV, No. 4, p. 30; 1795-99: A.G.N.M., Ramo hospitales, t. 19, exp. 24, "Estado ...," 1800, as cited by Muriel de la Torre, I, pp. 124-25; 1807-10: A.G.N.M., Ramo hospitales, t. 48, exp. 5, "Estado ...," as cited by Muriel de la Torre, I, p. 125, and; 1817: Gazeta del gobierno del México, 30 January 1819, X, No. 14, p. 106.

<sup>b</sup>The total number of "cured" and "died" do not equal the "total number of patients" because of a small percentage who had to remain in the hospital for treatment.

<sup>c</sup>The highest mortality rate reported by any other hospital in Mexico was that of San Andrés, between December 1, 1785 and April 30, 1786. It was 12 percent and was considered quite exceptional. Cooper, pp. 77-78. The average mortality rate for non-Indian hospitals was about 6 percent.

The Constitution mentioned that this suggestion was a reply,<sup>1</sup> probably to a letter from the Council of the Indies or the king concerning the scandal in 1763 in which over 10,000 pesos were taken by the superintendent director. Before this ordinance, it is likely that the director had sole right of entry into the hospital's treasury, although he was subject to audits. There are no records of financial scandals in the Royal Hospital after 1776, indicating that the new operation was a successful preventative measure.

Each month, the board granted money to the hospital on the basis of the amount anticipated by the superintendent director and the purveyor. When the amount was granted, a warrant of the board was issued and the money delivered.<sup>2</sup>

Sealed bids for leasing the properties of the hospital were to be considered by the presiding judge and the director of the hospital with the assistance of the Treasury's superintendent. None of the properties of the Royal Hospital, especially the farms, were to be sold without the approval of the board acting in consultation with the viceroy and the superintendent of the Treasury. Any repairs in excess of one hundred pesos that were to

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<sup>1</sup>Mexico City, Constituciones ... del Hospital Real ..., tratado I, ordenanza II, p. 2.

<sup>2</sup>Ibid., tratado I, ordenanza IV, p. 3.

be made to the hospital's properties, were to be approved by the presiding judge who would report the repairs to the board.<sup>1</sup>

The board had the sole right of changing any of the ordinances after the approval and license of the viceroy. Since the viceroys were ordinarily indifferent to the operation of the hospital, the board exercised almost autonomous authority.

The powers of the presiding judge were multiplied by the Constitution of 1776. Not only was he given the enviable position of aiding in the selection of the bids for the leasing of hospital properties, but also, he was granted the jurisdiction over all civil and criminal cases involving those who served the Royal Hospital. The fuero pasivo, enjoyed by the hospital employees in Spain, was thereby granted to the employees of the Royal Hospital. Those who were not satisfied with a judgement rendered by the presiding judge could appeal their cases to the Royal Court in civil matters, and to the Criminal Court in criminal cases.<sup>2</sup> The presiding judge of the hospital did not receive an added salary while he was in charge of the Royal Hospital.

The constitution placed the salary of the superintendent director at 2,512 pesos for administering the hospital, and 400 pesos for collecting the medio real.<sup>3</sup> The position of the

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<sup>1</sup>Ibid., tratado I, ordenanza XII, p. 6.

<sup>2</sup>Ibid., tratado II, ordenanza VII, p. 8.

<sup>3</sup>Ibid., tratado XIII, ordenanza II, p. 59.

superintendent director remained appointive, either by action of the viceroy or of the king; however, the oath of fidelity was given to the board, and the board determined the amount of security the man was to place in trust.<sup>1</sup>

According to the Constitution, the first duty of the superintendent director was to prepare a general inventory of the Royal Hospital, keeping in mind the inventory made by his predecessor when he took office.<sup>2</sup> The new director was to comment on the improvements or faults of the previous director. Compared to the oath he had sworn before the board, this procedure was a most effective means of reinforcing upon the new director the scope of his responsibility. Traditionally, the most important duty of the director (as administrador) was the collection of the medio real, although at times it was given to the highest bidder.<sup>3</sup> Between 1741 and 1776, the superintendent director was entirely in charge of the collection, a duty which appears to have been quite exhausting. The director sent several requests to the king to have the medio real collection placed under the direction of the Royal Treasury, but these requests were left unanswered until the Constitution of 1776. According to that document, the collection

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<sup>1</sup>Ibid., tratado III, ordenanza IV, p. 10.

<sup>2</sup>Ibid., tratado III, ordenanza II, p. 10.

<sup>3</sup>Torres, n. 30.

of the medio real was to remain separate from the collection of the tribute paid by the Indians because there was no accountant for that branch of the Treasury, and the royal officials were overburdened with the work that they had.<sup>1</sup> Therefore, until the termination of the hospital, the superintendent director remained in charge of the medio real collection and the other numerous incomes of the Royal Hospital.

The director of the hospital was to keep two books: one which contained the incomes of the hospital along with the payment of installments on loans, and another which duplicated the first with additions to indicate those in debt and those who had satisfied their debt. These books were to be presented to the board each month, and at the end of the year, they were to be compiled in a general account with the categorization of the items. This annual compilation was to be approved by the viceroy who then would send it to the Tribunal of Accounts. There it would be glossed. The fiscal attorney (señor fiscal) would check it and then send it to the presiding judge for approval. The approved account would be returned to the superintendent director after it had been certified.<sup>2</sup>

The hospitaler duties of the director were direct assistance to the patients and the careful supervision of the employees.

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<sup>1</sup>Mexico City, Constituciones ... del Hospital Real ..., tratado I, ordenanza VIII, pp. 4-5.

<sup>2</sup>Ibid., tratado III, ordenanza XIII, pp. 13-14.

The doctors and the surgeons, as well as the pharmacist, were to be observed at all times, but the superintendent was to take care not to infringe upon the jurisdiction of the Board of Royal Physicians.

The superintendent director was not responsible for all collections of the hospital's funds, for the collector (colector), named by the viceroy, was placed in charge of collecting the alms that the faithful donated on those days Masses were celebrated for the dead. He was to distribute the funds to the chaplain of the hospital, to poor priests, and, of course, in accord with the intentions of the Indians who gave the offerings. Since chaplains were prohibited specifically from being appointed to the position of colector,<sup>1</sup> it appears that in the past, when chaplains were appointed to this office, they had not been above directing the alms money to their own purposes. The collector was to keep two books for accounts: one for the amount received for Masses, and the other for the distribution of funds.<sup>2</sup> The alms donated by the Indians were not considerable, for there were no strict regulations concerning the checking of the collector's accounts. Moreover, when the amount did increase, the accounting was taken out of his control and given to the head chaplain.<sup>3</sup> This position

<sup>1</sup>Ibid., tratado VI, ordenanza I, p. 28.

<sup>2</sup>Ibid., tratado VI, ordenanza IV, p. 29.

<sup>3</sup>Ibid., tratado VI, ordenanza V, p. 29.

could not have engaged a person full time, and so, it is probable that a well-to-do subject acted as collector when called upon by the viceroy. This is reinforced by the fact that no salary was stipulated for that position in 1776 nor in 1793.

The presiding judge of the hospital was to choose the best candidate for the position of head chaplain (capellan mayor), who was then approved by the viceroy. It is not known how the candidates were chosen, but they were supposed to know at least one of the two indigenous languages of Nahuatl and Otomí. The viceroy was to choose the person he believed to be the most capable.<sup>1</sup> The head chaplain was appointed for life with an annual salary of 750 pesos, and was required to live within the confines of the hospital.<sup>2</sup>

The first duty of the head chaplain was that of immediately providing the patient with a person who could hear his confession. If the patient spoke a strange dialect, the chaplain was to obtain a suitable confessor who was to be provided with housing and reimbursed for any expenses.<sup>3</sup> This total disregard of economics to insure the spiritual welfare of the Indians was a misleading effusion. Another ordinance stated that the head chaplain could press the mendicant orders into this particular service without

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<sup>1</sup>Ibid., tratado IV, ordenanza I, pp. 14-15.

<sup>2</sup>Ibid., tratado IV, ordenanza II, p. 15.

<sup>3</sup>Ibid., tratado IV, ordenanza V, p. 16.

recompense.<sup>1</sup>

The head chaplain managed the church and the sacristy of the hospital, and was to account for their possessions and collections. Besides these responsibilities, some of his duties paralleled those of the director. He was to see that the patients were properly cared for and well fed. He was to observe the various operations of the hospital and report any problems to the presiding judge, a procedure which was meant to check the superintendent director. For minor problems, the chaplain was to consult with the director.<sup>2</sup> The head chaplain was to keep two books: one relating to those patients who entered and left the hospital, and another for those who died there and the disposition of their wealth.<sup>3</sup> The head chaplain received 700 pesos annually.<sup>4</sup>

There were four lesser chaplains who were subordinate to the head chaplain. Candidates for the positions of first and second chaplain were chosen by the director and then sent to the presiding judge and the viceroy for their approval. The two

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<sup>1</sup>Ibid., tratado V, ordenanza III, p. 24.

<sup>2</sup>Ibid., tratado IV, ordenanzas XI, XVI, and XVIII, pp. 19, 21, and 22.

<sup>3</sup>Ibid., tratado IV, ordenanza XIII, p. 20.

<sup>4</sup>Fonseca and Urrútia, VI, p. 298. The date of their report was April 8, 1793, but the salaries for the other positions are almost identical with the salaries stipulated in 1776. The Constitution of 1776 did not give the salary of the head chaplain.

agonizantes (confessors of the dying) probably were chosen in the same manner as the chaplains since their duties were interchangeable with those of the latter; however, the annual salaries differed. The chaplains received 525 pesos, while the confessors received only 400 pesos because of their fewer number of duties.<sup>1</sup> Both chaplains and confessors were to be able to speak Nahuatl or Otomí, and they were to hold valid licenses to confess women as well as men. If the hospital's income permitted, other chaplain positions were to be created, preferably in the Totonacan, Mazahuan, and Tarascan languages, but if the income was insufficient to provide for the needs of the institution, the head chaplain was to request the services of the Franciscans and the other mendicant orders without recompense.<sup>2</sup> Since the income of the Royal Hospital generally was inadequate, the mendicants became the confessors of those Indians of unusual dialects. Two of the chaplains, one who could speak Nahuatl and the other Otomí, were to act as confessors, while the other two administered sacraments and buried the dead. After a day, or a week, according to the preference of the chaplains, these roles were to be reversed. The chaplains (capellanes) also were to say Mass, give one or two sermons a week, and be prompt to say the rosary each day at

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<sup>1</sup>Mexico City, Constituciones ... del Hospital Real ..., tratado IV, ordenanzas III and IV, pp. 15-16.

<sup>2</sup>Ibid., tratado V, ordenanzas I and III, pp. 23-24.

twilight.<sup>1</sup> These duties distinguished them from the confessors and accounted for the greater salaries of the chaplains. The chaplains and confessors were to live within the confines of the hospital.<sup>2</sup> The chaplains were prohibited from leaving the hospital, even for a moment, without the signed permission of the presiding judge. Even with such permission, a chaplain who had to absent himself for any great length of time was to be replaced.<sup>3</sup> According to the ordinances, gravely sick patients were not to be left alone, even if it meant that the head chaplain had to be present at the bedside.<sup>4</sup>

It is doubtful that the head chaplain and his subordinates were as attentive to the physical and spiritual care of the patients as required by the ordinances. The head chaplain did not always provide the confessors of unusual Indian dialects, even

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<sup>1</sup>Ibid., tratado IV, ordenanza XIV, pp. 20-21. Although these ordinances may appear detailed, they are not as detailed as those for Cuban hospitals, in which, for example, two articles were employed to explain the use of chamber pots. Nicolás Joseph Rapún, Legajo 569 in the Sección papeles de Cuba of the A.G.I.S., Havana, August, 1775, as reproduced by A. P. Nasatir, "Royal Hospitals in Colonial Spanish America," Annals of Medical History, IV, 3d series, No. 6 (November, 1942), articles 111 and 112.

<sup>2</sup>Mexico City, Constituciones ... del Hospital Real ..., tratado V, ordenanza III, p. 24.

<sup>3</sup>Ibid., tratado V, ordenanza VIII, pp. 25-26.

<sup>4</sup>Ibid., tratado V, ordenanza VII, p. 25.

in serious cases.<sup>1</sup> Also, the singular precaution of allowing chaplains outside the hospital grounds only with the written permission of the presiding judge indicates that truancy was high among the chaplains. Unfortunately, there are no records to demonstrate the success or failure of the ordinances in regulating this problem, but if the reiterated importance of the language provision was ignored, it is not likely that the chaplains were scrupulous to follow the confinement ordinances.

The Royal Hospital had two doctors and two surgeons, all of whom were chosen by the board with the confirmation of the viceroy. Both the doctors and the surgeons were sworn in by the presiding judge. The doctors and the surgeons were to live on the hospital grounds, but if there was no space available, houses were to be constructed on the inexpensive land near the institution.<sup>2</sup> Each doctor, one for the men's ward and the other for the women's ward, received an annual salary of 500 pesos, 100 pesos more than previously because of the added number of visits required by the Constitution.<sup>3</sup> The head surgeon (cirujano mayor) received 600 pesos, and the second surgeon (segundo cirujano), 400 pesos. Both salaries had been increased 100 pesos due to the

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<sup>1</sup>Cooper, p. 87.

<sup>2</sup>Mexico City, Constituciones ... del Hospital Real ..., tratado VII, ordenanza XI, p. 34.

<sup>3</sup>Ibid., tratado XIII, ordenanza V, p. 59.

extra visits they also were required to make.<sup>1</sup> Since surgeons were considered inferior to doctors,<sup>2</sup> it may seem strange that the head surgeon received a larger salary than the doctors. However, the head surgeon was also head of the Royal School of Surgery and was responsible for its operation. The 100 pesos that were added to the salaries of both the doctors and surgeons were to be deducted from their salaries once their housing had been constructed.<sup>3</sup>

The first duty of the doctors, as given by the ordinances, was that both men were to establish a close personal relationship, thereby uniting their opinions and preventing dissension within the hospital.<sup>4</sup> They were enjoined not to argue in front of the staff, and especially, in front of the "miserable" Indians.<sup>5</sup> The relationship between the two surgeons, on the other hand, was well defined, with the head surgeon clearly in charge. The reason for his power was his position in the School of Surgery.

Both the doctors and the surgeons were to make their first visits in the early morning. The afternoon visit, a carefully

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<sup>1</sup>Ibid., tratado XIII, ordenanza VI, p. 60.

<sup>2</sup>Supra, p. 70.

<sup>3</sup>Mexico City, Constituciones ... del Hospital Real ..., tratado XIII, ordenanza VI, p. 60.

<sup>4</sup>Ibid., tratado VII, ordenanza II, pp. 30-31.

<sup>5</sup>Ibid.

worded innovation with several compensations, was to be made by one of the doctors who alternated with the other on a weekly basis.<sup>1</sup> These visits were not to excuse the doctors and surgeons from being called upon at any time.

The entrance of the doctor (or surgeon) into the Royal Hospital was a rather grand affair announced by the tolling of the hospital's bell. The signal notified the interns, nurses, and clerks who were attached to that doctor to prepare themselves to make up his entourage. While this occurred, the doctor reviewed the books of the head intern, the dispensary clerk, and the provisions clerk, making certain that all goods and medicines had been properly disposed of the day before. This was necessary, not only because of the drugs involved, but also because some diets were based on wine and iced cakes.<sup>2</sup>

Doctors and surgeons were ordered to request help from one another when a problem arose that was not entirely within the realm of their respective disciplines. Rapún stated that it was his experience to see patients become the victims of the respective egos of their doctors and surgeons,<sup>3</sup> situations from which the

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<sup>1</sup>Ibid., tratado VII, ordenanza IV, p. 31. Muriel de la Torre (I, p. 123) stated that the chief interns made the afternoon visits.

<sup>2</sup>A.G.N.M., Ramo hospitales, t. 19, exp. 24, "Sobre la Administración del Hospital Real de Naturales," as cited by Muriel de la Torre, I, p. 123.

<sup>3</sup>Rapún, article 45.

Royal Hospital was not exempted for the Constitution twice ordered that doctors and surgeons were to cooperate.<sup>1</sup>

Because the two branches of the medical profession were separated, the interns (practicantes) were also divided into two groups. In the Royal Hospital, there were five medical interns (practicantes de medicina). The head intern (practicante mayor) was appointed by the two doctors of the hospital and received an annual salary of 192 pesos. He was responsible for the actions of the other interns and could give first aid if the doctors were not present or were occupied with other tasks. When the doctors made their rounds, he was to accompany them and inform them of the medicines given to the patients the day before. The other interns filled the prescriptions of the doctors and administered the drugs, and were present when the doctors made their observations. When dealing with the Indians, they were to "exceed one another in piety."<sup>2</sup> The distribution of the food was encharged to the interns as a method of winning the confidence of the patients.<sup>3</sup> Interns could be dismissed by the director for any irregularity,

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<sup>1</sup>Mexico City, Constituciones ... del Hospital Real ..., tratado VII, ordenanzas VIII and XIV, pp. 32-33, and 39.

<sup>2</sup>Ibid., tratado IX, ordenanza X, p. 43.

<sup>3</sup>Ibid., tratado IX, ordenanza V, p. 42.

but special cases were to be referred to the board.<sup>1</sup> Their salary was 96 pesos.<sup>2</sup>

Before 1776, the two surgical interns (practicantes de cirugía) were known merely as nurses (enfermeros), a rather derogatory title for those who studied surgery and one which is a further indication of surgery's low esteem in the medical profession. The Constitution ordered that all nurses (of surgery) were to be called interns.<sup>3</sup> They were to be selected by the head surgeon and approved by the director. Their immediate superior was the head intern of surgery (practicante mayor de cirugía). The new title granted to the surgical interns was not the only benefit they received for it appears that their wages were raised to the level of those of the medical interns.<sup>4</sup> The reasons for these changes were no doubt to bring the two professions of medicine and surgery closer together and to end the constant strife caused by the separation. Nevertheless, the government left the wages of the salary of the head surgical intern at 120 pesos,<sup>5</sup> although the head medical intern received 192 pesos. Between 1776 and 1793,

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<sup>1</sup>Ibid., tratado IX, ordenanza XIII, p. 44.

<sup>2</sup>This is the amount given in 1793, but as mentioned before, the salaries of 1776 and 1793 are almost identical. Fonseca and Urrútia, VI, p. 299.

<sup>3</sup>Mexico City, Constituciones ... del Hospital Real ..., tratado IX, ordenanza XIV, p. 44. The head intern was never called a nurse.

<sup>4</sup>Ibid., tratado XIII, ordenanza IX, p. 60.

<sup>5</sup>Ibid.

the government raised the salary of the head surgical intern to 192 pesos, the same amount received by the head medical intern.<sup>1</sup> The program of duties that had been established for the medical interns also was established for those of surgery by the Constitution of 1776. Besides assisting the patients and the surgeons, and keeping books, the surgical interns were to engage in operations commensurate with their skills and knowledge, but with the supervision of a surgeon.<sup>2</sup> Besides the two surgical interns, anyone who wished to enter the practice was to be approved by the head surgeon, who, on an assigned day, was to explain to them all the parts of surgery.<sup>3</sup>

The purveyor (proveedor) was so intimately involved with the operation of the hospital that the framers of the Constitution mentioned that his position was the most essential after that of the superintendent director.<sup>4</sup> His salary, however, was only 500 pesos. The purveyor was to attend to the entrance of all patients so that he could determine the preparations necessary to

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<sup>1</sup>Fonseca and Urrútia, VI, p. 299.

<sup>2</sup>Mexico City, Constituciones ... del Hospital Real ..., tratado IX, ordenanza XV, pp. 44-45.

<sup>3</sup>"... Les explicará en día señalado todas las partes de la Cirugía." Ibid., tratado IX, ordenanza XXI, p. 46.

<sup>4</sup>Ibid., tratado XII, ordenanza I, p. 51.

accommodate them.<sup>1</sup> He was to check the wards occasionally to see that the patients were being well treated and if they were being given the drugs ordered by the doctors. The head medical intern, with his records, would accompany him on such visits. The purveyor was to announce the arrivals of the doctors and the surgeons, register the patients, and be certain that the drugs and food were of the best quality the hospital could afford.<sup>2</sup> In general, he was to supervise the details of the administration not handled by the director. All the servants were under his charge, although the director was the one who exercised absolute discretion over them.<sup>3</sup>

A dispensary (botica) was re-established in the Royal Hospital by royal decree in 1776. Before, when the hospital did not operate its own dispensary, drugs were obtained from a private pharmacy located in front of the hospital. This arrangement was not satisfactory since there were many complaints against the pharmacists for substituting other compounds for the medicines ordered by the doctors. This problem of substituting medicines of poor quality for the drugs ordered by the doctors did not cease after the hospital's dispensary was reopened, although some

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<sup>1</sup>Ibid., tratado XII, ordenanza III, p. 52.

<sup>2</sup>Ibid., tratado XII, ordenanzas VI, VII, and VIII, p. 53.

<sup>3</sup>Ibid., tratado X, ordenanza XIII, p. 49.

historians have assumed that this was the case.<sup>1</sup> On January 10, 1806, a letter was written to the editor of the Diario de México complaining that the prescriptions handled by the dispensary were not being filled properly. The writer specifically mentioned the substitution of other compounds for the drugs that were ordered.<sup>2</sup>

The Constitution of the dispensary and that of the Royal Hospital were approved by the same decree of October 27, 1776, but the former was not as well prepared as the hospital's. The lack of proper arrangement, the incompleteness, and the unusual terseness of the dispensary ordinances were due, most likely, to a late decision by the Spanish government to re-establish that institution.

Although the dispensary ordinances deal primarily with accurate accounting, cleanliness, and the maintaining of fresh supplies, some of the ordinances are of special importance. There were four men who were to operate the dispensary: the maestro, the segundo, the official (oficial), and the servant in charge of preparing ingredients for the medicines (mozo sirviente de

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<sup>1</sup>Fonseca and Urrútia, VI, p. 292, and Muriel de la Torre, I, p. 120.

<sup>2</sup>Diario de México, 10 January 1806, Vol. II, pp. 39-40. The use of prescriptions was introduced sometime in the eighteenth century. In the seventeenth century, even lethal drugs were sold to the people of the district (not to the hospital) according to the judgement of the pharmacists. Robles, I, p. 245.

alambiques). The ordinances stated that the maestro was to be approved by the Board of Royal Physicians, and since he was accountable directly to the hospital's board,<sup>1</sup> it is likely that he was selected by the presiding judge. There is no mention of the selection process for the other dispensary employees.

The official and the servant were ordered not to be distracted by the interns who came with the prescriptions. The interns, specifically, were prohibited from entering the dispensary during shipping.<sup>2</sup> This ordinance indicates that when the dispensary had been in operation before,<sup>3</sup> the pilfering was carried on largely by the interns, and may have been continued by them when the private pharmacy was opened. The thefts probably account for the fact that although many of the hospital's personnel were required to live eventually in the housing near the institution, the maestro was to move immediately to the second floor of the dispensary.<sup>4</sup> Inexplicable is that the maestro was to pay 150 pesos rent,<sup>5</sup> since he had the responsibility of preventing burglary

<sup>1</sup>Mexico City, Constituciones ... de la botica del Hospital Real ..., ordenanzas XIII and XIX, pp. 4-5.

<sup>2</sup>Ibid., ordenanza XIII, p. 4.

<sup>3</sup>This was sometime before 1700.

<sup>4</sup>Mexico City, Constituciones ... de la botica del Hospital Real ..., ordenanza XXII, p. 6.

<sup>5</sup>Ibid. All other personnel paid 100 pesos.

while he was in his home.

According to Muriel de la Torre, the dispensary produced as much as 4000 pesos annually for the hospital by selling medicines to the inhabitants of the area.<sup>1</sup>

In retrospect, the ordinances of the Royal Hospital and of the dispensary provided several important innovations. The granting of the fuero pasivo to the hospital's employees made positions in the hospital more desirable. At the same time, it enhanced the prestige and authority of the presiding judge, and may have caused the audiencia judges to accept the term more willingly than they had before. Basic changes in status and wages were made to bring the separate professions of surgery and medicine closer together. The re-established dispensary provided the hospital with an added income, although it does not appear to have always fulfilled its primary purpose of furnishing the hospital with quality medicines.

Although these innovations were important, the major theme of the ordinances appears to have been the closer supervision of all the hospital's operations. The absolute control of the hospital's treasury was taken from the superintendent director. Entrance into the treasury could be secured only in the presence of three officials, while a royal accountant recorded the proceedings. Many of the employees were required to live on the hospital

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<sup>1</sup>A.G.N.M., Ramo hospitales, t. 31, exp. 2, "Sobre cuentas del Hospital Real" [no date], as cited by Muriel de la Torre, I, p. 127.

grounds. Chaplains were to be observed closely to prevent their truancy, and action was taken to prevent the pilfering of the dispensary by the interns and other employees. The officials of the hospital were enjoined to check the work of the employees and of one another.

Major scandals were avoided until the hospital's operation was terminated, and in that respect, the ordinances were successful. But the scope and degree of the surveillance enacted in regards to the officials, the professional men, and the employees of the hospital are indicative of the lack of interest and devotion these men demonstrated in their work. The attempt to enforce dedication by having the employees live on the hospital's grounds could not have induced them to be more dedicated to their work, nor to the Indians whom they treated. The structure of the segregated and hierarchial colonial society and the disinterestedness of the hospital's employees combined to victimize the Indians. The mortality rate of the patients in the Royal Hospital is a graphic proof of this victimization. Such a situation could not have been changed by mere ordinances within the existent social framework.

## CHAPTER VII

### THE FINANCIAL ADMINISTRATION OF THE ROYAL HOSPITAL IN THE EIGHTEENTH CENTURY

During the eighteenth century, the numerous methods of financing the Royal Hospital were continued as previously, that is, by the collection of fines, the monopoly over stamped paper, the income from land and mortgages, the renting of the theater, and, of course, the tax on corn (the medio real).

Mariano de Torres stated that in 1726, the viceroy decided to collect the medio real for the first time because the returns from the corn tax had diminished. According to Torres, this was caused by the Indians' desire for wages and consequent alienation from the land, and also, because the Indian communities had sold much of their land.<sup>1</sup> No historian of the hospital has challenged the validity of the statement made by Torres that the medio real first was levied in 1726, although the document explicitly stated that

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<sup>1</sup>Torres, n. 29. See Eric R. Wolf, The Sons of the Shaking Earth (Chicago: University of Chicago Press, 1962), pp. 202-11 for an explanation of the manner in which the Indians lost their land and the role of the haciendas in that process.

the medio real had been collected before that year.<sup>1</sup> According to the decree of May 25, 1726, Antonio Gomez de Escontria was given three years to collect over 8,925 pesos, one third of which he had collected by the time the decree had been published. As usual, it was ordered that no more than a medio real was to be collected from those Indians whose annual tribute was eighteen pesos (seventeen and one-half due to the government and collected by its officials), while those who paid less were to contribute according to custom.<sup>2</sup> Thus, the medio real was not as universal as Torres,<sup>3</sup> and other historians have stated, nor was the hospital solely dependent on alms until 1726.

The medio real provided most of the income of the hospital.<sup>4</sup>

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<sup>1</sup>Mexico City, Decreto, "La recaudacion de la renta del maiz del Hospital Real ...," May 25, 1726. Bancroft was mistaken when he stated that Fonseca gave the history of the medio real. (Bancroft, III, p. 760, footnote 74). Fonseca and Urrútia merely copied the Constitution of 1776 and its historical prologue (with few exceptions). The prologue, written by Torres, gave a brief and inaccurate history of the collection of the medio real. The only new material presented by Fonseca and Urrútia was some copies of decrees dealing with the Royal Hospital after 1776. Bancroft's mistake probably was due to reading only the chapter title given by Fonseca and Urrútia. The reason that Fonseca and Urrútia have 75 instead of 74 notes in "their" prologue is that Torres numbered note 41 twice. Fonseca and Urrútia, VI, pp. 199-302.

<sup>2</sup>Mexico City, Decreto, "La recaudacion de la renta del maiz del Hospital Real ...," May 25, 1726.

<sup>3</sup>Torres, nn. 29 and 30.

<sup>4</sup>Cooper stated that the Royal Hospital received its main support from the Spanish government. Cooper, pp. 40 and 54.

Perhaps due to the combination of the Hippolytes' banishment, the better administration of the hospital after 1763, and the introduction of intendancies, the return from the collection of the medio real increased sharply between 1726 and 1776.<sup>1</sup> The product was so great that the amount may have prompted the Spanish government to decide that the Indians were to support not only their own hospital, but also, the Royal School of Surgery. The political disorders after 1810 caused the proceeds from the medio real to decline rapidly. In 1811, the salaries of the hospital's employees were cut,<sup>2</sup> and in 1814, a proposal was made to further reduce the salaries, lower the number of hospital beds, and rent the dispensary.<sup>3</sup> No proposal was made to discontinue the support of the Royal School of Surgery by the Royal Hospital, even though the school was operated from 1794 to 1829 as a facility for pure-bred Caucasians.

In 1811, the administration of the hospital attempted to impose the medio real extralegally to augment the funds. The officials decided that since the Indians of Tecpan de Santiago were

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<sup>1</sup>In 1726, the medio real collection yielded 8,925 pesos in a three year period, while in 1776, it provided 23,000 pesos. Torres, n. 30.

<sup>2</sup>A.G.N.M., Ramo hospitales, t. 48, exp. 4, "Sobre la rebaja de sueldo y dependientes del Hospital Real," 1811, as cited by Muriel de la Torre, I, p. 125.

<sup>3</sup>Ibid., t. 48, exps. 17 and 18, "Sobre reducir camas," and "Sobre reducir empleos," 1814, as cited by Muriel de la Torre, I, p. 125.

given a special entrance paper to the hospital to prevent lepers, the insane, and criminals from entering the Royal Hospital, a medio real could be collected for the issuance for such a paper. A tribunal of Indians went before the dean of the judges, the presiding judge of the hospital, and defended the right of the Indians to enter free. The right was bitterly debated and a scandal was created by the polemics.<sup>1</sup> There are no available records which indicate the disposition of the case.

Attempts to supplement the medio real and other incomes of the hospital never ceased. On June 2, 1769, a plan was offered to have the mecos (vagabond Indians) pay the medio real.<sup>2</sup> The ordinances expressed optimism about such a collection, but it is not known if the operation was successful.<sup>3</sup> On April 25, 1783, Antonio de Arroyo requested that a portion of the chinguirito (homemade brandy) confiscated by the courts be turned over to the Royal Hospital to be used for the treatment of patients. The king readily agreed to this request, and the order was enacted

<sup>1</sup>Ibid., t. 48, exp. 6, "Reclamo por el juzgado de Naturales," 1811, as cited by Muriel de la Torre, I, pp. 128-29.

<sup>2</sup>Mexico City, Constituciones ... del Hospital Real ..., tratado I, ordenanza I, p. 2.

<sup>3</sup>Schemes for collecting tribute from vagabond Indians were not new. See R. Carta a Don Luis de Velasco, Virrey de La Nueva España sobre varios asuntos de gobierno, Madrid, May 29, 1594; Richard Konetzke [ed.], Colección de documentos para la historia de la formación social de Hispanoamérica, 1493-1810 (Madrid: Consejo superior de investigaciones científicas, 1958), II, p. 18.

in Mexico on November 24, 1783. The viceroy granted the hospital twelve barrels a year.<sup>1</sup>

In 1813, an attempt was made to have the bishops give a part of their tithes to the support of the Royal Hospital, but the bishops replied that they would be unable to support the hospitals in their own dioceses if they would be required to donate money to the Indian hospital.<sup>2</sup>

The theater continued to support the hospital until the latter's termination. After the Hippolytes were removed from the hospital in 1741, there was hardly any mention of the theater in contemporary documents until 1749. On November 29 of that year, performances were suspended until the damage caused by rotten beams and various fires was repaired. The suspension order also stipulated that better arrangements had to be made to separate the men from the women in the balcony. With the influence of the first lady, and 1,500 pesos of reconstruction, the suspension order was revoked.<sup>3</sup>

The Coliseo (the name of the theater) deteriorated so rapidly that the administration of the hospital requested permission to

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<sup>1</sup>Fonseca and Urrútia, VI, pp. 293-94.

<sup>2</sup>A.G.N.M., Ramo hospitales, t. 48, exp. 19, "Arbitrios para socorrer a los enfermos en el Hospital de Naturales," 1813, as cited by Muriel de la Torre, I, p. 129.

<sup>3</sup>Olavarría, I, p. 22.

construct another theater shortly after the Coliseo was repaired. The request was granted on February 6, 1752. It may not have been solely need which prompted this decision, for in 1743 and 1745, the two ancient theaters of Madrid had been converted into dignified and comfortable buildings. The colony had been always proud that the Coliseo excelled the theaters of the mother country. In any case, El Principal, located on the street Colegio de las niñas, was completed on December 23, 1753, and began its career with the play It is better than it was.<sup>1</sup>

El Principal was constructed in an oval shape. It had four floors, that of the balcony being the highest. In all, there were 41 theater boxes containing four row of seats. Under the iron balconies of the theater boxes there were six seats, the first three of which were reserved for the use of the viceroys. There were no seats on the main floor, called el Mosquete, which had space for 369 persons who stood during the entire performance.<sup>2</sup> Above the theater boxes were situated the two balconies for men and for women, seating 159 and 236 persons, respectively. It is not known why there were more seats for women than for men. Between the balconies was a room containing an enormous ring. A huge rope was passed through this ring and then to the stage where

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<sup>1</sup>Mejor está que estaba. Torres, n. 35.

<sup>2</sup>Olavarría, I, p. 24.

it was used to change scenes.<sup>1</sup> The royal coat of arms adorned the orchestra box, while mythological figures were painted on the walls. The roof of the building was so large that numerous beams had to be employed to support it, with the result that it became known popularly as the "garret" (aguardillada). The outside of the roof was covered with lead.<sup>2</sup>

Before a performance, the streets that led to the theater became filled with people and coaches. Soldiers of the guard were stationed at strategic points to keep the traffic in motion. Fifteen guards were placed in the theater to prevent the members of the audience from shouting obscenities and creating other disturbances.<sup>3</sup> After the last performance, the soldiers of the guard again were to take their places along the streets, but under no circumstances were they allowed to hit "the mules of the carriages, nor the drivers."<sup>4</sup> Such a directive is indicative of the congestion that ensued before and after each performance, and the popularity of the theater before the last decade of the eighteenth century.

Plays were given every day of the week, except Saturday, from Easter to Ash Wednesday. At the close of the century, plays

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<sup>1</sup>Ibid., pp. 23-24.

<sup>2</sup>Ibid., p. 23.

<sup>3</sup>Mexico City, Reglamento u ordenanza de teatro formado, April 11, 1786, Conde de Galvez, as reproduced by Olavarría, pp. 49 and 52.

<sup>4</sup>Ibid., p. 49.

were presented every day of the week, but were stopped during Lent.<sup>1</sup>

According to custom, the Royal Hospital rented El Principal several years at a time. In 1756, it was rented for 4000 pesos a year, and in 1763, for 4,500 pesos.<sup>2</sup> The returns to the renter could be very great. Between April 19, 1777 and December 19, 1778, the profits exceeded 10,600 pesos.<sup>3</sup> Ordinarily, about half of the expenses went to pay the salaries of the performers. Olavarría estimated that the annual gross product of the theater could have been 90,189 pesos if there had been a full audience during each performance.<sup>4</sup>

The theatrical fare of El Principal was no improvement over what had been offered previously<sup>5</sup>; however, with the entrance of

<sup>1</sup>Olavarría, I, p. 24.

<sup>2</sup>Ibid., p. 27.

<sup>3</sup>Ibid., p. 28.

<sup>4</sup>Ibid., p. 60.

<sup>5</sup>One reporter spoke of the theater as the "marionette house," and of the necessity of doing penance for his sin of indulgence. Correo semanario político y mercantil de México, 9 October 1811, Vol. III, No. 31, p. 328. Even the material left much to be desired because of the authorities, but a few exceptional pieces escaped the immediate scrutiny of the censor. One such exception was a play entitled Rebel Mexico (México rebelado) which was licensed in September, 1790. The play was suspended when the audience received the criticism of the Spaniards with wild applause. The play was returned to the censor to be purged of the critical material, and when it was permitted to be shown again, even its title had been changed to Mexico Reconquered (México segunda vez conquistado). Olavarría, I, p. 83.

Antonia de San Martín as first lady in 1780, the theater entered a new era, almost modern in tone. Shortly after her arrival, she became involved in a bitter argument with the administration of the theater concerning an increase in pay. The dispute was so bitter that the viceroy gave her three days to leave, not only the theater, but also, the Viceroyalty of New Spain. His order probably was based on the consideration that such independence would be detrimental to the income of the hospital. Upon the personal appeal of San Martín, however, the viceroy rescinded his order.<sup>1</sup> Thus, her popularity had been assured.

Three years later, in February of 1783, Antonia de San Martín requested a separation from her husband, Antonio Pizarro. The separation appeal began:

That in the space of little more than ten years that I have been married to Antonio Pizarro, so constant has been the wretched life that he has bestowed upon me that I lack the tolerance to endure it . . .,<sup>2</sup>

reached a climax with an exposition of the sexual perversity of her husband and his satyrlike existence outside of the home, and concluded with a tragic statement that if there was no other way to stop his misuse of her, she would commit suicide.<sup>3</sup> The

<sup>1</sup>Olavarría, I, p. 33.

<sup>2</sup>"Que en el espacio de poco más de diez años que llevo de casada con Antonio Pizarro, ha sido la mala vida que me ha dado tan continua, que falta tolerancia para sufrirla . . ." As cited by Olavarría, I, p. 34.

<sup>3</sup>As cited by Olavarría, I, pp. 34-35.

notoriety of San Martín had made her an indispensable source of income for the renter of the theater and for the hospital. To move against her would have been economic folly, so her husband was exiled. Within a few years, another scandal involving San Martín erupted and proved to be as colorful as the last.<sup>1</sup>

In 1784, the renter of the theater suffered a loss, which meant that the hospital would be unable to command a high rental of El Principal if the cause could not be attributed to unusual circumstances. Therefore, the Viceroy Conde de Gálvez (1785-86), ordered an investigation on August 7, 1786. The investigation assigned the loss to a recent pestilence, consequent novenas, and the death of Viceroy Mátiás de Gálvez.<sup>2</sup> The viceroy's interest in augmenting the hospital's funds did not stop with the investigation, for when he was informed that there were ordinarily seventy empty seats in the theater during each performance, he sent a letter to the Royal Consulate reminding the merchants that the price for reserved seats was much higher in Spain.<sup>3</sup>

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<sup>1</sup>Ibid., pp. 35-36. Although San Martín was the most popular actress in Mexico City, her salary was less than the amount received by the chief choreographer. The reason for this appears to have been that the choreographer was also the director of the plays. See Don Francisco de Paula Sarmiento Fuentes, "Razón de los individuos de que se componen las Compañías de Cómicos, Bailarines y Orquesta del Teatro de esta Corte, sus sueldos y obligaciones," April 21, 1786, as reproduced by Olavarría, I, pp. 37-46.

<sup>2</sup>Olavarría, I, p. 57.

<sup>3</sup>Ibid., p. 61.

In 1790, during the reign of Viceroy Conde de Revillagigedo (1789-94), a great deal of antagonism developed between the actors and the colonial government, an antagonism which was to have significant repercussions for the Royal Hospital. The actors and actresses had complained that their wages were too low for the number of performances they were required to present, but the viceroy refused to listen to their demands. Later, in the beginning of 1791, Antonia de San Martín pleaded that she could not perform at all of her engagements due to illness. The many doctors who examined her confirmed this, with the exception of Dr. Daniel de Usúliban. He stated that mercury preparations were to be administered when she felt unable to keep her engagements.<sup>1</sup> The implications were all too clear, and the viceroy suspended her for a year. San Martín's defeat did not prevent the performers from attempting other tactics. It appears that their next move was sabotage in the form of poor acting. In the year 1791, the hospital received 8,225 pesos for renting the theater, and yet, on November 12, 1792, the director of the theater sent a letter to the regent of the Royal Hospital to express his misgivings over the fact that the highest bidder offered only 4,500 pesos for the renting of the theater.<sup>2</sup> The director suggested that new talent

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<sup>1</sup>Ibid., pp. 130-31. Mercury preparations were prescribed for patients with venereal diseases.

<sup>2</sup>Ibid., p. 135.

be imported from Europe to raise the quality of the performances, and although the viceroy approved of the suggestion, it was not carried out.<sup>1</sup> The quality of the performances could not have deteriorated so rapidly in one year without some cause, and the suggestion that new talent be imported indicates that the actors and actresses deliberately presented poor performances.

The antagonism between the viceroy and the actors broke out into the open within a year. On July 6, 1793, Viceroy Conde de Revillagigedo had ordered the actors to give a large number of benefit performances, besides the performances that they were committed to by contract,<sup>2</sup> possibly as a means of punishing them for causing the decrease of theater rental received by the Royal Hospital. The actors and actresses pleaded that they were unable to perform at the benefits because they were sick, or because they had insufficient time to study their parts. On July 9, 1793, the order was read again. On July 10, it was reread. The performers, except San Martín, complied with the order,<sup>3</sup> but the discontent lingered. Complaints against the lack of variety and the poor quality of the performances became more frequent, and the hospital never again was able to receive a high bid for the theater's rental.

<sup>1</sup>Ibid., p. 136.

<sup>2</sup>Ibid., p. 137.

<sup>3</sup>Ibid., pp. 137-38.

The administration of the hospital was desperate to dispose of San Martín. The superintendent director searched everywhere for someone to take her place until he found María Bárbara Ordóñez, a murderess imprisoned in Vera Cruz. After assuming responsibility for her, the director received permission to release her in 1794. Immediately, she was made the new first lady.<sup>1</sup>

Another personality of great popular fame, who performed in El Principal, was the beautiful Ines García, or "La Inesilla." Her theatrical abilities seem to have been above average, but what endeared her most to the people was her custom of disallowing an entrance fee and asking the audience to give what they wished. According to Olavarría, the theater received "always much more than the ordinary value of the seats."<sup>2</sup>

With the beginning of the revolutionary turmoil, the theater fell into great disrepair despite the renovations made in 1806. In 1811, some of the furniture of the theater was sold to support the performances, and the audience was asked to bring candles so

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<sup>1</sup>Ibid., pp. 146-47. San Martín, however, reappeared in 1809 as second lady (Olavarría, p. 163). The scandals and intrigues continued furiously, and it is difficult to determine whether the monkeys dressed as French generals performing in the theater in 1809 were meant to be comment on foreign affairs, or on the affairs of the domestic theater. See La Gaceta de México [Gazetas de México compendio de Nueva España y Europa], 4 January 1809, as cited by Olavarría, I, p. 162.

<sup>2</sup>Olavarría, I, pp. 166-67.

that the presentations would not have to stop because there was no light.<sup>1</sup> The condition of the theater did not prevent the audience from enjoying the performances. One reporter wrote:

... Suplica Doña Moderacion Prudente á los concurrentes del patio que no nos ensordezcan con sus desaforados gritos por el jarabe loco, demasiado enloquecidos estamos con el tal jarabe.<sup>2</sup>

On October 27, 1821, the general of the Trigarante Army entered El Principal, and gave the solemn oath of independence. The effect of this oath on the connection between the hospital and the theater was not accomplished until the next year. Then, the two hundred year association was terminated when the hospital was closed. The theater was taken over by the city.

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<sup>1</sup>Correo semanario político y mercantil de México, 31 July 1811, Vol. III, No. 31, p. 248.

<sup>2</sup>Ibid.

PART III. THE TERMINATION

## CHAPTER VIII

### THE TERMINATION OF THE ROYAL HOSPITAL OF THE INDIANS

Because of the Napoleonic Wars, the Spanish government became hard pressed for funds. On December 25, 1804, a royal decree ordered all charitable institutions to exchange their real estate and capital received from benefices for so-called "bonds of consolidation" (vales de consolidación) issued by the municipal government (ayuntamiento).<sup>1</sup> The decree did not affect the Royal Hospital as much as it did other institutions since the Indian hospital did not base its income primarily on those sources.

The revolution of 1810, however, almost completely cut off the hospital's major source of income, the medio real. In 1810,

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<sup>1</sup>Muriel de la Torre, II, p. 283, and Lucas Alaman, Historia de Méjico desde los primeros movimientos que prepararon su independencia en el año 1808 hasta la época presente (Méjico, D.F.: J. M. Larra, 1852), V, pp. 387-88. Alvarez Amézquita, et al. stated that the capital alone was appropriated in this manner, but Muriel de la Torre and Alaman are more trustworthy since Alvarez Amézquita dates and administrations related to the bonds. See Alvarez Amézquita, et al., III, p. 451.

the medio real collection alone yielded 40,000 pesos,<sup>1</sup> and yet, in 1813, the entire income of the Royal Hospital had plummeted to 15,000 pesos.<sup>2</sup> The hospital's facilities became quite strained, since 1807 there had been an increasing number of patients entering the hospital.<sup>3</sup> However, the number dropped rapidly after the abortive revolution of Hidalgo and Morelos, and in the year 1817, only 442 patients entered the hospital.<sup>4</sup> When the war of independence broke out, wounded Indians captured in battle were sent to the Royal Hospital. Since there were no guards in the hospital, and the security was lax, the Indians were able to escape back to their armies before being sent to the Santiago penitentiary.<sup>5</sup>

<sup>1</sup>Flores, II, p. 234.

<sup>2</sup>Cooper, p. 178.

<sup>3</sup>The number of new patients entering the Royal Hospital between 1807 and 1810 was as follows:

|                |       |
|----------------|-------|
| 1807 . . . . . | 2,390 |
| 1808 . . . . . | 2,805 |
| 1809 . . . . . | 3,505 |
| 1810 . . . . . | 3,772 |

Muriel de la Torre, I, p. 125.

<sup>4</sup>Gaceta del gobierno de México, 30 January 1819, X, No. 14, p. 106.

<sup>5</sup>Muriel de la Torre, I, p. 130.

Muriel de la Torre implied that the Constitution of 1812 affected the Royal Hospital because the decree placed all charitable institutions in the hands of the municipal government (ayuntamiento).<sup>1</sup> The privileged position of the Royal Hospital, however, exempted it from such an action. As a ward of the Crown, a special decree would have had to be enacted to transfer the authority over the hospital to the municipality. Nor was the Royal Hospital affected by the decree issued by the royal courts (cortes) on August 17, 1820 (published in Mexico City on January 23, 1821), which suppressed all hospitaler orders.<sup>2</sup> The hospitaler orders lost all their property to the municipal government by the decrees of September and December of 1821.

The Royal Hospital, therefore, was affected little by the legislation enacted between 1804 and 1821, although its major source of income almost vanished because of the disturbances which made difficult the collection of the medio real. However, with the success of the revolutionaries, direct action was initiated against the hospital. Political alignments had to be secured in the new society, and the hospital was merely a symbol to the past.

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<sup>1</sup>Ibid, II, p. 283. See also, Spain, Ferdinand VII, Constitución política de la monarquía española, Cadiz, March 19, 1812. In the Ayer Collection of the Newberry Library of Chicago.

<sup>2</sup>Alaman, V, pp. 40-41. Because the Spanish government feared popular disturbances in reaction to this order, the law was published only in Mexico City. The intendants were given liberty to issue it in the provinces at their own discretion.

Iturbide issued an order on June 30, 1821 (Queretaro), reducing taxes and terminating others; but, with the purpose of converting the Indians into citizens,<sup>1</sup> they became subject to the alcabala (a tax of ten per cent of the value of all sales and exchanges).<sup>2</sup> In accord with this policy, the provisional governmental board passed decree XXXVIII in the beginning of 1822 which ended the collection of the medio real (it had already stopped for all practical purposes), and placed the wealth of the hospital at the disposal of the government.<sup>3</sup> The reason given for the termination of the medio real collection was that it was "oppressing to the Indians against all justice."<sup>4</sup> Poinsett, however, wrote that between April and September of 1823, over 1000 pesos had been

<sup>1</sup>In this writer's opinion, the purpose of converting the Indians into citizens was not as important as the need to compensate for the loss in revenue due to the reduction and termination of the other taxes. The revolutionary government was in desperate economic straits at the time of Iturbide's proclamation. See Alaman, V, pp. 233-36.

<sup>2</sup>Alaman, V, pp. 233-36. The Spanish government had exempted the Indians from this particular tax. See Gasparo de Escalona y Agüero, [Arcae limensis] Gazophilatium regium perubicum (Madrid: [Matriti], 1647), lib. II, pt. 2, cap. 9, as cited by Haring, p. 270.

<sup>3</sup>Mexico City, Soberna junta provisional, decreto XXXVIII, February 21, 1822; Colección de ordenes y decretos de la soberna junta provisional gubernativa y sobornos congresos generales de la nación mexicana (2d ed. rev.; Mexico [City]: Galvan, 1829), I, p. 125.

<sup>4</sup>Ibid.

collected from the "half a real (Hospital money)."<sup>1</sup> Since decree XXXVIII specifically suppressed the collection of the medio real, it is probable that the decree was put into effect in the valley of Mexico, but not immediately in the provinces.

Muriel de la Torre conjectured that the fundamental reason for the suppression of the hospital was that it caused racial division in the new republican society.<sup>2</sup> However true this observation may be, when applied to the colonial society, racial considerations were not primary to the provisional government in 1822. The revolutionary government needed money and supporters, moreover, the leaders, for example, Iturbide, were not entirely republican. If the problem of racial equality had been of any significance, the hospital would have been reopened later as an institution for all men. The hospital was never refounded. It was not because it was the only hospital founded by the king, and ostensibly supported by him. It was suppressed because it personified the old regime.

On October 11, 1824, an order was issued which provided for the transfer of the hospital's funds to the School of Saint

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<sup>1</sup>Joell R. Poinsett, Notes on Mexico (London: John Miller, 1825), p. 121.

<sup>2</sup>Muriel de la Torre, I, p. 136.

Gregory, but it was not until 1826 that the order was carried out.<sup>1</sup>

The hospital buildings were used during the nineteenth century for a jail, a school, a cloth factory, and finally, private homes. Carlos Contreras, a city planner from 1927 to 1938, presented a series of studies for the improvement of Mexico City. The widening of the street San Juan de Letrán formed a part of his plan to provide better transportation, and because it was among the most conservative offered, it was accepted.<sup>2</sup> Economic considerations due to the nature of the plan made it impossible to retain the hospital. On June 24, 1933, work was begun, and two years later, the hospital was demolished.

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<sup>1</sup>Fernandez, pp. 33-35. Thus, the decree of February 21, 1822, did not transfer the funds of the hospital to the school, as stated by Muriel de la Torre (I, p. 136). See Mexico City, Soberna junta provisional, decreto XXXVIII; Colección ..., I, p. 125.

<sup>2</sup>Fernandez, p. 46.

## CHAPTER IX

### CONCLUSION

The Hospital of Saint Joseph of the Indians had been established to contain the ravages of the plagues and epidemics that decimated the indigenous population of Mexico shortly after the conquest. At this point, the Royal Hospital may have become not only one of the most significant social institutions in the New World, along with the pueblo-hospitals of Vasco de Quiroga, but also, one of the most unique institutions in the history of imperial government. It was the only hospital directly founded by the Spanish government in its colonial possessions. The system of medical care that was established over three hundred years ago bears a striking resemblance to the social security programs that have been realized only recently in a few of the more socially developed nations of the world. However, the administration of the Royal Hospital had one serious weakness which was to undermine the idealistic purpose of its foundation, and relegate the institution

to a minor role in history: the Indians were never permitted to share in the administration of the hospital. Thus, decisions that were contrary to the interests of the Indians could be made without referring them to the group most affected by those decisions. When the idealistic spirit which had brought about the foundation of the hospital passed away, it was replaced by the needs of the dominant elements in the colonial and imperial societies. Those needs became exploitive when the money specifically collected to aid sick Indians was used against the interests of the Indians, such as, the grant of hospital taxes for the support of a racially segregated school, and the attempt to have Indians pay for entrance papers into the hospital. The Royal Hospital was not of the Indians, but of the imperial power that had conquered them.

APPENDIX

## APPENDIX

### PRE-COLUMBIAN HOSPITALS AND MEDICINE IN MEXICO

The Hospital of Saint Joseph was begun to treat only Indians, and in several significant ways, it was similar to the pre-Columbian hospitals of Mexico. On account of those similarities, and because most historians deny the existence of Aztec hospitals,<sup>1</sup> it is necessary to demonstrate that the Aztecs operated such institutions, and possessed a degree of medical and surgical ability based on observation.

Fernandez del Castillo referred to the hospitals as a Spanish innovation, and said that it was only with Christianity that

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<sup>1</sup>In general, modern Spanish and Latin American historians deny the existence of such hospitals, while North American and English authors have not considered the possibility. There are several exceptions: Hubert Howe Bancroft, The Native Races of the Pacific States of North America (London: Longmans, Green, and Co., 1875), II, p. 597, and Manuel Orozco y Berra, Historia antigua y de la conquista de México (México, D.F.: Tipografía de Gonzalo A. Esteva, 1880), I, p. 358 (from Torquemada, II, lib. VIII, cap. xx). Jacques Soustelle, The Daily Life of the Aztecs on the Eve of the Spanish Conquest, trans. Patrick O'Brien (London: Weidenfield and Nicolson, 1961), p. 54, also credited the Aztecs with operating hospitals; however, he did not mention his source, possibly because his narrative was taken directly from Las Casas. See Fray Bartolomé de Las Casas, Apologética historia ("Obras escogidas de Fray Bartolomé de Las Casas," of the "Biblioteca de autores españoles," Vol. CVI; Madrid: Ediciones Atlas, 1958), IV, cap. cxli, p. 28.

hospitals, in general, were considered a social service.<sup>1</sup> Muriel de la Torre stated that "the hospitals appeared in America as soon as the work of Spain began there."<sup>2</sup> Carlos Martínez Durán not only wrote that there were no pre-Columbian hospitals, but also, that

their inferior civilization, their religious concepts, were unfavorable for the creation of asylums for the sick and the helpless, works essentially charitable in their origin, born within the shelter of Christianity.<sup>3</sup>

It is remarkable that these historians denied the existence of Indian hospitals, when Las Casas clearly stated that

junto a los templos había unas grandes trojes y graneros donde se recogía el trigo y los bastimientos que a los templos pertenecían; y allí, sacado lo necesario para los ministros, y gastos que para los templos eran menester, se repartía en limosnas por muchos pobres [sic], viejos, casados y solteros, o enfermos que padecían necesidad. En las ciudades principales, como eran México y Tlascala y Cholola y otros grandes pueblos, había hospitales dotados de rentas y vasallos donde se recebían [sic] y curaban los pobres enfermos.<sup>4</sup>

<sup>1</sup>Dr. Francisco Fernandez del Castillo, El Hospital general de Méjico (México, D.F.: Talleres graficos de la Cia. Editora y Librería A.R.S., S.A., 1946), p. 19.

<sup>2</sup>Muriel de la Torre, I, p. 33.

<sup>3</sup>"... Su civilización inferior, sus conceptos religiosos, eran desfavorable para la creación de asilos para enfermos y desvalidos, obras esencialmente caritativas en su origen, nacidas al amparo del cristianismo. Carlos Martínez Durán, "Los hospitales de América durante la época colonial," Supplements to the Bulletin of the History of Medicine, No. 3 (1944), 170.

<sup>4</sup>Las Casas, IV, p. 28.

Both Torquemada and Clavijero also wrote that the Indians operated hospitals; however, it appears that their source was Las Casas, although they did not indicate this.<sup>1</sup>

There is evidence that the Aztecs not only operated hospitals, but also pharmacies. Cortés stated that there were "houses like pharmacies where prepared medicines are sold."<sup>2</sup> Las Casas wrote that the temples had gardens of trees, herbs, and fragrant flowers,<sup>3</sup> and López de Gómara stated that there were herb gardens

<sup>1</sup> Compare the following statements with that made by Las Casas: "Junto à los Templos avia vnas grandes troxes, y graneros, donde fe recogía el Trigo, y baftimentos, que les pertenecian à ellos, y à fus Miniftros; y facado lo necefario para el fervicio, y adminiftracion del Año, lo demás que fobraba, fe repartia entre pobres necefitados, afi caçados, como folteros, y enfermos; para lo qual avia en los Pueblos, y Ciudades grandes (como Mexico, Tetzcuco, Tlaxcalla, Cholulla, y otras) Hoppitales donde fe curaban, y acudían los pobres, donde fe repartia, y diftribuía el refiduo, y fobra, dicha": Fray Juan de Torquemada, Monarquía Indiana (a photocopy publication of the 1723 edition; 3d ed.; México, D.F.: Editorial Salvador Chávez Hayhoe, 1943), II, Book VIII, ch. xx, p. 165, and; "Preffo á tempj v'erano i granai, dove quadavano il grano, e tutti i viveri appartenenti al fofsentamento de Sacerdoti, e ciò che annualmente avanzava, fi diftribuiva a poveri, per li quali v'erano degli Ospedali ne luoghi grandi": Abate D. Francesco Saverio Clavijero, Storia antica del Meffico, cavata da' migliori storici fpanuoli, e da manoscritti, e dalle pitture antiche degl' Indiani; divisa in dieci libri, e corredata di carte geografiche e di varie figure: e dissertazione sulla terra, fugli animali, e fugli abitatori del Meffico (Cesena: Gregorio Biasini, 1780-81), II, Book VI, n. 13, p. 36.

<sup>2</sup> "Hay casas como de boticarios donde se venden las medicinas hechas ..." Hernan Cortés, Cartas y relaciones de Hernan Cortés al Emperador Carlos V (ed. Don Pascual de Gayangos; Paris: A. Chaix y Ca., 1866), p. 104.

<sup>3</sup> Las Casas, III, p. 449.

both in the temples and in the houses of Montezuma.<sup>1</sup>

The hospitals operated by the Aztecs were not numerous because the ecology of the Americas had not been disturbed. With the introduction of a whole new world of viruses, and the lowering of the standard of public hygiene, more and more hospitals had to be built to fight the epidemics. By their sheer number, those hospitals made the Indians' appear insignificant. Also, the continuation of the indigenous hospitals became impossible once the old religion and its agents, who operated the institutions, were no longer tolerated by the Spaniards.

The theory that Christian charity could provide the only impetus for the founding of hospitals denies historical fact. It is well known, for example, that the Incas operated hospitals, and according to Ackerknecht, those hospitals were quite efficient.<sup>2</sup> Many other civilizations, Western and non-Western, have had

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<sup>1</sup>Francisco López de Gómara, Historia general de las Indias (Madrid: Espasa-Calpe, S.A., 1941), I, pp. 153 and 165. About one hundred years after the conquest, Antonio Solís wrote that the houses and temples of the Aztec rulers had gardens in which many medicinal herbs were cultivated and then donated to those who asked for them. In this idealized version, only the common people had gardens of ordinary flowers. Antonio Solís, Historia de la conquista de Méjico (Buenos Aires: Espasa Calpe, S.A., 1947), p. 212.

<sup>2</sup>Erwin H. Ackerknecht, "Medical Practices," Handbook of South American Indians ("Bureau of American Ethnology Bulletins," No. 143 [Washington, D.C., 1949]), V, p. 639.

hospitals without any knowledge of Christianity.<sup>1</sup> Not only does this theory of Christian charity deny historical fact, but it also demonstrates a misconception of public and private hygiene as practiced by the pre-Columbian Indians. In Mexico, Bernal Diaz del Castillo was amazed by the cleanliness of the Indian market (the "Cu"), where everything was so clean that not a straw or a bit of dust could be found in it.<sup>2</sup> Also, the Mexican Indians were personally very clean, partially due to their custom of taking frequent steam baths (temazcalli).<sup>3</sup> On the other hand, the Spaniards' almost total disregard for public sanitation was disastrous to the native population.<sup>4</sup>

Concerning the competence of the Mexican doctors, Motolinía wrote that

there are some of them with such experience, that many old and serious illnesses that Spaniards have suffered long days

<sup>1</sup>Garrison, pp. 63, 69, 76-77, and 83.

<sup>2</sup>"... Y todo muy limpio, que no hallarán vna paja ni polvo en todo él." Bernal Diaz del Castillo, Historia verdadera de la conquista de la Nueva-España (Madrid: Imprenta del Reyno, 1632), n. XXXII, p. 70.

<sup>3</sup>The Spaniards believed that the steam baths were unhealthful because they "inflamed the blood." Fray Gerónimo de Mendieta, Historia eclesiástica indiana (México, D.F.: Editorial Salvador Chávez Hayhoe, 1945), III, p. 173.

<sup>4</sup>Cooper, Part I.

without remedy, these Indians have cured.<sup>1</sup>

Motolinía also wrote the following:

... Tenian gente suelta para tomar desde luego los heridos y llevarlos a cuestras, y estaban aparejados los zurujanos con sus melecinas [sic], los cuales con más brevedad sanaban á los heridos, que no nuestros maestros zurujanos, porque no saben alargar la cura porque les paguen más de lo que merece, como acontece entre nuestros naturales.<sup>2</sup>

Clavijero wrote that during the conquest, the Spaniards discovered how adept the Indians were at surgery because they had been treated by them.<sup>3</sup> However, the conquistadores do not verify this.<sup>4</sup>

<sup>1</sup> "Hay algunos de ellos de tanta experiencia, que muchas enfermedades viejas y graves que han padecido Españoles largos días sin hallar remedio, estos Indios los han sanado." Fray Toribio de Motolinía, Historia de los indios de la Nueva España, Vol. I of Documentos para la historia de México, ed. García Icazbalceta (México, D.F.: J. M. Andrade, 1858), p. 131.

<sup>2</sup> Fray Toribio de Motolinía, MS, as cited by García Icazbalceta, Obras, Vol. I: Opusculos varios (México, D.F.: V. Agüeros, 1896), p. 71.

<sup>3</sup> Clavijero, II, Book VII, n. 63, p. 216.

<sup>4</sup> Bernal Diaz del Castillo, Cortés, el conquistador anonimo, and Fray Francisco de Aguilar, for example, did not mention Indian surgeons who aided the conquerors: Bernal Diaz del Castillo; Cortés, Cartas y relaciones ..., and Cartas y documentos (México, D.F.: Editorial Porrúa, S.A., 1963); El conquistador anonimo, Relación de algunas cosas de la Nueva España, y de la gran ciudad de Temestán, ed. Edmundo O'Gorman (México, D.F.: Alcanía, 1938), and Fray Francisco de Aguilar, Relación breve de la conquista de la Nueva España (México, D.F.: José Porrúa e Hijos, succs., 1954). Bancroft mentioned that Cortés "had occasion to acknowledge the skill and speed with which they cured wounds" (The Native Races . . . , II, p. 600). I have not found any basis for this. Bancroft probably based his statement on the offer by friendly Indians to cure the Spaniards after retreating from México City (Cortés, Cartas y relaciones ..., pp. 140-41). That the Indians actually did cure the Spaniards is not borne out by what Cortés wrote later (see Cortés, Cartas y relaciones ..., p. 142).

Of course, the administration of medicine by the Indians often was accompanied by magical rites. Garrison stated that pure magic, because it is devoid of the concept of experiment, can never lead to medicine; however, magic is not suddenly replaced by medicine once experiments are initiated. Between pure magic and medicine there is a middle stage which combines the elements of both systems and leads ultimately to experimental medicine.<sup>1</sup>

Indian medicine was accompanied by magical rites, for it was administered by the priests, but taking into account the knowledge and experience demonstrated by the Mexicans in the healing arts,<sup>2</sup> it would be unfair to dismiss them as only diviners, sorcerers, and tricksters.<sup>3</sup> At the time of the conquest, Indian medicine was in the beginning of the "magic-medical" stage, primitive, but not completely ritualistic. However, if Garrison's three stages are projected upon other civilizations, it may be seen that at the beginning of the seventeenth century, the doctors of New Spain,

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<sup>1</sup>Garrison, p. 23. Recently, Thomas S. Kuhn has offered a similar theory to explain the development in all the sciences. Thomas S. Kuhn, The Structure of Scientific Revolutions (Chicago: University of Chicago Press, 1962).

<sup>2</sup>Supra, pp. 137-38.

<sup>3</sup>J[ohn] Eric Thompson, Mexico before Cortez (New York: Charles Scribner's Sons, 1933), pp. 229-32, used such words to describe pre-Columbian medicine in Mexico.

trained in the European tradition, were still far from the concept of true medicine since many drugs and cures were administered according to astrological beliefs.<sup>1</sup> Moreover, the most scientifically advanced countries in Europe, during the seventeenth and early eighteenth centuries, were still in the last part of the "magic-medical" stage, for although the value of experiment was becoming accepted, a magical device such as bleeding, to mention only one of many, was widely practiced by the medical profession.<sup>2</sup>

Thus, during the pre-Columbian era, the Indians had acquired a degree of medical and surgical ability that was regarded favorably by the Spaniards. They had operated hospitals connected with the temples, hospitals which were similar in operation to the Royal Hospital of the Indians of Mexico City. The Mexican Indians were not the benefactors of unprecedented social services introduced by their Christian conquerors, nor were they completely ignorant of experimental medicine.

<sup>1</sup>Martínez [Martin], pp. 179-80, and 201-22.

<sup>2</sup>Garrison, pp. 317-18. As late as 1755, Esteyneffer wrote a book which purported to contain the treatments for all known illnesses, and the saints to whom the patient was to pray for the most effective cure. Juan de Esteyneffer, Florilegio medicinal de de todas las enfermedades, sacado de varios, y classicos autores, para bien de los pobres, y de los tienen falta de medicos, en particular para las provincias remotas, en donde adminiftran los RR. PP. mifisioneros de la Compania de Jefus (Madrid: Imprenta de Joachin Ibarra, 1755). By the papal bull of Gregory XIII, issued on February 11, 1576, the Jesuits had been given the exclusive right to cure the sick where there were few doctors. See Fortino H. Vera (ed.), Colección de documentos eclesiasticos de México, o sea antigua y moderna legislacion de la iglesia mexicana (México, D.F.: Amecameca, 1887), II, p. 534.

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APPROVAL SHEET

The thesis submitted by James Richard Samec has been read and approved by the director of the thesis.

Furthermore, the final copies have been examined by the director and the signature which appears below verifies the fact that any necessary changes have been incorporated, and that the thesis is now given final approval.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

June 16, 1969  
Date

Paul H. Lutz  
Signature of Advisor